Data Inc	Jeb description		Date &Time Comple	sted	Done	by
Date In: 13 1 4 - 14:09						
Rel No: NA INCIG OOM IN	SAS e-filing			-		
Veh No: 54339700	E-mail (within Shr	s, AIC 2hrs)	ļ	-	7	
D.O.A: 4/2/19-14:43	i-Motor Claim	Form	100 - PERICULTURE	12/	~/19 14	·~Y
OD (TP)' Reporting Only	i-Motor W/O (v	Vithin; OD 2hrs	TP 4hrs)			
ob	i-Photo Upload	ed				
TP insurer:	Assessment/Surv	ey Report				
II mater.	Ass't Report by I	Pax / Hand t	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: Jv	3907E	, INC(	)/Non-INC(	).	,	
Owner / Driver: (		111	Tel:	138	)	
Policy No: ( ) F	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: (%)	[Note-Est Status (WC		)%; P: 21-79%. P:	80-100%	6]	-
Year of Registration: ( )		)/NO(	)			
	,000 ( )/\$2,000 (	)	-			
General Remarks:-				133.50		. 1.
( ) Walk-In Customer : Customer's int	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	tential & Str	HALLING AN ALLENSAN	-		
		Jenual & St	NO ISIGNOTICE			
( ) Total Loss Case : to e-mail Insu			· C /			1
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / NO	( );T	owing Co: (			,
Remarks: (INC hotline: 6788 6616)			Date& Time Comple	2d bc	Done	by ·
Remarks: (INC hodline: 6788 6616)  1) Apply for Transport Allowance ( )/			Date&Time Comple	ъф	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		Date & Timb Comple	ad V	Done	by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		Date&Time Comple	3d 5 5	Done	by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ( )	- 1	Date&Time Comple	od S	Done	by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		Date&Time Comple	3d	Done	by -
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1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) \$3000] ( )	nypice Pře	Date& Time Comple	rad	Ant (S)	Am.()
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	AR : Accident	paration Checklist. Reporting (\$30);			Amil
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	AR : Accident DA : Damage	paration Checklist.  Reporting (\$30);  Assessment (\$100); II	NC (\$80)	Ant (S)	Amil
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NA   90   62*  laimant's Particulars:	Courtesy Car ( ) ( ) \$3000] ( )  1 1 2) 3)	AR : Accident DA : Damage TF : Towing F FT : Follow-Ti	paration Checklist.  Reporting (\$30);  Assessment (\$100); I	NC (\$80) \$40/\$45 \$120	Ant (S)	Anu
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MA   90   67*  Inimant's Particulars:	Courtesy Car ( ) ( ) \$3000] ( )  1 1 2) 3)	AR : Accident DA : Damage TF : Towing F FT : Follow-Ti FT : Follow-Ti	Paration Checklist: Reporting (\$30); Assessment (\$100); If the arough Survey (Resurvey)	NC (\$80) \$40/\$45 \$120 \$30	Ant (S)	Amil
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MA   90   65*  Inimant's Particulars:  ontact No:	( ) \$3000] ( )  \$1  1  1  2)  3)  4)  5)	AR: Accident DA: Damage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming at TR: Re-inspec	Paration Checklist: Reporting (\$30); Assessment (\$100); If the arough Survey (Resurvey) toinst INC Only (wef 10 Justion	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75	Ant (5)	Amil
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MA190 65*  Inimant's Particulars:  river/Owner:	Courtesy Car ( ) ( ) \$3000] ( )  1 1 2 3) 4 5)	AR: Accident DA: Damage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming a TR: Re-inspec N1: Idac DA	paration Checklist. Reporting (\$30); Assessment (\$100); If the prough Survey trough Survey (Resurvey) troinst INC Only (wef 10 Julion SMRT Survey)	NC (\$80) \$40/\$45 \$120 \$30 m 2005)	Ant (5)	Amil
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MAI 2016*  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	AR: Accident DA: Darrage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming at TR: Re-inspec N1: Idae DA: NTUC Additio	Paration Checklist: Reporting (\$30); Assessment (\$100); If the arough Survey (Resurvey) toinst INC Only (wef 10 Julion SMRT Survey nal Services:-	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	Ant (5)	Anu
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  MAION SY  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	AR: Accident DA: Darrage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming at TR: Re-inspect N1: Idae DA: NTUC Additio OD: *N5: Courtesy	naration Checklist Reporting (\$30); Assessment (\$100); If the control of the cont	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	Ant (5)	Amil
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions  NA 1901	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	AR: Accident DA: Darrage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming at TR: Re-inspect N1: Idae DA: NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Rep.	paration Checklist: Reporting (\$30); Assessment (\$100); If the arough Survey (Resurvey) toinst INC Only (wef 10 Julion SMRT Survey hal Services: Car/Tpt Allowance perordination in Inspection	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	Ant (5)	Ami (3
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions  NA 1901	Courtesy Car ( )	AR: Accident DA: Darrage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming at TR: Re-inspect N1: Idae DA: NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Rep *N8: DV / Col	paration Checklist: Reporting (\$30); Assessment (\$100); If the arough Survey (Resurvey) toinst INC Only (wef 10 Julion SMRT Survey hal Services: Car / Tpt Allowance the ordination the Inspection test Excess Coordination	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160 \$25 \$35	Ant (S)	Ami (3
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	AR: Accident DA: Darrage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming at TR: Re-inspect N1: Idae DA: NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Rep *N8: DV / Col	Paration Checklist: Reporting (\$30); Assessment (\$100); If the prough Survey (Resurvey) toinst INC Only (wef 10 Julion SMRT Survey hal Services: Car / Tpt Allowance the ordination for Inspection test Excess Coordination (N-in INC) against INC	NC (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	Ant (S)	Amu()

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## 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.
- 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

	ACCIDENT STATEMENT
D-1- 0/ D	10.102-275-700-0-104-70-70-10
Date Of Report	13/02/2019 14:09
Date Of Accident	04/02/2019 15:40
Exact Location Of Accident	WOODLANDS CROSSING TWDS JB
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ3970U
Insured/Policyholder	
Name Of Registered Owner	TIAN SING HUAT
NRIC No	S2506057A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516491
Alternative Phone No	OFFICE-97516491
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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
f 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 5081547332-02

Cover Note Number

Driver

Name of Driver TIAN SING HUAT NRIC No S2506057A Date Of Birth 05/07/1955 Occupation OUTDOOR

Date Of Driving Pass 21/06/1977

**Driving Experience** 41 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97516491

Fax Number

Contact Number OFFICE-97516491

EMail Address NOEMAIL

BLK 327 WOODLANDS STREET 32 Address

#03-01

Postcode 730327

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 SIDE SWIPE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

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

Number of Passengers (Including Driver)

Passenger 1

NO

3

YES

NAME:

: FEMALE

Passenger 2

NAME:

GENDER:

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

ON STATED DATE AND TIME, I WAS MERGING SLOWLY ON THE STATED VENUE AS IT WAS CONGESTED, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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

SJV3907E

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)

Passenger 1

2

NAME:

GENDER: :

#### 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.

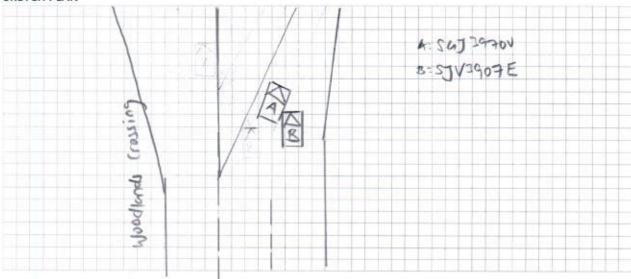
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

72		
Refer to stat	Mead	

# DECLARATION

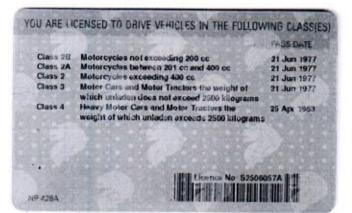
I/We declare the foregoing particulars are true in every respect.

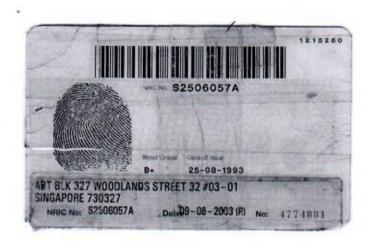
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	) Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									1000000000
Notice of Loss	Policy 1	No.				Date of Accident		0-	04/02/2019 15:40		
	Vehicle No.(For Motor)		SG139	SG)3970U		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5081547332- 02		TIAN SING HUAT	S2506057A	GPC	Third Party, Fire & Theft	SG33970U	SG33970U	10/07/2018	09/07/2019
						Continue		- 116			

Sequence Date of Endorsement		Endorsement Type		Endorsement	Status	Endorsement Content	
ements	W 20 41	Andrew Company	V-20000	MONEY PAR	70-27047H		
d Object: SGJ3970U							
03-01			5107299360				
	Addre	ess Type Singapore addres		is	Post Code	730327	
BLK 327 #03-01	Addre	ss 2	WOODLANDS ST	REET 32	Address 3	SINGAPORE 730327	
nolder Mailing Address							
1070							
No							
TAI THONG LEE TRADING PTE	L Agent Tel.	NIL		GST Flag	Y		
	IP Excess				==		
0	Singapore	0			Youn	g/Inexperience Driver Excess	
	Outside						
	OS Premium	0					
VC	Excess	2		Excess	7		
0	Own damage	0		Windscreen	0		
	Excess						
	All Claims						
06/06/2018	Effective Date	10/07/20:	8 00:00	Expiry Date	09/07/2019 2	23:59	
Water Time Town Time Time Time Time Time Time Time Time				Policy Flag			
PRIVATE CAR INSURANCE	Plan			Group	N		
BLK 327 #03-01 WOODLANDS	STREET 32 SIN	IGAPORE 7	30327				
	Name	TIAN SIN	NUAL	Policyholder NRIC	S2506057A		
	PRIVATE CAR INSURANCE  06/06/2018  0  TAI THONG LEE TRADING PTE  No  nolder Mailing Address  BLK 327 #03-01  03-01  d Object: SGJ3970U  mements	PRIVATE CAR INSURANCE Plan  06/06/2018 Effective Date  All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess  TAI THONG LEE TRADING PTE L Agent Tel.  No  nolder Mailing Address  BLK 327 #03-01 Addre  03-01 Addre  03-01 Relate Numb  d Object: SGJ3970U  sements	PRIVATE CAR INSURANCE Plan  06/06/2018 Effective 10/07/201  All Claims Excess Own damage Excess OS Premium 0  Outside Singapore TP Excess  TAI THONG LEE TRADING PTE L Agent Tel. NIL  No  nolder Mailing Address  BLK 327 #03-01 Address 2 Address Type 03-01 Related Policy Number  d Object: SG33970U  sements	O6/06/2018  Effective Date 10/07/2018 00:00  All Claims Excess Own 0 damage 0 Excess OS Premium 0  Outside Singapore TP Excess  TAI THONG LEE TRADING PTE L Agent Tel. NIL  No  No  Address 2 WOODLANDS ST Address Type Singapore address 0 Singapore address Singapore Address Type Singapore address 0 Singapore address Singapore S	PRIVATE CAR INSURANCE  Plan  Effective Date  All Claims Excess  Own damage Excess  OS Premium  O Utside Singapore TP Excess  TAI THONG LEE TRADING PTE L Agent Tel. NIL GST Flag  BLK 327 #03-01  Address Type Singapore address  BLK 327 #03-01  Address Type Singapore address  03-01  Related Policy Number  All Claims Excess  O Windscreen Excess  O Spremium  O Utside Singapore  TP Excess  O ST Flag  WOODLANDS STREET 32  Address Type Singapore address  Singapore address  O Singapore address	PRIVATE CAR INSURANCE  Plan  Group Policy Flag  N  O6/06/2018  Effective Date  10/07/2018 00:00  Expiry Date  09/07/2019 2  All Claims Excess  Own damage Excess  OS Premium  O  Outside Singapore TP Excess  TAI THONG LEE TRADING PTE L Agent Tel.  NIL  GST Flag  Y  No  Modress 2  Address Type Singapore address  Post Code  03-01  Related Policy Number  N  N  OODUSIDE Singapore Singapore Singapore address  Post Code  O3-01  Related Policy Number  N  OODUSIDE Singapore Singapore address  Post Code  O3-01  Related Policy Number  N  OODUSIDE Singapore address  Post Code  O3-01  Related Policy Number  OODUSIDE Singapore address  Post Code  OODUSIDE Singapore address  Post Code  OODUSIDE Singapore address  Post Code	

Claim Handling							- Exit
Accident MT/1031834 Policy No.	5081547332-02		Vehicle No.	5G33970U	GST Registration No.		
	5001547332-02		verice no.	9039700	GST Registration No.		
Certificate No. Policyholder Name	TIAN SING HUAT				A-1		
	PRIVATE CAR INSURANCE		Cover Type	200200000000000000000000000000000000000	Policyholder NR3C	\$25060574	
Product Code Comact No. (Mobile)	97516491		2000	Third Perty, Fire & Theft  O	Loading	0	
Email Address	97516491		Contact No.(Office)	0	Contact No. (Home)	0	
	av av		Special Remark	00	eCode	[K.Y]	
KFK	® No ○Yes		TCA	® No ○Yes	eCode Reason		
NCD Protection	No		NCD Entitlement(%)	50	Private Hire	No	
Report Date	13/02/2019 14:32		Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
Date of Accident	04/02/2019		Time of Accident hh:mm	15:40	Country of Acadent	Singapore	
Reporting Centre			Orange Force		SCM No.		
Accident Location	WOODLANDS CROSSING TO	NDS JB					
♥ Excess							
Own damage Excess		0.00	Additional Excess		Windscreen Excess	0.00	
Unnamed Driver Excess		0.00	Outside Singapore OD Excess	0.00			
Third Party Excess		0.00	Outside Singapore TP Excess	6,00			
♥ Benefita							
SST Registered Inform	ation						
GST Registered	No			GST Registration Date			
GST Registration No.				GST Status Verified	Yes		
Modification History							
	2000						,
Policyholder Halling Ad	TO DESCRIPTION OF THE PARTY OF		100200020	vocasi indicatores	7.198-29		
Address 1	8LK 327 #03-01		Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730327	
Apdress 4			Address Type	Singapore address	Post Code	730327	
Line No.	03-01		Related Policy Number	5107299360			
OI Driver Info			0.2700.2000				
Driver Name	TIAN SING HUAT		Driver Type	Main Driver	1/2/07/02/20		
Unnamed driver Name	C10.042448205		Driver NRJC	\$2506057A	Oriver DOB	05/07/1955	
Register Date of Driver License			Driver Age	63	Driving Experience	41	
Contact No. (Mobile)	97516491		Contact No. (Office)	0	Contact No.(Home)	0	
Address 1	BLK 327		Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730327	
Address 4			Address Type	Singapore address	Post Code	730327	
Unit No.	03-01						
Does he own a Singapore Registered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company		
Declaration Breathalyser or Blood Test							
Reading?	0 mg		Any injury?	○ Yes ® No			
Modification History							
200522							,
Claim 001 New							
				ura a la			
Claim Type *	OD-MX	V	Insured Name	TIAN SING HUAT	Insured NR3C	\$2506057A	
Contact No.(Mobile)	97516491	16	Contact No.(Home)	68934234	Contact No.(Office)		
Email Address			Of Vehicle Number	\$G13970U	TP Vehicle Number	57/3907E	
Claimant Type Claimant Type *	Please Select	V	Type of Benefit •	Please Select			
Claimant Name *		22	Claiment NR3C +	September 11 to 11			
Clamant Address							
Claim Description	SG23970U / S2V3907E ON 4	Feb 2019			Name of Preferred Workshop		
Preferred Workshop Contact No.			Insured Liability *	Not at Fault			
Require Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received	
Date Registered	13/02/2019 14:24		Claim Close Date		Date Received	13/02/2019 00:00	
Report Taken By	Jackson						
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