Date In: 19 1/19-11:57	Jeb description	Date & Time Completed	Done	pì.
	SAS e-filing			
Veh No: NA INCIGO INSTA	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 13/1/9-19:30	i-Motor Claim Form	M1/1078 307 001	17/1/19 13	+:/U
5.0 13/1/19- 19:30	I-Motor W/O (Within: OD 2hr			1.14
OD / TP / Reporting Only	i-Photo Uploaded	1		
<u> </u>	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wish		
Preferred Wksp / INC Assign Wksp / QW: (Ass t report of Pax Triand		ax:	
TP Particulars: Veh No: Valcan	inc (
Owner / Driver: (wh.	Tel:)	
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N: 0-2	0%: P: 21-79%. P: 30-1	00%]	
	arranty: YES ()/NO ()		
	0()/\$2,000()	<i>'</i>		-
General Remarks:-	STANDARD CONTROL OF THE STANDA		105 5	-
A ALTO A TO A TO A STATE OF THE PROPERTY OF A STATE OF			74.600 S.F.F.F.	8 9
() Walk-In Customer: Customer's inform		nctly NO rater of repairer.		
() Total Loss Case : to e-mail Insurer				
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
The state of the s	urtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Cou		Date&Time Completed	Done	by
Apply for Transport Allowance () / Cou QC Check / Post Repair Inspection	urtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	urtesy Car ()		Done	by
Apply for Transport Allowance ()/Con QC Check / Post Repair Inspection	urtesy Car ()		Done	by -
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car ()		Done	by -
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car ()		Done	by -
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car ()		Done	by
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car ()		Done	by
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car ()		Done	by
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car ()			
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : ———————————————————————————————————	() () ()		An((5)	Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : ———————————————————————————————————	() () ()	paration Checklist:		Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Darrage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$60)	Ant (S) fit Bill	Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$60);	Anic (S)	Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Onte/Time Actions Actions Magaza 491 mimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100)	Ant (5) Fit Bill 10) 7545 5120 530	Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Pate/Time Actions NA 19 29 49 1 Limant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$40); Reporting (\$40); (\$40);	Ant (5) Fit Bill 10) 7545 5120 530	Am. (J
Apply for Transport Allowance ()/Court Of QC Check / Post Repair Inspection Of Upload Resurvey Photo [Repair Cost > \$300] Injury: Office Actions Office	Invoice Pre Invoice Pre I) AR: Accident DA: Darrage TF: Towing F FT: Follow-T For claiming a TR: Re-inspet N1: Idao DA	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Assessment (\$100); Assessment (\$100	Ant (\$) fst Bill 100	Amt (3
Apply for Transport Allowance ()/Court Of Check / Post Repair Inspection Of Upload Resurvey Photo [Repair Cost > \$300] Injury: Oute/Time Actions Nate/Time Actions Impart of Particulars: Intact No: maged Portion:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspec	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Assessment (\$100); Assessment (\$100	Ant (\$) Ist Bill 80) 9/\$45 \$120 \$30) \$75	Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NAMA 2040 Discrepance of the process of the pr	Invoice Pre Invoi	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30)	Ant (\$) Ist Bill 80) 9/\$45 \$120 \$30) \$75 \$160	Amt (3
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury : Date/Time Actions MA 19.20 49 1 mimant's Particulars :- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre Invoice Pre Invoice Pre I) AR: Accident I) DA: Darrage I) TF: Towing F I) FT: Follow-T For claiming a I) TR: Re-inspet I) NI: Idae DA II Idae DA II Idae DA II NS: Courtesy II NS: Courtesy II NS: Repair C	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$30); the \$40 Assessment (\$100); INC (\$100); Assessment (\$100); Assessment (\$100); INC (\$100); Assessment (\$100); A	Ant (\$) Ist Bill 80) 9/\$45 \$120 \$30) \$75 \$160	Amt (3
1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions alimant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): ditors' Comments:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idao DA 8) NTUC Additic OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Assessment (\$100); Assess	Ant (5) Fit Bill 30) 57545 5120 530) 575 5160 525 530	Amt (3
1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions aimant's Particulars inter/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors' Comments:	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idao DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col TP (N11): TP	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$30)	\$ Ant(\$) fit Bill 30) 0/545 5120 530 575 5160 525 530 525 530 525 530 525 530 525 530 53	Amt (3 Add Bil
1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idao DA 8) NTUC Additic OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$30)	\$ Ant(\$) fit Bill 30) 0/545 5120 530 575 5160 525 530 525 530 525 530 525 530 525 530 53	Amt (3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	17/01/2019 11:57
Date Of Accident	13/01/2019 19:30
Exact Location Of Accident	JUNC LOR 6 TOA PAYOH & KIM KEAT LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB6008E
Insured/Policyholder	
Name Of Registered Owner	FIRST VINTAGE PROPERTIES
Co Reg No	46346100B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90063112
Alternative Phone No	OFFICE-90063112
Vehicle Particulars	
Manufacturer	CITROEN
Model	BERLINGO 1.6L MT AB 2WD 6DR TC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5061032616-05
Cover Note Number	
Driver	
Name of Driver	NEO AIK SIONG
NRIC No	S0498744F
Date Of Birth	22/05/1941
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1966
Driving Experience	52 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90063112
Fax Number	

OFFICE-90063112

NOEMAIL

BLK 23 EUNOS CRESCENT Address

#06-3019

Postcode 400023

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 SIDE SWIPE Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

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.

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

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190116/2095.

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

Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 29

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

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:
 - (i) 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.

First Vantage Properties 40J East Coast Road Singapore 428757

ROC No: 46346100B

Policyholder's Signature Date & Time: Driver's Signature

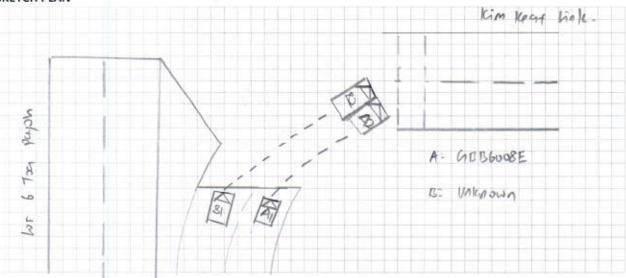
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	police report - 7/2019 0116/2095.	
		10

DECLARATION

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

First Vantage Properties 40J East Coast Road Singapore 428757

Policyholder's Signature OOB

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCID	DENT DATE: (13 / 1 /_	19	A/YYYY), TIMI		
LOCAT	TION: June br	6 T24	Phyoh	h lam	lugg link
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPAN c) POLICY NUMBER: 506 d) POLICY TYPE: (COMPR e) MAKE & MODEL:	10376 16 -08 EHENSIVE / THI	RD PARTY / T		
	f)TYPE: (SALOON / COUP) g) VEHICLE CATEGORY: (P h) PURPOSE OF USING AT i) ARE YOU CLAIMING UN IF NO, PLEASE STATE (TH	PRIVATE / COM ACCIDENT TIM DER YOUR OW IRD PARTY CLA	MMERCIAL / M ME: VN INSURANC	MOTORCYCL WORLENG	/ OTHERS) E)
2.	A) NAME: FICH WAY b) NRIC/FIN/PASSPORT:_ c) ADDRESS:	1492 HOD	id:0	(MALE /	FEMALE)
W 2	* CONTINUE TO 3.d IF DR	VER ALSO PO	LICY HOLDER	3	4
(Including driver)	DRIVER a) NAME: No A'IC b) NRIC/FIN/PASSPORT:_	250498=		ONTACT:	FEMALE)
(+)	CIADDRESS: NC 23	EYMAN CR	sunt Ho	6-3019.	
20	*d)DATE OF BIRTH: (RERIENCE:	21/3/1966	.20	OVEC / MD)
4.	WAS DRIVER AN EMPLO	OYEE OF THE	INSURED'S ER WITH IN:	SURED:	Ant,
5.	a) WEATHER CONDITION:	(CLEAR / RAIN	YING / OTHE	RS	
	b)ROAD SURFACE: (DRY		.S	-	
	WAS ANYBODY INJURED a) REPORTED TO POLICE (IF YES, PLEASE STATE WH	(E)/10 -	TATION:		-
8.	THIRD PARTY VEHICLE		(hus)		
	a) VEHICLE NUMBER: b) DRIVER'S NAME:	MICHOWA.	M	ODEL:	
(Including driver)	c) NRIC/FIN/PASSPORT		С	ONTACT:	
() 9.	THIRD PARTY VEHICLE				
* No of passenger	d) VEHICLE NUMBER:			ODEL:	
	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:			ONTACT:	
()	II INCOMMITTOR ON				

email =

fax =

VIDEO =





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190116/2095

REPORT OF A TRAFFIC ACCIDENT

	ne Report N)19 16:35	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: SIONG		Address: 23 EUNOS CRESCENT #06-	3019 SINGAPORE 400023
	/ ID No.: D / S04987	44F	Contact No.: Home/Office:	Mobile: 90063112
National SINGAP	ity: ORE CITIZ	ΈN	Email:	
Sex: Male	Age:	Date of Birth: 22/05/1941	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupati MERCH/			Driving Licence Information: Class: 3	Date of Expiry:

General Infori	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/01/2019 19:30	Type of Location Straight Road
Location:			10/01/2010 10:00	
LORONG 6 T				
LORONG 6 T	OA PAYOH NEAR KI			
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wor	rking	Traffic Volume: Moderate
Type of Collisi Between Movi	ion: ing Vehicles - Side Sw	ipe - Same Direction		Anyone conveyed by ambulance:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
GBB6008E	Van	CITROEN	BERLINGO 1.6L MT AB 2WD 6DR TC	White		0		





2 of 3

Report No. T/20190116/2095

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS DRIVING OF (GBB6008E) AT THE SAID LOCATION. THERE WAS 2 LANES. I WAS AT THE RIGHT MOST LANE TURNING TO KIM KEAT LINK. TRAFFIC WAS RED AT THAT PART TIME. WHEN TRAFFIC TURN GREEN I PROCEED TO TURN SLOWLY WHEN A SBS BUS VEHICLE SUDDENLY CUT INTO MY LANE AND SIDE SWIPE MY VEHICLE AND SPEEDING. SO I CHASE AFTER THE BUS AND KEEP HONKING UNTIL NEAR THE TEMPLE AND I STOP CHASING. THE BUS VEHICLE FAILED TO STOP. I COULD NOT SEE THE BUS VEHICLE REGISTRATION PLATE NUMBER BECAUSE OF HEAVY RAIN. THAT'S ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3

Report No. T/20190116/2095

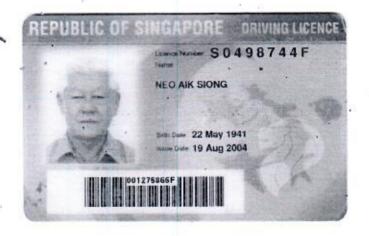
CONTINUATION OF REPORT

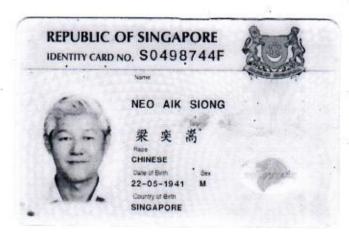
Sketch Plan

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.

TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	16/01/2019 16:35
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt IRMAN BIN MOHAMAD SAID	77. 34
Contact No.: 65476145	FERRING SPEEDS
Authentication Stamp NP168	FULICE FURCE

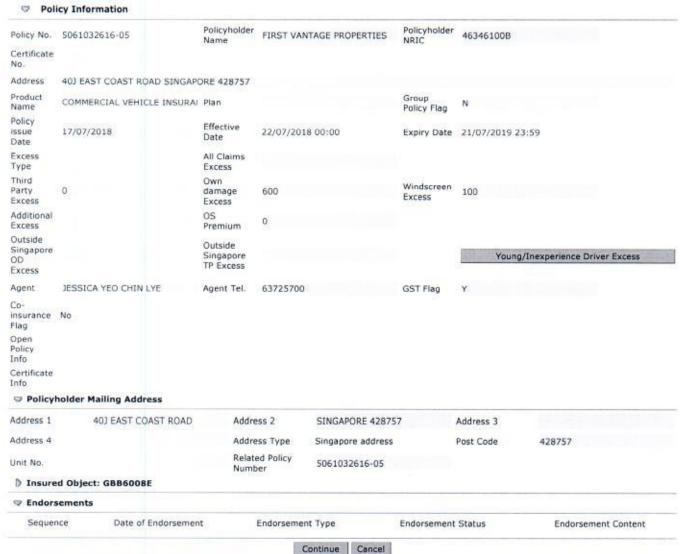








									Genera	lClaim
501						• Change	Language	• Chang	e Password	→ Log Out
Poli	cy Query									
Policy N	40				Date	e of Accident	1:	3/01/2019 1	9:30	
Vehicle	No.(For Motor)	GBB60	008E		Cert	tificate Number				
					Search	J				
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5061032616- 05		FIRST VANTAGE PROPERTIES	46346100B	GCV	Comprehensive	G886008E	GB86008E	22/07/2018	21/07/2019
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5061032616-	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number S061032616-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name S061032616- OS VANTAGE	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name Policyholder NRIC S061032616- S0501032616- S05	Policy Query Policy No. Date Vehicle No. (For Motor) GBB6008E Cert Select Policy No. Certificate Number Policyholder NRIC Product Sole1032616- 05 FIRST VANTAGE 46346100B GCV	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) G886008E Certificate Number Select Policy No. Certificate Number Name NRIC Name NRIC S061032616- S061032616- VANTAGE 46346100B GCV Comprehensive	Policy Query Policy No. Date of Accident 1: Vehicle No.(For Motor) GBB6008E Certificate Number Search Select Policy No. Certificate Number Name NRJC Product Cover Type Vehicle No. Sole1032616- VANTAGE 46346100B GCV Comprehensive GBB6008E	Policy Query Policy No. Date of Accident 13/01/2019 1 Vehicle No.(For Motor) GBB6008E Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object FIRST VANTAGE 46346100B GCV Comprehensive GB86008E GB86008E	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name Policyholder Name NRIC Number Name NRIC Solid 33616- Solid 33616- VANTAGE 46346100B GCV Comprehensive GBB6008E GBB6008E 22/07/2018



Claim Handling					
Hcy No.	5061032616-05	Vehicle No.	G886008E	GST Registration No.	
rtificate No.					
Scyholder Name	FIRST VANTAGE PROPERTIES			Policyholder NR3C	46346100B
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
intact No.(Mobile)	90063112	Contact No.(Office)	0	Contact No.(Home)	0
navi Apgress	244444	Special Remark	*	eCode	F ₹
K.	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	F-73
D Protection	No	NCD Entitlement(%)	0		And a
Accident Details		WCD Entitlement(at)		Private Hire	No
	Transmission states				
port Date	17/01/2019 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	13/01/2010	Time of Accident his mm	19:30	Country of Academs	Singepore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC LOR 6 TOA PAYOH & KIM KEAT LINK				
Excuss					
in damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
and Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	Yes	
dification History					
Policyholder Mailing Ad	ldress				
dream I	40) EAST COAST ROAD	Address 2	SINGAPORE 428757	Address 3	
dvess 4		Address Type	Singapore address	Post Code	428757
n No.		Related Policy Number	5061032616-05		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	NEO AIK SIDING	Driver NRIC	50495744F	Driver DOB	22/05/1941
pater Date of Driver License.	31/05/1966	Driver Age	77	Driving Experience	52
stact No. (Mobile)	90063112	Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BUX 23	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400023
iress 4		Address Type	Singapore address	Post Code	400023
t No.	06:3019				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gateries cary				C. William Control of the Control of	
laration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
sding?	12.1120	STATE OF THE PARTY	0,000		
dification History					
Claim 001 New					
THE REAL PROPERTY.					
	-			20m2/1909	
m Type *	00-MX	Insured Name	FIRST VANTAGE PROPERTIES	Insured NRIC	463461008
tact No.(Mobile)	90063112	Contact No.(Home)		Contact No.(Office)	
ni Address		OI Vehicle Number	GBB6008E	TP Vehicle Number	UNKNOWN
mant Type Claimant Type+	Please Select.	Type of Benefit *	Please Select.		
mant Name *	>>	Claimant NR3C *			
ment Address				8	
m Description	G886008E / UNKNOWN ON 13 3an 2019			Name of Preferred Workshop	
erred Workshop Contact	The second secon	Insured Dability •	Not at Fault		
uire Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	17/01/2019 17:14	Claim Close Date	The state of the s		
	- Control of the Cont	Communication Control		Date Received	17/01/2019 00:00
ort Taken By	Jeckson				
Print AK letter					
			Save Subme		
tachment					
00,100,00000					
dent No.	MT/1028307	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	17/01/2019 17:15		
	Path *	- 8-30-3-7000	Category *	Confidential Urgen	N. B. Brandonia
	2,400	Browse.	Commence of the Commence of th	Confidential Urgen	cy • Description •
		Browse.		∨ Normal	▼
		Browse	Clear Please Select	Normal V Normal	▼
			The state of the s		

