Date In: 1/1/19-18: 8	Jeb description	Date & Time Completed	Done by
Res No: No 140900089/24	SAS e-filing		
Veh No: JG168892.	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 30/10/18-17:10	i-Motor Claim Form	M711026398-001	2/1/19 20:38.
	I-Motor W/O (Within: OD 2h		-1111
OD : (TP)! Reporting Only	i-Photo Uploaded	1	
220	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: Jkv 99 8	inc ()/Non-INC()	
Owner / Driver: (\	Tel:)
Policy No: () Period	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Was	rranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	()/\$2,000()		
General Remarks:-	4.4		3.0
() Walk-In Customer : Customer's informa			
() Total Loss Case : to e-mail Insurer U			
Drive-In ()/ Towed-In (); Invoice: Y	And the second s	Towing Co: (.)
			Done by
Remarks:- (INC hotline: 6788 6616)	。(1964年)(1964年)(1964年)(1964年)(1964年)(1964年)(1964年)(1964年)(1964年)		C 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	CONTROL OF THE PARTY OF THE PAR	Date&Time Completed	New Actions
Apply for Transport Allowance ()/Court	rtesy Car ()	Datewinne Completat	J. C.
Apply for Transport Allowance ()/Cour QC Check / Post Repair Inspection	rtesy Car ()	Dates: arie Completar:	yes v. Bonosy
1) Apply for Transport Allowance ()/ Cour	rtesy Car ()	Datescratie Compressi	35.7.(1900)
Apply for Transport Allowance ()/Cour QC Check/Post Repair Inspection	rtesy Car ()	Dates: arie compresur	35. V.(Bolot)
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()		
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	rtesy Car ()	Dates: arie compresu	
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()		
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()		
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()		
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	rtesy Car ()		
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: ————————————————————————————————————	rtesy Car () () () ()		
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1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions NA 19000 6 Claimant's Particulars:	Invoice Pro	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$	Ant((5)) Amt()
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions HAMOOOLE Claimant's Particulars:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); Tee \$400; Through Survey	Ant (5) Ant (3) The Bill Add Bi
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions Lining Particulars:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60)	Ant (5) Ant (3) The Bill Add Bi 30) 0/545 5120 530
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions Liaimant's Particulars: Driver/Owner: ontact No:	Invoice Pro Invoice Pro I) AR: Acciden DA: Damage JFT: Follow-I For claiming 6 TR: Re-inspe	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Prough Survey Phrough Survey (Resurvey) Regainst INC Only (wef 10 Jan 200); Cotion	Ant((5)) Amt(3) fit Bill Add Bi 50) 0/545 5120 530 1) 575
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner:	Invoice Pro Invoi	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); Through Survey Through Survey (Resurvey)	Ant (5) Ant (3) The Bill Add Bi 30) 0/545 5120 530
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions Laimant's Particulars':- Driver/Owner: Contact No: amaged Portion:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-T 5) FT: Follow-T For cleiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); Reporting (\$100); Repo	Ant (5) Amt (3) fit Bill Add Bi 500 5120 530 575 5160
1) Apply for Transport Allowance ()/Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date/Time Actions Laimant's Particulars':- Driver/Owner: Contact No: amaged Portion:	Invoice Pre Invoice Pre I) AR: Acciden I) DA: Damage I) FT: Follow-1 S) FT: Follow-1 For cleiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes)	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Reporting (\$100); Repo	Ant((5)) Amt(3) fit Bill Add Bi 50) 0/545 5120 530 1) 575
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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 <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.

	ACCIDENT STATEMENT
Date Of Report	02/01/2019 15:18
Date Of Accident	30/12/2018 12:10
Exact Location Of Accident	BESIDE THOMSON COMMUNITY CENTRE ENTRANCE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX6889D
Insured/Policyholder	
Name Of Registered Owner	CHIA LI CHENG KAREN
NRIC No	S1799715G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96842012
Alternative Phone No	OFFICE-96842012
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS J AUTO
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	5102611008
Cover Note Number	
Driver	
Name of Driver	CHONG BOO TENG

Name of Driver CHONG BOO TENG
NRIC No S2560262E

 Date Of Birth
 15/08/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 09/04/1987

Driving Experience 31 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98298270

Fax Number

Contact Number OFFICE-98298270

EMail Address NOEMAIL

Address BLK 55 GEYLANG BAHRU

#10-3609

Postcode 330055

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

/ehicle

.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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) 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 SKV9985C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NIJINDER PAL SHARMA

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 3. 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.

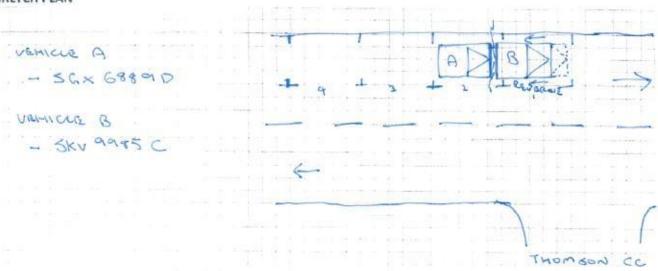
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	STATIONARY	PAR	0.97	IN	THE	DESIG	COTANA	CAR	PARK	LOT	Numde
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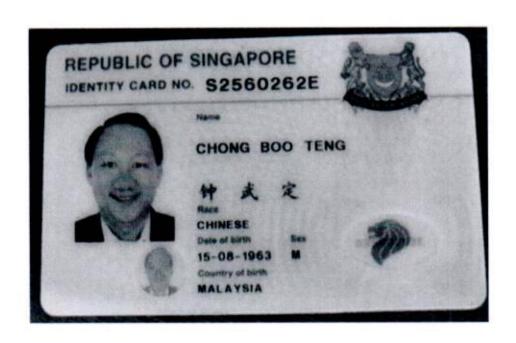
DECLARATION

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

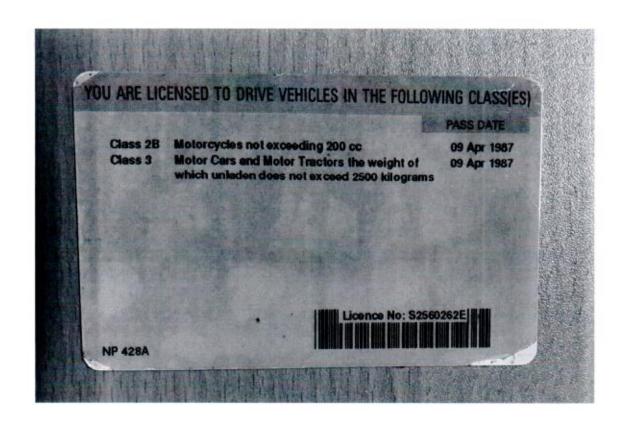
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Vehicle No.	SGX 6889D Model/Make TOMOTA CIOS
Date of Accident	30/12/2018
Time of Accident	12 10 HRS
Location of Accident	NO THROUGH ROAD BESIDE THOMSON COMMUNITY CENTRE (DESIGNATED
Exact purpose use during acci	ident PRIVATE USE PARKING LOT)
Name of Owner	CHIA LI CHENG KAREN
Telephone No.	H/P: 96842012 Home: Office:
NRIC	517997154
Address	BUK 55 GEYLANG BAHRN \$10-3609 5(330055)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NUL
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5102611008
Name of Driver	As Above If NO CHONG BOO TENG
NRIC	S 25 60262 E Any Passengers: 0.
Date of birth	15/08/1963
Occupation	Outdoor / Indoor
Driving License Pass Date	OG APR 1987
Gender	(Viate) / Female
Contact No.	H/P: 982 982 70 Home: Office:
Address	BLK 55 COYLAND BAHRY # 10-3609 5(330055)
Driver have any own vehicle	No If yes, Reg No.
Relationship	Employee, If no, state Stowsk
Weather condition	Çlear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	9
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	Sk V 9945 C Any Passengers :
Name of Driver	MISINDER PAL SHARMA Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	FRONT PORTION
Camera Recorder	Yes / No
Email Address	1.037(00)
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
DARTICULAR WORKSHOP	TWINCOR AUTOMOTIVE PTR LTD
PARTICULAR WORKSHOP	
CONTACT NO.	6842 0051 / 6744 0510
	6842 0051 / 6744 0510 Ian











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5102611008 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SGX6889D

Chassis Number : MR053HY9305025070 2. Name of Policyholder : CHIA LI CHENG KAREN

3. Effective Date of Insurance : 01 Sep 2018 4. Expiry Date of Insurance : 31 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

PRIMARY DRIVER : CHIA LI CHENG KAREN NAMED DRIVER (1) : CHONG BOO TENG

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519) Agency

: 25 Jul 2018 17:05 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Language	Chang	e Password	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident		30/12/2018 1	2.10	
	Vehicle	No.(Far Motor)	SGX68	890		Certi	ficate Number				
						Search	ľ				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102611008		CHIA LI CHENG KAREN	S1799715G	GPC	drivo CLASSIC	SGX68890	SGX6889D	01/09/2018	31/08/2019
					- 1	Continue					

CONSTRUCTION AND CONTROL		Policyholde	r		Policyholder		
Policy No.	5102611008	Name	CHIA LI CH	ENG KAREN	NRIC	S1799715G	
Certificate No.							
Address	700 LORONG 1 TOA PAYOH #14	-07 TRELLIS	TOWERS SIN	GAPORE 319773			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/07/2018	Effective Date	01/09/2018	00:00	Expiry Date	31/08/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	700 LORONG 1 TOA PAY	OH Add	ress 2	#14-07 TRELLIS T	OWERS	Address 3	SINGAPORE 319773
		Add	ress Type	Singapore address		Post Code	319773
Address 4		Carro	ated Policy	5102611008			
	10-3609		nber				
Jnit No.	10-3609 ed Object: SGX6889D		nber				
Address 4 Unit No. Insure	ed Object: SGX6889D		nber				

ccident MT/1026098					
olicy No.	5102611000	Vehicle No.	SGX6889D	GST Registration No.	
ertificate No.					
plicyholder Name	CHIA LI CHENG KAREN			Policyholder NRIC	51799715G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
omact No.(Mobile)	96842012	Coreact No. (Office)	g	Contact No.(Home)	0
mail Address		Special Remark		eCode	THE V
FIX	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	Alle San
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details	ALL CONTROL OF THE PARTY.				
port Date	02/01/2019 20:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
its of Accident	30/12/2018	Time of Accident hh mm	12:10	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
cident Location	BESIDE THOMSON COMMUNITY CENTRE	ENTRANCE			
Excess					
vn damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	п.00	Outside Singapore OD Excess	0.00		
ird Party Excess	1.00	Outside Singapore TP Excess	0.00		
- Benefits					
verage			Sum Insured		
ess Waver			99999999.99		
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Add	fress				
idress 1	700 LORONG 1 TOA PAYOH	Address 2	#14-07 TRELLIS TOWERS	Address 3	SINGAPORE 319773
dress 4		Address Type	Singapore address	Post Code	319773
IT No.	10-3609	Related Policy Number	5102611008		
OI Driver Info			1.55		
ver Name	CHONG BOD TENG	Driver Type	Named Driver		
named driver Name		Driver NRIC	\$2560262E	Driver DOB	15/08/1963
gister Date of Driver License	09/04/1987	Driver Age	55	Driving Experience	31
ntact No.(Mobile)	90290270	Contact No.(Office)	9	Contact No.(Home)	a.
dress 1	8LK 55	Address 2	GEYLANG BAHRU	Atldress 3	GEYLANG BAHRU RIVERPOINT
idress 4	SINGAPORE 330055	Address Type			
Nt No.	10-3609	Accorded type	Singapore address	Post Code	330055
ses he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
diffication History					
and the same of th					
ar and a Barrell					
Claim 001 New	00-MX	Insured Name	CHEALI CHENG KAREN	Insured NRIC	\$1799715G
im Type •	00-MX 96642012	Indured Name Contact No. (Home)	CHEALI CHENG KAREN	Intured NRIC Contact No.(Office)	\$1799715G
im Type * ntact No.(Mobile)	1				
im Type * react No. (Mobile) air Address	96842012 kchia67@yehoo.com.sg	Contact No.(Home)	69371233	Contact No.(Office)	68266328
in Type * nact No. (Mobile) as Address mant Type Clemant Type *	96842012 kchla67@yahoo.com.ag Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	69371233 SGX6689D	Contact No.(Office)	68266328
in Type * nact No. (Mobile) as Address mant Type Claimant Type *	96842012 kchia67@yehoo.com.sg	Contact No.(Home) Of Vehicle Number	69371233 SGX6689D	Contact No.(Office)	68266328
im Type * react No. (Mobile) air Address imant Type Claimant Type + imant Name *	96642012 kchia67@yahou.com.sg Please Select: ✓	Contact No.(Home) Of Vehicle Number Type of Benefit *	69371233 SGX6689D	Contact No. (Office) TP Vehicle Number	68266328
im Type * rect No. (Mobile) all Address imant Type Clement Type * imant Name * imant Address im Description	96842012 kchla67@yahoo.com.ag Prease Select	Contact No. (Home) OI Vehicle Number Type of Benefit. * Claimare NRIC *	69371233 SGX68890 Please Select	Contact No.(Office)	68266328
im Type * next No. (Mobile) as Address imant Type Clamant Type + imant Name * imant Address im Description ferred Workshop Contact	96642012 kchia67@yahou.com.sg Please Select: ✓	Contact No.(Home) Of Vehicle Number Type of Benefit *	69371233 SGX6889D	Contact No. (Office) TP Vehicle Number	68266328
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im Type * react No. (Mobile) as Address imant Type Claimant Type + imant Name * im Description ferred Workshop Contact suice Finalisation	96942012 kchia67@yahoo.com.sg Prease Select ≥≥ SGX6889D / SKV9985C ON 30 Dec 2018	Contact No.(Home) Of Venicle Number Type of Benefit * Claimant NRIC * Insured Liability *	69371233 SGX68890 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	68266328 SKV9985C
im Type * imat No. (Mobile) air Address imam Type Claimant Type + imam Name * imams Address im Description ferred Workshop Consact sure Finalisation is Registered	96842012 kchia67@yahou.com.sg Please Select >> SGX6889D / SKV998SC ON 30 Dec 2018 Tes	Contact No. (Home) Of Venide Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	69371233 SGX68890 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68266328 SKV998SC
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sim Type * Intert No. (Mobile) Inak Address Intert No. (Mobile) Inak Address Intert No. (Mobile) Intert No.	96642012 kchia67@yahoo.com.ag Please Select ≥≥ SGX68890 / SKV9985C ON 30 Dec 2018 Tes V 02/01/2019 20:38 Jackson	Contact No. (Home) Of Venice Number Type of Benefit * Claimart NRIC * Insured Liability * Preference Repair Option Claim Close Date	69371233 SGX6889D Prease Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68266328 SKV998SC

