NATIONAL Assessment Ce	ntre Services. wet 1 Janos M	14A119041502	
Date In: 30/3/19-16:10	Jcb description	Date & Time Completed	Done by
Ref No: HA INC 190 5655 124	SAS e-filing	i	
Vell No: 307197X	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 293/19-18-50	i-Motor Claim Form	MT 138123 - WI	300/19 1626
OD : Reporting Only	i-Motor W/O (Within: OD 2h	Control to the second s	
U supering only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
The state of the s	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:		Tel: F	ax:
TP Particulars: Veh No: St	N89964 . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: (Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: (Warranty: YES ()/NO()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:-		HEALTH AND	
() Walk-In Customer: Customer's	information strictly Confidential & St	rictly NO refer of renairer	
() Total Loss Case : to e-mail Ins		Total of topolicis	
The state of the s		'owing Co: (
enk		4	/
Remarks:- (INC hotline: 6788 6616		Date&Time Completed "	Done by
	/ Courtesy Car ()	1.5	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:			
Date/Time Actions		the same	RESIDENT.
	1-11-11		
	12		
•			
I have a second	1.00.000		Anit (S) Amit
MA1902311		paration Checklist	fit Bill Add
nimant's Particulars :-	1) AR : Accident 2) DA : Darnage		n
iver/Owner:	3) TF : Towing Fe	se . \$40.	
ntact No:	4) FT : Follow-Th		120 \$30
ntact No:		ainst INC Only (wef 10 Jan 2005)	550
maged Portion:	6) TR : Re-inspec	tion	\$75
	7) N1 : Idao DA + 8) NTUC Addition	the state of the s	160
Checked by (Engr-In-Charge):	<u>on•</u> .		
, (-1.6 onlige).	*N5: Courtesy (*N6: Repair Co	Cer / Tpt Allowance	\$5
ditors' Comments :-	*N7: Fost Repa	ir Inspection	\$25
1:		ect Excess Coordination	\$5 \$20
	9) N12: Idac Mob		30
2/3:	Invoice dated	Fee Charged	223453
Military (C)	Invoice dated	Fee Charged	SERVIN Y

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.
- 3. 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.

	ACCIDENT STATEMENT
Date Of Report	30/03/2019 16:10
Date Of Accident	29/03/2019 18:50
Exact Location Of Accident	JUNC ORCHARD BLVD & TOMLINSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ197X
Insured/Policyholder	
Name Of Registered Owner	CASSABELL
Co Reg No	53315421M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83663377
Alternative Phone No	OFFICE-83663377
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5086402034-02
Cover Note Number	
Driver	
Name of Driver	LEE LIN XIAO, CASSANDRA
NRIC No	S8334112B
Date Of Birth	27/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83663377
Fax Number	
Contact Number	OFFICE-83663377
EMail Address	NOEMAIL

BLK 661A JURONG WEST STREET 64 Address

#05-404 641661

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

TEL NO: 65470000 - FAX NO:

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

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190330/7004.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN8996H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MUHAMMAD KHALID BIN MOHAMAD

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 23

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LEE LIN XIAO, CASSANDRA Name

Approximate Age

NECK & BACK Injuries Sustain

Injured person in which vehicle? SLJ197X 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 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:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (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.

anature

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

Date & Time:

sonnel's Signature Reporting Centre Pe Name:

NRIC/FIN No.:

KETCH PLAN
Orchard Boukevard
\Rightarrow
(A) 862 197X.
(B) SLN 89964.
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 29/03/19 at @ 1849 hrs, I was travelling
in my vehicle (SLJ 197X) along Orchard Boulevard on the
and love from the will be to a start of
second lane from the right heading straight within my
lane upon creasing the junction of Toutouson Road,
a vehicle (SLN 8996 H) on my left suddenly out into my
path and make a right turn into Tohulinson Road!
As a result my vehicle collided onto the right sick
of the eard whale . I subturn injury on my neck
and back . I was given 4 days they Mount Alvernia Hospital.
ECLARATION
We declare foregoing particulars are true in every respect.
((Reg. No. 53315421M)

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

Reporting Centre Per Name: / NRIC/FIN No.:

/ehicle No.	SLJ 197 X. Model/Make HONDA VZZEL.
Date of Accident	29/03/19
ime of Accident	18 49 HRS
ocation of Accident	Orehard Boulevard Junction Tomtonson Road
xact purpose use during accid	lent Chauffeur
Name of Owner	Cassabell
Telephone No.	H/P: 8366 3377 Home: Office:
VRIC	53315421 M ·
Address	BLK 661A, Jumy West 8164 #05-404 8 641661.
Claim type	OD THIRD, PARTY REPORTING ONLY
nsurance Company	NIUC .
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5086402034-02.
oney	
Name of Driver	As Above If No, Lee Lin Xiao, Cassandra.
NRIC	\$ \$33 4112 B - Any Passengers : N. A.
Date of birth	27/10/1983
Occupation <	Outdoor / Indoor
Driving License Pass Date	11 /07/2003
Gender	Male Female
Contact No.	H/P: {366 3377 Home: Office:
Address	BLK 661A, Jurony West 3164 # 05-404, (5) 641 661.
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	Lee Lin Xiao, Cassandra . (H/P. 83663377)
Name And Contact No.	
Police Report	No. If Yes) Where?
Vehicle B No.	SLN 896 H Any Passengers: M.A.
Name of Driver	Muhammad Khaked Bin Mohamed Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N- A Witness Contact: N- A
Accident Portion	Left side.
Camera Recorder	(Yes DNo
Email Address	CASSCEELX @ smail. (OM.
The state of the s	
PARTICULAR WORKSHOP	Thorneat.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin "
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190330/7004

REPORT OF A TRAFFIC ACCIDENT

	oate/Time Report Made: 0/03/2019 14:11		Vide Report No.:	Station Diary No.	
Informan	t's Partic	ulars			
	nformant: KIAO, CAS	SSANDRA	Address: APT BLK 661A JURONG V SINGAPORE 641661	WEST STREET 64 #05-404	
ID Type /	ID No.:	12B	Contact No.:		
NRIC NO	/ S83341		Home/Office: Mobile: 83663377		
Nationality	y:	EN	Email:		
SINGAPO	ORE CITIZ		CASSLEELX@GMAIL.COM		
Sex:	Age:	Date of Birth: 27/10/1983	Type of Informant:		
Female	35		Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information	n:	
SELF EMPLOYED			Class: 3	Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2019 18:50	Type of Location X-Junction	
CRCHARD B Weather:	OULEVARD	Road Surface:		Road Speed Limit:	
Traffic Flow:		Dry Traffic Control:		50 Km/h	
One Way		Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head	d To Side		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLJ197X	Car					0
SLN8996H	Car	MAZDA	MAZDA 3	Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190330/7004

CONTINUATION OF REPORT

Driver				T (802(3))		
Name	LEE LIN XIAO, CASSANDRA			ID No	-	S8334112B
Related Vehicle	SLJ197X (Car)			Contact No.		83663377
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2019 Date D			harge 30/03/2019		3/2019
No. of Days granted Medical Leave 04			Degree o	Degree of Injury Slight		t
Driver					1000	CONTRACTOR DESIGNATION
Name	MUHAMMAD KHALID BIN MOHAMAD			ID No		NIL
Related Vehicle	SLN8996H (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

ON 29/03/19 AT @1849HRS, I WAS TRAVELLING IN MY VEHICLE (SLJ 197 X) ALONG ORCHARD BOULEVARD ON THE SECOND LANE FROM THE RIGHT HEADING STRAIGHT WITHIN MY LANE. UPON CROSSING THE JUNCTION OF TOMLINSIN ROAD, A VEHICLE (SLN 8996 H) ON MY LEFT, SUDDENLY CUT INTO MY PATH AND MAKE A RIGHT TURN INTO TOMLINSIN ROAD. AS A RESULT, MY VEHICLE COLLIDED ONTO THE RIGHT SIDE OF THE SAID VEHICLE. I SUBSTAIN INJURY ON MY NECK AND BACK. I WAS GIVEN 4 DAYS MC BY MOUNT ALVERNIA HOSPITAL.





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

3 of 3 Report No. T/20190330/7004

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plar

Authentication Stamp

NP168

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: 30/03/2019 14:11
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8334112B





LEE LIN XIAO, CASSANDRA

李林 CHINESE

27-10-1983 F

583341125

Country of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram 11 Jul 2003 NP 428A

MRIC No. S8334112B

23-11-2007

APT BLK 661A JURONG WEST STREET 64 #05-404 SINGAPORE 641661

DATED THIS 20 DAY OF NOVEMBER 2007

DEED POLL

LEE LIN XIAO, CASSANDRA

(季林晓

FORMERLY KNOWN AS

LI WANMIN (考配每久

M/S GRACE M & ASSOCIATES

62 UPPER CROSS STREET, #04-01,

SINGAPORE 058353

TEL NO: 6220 6364

FAX NO: 6220 4364

REF: GM.Misc.012.07 (dp)

DEED POLL

BY THIS DEED. I the undersigned LI WANMIN (李定文) of Block 661A. Jurong West Street 64, #05-404. Singapore 641661, the holder of NRIC No. S8334112B, do hereby absolutely renounce and abandon the use of the name of LI WANMIN (李定文), and in lieu thereof do assume as from the date hereof the name of LEE LIN XIAO, CASSANDRA (李林日尧).

AND in pursuance of such that I shall change the name as aforesaid, I hereby declare that I shall at all times hereafter in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name of LEE LIN XIAO, CASSANDRA (多种 1) as my full name in lieu of the name of LI WANMIN (多句 2) as renounced as aforesaid.

AND I hereby authorize and request all persons to designate and address me by such assumed name of LEE LIN XIAO, CASSANDRA (李 杯 B) only.

IN WITNESS whereof I have hereunder signed my assumed name of LEE LIN XIAO, CASSANDRA (季林也) and have set my seal this 20th day of November Two Thousand and Seven (2007).

SIGNED SEALED and DELIVERED by the

abovenamed LEE LIN XIAO, CASSANDRA (李杯晓) formerly)

known as LI WANMIN (李宪年)

in the presence of Ms. Grace Malathy d/o Ponnusamy

an Advocate and Solicitor of the Supreme Court of Singapore

Aut.

Any Cate & Solicitor Singapore



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: 5086402034-02

1. Index mark and Registration Number of Vehicle

Cover : drivo CLASSIC

Chassis Number

: SLJ197X

: RU31219210

2. Name of Policyholder

: CASSABELL

3. Effective Date of Insurance

: 25 Nov 2018

4. Expiry Date of Insurance

: 24 Nov 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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 headings.

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : 5\$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) S N/A NAMED DRIVER (2) N/A

: 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)

: SKYWAY CREDIT & LEASING PTE LTD

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

SUM INSURED

: 05 Nov 2018 14:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

HIRE PURCHASE COMPANY

Authorised Officer

Chief Executive



Policy No.	5086402034-02	Policyholder Name	CASSABELI		Policyholder NRIC	53315421M	
Certificate							
Address	BLK 661A #05-404 JURONG \	WEST STREET 64	SINGAPORE	641661			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/11/2018	Effective Date	25/11/2010	3 00:00	Expiry Date	24/11/2019 2	3:59
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			Young	n/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 661A #05-404	Addr	ess 2	JURONG WEST ST	TREET 64	Address 3	SINGAPORE 641661
Address 4		Addr	ess Type	Singapore address	s	Post Code	641661
Unit No.	05-404	Relat Num	ed Policy ber	5086402034-02			
Unit No.							
	ed Object: SLJ197X						
	1110700						

laim Handling					
cident HT/1038123				THE LEGISLAND CONTRACTOR	
HCV No.	5086402034-02	Vehicle No.	SL)197X	GST Registration No.	
rtificate No.					
cyholder Name	CASSABELL			Policyholder NRIC	53315421M
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No. (Mobile)	83663377	Contact No.(Office)	0	Contact No.(Home)	0
of Address		Special Remark		eCode	10 V
	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
Accident Details		and an annual set	**	Transacross	1000
ort Date	30/03/2019 16:24	Accident Report Within 24 his	Yes	Accident Type	Collision - Change / Cross lane
of Accident	29/03/2019	Time of Accident hh:mm	18:50	Country of Accident	Singapore
rting Centre		Orange Force		ICM No.	
tent Location	JUNC ORCHARD BLVD & TOMLINSON RD				
Excess					
damage Excess	2.000.00	Additional Excess	0	Windscreen Excess	100.00
med Driver Excess	0.0000000000000000000000000000000000000	Outside Singapore DD Excess	2,000.00		C-11747A
	4 707 07				
Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.		7,000	GST Status Verified	Yes	
fication History	30/03/2019 16:25:45 Syst	em changed GST Status Verified fro	rm No to Yes		
Policyholder Hailing Ad	dress				
ess 1	BLK 661A #05-404	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 641661
ress 4		Address Type	Singapore address	Post Code	641661
No.	DS-404	Related Policy Number	5086402034-02		
OI Driver Info					
r Name	Unnamed Driver	Driver Type	Unnamed Oriver		
med driver Name	LEE LIN XIAO, CASSANDRA	Driver NRXC	583341128	Driver DOB	27/10/1963
ster Date of Driver License		Driver Age	35	Driving Experience	15
	83661377		0		0
act No.(Mobile)		Contact No. (Office)		Contact No.(Home)	
ess 1	BLK 661A	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 641661
410.4		Address Type	Singapore address	Post Code	641661
No.	05-404				
s he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration					
thalyser or Blood Test	0 mg	Any injury?	® Yes ⊜ No		
ding?	73	0.000	5.00.700		
rication History					
5 M. b					
aim 001 New					
n Type *	OD-MX	Insured Name	CASSABELL	Insured NRIC	53315421M
ract No.(Mobile)	MIL	Contact No.(Home)		Contact No.(Office)	
	, and		e same		EL BIRDORY
ii Address		Of Vehicle Number	SLJ197X	TP Vehicle Number	SLN8996H
nant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *			
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m Description	SLJ197X / SLN8996H ON 29 Mar 2019			Name of Preferred Workshop	
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uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
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Registered	30/03/2019 16:26	Claim Close Date		Date Received	30/03/2019 00:00
irt Taken By	Jackson				
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