Numres value			F = P21 (2	1 11	
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OD TP Reporting Only	i-Motor W/O	(Within: OD 2hrs, TP 4hr		11.0	-1-1-1
OB . (11) Reporting Only	i-Photo Uploa				
TP Insurer:	Assessment/Sur	vey Report			
17 Insurer.		Fax / Hand to Own	er/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		Tel:		Fax:	
TP Particulars: Veh No:	CX60VBE.		Library Ton	ax.	
Owner / Driver: (CABOFOE.	Tel		,	-
Policy No: ()	Period: (r Type: (-0.00
Confirmed by : (Date:	Time:		
	6) [Note-Est. Status (W			100%1	
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading:)			
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() Total Loss Case : to e-mail In	surer URGENTLY.		A 5 . 8		
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umant's Particulars :-		AR : Accident Reporting DA : Damage Assessmen	(\$30); (\$100); INC (\$80	1	
ver/Owner:		F: Towing Fee	. \$40/3		
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naged Portion:		CR: Re-inspection		75	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Occupation

Gender

- 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.
- 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 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,

AND SECURITY OF SECURITY OF SECURITY	ACCIDENT STATEMENT
Date Of Report	17/12/2018 18:53
Date Of Accident	16/12/2018 18:40
Exact Location Of Accident	JUNC QUEEN'S RD & PRINCE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD7171E
Insured/Policyholder	
Name Of Registered Owner	RYAN ANG JIA-HAO
NRIC No	S8990058A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88580802
Alternative Phone No	OFFICE-88580802
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A
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	THIRD PARTY
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	5100648632
Cover Note Number	
Driver	
Name of Driver	RYAN ANG JIA-HAO
NRIC No	S8990058A

08/02/1989

24/11/2011

7 YEARS AND 0 MONTHS

(LOCAL) +65-88580802

OFFICE-88580802

INDOOR

MALE

NOEMAIL

BLK 352 ANG MO KIO STREET 32 Address

#18-129

Postcode 560352

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 - CROSS JUNCTION

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

NO

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) 5

Passenger 1

NAME:

: SENG SWEE HENG

GENDER: : MALE

Passenger 2

NAME:

: PHUA LAY GUAT

GENDER: FEMALE

Passenger 3

NAME:

: PHUA LAY KHIM

GENDER: : FEMALE

Passenger 4

NAME:

: DEBBIE SENG MEI LIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181216/2099.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX6026E MAZDA

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)

DETAILS OF INJURED PERSON 1

Name

RYAN ANG JIA-HAO

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLD7171E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SENG SWEE HENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLD7171E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

PHUA LAY GUAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLD7171E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 4

Name

PHUA LAY KHIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLD7171E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

DETAILS OF INJURED PERSON 5

Name

DEBBIE SENG MEI LIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLD7171E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 occurate as possible. Any wiful misrapresentation or withingiding 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 dark 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)

t understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 Monstery 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 low 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 Perposes; 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 (noted in their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (6) 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 daims.
- (a) the information so collected under (a) 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.

Policyhaltiers Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Parsannel's Signature

Name:

NRIC/FIN No.:

,	٧.			7		1227	7 .
SKETCH PLAN	Along Junction	n of Road	land	Road 2	, Queen's	Road,	Prince K
					Venicle A Venicle B	SLD.	THE
DESCRIBE CIRC	CUMSTANCES OF THE	ACCIDENT		8000U - 800			
	DUOW POLICE						
						The second secon	
DECLARATION (/We declare the	I of foregoing particulars ar	e true in every respec	rt.	The second secon			
J.		By				M	

Policyhelder's Signature

Date & Time:

Drivers Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 16 Dec 2018 Accident Time: 18: 40:56(24-HR-Format)
Accident Place	: Junction of Road Land Road 2, Queen's Road,
Vehicle Reg. No. (Car Plate No.)	:SLD7171E Prince Road
Vehicle Make/Model	:KIA / FORTE K3
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	:RYAN ANG JIA HAO
Owner or Company Contact No.	: 8858 08 02 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: RYAN ANG JIA HAD
DRIVER'S Date Of Birth	: 08 - 02 - 1989 DRIVER'S License Pass Date 22 Nov 2011
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNEY
DRIVER'S Address	: APT BLK 352 ANG MO KIO STREET 32, #18-129
DRIVER'S Contact No./ Alt No.	:1) 8858 0802 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: platinum werkz @gmail.com
Weather & Road Surface	: CLEAR & DRY (RAINING & WET) AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including	Driver):_05
Was there any video Captured by Exact purpose for which vehicle w	car camera: VES NO vas being used at the time of accident Private use) Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SKX6026	Vehicle Reg. No:
Vehicle Make Model: MCZdC	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	





Police Station Of Origin: Bukit Timah N.P.C

1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999

1 of 3 Report No. T/20181216/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2018 19:23			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
	f Informant: NG JIA-HA		Address: APT BLK 352 ANG MO KIO: 560352	STREET 32 #18-129 SINGAPORE			
ID Type / ID No.: NRIC NO / S8990058A		58A	Contact No.: Home/Office:	Mobile: 88580802			
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth: Male 29 08/02/1989		Date of Birth: 08/02/1989	Type of Informant:				
Race: Chinese			Language:	Institution / School Name:			
Occupation: IT MANAGER			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/12/2018 18:40	Type of Location X-Junction	
Location: Junction of R QUEEN'S RC PRINCE ROA Weather: Drizzling		Road Surface:		Road Speed Limit:	
T # =:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:			No Traffic Anyone conveyed by	

Details of Vehicle Involved								
Туре	Make	Model	Color	Condition	No of Passenger			
Car				Condition	1			
Car	KIA	FORTE K3	Black		4			
1	Type Car	Type Make Car	Type Make Model Car Car KIA FORTE K3	Type Make Model Color Car	Type Make Model Color Condition Car KIA FORTE K3 Black			

Details of V	ehicle Insurance			4.50 (4.50)
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD7171E	NTUC Income Insurance Co-Operative Limited		19/05/2018	21/07/2019





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 3 Report No. T/20181216/2099

CONTINUATION OF REPORT

Details of Perso	on Involved				E CANONIA	
Any Pedestrian	nvolved: No					Ried in temporal Co.
No. of Pedestria			Use of Pe	destria	n Cross	sing: NA
Driver		ELGANDER .		ucstria	11 0105	sing, IVA
Name	CHAI YONG MING			ID No	o.	S9133161F
Related Vehicle	SKX6026E (Car)			Contact No.		96441211
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Dat		Date Disc		NIL	
No. of Days gran	ted Medical Leave	VIL	Degree of		NIL	
Driver		article and the		-		
Name	RYAN ANG JIA-HAO			ID No.		S8990058A
Related Vehicle	SLD7171E (Car)			Contact No.		88580802
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days grant	ed Medical Leave N	IIL	Degree of		NIL	

Brief Details.

On 16/12/2018 at about 1840hrs, I was driving along Queen's Rd towards Empress Rd. As I was driving past the junction of Queen's Rd and Prince Rd when suddenly a black Mazda (SKX6026E) had collided onto the driver side of my vehicle. I made a check on my 4 passengers before exiting the vehicle. The driver and I exchanged particulars and agreed to settle with our insurance. No one was injured. The driver side of my vehicle (SCD7171E) sustained dents and scratches from the impact. The other vehicle sustained damages on the front bumper.

I wish to state that there was a stop line on Prince Rd and I had the right of way. No government property damaged. I am lodging this report for record purposes.





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

3 of 3 Report No. T/20181216/2099

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 3 QARISSA BINTE ZAINI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2018 19:23
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8990058A





RYAN ANG JIA-HAO

洪家豪

CHINESE

08-02-1989

UNITED STATES

5998027





24-07-2018

APT BLK 352 ANG MO KIO STREET 32 #18-129 SINGAPORE 560352





♠ e-Services

FAQS | CONTACT US | E-FEEDBACK | SITEMAP

E-APPLICATION OF QUALIFIED DRIVING LICENCE (QDL)

LOGOUT

STEP 1: APPLY QDL

STEP 2: INPUT MAILING ADDRESS

STEP 3: PAYMENT TERMS AND CONDITION

Dear RYAN ANG JIA-HAO (NRIC: S8990058A),

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, Lifetime:

i. Class 3

You have passed Practical Test(s) for following class(es).

Class 3 Practical Test at SSDC on 24 Nov 2011.

Please choose one of the below option(s) to proceed:

Replace QDL

Please click the next button below to confirm that you wish to apply for QDL for the above class of driving licence.

NEXT

Prerequisites for Singapore Qualified Driving Licence Application

E-Application of Provisional Driving Licence (PDL)

- *Valid Practical Test Result is required if you want to apply for Singapore Qualified Driving Licence of any class.
- ii. *Practical Test Result must be within 3 years for Singapore Qualified Driving Licence application.
- iii. *Valid Singapore Qualified Driving Licence is required for replacement.
- iv. *Minimum age for application of Class 3, 3A Singapore Qualified Driving Licence is 18 years old.
- v. *Minimum age for application of Class 4A Singapore Qualified Driving Licence is 20 years old.
- vi. *Minimum age for application of Class 4 and 5 Singapore Qualified Driving Licence is 21 years old.
- vii. *Conversion of Foreign Driving Licence can only be done over the service counter at any of the 3 Test Centres (Bukit Batok, Kampong Ubi and Woodlands). (Note: With effect from 1st November 2018, Conversion of Foreign Driving Licence can only be done over the service counter at Traffic Police located at 10 Ubi Avenue 3)
- viii. *FIN holders can only apply for Renewal and Replacement of existing Singapore Qualified Driving Licence over the service counter at Traffic Police located at 10 Ubi Avenue 3.

Do not use the Back or Forward button on your browser as this may end your transaction.

This website is optimised for IE version 10.0 and 11.0

Last Updated: 1 August 2018

HOME
ABOUT US
SGSECURE
I-WITNESS
COMMUNITY PROGRAMMES
RESOURCES
NEWS & PUBLICATIONS
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E-FEEDBACK
SITEMAP

Privacy Statement | Terms of Use, @ 2018 Singapore Police Force. A Member of The Home Team.



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5100648632

The Policyholder

: RYAN ANG JIA-HAO BLK 352 #18-129 ANG MO KIO STREET 32

ANG MO KIO HEIGHTS SINGAPORE 560352

Period of Insurance

: 19 May 2018 To 21 Jul 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 552,416.93

Interest Insured

Cover Type

: drivo PREMIUM

Primary Driver

: RYAN ANG JIA-HAO

Named Driver (1)

: N/A

Named Driver (2)

: N/A

Make/Model

: KIA/FORTE K3

Capacity

: 1600cc

Registration Year : 2016

Registration Number Chassis Number

: SLD7171E

Repair at Owner's Preferred Workshop : Yes

: KNAFZ411MH5635304

Off-peak Car Insure with COE : Yes

: No

Excess (Section 1)

: \$\$600

NCD Entitlement : 0%

Excess (Section 2)

: N/A

NCD Protection

: No

Windscreen Excess

: \$\$100

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Optional Cover

Transport Allowance

Excess Waiver

: No + No

Memo A: N/A

Endorsement Operative: M7

Agency

: ALFA CREDIT PTE LTD (00000613905)

Date of Issue

: 18 May 2018 17:06 hrs

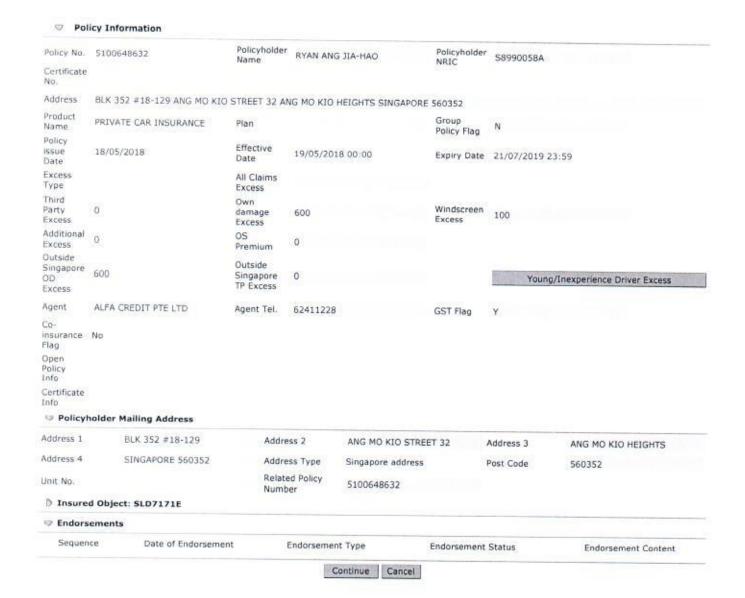
DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					Change	Language	• Chang	e Password	· Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	[1	6/12/2018 1	8:40	
	Vehicle No.(For Motor)	SLD717	1E		Certifi	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5100648632		RYAN ANG JIA-HAO	S8990058A	GPC	drivo PREMIUM	SLD71718	SLD7171E	19/05/2018	21/07/2019



Claim Handling					
ocident MT/1024169	5100648632	17750000			
ertificate No.	2100040022	Vehicle No.	SLD7171E	GST Registration No.	
Okcyholder Name	RYAN ANG SIA-HAO				
Yeduct Code	PRIVATE CAR INSURANCE			Policyholder NR1C	58990058A
ontact No.(Mobile)	88580802	Cover Type	arivo PREMIUM	Loading	0
maii Adgress	06000802	Contact No.(Office)	0	Contact No.(Home)	0
FR.	2002	Special Remark		eCode	10. V
	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	17/12/2018 19:12	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Cross Junction
ate of Accident	16/12/2018	Time of Accident hitchen	18:40		
eporting Centre		Orange Force	20.40	Country of Accident	Singapore
Cident Location	JUNC QUEEN'S RD & PRINCE RD	Grange rocce		ICM No.	
Excuss	TOTAL GOVERN S NO & PRINCE RD				
en damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
vnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
and Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	nation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	ddress				
suress 3	BLK 352 #18-129	Address 2	ANG MO KIO STREET 32	Address 3	ANG MO KIO HEIGHTS
Idreis 4	SINGAPORE 560352	Address Type	Singapore address	Post Code	
Nt No.:	CELL CONTRACTOR OF THE PARTY OF	Related Policy Number	5100648632	Post Colle	560352
OI Driver Info		Charle Language	- Southern		
iver Name	RYAN ANG JIA-HAD	5.1.5.0	2772		
named Sriver Name	The real state of the state of	Driver Type Driver NRIC	Main Driver		
gister Date of Driver License	24/11/2011		38990058A	Driver DOB	08/02/1989
ntaci No.(Mebile)	88580802	Driver Age	29	Driving Experience	7
		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	8UK 352	Address 2	ANG MO KID STREET 32	Address 3	ANG MO KIO HEIGHTS
dress 4	50NGAPORE 560352	Address Type	Singapore address	Post Code	560352
Vt No.	18-129				
es he own a Singapore pistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ā					
Cleration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
dification Hatory					
Claim 001 New					
Jan					
im Type *	CO-MX	Insured Name	RYAN ANG JIA-HAO	Insured NRIC	58990058A
ntact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	- de
ail Address		OI Vehicle Number	SL07171E		Centennes
ment Type Claimant Type •	Please Select	Type of Benefit *	Please Select	TP Vehicle Number	SKX60266
mant Name +	22	Claimant NRIC *	p sade seed.		
mant Address	- 2				
m Description	SLD7171E / SKX6026E ON 16 Dec 2018				
erred Workshop Contact	32271712 / 36X0020E ON 16 Dec 2018			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	G1A report	Received
e Registered	17/12/2018 19:14	Claim Close Date		Date Received	17/12/2018 00:00
ort Taken By	Jeckson			10 181 0 101017	TOTAL BOTTO GOLDO
Print AK letter					
THE PER PERSON					
		1	Save Submit		
ttachment					
dent No.	MT/1024169	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	17/12/2018 19:16		
		separated Mark			
	Path *		Category *	Confidential Urgeno	y * Description *
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		Browse	Control Prome Select	The Incinal	<u> </u>
		Browse	Clear Please Select	W Normal	
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