NATIONAL Assessment C			Done	lav
Date In: 2/3/19-16-19	Jeb description	Date &Time Completed	Dolle	, oy
Ref No: Na NC19003914/24	SAS e-filing	1		
Veh No: 4V8337H	E-mail (within Shrs, AIC 2hrs)			E#(%
D.O.A: 28/2/19. 72.20	i-Motor Claim Form	M7/163434-01	2/3/19/17	1.11
OD / (TP) ! Reporting Only	i-Motor W/O (Within: OD 2)	and the same of th		
OD 7 Try reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF hisurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (	Tel: F	ax:	,
TP Particulars: Veh No	: NU 1984M INC	( )/Non-INC( )	11	
Owner / Driver: (		Tel:	)	
Policy No: (	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	84
Year of Registration: (	) Warranty: YES ( )/NO (	)	18.00	
Excess: (\$ ) Loading	g:\$1,000( )/\$2,000( )			
General Remarks;+		i dear the constant of	TOUR TO THE	
The same of the sa	er's information strictly Confidential & S			
( ) Total Loss Case : to e-mail		the street of reporter.		
( ) Total Loss Case : to e-mail	Insurer ORGENTLI.			
Defended Name 14 ( )	Taring Albert	m : - C - /	\$20	1
Drive-In ( )/ Towed-In ( );	Invoice: YES( ) / NO( );	Towing Co: (		)
Drive-In ( )/ Towed-In ( );  Remarks:- (INC hotline: 6788 6		Towing Co: ( Date&Time Completed	Done	by -
Remarks: (INC holline: 6788 6	616)		Done	) by
Remarks:- (INC hotline: 6788 6	616) ) / Courtesy Car ( )		Done	by -
Remarks:- (INC hotline: 6788 6	616) \		Done	) by
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	616) \		Done	) by
Remarks:- (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	616) \	Date&Time Completed		) by -
Remarks:- (INC horline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	616) \	Date&Time Completed	Done	) by
Remarks:- (INC horline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	616) \	Date&Time Completed		) by
Remarks:- (INC horline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	616) \	Date&Time Completed		by .
Remarks:- (INC horline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	616) \	Date&Time Completed		) Poy
Remarks:- (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co	616) \	Date&Time Completed		by
Remarks:- (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury:  Date/Time Actions	616) \	Date&Time Completed		
Remarks:- (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions	616)  ( )  ost > \$3000] ( )	Date&Time Completed		) by Add Bill
Remarks: (INC horline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Configury:  Date/Time Actions	1 Invoice Pr	Date&Time Completed  Date&Time Completed  cparation Checklist.  at Reporting (\$30);	Amit (5)	Am(3)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury:  Date/Time Actions  [Algorith*]  Islamant's Particulars:	Invoice Pr   1) AR: Accide   2) DA: Darrag   3) TF: Towing   3)	Date&Time Completed  cparation Checklist  nt Reporting (\$30);  Assessment (\$100); INC (\$4);  Fee \$44	Amit (5)	Am(3)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury:  Date/Time Actions  [Algorith*]  Islamant's Particulars:	Invoice Pr   1) AR: Accide   2) DA: Darrag   3) TF: Towing   4) FT: Follow-	cparation Checklist  at Reporting (\$30);  Assessment (\$100); INC (\$1,00);  Through Survey	Amit (\$) fit Bill 80) 0/\$45 \$120	Ami(3)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury:  Date/Time Actions    Algorithm   Actions   Particulars   Partic	Invoice Pr	cparation Checklist  at Reporting (\$30);  Assessment (\$100); INC (\$0);  Through Survey  Through Survey (Resurvey)	Anit (\$)   fse Bill   80)   0/\$45   \$120   \$30	Ami(3)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury:  Date/Time Actions    A   Polling     Injury:   Particulars   Pa	Invoice Property   1   AR : Accide   2   DA : Darmage   3   TF : Follow-For claiming   6   TR : Re-insp.   6   TR : Re-insp.	Date&Time Completed  cparation Checklist  at Reporting (\$30);  te Assessment (\$100); INC (\$100);  Fee \$40  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200)  section	Ant (\$) fit Bill 80) 0/\$45 \$120 \$30 i) \$75	Am(3)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury :  Date/Time Actions  Actions  Injury: Inimant's Particulars :-  river/Owner:	Invoice Property   1   1   2   2   3   4   5   5   5   5   5   5   5   5   5	Date&Time Completed  cparation Checklist  at Reporting (\$30);  to Assessment (\$100); INC (\$100);  Fee \$40  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2003)  section  A + SMRT Survey	Anit (\$) fst Bill 80) 0/\$45 \$120 \$30	Am(3)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury :  Date Time   Actions    Actions     Algorithms   Actions     Actions   Collingury   Collin	Invoice Property   Invoice Pro	Date&Time Completed  cparation Checklist  at Reporting (\$30);  re Assessment (\$100); INC (\$1  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2002) section  A + SMRT Survey  lional Services:-	Amit (\$) fst Bill 80) 0/\$45 \$120 \$30 \$) \$75 \$160	Camu(t)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury :  Date Time   Actions    Actions     Algorithms   Actions     Actions   Collingury   Collin	Invoice Pr	Cparation Checklist  at Reporting (\$30);  to Assessment (\$100); INC (\$1  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2002) section  A + SMRT Survey  tional Services:-  sy Car / Tpt Allowance	Xni((S))   fse Bill     80)   0/\$45   \$120   \$30   \$75   \$160   \$55	Amu(t)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions   Alloouty    Inimant's Particulars':-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Property   Invoice Pro	Date&Time Completed  cparation Checklist  at Reporting (\$30);  re Assessment (\$100); INC (\$100);  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200);  bection  A + SMRT Survey  lional Services:  sy Car / Tpt Allowance  Cn-ordination  epair Inspection	\$ Am(((\$))   fst Bill   80)   0/\$45   \$120   \$30   \$75   \$160   \$5   \$5   \$5   \$5	Amu(t)
Remarks: (INC hotline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Collingury :  Date/Time Actions    Actions   Actions     Alpolus   Actions     Actions   Actions     Actions   Actions     Alpolus   Actions     Alpol	Invoice Property   Invoice Pro	Date&Time Completed  cparation Checklist  at Reporting (\$30);  re Assessment (\$100); INC (\$100);  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200);  bection  A + SMRT Survey  lional Services:  sy Car / Tpt Allowance  Co-ordination  cpair Inspection  collect Excess Coordination	Am(C(S))    file Bill     800     00/\$45     \$120     \$30     \$775     \$160     \$55     \$510	Camu(t)
Remarks:- (INC horline: 6788 6  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjury:  Date/Time Actions	Invoice Property   Invoice Pro	Date&Time Completed  cparation Checklist  at Reporting (\$30);  re Assessment (\$100); INC (\$100);  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200);  bection  A + SMRT Survey  tional Services:  sy Car / Tpt Allowance  Co-ordination  cpair Inspection  collect Excess Coordination  TP (Non INC) against INC	Anit (\$) fseBill 80) 0/\$45 \$120 \$30 5) \$75 \$160	Amu(t)

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
  6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIDENT STATEMENT

Date Of Report	02/03/2019 16:59
Date Of Accident	28/02/2019 22:30
Exact Location Of Accident	SIMS WAY TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
20 p. 1941 - 14 1 British 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GV8335H
Insured/Policyholder	
Name Of Registered Owner	BAK HENG MOTOR REPAIRING CO
Co Reg No	23566000X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091611465-01
Cover Note Number	
Driver	
Name of Driver	OH KONG LAM
NRIC No	S7573665G
Date Of Birth	04/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90611373
Fax Number	
Contact Number	OFFICE-90611373
EMail Address	NOEMAIL

Address BLK 23 HOUGANG AVENUE 3 #08-281

....

Postcode 530023

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**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

SLU3984M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number S7584147G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CHEW MINGREN

Page 2 of 13

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 it. 1.30
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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)

- (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. disclose and/or process my personal data/personal information set out in this [form] and disclose and transfer to be direct, use, provided by me or possessed by my instructions. 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 (all insurers' lawvers/law first insurers'). 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 the collectively referred to as the "insurers"). Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary nvestigations 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
- 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 or

BAK HENG MOTER REPAIRING CO. ................. Policyholder's Signature Date & Time: STARSE SHOULD PLANT FROM SET

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

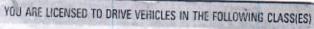
# ACCIDENT STATEMENT

18	ACCIDENT DATE: (28 / 1 / 19.)(DD/A	MM/YYYY), TIME:( 2 : 3.0. )(HH:MM
	LOCATION: Jims way tuck PIE (Tugs	
	1. DETAILS OF VEHICLE	¥
	a) VEHICLE NUMBER: 6 V 8335 H	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b)INSURANCE COMPANY: NTUC	1
	C)POLICY NUMBER: 5 09 161 146 J- 21	
	d)POLICY TYPE: (COMPREHENSIVE / TH	HIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /VAN g)VEHICLE CATEGORY: (PRIVATE / COI h)PURPOSE OF USING AT ACCIDENT TH	MMERCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOUR ON IF NO, PLEASE STATE (THIRD PARTY CL	WN INSURANCE (YES/NO) AIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	
	A)NAME: BG/c Hing Motor Repair b)NRIC/FIN/PASSPORT: 23566000x	CONTACT:
90 SE	c)ADDRESS:	5.2-5.102501659405
	* CONTINUE TO A LIBERT	1. A
XLID OF SEE	* CONTINUE TO 3.d IF DRIVER ALSO PO	LICY HOLDER
Ho of passon	3. DRIVER	
	er) a)NAME: oh long lam	(MAJE / FEMALE)
(1.5	b)NRIC/FIN/PASSPORT: 575736654	CONTACT: 906(1373)
	CIADDRESS: Blic 23 Hanging Avenue	3 \$188-281 (\$30023)
	*diDate of Digital A	7.22
	*d)DATE OF BIRTH: (4 / 1/19%	_)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR	2)
	f) YEARS OF DRIVING EXPRERIENCE:	30/8/1997.
	4. WAS DRIVER AN EMPLOYEE OF THE I	INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED: Hat.
	5. a) WEATHER CONDITION: (OLBAR / RAIN	ING / OTHERS
	DINOND SUKFACE: (DK) WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a)REPORTED TO POLICE (YES / NO)	Newport Control   100
	IF YES, PLEASE STATE WHICH POLICE ST.	ATION:
He of parrane	B. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SLO3984M.	
1 d h	d) VEHICLE NUMBER: 500 FYM.	MODEL:
including driver	) DI DELLER 2 NAME: WER WINDLEN	
( )	C) NKIC/FIN/PASSPORT: 47584/476	CONTACT:
7	. THIRD PARTY VEHICLE	
No of passenge	d) VEHICLE NUMBER:	MODEL:
Indudios dela	e) DRIVER'S NAME:	
mering any	f) DRIVER'S NAME:	CONTACT
( )		
	12	

email = mycar. fax = VIDEO =X.







EFFECTIVE DATE

Class 2B Motorcycles =< 200 ce 30 Aug 1997
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Aug 1997
of the driver; and other motor vehicles =< 2500kg

NP 428A



AHIC No. S7573665G

Date of Insula

08-07-2014

Address

APT BLK 23 HOUGANG AVENUE 3
#08-281
SINGAPORE 530023

<b>eBao</b> Tech	Genera								<b>IClaim</b>	
Hello, NAC_PAYA_UBI_80	0601	The second secon			• Change	Language	• Chan	ge Password	• Log Out	
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.			Date	of Accident		28/02/2019	22:30		
	Vehicle No.(For Motor)	GV8335H		Certifi	cate Number	- 1				
			1	Search						
		Certificate Policyholder Number Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5091611465- 01	BAK HENG MOTOR REPAIRING CO	23566000X	GCV	Third Party	GV8335H	GV8335H	27/11/2018	26/11/2019	
				Continue	1					

Certificate	5091611465	-01	Policyholder Name	BAK HENG	MOTOR REPAIRING (	Policyholder NRIC	23566000X	
No.	SERVICE I	1 100						
ddress	BLK 5032 #1	01-291 ANG MO KIO	IND PARK 2	SINGAPORE	569535			
roduct lame	COMMERCIA	L VEHICLE INSURAI	Plan			Group Policy Flag	N	
folicy ssue Date	21/11/2018		Effective Date	27/11/2018	00:00	Expiry Date	26/11/2019 23	3:59
xcess ype			All Claims Excess					
hird Party Excess	0		Own damage Excess	0		Windscreen Excess	0	
Additional excess			OS Premium	0				
Outside Singapore OD Excess			Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	Nita Pte Ltd		Agent Tel.	62721221		GST Flag	Y	
co- nsurance lag Open lolicy nfo	No							
ertificate nfo								
<ul><li>Policy!</li></ul>	holder Mailir	g Address						
ddress 1	BLK	5032 #01-291	Addre	ess 2	ANG MO KIO IND P	ARK 2	Address 3	SINGAPORE 569535
ddress 4			Addre	ess Type	Singapore address		Post Code	569535
Init No.			Relate	ed Policy er	5091611465-01			
D Insure	ed Object: GV	/8335H						
	comente							
□ Endors	*Cincincs							

Claim Handling					
Accident MT/1034324 Policy No.	5091611465-01	Mahirla No	CHANCH	COT Description No.	
Certificate No.	2041211403-01	Vehicle No.	GV8335H	GST Registration No.	
Policyholder Name	BAK HENG MOTOR REPAIRING CO			Harts was transfer states	0.2001.070000
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Policyholder NRIC	23566000X
Contact No. (Mobile)	0	Contact No.(Office)	0	Loading	0
Email Address	100	Special Remark		Contact No.(Home)	0 (s) V
клж	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	Tar V
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No.
Accident Details	0.00	read Entire interest and	10	Private mire	No
Report Date	02/03/2019 17:20	Accident Report Within 24 hrs	Van	hgs.6s.61420040	112384-0010-0010-0010-0010-0010-0010-0010-00
Date of Acodent	28/02/2019			Accident Type	Collision - Change / Cross lane
Reporting Centre	2010220019	Time of Accident hh:mm	22/30	Country of Accident	Singapore
Accident Location	SIMS WAY TWDS PIE (TUAS)	Orange Force		ICM No.	
T Excess	SING WAT TWOS PIE (TUAS)				
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	1.55000	Outside Singapore OD Excess		Windscreen Cacess	0.00
Third Party Excess	0.00	Outside Singapore TP Excess			
▽ Benefits		ones ingepoe in cases			
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Hodification History					
Policyholder Mailing Ad	Mare				
Address 1	BLK 5032 #01-291	Address 2	AND NO MO THE STATE S	(Applicate	120020202020
Address 4	BUK 2002 #01-291		ANG MO KIO IND PARK 2	Address 3	SINGAPORE 569535
lin≥ No.		Address Type	Singapore address	Post Code	569535
♥ OI Driver Info		Related Policy Number	5091611465-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OH KONG LAM	Driver NRIC	57573665G	Driver DOB	04/07/1975
Register Date of Driver License	30/08/1997	Driver Age	43	Driving Experience	21
Contact No.(Mobile)	90611373	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	BLX 23	Address 2	HOUGANG AVENUE 3	Address 3	HOUGANG VIEW
Address 4	\$1NGAPORE 530023	Address Type	Singapore address	Post Code	530023
Unit No.	08-261				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathelyser or Blood Test		enemosones	SCORPORTE W		
Reading?	D mg	Any injury?	○ Yes ® No		
Hodification History					
Claim 001 New					
Claim Type *	00-MX	Insured Name	BAK HENG MOTOR REPAIRING (	Insured NRIC	23566000X
Contact No.(Mobile)		Contact No.(Home)	CHILD TO THE TAX THE	Contact No.(Office)	64816829
Email Address		Of Vehicle Number	GV833SH	TP Vehicle Number	SLU3984M
Claimant Type Claimant Type *	Please Select 🗸	Type of Benefit *	Please Select		
Claimant Name. *	22	Claimant NRIC +			
Claimant Address					
Claim Description	GV8335H / SLU3984M ON 28 Feb 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/03/2019 17:21	Claim Close Date		Date Received	02/03/2019 00:00
keport Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
•					
Accident No.	MT/1034324	Claim No.	100		
Last Doc Received	® Yes ○ No.	Uproad Date	02/03/2019 17:22		
	Path *		Category *	Confidential Urgen	y • Description •
		Browse.	I seemed property and the seemed and	▼ Normal	V
		Browse.		V HO V Normal	
		Browse.		V NO V Normal	V
		Browse.		V Normal	V
		arowse.	The same of the sa	→ Incomai	120

