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Veh No: SCE87873	E-mail (within	Shrs, AIC 2hrs)			*
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	Assessment/St				0.0000
TP Insurer:			Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	2012200
TP Particulars: Veh No: Skr		INC ()/Non-INC()		
Owner / Driver: (2012 0	- 1110(Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	700 mm
	Note-Est Status (WO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	
	Warranty: YES ()/NO()		
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: mmaged Portion: C Checked by (Engr-In-Charge):	3000] (1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep. *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$30); See Searough Survey Brough Survey (Resurvey) Rejust INC Only (wef 10 Jan 200) Smrt Survey The Services: Car / Tpt Allowance Description In Inspection Beet Excess Coordination	\$30) \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$35	to the
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Liminant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	3000] (1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep. *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$30); See Searough Survey Brough Survey (Resurvey) Rejust INC Only (wef 10 Jan 200 Stion SMRT Survey The Survey The Services: Car / Tpt Allowance Coordination For Inspection Beet Excess Coordination (N-m INC) against INC	\$30 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$3 \$20 30	'Add'E

a special time

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.	service and are are an are a service and the control and to copies of the report being made available
Alexander of the second second second second	ACCIDENT STATEMENT
Date Of Report	23/01/2019 11:52
Date Of Accident	22/01/2019 15:20
Exact Location Of Accident	SLIP RD BUANGKOK DR TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE8755J
Insured/Policyholder	
Name Of Registered Owner	TAN WING LEE
NRIC No	S7413149B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97987779
Alternative Phone No	OFFICE-97987779
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY 1.5 SV CVT
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 5093058162-01

Cover Note Number

Driver

Name of Driver TAN SIMONE (CHEN SIMONE)

 NRIC No
 \$7902550Z

 Date Of Birth
 07/02/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 04/08/2016

Driving Experience 2 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97997779

Fax Number

Contact Number OFFICE-97997779

EMail Address NOEMAIL

Address

BLK 135 RIVERVALE STREET

#16-726

Postcode

540135

Was driver an employee of the Insured's Company N

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

was any injured cor ambulance? NO

Was any other material or property damaged?

000000

in a group of the control of property damaged

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CAIUS TAN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

Police Station Contact

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: 545025, COUNTRY: SINGAPORE

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190123/2004.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT3035U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NG LU DE, RUTH (HUANG LUDE)

NRIC/Passport Number

S8708151F

Contact Number

96735307

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name TAN SIMONE (CHEN SIMONE)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLE8755J Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name CAIUS TAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLE8755J Were seat belts worn? YES

Was this injured conveyed to hospital by

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Buanglook Green.	A: (LE 8 375)
	A: SUES 2555 D: 5 K-1 30350
TEN 1	
161	
Y	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to parce report-7/20190125/2004.

DECLARATION

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

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIE	DENT DATE: (>2/1 /	9)(DD/MM/YYYY), T	IME:(5 : 20)(HH:MM)
LOCAT	ION: Stip Rd Bung	lole or twds	Bunglok bren.
2.	b)INSURANCE COMPANY:_ c)POLICY NUMBER: 509	ENSIVE / THIRD PARTY / MPV /VAN / LORRY / I VATE / COMMERCIAL / CCIDENT TIME: PORTY OWN INSURAN PARTY CLAIM / REPO	MOTORCYCLE)
	c) ADDRESS:		SORIACI. SPENSTITI
(1) (2) (1) (2) (2) (2)	CONTINUE TO 3.d IF DRIVER DINAME: IM SIMPLE (DINRIC/FIN/PASSPORT: ST DIADDRESS: DIL INF	then simpne)	(MALE / FEMALE) CONTACT: 97597779. 416-746 (Jyors)
e f	d)DATE OF BIRTH: (7 / 2 e)OCCUPATION: (INDOOR /)YEARS OF DRIVING EXPRER VAS DRIVER AN EMPLOYE	OUTDOOR)	
5. o	F NO, RELATIONSHIP OF T I)WEATHER CONDITION: (C	HE DRIVER WITH IN	SURED: PMIL
6. W 7. a)ROAD SURFACE: (DRY / WI /AS ANYBODY INJURED (YES)REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH	/ NO) / NO)	
Me of passenger of Induding driver) to	DI VEHICLE NUMBER: SICT DI DRIVER'S NAME: NEIC/FIN/PASSPORT: 55	30350 M u de, Rugh (Hy	ODEL:
9. TH	IIRD PARTY VEHICLE	1000 and 100	ONTACT:
in of passanger	VEHICLE NUMBER: DRIVER'S NAME: NRIC/FIN/PASSPORT:		ODEL:
(_)	TARIC/FIN/F MOSPORT:	C	ONTACT:
	* .	*	1

email =

fax =

VIDEO = /





1 of 4

Report No. T/20190123/2004

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025 Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 01:32	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informan	t's Partic	ulars			
Name of TAN SIM	Informant: ONE		Address: APT BLK 135 RIVERV 540135	/ALE STREET #16-726 SINGAPORE	
ID Type / NRIC NO	ID No.: / 879025	50Z	Contact No.: Home/Office:	Mobile: 97997779	
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:	and the second of the second o	
Sex: Female	Age: 39	Date of Birth: 07/02/1979	Type of Informant: Driver	The state of the s	
Race: Chinese			Language: English	Institution / School Name:	
Occupation		Stantauto 1	Driving Licence Inform Class:	ation: Date of Expiry:	

General Infor	mation of the Ac	cident	STATE OF THE REAL PROPERTY.	Electric to the second		
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 22/01/2019 15:20	Type of Location: Filter Lane	
			Surface:	WAT THA		
Weather: Clear		Dry	Surface:	THAT WALL	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled			Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - He	ad To Rear			Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved	SHOW AND SHOW			以 公司是1000年
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKT3035U	Car	10000000000		Land Con	Slightly Damaged	1
SLE8755J	Car		AND PROPERTY.	CAL PROPERTY OF	Slightly Damaged	to (been read)

Details of Person Involved	"一个大型,我们就是自己的人,我们就是我们的人,我们就是一个人的人。" 第15章 我们就是一个人的人,我们就是我们的人的人,我们就是一个人的人的人,他们就是一个人的人的人的人,他们就是一个人的人的人的人,他们就是一个人的人的人们也不
Any Pedestrian Involved: No	and the same of th
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Tel No: 1800-343 8999



20

Report No. T/20190123/20

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

CONTINUATION OF REPORT

E-Carried States	THE RESERVE OF THE PARTY OF THE		医影響器 医糖尿素
Name	NG LU DE, RUTH	ID No.	S8708151F

Name	NG LU DE, RUTH		10 110		
Related Vehicle	SKT3035U (Car)			ct No.	96735307
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	San Property and
	ted Medical Leave NIL	Degree o	of Injury	NIL	THE RESERVE SHAPE AND ADDRESS.
Dover	《 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图		ALTER DE		
Name	TAN SIMONE		ID No	-	S7902550Z
Related Vehicle	SLE8755J (Car)		Conta	ct No.	97997779
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	22/01/2019 Date Disc		charge	22/01	1/2019
	ted Medical Leave 04	Degree o			1 - comments
Passenger	ALE TO THE TANK OF THE PARTY OF			Nes	
Name	CAIUS TAN		ID No.		T1335436C
Related Vehicle	NIL		Conta	ct No.	97997779
Hospital/Clinic	HEALTHWAY HOUGANG CENTRAL CLINIC		Class Drivin Licen Expir	lg .	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	State of the same of the same of
	ited Medical Leave 01	Degree (of Injury	Sligh	ıt

Brief Details.

On the 22/01/2019 at about 1520hrs, I was driving my husband vehicle bearing SLE8755J on my way to my son school that is located at Hougang B/660. During that point of time my 5 years old son was sitting in the child seat. The child seat was placed at the left rear passenger seat area. My vehicle entered a left filter lane towards Hougang green before proceeding further, I made a check on the oncoming traffic (main road) before accelerating further.

As I was gauging the speed of the vehicle on the right, my vehicle then came to a complete stopped to avoid any accident. As soon as my vehicle came to a full stopped, suddenly a vehicle bearing SKT3035U, came head on and collided on my rear portion of my vehicle. Due to the impact my chest hit onto the steering wheel of the car. Immediately, I made a check on my son, and his response to me is "Bad person!". I also discovered that my son managed to unlock the child seat by himself and he crawled to the





3 of 4

Report No. T/20190123/2004

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

front to pick up some item that has fallen down and went back to his seat.

I came out from my car and understand from the said driver of SKT3035U, that she was focusing her attention on the oncoming vehicle on the main road and did not realize my vehicle that was infront of her. We exchange particulars and took pictures of the damages of our vehicle and left shortly. I still proceeded to send my son to his school that is located at Hougang. Subsequently, I called my insurance regarding the accident and they advised me to proceed to IDAC to report the accident.

Right after making the IDAC report, I felt some giddiness and vomited soon after. I felt pain on my neck and shoulder as such I decided to proceed to seek medical attention. I was then advised to proceed to SKGH for medical check up and the doctor diagnose that I have a mild fever and neck sprain that causes the vomit. Doctor gave me some medication and advised me to return back to the hospital if my condition still doesn't improve.

My workshop inform that the damaged cause by the accident was reverse sensor faulty, bumper, camera and lock system.

During the accident no traffic police or ambulance was at scene. No other vehicle was involved and no government property was damaged.





4 of 4 Report No. T/20190123/2004

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Jungannia Pallea Force

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.

Signature Of Officer Recording The Report:	Signature Of Informant
Staff Sgt MUHAMMAD FADHLULLAH BIN SHARIFFUDIN	H A
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 01:32
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404 SNJ65	Classification Of Case:
authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7902550Z



Nome

TAN SIMONE (CHEN SIMONE)

陳詩雯

CHINESE

07-02-1979

Country Place of trittle

SINGAPORE





556481



NRIC No. S7902550Z



Date of lewers

22-02-2016

Address

APT BLK 135 RIVERVALE STREET #16-726 SINGAPORE 540135 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 04 Aug 2016 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

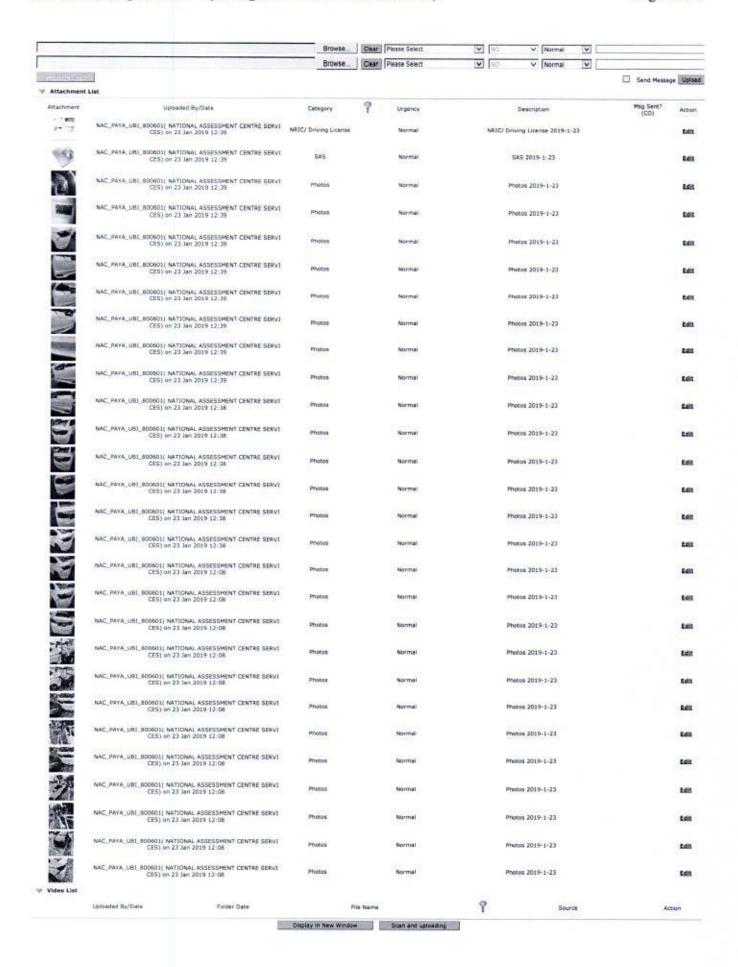
NP 428A



eBaoTech										GeneralClaim		
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chan	ge Password	· Log Out	
My Desktop	Poli	cy Query									,	
Notice of Loss	Policy I	No.		Date of Accident 22				2/01/2019 15:20				
	Vehicle	No.(For Motor)	SLE875	5)		Certifi	icate Number					
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5093058162- 01		TAN WING	S7413149B	GPC	drivo CLASSIC	SLE87553	SLE87553	04/08/2018	03/08/2019	
						Continue						

Policy No.	5093058162-01	Policyholder	TAN WING	LEE	Policyholder	S7413149B	
Certificate		Name			NRIC		
Address	BLK 135 #16-726 RIVERVALE	STREET SINGA	ORE 54013	5			
Product		TO SEE CHESTON		_	Conve		
Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	25/07/2018	Effective Date	04/08/201	04/08/2018 00:00		03/08/2019 23:59	
Excess Type		All Claims Excess					
Third		Own			Windscreen	1747077	
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	M PLUS CONSULTANCY	Agent Tel.	63777336		GST Flag	Y	
insurance	No						
Co- insurance Flag Open Policy Info	No						
Insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
Insurance Flag Open Policy Info Certificate Info		Addre	ss 2	RIVERVALE STREE	т	Address 3	SINGAPORE 540135
insurance Flag Open Policy Info Certificate Info	holder Mailing Address		ss 2 ss Type	RIVERVALE STREE Singapore address		Address 3 Post Code	SINGAPORE 540135 540135
Insurance Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address	Addre	ss Type	AND AND COMPANY OF THE PARTY.		NAME OF TAXABLE PARTY.	CARROWN
Insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address	Addre	ss Type	Singapore address		NAME OF TAXABLE PARTY.	CARROWN
Insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address BLK 135 #16-726 ad Object: SLE87553	Addre	ss Type	Singapore address		NAME OF TAXABLE PARTY.	Callendarion

laim Handling						
licy No.	5093058162-01		Vehicle No.	SLE87553	GST Registration No.	
romcace No.						
icyholder Name	TAN WING LEE				Policyholder NRIC	574131498
oduct Code	PRIVATE CAR INS	URANCE	Cover Type	drivo CLASSIC	Loading	0
mact No.(Mobile)	97987779		Contact No. (Office)	0	Contact No.(Home)	0
nell Address			Special Remark	*		
	S				eCode	N. V
K	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
port Date	23/01/2019 12:00	6	Accident Report Within 24 hrs	Yes	Accident Type	Collision + Head to Rear
te of Accident	22/01/2019		Time of Accident hh:mm	15:20	Country of Acadent	Singapore
porting Centre			Orange Force	-	ICM No.	Singagore:
ident Location	SUP BD BUMNOK	OK OR TWOS BUANGKO	2500,000		70-17-No.	
Excess	DELP ND CONTON	on on mos survious	N. GREET			
n damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		500.00	Outside Singapore OD Excess	600.00		
rd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Informa	ition					
Registered	N	io.		GST Registration Date		
Registration No.	11			GST Status Venified	Yes	
Affication History				SO YET MARE SOUTHINGS	0.70	
Policyholder Mailing Ad	dress					
ress 1	BLK 135 #16-726		Address 2	OD HOLALD CONCEPT	Alabara W	***************************************
				RIVERVALE STREET	Address 3	SINGAPORE \$40135
dress 4			Address Type	Singapore address	Post Code	540135
it No.			Related Policy Number	5093058162-01		
OI Driver Info						
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	TAN SIMONE (CHE	EN SIMONE)	Driver NR3C	\$7902550Z	Driver DOB	07/02/1979
pster Date of Driver License	04/08/2016		Driver Age	39	Driving Experience	2
ntact No.(Mobile)	97997779		Contact No. (Office)	0	Contact No. (Home)	0
dress 1	BLK 135		Address 2	RIVERVALE STREET	Address 3	SINGAPORE 540135
dress 4	1					
	190'000		Address Type	Singapore address	Post Code	540135
it No.	16-726					
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
deration						
athalyser or Blood Test ading?	Omg		Any injury?	® Yes ○ No		
lange			5-20-2-20-2-2			
diffication History						
Claim 001 OD-MX New	N .					
New Mew						
m Type *	OD-MX	V	Insured Name	TAN WING LEE	Insured NRIC	\$74131498
tact No.(Mobile)			Contact No.(Home)	NIL		(4.,1888.779
ni Address			A CONTROL OF THE PARTY OF		Contact No.(Office)	To the same of the
			OI Vehicle Number	SLE8755J	TP Vehicle Number	SKT3035U
mant Type Claimant Type+	[Please Select	v	Type of Benefit *	Please Select		
mant Name *		>>	Claimant NRIC *			
mant Address						
m Description	SLE87553 / SKT30	35U ON 22 Jan 2019			Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Not at Fault		
uire Finalisation	Ever	100			and an arrangement	
	ves	~	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	23/01/2019 12:08		Claim Close Date		Date Received	23/01/2019 12:39
ort Taken By	Jackson		Workshop Repairer		Total Loss but Repaired	
Print AK letter						
			100	Second Indianas-		
				Save Submit		
ttachment						
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	MT/1029152		Claim No.			
dent No.		0				
dent No.	MT/1029152 ® Yes ○ N		Claim No. Upload Date	23/01/2019 12:39	Registration (Interna	
dent No.		Path *	Upload Date	23/01/2019 12:39 Category •	Confidentia) Urgen	cy • Description •
ient No.				23/01/2019 12:39	Confidencial Urgen	cy • Description •
dent No.			Upload Date	23/01/2019 12:39 Category •	CARTEST CONTRACT SECTIONS	STANCE TO A STANCE OF THE STAN
ettechment P ident No. E Doc. Received			Upload Date Browse.	23/03/2019 12:39 Category * Clear Please Select	☑ No ✓ Normal	¥



https://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=213... 23/1/2019