NATIONAL Asse	essment Centre	Services :	Janosij.				
Date In 12/01/19		Jeb description		Date &Tunc Completed	1	Done by	
Ref No NA/INC/9	000775/13	SAS e-filing					
Veh No SCC 7704		E-mail (within 8hrs, A	IC 2hrs)				
DOA 10/01/19		i-Motor Claim Fo	rm	m7/1027515 -	σοι		
OD (IP) Reporting		i-Motor W/O (with		4			
TP Insurer		Assessment/Survey Ass't Report by Fax		o Owner/Wksp		- (1/4)	
Preferred Wksp / INC As	sign Wksp / QW: ( /	OLATINUMWERK	Z	Tel:	Fax:		
TP Particulars:	Veh No:	JSV8557	INC (	) / Non-INC ( )			
Owner / Driver: (			11107	Tel:		)	
Policy No: (	) Peri	iod: (	)	Cover Type: (		)	
Confirmed by	: (	Do	ite:	Time:		)	
Insured/Driver Liabili		lote-Est. Status (WO):	N: 0-2	0%; P: 21-79%. F: 80-	-100%]		
Year of Registration:			NO(	)			
Excess: (\$	) Loading: \$1,00	00 ( ) / \$2,000 (	)				
General Remarks:-	- V 190-1200000	V. N Harry Manuages 6	Tan Si	ANTO ESTABLISH	100		
QC Check / Post Rep     Upload Resurvey Ph     Injury:  Date/Time Actions		000] ( )					
	NA1900403	2		eparation Checklist		nıt (\$)	Amt (S
Claimant's Particulars				nt Reporting (\$30); ge Assessment (\$100); INC	(\$30)		-512
Oriver/Owner:	2 - 12 100 - 2 - 12 - 12 - 12 - 12 - 12	3)7	F: Towing	Fee	\$40/\$45		25,24.0
		5) 1	T : Follow	Through Survey Through Survey (Resurvey)	\$30		
Contact No:			or claiming FR : Re-ins	against INC Only (wef 10 Jan 2	575		
Damaged Portion:		7)1	N1 ; Idac D	A + SMRT Survey	\$160		
C Checked by (Engr	-In-Charge):		N5: Courte	sy Car / Tpt Allowance Co-ordination	\$5 \$10		
Auditors' Comments :				epair Inspection Collect Excess Coordination	\$25		
at 1:	- 1			TP (Non INC) against INC	\$20		-
Cat. 2 / 3:		April 1997 Control of the Control of	voice dated	Fee Charg	27		10 30
00000000000000000000000000000000000000		1,	nine deted	Fee Chars	red .	T 1544	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	12/01/2019 12:10
Date Of Accident	10/01/2019 19:40
Exact Location Of Accident	AYE TWDS TUAS AT THE EXIT 9 SIGNAGE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC7704Z
Insured/Policyholder	
Name Of Registered Owner	CHAN SOW LENG
NRIC No	S0914890F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96170231
Alternative Phone No	OTHERS-96170231
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5099983762
Cover Note Number	
Driver	
Name of Driver	DEAN NG GUO SHENG
NRIC No	S9128999G
Date Of Birth	09/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92358841
Fax Number	
Contact Number	

NOEMAIL

16 CACTUS DRIVE Address

#06-01

809690 Postcode

Was driver an employee of the Insured's Company NO

OTHER - GRAND CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

YES Was any foreign vehicle involved in this accident?

JSV8557 (PRIVATE CAR) Foreign Vehicle Registration Number

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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)

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

NANYANG N.P.C Police Station Name

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/2190110/2164

Attachment(s)

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

Was there any audio recorded?

NO

JSV8557

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category CHAN KWAN YU Name of Driver

NRIC/Passport Number

85713449 Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

SMD6410K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category CHUA YUAN KIT Name of Driver

NRIC/Passport Number

92969402 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

**SLF4639H** Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

CHOONG XING DING ANGELINE Name of Driver

NRIC/Passport Number

96537777 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

NO

DEAN NG GUO SHENG Name

Approximate Age

SLIGHT Injuries Sustain SLC7704Z Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

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.
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding 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
- 5. Any false reporting may be refarred to the Police for investigation.
- 5. 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to caping of the report being made available aforessid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t 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:
  - (f) processing, handling and/or dealing with my daims 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;
  - (hr) 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) ell 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
- (a) 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 Singapora, for one or more of the above Purposes-
- (a) 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 dalms.
- (e) the information so collected under (d) above thay be shared / disclosed:
  - (i) to alkinsurers 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Yng Centre Parsonnel's Signature

Name:

NRIC/FIN No.:

Along Road I, AYER RAJAH EXPRESSWAY AYE Towards Tuas at the Exit 9 signage

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Repor Follow Police DECLARATION

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

chan Sow leng

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting tentre Personnel's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190110/2164

Station Diary No.:

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

10/01/2019 22:50		3,2550046	D/20190110/0099 243			
Informa	nt's Partic	ulars				
Name of Informant: DEAN NG GUO SHENG			Address: 16 CACTUS DRIVE #06-01 SINGAPORE 809690			
ID Type / ID No.: NRIC NO / S9128999G			Contact No.: Home/Office: Mobile: 92358841			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 27 09/08/1991			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation:		F	Driving Licence Information: Class: 3A Date of Expiry:			

Vide Report No.:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/01/2019 19:40	Type of Location Expressway	
	I EXPRESSWAY  Tuas at the Exit 9 signage				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ear		Anyone conveyed by ambulance:	

Details of Vo	Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
JSV8557	Car				Slightly Damaged	0	
SLC7704Z	Car				Seriously Damaged	0	
SLF4639H	Car				Slightly Damaged	0	
SMD6410K	Car				Slightly Damaged	1	





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

2 of 3 Report No. T/20190110/2164

Details of Perso	The state of the s				diame	THE PARTY OF THE P
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	ring: NA
Driver		BOOK STATE		destrial	101038	Service and the service and th
Name	DEAN NG GUO SH	IENG		ID No		S9128999G
Related Vehicle	NIL		Contact No. 92358841		92358841	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

# Brief Details.

On 10/01/2019 at about 1940hrs, I was driving my car with registration number SLC7704Z along AYE towards Tuas on the right most lane. I was travelling at about 85km/h. The vehicle in front of mine is a White Volkswagon Golf with registration plate number SMD6410K. I noticed that the driver will brake occasionally while driving. I did not tailgate the car in front of mine. At the Exit 9 signage, all of a sudden the White Volkswagon jam brake and in order not to collide into the White Volkswagon, I jammed my brake as well. My car stopped just before the White Volkswagon. my car did not hit the White Volkswagon. A second later, I felt an impact from my rear and my car surged forward and hit the White Volkswagon in front of me.

I got down from my car and realized that a Black Toyota with registration plate JSV8557 had hit my car from the rear. My car hit the rear of the White Volkswagon and the White Volkswagon had hit the rear of the car in front of it, a Black Nissan with registration plate SLF4639H. I exchanged particulars with the drivers of the other 3 cars, took photos of the damage and someone else called for Police. Police officers and Ambulance arrived, made a check on all who were involved in the chain collision no one is conveyed to hospital.

The car plate and particulars of the drivers as follows:

1st Car: SLF4639H Driver: Choong Xing Ding Angeline (hp:96537777)

2nd Car: SMD6410K Driver: Chua Yuan Kit (hp: 92969402)

3rd Car: SLC 7704Z Driver: Dean Ng (hp: 92358841) 4th Car: JSV8557 Driver: Chan Kwan Yu (hp: 85713449)

I am lodging this report for insurance claim purposes.





T/20190110/2164

3 of 3

Report No. T/20190110/2164

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

Sketch Plan

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  J / www J / 9 46'  Sgt 2 TAN LITEK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2019 22:50
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:









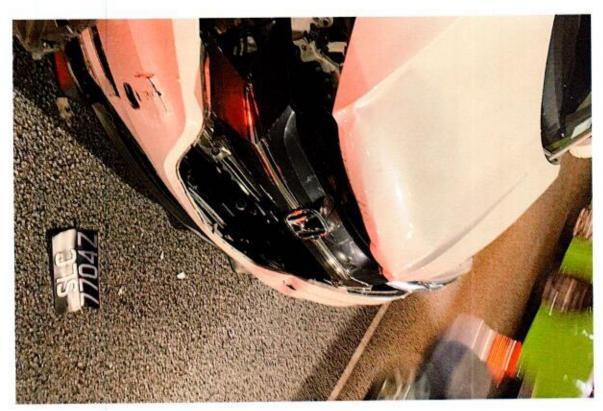










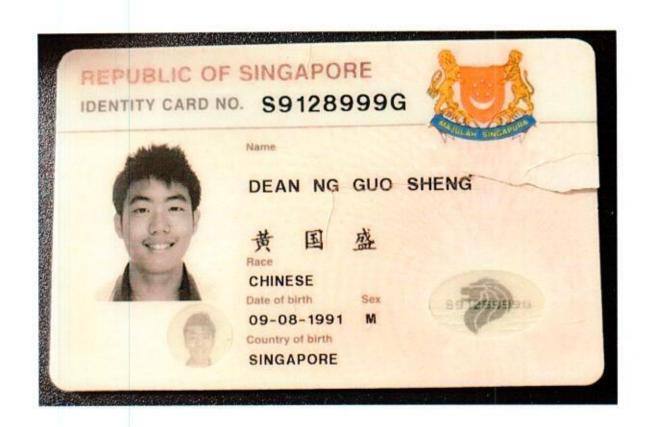


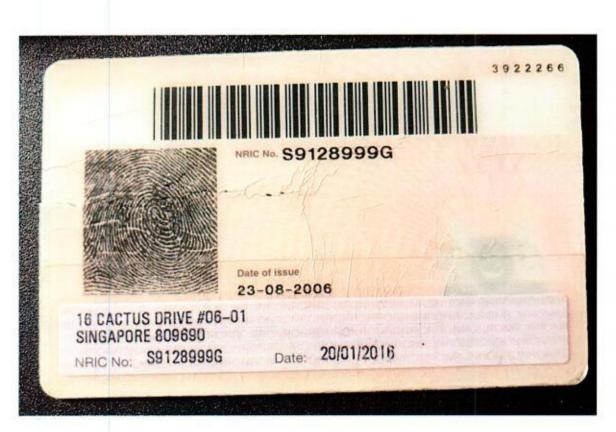




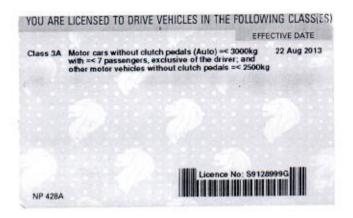


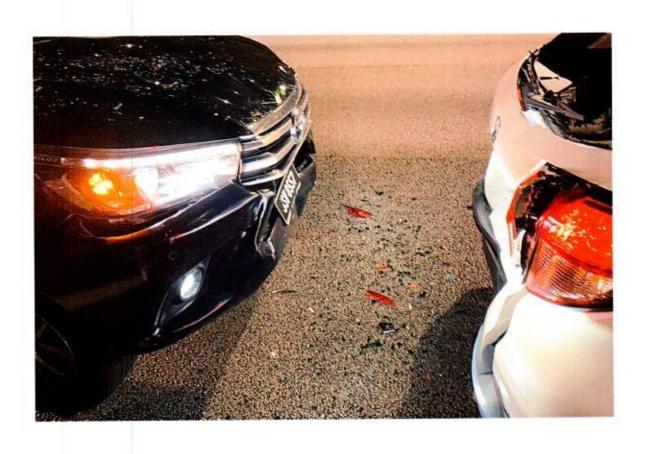
	(9.40
Date of Accident	: 16/01/2019 Accident Time: 22 50 (24-HR-Format)
Accident Place	: Along Road I, AYER RAJAH EXPRESSWAY, AYE TOWARDS TUAS at the Exit a signage
Vehicle Reg. No. (Car Plate No.)	:SLC 77042
Vehicle Make/Model	: HONDA VEZEL
Insurance Company	:_ NTUCPolicy No
Owner or Company Name /IC No.	: CHAN SOW LENG SOG14890F
Owner or Company Contact No.	: 9617 0231 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: DEAN NG GUD SHENG S91289999
DRIVER'S Date Of Birth	: 09/08/1991 DRIVER'S License Pass Date 27 Aug 203
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Grand nother
DRIVER'S Address	: 16 CACTUS DRIVE # 06-01 , 5809690
DRIVER'S Contact No./ Alt No.	:1) 9235 8841 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR(e.g. working inside or outside office)
Email Address	: Weiguan 0312@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): 01
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES \NO ras being used at the time of accident Private use \ Work purpose
other Other	Party Driver's Particular (if any) 2nd car
Vehicle Reg. No: SLF 46391	Vehicle Reg. No: SMD 6410K
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: Choong Xing [	Ding Angeline Name Driver: Chua Yuan Kit
IC No. Driver:	IC No. Driver:
Driver's Contact & Add: 9653	7777 Driver's Contact & Add: 92969402
4th \$ JSV 8557	
Chan Kwan Yi	a ·
874.000	



















### 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: 5099983762	over	8	drivo CLASSIC
--------------------------------	------	---	---------------

1. Index mark and Registration Number of Vehicle : To Be Advised

: RU11116688

Chassis Number : CHAN SOW LENG 2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance 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.

: 25 May 2018 : 24 May 2019

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) : 5\$600 : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

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

: CHAN SOW LENG PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

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

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)

: FORTRESS INSURE SOLUTIONS HUB (00000572936)

: 19 Apr 2018 12:17 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

The owner and vehicle particulars for Vehicle No. SLC7704Z as at 25 May 2016 are as follows:

1.	Name	: CHAN SOW LENG
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S0914890F
4.	Place Of Passport Issue	3 -
5.	Registered Address	: 16 CACTUS DRIVE
		#06-01
		SINGAPORE 809690
6.	Mailing Address	: -
7.	Vehicle No.	: SLC7704Z
8.	The Control of the Co	: 25 May 2016
9.	Original Registration Date	: 25 May 2016
10.	First Registration Date	: 25 May 2016
11.	Vehicle Type	: P11 - Passenger Station Wagon/Jeep/Land Rover
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	· -
15.	Attachment 3	**************************************
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	. 4
22.	Chassis/Trailer Chassis No.	: RU11116688 / -
23.	Propellant/Emission Standard	: Petrol / Euro IV
24.	Engine No./Motor No.	: L15B4036690 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1496 / -
26.	Maximum Power Output(kW/bhp)	: 96.0 / 128
27.	Unladen Weight(kg)	: 1190
28.	Maximum Laden Weight(kg)	: 1465
29.	Open Market Value	: \$20,417.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 24 May 2026
32.	Minimum PARF Benefit	: \$5,292.00
33.	IU Label No.	
34.		: 2016060101004210C
35.	COE Expiry Date	: 24 May 2026
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	
38.	그리 이렇게 하면 하는 것이 없는 것이다.	: \$47,020.00
39.	Actual ARF Paid	: \$10,584.00
40.	CO2 Emission(g/km)	: 117.00
41.		: \$10,000.00
42.	CEVS Surcharge Paid	
43.	Actual Green Vehicle Rebate Utilised	
44.	Vehicle Lifespan Expiry Date	
45.		: \$318.00
46.	ALE STATE OF THE S	: 25 May 2016
47.		: 24 Nov 2016
48.	5223 CO 6 18 24 CO 6 18 CO 6 1	: This vehicle is eligible for PARF.
6753	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	To renew the COE, the Prevailing Quota Premium
		payable is that of Category A.
		Francis to that of Sate Bord 11

# Claim Handling Accident MT/1027515

Policy No.	509998376	52	Vehicle No.	SLC77042		GST Regis	tration No
Certificate No.							
Policyholder Name	CHAN SOW	LENG				Policyhold	er NRIC
Product Code	PRIVATE C	AR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	96170231		Contact No.(Office)	0		Contact N	o.(Home)
Email Address			Special Remark			eCode	
KFK	# No Y	res .	TCA	No Yes		eCode Rea	ason
NCD Protection	No		NCD Entitlement(%)	a		Private Hi	re
Report Date	12/01/201	9 17:41	Accident Report Within 24 hrs	Yes		Accident 1	Type
Date of Accident	10/01/201	9	Time of Accident hh:mm	19:40		Country o	f Accident
Reporting Centre			Orange Force			ICM No.	
Accident Location	AYE TWDS	TUAS AT THE EXIT 9 SIGNAGE	240.00000000000000000000000000000000000				
<b>▽</b> Excess							
Own damage Excess		600.00	Additional Excess	0		Windscree	n Excess
Unnamed Driver Excess		500.00	Outside Singapore OD Excess	7/2	600.00		
Third Party Excess		0.00	Outside Singapore TP Excess		0.00		
♥ Benefits		(2000 M			752700.0		
▼ GST Registered Informal	tion						
GST Registered	tion	No		GST Peois	tration Date		
GST Registration No.		140		GST Statu			Yes
Modification History				031 3000			1,000
1.00 (							
	Iress						
Address 1	BLK 233 #	06-494	Address 2	PASIR RIS DRIVE	1	Address 3	
Address 4			Address Type	Singapore address		Post Code	89
Unit No.			Related Policy Number	5099983762			
♥ OI Driver Info			.0-	3033303702			
Driver Name	Unnamed (	Sriver	Driver Type	Unnamed Driver			
Unnamed driver Name		SUO SHENG	Driver NRIC	S9128999G		Driver DO	8
Register Date of Driver License	22/08/201		Driver Age	27		Driving Ex	
Contact No.(Mobile)	92358841		Contact No.(Office)	0		Contact N	
Address I	16 CACTUS	DRIVE	Address 2	GRANDE VISTA		Address 3	
Address 4	15555517.632		Address Type	Singapore address		Post Code	
Unit No.	#06-01		0.0000000000000000000000000000000000000				
Does he own a Singapore	Yes +	No	Driver Vehicle No.			Driver Ins	urer Com
Registered car?	162 1	NO.	Driver vericle No.			Diver ma	arer com
Declaration							
Breathalyser or Blood Test	0 mg		Any injury?	w Yes No			
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Modification History							
Claim 001 OD-MX New							
Claim Type *					OD-MX	▼ Insured	CHAN S
Claim Type *					OD-MX	- Name	CUMA 2
Contact No.(Mobile)						Contact No.	625976
					(0)	(Home)	
Email Address						Vehicle	SLC770
					<u> </u>	Number	
Claim Description					SLC7704Z / JSV8557	ON 10 Jan 2019	
Preferred							
Workshop		Insured Liability Not at Fault	F GIA Resolved	721			
Consider No. Yes		Repair Preferred Workshop (referred workshop)	er below) Teport Received	•	Lawrence -	Claim	
Date Registered					12/01/2019 17:48	Close Date	
Roport Taken By					ROSLINDA	Workshop	65
Report Taken By					POSITION	Repairer	

Save Submit Attachment Claim No. MT/1027515 Accident No. 12/01/2019 00:00 Upload Date • Yes No Last Doc. Received Confidential Category \* Path . \* NO Clear Please Select Choose File No file chosen Please Select NO Clear Choose File No file chosen NO Clear Please Select Choose File No file chosen Please Select Clear Choose File No file chosen Please Select . NO Clear Choose File No file chosen Y NO Clear Please Select Choose File No file chosen Message Read Attachment List Des Category Urgency Attachment Uploaded By/Date NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 750 NRIC/ Driving I NRIC/ Driving License Normal 12 Jan 2019 17:48 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:48 NRIC/ Driving I NRIC/ Driving License NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on SAS 2 Normal SAS 12 Jan 2019 17:48 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:48 Normal Photos Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:48 Normal Photos Photos NAC PAYA\_UBI\_8006D1( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Jan 2019 17:48 NAC\_PAYA\_UBI\_8006D1( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:47 Normal Photos Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:47 Photos Normal Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Jan 2019 17:47 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Photos Normal 12 Jan 2019 17:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:47 Normal Photos Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Jan 2019 17:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:47 Photos Normal Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:47 Photos Normal Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Photos Normal 12 Jan 2019 17:47 NAC PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 12 Jan 2019 17:47 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Normal **Photos** Photos 12 Jan 2019 17:47 Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal



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Folder Date

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