NATIONAL Assessment Cer	THE DEFFICES. MET 1331103	1			
Date In: 11/1/19 - 19:37	Jeb description	Date & Time Co		Done	py.
Res No. 44 INC 19002440124	SAS e-filing				
Veh No: 64728540	E-mail (within Shrs, AIC 2h	rs)			,
D.O.A: 3/4/9-1545	i-Motor Claim Form	M1/103/48	7-001	12/19	20:19
	i-Motor W/O (Within: O	2hrs, TP 4brs)			
OD TP/ Reporting Only	i-Photo Uploaded				
	Assessment/Survey Repo	ort i			3-F1
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax	:	
TP Particulars: Veh No: St	28777C IN	C()/Non-INC().	Smire Personal	111111111111111111111111111111111111111
Owner / Driver: (501775	Tel:)	autwenter
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N:	0-20%; P: 21-79%.	P: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/NO ()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()				
General Remarks:-			f. 250 C.S		
() Walk-In Customer : Customers in	oformation strictly Confidential A	<u> </u>	enaiver	63 (517, 13	
() Total Loss Case : to e-mail Ins		x Strictly NO Taler Of T			21 Table 1
1 John Loss Case : to e-mail Ins	urer UKGENTET.				
Drive-In ()/Towed-In (): Invo	ice: VES/ \/ NO/ \	: Towing Co: (U.		1
		; Towing Co: (<u> </u>)
Drive-In ()/ Towed-In (); Invo		; Towing Co. (Date&Time Con	\$ ple 3d ∳ ∞	Done	by ·
))		gte 3d	Done	by
Remarks: . (INC horline: 6788 6616))		pte 54 %	Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()	/ Courtesy Car ()		pler3d*	Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()		1 .	Done	by
Remarks: (INC hot line: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()		ple*34*	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()		1	Done	by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car () () () \$3000] ()		ple 34	Done	by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car () () () \$3000] ()		1	Done	by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car () () () \$3000] ()		ple 34	Done	by
Remarks: (INC horline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:) / Courtesy Car () () () \$3000] ()		1	Done	by
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :) / Courtesy Car () () () \$3000] ()		ple*5d*	Done	by
Remarks: (INC hotline: 6788 6616; 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions) Courtesy Car () () () () ()	Date&Time Con		Anic(S)	Amt (3)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	/ Courtesy Car ()	Date& Time Con		Pagas) st.	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	Courtesy Car ()	Preparation Checklident Reporting (\$30);	INC (580)	Amc(S)	Amt (5)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions NAMO 0997 Inimant's Particulars:	Courtesy Car ()	Preparation Checkling dent Reporting (\$30); sego Assessment (\$100); ng Fee	it.	Anc (S)	Amt (5)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAMO 09 95 Infimant's Particulars ::	Courtesy Car ()	Preparation Checkling (330); age Assessment (3100); ng Fes w-Through Survey w-Through Survey (Resurve)	INC (\$80) \$40/\$4: \$120 y) \$30	Amc(S)	Amt (5)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions MARO 999 Inimant's Particulars:	Courtesy Car ()	Preparation Checkling deat Reporting (\$30); age Assessment (\$100); ng Fee w-Through Survey w-Through Survey (Resurve) ng against INC Only (wef I	INC (\$80) \$40/\$4: \$120 y) \$30	Ant (5)	Amt (5)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAMO 999 Inimant's Particulars :- river/Owner:	Courtesy Car ()	Preparation Checkling dent Reporting (\$30); age Assessment (\$100); ng Fes w-Through Survey w-Through Survey (Resurve) ng against INC Only (wef I spection DA + SMRT Survey	INC (\$80) \$40/\$4: \$120 y) \$30 0 Jan 2005)	Ant (S)	Amt (5)
Remarks: (INC hotline: 6788 6616; 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAGO 999 Inimant's Particulars: ontact No: amaged Portion:	Courtesy Car ()	Tate&Time Con Teparation Checkli dent Reporting (\$30); age Assessment (\$100); ng Fes w-Through Survey w-Through Survey (Resurve ng against INC Only (wef 1)	INC (\$80) \$40/\$4: \$120 y) \$30 0 Jan 2005) \$75	Ant (S)	Amt (1)
Remarks: (INC hotline: 6788 6616; 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAGO 999 Inimant's Particulars: ontact No: amaged Portion:	Courtesy Car ()	Preparation Checkling dent Reporting (\$30); age Assessment (\$100); ng Fes w-Through Survey w-Through Survey (Resurve) ng against INC Only (wef I spection DA + SMRT Survey	INC (\$80) \$40/\$4: \$120 y) \$30 0 Jan 2005) \$75	Ant (5)	Amt (1)
Remarks: (INC horline: 6788 6616; 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Inimant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car ()	Preparation Checkling dent Reporting (\$30); age Assessment (\$100); ng Fea w-Through Survey (Resurve) mg against INC Only (wef I spection DA + SMRT Survey ditional Services:- lesy Car / Tpt Allowance ir Co-ordination	INC (\$80) \$40/\$4: \$120 y) \$30 0 Jan 2005) \$160	Anit (5)	Amt (5)
Remarks: (INC horline: 6788 6616; 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Inimant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Tate&Time Con Preparation Checkli dent Reporting (\$30); age Assessment (\$100); ng Fes w-Through Survey w-Through Survey (Resurve ng against INC Only (wef I spection DA + SMRT Survey ditional Services: tesy Car / Tpt Allowance it Co-ordination Repair Inspection	INC (\$80) \$40/\$4: \$120 y) \$30 0 Jan 2005) \$160 \$55 \$100 \$25	Ant (S)	Amt (5)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Marco 999 Infimant's Particulars :- river/Owner: Intact No: Imaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Preparation Checkling deat Reporting (\$30); age Assessment (\$100); age Assessment (\$100); age against INC Only (wef I ispection DA + SMRT Survey dilional Services: tesy Car / Tpt Allowance in Co-ordination Repair Inspection Collect Excess Coordination Tp (N-10 INC) against INC	St. INC (\$80) \$40/\$45 \$120 y) \$30 Jan 2005) \$75 \$160 \$55 \$510 \$25 \$520	Ant (S)	Amt (1)
Remarks: (INC hotline: 6788 6616; 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Courtesy Car (Preparation Checkling deat Reporting (\$30); age Assessment (\$100); age Assessment (\$100); age against INC Only (wef I spection DA + SMRT Survey ditional Services: tesy Car / Tpt Allowance in Co-ordination Repair Inspection Collect Excess Coordination Tp (Non INC) against INC Mobile	INC (\$80) \$40/\$4: \$120 y) \$30 0 Jan 2005) \$160 \$25 \$10 \$25	Ant (S)	Amt (1)

to per at the

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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	11/02/2019 19:37
Date Of Accident	03/02/2019 15:45
Exact Location Of Accident	PENJURU ENTRANCE TWDS AYE (TUAS)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT3854U
Insured/Policyholder	
Name Of Registered Owner	NG TERH KIAH
NRIC No	S1433875F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92978103
Alternative Phone No	OFFICE-92978103
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	VERNA 1.4 AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5049525952-07
Cover Note Number	
Driver	
Name of Driver	NG TERH KIAH
NRIC No	S1433875F
Date Of Birth	04/05/1960
Occupation	INDOOR
Date Of Driving Pass	23/04/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92978103
Fax Number	
Contact Number	OFFICE-92978103
EMail Address	NOEMAIL

Address BLK 131C KIM TIAN ROAD

#06-185

Postcode 163131

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 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)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES NO

2

Was any other material or property damaged?

? YES

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NG BAK LANG

GENDER: : FEMALE

Passenger 2

NAME:

: NG BAK ENG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SLQ8727C

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)

DETAILS OF INJURED PERSON 1

NG TERH KIAH Name

Approximate Age

Injuries Sustain BODY

SGT3854U Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

DETAILS OF INJURED PERSON 2

NG BAK LANG Name

Approximate Age

BODY Injuries Sustain SGT3854U Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 flability.
- 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.

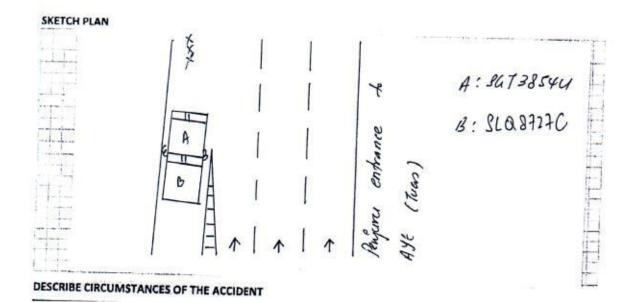
Policyholder's Signature Date & Time:

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

Reporting Centre Personner's Signature Name:

NRIC/FIN No.

\$10000 Sketch Downton you



I WAS TRAVELLING ALONG PENJURU ENTRANCE TO AYE (TUAS). FROM A DISTANCE, I SAW THAT THERE WAS OBSTRUCTION ALONG THE LANE I WAS TRAVELLING IN. AS SUCH, I SLOW DOWN MY VEHICLE IN PREPARATION TO FILTER TO THE RIGHT. OUT OF SUDDEN, I FELT A HUGE IMPACT FROM MY VEHICLE.

REAR PORTION. THE IMPACT WAS SO HUGE THAT I SWERVED TO THE MIDDLE OF THE ROAD.

DECLARATION

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

Policyholder's Signature Date & Time:

Calcally State, $\eta (\Psi_{1} \eta T) \chi = - \chi_{p}$

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 3/2	119	(D	D/MM	YY) Time:	5:45	(HH:MM)
Exact location of accident	· Penjuru	entrance	700	Tanes.			

Details of vehicle

Vehicle registration number	367 38540
Vehicle make and model	Hyunzri Verna
Type of vehicle	Saloon MPV CRV Van D Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Marate
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NIC		
Policy number			
Type of policy	Comprehensive p	Third party fire & theft	TP only

Insured / Policy holder

Name	Ng Terh kich	Male 🗷	Female
NRIC / Fin / Passport number	S14 22875F		
Contact	92978103		
Address	151 C Kim Tian R2 # 06-185	56163151)

Driver

Same as insured above atskip to D.O.B)

Name		Male 🗆	Female p
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	415/1960		
Occupation	Indoor D Outdoor D		
Driving date pass	25/4/1982		

General information of the accident

Police station name

Was driver an employee of the insured's company?	Yes D No D If no, relationship of the driver and insured:
Accident captured by camera?	in no, relationship of the driver and insured.
Weather condition	Yes D No D Others:
Road surface	Dry Wet a Others:
No of passenger	3 (Inclusive of driver)
No or passenger	(inclusive of driver)
Passenger 1	
Name	Ny Terh Klash
Gender	Male p Female a
Passenger 2	
Name	No Bak Lang
Gender	Male Female
Passenger 3	
Name	NO Bak Eng
Gender	Male D Female D
Passenger 4 Name	
Gender	Male D Female D
Passenger 5	
Name	
Gender	Male Female Female
Passenger 6	
Name	
Sender	Male Female
Other information	
Vas anybody injured?	Yes No D
Vas other vehicle damaged?	Yes No D
Details of police action	
Reported to police?	Yes No If yes, please state which police station.
- F	

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SL08727C	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 N9 Name アノトレ ciah Injuries sustained Body Which vehicle person in? SET 3554 U Were seat belts worn? No 🗆 Yes 🗗 Was injured conveyed to No D Yes a hospital by ambulance? Injured person 2 BUK Lang Name 6007 Injuries sustained SC1 31540 Which vehicle person in? Were seat belts worn? Yes @ No 🗆 Was injured conveyed to Yes 🗆 No D hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No a Was injured conveyed to No a Yes 🗆 hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No a hospital by ambulance?



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

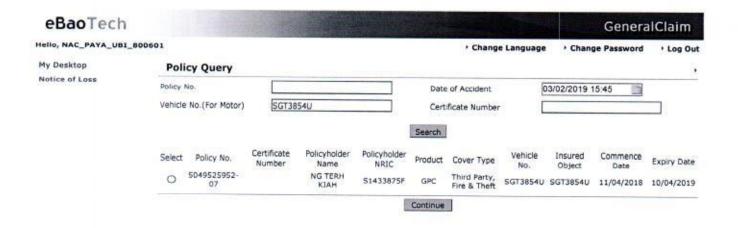
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Apr 1982 of the driver; and other motor vehicles =< 2500kg

NP 428A









Policy No.	5049525952-07	Policyholder Name	NG TERH K	HAI	Policyholder NRIC	S1433875F	
Certificate No.					INIC		
Address	BLK 131-C #06-185 KIM TIAN	ROAD SINGAPO	ORE 163131				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/03/2018	Effective Date	11/04/2018	3 00:00	Expiry Date	10/04/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	0	damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore		Outside					
OD OD	0	Singapore	0			Young	/Inexperience Driver Excess
Excess		TP Excess				-	
Agent	CHENG WEE SENG	Agent Tel.	63760573		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
ddress 1	BLK 131-C #06-185	Addre	ss 2	KIM TIAN ROAD		Address 3	SINGAPORE 163131
		Addre	ss Type	Singapore address		Post Code	163131
\ddress 4		Relate	d Policy	5049525952-07			
Address 4 Unit No.		Numb	65 B				
Init No.	d Object: SGT3854U	Numb					
Jnit No.		Numb					

Olicy No.					
eth reo.	5049525952-07	Vehicle No.	SGT3854U	GST Registration No.	
rtificate No.					
icyholder Name	NG TERH KIAH			Policyholder NRIC	51433875F
duct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
rtact No.(Mobile)	92978103	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	No. V
K.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	, Automotive Committee Com
D Protection	Yes	NCD Engitlement(%)	50	Private Hire	No
Accident Details			-		
oort Date	11/02/2019 20:16	Accident Report Within 24 hrs	Yes	Academ Time	C-10-11-11-11-11-11-11-11-11-11-11-11-11-
e of Accident				Accident Type	Collision - Head to Rear
	03/02/2019	Time of Accident hh:mm	15:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
dent Location	PENJURU ENTRANCE TWOS AVE (TUAS)				
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
amed Driver Excess	8.00	Outside Singapore OD Excess	0.00		
rd Party Excess	0.00	Dutside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Iffication History					
Policyholder Hailing Ad	draw				
Carlotte and the second		******	COLUMN SALE	Tarana.	
ress 1	BLK 131-C #06-185	Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 163131
tress 4		Address Type	Singapore address	Post Code	163131
(No.		Related Policy Number	5049525952-07		
OI Driver Info	ANT TROM WIAM	Debug V	Mary Walter		
er Name amed driver Name	NG TERH KIAH	Oriver Type	Main Driver	\$40000000V	20020000
		Driver MR3C	S1433875P	Driver DOB	04/05/1960
ster Date of Driver License		Driver Age	58	Oriving Experience	36
ract No.(Mobile)	92978103	Contact No.(Office)	0	Contact No.(Home)	0
iress i	BLK 131C	Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 163131
fress 4		Address Type	Singapore address	Post Code	163131
it No.	06-185				
ANALY CONTRACTOR STATE OF THE PARTY OF THE P					
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
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