Division		CASOO BILAN		
Date In: 21 1 19 - 11:58	Jeb description	Date & Time Completed	Done	p.
Re[No: Na INC 1900 1276 74	SAS e-filing			
Veh No: UKM9328x	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 20/1/19-10:15	i-Motor Claim Form	M7/102891-001	21/1/19 20	: 05.
	I-Motor W/O (Within: OD 2h			
OD TP ' Reporting Only	i-Photo Uploaded		The second of the second	#1.
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SU	09392 INC)/Non-INC()		
Owner / Driver: (Tel:)	
	Period: (Cover Type: () .	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	- 12
Year of Registration: ()	Warranty: YES ()/NO ()		
	1,000 ()/\$2,000 ()			
General Remarks:-			0.00	. 7.
() Walk-In Customer: Customer's in				
() Total Loss Case : to e-mail Insu	urer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Fowing Co: ()
Remarks: (INC horline: 6788 6616)		Date&Timis Completed	Done	by
	/ Courtesy Car ()		ALL STREET	
2) QC Check / Post Repair Inspection	Courtes) car ()			
ZA SALA GORGEN A FOND REPORT INSUFFICION	()	10 00		
	\$30007 ()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			
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3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			-
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	•	paration Checklist	Ant (5)	Amt(3)
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Mai/900589	Invoice Pre	t Reporting (\$30);	fit Bill	R. Carlon P. S.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAI 900589 Inimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage	t Reporting (\$30); Assessment (\$100); INC (\$6	fit Bill	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAI 900589 Inimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$400 Through Survey	7#Bill 80) 0/\$45 \$120	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAI 100569 Inimant's Particulars:- river/Owner:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey Through Survey (Resurvey)	76 Bill 50) 0/\$45 \$120 \$30	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MAI 100569. Inimant's Particulars:- river/Owner: ontact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$46 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005)	76 Bill 80) 0/\$45 \$120 \$30 5) \$75	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Laimant's Particulars:- river/Owner: ontact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 6 1 TR: Re-inspe 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 200) etion + SMRT Survey	76 Bill 80) 0/\$45 \$120 \$30	R. Carlon E. M.
Date/Time Actions Mai 9 actions Mai 9 actions Diver/Owner: Ontact No: Imaged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing it 4) FT: Follow-1 5) FT: Follow-1 For claiming it 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD?	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$44 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2002) etion + SMRT Survey onal Services.	190 Bill 80) 90/545 5120 530 5) 575 5160	R. Carlon P. S.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Managed Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing it 4) FT: Follow-1 5) FT: Follow-1 For claiming it 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtes	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$44 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2002) ection + SMRT Survey onal Services:-	76 Bill 80) 0/\$45 \$120 \$30 5) \$75	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Mai 90589 Lumant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing it 4) FT: Follow-I 5) FT: Follow-I For claiming it 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtes *N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$44 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2002) heation + SMRT Survey hand Services Co-ordination hair Inspection	50) 50/545 5120 530 5) 575 5160 53 510 525	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: Checked by (Engr-In-Charge): Iditors! Comments:-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing it 4) FT: Follow-I 5) FT: Follow-I For claiming it 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtes *N6: Repair C *N7: Fost Re *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$44 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 2002) heainst INC Only (wef 10 Jan 2002) heation + SMRT Survey hrough Su	\$0) 0/\$45 \$120 \$30 \$) \$75 \$160 \$3 \$510 \$25 \$35	R. Carlon E. M.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing it 4) FT: Follow-I 5) FT: Follow-I For claiming it 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtes *N6: Repair C *N7: Fost Re *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$44 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey onal Services (*Cer / Tpt Allowance co-ordination air Inspection licet Excess Coordination (*Non INC) against INC	\$60) 0/\$45 \$120 \$30 \$575 \$160 \$25 \$510 \$225 \$30 \$30 \$30	R. Carlon E. M.

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.
- 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.

aforesaid.		
And the second second second	ACCIDENT STATEMENT	
Date Of Report	21/01/2019 11:58	
Date Of Accident	21/01/2019 10:15	
Exact Location Of Accident	ALONG SERANGOON RD	
Country/State of Loss	SINGAPORE	
The second second second second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB9028X	
Insured/Policyholder		
Name Of Registered Owner	LIM YUAN JIN CALLURN	
NRIC No	S9140600D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98782341	
Alternative Phone No	OFFICE-98782341	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	
Model	SCIROCCO 1.4L AT TSI 1372Q5	
Exact Purpose for which vehicle was being use time of accident	ed at PRIVATE USE	
Are you claiming under your own insurance po for repair to your vehicle?	licy 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	5105962486	
Cover Note Number		

	-		
п	-1	 -	

 Name of Driver
 LIM YUAN JIN CALLURN

 NRIC No
 \$9140600D

 Date Of Birth
 23/10/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 06/09/2017

 Driving Experience
 1 YEAR AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98782341

Fax Number

Contact Number OFFICE-98782341

EMail Address NOEMAIL

BLK 556 HOUGANG STREET 51 Address

#07-344

Postcode 530556

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1

NAME:

: NG SIEW TENG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

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?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190121/7010.

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

SCU9389Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

LIM YUAN JIN CALLURN

Approximate Age

Name

BODY

Injuries Sustain Injured person in which vehicle?

SKB9028X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

NG SIEW TENG Name

Approximate Age

BODY Injuries Sustain

SKB9028X Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

YES NO

ambulance?

Address Postcode

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.

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

the for to	Potre report- 1/2019212/2012.	

DECLARATION

I/We peclare 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:

Name: NRIC/FIN No.:





1 of 3

Report No. T/20190121/7010

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2019 17:10			Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
TO STATE OF THE PARTY OF THE PA	Informant: RN LIM YUA		Address: APT BLK 556 HOUGANG ST 530556	REET 51 #07-344 SINGAPORE
	/ ID No.: D / S914060	00D	Contact No.: Home/Office:	Mobile: 98782341
National SINGAP	ity: ORE CITIZ	EN	Email: callurnlim@outlook.com	
Sex: Male	Age: 27	Date of Birth: 23/10/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Sales	ion:		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2019 10:15	Type of Location Straight road
Location: SERANGOOI Weather: Clear	N ROAD	Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To Sid	le		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved		The Call 1968		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SCU9389Z	Car	SUZUKI		Red	Slightly Damaged	1
SKB9028X	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	White	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190121/7010

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB9028X	NTUC Income Insurance Co-Operative Limited	5105962486	06/12/2018	05/12/2019

Details of Perso	n Involved	Sulphake				
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver						
Name	CALLURN LIM YU	NIL NA		ID No		S9140600D
Related Vehicle	SKB9028X (Car)		Conta	ct No.	98782341	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight	

Brief Details.

On 21st January 2019 at about 10:15am, I was travelling along Serangoon road in my vehicle (SKB9028X) on lane 3. Suddenly a vehicle (SCU9389Z) cut into my lane abruptly from lane 4 without any signal. The lady driver wanted to park her car on lane 1 where parking lots were available. Due to the abrupt change of lane, this caused an accident. I wish to state that, there was a metal barricade on my right due to an Indian festival.

Due to the accident I sustained injuries on my knee, head, neck and back pain. I was given a 5 days mc.





3 of 3

Report No. T/20190121/7010

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

CONTINUATION OF REPORT

COL INTERNATION	
Sketch Pla	

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

Not applicable

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2019 17:10

Officer In Charge Of Case:
TP / TPIB /

Classification Of Case:

Signature Of Informant:

Authentication Stamp NP168

RAZIZ BIN TAHAR Contact No.: 65476200





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 06 Sep 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S9140600D

NP 428A





Policy No.	5105962486	Policyholder Name	LIM YUAN I	IN CALLURN	Policyholder NRIC	S9140600D	
Certificate No.							
Address	BLK 556 #07-344 HOUGANG	STREET 51 SING	SAPORE 5305	56			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/12/2018	Effective Date	06/12/2018	00:00	Expiry Date	05/12/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE.	TC Agent Tel.	68038751		GST Flag	Y	
Co- insurance	No						
Flag Open							
Flag Open Policy Info Certificate Info							
Flag Open Policy Info Certificate Info	holder Mailing Address						
Flag Open Policy Info Certificate Info Policy	holder Mailing Address BLK 556 #07-344	Addre	ess 2	HOUGANG STREET	51	Address 3	SINGAPORE 530556
Flag Open Policy Info Certificate Info Policy Address 1			ess 2 ess Type	HOUGANG STREET Singapore address		Address 3 Post Code	SINGAPORE 530556 530556
Flag Open Policy Info Certificate Info Policy Address 1 Address 4		Addre	ess Type ed Policy			UNIVERSE.	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.		Addre Relat	ess Type ed Policy	Singapore address		UNIVERSE.	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 556 #07-344 ed Object: SKB9028X	Addre Relat	ess Type ed Policy	Singapore address		UNIVERSE.	

laim Handling						
ccident MT/1028891						
Policy No.	5105962486		Vehicle No.	SKIB9028K	GST Registration No.	
Certificate No.						
olicyholder Name	LIM YUAN IIN				Policyholder NRIC	591406000
roduct Code	PRIVATE CAR	INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No. (Mobile)	98782341		Contact No.(Office)	0	Contact No.(Home)	0
nail Address			Special Remark		eCode	AL C
K.	® No ○Yes		TCA	® No ○ Yes	eCode Reason	
D Protection	No.		NCD Entitlement(%)	0	Private Hire	No
Accident Details						
ort Date	21/01/2019 22	2:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	21/01/2019		Time of Accident his mm	10:15	Country of Accident	Singapore
orting Centre			Orange Force		ICM No.	
dent Location	ALDNG SERAN	NODON BD	20204012000		1001100	
Excess		LONG TRANSPORT				
damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		0.00			William Edit Carress	100.00
Party Excess		0.00	Outside Singapore OO Excess Outside Singapore TP Excess	600.00		
Benefits		0.00	Outside Singapore IV Excess	0.00		
	220					
GST Registered Informa	ation	0400		The second second second		
Registered Registration No.		No		GST Registration Date	-	
fication History				GST Status Verified	Yes	
District College P						
Policyholder Mailing Ad	Idress					
ess 1	BLK 556 #07-	-144	Address 2	HOUGANG STREET 51	Address 3	SINGAPORE 530556
ress 4			Address Type	Singapore address	Post Code	530556
No.			Related Policy Number	5105962486	The code	330330
OI Driver Info			Action of the state of the stat	310350400		
er Name	LIM YUAN IIN O	CALLURN	Driver Type	Main Driver		
amed driver Name	STEEL STEEL S	10 B-100(B-1)	Driver MRIC	591406000	Driver DOB	23/10/1991
ster Date of Driver License	06/09/2017		Driver Age	27	Driving Expenence	1
tact No.(Mobile)	98782341		Contact No. (Office)	0		
				St.	Contact No.(Home)	B
ness 1	BLX 556		Address 2	HOUGANG STREET 51	Address 3	SINGAPORE 530556
ress 4			Address Type	Singapore address	Post Code	530556
No.	07-344					
s he own a Singapore stered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
aration						
tharyser or Blood Test sing?	D mg		Any injury?	® Yes ○ No		
fication History						
ris,attan risesry						
laim 001 OD-MX New						
1.Type +	Ор-мх	V	Insured Name	LIM YUAN JIN CALLURN	Insured NRIC	S91406000
tact No.(Mobile)	100 100					
			Contact No. (Home)	63879921	Contact No.(Office)	67641753
il Address	at the second	100	Of Vehicle Number	SKB9028X	TP Vehicle Number	SCU93B9Z
nant Type Claimant Type *	Please Select		Type of Benefit *	Please Select		
nant Name *		22	Claimant NRIC *			
nant Address					0.0000000000000000000000000000000000000	
Description	SKB9028X / St	CU93892 ON 21 Jan 2019			Name of Preferred Workshop	
rred Workshop Contact			Insured Liability *	Not at Fault		
ire Finalisation	Yes	~	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	21/01/2019 22	2:05	Claim Close Date		Date Received	21/01/2019 22:07
ort Taken By	3eckson		Workshop Repairer		Total Loss but Repaired	
Print AK letter		10				
				and the second second		
				Save Submit		
tachment						
ident No.	MT/10288	391	Claim No.	001		
Doc Received	● yes C	○ No	Upload Date	21/01/2019 22:07		
		Path +		Category *	Confidential Urgeni	y * Description *
		160256	Browse	T ANNUAL PROPERTY AND ADDRESS OF THE PARTY AND	V No V Normal	V
			Browse	I control control	♥ No V Normal	1000
			Browse		V № V Normal	<u> </u>
			Browse.	Clear Please Select	V HO V Normal	V



