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Date In: Uply - 15:09	SAS e-filing			
Res Nong Lucison 17 /24				
Vch No: 34 V 197 67	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1/3/19-12:32	i-Motor Claim Form	M7/1034460-001	4)3/19 15:	η-
OD TP Reporting Only	i-Motor W/O (Within: OD:	2hrs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor	t i		
	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: YN	1917L INC	()/Non-INC()	1	
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%]	10
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-		I des l'Esperante de la company		, (
() Walk-In Customer : Customer's in	The state of the s			
() Total Loss Case : to e-mail Inst	urer URGENTLY.	the state of the state of		
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Towing Co: ()
n constant				41.
Remarks:- (INC hotline: 6788 6616)	The second secon	Date&Time Completed	Second	бу
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()		7	·
21 OC Check / Post Repair Inspection				
	P20003 ()			
Upload Resurvey Photo [Repair Cost>	\$3000] ()			
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			
Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			\$ 100 Pt.
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Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions		reparation Checklist:	Ant (5)	(Amt(3)
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAI 90 169 laimant's Particulars:	Inveice P 1) AR: Accid 2) DA: Dama	ent Reporting (\$30); ge Assessment (\$100); INC (\$	ficBill 80)	
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July: Date/Time Actions Actions Injury: Date/Time Actions Injury: Injury: Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection A + SMRT Survey	16 Bill 80) 0/545 5120 530	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	04/03/2019 15:04	
Date Of Accident	01/03/2019 10:00	
Exact Location Of Accident	JURONG EAST ST 24 OPEN SPACE CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGV4976J	
Insured/Policyholder		
Name Of Registered Owner	WONG SAI CHEK	
NRIC No	S2565599J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98250836	
Alternative Phone No	OFFICE-98250836	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MAZDA5 SP	
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	5050479327-07	
Cover Note Number		
Driver		
Name of Driver	WONG SAI CHEK	
NRIC No	S2565599J	
Date Of Birth	24/10/1963	
Occupation	INDOOR	
Date Of Driving Pass	20/01/1994	
Driving Experience	25 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number (LOCAL) +65-98250836		
Fax Number		
Contact Number OFFICE-98250836		

NOEMAIL

Address

BLK 322A JURONG EAST STREET 31

#08-260

Postcode

601322

Was driver an employee of the Insured's Company NO

was driver an employee of the modred's company i

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

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)

NO

soliciting/offering accident claims assistance.

0

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? 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

YN2955L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MARIYAPPAN MANIBALAN

NRIC/Passport Number

G2062756K

Contact Number

86564745

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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:
 - (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
- 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

NRIC/FIN No .:

SKETCH PLAN

I was parked at Jurong East Street 24 open parking. When I came back to collect my car, there was two person waiting for me. The drivertold me that they reversed and collided into the right front portion of my vehicle. I did not make a report because they said that they will private settle with me. After few day, they told me that they do not want to compessate me and ask me to make an accident report. Therefore, I made a late report.	ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
that they reversed and collided into the right front portion of my vehicle. I did not make a report because they said that they will private settle with me. After few day, they told me that they do not want to compesate me and ask me to make an accident report. Therefore, I made a	I was parked at Jurong East Street 24 open parking. When I came back
that they reversed and collided into the right front portion of my vehicle. I did not make a report because they said that they will private settle with me. After few day, they told me that they do not want to compesate me and ask me to make an accident report. Therefore, I made a	to collect my car, there was two person waiting for me. The drivertold me
I did not make a report because they said that they will private settle with me. After few day, they told me that they do not want to compesate me and ask me to make an accident report. Therefore, I made a	that they reversed and collided into the right front portion of my vehicle.
with me. After few day, they told me that they do not want to compesate me and ask me to make an accident report. Therefore, I made a	I did not make a report because they said that they will private settle
me and ask me to make an accident report. Therefore, I made a	with me After Sen day they told me that they do not want to compesate
	me and ask me to make an accident report. Therefore, I made a
late report.	
	late report.

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.:

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. 0
- 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 4 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 a said and	01.03.2019	(DD/MM/YY)
Date of accident Time of accident	10:00 am.	(HH:MM)
Exact location of accident	Jurong East Street 24 open parking	

The state of the s	DETAILS OF VEHICLE	34
Vehicle registration number	SGV 4976 J	
Vehicle make and model	Mazda 5	
Type of vehicle	Saloon MPV CRV Van U	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes D No d if no, please select: Third part claim D Reporting only D	

THE SAME NOW BOTH THE PROPERTY.	INSURANCE IN	FORMATION	A STATE OF S
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive D	Third party fire & theft	TP only [

INSURED / POLICY HOLDER				
Name	Wong Sai Chek Male Female			
NRIC / Fin / Passport number	825655997			
Contact	9825 0836			
Address	APT BIK 322A Jurong East Street 31 # 08-260 \$ (601322)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male 🗹 Female 🗆
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	24 / 10 / 1963
Occupation	Indoor 🗷 Outdoor 🗆
Driving date pass	20.01.1994

	Yes□	No 🗆	OF THE ACCIDE		
as driver an employee of	res u	tionship of t	he driver and insu	red:	
ne insured's company?		No.	ile diliver and mos		
ccident captured by camera?	Yes 🗆		Others:		is in a
Veather condition	Clear		J Chiefsi	14 15	
toad surface	Drye	Wet 🗆		(Inclusive	of driver
lo of passenger	0			(moreonee	
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Name					-
Gender	Male	Female i]	,	
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AND THE RESIDENCE	R. C.	PASSEN	GER 2	SALE SALES SERVICES	
Name	0.0-1-	Comple			
Gender	Male 🗆	Female			
	SALE S	PASSEN	GER 3		CHARLE
Name					
Gender	Male 🗆	Female			
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	MAIN SAME	PASSEN	GER 4	一种大学大学大学	
Name		Management of the Party of the		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
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Gender					
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	Male 🗆	Female			
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THE RESERVE OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO					
Name	Male	Female			
Gender	TVIBIC LI				
NOR OF THE STATE O	A STREET	OTHER INF	ORMATION	LE THE THE PERSONS	
Was anybody injured?	Yes 🗆	Nop			
Was other vehicle damaged?	Yes 🗹	No□			
vvas otilei veille same					
The Sand Sand Service with	STORY OF THE PARTY		OLICE ACTION	eta which police station	M. Divier
Reported to police?	Yes 🗆	No	If yes, please st	ate which police station.	
Police station name					
		MATE	NESS 1	A STATE OF THE STATE OF	CHEST WA
	No.	WIII	Les L		mish-ul-car
Name		/	54		
	THE PARTY NAMED IN	VALLE	NESS 2		Parks 7
1000年,1000年的高级国际发展,1000年,1000	ALC: UNKNOWN	WILL THE VILLE	VESS 2	RECORD OF THE PARTY OF THE PART	Name of Street, or other

THE RESERVE AND THE PARTY OF TH	THIRD PARTY VEHICLE 1
Vehicle registration number	YN 2955L
Vehicle make model	
Name	Mariyappan Manikalan
NRIC / Fin / Passport number	G 2062756 K
Contact	8656 4745
PARTY TO THE PARTY	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
AND THE RESERVE OF THE PARTY OF	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 6
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NRIC / Fin / Passport number	
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Maria Company	THIRD PARTY VEHICLE 7
M. Lida as distantian assailan	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THE REPORT OF THE PARTY OF THE		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
And the first the section of	· 图 \$10.00	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	and the same of th	
图 350 年64 5 4 5 4 5 4 5		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆 /
hospital by ambulance?		_/
	CONTRACTOR OF THE PARTY OF THE	
CALIFORNIA SERVICE PROPERTY		INJURED PERSON 4
Name		INJURED PERSON 4
Injuries sustained	1 2 2	INJURED PERSON 4
Injuries sustained Which vehicle person in?		
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No INJURED PERSON 5 No IND
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED PERSON 5 NO D INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No D INJURED PERSON 5 No D No D INJURED PERSON 6











Certificate of Insurance

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

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

Certificate Number: 5050479327-07

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGV4976J

Chassis Number

: JM6CR10F170104861

2. Name of Policyholder

: WONG SAI CHEK

3. Effective Date of Insurance

: 18 Jun 2018

4. Expiry Date of Insurance

: 17 Jun 2019

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 headings.

EXCESS (SECTION 1)

: 5\$600

EXCESS (SECTION 2)

: N/A : 5\$100

WINDSCREEN EXCESS

: N/A

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: WONG SAI CHEK

NAMED DRIVER (1)

: MAY YEN YEN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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

: LIM THIAM CHOON (00000524243)

Date of Issue

: 13 Jun 2018 10:44 hrs

: 13 Jun 2018 10:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		Co-CLASS, NACLASSIA			→ Change	Language	• Chang	e Password	· Log Out
My Desktop	Policy Query									23
Notice of Loss	Policy No.				Date	of Accident	0	1/03/2019 1	0:00	
	Vehicle No.(For Motor)	SGV49	763		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5050479327- 07		WONG SAI CHEK	525655993	GPC	drivo CLASSIC	SGV49763	SGV49763	18/06/2018	17/06/2019
				100	Continue	1				

Supply Land	5050479327-07	Policyholder	WONG SAI	CHEK	Policyholder	\$25655991	
40000000000	30304/932/-0/	Name	WUNG SAI	CHEK	NRIC	2520223431	
Certificate No.							
Address	BLK 322A #08-260 JURONG E	AST STREET 31	SINGAPORE	601322			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/06/2018	Effective Date	18/06/2018	3 00:00	Expiry Date	17/06/2019 23	59
Excess Type		All Claims Excess					
Third		Own			Miledania		
Party Excess	0.0	damage Excess	600.0		Windscreen Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Young/	Inexperience Driver Excess
Agent	LIM THIAM CHOON	Agent Tel.	62149877		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info							
	holder Mailing Address						
Policy	holder Mailing Address BLK 322A #08-260	Addr	ess 2	JURONG EAST ST	REET 31	Address 3	SINGAPORE 601322
Policy		147.05	ess 2 ess Type	JURONG EAST STI Singapore address		Address 3 Post Code	SINGAPORE 601322 601322
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cident MT/1034460 Hcy No.					
unit total	5050479327-07	Vehicle No.	5GV49763	GST Registration No.	
rtificate No.					
cyholder Name	WONG SAT CHEK			Policyholder NRJC	\$2565599)
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No (Mobile)	98250836	Contact No.(Office)	a	Contact No.(Home)	0
ii Address	V023030			90	
		Special Remark	2010:231	eCode	14: 💙
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	Yes	NCD Entitlement(%)	90	Private Hire	No
Accident Details					
ort Date	04/03/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
of Accident					
	01/03/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
rting Centre		Orange Force		ICM No.	
tent Location	JUNONG BAST ST 24 OPEN SPACE CARPARK				
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
med Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Party Excess	0,00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ition				
tegistered	No		GST Registration Date		
Registration No.			GSY Status venfied	Yes	
Scation History					
Policyholder Halling Ad	dress				
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	MAN PERSON TWO CON		JURONG EAST STREET 31	Address 3	SINGAPORE 601322
ess a		Address Type	Singapore address	Post Code	601322
No.	06-260	Related Policy Number	5050479327-07		
OI Driver Info					
r Name	WONG SAI CHEK	Driver Type	Main Driver		
med driver Name		Driver NRIC	\$2565599)	Driver DOB	24/10/1963
ter Date of Driver License	20/01/1994	Driver Age	55	Driving Experience	25
act No.(Mobile)	98250836	Contact No.(Office)	0	Contact No.(Home)	0
ess 1	BLK 322A	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 601322
ess 4		Address Type	Singapore address	Past Code	601322
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