| Date In: 14/4/19 - 11:35 | | VA119070610 | | |
|---|--|---|--|-------------|
| | Jeb description | Date &Time Completed | Done | pì. |
| Res No: HAJ INCIGO2798/14 | SAS e-filing | i | | |
| Veh No: 14516586 | E-mail (within Shrs, AIC 2hrs) | | | |
| D.O.A: 13/19-97:10 | i-Motor Claim Form | MI 107067-01 | 14/2/19 | 6:24 |
| | i-Motor W/O (Within: OD 2h | rs, TP 4hrs) | | |
| OD / TP/ Reporting Only | i-Photo Uploaded | 1 | | |
| TRI | Assessment/Survey Report | | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | | (240)20-000 |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: | Fax: | |
| TP Particulars: Veh No: | P61 1816. INC (|)/Non-INC() | | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () | Period: () | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) | Note-Est. Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80- | 100%] | |
| Year of Registration: () | Warranty: YES () / NO (|) | | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 () | | | |
| General Remarks: | | | | |
| o commence of the contract of | 5.100 Out of his particular and the design | stable NO refer of repairer | 55.00,1 | - |
| () Walk-In Customer : Customer's in | | inctly NO rater of repailer. | | |
| () Total Loss Case : to e-mail Ins | | | | |
| Drive-In ()/ Towed-In (); Invo | oice: YES() / NO(); | Towing Co: (| |) |
| Remarks:- (INC hotline: 6788 6616 | | Dates Time Completed | Done | by |
| 1) Apply for Transport Allowance () | | | 8-31-14 | |
| 2) QC Check / Post Repair Inspection | / Country Car () | - | • | |
| 3) Upload Resurvey Photo [Repair Cost> | \$30001 () | | | |
| | 45000] (/ | | | |
| Injury: | | | STATIF - ATHE PERSONNA | |
| | | | | |
| Date/Time Actions | | | STATE CHEST | |
| Date/Time Actions | 1.00 | | MARICALLE | |
| Date/Time Actions | | | ASP CHAILE | |
| Date/Time Actions | | | | |
| Date/Time Actions | | | | |
| Date/Time Actions | 1 | | | |
| | 1 | | Anit (S) | Amil |
| | Invoice Pro | paration Checklist | - 10 | 24 30 |
| IA Four ? | 1) AR : Acciden | paration Checklist: tReporting (530); | Anit (S) | 24 30 |
| A Four vision and the second | 1) AR : Acciden 2) DA : Darmage | paration Checklist t Reporting (530); Assessment (\$100); INC (\$ | Anit (S) | 24 30 |
| A Four vision and the second | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Fellow-1 | paration Checklist t Reporting (530); Assessment (5100); INC (5 | Ant (\$) 76 Bill 80) 0/545 \$120 | 24 30 |
| aimant's Particulars :- | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Fellow-1 5) FT : Fellow-1 | paration Checklist t Reporting (530); Assessment (5100); INC (5 Fee 54 Through Survey Through Survey (Resurvey) | Anc(\$) 76.Bill 80) 0/\$45 \$120 \$30 | 24.00 |
| aimant's Particulars :- iver/Owner: | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40; Through Survey Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 200); Section | Ant (\$) 76.Bill 80) 90/\$45 \$120 \$30 \$) \$75 | 24.00 |
| aimant's Particulars :- iver/Owner: | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 tection + SMRT Survey | Ant (\$) 16 Bill 80) 10/\$45 \$120 \$30 | 24.00 |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR : Acciden 2) DA : Darnage 3) TF : Towing 4) FT : Fellow-1 5) FT : Fellow-1 For claiming 6) TR : Re-inspe 7) N1 : Idao DA 3) NTUC Additi | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 tection + SMRT Survey | Ant (\$) 76.Bill 80) 90/\$45 \$120 \$30 \$) \$75 | 24.00 |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Fellow-1 5) FT : Fellow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 tection + SMRT Survey | Amer (\$) fat Bill 80) 90/\$45 \$120 \$30 \$5 \$75 \$160 | 24.00 |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C | paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination | And (\$) 76 Bill 80) 10/545 \$120 \$30 \$5) \$75 \$160 | 24.00 |
| laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 3) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re- | paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Through Survey (Resurvey) Against INC Only (wef 10 Jan 200) Section + SMRT Survey Conal Services: y Car / Tpt Allowance Co-ordination Services in Inspection | Amer (\$) fat Bill 80) 90/\$45 \$120 \$30 \$5 \$75 \$160 | Amu(|
| A Pour V Laimant's Particulars:- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): iditors' Comments:- | 1) AR : Acciden 2) DA : Darnage 3) TF : Towing 4) FT : Fellow-1 5) FT : Fellow-1 For claiming 6) TR : Re-inspe 7) N1 : Idac DA 3) NTUC Additi OIL* *N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Co TP (N11) : TI | paration Checklist t Reporting (530); Assessment (\$100); INC (\$ Fee Se Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey conal Services:- y Car / Tpt Allowance Co-ordination pair Inspection allect Excess Coordination P (Non INC) against INC | \$60) 160 Bill 80) 10/545 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$25 \$20 | 24.00 |
| | 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair 0 *N7: Fost Re *N8: DV / Co | paration Checklist t Reporting (530); Assessment (\$100); INC (\$ Fee Se Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey conal Services:- y Car / Tpt Allowance Co-ordination pair Inspection allect Excess Coordination P (Non INC) against INC | \$60) 160 Bill 80) 10/545 \$120 \$30 \$5) \$75 \$160 \$25 \$30 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 | 24.00 |

For give sit of their

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.

| atoresaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 14/02/2019 11:35 |
| Date Of Accident | 13/02/2019 20:15 |
| Exact Location Of Accident | JUNC PATERSON RD & ORCHARD BOULEVARD |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGE1658L |
| Insured/Policyholder | |
| Name Of Registered Owner | AMANDA AUTO LEASING |
| Co Reg No | 53335639C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | VIOS 1.5E A |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5080647717-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | QUEK KAI HUAT |
| NRIC No | S1352345B |
| Date Of Birth | 29/11/1959 |

 Name of Driver
 QUEK KAI HUA

 NRIC No
 \$1352345B

 Date Of Birth
 29/11/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/04/1978

Driving Experience 40 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88266727

Fax Number

Contact Number OFFICE-88266727

EMail Address NOEMAIL

BLK 650 HOUGANG AVENUE 8 Address

#07-335

Postcode 530650

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

3

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

YES

NO

2

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

YES

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPRORT - T/20190213/2207.

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

SHD6128K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM2320C

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)

1

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.
- 3. 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.
- 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. 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.
- 7. 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)
 - (i) 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

| SKETCH PLAN | and Blvd. | |
|--|---|--|
| → → → → | | A: 54E1658L B: 54D6N8K C: NM3320C |
| DESCRIBE CIRCUMSTANCE | ES OF THE ACCIDENT | Perkeson |
| Refor to potce | 17ps/. 1/2019ov13/2007. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| We declare the 10 to 10 par | ticulars 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.: |

GIARDIE SUSSENPlanForm V.

3





Date of Expiry:

1 of 3

Report No. T/20190213/2207

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Grab Driver

| Date/Time Report Made: 13/02/2019 22:58 | | | Vide Report No.: E/20190213/0142 | Station Diary No.: 125 | | | |
|---|--------------------------|-------|--|----------------------------|--|--|--|
| Informa | nt's Partic | ulars | | | | | |
| | f Informant: (AI HUAT | | Address: APT BLK 650 HOUGANG AVENUE 8 #07-335 SINGAPORE 530650 | | | | |
| ID Type / ID No.: NRIC NO / S1352345B | | | Contact No.: Home/Office: | Mobile: 88266727 | | | |
| National SINGAF | ity: ORE CITIZ | EN | Email: | | | | |
| Sex: Age: Date of Birth: Male 59 29/11/1959 | | | Type of Informant: Driver | | | | |
| Race: Chinese | | | Language: | Institution / School Name: | | | |
| Occupat | ion: | | Driving Licence Information: | | | | |

Class: 3

| Jeneral Inton | mation of the Accident | | | |
|--|--------------------------------|-----------------------|---|--------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 13/02/2019 20:15 | Type of Location X-Junction |
| Location: Along Road 1 PATERSON I ORCHARD B Junction of Pa | ROAD | d Boulevard | | 5 |
| Weather: Clear | | Road Surface: Dry | F | Road Speed Limit: |
| Traffic Flow: | | Т | Traffic Volume: | |
| Type of Collis Between Mov | ion: ing Vehicles - Head On | а | Anyone conveyed by imbulance: | |

| Details of Vehicle Involved | | | | | | | | | |
|-----------------------------|-------------|---------------------------------|--|---|--|--|--|--|--|
| Туре | Make | Model | Color | Condition | No of Passenger | | | | |
| Car | ТОУОТА | | Silver | Slightly | 1 | | | | |
| Car | TOYOTA | | Maroon | | 0 | | | | |
| Car | SUBARU | | | | 0 | | | | |
| | Type Car | Type Make Car TOYOTA Car TOYOTA | Type Make Model Car TOYOTA Car TOYOTA | Type Make Model Color Car TOYOTA Silver Car TOYOTA Maroon | Type Make Model Color Condition Car TOYOTA Silver Slightly Damaged Car TOYOTA Maroon | | | | |





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

2 of 3 Report No. T/20190213/2207

| Details of Perso | n Involved | | | | | |
|-------------------|-------------------|-----|---------------------------------------|---------|---------------------------------|---|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestrian | ns Injured: NIL | | Use of Ped | estrian | Cross | sing: NA |
| Driver | | | | | 0,000 | Jan San San San San San San San San San S |
| Name | QUEK KAI HUAT | | ID No. | | S1352345B | |
| Related Vehicle | SGE1658L (Car) | | Conta | ct No. | 88266727 | |
| Hospital/Clinic | NIL | | Class Driving Licence Expiry | e & | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Disch | | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of I | | | |

Brief Details.

On 13/02/2019 at about 2015hrs, I was travelling along Paterson Road when I came to a traffic light junction near Orchard Boulevard. At that moment, the traffic light was red and all vehicles stopped.

When the traffic light turned green, vehicles started to move forward. I was on the 4th lane when suddenly, another vehicle SHD6128K collided into the front left portion of my vehicle. At that moment, I was not injured and alighted to check on the accident. I then realized that the accident was caused by a vehicle proceeding along Orchard Boulevard SLM2320C. SLM2320C collided into SHD6128K, resulting an impact towards my vehicle.

Subsequently, police attended to the accident reference E/20190213/0142. And I was advised to lodge a police report regarding the traffic accident. I wish to state that I do not have any in-car CCTV in my vehicle.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20190213/2207

CONTINUATION OF REPORT

Sketch Plan

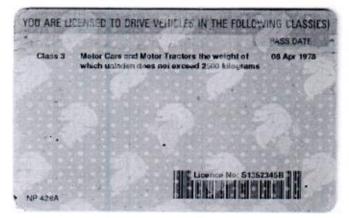
Informant is not able to provide sketch plan

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: |
|--|-------------------------|
| Sgt 3 ASHLEY TOH | Jones, . |
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 13/02/2019 22:58 |
| | |
| Officer In Charge Of Case: TP / GIT / | Classification Of Case: |
| Contact No.: | |
| uthentication Stamp | |
| P168 Signature | |









| eBao Tech | | | | | | | | | C | eneralC | laim |
|-----------------------|----------|-------------------|-----------------------|---------------------------|----------------------|------------|-------------|----------------|-------------------|------------------|----------------|
| Hello, NAC_PAYA_UBI_8 | 00601 | | | | | | · Change La | nguage | · Change Pa | assword , | Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | 10. | 7 | | | Date of A | Accident | 13/02 | 2/2019 20:15 | | |
| | Vehicle | No.(For Motor) | SGE165 | 3L | | Certificat | e Number | | | | |
| | | | | | Se | earch | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5080647717- 02 | | AMANDA AUTO LEASING | 53335639C | GFT | Third Party | SGE1658L | SGE1658L | 25/05/2018 | |

| Policy No. | 5080647717-02 | Policyholder | AMAND | A AUTO LEASING | Policyholder | 533356390 | |
|---|--|-----------------------------------|----------------------------------|---|----------------------|----------------------|--|
| Certificate No. | | Name | A65017-51-67 | A TO LEAGING | NRIC | 333336390 | |
| Address | 53 UBI AVENUE 1 #05-15 PAY | A UBI INDUSTR | IAL PARI | K SINGAPORE 408934 | | | |
| Product Name | FLEET INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 23/05/2018 | Effective Date | 25/05/2 | 2018 00:00 | Expiry Date | 24/05/2019 | 9 23:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 1500.00 | Own damage Excess | 0.00 | | Windscreen Excess | 0.00 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 0.00 | Outside Singapore TP Excess | 1500.00 | 0 | | You | ing/Inexperience Driver Excess |
| Agent | COWELL INSURANCE (AGENCY |) Agent Tel. | 633925 | 92 | GST Flag | v | |
| | No | | | 7.577 | Sor Hay | | |
| Policy | | | | | | | |
| nfo Certificate nfo | | | | | | | |
| Policyh | older Mailing Address | | | | | | |
| | | | | | | | |
| ddress 1 | 53 UBI AVENUE 1 | Addre | ss 2 | #05-15 PAYA UBI IN | NDUSTRIAL I A | ddress 3 | SINGAPORE 408934 |
| | 53 UBI AVENUE 1 | | ss 2 ss Type | #05-15 PAYA UBI IN | | Address 3 | SINGAPORE 408934 408934 |
| Address 1 Address 4 Unit No. | 05-14 | Addres | ss Type | | | | |
| Address 4 Init No. | 05-14 d Object: SGE1658L | Addre: Relate | ss Type | Singapore address | | | |
| Address 4 Unit No. Insured | 05-14 d Object: SGE1658L | Addre: Relate | ss Type | Singapore address | | | |
| Address 4 Unit No. | 05-14 d Object: SGE1658L ements ce Date of Endorsement | Addre: Relate | ss Type d Policy er | Singapore address | P | ost Code | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s, has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJG9327T 20-07-2018 \$829.11 In view of this amendment, a refund of \$829.11 (inclusive of GST) will be adjusted against the outstanding premium. |
| Address 4 Init No. Insured Endorse Sequence | 05-14 d Object: SGE1658L ements Date of Endorsement 25/05/2018 00:00 | Addres Relate Numbe Endorsemen | ss Type d Policy er nt Type ion | Singapore address 5080647717-02 Endorsement Number | Endorsem | ent Status Int Take | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s, has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJG9327T 20-07-2018 \$829.11 In view of this amendment, a refund of \$829.11 (inclusive of GST) will be adjusted |

| aim Handling | | | | | |
|--|--|-------------------------------|--|----------------------------|----------------------------|
| cy No. | 5080647717-02 | Vehicle No. | SGE1658L | GST Registration No. | |
| tificate No. | | | | | |
| cytiolder Name | AMANDA AUTO LEASING | | | Policyholder NRIC | 53335639C |
| duct Code | FLEET INSURANCE | Cover Type | Third Party | Loading | 0 |
| stact No.(Moorle) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ail Address | - | Special Remark | | eCode | ni V |
| | ® No ○ Yes | TCA | 8 n. Ov. | | 10.4 |
| | Control of the contro | | ® No ⊜Yes | eCode Reason | |
| Accident Details | No | NCD Entitlement(%) | 0 | Private Hire | Ves |
| | 8812073020000 | | | | |
| ort Date | 14/02/2019 16:22 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| e of Accident | 13/02/2019 | Time of Accident hhomm | 20:15 | Country of Accident | Singapore |
| orting Centre | | Orange Force | | ICM No. | |
| dent Location | JUNC PATERSON RD & ORCHARD BOULEVA | AD. | | | |
| Excess | | | | | |
| n damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| armed Driver Excess | | Outside Singapore OD Excess | 0,00 | | |
| nd Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Informa | ation | | | | |
| Registered | No | | GST Registration Date | | |
| Registration No. | 125 | | GST Status Ventied | Yes | |
| ification History | | | | | |
| | | | | | |
| Policyholder Halling Ad | dress | | | | |
| fress 1 | 63 HBI AVENUE L | Address 2 | #05-15 PAYA UBI INDUSTRIAL I | Address 3 | SINGAPORE 408934 |
| Iress 4 | | Address Type | Singapore address | Post Code | 408934 |
| t No. | 05-14 | Related Policy Number | 5080647717-02 | | |
| OI Driver Info | 889.48C3C | 22/10/20/20/20/20/20/20 | 4777500 CM (M 1975) | | |
| ver Name | Unnamed Driver | Driver Type | Unnerhed Driver | | |
| named driver Name | QUEK KAI HUAT | Driver NRIC | \$13523458 | Driver DOB | 29/11/1959 |
| Aster Date of Driver License | | Driver Age | 59 | | 40 |
| | | | | Driving Experience | |
| fact No (Mobile) | 88266727 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| iress 1 | BLK 650 | Address 2 | HOUGANG AVENUE 8 | Address 3 | SINGAPORE 530650 |
| iress 4 | | Address Type | Singapore address | Post Code | 530650 |
| t No. | 07-335 | | | | |
| es he own a Singapore pistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| deration | | | | | |
| athalyser or Blood Test iding? | 0 mg | Any injury? | ○ Yes ® No | | |
| laing | | NOOR-18/18/10 | | | |
| 95 | | | | | |
| dification History | | | | | |
| laim 001 New | | | | | |
| | | | | | |
| | | | | | |
| m Type • | ОО-МЖ | Insured Name | AMANDA AUTO LEASING | Insured NRIC | 53335639C |
| tact No. (Mobile) | 97594397 | Contact No.(Home) | | Contact No.(Office) | 68444617 |
| nii Address | BENZBODYKIT@GMAIL.COM | Of Vehicle Number | SGE1658L | TP Vehicle Number | SHD6128K |
| mant Type Claimant Type * | | Type of Benefit * | Please Select | | |
| mant Name * | 22 | Claimant NRIC * | | | |
| | 22 | Seguration (Strike | | | |
| nant Address | COCCUED COLORS OF THE COLORS | | | | |
| n Description erred Workshop Contact | SGE1658L / SHD6128K ON 13 Feb 2019 | (2007) (127) (127) | processor | Name of Preferred Workshop | |
| | | Insured Liability * | Not at Fault | 1100000127 | |
| ure Finalisation | Yes 💟 | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| e Registered | 14/02/2019 16:24 | Claim Close Date | | Date Received | 14/02/2019 00:00 |
| ort Taken By | Jackson | | | | |
| Print AK letter | | | | | |
| THE PROPERTY OF THE PARTY OF TH | | | | | |
| | | | Save Suome | | |
| tachment | | | | | |
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| | | | | | |
| dent Na. | MT/1032063 | Claim No. | 001 | | |
| t Doc. Received | ● Yes ○ No | Upload Date | 14/02/2019 16:25 | | |
| | Pach * | 92 | Category * | Confidential Urgeni | by * Description * |
| | 7 860.7 | Browse, | The second secon | V No V Normal | Description * |
| | | | | | |
| | | Browse. | Clear Please Select | ▼ Normal | |
| | | Browse. | Clear Please Select | NO V Normal | V |
| | | Browse | Place Dieses Salect | W For W Stemat | Polis . |

