		MHA 118 157495		
Date In: 7/10/18 - 16:41	Jeb description	Date &Time Completed	Done	by .
Ref No: NA / LLC 180) 1947/24	SAS e-filing		Ballister = 100	
Veli No Spiras	E-mail (within Shrs, AIC 2hrs)			1
DOA: 5/11/18-09:00	i-Motor Claim Form	M1 1022724-001	JIN18 1	18! 17.
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2)		11	
OD : IP Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
ir insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	<i>!</i> : (Tol:	Fax:	
TP Particulars: Veh No:	5755811A . INC)/Non-INC()		-
Owner / Driver: (Tel)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	:\$1,000()/\$2,000()			
General Remarks:-		CONTRACTOR OF STATE	Son S	1 - 17
Cemarks:- (INC hotline: 6788 661	16)	Date&Time Completed	Done	by
) / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	JY		
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions MAS 9761.	() t > \$3000] () Invoice Pri 1) AR : Acciden 2) DA : Damage	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8	fú Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Stimant's Particulars:	() t > \$3000] () Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey	7 fit Bill () 30) 3/545 \$120	4.00
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Stimant's Particulars:- iver/Owner: ntact No:	Invoice Property	charation Checklist It Reporting (530); Assessment (5100); INC (58 Fee 540 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion + SMRT Survey	751 Bill 30) 30/545 5120 530)	4.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions aimant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice Proint	charation Checklist It Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) cetion + SMRT Survey onal Services.	\$150 Bill 100	4.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions aimant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice Proint	charation Checklist It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey onal Services:-	15t Bill 50) 50/545 5120 530) 575	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Product	paration Checklist It Reporting (330); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 action + SMRT Survey onal Services:- y Car/Tpt Allowance Co-ordination mair Inspection	\$150 Bill 100 Bill	Amt (S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions WAS 976 1. Sumant's Particulars:- iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	Invoice Product	charation Checklist It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) cetion + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination	\$150 Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	Invoice Product	charation Checklist It Reporting (330); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination mair Inspection Heat Excess Coordination P (Non INC) against INC	\$150 Bill	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	05/12/2018 16:41
Date Of Accident	05/12/2018 09:00
Exact Location Of Accident	BLK 336 HOUGANG AVE 7 CARPARK
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD157S
Insured/Policyholder	
Name Of Registered Owner	TAN SWEE HOCK
NRIC No	S1273991E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93622519
Alternative Phone No	OFFICE-93622519
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097146850
Cover Note Number	
Driver	
Name of Driver	TAN SWEE HOCK
NRIC No	S1273991E
Date Of Birth	29/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93622519
Fax Number	
Contact Number	OFFICE-93622519
EMail Address	NOEMAIL

12 JALAN KEMAJUAN Address

Postcode 368978

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

NO

NO

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS5811A Vehicle Make/Model/Colour KIA

Details Of Properties

Remarks/ Reasons:

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number S7307453C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder & Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A SIDIFITS

8 STS 9811A

Bik 336 Hougang

Ave 7 Companie

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

and started to reverse	f Hougang ave 7 block 336 looking for a carpark lot. When I found a carpark lot e into the carpark lot, I did not notice vehicle B which was parked in the ed onto it's front left bumper. I came down of my vehicle and waiting for the come down and told him that I had collided onto his vehicle.
driver of vehicle B to	come down and cold film
The state of the s	
	Note that the second se
111	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre-
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 Any false reporting may be referred to the traffic police department for investigation. insurance companies to repudiate policy liability.

	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	5/12/2018	
Time of accident	9:00 am	(HH:MM)
Exact location of accident	Hougang Ave 7 BIK 336 Carpark	

THE STREET, ST	DETAILS OF VEHICLE
Vehicle registration number	870 1575
Vehicle make and model	Honda Snuttle 1.5
Type of vehicle	Saloon W MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim D Reporting only D

And the latest of the latest o	INSURANCE IN	FORMATION	- PARSING
Insurance company	NTVC		
Policy number			TD asks 5
Type of policy	Comprehensive	Third party fire & theft o	TP only [

SWAD HASHING SANSON	TAU	C 11/66	POLICY HOLDER		Male =	Female
Name	1111	0.000	2015			
NRIC / Fin / Passport number		FE15	SAMIE			
Contact		9362	-2519			
Address	12	valon	Kemajuan	5(367978)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	计程则已经
	Male 🗆	Female
Name		
NRIC / Fin / Passport number		
Contact		
Address		
Email address	1010	
Date of birth	29 Jan (957	
Occupation	Indoor D Outdoor D	
Driving date pass	11 109 11979	

	GENERAL INFORMATION OF THE ACCIDENT
	Yes D No D
Vas driver an employee of	If no, relationship of the driver and insured:
he Insured's company?	
Accident captured by camera?	Clear Raining D Others:
Weather condition	David Wet D
Road surface	Dry Wet a (Inclusive of drive
No of passenger	
STATE OF THE PARTY	PASSENGER 1
N. a. a.	TAN SWEE HOCK
Name	Male Female D
Gender	
CONTRACTOR CONTRACTOR	PASSENGER 2
Name	
Gender	Male a Female M
	TO THE RESIDENCE OF THE PARTY O
THE RESERVE TO SERVE THE PARTY OF THE PARTY	PASSENGER 3
Name	
Gender	Male D Female D
Mary Control of the C	PASSENGER 4
Name	
Gender	Male Female
The second secon	PASSENGER 5
Name	
Gender	Male Female Femal
· 日本中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	PASSENGER 6
Name	
Gender	Male D Female D
	OTHER INFORMATION
	Yes □ No Ø
Was anybody injured?	
Was other vehicle damaged?	r Yes A Noti
The second secon	DETAILS OF POLICE ACTION
Reported to police?	Yes No V If yes, please state which police station.
Police station name	
Fulle Station Hame	
March Committee	WITNESS 1
Name	/
Halife	
	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	SJSS811A
ehicle registration number	272,011
shide make model	KIT
ame	03207(152/
RIC / Fin / Passport number	S7307453C
ontact	
	THIRD PARTY VEHICLE 2
1000000 100000000000000000000000000000	THIRD PARTY VERTOLE 2
ehicle registration number	
/ehicle make model	
lame	
IRIC / Fin / Passport number	
Contact	
	The property of the Late
MANAGER STREET	THIRD PARTY VEHICLE 3
/ehicle registration number	
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
STATE OF THE PARTY OF THE PARTY OF	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Story Continues at Market	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Control of the Contro	THIRD PARTY VEHICLE 0
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE DARTY VEHICLE 7
CAMPAINTED BY COME PROPERTY.	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THE DAY	INJURED P	ERSON 1
Name			
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	Noo	
Was injured conveyed to	Yes 🗆	No □	
hospital by ambulance?			
A ALLES AND A STREET	VIEW COVERN	INJURED P	ERSON 2
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes□	No 🗆	
Was injured conveyed to	Yes □	No□	
hospital by ambulance?			
THOSPITED MA ELLINAMENTARE			
NAME OF TAXABLE PARTY.	Section of the last	INJURED I	PERSON 3
建 检查从2000年的	STATE OF THE PARTY.		
Name			
Injuries sustained			
Which vehicle person in?	Vac	No D	
Were seat belts worn?	Yes 🗆		2
Was injured conveyed to	Yes □	No □	
hospital by ambulance?			
	The second second	The same of the sa	DEDCOM A STATE OF THE STATE OF
The same of the sa	THE PERSON	INJURED	PERSON 4
Name	1 200		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	1
Was injured conveyed to	Yes 🗆	No □	/
hospital by ambulance?			
Mary a compression to the	MAR HOLE	INJURED	PERSON 5
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to	Yes 🗆	No □	
hospital by ambulance?	JAPAS .		V
Hospital by alle			
BALL NOW TO HAVE A VALUE OF THE PARTY OF THE	新兴	INJURED	PERSON 6
North Control of the	A STATE OF THE STA	-	
Name			
Injuries sustained			
1111			
Which vehicle person in?	Voc	Non	
Which vehicle person in? Were seat belts worn? Was Injured conveyed to	Yes 🗆	No 🗆	



\$1273991E



Blood Group - Carle of sauce

05-10-1994

12 JALAN KEMAJUAN SINGAPORE 368978 NRIC No: \$1273991E

Data: 19/05/2017

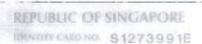
YOU WAS LICENSED TO DRIVE YEAR CLESS OF THE TOLLOWING CLASS.

Class 2A Class 2

Chass 5

Microcycles not exceeding 200 oc 26 Sep 1970 Microcycles between 201 oc and 400 oc 26 Sep 1970 Microcycles exceeding 400 oc 26 Sep 1970 Microcycles exceeding 400 oc 26 Sep 1970 Microcycles exceeding 400 oc 27 Sep 1970 which unlader does not exceed 2500 kilograms Heavy Microcycles and Microcycles 1700 kilograms 29 Apr 1951 weight of which unladers exceeds 2500 kilograms Class 4

NP.428A





TAN SWEE HOCK

陈瑞福

CHINESE

29-01-1957

SINGAPORE



LEGEN MANUEL S 1 2 7 3 9 9 1

TAN SWEE HOCK

Bret Date 29 Jan 1957 have Oate 07 Jul 2003



eBaoTech				1148		90				Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	Log Out
Notice of Loss	Poli	cy Query									
	Policy N	lo.				Date	of Accident	0	5/12/2018	09:00	
	Vehicle	No.(For Motor)	SJD157	5301575		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097146850		TAN SWEE	51273991E	GPC	CLASSIC:	SJ0157S	SJD1575	09/01/2018	08/01/2019
						Continue					

Policy No.	5097146850	Policyholder Name	TAN SWEE H	юск	Policyholder NRIC	S1273991E		
Certificate No.								
Address	12 JALAN KEMAJUAN MACPHERSON GARDEN ESTATE SINGAPORE 368978							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	09/01/2018	Effective Date	09/01/2018	00:00	Expiry Date	08/01/2019	23:59	
Excess Type		All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess	
Agent	LECO PRESTIGE PTE. LTD.	Agent Tel.	97806972		GST Flag	Υ		
Co- Insurance Flag	No							
Open Policy Info								
Certificate Info								
	AND							
□ Policyl	holder Mailing Address							
500 22	12 JALAN KEMAJUAN	Addre	ess 2	MACPHERSON GAR	DEN ESTATE	Address 3	SINGAPORE 368978	
→ Policyl Address 1 Address 4			ess 2 ess Type	MACPHERSON GAR Singapore address	DEN ESTATE	Address 3 Post Code	SINGAPORE 368978 368978	
Address 1		Addre	ess Type ed Policy	date and a second to the second	DEN ESTATE	400000000000000000000000000000000000000		
Address 1 Address 4 Unit No.		Addre Relat	ess Type ed Policy	Singapore address	DEN ESTATE	400000000000000000000000000000000000000		
Address 1 Address 4 Unit No.	12 JALAN KEMAJUAN	Addre Relat	ess Type ed Policy	Singapore address	DEN ESTATE	400000000000000000000000000000000000000		
Address 1 Address 4 Unit No.	12 JALAN KEMAJUAN ed Object: SJD157S	Addre Relat Numl	ess Type ed Policy	Singapore address 5097146850	DEN ESTATE	Post Code		

Claim Handling					-Ex
Accident MT/1022724					
Palicy No.	5097146850	Vehicle No.	5301575	GST Registration No.	
Certificate No				Sacrate and the contract of th	
Policyholder Name	TAN SWEE HOCK			Policyholder NR1C	\$1273991E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93622519	Contact No.(Office)	0		
Email Address	00000000			Contact No. (Home)	0
KFK	66	Special Remark	I was a second of the	eCode	THE V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Report Date	05/12/2018 18:16	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parkett Vehicle
Date of Accident	05/12/2018	Time of Accident nh:mm	09:00	Country of Acodem	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 336 HOUGANG AVE 7 CARPARK	7 (500) 850 (500) 7 (500)		(375),370.	
♥ Excess					
Own damage Excess	600.00	Children Corner		100	
		Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ Benefits					
GST Registered Inform					
GST Registered	Péq		GST Registration Date		
GST Registration No.			GST Status Venfied	Yes	
Modification History					
Policyholder Mailing Ac					
Address 1	12 JALAN KEMAJUAN	Address 2	MACPHERSON GARDEN ESTATE	Address 3	SIMGAPORE 368978
Artoress 4		Address Type	Singapore address	Post Code	368978
UNIT NO.		Related Policy Number	5097146850		
OI Driver Info					
Driver Name	TAN SWEE HOCK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	\$1273991E	Driver DOB	29/01/1957
Register Date of Driver License	11/09/1979	Driver Age	61	Driving Expenence	39
Contact No.(Mobile)	93622519	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	12 TALAN KEMAJUAN	Address 2	Maria de la companio del la companio de la companio del la companio de la compani		
Address 4	12 Jacobs v.B. st.Jana		MACPHERSON GARDEN ESTATE	Address 3	SINGAPORE 368978
unit No		Address Type	Singapore address	Post Code	368978_
Does he own a Singapore	SARWAY WAS THE M				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathelyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ® No		
Hodification History					
Hydricasidii History					
Claim 001 New					
Claim Type +	DD-MX	Insured Name	TAN SWEE HOCK	Insured NRIC	\$1273991E
Contact No.(Mobile)	93622519	Contact No.(Home)	65228912	Contact No. (Office)	
Email Address	YANSWEEHOOK2003@GMAIL.CI	OI Vehicle Number	\$1D157\$	TP Venicle Number	\$2\$\$811A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name +	22	Claimant NRIC *			
Claimant Address					
Claim Description	SJD1575 / SJS5811A ON 5 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Fully at Fault		
No. Require Finalisation	(Van			- T	
	Yes v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Dide Registered	05/12/2018 18:17	Claim Close Date		Date Received	05/12/2018 00:00
Report Taken By	Jackson				
2 Print AK letter					
			Section 19 and 1		
			Save Submit		
Attachment					
9					
Accident No.	MT/3022724	Claim No.	001		
Last Doc. Received	Yes ○ No	Upload Date	05/12/2018 18:18		
	Path *		Category •	Confidential Urgen	cy * Description *
		Browse.	I amount a second secon	V Normal	V
		Browse.		▼ Normal	
		-			
4		Browse.	Clear Please Select	V Normal	~

