NATIONAL Assessment Ce	ntre Services	[wef 1 Jamos] MI	PEEFMONTAG	10.11	
Date In: 14/19-14:16	Job description	OH	Date & Time Completed	Don	ne by
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Veh No: smj2y042	E-mail (with	ia Shrs, AIC 2hrs)	T		8
D.O.A : 11 1/19 - 17:45	i-Motor Cla		m11039914-001	ndut ti	
OD TP Reporting Only	i-Motor W	O (Within: OD 2hrs	TP 4hrs)	Myliq I	4:)(
OB TITY Reporting Only	i-Photo Up	The state of the s			- 1(* 4
TP Insurer:	Assessment/S	Survey Report			
Tr insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	The state of the s			ax:	-
TP Particulars: Veh No: A	493790	INC (	)/Non-INC()	40.	
Owner / Driver: (		,	Tel:		
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	(Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-1	00%1	
Year of Registration: ( )					
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( ) Walk-In Customer: Customer's	information strictly Co	onfidential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.	4)	No. 10776		
Drive-In ( )/ Towed-In ( ); Invo	pice: YES( )/	NO();To	wing Co: (		
					,
Remarks: (INC hotline: 6788 6616	The state of the s		Date&Time Completed	Done	by
	/ Courtesy Car (	)		NAME OF THE PERSON OF THE PERS	
2) QC Check / Post Repair Inspection	(	)			-20-2
<ol> <li>Upload Resurvey Photo [Repair Cost &gt;</li> </ol>	\$3000] (	)			-
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### 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
  6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Telephone Co. All To. Managements	ACCIDENT STATEMENT
Date Of Report	12/04/2019 14:16
Date Of Accident	11/04/2019 17:45
Exact Location Of Accident	JUNC UPP SERANGOON RD & LOR LOW KOON
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ2404Z
Insured/Policyholder	
Name Of Registered Owner	HDBTERMINAL
Co Reg No	53369903K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92718723
Alternative Phone No	OFFICE-92718723
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107696136
Cover Note Number	
Driver	
Name of Driver	LIM KOON BENG, NORMAN (LIN KUNMING, NORMAN)
NRIC No	S7336778F
Date Of Birth	06/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718723
Fax Number	
Contact Number	OFFICE-92718723
EMail Address	NOEMAIL

Address BLK 592C MONTREAL LINK

#17-32

Postcode 753592

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)

involved in the accident

volved in the accident

Was any body injured in the Accident?
Was any injured conveyed to hospital by

ambulance?

YES NO YES

NO

2

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2190.

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

SLG9359C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

Name LIM KOON BENG, NORMAN (LIN KUNMING, NORMAN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMJ2404Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

### 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 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)

Lunderstand, 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud. regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

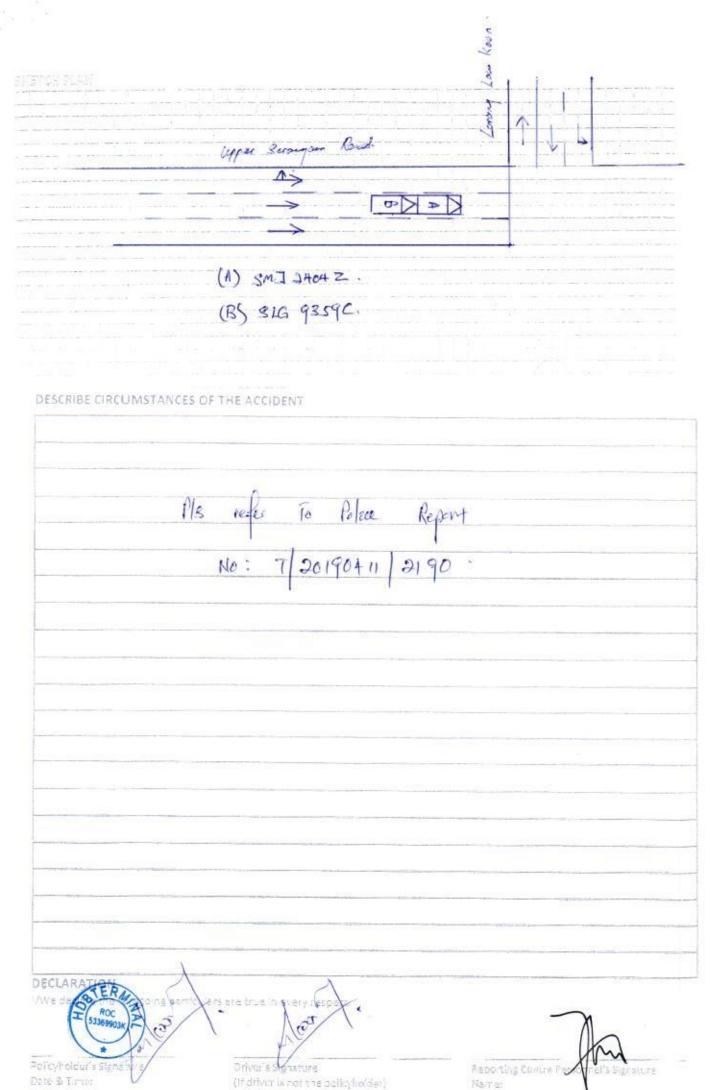
er's Signature Date & Time: (If driver is not the policyholder) Date & Time:

Reporting Centre Perso

Name:

NRIC/FIN No.:

's Signature



Narra:

Vehicle No.	SMJ 2 404 Z. Model/Make LONDA SHUTTLE.
Date of Accident	11   04   19
Fime of Accident	1745 HRS
ocation of Accident	Upper Serangoon Read took junction Lorong Low Koon
Exact purpose use during acc	
Name of Owner	HDB TERMINAL .
Telephone No.	H/P: 9271 8723 'Home: Office:
NRIC	53369903 K.
Address	BLK 592 C Montreal Link #17-32 (8) 753592.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTuC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5107696136
Name of Driver	As Above If No, Lim Koon Beng, Norman.
NRIC OF BITTEE	\$ 7336778F Any Passengers: N-A.
Date of birth	06/10/1973
Occupation	Outdoor / Indoor
Driving License Pass Date	08/08/1997.
Gender	Male / Female
Contact No.	H/P:9271 8723 Home: Office:
Address	BLK 5920 Montreal Link # 17-32 (5) 753592.
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.	Lim Koon Berg, Norman (4/8: 9271 8723)
Name And Contact No.	Fin non pory, norman (4p. 1-11 012)
Police Report	No, If Yes, Where?
Vehicle B No.	\$16 9359 C Any Passengers: N. A.
Name of Driver	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	Witness Contact: N-A
Accident Portion	Rear Portion
Camera Recorder	Yes PNo
Email Address	nomantun 2277899 @ gnad con.
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	Twenter.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixin.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	





1 of 4

Report No. T/20190411/2190

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Data/Time Day 111		
Date/Time Report Made: 11/04/2019 22:39	Vide Report No.:	Station Diary No.:

				120
Informa	nt's Partic	ulars		· 公共指定的 / 多数 / 多
	Informant: ON BENG,		Address: APT BLK 592C MONTREAL 753592	LINK #17-32 SINGAPORE
	/ ID No.: D / S73367	78F	Contact No.; Home/Office:	Mobile: 92718723
National SINGAP	ty: ORE CITIZ	EN	Email:	Medic. 02/10/20
Sex: Male	Age: 45	Date of Birth: 06/10/1973	Type of Informant: Driver	-
Race: Chinese			Language:	Institution / School Name
Occupat Real esta	ion: ate agent		Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Acci	dent	PART MANAGEMENT	BANK SCHOOL STREET, ST
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2019 17:45	Type of Location: X-Junction
LORONG LO Traffic Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head			Anyone conveyed by ambulance:

Details of V	ehicle Invo	Ived	SUBLIGHT		Per constant	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLG9359C	Car	HONDA	VEZEL	Gold	Slightly Damaged	0
SMJ2404Z	Car	HONDA	SHUTTLE	Blue	Slightly Damaged	0

Details of V	ehicle Insurance			O SELECT PLANTS
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ2404Z	NTUC Income Insurance Co-Operative Limited		Lilouive	Expiry Date





Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

757633

Tel No: 1800-5549999

Police Station Of Origin:

2 of 4 Report No. T/20190411/2190

#### CONTINUATION OF REPORT

Details of Perso	n Involved				The spanish of the state of
Any Pedestrian Ir	nvolved: No				
No. of Pedestrian	is Injured: NIL	Use of Pede	estrian	Cross	ing: NA
Driver					
Name	SEAH KAH WAH		ID No.		S6846926J
Related Vehicle	SLG9359C (Car)		Conta	ct No.	82282198
Hospital/Clinic	NIL		Class Driving Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	mineral Mineral Control	NIL	
Driver			100000		
Name	LIM KOON BENG, NORMAN		ID No		S7336778F
Related Vehicle	SMJ2404Z (Car)		Conta	ct No.	92718723
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No. of Days gran	ted Medical Leave 05	Degree of I	njury	Sligh	t

### Brief Details.

On 11/04/2019 at about 1745hrs, I was driving my car Honda Shuttle SMJ2404Z along Upper Serangoon road towards Kovan. At the junction of Upper Serangoon Road and Lorong Low Koon, I make a stop as the traffic light was red, As few seconds later, I heard a screeching sound and follows by a bang sound coming from the rear of my car. The impact was quite hard as it causes my head to moved forward.

I was in a daze when I heard someone knocking on my driver's door. A male Chinese guy came and checked on me. I then gain some consciousness, I step out of the car and checked on the damage of the car. I discovered a deep dent to the center of my car rear bumper, I saw the car which the guy drove, a gold Honda Vezel (SLG9359C) which had a dent to the front part of his car. We exchange particulars and drove off. While I was driving, I felt some uneasiness towards my back and as such I went to Mount Alvernia Hospital to made a check.

The doctor checked on me and granted me with a 5 days Outpatient Sick Leave.





3 of 4

Report No. T/20190411/2190

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 4 of 4 Report No. T/20190411/2190

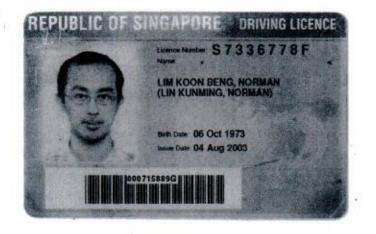
CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Staff Sgt MOHAMED ROSLI BIN MOHAMED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2019 22:39
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7336778F





LIM KOON BENG, NORMAN (LIN KUNMING, NORMAN)

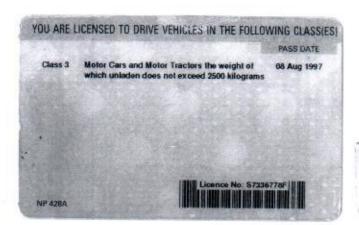
林坤 明

CHINESE

06-10-1973 M

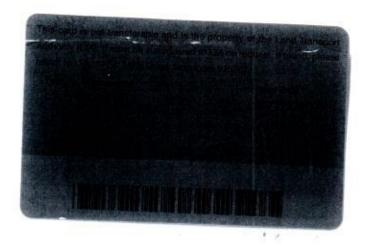
17338779

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: 5107696136

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMJ2404Z

Chassis Number

: GK82001286

2. Name of Policyholder

3. Effective Date of Insurance

: HDBTERMINAL

: 26 Feb 2019

4. Expiry Date of Insurance

: 25 Feb 2020

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.

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)	: \$\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
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	: SANCARZ 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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 21 Feb 2019 13:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5107696136	Policyholder Name	HDBTERMI	NAL	Policyholder NRIC	53369903K	
Certificate Vo.		Name			NKIC		
ddress	BLK 592C #17-32 MONTREAL L	INK MONTREA	L VILLE SING	SAPORE 753592			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	21/02/2019	Effective Date	26/02/2019	9 00:00	Expiry Date	25/02/2020	23:59
xcess ype	Per Accident	All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
co- nsurance lag Open olicy nfo	No						
ertificate							
ertificate nfo	holder Mailing Address						
ertificate nfo Policyl	holder Mailing Address BLK 592C #17-32	Addre	PSS 2	MONTREAL LINK		Addrace 3	MONTBEAL VILLE
ertificate nfo Policyl ddress 1	2277200 S SYSWY TO 100 TO	Addre		MONTREAL LINK Singapore address		Address 3	MONTREAL VILLE
ertificate info Policyl ddress 1 ddress 4	BLK 592C #17-32	Addre	ess Type ed Policy	MONTREAL LINK Singapore address 5107696136		Address 3 Post Code	MONTREAL VILLE 753592
ertificate info Policyl ddress 1 ddress 4 nit No.	BLK 592C #17-32 SINGAPORE 753592	Addre	ess Type ed Policy	Singapore address			
ertificate info Policyl ddress 1 ddress 4 nit No. Insure	BLK 592C #17-32 SINGAPORE 753592 17-32 ed Object: SMJ2404Z	Addre	ess Type ed Policy	Singapore address			
Certificate nfo Policyl ddress 1 ddress 4 Init No.	BLK 592C #17-32 SINGAPORE 753592 17-32 ad Object: SMJ2404Z sements	Addre Relati Numb	ess Type ed Policy	Singapore address 5107696136		Post Code	
Policyl ddress 1 ddress 4 Init No. Insure	BLK 592C #17-32 SINGAPORE 753592 17-32 ad Object: SMJ2404Z sements	Addre Relati Numb	ess Type ed Policy per	Singapore address 5107696136 t Type		Post Code Status	753592

Accident MT/1039914						- Exit
weedeur M1/1039314						
Policy No.	5107696136	Vehicle No.	SM)2404Z	GST Registration No.	53369903K	
Certificate No.						
Policyholder Name	HOBTERMINAL			Poscynoider NRIC	53369903K	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Hobile)	92718723	Contact No.(Office)	0	Contact No (Home)	0	
Email Address		Special Remark		eCode	10. V	
KPK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	10	Private riire	Ves	
Accident Details						
Report Date	12/04/2019 14:30	Academ Report Within 24 hrs.	Yes	Acodem Type	Collision - Head to Rear	
Date of Accident	11/04/2019	Time of Accident hh:mm	17:45	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	JUNC UPP SERANGOON RD & LOR LOW KI	30N				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00			
YIED OD Excess		YIED TP Excess		Driver is Covered?		
Additional Excess	1,500.00	1 10 2 2 3 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10				
Total OD Excess Applicable  Benefits		Total TP Excess Applicable				
GST Registered Informa	etion					
GST Registered	No		GST Registration Date			
GST Registration No.	1,50		GST Status Verified	Yes		
Modification History	12/04/2019 14:31:12 Sys	tem changed GST Registered from Ye	es to No			
	12/04/2019 14:31:12 Sys	tem changed GST Registration No. fri tem changed GST Registration Date (	om 53369903K to null from 07/09/2017 to null			
Policyholder Hailing Ado	dress					
Address I	BLK 592C #17-32	Address 2	MONTREAL LINK	Address 3	MONTREAL VILLE	
Address 4	SINGAPORE 753592	Address Type	Singapore address	Post Code	753592	
unit No.	17-32	Related Policy Number	5107696136			
₩ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Uhnamed driver Name	LIM KOON BENG, NORMAN (LIN	Driver NRIC	57336778F	Driver DOB	06/10/1973	
Register Date of Driver License		Driver Age	45	Driving Experience	21	
Contact No. (Mobile)	92718723	Contact No.(Office)	0	Contact No. (Home)	0	
Address 1 Address 4	BLK \$92C	Address 2	MONTREAL LINK	Address 3	MONTREAL VILLE	
Unit No.	SINGAPORE 753592 L7-32	Address Type	Singapore address	Post Code	753592	
Does he own a Singapore						
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test	8					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No			
	0 mg	Any injury?	Yes ○ No			
Reading?	0 mg	Any injury?	● Yes ○ No			
Reading? Modification History	0 mg	Any injury?	® Yes () No			
Reading?	0 mg	Any injury?	● Yes ○ No			
Reading)  Medification History  Claim 001 New			● Yes ○ No			
Reading?  Medification History  Claim 001 New  Claim Type *	0 mg	Any injury?  Insured Name	● Yes ○ No  HOSTERMINAL	Insured NRIC	53369903K	
Reading)  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)				Insured NRIC Contact No.(Office)	53369903K 68344432	
Madification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address	CO-MX   V	Insured Name Corkact No. (Home) OI Vehicle Number	MOSTERMINAL SM02404Z			
Reading)  Modification History  Claim 001 New  Claim Type *  Condact No. (Mobile)  Email Address  Claimant Type Claimant Type *	OO-MX V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit +	HOSTERMINAL .	Contact No.(Office)	68344432	
Reading)  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *	CO-MX   V	Insured Name Corkact No. (Home) OI Vehicle Number	MOSTERMINAL SM02404Z	Contact No.(Office)	68344432	
Reading?  Claim 001 New  Claim Type * Contact No. (Mobile)  Email Address Claimant Type Claimant Type * Claimant Address	CO-MOX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit +	MOSTERMINAL SM02404Z	Contact No.(Office) TP Vehicle Number	68344432	
Modification History  Claim 001 Mew  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claim Description	OO-MX V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	MOSTERMINAL SMI2404Z Please Select	Contact No.(Office)	68344432	
Reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Perferred Workshop Contact No.	CO-MX	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	MOSTERMINAL SMI2404Z Prease Select V	Contact No.(Office) TP Vehicle Number	68344432	
Reading?  Claim 001 New  Claim 19pe * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Coreact No. Require Finelisation	CO-MOX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability + Preferenced Repair Option	MOSTERMINAL SMI2404Z Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	68344432	
Reading?  Claim 001 New  Claim 1ype * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered	CO-MOX   V	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	MOSTERMINAL SMI2404Z Please Select  Most at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	68344432 5LG9359C	
Reading?  Claim 001 New  Claim 1ype * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered	CO-MOX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability + Preferenced Repair Option	MOSTERMINAL SMI2404Z Please Select  Most at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	K
Reading?  Claim 001 New  Claim 1ype * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered	CO-MOX   V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability + Preferenced Repair Option	MOSTERMINAL SMI2404Z Please Select  Most at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	
Reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By	CO-MOX   V	Insured Name Contact No, (Home) Of Vehicle Number Type of Benefit + Claimare NRIC +  Insured Liability + Preferenced Repair Option Claim Close Date	Most at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	H
Reading?  Claim 001 New  Claim 1ype * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Oate Registered Report Taken By	CO-MOX   V	Insured Name Contact No, (Home) Of Vehicle Number Type of Benefit + Claimare NRIC +  Insured Liability + Preferenced Repair Option Claim Close Date	MOSTERMINAL SMI2404Z Please Select  Most at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	H
Modification History  Claim 001 New  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	CO-MOX   V	Insured Name Contact No, (Home) Of Vehicle Number Type of Benefit + Claimare NRIC +  Insured Liability + Preferenced Repair Option Claim Close Date	Most at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	
Modification History  Claim 001 New  Claim 001 New  Claim 1ype *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	CO0-MOX	Insured Name Contact No, (Home) Of Vehicle Number Type of Benefit + Claimare NRIC +  Insured Liability + Preferenced Repair Option Claim Close Date	Most at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	
Modification History  Claim 001 New  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	CO-MOX   V	Insured Name Contact No, (Home) Of Vehicle Number Type of Benefit + Claimare NRIC +  Insured Liability + Preferenced Repair Option Claim Close Date	Most at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	68344432 SLG9359C	

