NATIONAL Assessment Centre 5	elvices (me' Jamos)	2 2			
	leb description	Date &	Time Completed	Done by	
REINU. NA/INC19002874/64	SAS e-filing	i			
Veh No. SMC 221J	E-mail (within 8hrs, AIC 2hrs)	1			
D.O.A: 02 (02/2019 18:00)	i-Motor Claim Form	!	MT/10323	74-001 68	2/19 11
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs	.7'P 4hrs)			
	i-Photo Uploaded		-	-	
TP Insurer:	Assessment/Survey Report	1			
	Ass't Report by Fax / Hand t		AVKsp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	5157	Fax:	
	F5185E. INC(-	n-INC()		
Owner / Driver: (Tel:	The state of		
Policy No: () Period		Cover	Type: (
Confirmed by : (Date:	404 B	Time:	100061	
	e-Est. Status (WO): N: 0-2	0%; P:	21-79%. F: 50	-10070]	
	rranty: YES ()/NO ()			
Excess: (\$) Loading: \$1,000		A 10.031.00			
General Remarks	为此中被被称为。2世纪 2011年	480.55	barding at		
() Walk-In Customer: Customer's information		rictly NC	refer of repaire	r.	
() Total Loss Case : to e-mail Insurer I					
Drive-In () / Towed-In (); Invoice: Y		owing (THE RESERVE AND ADDRESS OF THE PARTY.		
Remarks: (INC horling: 6788/6616)		. Dates	Time Completed	Ja. Done l	у
A STATE OF THE STA	rtesy Car ()				
2) QC Check / Post Repair Inspection	()			Specific Control of the Control of t	
3) Upload Resurvey Photo [Repair Cost > \$300	01 ()				
3) Opiotal result of There (reput out					
Injury:				4 A	,
Date/Time Actions				Well Hard V.	
		ACT CALLON		a seed to the seed of the seed	·
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					· Amt (\$)
MAIGOIX	78 Invoice Pr	éparatio			· Amt (\$)
NA19012	1) AR : Accide	nt Reportin	n Checklist	Anic(S)	
AT VIND JAKASA AND AND AND AND AND AND AND AND AND AN	1) AR : Accide 2) DA : Damag 3) TF : Towing	nt Reporting Assessman Fee	n Checklist 5 (530): ent (5100); INC	(\$80) \$40/545	
27 7280 Jak Garba Withing C. (1924) Selling and Archive College Prints B	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow	nt Reporting Assessman Fee Through S	n Checklist s (330); ent (3100); INC	Anic(5)	
river/Owner:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming	nt Reporting e Assessma Fee Through S Through S egginst IN	n Checklist 5 (530): ent (5100); INC	(\$30) \$40/\$45 \$120 \$30 \$2005)	
Oriver/Owner:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-lun	nt Reporting Assessman Fee Through S Through S egginst IN	s (530); ent (5100); INC urvey urvey (Resurvey) IC Only (wel 10 Jan	(\$80) \$40/\$45 \$120 \$30	
Oriver/Owner:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming	nt Reporting Assessment For Through S Through S Ageinst IN Dection A + SMRT	g (\$30); ent (\$100); INC urvey urvey (Resurvey) IC Only (wel 10 Jan	(\$30) \$40/\$45 \$120 \$30 \$2005) \$75	
Oriver/Owner: Contact No: Damäged Portion:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add OD*	nt Reporting Assessme For Through S Through S Ageinst IN pection A + SMRT	g (\$30); ent (\$100); INC urvey urvey (Resurvey) IC Only (well 10 Jan Survey	(\$30) \$40/\$45 \$120 \$30 \$2005) \$75	
Oriver/Owner: Contact No: Damäged Portion:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add OD. • N5: Courte • N6: Repair	nt Reporting Assessmire For Through S Through S Ageinst IN Section A + SMRT Section Section Co-critical	g (\$30); ent (\$100); INC urvey urvey (Resurvey) IC Only (wel 10 Jan Survey icos:-	(\$30) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	
Oriver/Owner: Contact No: Damaged Portion: OC. Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D. 8) NTUC Add OD! • N5: Courte • N6: Repair • N7: Post R	nt Reporting Assessmu For Through S Through S Assessmu Through S Assessmu Through S A SMRT Itional Serv Ty Co-ordina Lepair Inspe	s (\$30); ent (\$100); INC urvey urvey (Resurvey) C Only (wef 10 Jan Survey ices:-	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	
Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 7) N1 : Idao D. 8) NTUC Add OD! • N5: Courte • N6: Repair • N7: Fost R • N8: DV / (TP (N11) :	nt Reporting Assessme For Through S Through S Tegeinst IN Dection A + SMRT itional Serv say Car / Ti Co-ordina Lepair Inspe Collect Exo TP (Non IN	g (\$30); ent (\$100); INC urvey urvey (Resurvey) IC Only (wel 10 Jan Survey icos:-	(\$30) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$10 \$25 \$55 \$20	
Oamaged Portion: QC Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-lus 7) N1 : Idao D. 8) NTUC Add OD! • N5: Courte • N6: Repair • N7: Post R • N8: DV / 6	nt Reporting Assessme For Through S Through S Tegeinst IN Dection A + SMRT itional Serv say Car / Ti Co-ordina Lepair Inspe Collect Exo TP (Non IN	g (\$30); ent (\$100); INC urvey urvey (Resurvey) IC Only (wel 10 Jen Survey ices:- ic Allowance tion etion ess Coordination	(\$30) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$30 \$20 \$30	

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.

- 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	15/02/2019 14:59
Date Of Accident	02/02/2019 18:00
Exact Location Of Accident	MCE TWDS KPE EXITING PIE TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC221J
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN KIAT DESMOND
NRIC No	S8844211C
Email Address	DESMOND@NANOPRESS.COM.SG
Mobile Phone No	(LOCAL) +65-91870597
Alternative Phone No	OTHERS-91870597
Vehicle Particulars	
Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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	5101045680
Cover Note Number	
Driver	
Name of Driver	LIM CHIN KIAT DESMOND
NRIC No	S8844211C
Date Of Birth	23/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91870597
Fax Number	
Contact Number	OTHERS-91870597
EMail Address	DESMOND@NANOPRESS.COM.SG

Address

BLK 663A PUNGGOL DRIVE

#16-260

Postcode

821663

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

SIDE SWIPE

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

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

5

Number of Passengers (Including Driver)

NAME:

: NIL

Passenger 1

GENDER:

: MALE

Passenger 2

NAME:

: NIL

GENDER:

: FEMALE

Passenger 3

NAME:

: NIL

GENDER:

: FEMALE

Passenger 4

NAME:

: NIL

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

PLS REFER TO THE ATTACHED 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

SKF5185E

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

Name

LIM CHIN KIAT DESMOND

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SMC221J

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 <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

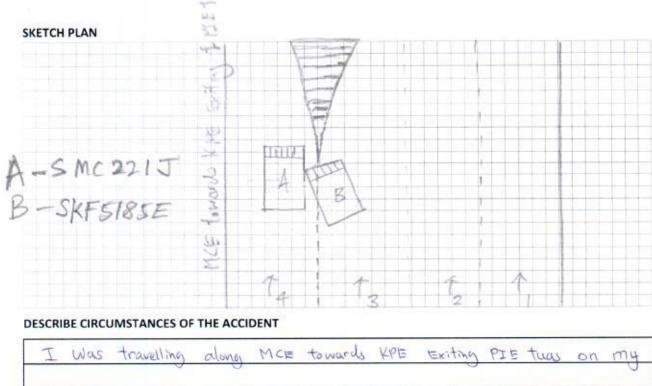
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



I Was	travelling	along Mc	= towards	KPE E	xiting PI	tuas or	n my
own Lo	ine 4, S	addenly this	vehicle 8	from	Lane 3	cut in to	5
my Lo	ine 4 and	bang or	to my	right p	ortion of	my Vehi	cle A.
Total +	hen are 2	l cass involve	d.				

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.:

Reported on 8/2/19 @ 1730HPs

ACCIDENT STATEMENT

LOCATION: MCE touted Ket 1 200 1(HH:MM)
DENI DATE: 100/MM/YYYY) TIME: 18 170
LOCATION: MCE towards KPE (Ex. Tais DIE Tus
The Exiting PIE Thank
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: 51 7 1766 MM
STANDE COMPANY.
C)POLICY NUMBER
d)POLICY TYPE: (COMPREUS)
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
THE SALOON / COURT / LIDE / LI
g) VEHICLE CATEGORY: (PRIVATE A DE L'ORRY / MOTORCYCLE / OTHERS)
THE WHOSE OF USING AT A COID TO THE MOTOR CYCLE)
I) ARE YOU CLAIMING LINDER VICE
IF NO, PLEASE STATE (THIPD BAREY OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER
A)NAME:
b)NRIC/FIN/PASSPORT:(MALE / FEMALE)
C)ADDRESS:CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ho of passenge DRIVER DRIVER ALSO POLICY HOLDER
(Including driver) alname:
(MALE / FFMALE)
CIADDRESS:CONTACT:_91870597
c)ADDRESS:CONTACT:9_18_705.97 *d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR)
e)OCCUPATION: (INDOOR / OUTPOOR)
e)OCCUPATION: (INDOOR / OUTDOOR)
/ DRIVING EXPONENCE
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
O WEATHER CONDITION TO SEE
DIROAD SURFACE: IDDV AND CONTROL OTHERS
6. WAS ANYBODY IN HIRED WES
TO FOIL F (VEC / VIA)
" LEASE STATE WHICH FOR
8. THIRD PARTY VEHICLE
The state of Vellore and the state of the st
(Induding driver) b) DRIVER'S NAME:
C) NRIC/FIN/PASSPORT:
9. THIRD PARTY VEHICLE CONTACT:
THO of passanger a) VEHICLE NUMBER:
(Induding driver) e) DRIVER'S NAME: MODEL:
f) NRIC/FIN/PASSPORT:
C) NRIC/FIN/PASSPORT:
2 (Canvork ?
The contract of
& charge of
* Vehicle number email = Desmond@nanopress.com. sg
Velville number email = Desmord @ nanogress. com. sg
plate I fax = 1
(SINC 22(J) fax = Desmond Enanopress.com.sg 2
VIDEO = VIDEO =
Multip D
Waiting for ICRDL Company Chap?
O O O
& Vehicle Photoco

PUBLIC OF SINGAPORE NTITY CARD NO. S8844211C





LIM CHIN KIAT, DESMOND

Sex

林俊杰

Race

CHINESE

Date of birth

23-10-1988

Country of birth

SINGAPORE



347



MRIC No. S8844211C

Date of issue

10-11-2003

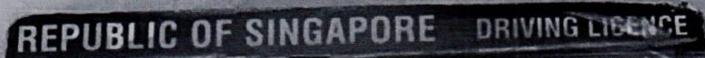
APT BLK 663A PUNGGOL DRIVE #16-260 SINGAPORE 821663

NRIC No:

S8844211C

Date:

22/06/2016





Licence Number S 8 8 4 4 2 1 1 C

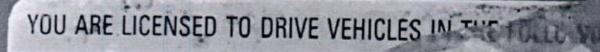
Name

LIM CHIN KIAT, DESMOND

Birth Date: 23 Oct 1988

Issue Date: 13 Oct 2008





vith =<7 passengers, exclusive 13 Oct 2008 v motor vehicles =< 2500kg

NP 428A



Continue

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 02/02/2019 18:00 Vehicle No.(For Motor) SLZ1766M Certificate Number Search Certificate Policyholder Name Policyholder NRIC Policy No. Vehicle Commence Select Product Cover Type Expiry Date Number Object Date LIM CHIN drivo 5101045680 KIAT S8844211C GPC SLZ1766M SLZ1766M 30/05/2018 29/05/2019 CLASSIC DESMOND

& old Vehicle plate number

Policy Information

Sequenc	e Date of Endorsement	Endorse	ment Type E	ndorsement Status	Endorsement Content
Sequence		F- 4			- 4
Insure	d Object: SLZ1766M				
Jnit No.		Related Policy Number	5101045680		
ddress 4	SINGAPORE 821663	Address Type	Singapore address	Post Code	821663
Address 1	BLK 663A #16-260	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Flag	No				
Agent	DICKSON AUTO AGENCY	Agent Tel.	90000001	GST Flag	Y
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy ssue Date	30/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 663A #16-260 PUNGGOL	DRIVE WATERW	AY SUNBEAM SINGAPO	RE 821663	
Certificate No.		Traine		NRIC	
Policy No.	5101045680	Policyholder Name	LIM CHIN KIAT DESM	OND Policyholder NRIC	S8844211C

Continue Cancel

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second			• Change	Languag	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident		15/02/2019	14:56	
	Vehicle	No.(For Motor)	SMC22	21)		Certi	ficate Number	6	-		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5101045680		LIM CHIN KIAT DESMOND	58844211C	GPC	drivo CLASSIC	SMC221)	SMC2213	30/05/2018	29/05/2019
						Continue	1				

& New Vehicle plate number.

	cy Information				
Policy No.	5101045680	Policyholder Name	LIM CHIN KIAT DESMOND	Policyholder NRIC	S8844211C
Certificate No.					
Address	BLK 663A #16-260 PUNGGOL I	DRIVE WATERW	AY SUNBEAM SINGAPORE	821663	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	BLK 663A #16-260	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY SUNBEAM
Address 4	SINGAPORE 821663	Address Type	Singapore address	Post Code	821663
Unit No.		Related Policy Number	5101045680		
▶ Insure	d Object: SMC221J				
▼ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endor	rsement Status	Endorsement Content
	13/02/2019 00:00	Basic Inform	ation Endorsome	nt Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HL BANK CHASSI:
-	20,02,2017 00.00	Endorsemen	t Endorsemen	пстаке спестіче	NUMBER: WBA5A32020D334506 ENGINE NUMBER:

Continue | Cancel

A5440626N20B20B VEHICLE REGISTRATION NUMBER: SMC221J ORIGINAL REGISTRATION DATE: 30 May

2014

Claim Handling

Accident MT/1032374

Policy No.	5101045680		Vehicle No.	SLZ1766M		GST Reg	istration N
Certificate No.							
Policyholder Name	LIM CHIN KIAT	DESMOND				Policyhol	der NRIC
Product Code	PRIVATE CAR II	NSURANCE	Cover Type	drivo CLASSIC		Loading	CHOCK DAY ON
Contact No.(Mobile)	91870597		Contact No.(Office)	0			No.(Home)
Email Address			Special Remark			eCode	
KFK	» No Yes		TCA	No Yes		eCode Re	eason
NCD Protection	No		NCD Entitlement(%)	0		Private H	
Report Date	18/02/2019 10	:58	Accident Report Within 24 hrs	Yes		Accident	Time
Date of Accident	02/02/2019		Time of Accident hh:mm	18:00			
Reporting Centre			Orange Force	18.00			of Accident
Accident Location	MCE TWOS KRE	EXITING PIE TUAS	orange roice			ICM No.	
♥ Excess	THE THES AFE	EXTING FIE TOAS					
Own damage Excess		600.00	Additional Excess			Venezia con	1000 Z 100 A11.
Unnamed Driver Excess		0.00		0.	ours allows	Windscre	en Excess
Third Party Excess			Outside Singapore OD Excess		600.00		
▽ Benefits		0.00	Outside Singapore TP Excess		0.00		
✓ GST Registered Inform	nation						
GST Registered Inform	nation	100		701101000	besission exerc		
GST Registration No.		No			stration Date		
Modification History				GST Stat	us Verified		Yes
- Touritotion (Tiscon)							
Policyholder Mailing A	ddress						
Address 1	75/1970 (S200011) 75/20	360					
Address 4	BLK 663A #16-		Address 2	PUNGGOL DRIVE		Address :	
Unit No.	SINGAPORE 821	1003	Address Type	Singapore address	•	Post Code	ė.
▼ OI Driver Info			Related Policy Number	5101045680			
Driver Name	LIM CHIN KIAT I	DECHOND	Prince Trans				
Unnamed driver Name	LIM CHIN KIATI	DESMOND	Driver Type	Main Driver			
	12/10/2000		Driver NRIC	S8844211C		Driver DO	
Register Date of Driver License Contact No.(Mobile)	020000000000000000000000000000000000000		Driver Age	30			xperience
Address 1	91870597		Contact No.(Office)	0			lo.(Home)
M-101-0-1-0-1-0	BLK 663A		Address 2	PUNGGOL DRIVE		Address 3	3
Address 4			Address Type	Singapore address		Post Code	
Unit No.	#16-260						
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.			Driver Ins	surer Com
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes 💌 No			
Readings							
450a2602500000000000000000000000000000000							
Addification History							
Claim 001 OD-MX Nev							
Claim Type •					OD-MX	Insured	LIM CH
						Name Contact	Part Cit
Contact No.(Mobile)					91870597	No.	
2000					7411	(Home)	2-5
Email Address					DESMOND@NANOPRESS.COM	Vehicle Number	SLZ176
Taim Description						0.000.25	
Claim Description					SLZ1766M / SKF5185E ON 2 F	eb 2019	
Preferred Workshop	- 11	nsured Liability Partially a	16.4				
Sonuset No. Vac	Prefer Repair	ered raitially o	Name unknown V GIA Pecebied	*			
Finalisation Lifes Date Registered	Option		report Received		18/02/2010 11:07	Claim	
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9							
Accident No.		MT/1032374	Claim No.		001		
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	NAC_PAYA_UBI	.800601(NATIONAL ASSESSMENT CENTRE SERVICES) or 18 Feb 2019 11:07	NRIC/ Driving License		Normal		NRIC/ Driving
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