NATIONAL Assessment Centre	BEI VICES WELL Jamos MI	JA118 177838.		
Date In. flw 18-14:23	Jcb description	Date & Time Completed	Done by	
Ref No: 44/1468 021986/24	SAS e-filing			
Act No. 7KKARA H	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 6/10/18-09:4	i-Motor Claim Form	MT 1022836-09	6/12/18 15:3	30
	I-Motor W/O (Within: OD 2hr	-		A CONTRACTOR
OD F TP ! Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
17 Insurer.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ix:)
TP Particulars: Veh No: JHC31	INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () W	'arranty: YES () / NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
General Remarks:-		Harrista	Com S	
() Walk-In Customer: Customer's inform	nation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: ()
Remarks: (INC hading) 6788 6616)		Date & Clarice Completed	Done by	
Remarks: (INC hotline: 6788 6616)	outer Car ()	Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/Co	ourtesy Car ()	Date&Time Completed	Done by	
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date&Time Completed®	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()	Date&Time Completed	Done by	
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()	Date & Time Completed	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date & Time Completed	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date&Time Completed		
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()	Date&Time Completed	Ant (5) A	ht.(\$)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()	paration Checklist: Reporting (\$30);	Anit (5) A	mt (\$)
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAI867979	Invoice Pre 1) AR: Accident 2) DA: Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8)	Anit (5) A	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA1869999 Lumant's Particulars:-	Invoice Pre 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$88) tee \$400. hrough Survey \$5	Anit (5) A. 1st Bill Ac 1st 5 Bill Ac	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA1869799 Italianant's Particulars:- priver/Owner:	Invoice Pre Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 hrough Survey \$5 hrough Survey (Resurvey)	Ant (5). A. fst Bill Ac	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAI 869999 Claimant's Particulars:: priver/Owner: ontact No:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80); See \$40, Arough Survey \$50, Arough Survey (Resurvey) Spainst JNC Only (wef 10 Jan 2005)	And (5) A Tit Bill Ac 545 120 530 575	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAISONG laimant's Particulars:: priver/Owner:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Lee \$\text{\$40}\$; Arough Survey (Resurvey) Rejust INC Only (wef 10 Jen 2005) Stion + SMRT Survey \$\text{\$5}\$	Anit (5) A fit Bill Ac 545 120 530	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA1867979 Inimant's Particulars:- priver/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Additio	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80); See \$40, Arough Survey (Resurvey) Reinst JNC Only (wef 10 Jan 2005)	Ant (5) A fit Bill Ac 545 120 530 575 160	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time / Actions NA1867979 Inimant's Particulars:- priver/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idao DA: 8) NTUC Addition	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$86 ce \$400); Arough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2005); Sition + SMRT Survey \$50 ce	And (5) A Tit Bill Ac 545 120 530 575	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA180799 Laimant's Particulars:- priver/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idao DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Post Rep	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); See \$40, Arough Survey (Resurvey) Seinst JNC Only (wef 10 Jan 2005) Stion SMRT Survey \$50;	Ant (5) A Tst Bill Ac 330 375 160 535 510 525	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NAI 86999 Islimant's Particulars:: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idao DA 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment (Ant (5) A fit Bill Ac 545 120 530 575 160	
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-imper 7) N1: Idao DA 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80); Ester Stopping (\$30); Assessment (\$100); INC (\$80); Arough Survey (30 Anit (5) A Tit Bill Ac 53 510 525 53 520 30 30	

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.
- Information provided must be as <u>truthful and accurate</u> 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 aforesaid.

Market Market Control	ACCIDENT STATEMENT
ate Of Report	06/12/2018 14:27
ate Of Accident	06/12/2018 09:45
xact Location Of Accident	ALONG IRWELL BANK RD
ountry/State of Loss	SINGAPORE
阿拉特斯 法联络的第三人称单数	DETAILS OF OWN VEHICLE
ehicle Registration Number	SKR4647H
sured/Policyholder	
ame Of Registered Owner	GUE TEE GEE
RIC No	S1293057G
mail Address	NOEMAIL
obile Phone No	(LOCAL) +65-93896664
ternative Phone No	OFFICE-93896664
ehicle Particulars	
anufacturer	TOYOTA
odel	VIOS E AUTO
act Purpose for which vehicle was being used ne of accident	at PRIVATE USE
e you claiming under your own insurance polic r repair to your vehicle?	y NO
No. Please state action to be taken	THIRD PARTY
hicle Category	PRIVATE CAR
surance Company	
ame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
pe Of Coverage	COMPREHENSIVE
eet Policy	NO
licy Number	5105653339
over Note Number	
iver	
ime of Driver	GUE TEE GEE
RIC No	S1293057G
ite Of Birth	19/02/1958
cupation	INDOOR
ite Of Driving Pass	22/01/1979
iving Experience	39 YEARS AND 10 MONTHS
nder	MALE
obile Number	(LOCAL) +65-93896664
x Number	
ntact Number	
	OFFICE-93896664

BLK 127C KIM TIAN ROAD Address #16-549

163127

Postcode

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3 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.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7291U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKN630C

PRIVATE CAR

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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")
- 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.
- 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.:

mark promotive it

vehicle A: SER4647H venicu B: SHC72914 vehicle c: SKN 630C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date Y time, I, vehicle 4, STR4647H,
was travelling straight along the stated venue. Front vehicle slowed
down, and I followed suit- Suddenly, vehicle 'B', S#C72914, hit
into my stationary vehicle's rear portion. The great impact
aused my vehicle to propel forward or nit onto the front
vehicle.

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 Pers nnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: (06 / 12 /	MMM/DD)(8106	(YYY), TIME: (09: 45)(HH	HMM
LOCA	Almaa 1	rwell bank roa		
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER:_	St.R 4647	н	
· 10	DJINSURANCE COMPA		DIADY (TURD DARRY EIDE 9 TH	HEET!
	SIMAKE & MODEL	10 VOICE VIO		
	g) VEHICLE CATEGORY: h) PURPOSE OF USING A	IPRIVATE / COMME	DRRY / MOTORCYCLE / OTHER PROJECT / MOTORCYCLE)	501
	I) ARE YOU CLAIMING U IF NO, PLEASE STATE (T	HIRD PARTY CLAIM	NSURANCE (YES/NO)	
2.,	ANAME: GUE TE		(MALE / FEMALI	E)
*	b) NRIC/FIN/PASSPORT: c) ADDRESS: 127C	S 2930570		
25 (1)	* CONTINUE TO 3.d IF D	RIVER ALSO POLICY	HOLDER	
\$No of passenga	DRIVER	*	(MALE / FEMALE	=}
(Inducated striker)	d) NAME:		CONTACT:	
	c)ADDRESS:		0 15	
	*d)DATE OF BIRTH: (19	102 / 1958)(0	D/MM/YYYY)	
	e)OCCUPATION: (INDO	PREPIENCE: 31		A
4.	WAS DRIVER AN EMPL IF NO, RELATIONSHIP	OYEE OF THE INSI	URED'S COMPANY? (YES / (10)
5. (a) WEATHER CONDITION	: (CLEAR / RAINING	/ OTHERS	
	b)ROAD SURFACE: (DR) WAS ANYBODY INJURED		7	
	IF YES, PLEASE STATE W	(YES / NO)	ON:	
8. The of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	+ + +	MODEL:	
Induding driver)	b) DRIVER'S NAME:			
	c) NRIC/FIN/PASSPORT	:	CONTACT:	
9. TI	HIRD PARTY VEHICLE d) VEHICLE NUMBER:	CKN 630C	MODEL:	
No of hassender	OL DRIVER'S NAME		MODEL.	
Including driver)	f) NRIC/FIN/PASSPORT		CONTACT:	100.0
(03)	to annuality designation of the			

email =

fax =

12/6/2018 IMG_0374.jpg

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 1 2 9 3 0 5 7 G

Name:

GUE TEE GEE

Birth Date: 19 Feb 1958

Issue Date 03 May 2012



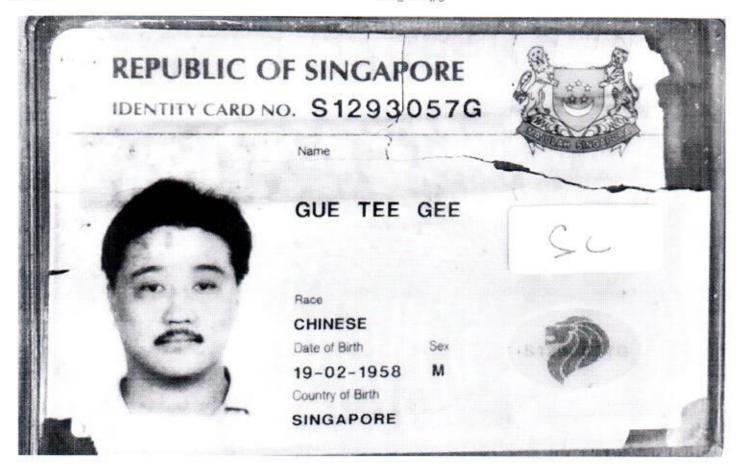
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 22 Jan 1979 of the driver; and other motor vehicles =< 2500kg

NP 428A





1588187



NRIC No. \$1293057G

Blood Group

Date of issue

A

13-01-1994

APT BLK 127C KIM TIAN ROAD #16-549 SINGAPORE 163127

NRIC No: \$1293057G

Date: 24/08/2017

Hello, NAC_PAYA_UBI_800601							• Change	e Language	· Chang	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	ło.			9	Date	of Accident		06/12/2018 (9:45	
	Vehicle	No.(For Motor)	SKR46	SKR4647H		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	5105653339		GUE TEE GEE	S1293057G	GPC	drivo CLASSIC	SKR4647H	SKR4647H	20/11/2018	19/11/2019

Policy No.	5105653339	Policyholder Name	GUE TEE (SEE	Policyholder NRIC	S1293057G	
Certificate No.		Adme			NRIC		
Address	BLK 127C #16-549 KIM TIAN	ROAD KIM TIAN	GREEN SIN	IGAPORE 163127			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	19/11/2018	Effective Date	20/11/201	8 00:00	Expiry Date	19/11/2019 23	8:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0:0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 127C #16-549	Addre	ss 2	KIM TIAN ROAD		Address 3	KIM TIAN GREEN
Address 4	SINGAPORE 163127	Addre	ss Type	Singapore address		Post Code	163127
Jnit No.		Relate Numb	ed Policy er	5105653339			
) Insure	d Object: SKR4647H						
Endors	sements						
Sequence Date of Endorsemen			Endorsement Type				Endorsement Content

Claim Handling						
Accident MT/1022836 Policy No.	5105653339		Vehicle No.	SKR4647H	GGT Samproside No.	
Cortificate No.				an hada in	GST Registration No.	
Policyholder Name	QUE TEE GEE					
Product Code	PRIVATE CAR INSURANCE		Cover Type	6/V6 CLASSIC	Policyholder NR3C Loading	\$12930\$7G
Contact No.(Moone)	93896664		Contact No. (Office)	0		
Email Address			Special Remark		Contact No.(Home)	0
KPK	® No ○ Yes		TCA	8	eCode	Tu v
ACD Protection	Ng (10)			® No ⊜Yes	eCode Reason	
Accident Details			NCD Entitlement(%)	20	Private Hire	No
	Taken and the second of the second					
Report Date	06/12/2018 15:27		Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Academ	06/12/2018		Time of Academ thomas	09:45	Country of Accident	Singapore
Reporting Centre			Orange Force		TCM No.	
Accident Location	ALONG TRWELL BANK RD					
* Excess						
Own damage Escett		0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00		
Third Party Excess		0,00	Outside Singapore TP Excess	0.00		
♥ Benefits						
Coverage				Sum Insured		
Excess Warver				99999999999		
GST Registered Inform	ation					
GST Registered	file			GST Registration Date		
GST Registration No.				GST Status Ventied	Yes	
Modification History						
Policyholder Mailing Ac						
Address I	BUK 127C #16-549		Address 2	KIM TIAN ROAD	Address 3	KIM TIAN GREEN
Address 4	SINGAPORE 163127		Address Type	Singapore address	Post Code	163127
Unit No.			Related Policy Number	5105653339		
→ OI Driver Info						
Driver Name Unnamed driver Name	GUE THE GEE		Driver Type	Main Driver		
	V 20 1597, 9ET		Driver NRIC	\$1293057G	Driver DOB	19/02/1958
Ragister Oate of Driver License			Driver Age	60	Driving Experience	39
Contact No. (Mobile)	93896664		Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 127C		Address 2	KIM TIAN ROAD	Address 3	KIM TIAN GREEN
Address 4	SINGAPORE 163127		Address Type	Singapore address	Post Code	163127
Unit No.	16-549					
Does he own a Singapore Registered car?	○ Yes @ No		Driver Vehicle No.		Oriver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 mg		Ann terrania	O		
Reading?			Any injury?	○ Yes ® No		
Hodification History						
Claim 001 New						
Claim Type *	GD-MX	V	Insured Name	O IS YES COR	GCC065C224.5	
Contact No.(Mobile)	93896664			GUE TEE GEE	Insured NRIC	\$1293057G
Email Address	2.0075004		Contact No.(Home)	65830776	Contact No. (Office)	
	I management of	1000	OI Vehicle Number	SKR4647H	TP Vehicle Number	SHC7291U
Claimant Type Claimant Type *	Irrease select	~	Type of Benefit *	Please Select		
Gaimant Name *		22	Claimant NRIC *			
Darmam Address	The state of the s					
Claim Description	SKR4647H / SHC7291U ON	6 Dec 2018			Name of Preferred Workshop	
Professed Workshop Contact No.			Insured Liability *	Not at Fault		
Require Finalisation	Yes	$\overline{\mathbf{v}}$	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/12/2018 15:30		Claim Close Date		Date Received	06/12/2018 00:00
Report Taken By	Jackson					terror to the control of the control
Front AK letter						
				Save Submit		
Attachment			2			
9						
codent No.	MT/1022836		Claim No.	001		
ast Doc. Received	Yes No.		Upload Date	06/12/2018 15:32		
	Path			Category •	Confidential Urgeno	y * Description *
			Browse	Accepting Programme Committee Commit	Normal V Normal	V
			Browse	Clear Please Select	E Inc.	100

