	re Services - puet 1 Jan'05] N		
Date In: 20/3/19 - 17:35	Jeb description	Date & Time Completed	Done by
Res No: 44/14/ 1905720/24	SAS e-filing		
Veh No: SERTE	E-mail (within Shrs, AIC 2hrs)		· a
D.O.A: 21/3/19-18:45	i-Motor Claim Form	100-88-E011LW	22/3/19 18:08
OD / (TP) Reporting Only	i-Motor W/O (Within: OD 2)		
OD : IF Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: Shi=	ryių . INC	()/Non-INC()	9
Owner / Driver: (Tcl:)
Policy No: () P	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	000()/\$2,000()		
General Remarks:-			Com Section 1
() Walk-In Customer: Customer's inf	The state of the s	strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insur		No. of the last of	
		Towing Co: (, ,
			ALIAN ANY MARKATANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PARAMANANA PA
Remarks:- (INC hotline: 6788 6616)	Asset 53 and discussional to help deposit and additional action and with the	Date& Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
23.11.1. 1.2.			
3) Upload Resurvey Photo [Repair Cost > \$			
Upload Resurvey Photo [Repair Cost > \$ Injury:			
Injury:			
Marie and San Control of the Control			The factor of th
Injury:			
Injury :			And Colonial Colonia
Injury : ———————————————————————————————————	3000] ()	eparation Checklist	And (5) And (
Injury: Date/Time Actions	Inveice Pri	nt Reporting (\$30);	fuBill Add B
Injury: Date/Time Actions MAIGO ンパ)	Inveice Pri	at Reporting (\$30); Assessment (\$100); INC (\$8	fuBill Add B
Injury: Date/Time Actions Maisoulf) laimant's Particulars:- river/Owner:	Inverce Pro 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow-	at Reporting (\$30); c Assessment (\$100); INC (\$50) Fee . \$40 Through Survey	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Injury: Date/Time Actions Margo 2119 laimant's Particulars:- river/Owner:	Inverce Pri 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	at Reporting (\$30); c Assessment (\$100); INC (\$8 Fee \$40	7#Bill Add Bi 80) 9/545 5120 530
Injury: Date/Time Actions Margo Mr. Laimant's Particulars:- river/Owner:	Invoice Pri 1) AR: Accider 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action	16 Bill Add Bi 30) 3545 5120 530) \$75
Injury: Date/Time Actions Maisoulf) laimant's Particulars:- river/Owner:	Invoice Pri 1) AR: Accider 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	at Reporting (\$30); c Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion c + SMRT Survey	1 Add Bi 80) 2/545 5120 530)
Injury: Date/Time Actions NAMO VIO Lumant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pri 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-jusp 7) N1: Idac DA 3 8) NTUC Addit OD*	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion + SMRT Survey ional Services:-	14 Bill Add Bi 100) 1/545 5120 530) 575 5160
Injury: Date/Time Actions MAIGO ンパ)	Invoice Pro 1) AR: Accider 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit OD* *N5: Courtes	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection + SMRT Survey ional Services y Car / Tpt Allowance	16 Bill Add Bi 30) 3545 5120 530) \$75
Injury: Date/Time Actions Maio 210 Lumant's Particulars:- river/Owner: Date Time Actions Checked by (Engr-In-Charge):	Invoice Pro Invoice Pro 1) AR: Accider 2) DA: Darner 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection	14 Bill Add Bi
Injury: Date/Time Actions NAMO VIO Lumant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pri 1) AR: Accider 2) DA: Darner 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* N5: Courtes N6: Repair N7: Fost Re N8: DV / Ce	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection	14 Bill Add Bi
Injury: Date/Time Actions Main Vir) laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pri 1) AR: Accider 2) DA: Darner 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* N5: Courtes N6: Repair N7: Fost Re N8: DV / Ce	at Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion + SMRT Survey ional Services y Car / Tpt Allowance Co-ordination pair Inspection blicet Excess Coordination P (Non INC) against INC	11 Bill Add Bi

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful 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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	22/03/2019 17:55
Date Of Accident	21/03/2019 18:45
Exact Location Of Accident	BLK 678A CHOA CHU KANG CRESCENT MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF2835E
Insured/Policyholder	
Name Of Registered Owner	CHONG WEI KUAN
NRIC No	\$68703231
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98577863
Alternative Phone No	OFFICE-98577863
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

time of accident

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5098526085-01

Cover Note Number

Driver

Name of Driver CHONG WEI KUAN

 NRIC No
 \$6870323I

 Date Of Birth
 30/03/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/05/1994

Driving Experience 24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98577863

Fax Number

Contact Number OFFICE-98577863

EMail Address NOEMAIL

BLK 642 CHOA CHU KANG STREET 64 Address

#03-77

Postcode 680642

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

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:

YES

NO

2

: TING LOKE HUA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190322/7014.

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

SHF1541Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHONG WEI KUAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGF2835E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. 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) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could 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:
 - 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

and appropriation to

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

NRIC/FIN No.:

's Signature

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

BLK 678A CHOA Chu kang crescent MSCP. VILLICLE A: GAF 2835E D STOPLINE IL IL IL JL JL Vehicle B: SHF1541Y JL JL JL JL DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report -HUA S 6908/62B. my passenger: TING LOKE DECLARATION Roing particulars are true in

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

			10000000000000000000000000000000000000		
792222	NT DATE: (21 / 03 /	MM/ DOLL PIC	TTT), TIME:(6: 45 HH	(:MM)
ACCIDE	NI DATE: 01 00	Choa Chu kar	Charcont	mscp.	-
LOCATIO	ON: BIK 6781	choa chu kar	ng Clesceri	,.	-250
			20		
1. 4	DETAILS OF VEHICLE	0AC 18155		8 6	
	a) VEHICLE -NUMBER:	80F 2835E			
	- INISTIBANCE COMPAT	NY: NTUL			
	POLICY TYPE: (COMP		100.0	ADTY FIRE &TH	HEFT)
	PROJECT NOMBER	REMENSIVE / THIRD	PARTY / THIRD P	AKITTIKE	ST.VA
	SIPOLICI TIPE TOOM	TOYOTA WI	6n,	VOLE / OTHER	251
	TYPE:(SALOON / COU		OPPY / MOTORY	CYCLE!	A Comment
			ERCIAL/MOTOR	CICLEI	
9	PURPOSE OF USING A	T ACCIDENT TIME:	YYIVOLIC	100	
,) PURPOSE OF USING A	NDER YOUR OWN	INSURANCE (YES)	(IV)	
J	ARE YOU CLAIMING UI	HIRD PARTY CLAIM	/ REPORTING OF	4517	
	THE PROJECT HOLD	EK	()	MALE / PEMAL	E) .
2, 1	AINAME CHONG	wei kuan	T. CONTAC		863
(JNRIC/FIN/PASSPORT:		A-L +	12 FF- 50	68064
	JADDRESS: 642	choa chu	lang st 1		_
	, ADDRESS.		WOLDER	· 第	
	CONTINUE TO 3.d IF DE	RIVER ALSO POLIC	HOLDER	70	
4	RIVER		· IM	ALE / FEMALE)
as at hassaught	INAME:		CONTACT		
industry driver) b	NRIC/FIN/PASSPORT:_			4	_
(N) 0	ADDRESS:				
female passenge	DATE OF BIRTH: (30	1 03/ 1966)10	DD/MM/YYYY)		
femilie larezo. A.	DATE OF BIRTH: (OUTDBOR!		125	
e	YEARS OF DRIVING EXP	RERIENCE: 74	years	W WES IN	(0)
η,	YEARS OF DRIVING EXP	OYEE OF THE INS	URED'S COMPA	omer	
4. V	NO, RELATIONSHIP	OF THE DRIVER V	VITH INSURED.		
			OIHERS	9 13	
the state of the s	IDOAD SURFACE, IDOM	HEILKI		1 1	
4 . VM	AS ANYRODY INJURED	1190711		15 15 16	
416	DEPOPTED TO POLICE	TEST NOT	ON:		
11 WORK 1011	IF YES, PLEASE STATE WE	HEH POLICE STATE	OIN.		
8. TH	IRD PARTY VEHICLE	SHF 1541Y	. MODEL:_	1	<u> </u>
of passenger o	VEHICLE NUMBER:	5111 12 111		10.50	
iduding driver) b	DRIVER'S NAME:		CONTACT		-
) NRIC/FIN/PASSPORT:		NUMBER OF STREET	-12	acces
9. TH	IRD PARTY VEHICLE		MODEL:		
to of passenger d	VEHICLE NUMBER:				
oduding driver) f	NRIC/FIN/PASSPORT:		CONTACT	<u></u>	— ;
carry, area)	NKIC/FIN/FASSFORT				
()	(0)		55	200	

email =





1 of 3

Report No. T/20190322/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 16:38	Made:	Station Diary No.:	
Informa	nt's Partic	ulars		SIL HARMAN SHARE SHARE
The property of the contract of	Informant: WEI KUAN		Address: APT BLK 642 CHOA CHU KA SINGAPORE 680642	NG STREET 64 #03-77
ID Type NRIC N	/ ID No.: D / S68703:	231	Contact No.: Home/Office:	Mobile: 98577863
National SINGAP	ity: ORE CITIZ	EN	Email: Chilla18sgsg@yahoo.com	
Sex: Male	Age: 50	Date of Birth: 30/03/1968	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Salespe	ion: rson (door-	to-door)	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2019 18:45	Type of Locatio Car Park	
Weather:	(ANG CRESCENT	Road Surface: Wet]	Road Speed Limit:	
Clear					
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGF2835E	Car	TOYOTA	WISH 1.8 A	Grey	Seriously Damaged	2
SHF1541Y	Car				Slightly Damaged	1

Details of V	ehicle Insurance	AT A STREET	NUMBER OF STREET	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF2835E	NTUC Income Insurance Co-Operative Limited	5098526085-01	20/03/2019	19/03/2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190322/7014

CONTINUATION OF REPORT

Details of Perso	n Involved	1/8/1/8/1/8/1	STATE OF THE STATE	45.63.0		
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	THE RESERVE OF THE PARTY OF THE	CUBSULA A		No. 2 will	1	
Name	CHONG WEI KUAN	1		ID No		S6870323I
Related Vehicle	SGF2835E (Car)		Contact No.		98577863	
Hospital/Clinic			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	22/03/2019		Date Disc	harge	22/03	3/2019
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

ON 21/03/2019 AT ABOUT 18:45HR, I WAS ON MSCP OF BLK 678A CHOA CHU KANG CRESCENT. I INTENDED TO REVERSE MY VEHICLE INTO A LOT AND ENGAGED MY REVERSE GEAR. I THEN HEARD TIRE SCREECH COMING FROM THE RAMP. I STOPPED MY VEHICLE IN ORDER TO LET THE CAR PASS BY. VEHICLE NUMBER - SHF1541Y, THEN CAME ONTO MY VEHICLE AND COLLIDED ONTO MY VEHICLE'S REAR PORTION. I WISH TO STATE THAT THERE IS A STOP LINE ON THE END OF THE RAMP.

I THEN FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT INTEMEDICAL 24 HR CLINIC & WAS GIVEN 5 DAYS MC.





3 of 3 Report No. T/20190322/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2019 16:38
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$68703231



Name



CHONG WEI KUAN

張偉權

Race

CHINESE

Date of Birth

Sex

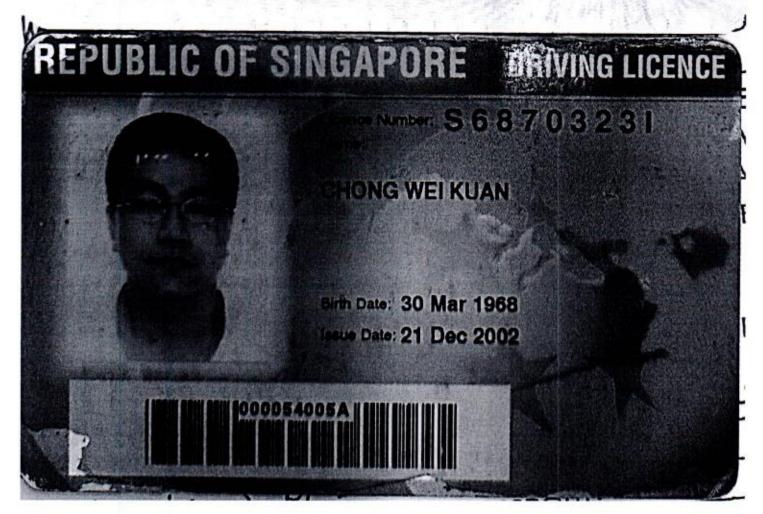
30-03-1968

M

Country of Birth

SELANGOR







NRIC No. S68703231

Blood Group

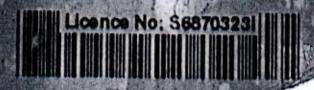
Date of issue

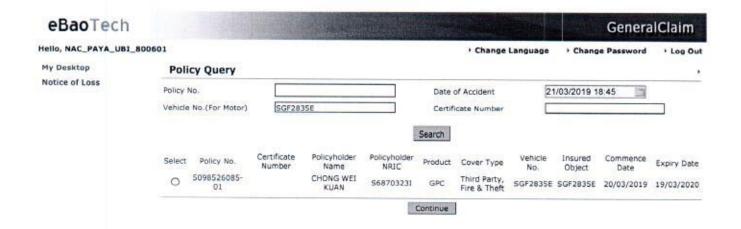
17-07-1994

ED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of. which unleden does not exceed 2500 kilograms 18 Oct 1985





	5098526085-01	Policyholder Name	CHONG W	EI KUAN	Policyholder NRIC	S6870323I	
Certificate No.		. Worke			NRIC		
Address	BLK 642 #03-77 CHOA CHU R	ANG STREET 64	SINGAPOR	E 680642			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/03/2019	Effective Date	20/03/201	9 00:00	Expiry Date	19/03/2020 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933		GST Flag	Y	
E8-11							
Insurance Flag. Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
nsurance Flag Open Policy Info Certificate Info		Addre	ss 2	CHOA CHU KANG	STREET 64	Address 3	SINGAPORE 680642
Insurance Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ss 2 ss Type	CHOA CHU KANG		Address 3 Post Code	SINGAPORE 680642 680642
nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4	holder Mailing Address	Addre	ss Type				
nsurance Flag Open Policy Info Policy Address 1 Address 4 Unit No.	holder Mailing Address BLK 642 #03-77	Addre Relate	ss Type	Singapore address			
Address 1 Address 4 Unit No.	holder Mailing Address BLK 642 #03-77 03-77 ad Object: SGF2835E	Addre Relate	ss Type	Singapore address			

ccident MT/1037088					
olicy No.	5098526085-01	Vehicle No.	SGF2035E	GST Registration No.	
ertificate No.	30.000.00000000000000000000000000000000	A STATE OF THE STA	der george	and supplementation	
licyholder Name	CHONG WEI KUAN			Policyholder NRIC	568703231
educt Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
intact No.(Mobile)	96577563	Contact No. (Office)	0	Contact No.(Home)	0
nari Address		Special Remark		eCode	THE V
K	No ○ Yes	TCA	® No ○ Yes	eCode Reason	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
CD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
port Date	22/03/2019 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ite of Accident	21/03/2019				
porting Centre	21/03/2019	Time of Acodem hh:mm	18:45	Country of Accident	Singapore
cident Location	BLK 678A CHOA CHU KANG CRESCENT MULT			DUM ME.	
7 Excess	The state of the s	EDITORI GANTANA			
vn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
named Oriver Excess	0.00	Outside Singapore OD Excess	0.00	White College	0.00
ird Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
F Registration No.			GST Status Verified	Yes	
dification History					
	2000				
Policyholder Hailing Ad tress 1	BLK 642 #03-77	Address 2	CHOA CHU KANG STREET 64	Address 3	SINGAPORE 680542
ldress 4		Address Type	Singapore address	Post Code	680642
ist No.	03-77	Related Policy Number	5098526085-01	Post Cours	000042
OI Driver Info	2.77	House Porcy resilies	Whiteway-14		
ver Name	Chong Wei Kuan	Driver Type	Main Driver		
named driver Name	- C-1, A. (1, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	Driver NRIC	568703231	Driver DOB	30/03/1968
gister Date of Driver License	31/05/1994	Driver Age	50	Driving Experience	24
ntact No.(Mobile)	98577863	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BLK 642	Address 2	CHOA CHU KANG STREET 64	Address 3	SINGAPORE 680642
cress 4		Address Type	Singapore address	Post Code	680642
iit No.	03-77	Address (pp.	ongapore doutess	Post Cours	000042
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Datase Lawrence Communication	
egistered car?	O resignati	Driver venicle No.		Driver Insurer Company	
daration					
The second secon					
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
esthalyser or Blood Test sading?	0.mg	Any inguny?	® Yes ○No		
ethalyser or Blood Test ading? affication History	Omg	Any injury?	® Yes ○ No		
eachalyser or Blood Test ading? offication History	Sing .	Mercustonions		Insured NO IP	[CRETITI72]
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eathalyser or filood Test ading? Offication History Claim OC: New Im Type * ntact No. (Mobile)	Sing .	Insured Name Contact No.(Home)	CHONG WEI KUAN 48922786	Contact No.(Office)	
eachalyser or Slood Test ading? affication History Claim 001 New Im Type * Intact No. [Mobile)	CD-MX ♥ 96577863	Insured Name Contact No.(Home) C0 Vehicle Number	CHONG WEI KUAN 68922786 SGF2835E		S66703231 SHF1541Y
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in Type * in Address imant Address im Description ferred Workshop Contact	OD-MX 98577863 Please Select ≥≥ SGF2835E / SHF1541Y ON 21 Mar 2019	Insured Name Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NRIC *	CHONG WEI KUAN 68922786 SGF2835E Please Select V	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SH#1543Y
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