NATIONAL Assessment Centre Services.	Met 1 Jan 05 MH	वा। १०८। १५	T	
Date In: 14/2/19-13:33 Job description		Date &Time Completed	Done	pì.
Ref No: 144 INC 1903205044 SAS e-filing				
Veh No: 14 49344. E-mail (within	a Shrs, AIC 2hrs)			
D.O.A : 6 19 - 16:30 i-Motor Cla	im Form	M11637717-01	19/1/19/19	jou.
i-Motor W/	O (Within: OD 2hrs	TP 4hrs)		
OD : TP Peporting Only i-Photo Upl	oaded			
Assessment/S	Survey Report			
TP Insurer: Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: 68 (29346 -	. INC(	)/Non-INC( ).	1007	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	(WO): N: 0-20	0%; P: 21-79%. F: 80	)-100%]	
Year of Registration: ( ) Warranty: YES (		)		
Excess: (S ) Loading: \$1,000 ( )/\$2,00			114 15-00-E 10-00-E 10-00-E	
Establish (C	10 (20 ) (2)	AND STREET, ST	53 (Left 3)	1.1.
General Remarks:- ( ) Walk-In Customer : Customer's information strictly C	onfidential & St	ictly NO refer of repaire		
		5		
( ) Total Loss Case : to e-mail Insurer URGENTLY		owing Co: (	<del></del>	)
	NO();T	24	8E7458386	SCST -
Remarks:- (INC hotline: 6788 6616)		Date&Taris Completed	Done	ру
1) Apply for Transport Allowance ( )/ Courtesy Car (	)			
2) QC Check / Post Repair Inspection (	)			
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)	-		
2007 OF CONTROL OF CON				
Injury:	•		METERS IN A TO	1.50
Date/Time Actions		2.00	PRESIDENT	
			The state of the s	
,	mane - see - see of the			
			Amit (S)	Amil (3)
344.	Invoice Pro	paration Checklist	Weil.	Add Bill
1A 1951314.	1) AR : Acciden	Reporting (\$30);		
aimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC	\$40/\$45	
iver/Owner:	3) TF : Towing l	hrough Survey	\$120	
	5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
ntact No:	6) TR : Re-inspe	eainst INC Only (wef 10 Jan 3	\$75	
maged Portion:	7) N1 : Idao DA	+ SMRT Survey	\$160	
1	8) NTUC Additi	onal Services:-		
Checked by (Engr-In-Charge):		y Car / Tpt Allowance	\$5	
	*N6: Repair C	Co-ordination	\$10 \$25	-
uditors! Comments::-	*N7: Fost Re	nair Inspection	\$5	
1:	TP (N11): T	P (Non INC) against INC	30	
	9) N12: Idna Ma	obile Fee Charg	ged	MAN T
t 2/3;	Invoice dated	Fee Chan	ged her	<b>1</b>

Frynch + 3º

### 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</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available

atoresaid,		
	ACCIDENT STATEMENT	
Date Of Report	19/02/2019 13:33	
Date Of Accident	18/02/2019 16:30	
Exact Location Of Accident	16A SUNGEI KADUT WAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA4934G	
Insured/Policyholder		
Name Of Registered Owner	EU WEI KEONG	
NRIC No	S8900703H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92254106	
Alternative Phone No	OFFICE-92254106	
Vehicle Particulars		
	VOLUME OF THE PARTY OF THE PART	

Manufacturer AUDI

Model A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR

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 5106898770

Cover Note Number

Driver

 Name of Driver
 EU WEI KEONG

 NRIC No
 \$8900703H

 Date Of Birth
 14/01/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 22/11/2007

Driving Experience 11 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92254106

Fax Number

Contact Number OFFICE-92254106

EMail Address NOEMAIL

BLK 673 CHOA CHU KANG CRESCENT Address

#11-397 680673

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

2

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

NO

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

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**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 GBC2934C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

H

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any faise 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 invoive 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;
  - 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.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

H

My	vehicle kadul	was_	parked	art	the	carpark	04,	€ 16 A
SVSQ!	Kadul	way .	while	2	was	away	vehico	n B
(Ollided	pading found o	my	car	while	he	WAS	going	ort o
the	parking	10+.	I W	as f	otifiet	by	my 1	worker
and	found 0	ut the	H MY	while	c fro	of Coff	porti.	in was
damag	ed.	Name and the same	O				7/10/2009	
	-					- 1000		
	-							West 2000 - 1000
					-			
				2000				
			Distriction of the state of the	- 1.4 H- 11 - 11 - 11 - 11 - 11 - 11 - 11 -		TOTAL 100 TOTAL		
	35 N. S. C.							
Dente - Marie Marie							- 10-	- Carlon - Carlon
					ettisk allVic			
					-	-		
allowance and	27	- Control of the						
	- A0204 (00mm-3	- 1000						

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.:

GIARMC Street/PlanForm\_V3

2

# 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.

Date of accident		18/0	2/19		(DD/MM/Y
Time of accident			1630		(HH:M
Exact location of accident	169	Sunge!	kadul	way	5(728794)

The second control of the second	PARAMIDE DE	TAILS OF	VEHICLE TO THE PARTY OF THE PAR			
Vehicle registration number		SLA 4934G				
Vehicle make and model		Audi A4				
Type of vehicle	Saloon d	MPV D				
Vehicle category	Private 🗹	Comm	nercial   Motorcycle			
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part c	No d laim ø	if no, please select: Reporting only []			

NAME OF TAXABLE PARTY.	INSURANCE IN	FORMATION	
Insurance company	NT		
Policy number	510	6898770	
Type of policy	Comprehensive 2	Third party fire & theft	TP only

医克莱斯氏征 医阴道性 计电话 计对象	INSURED / POLICY HOLDER		
Name	Eu Wii leong	Male 🗆	Female
NRIC / Fin / Passport number	HE07 00 P82		
Contact	92254106		
Address	BIK 673 Chia Chu Kang 5/686673)	crescent	#11-397

DRIVER	SAME AS INSURED ABOVE (1) (SKIP TO	D.O.B)	
Name		Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			
Email address			:
Date of birth	14/01/1989		
Occupation	Indoor Outdoor D		
Driving date pass	22/11/2007		

Control of the Contro	and the same of th	and the same of th	OF THE ACCIDENT	
vas driver an employee of	16 no rola	tionship of th	ne driver and insured:	Owner.
he insured's company? accident captured by camera?	Yes D	No D		
Veather condition	Clear 🗹	Raining E	Others:	
Road surface	Dry 🗷	Wet o		
lo of passenger		O		(Inclusive of driver)
o or passenge.		Annual Control of the		
		PASSENG	iER 1	
Vame	STATE OF THE PARTY	NAME OF TAXABLE PARTY.	22 (1974)	
	Male 🗅	Female c	)	
Gender	Titlate to			
and the second s		PASSENO	GER 2	
Name	The second secon			
Name Gender	Male 🗆	Female :		
gender				
		PASSEN	GER 3	
Name			Walter-control Science Co.	
Gender	Male 🗆	Female		- I m - y m - m - m - m - m - m - m - m - m
Gender		PARTICIPATION OF THE PARTY OF T		
SECOND PROPERTY.		PASSEN	GER 4	
Name	Mark Services			
Gender	Male 🗆	Female	0	
delidei				
		PASSEN	GER 5	
Name	200-200-200			
Gender	Male 🗆	Female	0	
-				
		PASSEN	GER 6	
Name				
Gender	Male 🗆	Female	0	
delia.		The state source		TANK THE STATE OF THE PARTY.
			DRMATION	
Was anybody injured?	Yes 🗆	No.		
Was other vehicle damaged?	Yes	No 🗆		
Company of the Piles	D	ETAILS OF PO	DLICE ACTION	ti k velice steller
Reported to police?	Yes□	No g	If yes, please state w	nich police station.
Police station name	1			
		4		
Committee of the Commit		WITN	ESS 1	
Name	O III O IIII			
1101110		-100	The same of the sa	

Name

	THIRD PARTY VEHICLE 1
And the second second second	GBC 2934C
/ehicle registration number	615(24)
/ehicle make model	
lame	
NRIC / Fin / Passport number	
Contact	
The state of the s	THIRD PARTY VEHICLE 2
/ehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Sontact	1
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Control of the second s	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
SPECIAL CONTRACTOR SPECIAL CONTRACTOR	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	**
Contact	- Secretary Control of the Control o
- Contract	The state of the s
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE STREET VEHICLE 7
The Name of the State of the St	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	

1000

Contact

THE REPORT OF THE PARTY OF THE	NAME OF TAXABLE PARTY.	INJURED PERSON	PARTITION OF THE PARTY OF THE P
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worm?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗅	No D	

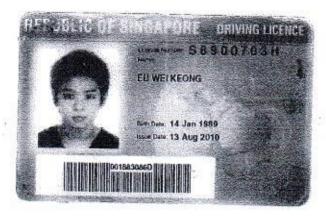
Name		INJURED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

5.万美.我当然·克勒斯	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

		INJURED PERSON 5
Name		THE STREET HAVE A STREET AND A STREET HAVE A STREET AND A
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No D
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

	All Carries	INJURED PERSON 6
Name		
Injuries sustained		-
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8900703H



\$890070311



Maron

EU WEI KEONG

余 作 强 hace CHINESE

Cate of Dirih 14-01-1989

Country of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

C3 Case 18 Motorcycles == 201 CC
C6 Case 14 Motorcycles between 201 CC and 400 CC
C6 Cham 3 Motorcycles between 201 CC and 400 CC
Motorcese == 1000 kg mile == 7 passengers, exclusive of the
driver; and motor (restricted) == 1500 kg
Class 4 Houry matter ears and motor fraction > 2500 kg

ni Ort juje

S / No. 9000130884

Goence No: S2000703H

NP 428A



PRISON 88900703H



19-05-2010

APT BLK 673 CHOA CHU KANG CRESCENY #11-397 SINGAPORE 680673



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 [MALAYSIA]

Certificate Number: 5106898770

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle-

: SLA4934G

Chassis Number

: WAUZZZ8K89A126831

2. Name of Policyholder

: EU WEI KEONG

3. Effective Date of Insurance

: 17 Jan 2019

Expiry Date of Insurance

: 16 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

### This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) EXCESS (SECTION 2)

: \$\$600

WINDSCREEN EXCESS ADDITIONAL EXCESS

: \$\$100

UNNAMED DRIVER EXCESS

: N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO : NO

**EXCESS WAIVER** 

: EU WEI KEONG

PRIMARY DRIVER

: N/A : N/A

NAMED DRIVER (1) NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: SPEEDO CAPITAL PTE. LTD.

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: SPEEDO CAPITAL PTE, LTD. (00000615301)

Date of Issue

: 17 Jan 2019 15:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	e + Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									5
Notice of Loss	Policy 1	No.				Date	of Accident	i i	18/02/2019	16:30	
	Vehicle No.(For Motor)		SLA49	SLA4934G		Certificate Number		. 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106898770		EU WEI KEONG	58900703H	GPC	drivo CLASSIC	SLA49340	SLA4934G	17/01/2019	16/01/2020
				KEONG	THE RESERVE ASSESSMENT	Continue	CLASSIC	2LM49340	5LA49340	1//01/2019	16/01/2

	5106898770	Policyholder Name	EU WEI KE	ONG	Policyholder	S8900703H	
Certificate No.		rvame			NRIC		
Address	BLK 673 #11-397 CHOA CHU	KANG CRESCEN	T SINGAPOR	E 680673			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/01/2019	Effective Date	17/01/2019	00:00		16/01/2020 2	3:59
Excess Type		All Claims Excess					
Third		Own			744077		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore	600	Outside Singapore	0			Young	/Inexperience Driver Excess
OD Excess		TP Excess				roung	/ mexperience briver excess
Agent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Info	holder Mailing Address						
Certificate Info Policyl Address 1	BLK 673 #11-397	Addre	ss 2	CHOA CHU KANG	CRESCENT	Address 3	SINGAPORE 680673
Info Policyl Address 1			ss 2 ss Type	CHOA CHU KANG Singapore address		Address 3 Post Code	SINGAPORE 680673 680673
Info Policyl		Addre	ss Type d Policy				
Info Policyl Address 1 Address 4 Juit No.		Addre Relate	ss Type d Policy	Singapore address			
Info Policyl Address 1 Address 4 Unit No.	BLK 673 #11-397	Addre Relate	ss Type d Policy	Singapore address			

laim Handling						
ident MT/1032717	5106898770		Vehicle No.	SLA4934G		
intificate No.	- /		Venice No.	SCHEYJEG	GST Registration No.	
Rcyholder Name	EU WEL KEONG				***************************************	
oduct Code	PRIVATE CAR INSURANCE		20000000	5075530000	Policyholder NRIC	S8900703H
			Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)			Contact No.(Office)	0	Contact No.(Home)	0
lail Address			Special Remark		eCode	No.
К	® No ○Yes		TCA	® No ○Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details			2000000000000000		USCONTON.	1000
ort Date	19/02/2019 14:	20	Accident Report Within 24 his		12/04/2020/03	
		D.O.	The state of the s	Yes	Accident Type	Damaged whilst parked
e of Accident	18/02/2019		Time of Academ hhomm	16:30	Country of Accident	Singapore
orting Centre			Orange Force		ICM No.	
dent Location	16A SUNGET KA	DUT WAY				
Escess						
n damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
arned Driver Excess		0.00	Outside Singapore OD Excess	600.00	V. 34-17-97-18-18-18-18-18-18-18-18-18-18-18-18-18-	
d Party Excess		0.00				
		0.00	Gutside Singapore TP Excess	0.00		
Benefits						
GST Registered Inform	ation					
Registered		No		GST Registration Date		
Registration No.				GST Status Verified	Yes	
Mication History						
Policyholder Mailing Ad	ddress					
fress 1	BLK 673 #11-39	17	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680673
ireas 4	CONTRACT STATES		Address Type	Singapore address	Post Code	
t No.			Related Policy Number		rom Loue	680673
OI Driver Info			Keleted Forcy Number	5106898770		
	Mary agent agent agent		B0000	101500		
our Name	EU WEI KEONG		Driver Type	Main Driver		
amed driver Name			Driver NRIC	58900703H	Driver DOB	14/01/1989
Ster Date of Driver License	22/11/2007		Driver Age	30	Driving Experience	11
rtact No.(Mobile)	92254106		Contact No.(Office)	0	Contact No. (Home)	0
ress 1	8LK 673		Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680673
iress 4			Address Type	Singapore address	Post Code	680673
	14 300			arriging to district	Foat Colle	000073
t No.	11-397					
es he own a Singapore pistered car?	① Yes ® No		Driver Vehicle No.		<b>Driver Insurer Company</b>	
aration						
athalyser or Blood Test	0 mg		Any injury?	○ Yes ® No		
ding?	55500		1000 (1819 AU			
Afication History						
W. W.						
aim 001 New						
n Type *	ОО-МХ	V	Insured Name	EU WEI KEONG	Insured NRIC	58900703H
tact No. (Mobile)	92254100			NIL		
	25.697.100		Contact No.(Home)	processor and the second	Contact No.(Office)	
iil Address	-		OI Vehicle Number	SLA4934G	TP Vehicle Number	GBC2934C
nant Type Claimant Type *	Please Select		Type of Benefit *	Please Select		
nant Name *		22	Claimant NR3C *			
nant Address			The state of the s			
Description	SLAASSAS LEGE	2934C DN 18 Feb 2019			Name of Body and Wash	
med Workshop Contact	SUMMON / GBC	Uni 10 Feb 2019			Name of Preferred Workshop	
and moreowy consect			Insured Liability *	Not at Fault		
uire Finalisation	Yes	V	Preferend Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received
Registered	19/02/2019 14:2	12	Claim Close Date	BUILDING BARRES	Date Received	19/02/2019 00:00
ort Taken By	Jackson			ALC: THE REAL PROPERTY OF THE PARTY OF THE P	\$162.5 \text{\tin}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{	Annual Company of the
Hire AK letter						
			(1)	Save Submit		
tachment						
ttachment						
dent No.	MT/1032717	811	Claim No.	001		
Doc. Received	● Yes ○	No	Upload Date	19/02/2019 14:23		
		Path *		Category *	Confidential Urgen	cy * Description *
		1771.5	Bear 1	CONTROL (CONTROL (C)) (CONTROL (CONTROL (CONTROL (CONTROL (CONTROL (CONTROL (CONTROL	12-0-10-12-13-13-13-13-13-13-13-13-13-13-13-13-13-	CO. (1997) (1997
			Browse.		V Normal	
			Browse.	Clear Please Select	W Normal	
			Browse	Clear Please Select	▼ No Normal	♥
			Drouge	Physical Stance Select	Tel Tel V Browni	- III

