NATIONAL Acceptement from			
NATIONAL Assessment Cent	re dervices. [well Jan'05] M	NA11986177	
Date In: (8 3)19-19:17	Jeb description	Date & Time Completed	Done by
Ref No: 4A) 14 cig voysaggru	SAS e-filing		
Veh No: SkyyingL	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/3/9-21:00	i-Motor Claim Form	MT 1036443-001	813/19 19:2
OD : P Reporting Only	i-Motor W/O (Within: OD 2hr		917 910
OD . Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn	
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: 5 4 58	DIC (		ax:
Owner / Driver: (	INC(	Tel:	· ·
	eriod: (	Cover Type: (	
Confirmed by : (	Date:	Time:	
	[Note-Est. Status (WO): N: 0-2		00%1
	Warranty: YES ( )/NO (		
	000 ( )/\$2,000 ( )		
		A. Shannan . J. W. T. Z. Com Cr	COURT OF THE COURT
General Remarks:-			3.00
( ) Walk-In Customer: Customer's info	ormation strictly Confidential & Str	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur		N 12 1 1	
Drive-In ( )/ Towed-In ( ); Invoice			<del></del>
	e. 125( ), NO( ), I	owing Co: (	
Remarks:- (INC hotline: 6788 6616)	Superior of Contract Contract	Date&Time Completed	Doneby
1) Apply for Transport Allowance ( )/(	Courtesy Car ( )		1000
2) QC Check / Post Repair Inspection	( )	<del></del>	
3) Upload Resurvey Photo [Repair Cost > \$3	( )		
	30001 ( )		
	3000] ( )		
Injury:	3000] ( )	~	
Injury:	3000] ( )		
Injury:	3000] ( )		San Carry
Injury:	3000] ( )		Section 18
Injury:	3000] ( )		September .
Injury:	3000] ( )		SEAST METERS AND ASSESSED.
Injury:	3000] ( )		Particular Property of the Control o
Injury :	3000] ( )		Mariner.
Injury :	3000] ( )		STATE OF THE STATE
Injury:  Date/Time Actions		aration Checklist.	Anic (S) Ar
Injury:  Date/Time Actions  HA Insign	Invoice Prep	REPORT OF STREET STREET, ST. 15	Ant((S)) Art
Injury:  Date/Time Actions  HA Inalegy  Limant's Particulars:-	Invoice Prep  1) AR : Accident 2) DA : Damage A	Reporting (\$30); Assessment (\$100); INC (\$80	Ta Bill Ad
Injury:  Date/Time Actions  HA Inalegy  Limant's Particulars:-	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$80 e \$40/3	IñBill Ad ) 145
Injury:  Date/Time Actions  Haling Actions  summant's Particulars:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	Reporting (\$30); sssessment (\$100); INC (\$80 e \$40/3 rough Survey \$1	Ta Bill Ad
Injury:  Date/Time Actions  Halana Actions  Sumant's Particulars:-  iver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) PT: Follow-Th For claiming as	Reporting (\$30);  ssessment (\$100); INC (\$80	1 Bill Ad
Injury:  Date/Time Actions  Ha Inalogy  stimant's Particulars:-  iver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect	Reporting (\$30);  ssessment (\$100); INC (\$80  -	19t Bill Ad
Injury:  Date/Time Actions  Ha Inalogy  stimant's Particulars:-  iver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA +	Reporting (\$30);  Lasessment (\$100); INC (\$80	1 Bill Ad
Date/Time Actions  Hab 190198  Sumant's Particulars: iver/Owner: maged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect	Reporting (\$30);  \[ \text{issessment (\$100); INC (\$80 \)  \[ \text{issessment (\$100); INC (\$80 \)  \[ \text{issessment (\$100); INC (\$80 \)  \[ \text{inc (\$40\sqrt{inc (\$100)} \)  \[ inc (\$100); Inc (\$100	19t Bill Ad
Date/Time Actions  Hab 190198  Sumant's Particulars: iver/Owner: maged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C	Reporting (\$30); Issessment (\$100); INC (\$80)  Sample (\$400)  Frough Survey (\$100); INC (\$80)  Frough Survey (\$100); INC (\$80)  Frough Survey (\$100); INC (\$100);  Frough Survey (\$100)	145   Adi
Injury:  Date/Time Actions  Actions  Https://www.actions.com/actions/com/actio	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repsir Co	Reporting (\$30); Issessment (\$100); INC (\$80)  Sample (\$400)  Frough Survey (Resurvey)  Sainst INC Only (wef 10 Jan 2005)  Son SMRT Survey  Sal Services:  Cer / Tpt Allowance  Fordination S	145   Add
Injury:  Date/Time Actions  MA 1921087  Sumant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments::	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair	Reporting (\$30);  Issessment (\$100); INC (\$80)  Sample (\$40/2)	Bit Bill Add
Injury:  Date/Time Actions  MA 1921087  Sumant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments::	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle TP (N11): TP (	Reporting (\$30); Issessment (\$100); INC (\$80)  Sample (\$400)  Frough Survey (Resurvey)  Sainst INC Only (wef 10 Jan 2005)  From Sample (\$100)  SMRT Survey  Sal Services:  Cer / Tpt Allowance  Fordination  Trinspection  Set Excess Coordination  Non INC) against INC  Sample (\$100)  Sample (\$1	145   Add
Injury:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Issessment (\$100); INC (\$80)  Sample (\$400)  Frough Survey (Resurvey)  Sainst INC Only (wef 10 Jan 2005)  From Sample (\$100)  SMRT Survey  Sal Services:  Cer / Tpt Allowance  Fordination  Trinspection  Set Excess Coordination  Non INC) against INC  Sample (\$100)  Sample (\$1	145   Add

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 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 aforesaid.

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/03/2019 19:13
Date Of Accident	17/03/2019 21:20
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN4119L
Insured/Policyholder	
Name Of Registered Owner	KARMEL LIMO
Co Reg No	53376570J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83320269
Alternative Phone No	OFFICE-83320269
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PREVIA 8 SEATER MOONROOF CVT
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 HIRE

# Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5106147563

Cover Note Number

### Driver

Name of Driver CHOO JEE BUAY (ZHU YUMEI)

 NRIC No
 \$1684770D

 Date Of Birth
 24/09/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/01/1987

Driving Experience 32 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92389179

Fax Number

Contact Number OFFICE-92389179

EMail Address NOEMAIL

Address BLK 804 YISHUN RING ROAD

#03-4315

Postcode 760804

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

## **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 SGB8185D
Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD RIDZVAN

NRIC/Passport Number S9307537D Contact Number 93219717

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

# IMPORTANT NOTICE

- i. Please report <u>spirectly</u> the details of the accident to speed up the claims process.
- 1. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accorate 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 incurance companies is not an admission of policy liability on the part of the insurance companies.
- 3. 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 by 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 coport being made available aforeseid.
- 5. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- (s) 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 insurers) 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 deating with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my cialms:
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the matting 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 firths, may/are parmitted to collect, uso, disclass and/or process my Personal Information for one or more of the above Perposes; and
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/aw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal Information will also be collected and used to compile claims history for the purpose of freud detection, invastigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers end/or any other third parties that assist in evaluating, investigating, controlling or managing iraud,
    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.

KARMEL LIMB

Policyholders Signature

Date & Time:

Siriver's Signature

(If driver is not the policyholder)

Date & Timé:

Reporting Centre Personnel's Signature

Rame:

KRIC/FIN No.:

A-SILN4/19C SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT along Jurens East Avel my Vehicle Mumberis A), SGB 81850 (B), hit my hear portion. DECLARATION KARMEN depart the foregoing particulars are true in every espect. Sticer's Signature Policyholder's Signature Reporting Contre Personnel's Signature Date & Times (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

Date of Accident	: 17 3 2019 Accident Time: 21:22 (24-HR-Format)					
Accident Place	: Jurong East Ave 1( Jurong TownHall Road)					
Vehicle Reg. No. (Car Plate No.)	: SKN 4194L					
Vehicle Make/Model	: TOYOTA PREVIA					
Insurance Company	: NTUC Policy No.					
Owner or Company Name /IC No.	: KARMEL LIMO					
Owner or Company Contact No.	: 8332 02 69 Owner's Hp Company Tel					
DRIVER'S Name / IC No.	: CHOO, JEE BUAY					
DRIVER'S Date Of Birth	: 24/09/65 DRIVER'S License Pass Date 17/1/1987					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: A USe					
DRIVER'S Address	:804 Yishun King Road 03-4315					
DRIVER'S Contact No./ Alt No.	:1) 9289179. 2)					
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)					
Email Address						
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET					
Reporting Type	: Reporting Only \Claim Other Party Claim Own Insurance					
Number of Passengers (Including	Driver): # NO					
Was there any video Captured by a Exact purpose for which vehicle w	car camera: YES \ NO vas being used at the time of accident: Private use \ Work purpose					
Other	Party Driver's Particular (if any)					
Vehicle Reg. No: 568 818	5D Vehicle Reg. No:					
Vehicle Make Model: Mazdo	Vehicle Make\Model:					
Name Driver: MUHAM MA	D RIDZ VAN Name Driver:					
IC No. Driver: 5 930 753						
Driver's Contact & Add: 932	1 9717 Driver's Contact & Add:					







## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	ATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS	ATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	MALAYSIA)
Certificate Number: 5106147563	Cover : drivo CLASS
1. Index mark and Registration Number of Vehicle	· SKN4119I

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 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.

: JTEGD52M807123869

: KARMEL LIMO

: 29 Jan 2019

: 28 Jan 2020

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: \$\$2,000	
EXCESS (SECTION 2)		
WINDSCREEN EXCESS	: S\$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	: N/A	
NAMED DRIVER (1)	: N/A	
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: TAN WEI CREDIT 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 : ONE LINK INSURANCE AGENCY PTE. LTD. (00000573391) Date of Issue : 07 Dec 2018 12:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Authorised Officer** 

Chief Executive

Countersigned By:

<b>eBao</b> Tech								GeneralClaim			
Hello, NAC_PAYA_UBI_800601				Change Language					• Chang	ge Password	· Log Ou
My Desktop	Poli	cy Query									COMMISSION
Notice of Loss	Policy f	No.				Date	of Accident	[1	7/03/2019 2	21:20	
	Vehicle	No.(For Motor)	SKN41	19L		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106147563		KARMEL LIMO	533765703	GPC	drivo CLASSIC	SKN4119	SKN4119L	29/01/2019	28/01/2020
					1	Continue		20000000			

Policy No.	5106147563	Policyholder Name	KARMEL LI	мо		Policyholder NRIC	533765703	
Certificate No.						MATC		
Address	BLK 804 #03-4315 YISHUN RIN	G ROAD KHAT	TIB GARDENS	S SINGAPO	RE 760804			
Product Name	PRIVATE CAR INSURANCE	Plan				Group Policy Flag	N	
Policy ssue Date	07/12/2018	Effective Date	29/01/201	9 00:00		Expiry Date	28/01/2020	0 23:59
Excess Type		All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000			Windscreen Excess	100	
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500				You	ung/Inexperience Driver Excess
io-	ONE LINK INSURANCE AGENCY	Agent Tel.	63633633			GST Flag	Υ	
Co- nsurance Flag Open Policy Info Certificate		Agent Tel.	63633633			GST Flag	Υ	
Co- nsurance rlag Open olicy nfo Certificate		Agent Tel.	63633633			GST Flag	Y	
nsurance rilag Open Policy Info Certificate Info Policyh	No	Agent Tel.		YISHUN I	RING ROAD		Address 3	KHATIB GARDENS
Co- nsurance riag Open Policy nfo Certificate nfo Policyh Address 1	No nolder Mailing Address	Addre		YISHUN I	mary-source		Address 3 Post Code	KHATIB GARDENS 760804
Flag Open Policy Info Certificate Info	nolder Mailing Address BLK 804 #03-4315	Addre Addre	ss 2 ss Type		e address		Det State of the	
Co- nsurance Flag Open Policy nfo Certificate nfo Policyh Address 1 Address 4 Unit No.	nolder Mailing Address  BLK 804 #03-4315  SINGAPORE 760804	Addre Addre Relate	ss 2 ss Type	Singapore	e address		Det State of the	
Co- nsurance Flag Open Policy Info Policy Policy Address 1 Address 4 Init No. Insured	nolder Mailing Address  BLK 804 #03-4315  SINGAPORE 760804  03-4315  d Object: SKN4119L	Addre Addre Relate	ss 2 ss Type	Singapore	e address		Det State of the	
Do- Insured  Do- I	nolder Mailing Address  BLK 804 #03-4315  SINGAPORE 760804  03-4315  d Object: SKN4119L  ements	Addre Addre Relate Numb	ss 2 ss Type	Singapore 5106147	e address 563		Post Code	760804
Do- Insurer  Department  Discovery  Department  Depart	nolder Mailing Address  BLK 804 #03-4315  SINGAPORE 760804  03-4315  d Object: SKN4119L  ements	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	Singapore 5106147	e address 563		Post Code Status	
Co- nsurance Flag Open Policy Info  Policy Policy Info  Policy Info  Policy Insured Policy Insured Policy Insured Policy Insured	nolder Mailing Address  BLK 804 #03-4315  SINGAPORE 760804  03-4315  d Object: SKN4119L  ements  ce Date of Endorsemen	Addre Addre Relate Numb	ss 2 ss Type ed Policy er Endorsemen	Singapore 5106147	e address 563 Endorser	Endorsement	Post Code Status	760804  Endorsement Content

Claim Handling Accident MT/1036443					
Policy No.	5106147563	Vehicle No.	SK94119L	GST Registration No.	
Certificate No.		3,44,443,740,7		GOT REGISCION NO.	
Policyholder Name	KARMEL LIMO			Policyholder NRIC	533765703
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	83320269	Contact No.(Office)	0	Contact No.(Home)	
mas Address		Special Remark		eCode	0
PK	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	14.0
CD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
egort Date	18/03/2019 19:24	Accident Report Within 24 hrs	Yas	Accident Type	Collision - Head to Rear
ate of Accident	17/03/2019	Time of Accident hhumm	21:20	Country of Accident	
eporting Centre		Orange Force	200	ICM No.	Singapore
ccident Location	JURONG EAST AVE 1.			101110	
₩ Excess					
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00	STORES AND AND COME	100,00
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>♥</b> Benefits			2.400000		
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			OST Status Venified	No	
dification History					
Policyholder Hailing Ad	dress				
dress 1	BLK 804 #03-4315	Address 2	YISHUN RING ROAD	Address 3	PHATIS CARREST
Odress 4	SINGAPORE 750804	Address Type	Singapore address	Post Code	KHATIB GARDENS 760804
HE NO.	03-4315	Related Policy Number	5106147563	- Value and Control	700004
OI Driver Infe		57500 0000 000 000 0000 0000	ACTION WATER		
iver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name	CHOO JEE BUAY (ZHU YUMEI)	Driver NR3C	516847700	Driver DOB	24/09/1965
gister Date of Driver License	17/01/1987	Driver Age	53	Driving Experience	32
ntact No.(Mobile)	92389179	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 904	Address 2	YISHUN RING ROAD	Address 3	KHATIB GARDENS
dress 4	SINGAPORE 760804	Address Type	Singapore address	Post Code	760804
nit No.	03-4315		2,253,640,0000	S0.550/1282-1	160004
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any mjury?	○ Yes ® No		
diffication History					
Claim 001 New					
im Type •	OD-MX Y	Insured Name	KARMEL LIMO	Insured NRIC	53376570)
mact No. (Mobile)	92729773	Contact No.(Home)		Contact No.(Office)	NIL
all Address		Of Vehicle Number	SKN4119L	TP Vehicle Number	SG88185D
imant Type Claimant Type •	Please Select.	Type of Benefit *	Please Select	The second secon	Carried Lands
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