MWA 118157812. NATIONAL Assessment Centre Services. port 1 January. Done by Date & Time Completed Job description Date In: 6/12/18 13:52 SAS c-Illing Ref No: MAI INC 18021979 144 E-mail (within Shis, AIC 2hrs) Vch No: SLQ 8418 U MT/1022844001 6112118 16:22. i-Motor Claim Form D.O.A : 5112/18 19:40 . I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (Veh No: TP Particulars: 5LM 4597 H. Tel Owner / Driver: () Cover Type: (Policy No: (Period: () Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%] Insured/Driver Liability: ()/NO(Warranty: YES (Year of Registration: (Loading: \$1,000 (Excess: (\$)/\$2,000 (General Remarks) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: (Drive-In ()/Towed-In (); Invoice: YES () / NO (Remarks: (INC hothas, 6788 6616) No. 3. 3. 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: 1) AR : Accident Reporting (530); Claimant's Particulars : INC (530) 2) DA : Damage Assessment (5100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 530 5) FT : Follow-Through Survey (Resurvey) Contact No: Por claiming against INC Only (wef 10 Jon 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) NI : Idao DA + SMRT Survey 3) NTUC Additional Services:-22 QC Checked by (Engr-In-Charge): *NS: Courtery Car / Tpt Allowance 510 *N6: Repair Co-ordination * N7; Post Repair Inspection Auditors' Comments : *NS: DV / Collect Excess Coordination 35 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idea Mobile Fee Charged Involve dated 14: 2/3: Madel Fee Charged Involce dated

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.

- 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 ladgement 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.

Date Of Accident 05/12/2018 19:40 Exact Location Of Accident RAFFLES AVE INFRONT MANDARIN ORIENTAL Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SLQ8418U Insured/Policyholder Name Of Registered Owner ANJELRIC Co Reg No 53364688W Email Address NOEMAIL Mobile Phone No Alternative Phone No Alternative Phone No Vehicle Particulars Manufacturer TOYOTA COROLLA ALTIS Exact Purpose for which vehicle was being used at time of accident Tor repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Cover Note Number Driver Name of Driver Name of Driving Pass Driving Experience O YEAR AND 8 MONTH MALE (LOCAL) +65-93862022	The second second second	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No S3364688W SoeMAIL Mobile Phone No Alternative Phone No OFFICE-93862022 Vehicle Particulars Manufacturer TOYOTA Model COROLLA ALTIS Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Trype Of Coverage COMPREHENSIVE Fleet Policy No Policy Number Cover Nate Number Driver Name of Driver LEE CHOON GEE NRIC No Date Of Birth Days (1945) Date Of Birth Days (1945) Driving Experience On YEAR AND 8 MONTH Mobile Number Contact Number	Date Of Report	06/12/2018 13:52
Country/State of Loss DETAILS OF OWN VEHICLE Vahicle Registration Number SLQ8418U Insured/Policyholder Name Of Registered Owner Co Reg No S384688W NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer TOYOTA COROLLA ALTIS Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance polley for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Floet Policy NO Policy Number Driver Name of Driver LEE CHOON GEE NRIC No S1234249G Date Of Birth 23/01/1957 Occupation Duty Experience O YEAR AND 8 MONTH Mable Number Contact Number Fax Number Contact Number Contact Number Contact Number Contact Number	Date Of Accident	05/12/2018 19:40
Vehicle Registration Number SLQ8418U Insured/Policyholder Name Of Registered Owner ANJELRIC Co Reg No 5336488W Email Address NOEMAIL Mobile Phone No Alternative Phone No Vohicle Particulars Manufacturer TOYOTA Model COROLLA ALTIS Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Floet Policy NO Policy Number 5092786809-01 Cover Note Number Driver Name of Driver LEE CHOON GEE NICK No S1234249G Date Of Birth 23/01/1957 Cocupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Mobile Number Contact Number	Exact Location Of Accident	RAFFLES AVE INFRONT MANDARIN ORIENTAL
Vehicle Registration Number Insured/Policyholder Name of Registered Owner On Reg No Sa384688W NOEMAIL Mobile Phone No Alternative Phone No OFFICE-93862022 Vehicle Particulars Manufacturer Model CORQLLA ALTIS Exact Purpose for which vehicle was being used at time of accident If No. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company No OMPREHENSIVE No OMPREHENSIVE No OMPREHENSIVE No OS92786809-01 Cover Note Number Driver Name of Driver LEE CHOON GEE NRIC No S1234249G Date Of Birth Occupation OUTDOOR Date Of Driving Pass Driving Experience O YEAR AND 8 MONTH Malle Malle Mobile Number Contact Number	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Co Reg No S3364688W Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-93862022 Vehicle Particulars Manufacturer TOYOTA COROLLA ALTIS Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number Driver Name of Driver LEE CHOON GEE N1234249G Date Of Birth OCUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience Mobile Number (LOCAL) +65-93862022 Email Address NOEMAIL ANJERIC CORMAIL ANJERIC ANJER ANJER	建筑 1000000000000000000000000000000000000	DETAILS OF OWN VEHICLE
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Email Address NOEMAIL Mobile Phone No Alternative Phone No Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance polley for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver Name of Driver Name of Driver Same of Driver Name	Name Of Registered Owner	ANJELRIC
Mobile Phone No Alternative Phone No OFFICE-93862022 Vehicle Particulars Manufacturer TOYOTA COROLLA ALTIS Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver LEE CHOON GEE NRIC No S1234249G Date Of Birth 23/01/1957 Occupation Duriving Experience Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Co Reg No	53364688W
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Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NEE CHOON GEE NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number COMMERCIAL COMMERCIAL NO COMMERCIAL NO COMPREHENSIVE NO COMPREHENSIVE NO COMPREHENSIVE NO COMPREHENSIVE NO COMPREHENSIVE NO COMPREHENSIVE NO S1234249G 23/01/1957 Occupation OUTDOOR Date Of Driving Pass Driving Experience O YEAR AND 8 MONTH MALE Mobile Number COMMERCIAL COMMERCIAL NO COMMERCIAL NO COMMERCIAL NO COMMERCIAL NO THIRD PARTY PRIVATE HIRE NO COMPREHENSIVE LED COMPREHENSIVE NO COMPREHENSIVE LED COMPREHENSIVE NO COMPR	Manufacturer	TOYOTA
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company No NO NO NO NO NO NO Policy Number Cover Note Number	Model	COROLLA ALTIS
for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number - Driver Name of Driver Name of Driver Name of Driver LEE CHOON GEE NRIC No S1234249G Date Of Birth 23/01/1957 Occupation Outdoor Date Of Driving Pass Driving Experience MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5092786809-01 Cover Note Number - Driver Name of Driver LEE CHOON GEE NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Vehicle Category	PRIVATE HIRÉ
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5092786809-01 Cover Note Number - Driver LEE CHOON GEE NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Insurance Company	
Fleet Policy NO Policy Number 5092786809-01 Cover Note Number - Driver Name of Driver LEE CHOON GEE NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5092786809-01 Cover Note Number - Driver LEE CHOON GEE NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Type Of Coverage	COMPREHENSIVE
Cover Note Number - Driver LEE CHOON GEE NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Fleet Policy	NO
Driver LEE CHOON GEE NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Policy Number	5092786809-01
Name of Driver NRIC No S1234249G Date Of Birth 23/01/1957 Occupation Outdoor Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Cover Note Number	
NRIC No \$1234249G Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Driver	
Date Of Birth 23/01/1957 Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Name of Driver	LEE CHOON GEE
Occupation OUTDOOR Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	NRIC No	S1234249G
Date Of Driving Pass 19/03/2018 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Date Of Birth	23/01/1957
Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Date Of Driving Pass	19/03/2018
Mobile Number (LOCAL) +65-93862022 Fax Number Contact Number	Driving Experience	0 YEAR AND 8 MONTH
Fax Number Contact Number	Gender	MALE
Fax Number Contact Number	Mobile Number	(LOCAL) +65-93862022
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 475 PASIR RIS DR 6 #08-556

Postcode 510475

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

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: : UNKNOWN

GENDER: : FEMALE

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?

NO

NO

Circumstances of Accident

I WAS TRAVELLING ALONG RAFFLES AVE ON THE SECOND LANE WHILE APPROACHING MANDARIN ORIENTAL, SUDDENLY VEH B (BEARING NO SLM4597H) DASHED OUT FROM THE MANDARIN ORIENTAL AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM4597H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 5. 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) 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's Signature Date & Time:

Driver's Signature

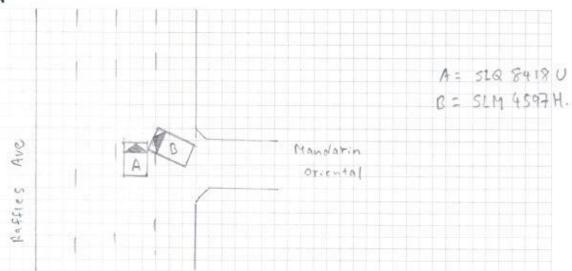
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pleuse	Refer	to Statement

DECLARATION

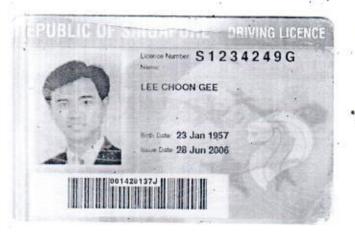
I/We declared to pregoing particulars are true in every respect.

Policyholder Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 15 Sep 1977 of the driver; and other motor vehicles =< 2500kg

NP 428A





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

19/03/2018



eBaoTech				Y						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e Chan	ge Password	, Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy M	Vo.				Date	of Accident		05/12/2018	13:44	
	Vehicle	No.(For Motor)	SLQ84	18U		Cert	ificate Numbe	er			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5092786809- 01		ANJELRIC	53364688W	GPC	drivo PREMIUM	SLQ8418U	SLQ8418U	25/07/2018	24/07/2019
						Continue	1				

Claim Handling

Accident MT/1022844								
Policy No.	5092786809-01	Vehicle No.	SLQ8418U		GST Registration No.			
Certificate No.								
Policyholder Name	ANJELRIC				Policyholder NRIC	53364		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading	0		
Contact No.(Mobile)	93862022	Contact No.(Office)			Contact No.(Home)			
timali Address		Special Remark			eCode	No Y		
KIK.	No Yes	TCA	* No Ves		eCode Reason			
P Accident Details	Yes	NCD Entitlement(%)	50		Private Hire	Yes		
Report Date	06/12/2018 16:16	Accident Report Within 24 hrs	Yes		Accident Type	Collisi		
Date of Accident	05/12/2018	Time of Accident hh:mm	19:40		Country of Accident	Singa		
Reporting Centre		Orange Force			ICM No.			
Accident Location	RAFFLES AVE INFRONT MANDARIN ORIENTAL							
/ Excess								
Own damage Excess	2,000.00	Additional Excess	0		Windscreen Excess	100.0		
Unnamed Driver Excess		Outside Singapore GD Excess		2,000.00				
Trind Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
* Benefits								
# GST Registered Informa	tion							
GST Registered	No		GST Regis	stration Date				
CIST Registration No.			GST State	is Verified	ed No			
Mudification History								
Policyholder Mailing Add	Iress							
Address 1	BLK 475 #08-556	Address 2	PASIR RIS DRIVE	6	Address 3	- Contraction		
Address 4		Address Type	Singapore address		Post Code	SINGA		
Unit No	08-556	Related Policy Number	5092786809-01		Lust code.	51047		
OI Driver Info			3092780803-01					
Oniver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	LEE CHOON GEE	Driver NRIC	S1234249G		Driver DOB	23/01		
Register Date of Driver License	19/03/2018	Driver Age	61		Driving Experience	0		
Contact No.(Mobile)	93862022	Contact No.(Office)			Contact No.(Home)			
Ocidensis 1	BCK 475 #08-556	Address 2	PASIR RIS DRIVE	5	Address 3	SINGA		
Address 4		Address Type	Singapore address		Post Code	51047		
Wit No.	08-556					31007		
Dies he own a Singapore Registered car?	Yes w No	Driver Vehicle No.			Driver Insurer Company			
1 11 11								
Declaration III 4 7 4								
Breathalyser or Blood Test (Crading)	0 mg	Any injury?	Yes - No					
Modification History								
Claim 001 New								
Claim Type *				OD-MX	▼ Insured ANJELRIC			
Control No. (Market)					Contact			
Contact No.(Mobile)				81181391	No. (Home)			
Emáil Address					01			
					Vehicle SLQ8418U Number			
Claim Description				SLQ8418U / SLM4597H (N 5 Dec 2018			
Preferred								
Workshop in	Proferered Liability Not at Fault	GIA GIA						
Finalisation Liss	Repair Preferred Workshop, Name	e unknown Teport Received	*		Claim			
Dirte Registered				06/12/2018 16:19	Close			
Report Taken By				LIEW SHAN HUI	Date			
Print AK letter								
Constitution of the								
			Save Submit					
Attachment			Lawrence					
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