NATIONAL Assessment Cen	tre Services. wet + Janios	MNA119038443		
Date In: 27 1/19-11:5~	Job description	Date & Time Completed	Done	by
Ref No: NA [INC19 3053 29]24	SAS e-filing	i		
Veh No: (KW7493m	E-mail (within Shrs, AIC 2hrs)			
D.O.A >3/3/19-17:40	i-Motor Claim Form	וט -כבץ דר כז ואת	25/3/19 20	1.V
	i-Motor W/O (Within: OD 2h	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
OD (TP)' Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: P	9886L INC ()/Non-INC()	V.	
Owner / Driver: (11	Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks:-		Harris de Caleira	Maria Comment	
() Walk-In Customer : Customer's in			The second secon	elication double
() Total Loss Case : to e-mail Insu	irer URGENTLY.	* n = 1 _2		
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		3	Done	a
	Market Control and Annual Control and Cont	Date&Time Completed	Separatione	ру
	Courtesy Car ()	*		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Injury:				
Date/Time Actions			N. Salan	
				79
- Company of the state of the s				
	4			
NA 19 02 192	invoice Pre	paration Chrcklist	Ant (S)	Amt (5)
NA 1902 183.	Invoice Pre	paration Checklist tReporting (\$30);	ficBill	Ant (3)
NA Mox 183. Claimant's Particulars :-	Invoice Pre 1) AR: Acciden 2) DA: Damage	paration Checklist: t Reporting (530); Assessment (5100); INC (5	ficBill 30)	A 14 CO 15 C
	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey	16: Bill (30) (0/\$45 \$120	A 14 CO 15 C
MA Moriso. Claimant's Particulars :- Driver/Owner:	Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)	54 Bill 80) 10/\$45 \$120 \$30	A 14 CO 15 C
Claimant's Particulars :- Oriver/Owner: Contact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing: 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Chrough Survey Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 200) action	\$0) 10/\$45 \$120 \$30 \$5) \$75	A 14 CO 15 C
Claimant's Particulars :- Oriver/Owner: Contact No:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing: 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idao DA	t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 200) action + SMRT Survey	\$60) 10/\$45 \$120 \$30 \$5)	A 14 CO 15 C
NAMONS. Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing : 4) FT : Follow-1 5) FT : Follow-1 For claiming : 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addili QD*	paration Checklist Reporting (530); Assessment (5100); INC (5 Fee 54 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey ional Services:-	50) 10/545 5120 530 5) 575 5160	474
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing : 4) FT : Follow-1 5) FT : Follow-1 For claiming : 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5; Courtes	paration Checklist Reporting (530); Assessment (5100); INC (5 Fee 54 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey conal Services:- y Car / Tpt Allowance	\$0) 10/\$45 \$120 \$30 \$5) \$75	474
Claimant's Particulars':- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair 0 *N7: Fost Rep	paration Checklist It Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Chrough Survey Chrough Survey (Resurvey) Asseinst INC Only (wef 10 Jan 200) Action + SMRT Survey Ional Services: Y Car / Tpt Allowance Co-ordination Contribution	\$100 \$120 \$300 \$500 \$500 \$500 \$500 \$500 \$500 \$50	474
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NA Mox 183. Claimant's Particulars :-	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing: 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re; *N8: DV / Co	paration Checklist Reporting (330); Assessment (5100); INC (5 Fee 54 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey conal Services:- y Car / Tpt Allowance Co-ordination pair Inspection elect Excess Coordination P (Non INC) against INC	\$10 \$10	474

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	25/03/2019 11:52
Date Of Accident	23/03/2019 15:40
Exact Location Of Accident	WEST COAST WAY TWDS WEST COAST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW7493M
Insured/Policyholder	
Name Of Registered Owner	LIANG YEM (LIANG YAN)
NRIC No	S6820690A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91266973
Alternative Phone No	OFFICE-91266973
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075612220-03
Cover Note Number	
Driver	
Name of Driver	LOO CHUNG JIN, DEREK
NRIC No	S1507968A
Date Of Birth	19/02/1961
Occupation	INDOOR
Date Of Driving Pass	23/11/1985
Driving Experience	33 YEARS AND 4 MONTHS

MALE

NOEMAIL

(LOCAL) +65-81265800

OFFICE-81265800

Address

27 WEST COAST PARK

#10-02

Postcode

127720

Was driver an employee of the Insured's Company

y 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?

...

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: JAMIE LOO

GENDER:

: FEMALE

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

YP9586L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MANIMUTHU RAJITHKUMAR

NRIC/Passport Number

82836954

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

WASH COOST ROOM

A: SKEW749300

B: VP 95861

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Webills was completely stationary along wast coast way as the tradic high trans giller, which B suddonly reversed and high onto my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) 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.
 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.

		AC	CIDENT DETAILS		1-			
Date of accident			03/03/19	1			(DD/N	M/YY)
Time of accident			1540					H:MM)
Exact location of accident	Along	west	(0951 Way	before		west	(0981	
	7				-			

	DETAILS OF VEHICLE
Vehicle registration number	SKW 7493M
Vehicle make and model	Nissan sylphy
Type of vehicle	Saloon MPV CRV Van CRV ON CRV
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only Reporting only

	INSURANCE INF	FORMATION	11-12-14
Insurance company	NTO	IC	The second second
Policy number			
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only

MAY TO HE HE TO THE TOTAL OF TH	INSURED /	POLICY HOLDER	. · · · · /4	The fact of
Name	Ling	Yem	Male 🗆	Female
NRIC / Fin / Passport number	J	56820690A		
Contact		91266973		
Address	27	west coast parte	#10-02 7720)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Loo Ching Jin Derek Male - Female -						
NRIC / Fin / Passport number	51507968A						
Contact	81265800						
Address	27 WEST (COST Park #10-02 5(127726)						
Email address	derekino2@yahzo.com						
Date of birth	19/02/1961						
Occupation	Indoor Outdoor						
Driving date pass	23/11/1485						

	GENERAL	INFORMAT	TION OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🖂		1.5
the insured's company?		ationship of	f the driver and insured:	_ sporse
Accident captured by camera?	Yes 🗆	No 🗆		
Weather condition	Clear 🗷	Raining	Others:	
Road surface	Dry 🕝	Wet 🗆		
No of passenger	2			(Inclusive of driver
Mas-		PASSE	NGER 1	
Name			e 200	
Gender	Male 🗆	Female		
		PASSE	NGER 2	
Name				
Gender	Male □	Female 0		
			600 = 13 II 18 3 II 18	
		DASSE	NGER 3	
Name		PASSE	NGER 3	
Gender	Male 🗆	Female 0		
	William C	i ciliale L		
		DASCE	NGER 4	
Name		PASSE	NGER 4	
Gender	Male 🗆	Female c		
	iviale u	i ciliale L		
		DACCE	NCERC	
Name		PASSE	NGER 5	
Gender	Male 🗆	Female c	Carried Carried Carried	
Gender	Iviale []	remaie L]	
Name		PASSE	NGER 6	
Gender	NA-I-	F		
Gender	Male 🗆	Female c		
14/	14		ORMATION	A STEEN AND AND
Was anybody injured?	Yes 🗆	No D		
Was other vehicle damaged?	Yesz	No 🗆		
WHEN THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1			E STATION ACTION	
Reported to police?	Yes 🗆	Noe	If yes, please state which	h police station.
Police station name				
Approximate the second second second				
State of the state	10000	WITN	IESS 1	
Name				
School of the second			The same of the same of the same of	AND DESCRIPTION OF THE PERSON
LEZ-SHA SHAPE AND	ALC: N	WITN	ESS 2	and the second second
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	YP9586L
Vehicle make model	manimuthy Rajithkumar
Name	makimuthu Rajith kumar
NRIC / Fin / Passport number	
Contact	82836954

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 4		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

NAME OF TAXABLE PARTY OF TAXABLE PARTY.	THIRD PARTY VEHICLE 5	X A COLO
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		1

	THIRD PARTY VEHICLE 6	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

MEXICAL ROLL		INJURED PERSON 1	
Name	_		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	0.0000000	44794270420	
		INJURED PERSON 2	
Name		, Alexander and	_
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Man de la companya della companya della companya de la companya della companya de		INJURED PERSON 3	
Name		INJUNES (ENSONS	
Injuries sustained			-
Which vehicle person in?			
Were seat belts worn?	Yes□	No 🗆	
Was injured conveyed to	Yes□	No 🗆	
hospital by ambulance?	NAME OF THE PARTY		
7).			
de la companya del companya de la companya del companya de la comp		INJURED PERSON 4	
Name		INJURED PERSON 4	
Name Injuries sustained		INJURED PERSON 4	
		INJURED PERSON 4	
Injuries sustained	Yes 🗆	No 🗆	
Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗅		
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆	
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?		No 🗆	
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	Yes	No No INJURED PERSON 5	
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 No INJURED PERSON 5	
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	Yes 🗆	No No INJURED PERSON 5	
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	Yes 🗆	No No INJURED PERSON 5	
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	Yes 🗆	No No No No No No	
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?	Yes 🗆	No No No No No No	
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?	Yes 🗆	No No No No No No	
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	Yes 🗆	No No No No No No	
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 🗆 Yes 🗈	No INJURED PERSON 5 No No INJURED PERSON 6	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1507968A





LOO CHUNG JIN, DEREK



CHINESE 19-02-1961

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Literice Number S 1 5 0 7 9 6 8 A

LOO CHUNG JIN, DEREK

em Date: 19 Feb 1961 Nov 2003

S1507968A

04-09-1993

27 WEST COAST PARK #10-02 SMDAPORE 127720 NRIC No. SI502968A Date: 01112/2011 No. 69 4 7551

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars and Motor Tractors, the weight of which unleden does not exceed 2500 kilograms

NP 428A

									Genera	lClaim
601						• Chang	e Language	· Chang	e Password	· Log Ou
Poli	cy Query									
Policy N	No.				Date	e of Accident		23/03/2019 1	5:40	
Vehicle	No.(For Motor)	SKW7	493M		Cert	tificate Numbe	r [
					Search	1				
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5075612220- 03		LIANG YEM (LIANG YAN)	S6820690A	GPC	drivo PREMIUM	SKW7493M	SKW7493M	13/11/2018	12/11/2019
	Policy f	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. 5075612220-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5075612220	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name 5075612220- LIANG YEM	Policy Query Policy No. Vehicle No. (For Motor) Skw7493M Select Policy No. Certificate Number Name NRIC 5075612220- LIANG YEM SERVICED NAME NEED NAME NRIC	Policy Query Policy No. Vehicle No. (For Motor) SkW7493M Cert Search Select Policy No. Certificate Number Name NRIC 5075612220- LIANG YEM 558305000 CDC	Policy Query Policy No. Vehicle No. (For Motor) SKW7493M Certificate Number Search Select Policy No. Certificate Number Name NRIC Number Name NRIC Search drivo	Policy Query Policy No. Vehicle No. (For Motor) Search Select Policy No. Certificate Number Name NRIC Softial 2220- LIANG YEM Search Or Office No. Cover Type Vehicle No. Cover	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Policyholder Number Name NRIC So75612220- LIANG YEM S69306000 GPC drivo SYM2400M	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name NRIC Number Name NRIC Search Commence Object Commence Object Date Commence Object Date Commence Object Date Commence Object Date Commence Object Commen

olicy No.	5075612220-03	Policyholder Name	LIANG YEM	(LIANG YAN)	Policyholder	S6820690A	
Certificate No.		.vame		and the second s	NRIC		
Address	27 WEST COAST PARK #10-02	BOTANNIA SI	NGAPORE 12	7720			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/10/2018	Effective Date	13/11/2018	3 00:00	Expiry Date	12/11/2019 2	3:59
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	/Inexperience Driver Excess
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy	holder Mailing Address						
Address 1	27 WEST COAST PARK	Addre	ess 2	#10-02 BOTANNI	A	Address 3	SINGAPORE 127720
Address 4		Addre	ss Type	Singapore address		Post Code	127720
Unit No.		Relat Numb	ed Policy er	5075612220-03			
	d Object: SKW7493M						
) Insure							
	sements						

Hcy No.					
	5075612220-03	Vehicle No.	SKW7493H	GST Registration No.	
rtificate No.					
kcyholder Name	LIANG YEM (LIANG YAN)			Policyholder NR3C	56820690A
educt Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
intest No.(Mobile)	91206973	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	The V
×	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	LANCE CO.
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details		occurrence entreed in	otto	(1)	1140
port Date	25/03/2019 20:26	Accident Report Within 24 hrs	422	Academy William	Acres to the second
				Accident Type	Collision - Head to Rear
te of Accident	23/03/2019	Time of Accident hit:mm	15:40	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	WEST COAST WAY TWDS WEST COAST RD				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600,00		
vo Party Excess	0,00	Dutside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
diffication History					
C ACRES CONTRACTOR					
Policyholder Mailing Ad		ORGANIZA U		Laboration with	DALONG DALONG DELOTATION
dress 1	27 WEST COAST PARK	Address 2	#10-02 BOTANNIA	Address 3	SINGAPORE 127720
dress 4		Address Type	Singapore address	Post Code	127720
it No.		Related Policy Number	5075612220-03		
OI Driver Info					
ver Name	LOO CHUNG 33N, DEREK	Driver Type	Named Driver		
named driver Name		Driver NR3C	S1507968A	Driver DOB	19/02/1961
pister Date of Driver License	23/11/1985	Driver Age	58	Driving Experience	23
ntact No.(Mobile)	81265800	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	27 WEST COAST PARK	Address 2	BOTANNIA	Address 3	SINGAPORE 127720
fress 4		Address Type	Singapore address	Post Code	127720
t No.	10-02				
es he own a Singapore gistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
govereu carr	Control Colors	10.44.096.114.1118		biller insules company	
Saration					
athalyser or Blood Test sding?	0 mg	Any injury?	○ Yes ® No		
==50*00					
diffication History					
Incation History					
1. W . A.					
A MILES					
Stalm 001 New	CO-MX	Insured Name	LIANG YEM (LIANG YAN)	Insured NRIC	S682059QA
talm 001 New	CO-MIX	Insured Name Contact No. (Home)	LIANG YEM (LIANG YAN) 62190638		56820690A
m Type * fact No.(Mobile)	+65 91266973	Contact No.(Home)	62190638	Contact No.(Office)	
m Type * fact No.(Mobile)	+65 91266973 dlangp99@gmail.com		62190638 SKW7493M		
m Type * lact No.(Mobile) If Address mant Type Claimant Type *	+65 91266973 Glangs99@gmas.com Please Select	Contact No. (Home): OI Vehicle Number Type of Benefit *	62190638	Contact No.(Office)	
m Type * lact No.(Mobile) If Address mant Type Claimant Type *	+65 91266973 dlangp99@gmail.com	Contact No. (Home). OI Vehicle Number	62190638 SKW7493M	Contact No.(Office)	
m Type * Hact No.(Mobile) M Address Hant Type Claimant Type * Hant Name *	165 91266973 clangs999gmar.com Please Select ✓	Contact No. (Home): OI Vehicle Number Type of Benefit *	62190638 SKW7493M	Contact No.(Office) TP Vehicle Number	
m Type * tact No.(Mobile) al Address mant Type Claimant Type * mant Name * mant Address m Description	+65 91266973 Glangs99@gmas.com Please Select	Contact No. (Home). OI Vehicle Number Type of Benefit * Claimant NRIC *	62190638 SKW7493M Please Select	Contact No.(Office)	
m Type * fact No. (Mobile) al Address mant Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact	165 91266973 Diangs99@gmail.com Please Select ≥≥ SKW7493M / YP9586L DN 23 Mer 2019	Contact No. (Home). OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	62190638 SKW7493M Please Select	Contact No.(Office) TP Vehicle Number	
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m Type * fact No. (Mobile) al Address mant Type Claimant Type * mant Address m Description errod Workshop Contact usire Finelisation	165 91266973 Diangs99@gmail.com Please Select ≥≥ SKW7493M / YP9586L DN 23 Mer 2019	Contact No. (Home). OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	62190638 SKW7493M Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	VP95864.
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