NATIONAL Assessment Centre S	Services.	[wet a Jan'03] .	MMA 1190	09029		
The state of the s	Jeb description		Date &Time C		Don	e by
31:113 11:51	SAS e-filing		1			
MA( 1MC1133/1226 1/113	E-mail (within	Shis, AIC 2hrs)				
D.O.A: 3.1/2/15 23:30.	l-Motor Clair		M7/10286	19-001	19/1/19	16:07
	l-Motor W/O	(Within: OD 2hts,				
()1) (D) Reporting Only	i-Photo Uplo:	aded				
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by	y Fax / Hand to	Owner/Wksp			Management of the last
Proferred Wissp / INC Assign Wksp / QW: (	TO MANUAL PROPERTY OF THE OWNER,	*	Tol:	P	ax:	1
TP Particulars: Veh No: Sk	Q 6093.Y.	. INC(	)/Non-INC	( ).		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Period	l: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Tim		)	
Insured/Driver Liability: ( %) [Not	c-Est. Status (V	VO): N: 0-20	%; P: 21-79%	6. P: 80-	100%]	<u> </u>
	ranty: YES (	)/NO(	)			
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1) Apply for Transfort Allowance ( )/ Cour	tesy Car (	)				
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3) Upload Resurvey Photo [Repair Cost > \$3000	)] (	)		.,•		
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Jammont's Particulars is		1) AR : Accident 2) DA : Damago /	Reporting (530);	INC (5	30.00	
The state of the s	Odlanda and Alexander	3) TF : Towing Fe	• .		\$120	
Priver/Owner: .		4) FT : Follow-Th	rough Survey (Res	irvey)	230	
Contact No:		For claiming as 6) TR : Re-inspec	pinst INC Only (w	of 10 Jan 200	575	
arnaged Portion:		7) N1 : Idau DA 4	SMRT Survey		\$160	
3		8) NTUC Addition	nel Services:-			
C Checked by (Engr-In-Charge):	1 1	*NS: Courtesy	Cor/Tpt Allowers		510 510	
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## SINGAPORE ACCIDENT STATEMENT

#### 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 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.

- 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	19/01/2019 11:04
Date Of Accident	30/12/2018 23:30
Exact Location Of Accident	JB CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE
D. D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2838Z
Insured/Policyholder	
Name Of Registered Owner	MCT AUTO
Co Reg No	53386796K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103791247
Cover Note Number	
Driver	
Name of Driver	WONG SOON WAH
NRIC No	S8635257E
Date Of Birth	23/11/1986
Occupation	INDOOR
Date Of Driving Pass	19/02/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93375258
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 506A YISHUN AVE 4 #08-160

Postcode 761506

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

O I I I I

\*

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

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.

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 3

NAME:

: UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TRAFIK JOHOR BAHRU

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG JOHOR BAHRU TOWARDS SINGAPORE, WHILE ENTERING THE JB IMMIGRATION CUSTOM, THERE WAS A MERGING LANE, I WAS INFRONT OF VEH B (BEARING NO SKQ6093Y)ON THE LEFT LANE, SUDDENLY VEH B FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKQ6093Y

NO

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

#### 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.

TU TU

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 .:

Pleuse	Refer to	Statem en f

DECLARATION

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

Policyholde Stgootu Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK JOHOR BAHRU(S)

Pegawai Penyiasat : R123364

Daerah

: J/BAHRU SELATAN

Kontinjen

: JOHOR

No Repot

: TRAFIK JOHOR BAHRU(S)/000519/19

Tarikh

: 06/01/2019

Waktu

: 1355 PM

Bahasa Diterima : B. Malaysia

**Butir-butir Penerima Repot** 

Nama: MOHAMAD JASRUL BIN JAFFRI FRANCIS

No Personel: R173929

Pangkat: L/KPL

Nama: -

Butir-butir Jurubahasa (Jika Ada)

No K/P (Baru) : ---

No Polis/Tentera: --

No Paspot: ---

Bahasa Asal: ---

Alamat: ---

Butir-butir Pengadu

Nama: WONG SOON WAH

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: E6164151A

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 23/11/1986

Umur: 32 tahun 1 bulan

Keturunan: Cina

Warganegara: Singapore

Pekerjaan: SWASTA

Alamat Tempat Tinggal: APT BLK 506A YISHUAN AVENUE 4, #08-160 SINGAPORE, 761506

Alamat Ibu/Bapa : ---Alamat Pejabat : --

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 6593375258

## Pengadu Menyatakan:-

PADA 30/12/2018 JAM LEBIH KURANG 2330 MALAM, SAYA MEMANDU MOTOKAR NOMBOR SJR2838Z DARI JOHOR BAHRU HENDAK KE SINGAPURA . PADA KETIKA ITU, APABILA SAYA SAMPAI DI DALAM BANGUNAN BSI , SAYA SEDANG BERGERAK TERUS KETIKA ITU DI LORONG KANAN. TIBA-TIBA SEBUAH MOTOKAR SKQ6093Y DARI LORONG KIRI TUKAR LALUAN KE KANAN DAN MASUK KE LALUAN SAYA SECARA MENGEJUT DAN TELAH MELANGGAR KENDERAAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN, KEROSAKAN MOTOKAR SAYA IALAH MIUDGUARD BELAKANG KANAN, PINTU BELAKANG KANAN, LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh

PEJ. SALIMAN REPOR @ No. 1 06/01/2019 02:42:09 PM SALINAN YANG DISAHKAN BENAR

DATUK TUMTUTAN SIVIL)

KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR TIDAK BOLEH DIGUNA KAN HITTHY THEIR DEDRICADAAN



#### RESIT RASMI

Kaedah Bayaran

Nombor Siri

Jumlah

Tarikh Bayaran : 06/01/2019
Pengeluar Resit : JOHOR BAHRU
Nama : WONG SOON WAH

Nombor K/P

Bilangan

Nombor Resit Kecil
1 0201002019L000560 Jenis Kutipan
REPOT KEMALANGAN
000519/19

Nombor Resit Induk : 0201002019P0000322

: Tunai

: RM4.00

: 1 muka surat 1/1



SILA SIMPAN RESIT UNTUK REKOD ANDA

TERIMA KASIH 370565R5819019P0140008030622180201010018

KK/BPKS/10/600-2/1/2(2)









Continue

eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 30/12/2018 11:03 Vehicle No.(For Motor) SJR2838Z Certificate Number Search Certificate Number Policyholder Name Vehicle No. Insured Object Policyholder NRIC Commence Date Expiry Date Select Policy No. Product Cover Type 5103791247 MCT AUTO 53386796K GFT Third Party SJR2838Z SJR2838Z 01/10/2018

## Policy Information

▽ Policy	Information				
Policy No.	5103791247	Policyholder Name	MCT AUTO	Policyholder NRIC	53386796K
Certificate No.					
Address	BLK 531A #04-113 UPPER	CROSS STREET HONG	S LIM COMPLEX SINGAPORE	051531	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/09/2018	Effective Date	11/09/2018 00:00	Expiry Date	05/09/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	JG MOTOR AGENCY	Agent Tel,	63440727	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
	older Mailing Address				
Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5105687068		

# Insured Object: SJR2838Z

▼ Endorsem	ents				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
					Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGR7966P 28-09-2018 \$1,136.22 2. SJP7263J 28-09-2018 \$1,035.67 In view of this amendment, an additional premium of \$2,171.89 (inclusive of GST) is payable under your
	28/09/2018 00:00	Basic Information Endorsement	000001286912327	Endorsement Take Effective	policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	01/10/2018 00:00	Basic Information Endorsement	000001286913551	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.  SJL1946H 01-10-2018 \$1,126.28 2. SJP6590X 01-10-2018

### Claim Handling

March   Marc	Claim Handling						
Ministry							
March Parl Parl Parl Parl Parl Parl Parl Parl		5103791247		Vehicle No.	SJR2838Z	GST Registration No.	
Marche   March   Mar	Certificate No.						
Contact   Cont	Policyholder Name	MCT AUTO				Policyholder NRIC	533
The content of the	Product Code	FLEET INSURAN	NCE	Cover Type	Third Party	Loading	0
March   Marc	Contact No.(Mobile)	90068701		Contact No.(Office)		Contact No.(Home)	
Table	Email Address			Special Remark		eCode	No
### PARTICIPATION OF THE PART	KFK	» No Yes		TCA	* No Yes	eCode Reason	1
### Accident Paper	NCD Protection	No		NCD Entitlement(%)	0		Yes
The of Accident   Society   Society	▼ Accident Details						
The control of Control of Account   20,000   10	Report Date	19/01/2019 16	:02	Accident Report Within 24 hrs	Yes	Accident Type	Call
Management   Description   D	Date of Accident	30/12/2018					
Microsoft Leadous   18 CUSTOM POOLS SINCAMONE	Reporting Centre				******		301
Posterio	Accident Location	JB CUSTOM TW	DS SINGAPORE			ICH NO.	
Manual Division Excess	♥ Excess						
Manual Division Excess	Own damage Excess		0.00	Additional Eveney		W. V 221	
March North Park Park Park Park Park Park Park Park			0.00				0.0
### STREETHINGS   No.			07220720				
### SPE Registrated Information			1,500.00	Outside Singapore TP Excess	1,500	.00	
No.	The state of the s						
Note   Part		tion					
### Policyholder Mailling Activation Finderical Registration (1931)			No				
### Policyholder Malling Address					GST Status Verified	Yes	
Middless 1	100000000000000000000000000000000000000						
Address 3	Policyholder Mailing Add	fress					
Address 4			113	Address 3	THE PROPERTY AND ADDRESS.	New Activities and	VIIII
Part   100   Par							
			1531		Singapore address	Post Code	051
		04-113		Related Policy Number	5105687068		
Marie   Monte   South   Sout	The state of the s	THE THE STREET					
### Date of Driver License   19/02/2011   Driver Age   32   Driving Exprenence   27   27   Driver (April   27   27   27   27   27   27   27   2		Unnamed Driver		Driver Type	Unnamed Driver		
Contact No. (Mobile)   93375258		WONG SDON W	AH	Driver NRIC	58635257E	Driver DOB	23/
Address 3		19/02/2011		Driver Age	32	Driving Experience	7
March   SINGAPORE 761506   Address Type   Singapore address   Post Code   761		93375258		Contact No.(Office)		Contact No. (Home)	
Description	Address 1	BLK 506A #08-1	160	Address 2	YISHUN AVENUE 4	Address 3	ANG
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company  **Company***  **Company***  **Company***  **Company**  **Comp	ddress 4	SINGAPORE 761	1506	Address Type	Singapore address	Post Code	761
Driver Insurer Company		08-160					
ectination  Any injury?  Yes * No  Any injury?  Yes * No  Odification History  Claim 001		Yes = No		Driver Vehicle No.		Driver Insurer Company	
Any injury? Yes * No  Odification History  Claim 001 New  Italiam Handling  ccident MT/1026619  Silvy No. S103791247 Vehicle No. Silvy Sil							
Any Injury   Yes # No     New     No     No     No   No   No   No	eclaration						
		0 mg		Any injury?	U Yes ★ No		
Main Handling	fodification History						
Main Handling	A service and the service and						
Signature   Sig	Claim 001 New						
Signature   Sig	laim Handling						
whicle No. 5103791247 Vehicle No. 5JR2838Z GST Registration No. Fertificate No. of Controller Name MCT AUTO Policyholder Name MCT AUTO Policyholder Name No. (Mobile) FLEET INSURANCE Cover Type Third Party Loading 0 antact No. (Mobile) 9088701 Contact No. (Office) Contact No. (Office) Contact No. (Home) Contact No. (Mobile) Private Mile Code Reason No. Yes TCA No. Yes Code Reason No. (De Entitlement (%) 0 Private Mile Yes Code Reason No. (De Entitlement (%) 0 Private Mile Yes Code Reason No. (De Entitlement No. (No. (De Entitlement No. (De Entitlement No. (No. (De Entitlement No.							
ertificate No.  olicyholder Name MCT AUTO Policyholder NRIC S33 roduct Code FLEET INSURANCE Cover Type Third Party Loading O ontact No.(Mobile) 90089701 Contact No.(Office) Special Remark Code Reason FK No Yes TCA No Yes COde Reason Private Hire Yes Accident Details Eport Date 19/01/2019 16/02 Accident Report Within 24 hrs Peporting Centre Orange Force Total Excess Applicable Windscreen Excess No. Outside Singapore OD Excess 1,500.00 Outside Singapore TP Excess 1,500.00 Policyholder NRIC S33 Policyholder NRIC S40 Policyhol	and the same of th	2712222		Wat desired to	EWASTES -		
Policyholder Name MCT AUTO Cover Type Cover Type Third Party Loading Option Contact No. (Mobile) Policyholder NRIC Special Remark Cover Type Third Party Contact No. (Home) Cover Type Total Excess Applicable Contact No. (Home) Cover Type Total Excess Applicable Cover Type Total Excess Total Cover Type Total Excess Total Cover Type Total Cover Type Total Cover Type Total Excess Total Cover Type T		5103791247		Vehicle No.	SJR2838Z	GST Registration No.	
Third Party Loading 0  ontact No.(Mobile) 9088701 Contact No.(Office) Contact No.(Home)  mail Address Special Remark Code No Yes Code Reason  FK No Yes TCA No Yes CODE Protection No No Yes No Yes CODE Excess Applicable  port Date 19/01/2019 16/02 Accident Report Within 24 hrs Yes Accident Type Colis  ate of Accident 30/12/2018 Time of Accident hh:mm 23:30 Country of Accident Sing Special Country of Accident Special Country of A		CAMPBELL CORPOR					
Contact No.(Mobile) 9088701 Contact No.(Office) Contact No.(Office) Contact No.(Office)  Mail Address Special Remark Code Code No Yes Code Reason  FK No Yes TCA No Yes Code Reason  CD Protection No No NoD Entitlement(%) 0 Private Hire Yes  Accident Details  Export Date 19/01/2019 16/02 Accident Report Within 24 hrs Yes Accident Type Colls  ate of Accident 30/12/2018 Time of Accident hh:mm 23:30 Country of Accident Single Sporting Centre  Collect Location JB CUSTOM TWDS SINGAPORE  Excess Total Excess Applicable  Mind damage Excess 0.00 Additional Excess 0 0.00  Outside Singapore OD Excess 0.00  Outside Singapore FP Excess 1,500.00						Policyholder NRIC	5338
Special Remark eCode No FK No Yes TCA No Yes eCode Reason  FK No Yes TCA No Yes eCode Reason  FK No Yes TCA No Yes eCode Reason  FK No Yes Private Hire Yes  Accident Details  Sport Date 19/01/2019 16/02 Accident Report Within 24 hrs Yes Accident Type Colls are of Accident 30/12/2018 Time of Accident hh:mm 23:30 Country of Accident Sing sporting Centre  Sporting Centre Orange Force ICM No.  FEXESS Total Excess Applicable  Windscreen Excess 0.00  Additional Excess 0  Outside Singapore OD Excess 0.00  Outside Singapore PP Excess 1,500.00		FLEET INSURANCE	CE	Cover Type	Third Party	Loading	0
TCA * No Yes eCode Reason  TCA * No Yes eCode Reason  TCA * No Yes eCode Reason  Private Hire Yes  Accident Details  Sport Date 19/01/2019 16/02 Accident Report Within 24 hrs Yes Accident Type Colls are of Accident 30/12/2018 Time of Accident hh:mm 23:30 Country of Accident Sing sporting Centre Orange Force ICM No.  Street	ontact No.(Mobile)	90088701		Contact No.(Office)		Contact No.(Home)	
CD Protection No NCD Entitlement(%) 0 Private Hire Yes  Accident Details  Sport Date 19/01/2019 16/02 Accident Report Within 24 hrs Yes Accident Type Colling at a ff Accident 30/12/2018 Time of Accident hh:mm 23:30 Country of Accident Sing aporting Centre Orange Force ICM No.  Scident Location JB CUSTOM TWDS SINGAPORE  Fixess Total Excess Applicable  Windscreen Excess 0.00  Additional Excess 0.00  Additional Excess 0.00  Indigen Priver Excess 1,500.00  Outside Singapore OD Excess 1,500.00	mail Address			Special Remark		eCode	No
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