NATIONAL Assessment Co	entre Services	wet 1 Jan'05 M	11 1419030672.		
Date In: 6/1/19 - N: Jy	Jeb descriptio	n	Date &Time Completed	Den	ie pi
Reino: NA INCID OUTHVIN	SAS e-filing				
Veh No: 104 78175.	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A: 17119 - 18:00	i-Motor Cla	im Form	M1104874-001	612/12/1	ls u
	i-Motor W/	O (Within: OD 2hr		1	V-14
OD / TP Reporting Only	i-Photo Upl	oaded			
TD 1	Assessment/S	Survey Report			
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW				Fax:	
TP Particulars: Veh Nos	4R977P.	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()		
	\$1,000 ()/\$2,000				
General Remarks:	MATERIA TENENDE PROPRIO PROPRIO	PROSESSION NO. N. 62 A	A STREET, SAN TO A STREET	श्चिम्ब स्थान	
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() Walk-In Customer: Customer's	THE RESERVE AND ADDRESS OF A PERSON NAMED IN COLUMN 2	infidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.	To the second second			
Drive-In ()/ Towed-In (); In	voice: YES () / 1	NO(); To	owing Co: ()
ni tanan masarahan da		No. of Control of Control	3	ENDONARRATIO	Wide In
Remarks: (INC horline: 6788 661	A SECURE AND SECURE AND ADDRESS OF THE PARTY		Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/Courtesy Car ()		To the second	- 1901 VISC 1
2) QC Check / Post Repair Inspection	()		in a	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	-		
Injury:					
Date/Time Actions			and the street	CHICKEN STRUCTURES	W. W. 180
Date/Time Actions		10000	erican execution security	PERSON I	e _p romite
			6	AND ADDRESS OF THE PARTY OF THE	
	State of the state			7	
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		100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Anif (S)	Amt (3
MA 190 17 37	- 9	Invoice Prep	aration Checklist	fit Bill	Add Bil
laimant's Particulars :-		1) AR : Accident l			
		2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$	0/\$45	
river/Owner:		4) FT : Follow-Th		\$120	
ontact No:		5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
armaged Portions		6) TR : Re-inspect	ainst INC Only (wef 10 Jan 200) ion	\$75	
maged Portion:		7) N1 : Idao DA +	SMRT Survey	\$160	
		8) NTUC Addition	nal Services:-		
Checked by (Engr-In-Charge):	34	OD* .	Car / Tpt Allowance	\$5	
		*N6: Repair Co		510	
iditors' Comments:-		*N7: Fost Repni	ir Inspection	\$25	
1:			et Excess Coordination	\$5 \$20	-
MACO	W	TP (N11): TP (9) N12: Ideo Mobi	Non INC) against INC	30	*,
. 2/3:		Invoice dated	Fee Charged	-	win je
		Invoice dated	Fee Charged	SERVIN Y	0

in parts that

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	06/03/2019 15:54
Date Of Accident	05/03/2019 18:00
Exact Location Of Accident	YISHUN AVE 1 TWDS YISHUN AVE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH5817S
Insured/Policyholder	
Name Of Registered Owner	TAN YONG HAO
NRIC No	S9590244H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88775995
Alternative Phone No	OFFICE-88775995
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.6 MT
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	5102880683
Cover Note Number	
Driver	
Name of Driver	TAN YONG HAO
NRIC No	S9590244H
Date Of Birth	05/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88775995
F100 U.B. 4 000 L.4 0000	

OFFICE-88775995

NOEMAIL

Address BLK 865 YISHUN STREET 81

#05-07

Postcode 760865

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

- 1

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LOW ZHI YA TANYA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES
VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SGR973P

Vehicle Make/Model/Colour

AUDI A4

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)

to. Of Passenger (melading briter)			
DETAILS OF INJURED PERSON 1			
Name	TAN YONG HAO		
Approximate Age			
Injuries Sustain	NECK & BACK		
Injured person in which vehicle?	SJH5817S		
Were seat belts worn?	YES		
Was this injured conveyed to hospital by ambulance?	NO		
Address			

Address Postcode

DETAILS OF INJURED PERSON 2

Name LOW ZHI YA TANYA

Approximate Age
Injuries Sustain NECK & BACK

Injured person in which vehicle? SJH5817S
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

ambulance?
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)
 - 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 .:

	1 1	A 1	
			A: 82H 58175
			A . 9
			B: 8GR 973P -
	B	Sens	
		> 4	
	A		
		Shun	
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
-			
		ISHUN AVE	
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I have to			but to no argil. the fl
nas bet,		as ranky +	has causing my body
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too hard	to awid f	4 rollision.	but to no orgil enus
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11 72 11 12			
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VANCOUS			
ARATION			
ARATION declare the foregoing particu	lars are true in every re	espect.	

Policyholder's Signature Date & Time;

 $(2459777,3097167507)\times 1/363$

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

Reporting Centre Personner'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.
 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.

Accident details

Date and time of accident	Date: 4 03	1/2019	(DD/	MM/YY) T	ime: 17:59	(HH:MM)
Exact location of accident	YISHAN	AVE 1	TWOS	YISHUN	ALE 2	

Details of vehicle

own insurance company?	Third part	No 🗆	Reporting	se select: g only \Box		
Are you claiming under your	Yes 🗆	No. =	16 mm mlm			_
Purpose of using at said time	LEISY	RE				
Vehicle category	Private 🗹	Comme	ercial 🗆	Motorcy	rcle 🗆	
	Lorry	Bus 🗆	Moto	rcycle 🗆	Others:	
Type of vehicle	Saloon 🗹	MPV 🗆	CRV	Van	10	
Vehicle make and model	SHEW	Suzuki	Swift SI	port		
Vehicle registration number	SOH	58175				

Insurance information

NTUC		
5102880683		1
Comprehensive 🗹	Third party fire & theft	TP only
	5102880683	5102880683

Insured / Policy holder

Name	TAN YONG HAD	Male 🗹 Female 🗆
NRIC / Fin / Passport number	595902441-1	
Contact	88775995	
Address	BUC 865 415HUN ST 81 405-07	\$ 760865

Driver Same as insured above a (skip to D.O.B)

Name	TAN YONG HAD Male of Female
NRIC / Fin / Passport number	5959024411
Contact	88775995
Address	BUK 863 415HUN ST 81 405-07 5760865
Email address	
Date of birth	05/09/1995
Occupation	Indoor D Outdoor D
Driving date pass	19/09/2013 08/12/2016

General information of the accident

Was driver an employee of	Yes D No.	lest
the insured's company?	If no, relationship of the driver and insured:	ag
Accident captured by camera?	Yes 🗹 No 🗆	
Weather condition	Clear Raining Others:	
Road surface	Dry □ Wet 🗹	
No of passenger	2	(Inclusive of driver
Passenger 1		
Name	LOW ZHI YA TANYA	The second secon
Gender	Male Female	
Gender	Male Female	
Passenger 3	Male Female	
Name		
Gender	Male Female	
Passenger 4		
Passenger 4 Name		
	Male Female	
Name	Male D Female D	
Name Gender	Male Female	

Name		
Gender	Male 🗆 Female 🗅	

Other information

Was anybody injured?	Yes 🗹	No 🗆	
Was other vehicle damaged?	Yes 🗷	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No Ø	If yes, please state which police station.
Police station name			/ - / Post of the control post of station.

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	S4R 973 P	
Vehicle make model	AUDI 94	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
Witness 2	
Name	

Injured person 1

Name	LOW ZHI YA TANYA	
Injuries sustained	BACK & NECK	
Which vehicle person in?	FRONT PASSENGERZ STH S8175	
Were seat belts worn?	Yes n No n	- 10-2
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗗	

Injured person 2

Name	TAN	YONG HA	0	
Injuries sustained	BAC	k 3 NEUK		
Which vehicle person in?		VER	STH58178.	
Were seat belts worn?	Yes &	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗹		

Injured person 3

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







1 of 2

Report No. L/20190306/2054

POLICE REPORT (NP322)

Police Station Of Origin Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Date/Time Report Made 06/03/2019 13:24	Vide Report No.			Station Diary No. 60	
Name Of Informant	Address	5			
TAN YONG HAO	APT BLK 865 YISHUN STREET 81 #05-07 SINGAPOI 760865				
ID Type / ID No. NRIC NO / S9590244H	Contact Home/C		Mobile 88775995		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
LANDSCAPE CONTRACTOR	Male	23	05/09/1995	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 18/02/2019 17:00 - 18/02/2019 17:00	Location Of Incident C/O 1 LOWER KENT RIDGE ROAD NUH MEDICAL CENTRE SINGAPORE 119082 at Fusion Polis area				

Brief details.

Property Information

On the above mentioned date, time and place, I have misplaced the below mentioned item.

Signature Of Officer Recording The Report:	Signature Of Informant:
L / Staff Sgt ROZITA BINTE JANTAN	Yest
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2019 13:24
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 MUHAMMAD FAIDHI BIN ROZZID Contact No.: 64660000	Classification Of Case:
Authentication Stamp	ELIDO hattina acceptant 00400045

FUPO hotline number: 68429645





POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. L/20190306/2054

S/N	Item	Туре	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		S'pore driving licence belong to TAN YONG HAO S9590244H

Signature Of Officer Recording The Report:

L / Staff Sgt ROZITA BINTE JANTAN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 MUHAMMAD FAIDHI BIN ROZZID Contact No.: 64660000

Authentication Stamp

Signature Of Informant:

Date/Time: 06/03/2019 13:24

Classification Of Case:

FUPO hotline number: 68429645



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: 5102880683 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyhalder'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.

SIH58175

: JSAEZC31S00202440

: TAN YONG HAD

: 10 Aug 2018

09 Aug 2019

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.

EVERSE ISSUEDICE.	
EXCESS (SECTION 1)	; S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN YONG HAO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: QUAN FENG INVESTMENTS (SINGAPORE) 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

INSURE LINK PTE LTD (00000614836)

Date of Issue

08 Aug 2018 17:54 hrs

Countersigned By:

Authorised Officer

Chief Executive

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Policy No.	5102880683	Policyholder Name	TAN YONG	S HAO	Policyholder NRIC	S9590244H	
Certificate No.		No.			Mide		
Address	BLK 865 #05-07 YISHUN STR	EET 81 SINGAPO	DRE 760865	5			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/08/2018	Effective Date	10/08/201	18 00:00	Expiry Date	09/08/2019 2	23:59
Excess Type		All Claims Excess					
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			Young	g/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 865 #05-07	Addre	ess 2	YISHUN STREET 81		Address 3	SINGAPORE 760865
Address 4		Addre	ess Type	Singapore address		Post Code	760865
Unit No.		Relat Numi	ed Policy ber	5102880683			
	ed Object: SJH5817S						
) Insure							
D Insure	sements						

cident HT/1034874	#UNDARROWS **	Washington IV	740730000	2000 P. 2000 P	
Hey No.	5102880683	Vehicle No.	S3H5817S	GST Registration No.	
ertificate No.					
olicyholder Name roduct Code	TAN YONG HAD PRIVATE CAR INSURANCE	THE COLUMN TO SERVICE STATE OF THE	Carrier and an array	Policyholder NRJC	59590244H
	88775995	Cover Type	drive CLASSIC	Loading	0
ontact No. (Mobile) men Addreso	88775995	Contact No.(Office)	0	Contact No.(Home)	0
rk :	O to China	Special Remark		eCode	n. V
	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	06/03/2019 16:13	Accident Report Within 24 hrs	Yes	Acodere Type	Collision - Change / Cross lane
the of Accident	05/03/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
porting Centre		Orange Force		ICH No.	
cident Location	YISHUN AVE I TWDS YISHUN	AVE 2			
Excess					
en damage Excess	600.0	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.0	Outside Singapore OD Excess	600.00		
ird Party Excess	0.0	O Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
	ARO E				
Policyholder Mailing Ar			N-94 00 00 00 00 00 00 00 00 00 00 00 00 00	\$78000000 TUR	
idress I	BLK 865 #05-07	Address 2	VISHUN STREET 81	Address 3	SINGAPORE 760865
toress 4		Address Type	Singapore adoress	Post Code	760865
Ht No.		Related Policy Number	5102880683		
OI Driver Info					
iver Name named driver Name	TAN YONG HAD	Driver Type	Main Driver		
		Driver NRIC	59590244H	Driver DOB	05/09/1995
gister Date of Driver License		Driver Age	23	Driving Experience	2
intact No.(Mobile)	88775995	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 865	Address 2	VISHUN STREET 61	Address 3	SINGAPORE 760865
dress 4		Address Type	Singapore address	Post Code	760865
16 No.	05-07				
nes he own a Singapore igistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test lading?	0 mp	Any injury?	⊕ Yes ○ No		
idification History					
en Buch					
Claim 001 New					
im 7ype •	OD-MX	Insured Name	TAN YONG HAD	Insured NRIC	\$9590244H
ritact No. (Mobile)		Contact No.(Home)		Contact No. (Office)	
all Address		Of Vehicle Number	SJH58179	TP Vehicle Number	SGR973P
imant Type Claimant Type+	Please Select V	Type of Benefit *	Please Select		
mant Name *	Contract of the Contract of th	>> Claimant NRIC *			
mant Address					
im Description	SJH5817S / SGR973P ON 5 Ma	er 2019		Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability +	Not at Fault	Contract Contract Processing	
quire Finalisation	Yes	- 1700 P. C.		GIA report	Received
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re Registered		Carri Close Date		Date Received	06/03/2019 00:00
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