	re Services.		NALIPOYNE			
Date In: 16/10/19-19:50	Job description		Date & Time Comple	ted	Don	e by
Rel No: NA MC 14226812/24	SAS e-filing	3	İ			•
Veh No: SMA 35436	E-mail (withi	a Shrs, AIC 2hrs)				
D.O.A : 5/4/19- N.50	i-Motor Cla	nim Form	100- 6120001M	16	14/9 2	0:16
	i-Motor W/	O (Within: OD 2hrs			1749	
OD TP/ Reporting Only	i-Photo Upl		1			
TP Insurer:	Assessment/S	Survey Report	 	1		
17 insurer:	Ass't Report	by Fax / Hand t	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	Later and the second	
TP Particulars: Veh Now Um	NATE .	INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 1	80-1009	%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	000 ()/\$2,000	0()				
General Remarks:-		te s syen is	Land Complete Complete Complete	2,03	25	7 = 4 =
() Walk-In Customer : Customer's info	ormation strictly Co					
() Total Loss Case : to e-mail Insur	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN		cuy NO 131er of 1epail			
Drive-In ()/ Towed-In (); Invoic	e: YES()/	NO (); To	wing Co: ()
Remarks: (INC hotline: 6788 6616)			Date & Time Complete	4	Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/6	many properties account to the person of the)	Date&Time Complets	a 0 1	Done	hy
	Courtesy Car ()	Date&Time Complets	a V	Done	hy
1) Apply for Transport Allowance ()/6	Courtesy Car ())	Date& Time Complete	4.5	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()))	Date&Time Complets	4 5	Done	hy
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Complete	d	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()	Date&Time Complete		F. 1-0	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Complete		Done	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Complete		F. 1-0	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Complete		F. 1-0	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Complete		F. 1-0	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()	Date&Time Complete		F. 1-0	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions	Courtesy Car (F. 1-0	
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car (Invoice Prep	aration Checklist.			
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time: Actions	Courtesy Car (Invoice Prep	aration Checklist.		Anit (S)	Ami (3)
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe	aration Checklist. Leporting (\$30); ssessment (\$100); INC	(\$80) \$40/\$45	Anit (S)	Ami (3)
1) Apply for Transport Allowance ()/0 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions A Mora 34 alimant's Particulars:- iver/Owner:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The	aration Checklist. Leporting (\$30); ssessment (\$100); INC	C (\$80) \$40/\$45 \$120	Anit (S)	Ami (3)
1) Apply for Transport Allowance ()/0 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions A Mora 34 atimant's Particulars:- iver/Owner: ntact No:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age	aration Checklist: Leporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) sinst INC Only (well 10 Jan)	C (\$80) \$40/\$45 \$120 \$30	Anit (S)	Ami (3)
1) Apply for Transport Allowance ()/0 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions A Mora 34 alimant's Particulars:- iver/Owner:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti	aration Checklist: Leporting (\$30); ssessment (\$100); INC sough Survey ough Survey (Resurvey) sinst INC Only (well 0 Jan 2 on)	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75	Anit (S)	Ami (3)
1) Apply for Transport Allowance ()/0 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions A Mora 34 atimant's Particulars:- iver/Owner: ntact No:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age	aration Checklist: Leporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) ough Survey (West 10 Jan 10 on SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 \$2005)	Anit (S)	Ami (3)
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions A Maran aumant's Particulars: iver/Owner: ntact No: maged Portion:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD*	aration Checklist: Leporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) ough Survey (Wef 10 Jan on SMRT Survey al Services:-	C (\$80) \$40/\$45 \$120 \$30 \$75 \$160	Anit (S)	Amt (3)
1) Apply for Transport Allowance ()/0 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions A Mora 34 atimant's Particulars:- iver/Owner: ntact No:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C	aration Checklist: Leporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) Linst INC Only (wef 10 Jan on SMRT Survey al Services:- or/Tpt Allowance	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75	Anit (S)	Amt (3)
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions atmant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	aration Checklist: Leporting (\$30); ssessment (\$100); INC sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan on SMRT Survey al Services: ar/Tpt Allowance ordination r Inspection	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$35 \$10. \$25	Anit (S)	· Amt (\$)
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist. Leporting (\$30); ssessment (\$100); INC sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan on SMRT Survey al Services:- lar / Tpt Allowance ordination r Inspection ct Excess Coordination	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$25 \$33	Anit (S)	· Amt (\$)
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions atmant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist. Leporting (\$30); ssessment (\$100); INC sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan on SMRT Survey al Services:- lar / Tpt Allowance ordination r Inspection ot Excess Coordination Non INC) against INC	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$35 \$10. \$25	Anit (s)	· Amt (\$)

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.	to the archiving of this report at the centre and to copies of the report being made available
sulphic takes all the same of	ACCIDENT STATEMENT
Date Of Report	16/04/2019 17:52
Date Of Accident	15/04/2019 21:50
Exact Location Of Accident	OUTRAM RD AFTER JUNC EU TONG SEN ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA3547K
Insured/Policyholder	
Name Of Registered Owner	NG KIAN LEONG
NRIC No	S6824297E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97910294
Alternative Phone No	OFFICE-97910294
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATERS 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	

er your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100958384

Cover Note Number

Driver

Name of Driver NG KIAN LEONG NRIC No S6824297E Date Of Birth 28/06/1968 Occupation OUTDOOR Date Of Driving Pass 17/09/1990

Driving Experience 28 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97910294

Fax Number

Contact Number OFFICE-97910294

EMail Address NOEMAIL

BLK 585 WOODLANDS DRIVE 16 Address

#03-86

Postcode 730585

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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE STOPPED. I STOPPED MY VEHICLE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM145E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER: :

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.
- 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>.
- 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:
 - (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

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refor to	statement.		

DECLARATION

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

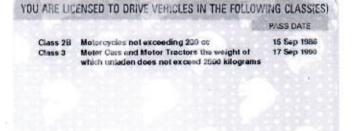
Policyholder's Signature Date & Time:

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

NRIC/FIN No.:







NP 428A

Licence No: SGB24297E

Bood Group Date of race

B+ 22-03-1994

APT BLK 585 WOODLANDS DRIVE 16 #03-86
SINGAPORE 730585
NRIC No: S6824297E

Date: 29/10/2011 No: 6882698

eBao Tech		1	ne de		14-07			200		Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						· Chang	e Language	• Chang	e Password	Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	Na.				Date	of Accident		15/04/2019 2	21:50	
	Vehicle	No.(For Motor)	SMA35	47K		Cert	ificate Number	. [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100958384		NG KIAN LEONG	S6824297E	GPC	drivo CLASSIC	SMA3547K	SMA3547K	04/06/2018	03/06/2019

Policy No.	5100958384	Policyholder Name	NG KIAN LE	ONG	Policyholder NRIC	S6824297E	
Certificate No.					MAIC		
ddress	BLK 739 #01-395 WOODLAND	S CIRCLE SING	APORE 7307	39			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/06/2018	Effective Date	04/06/2018	00:00	Expiry Date	03/06/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess outside	0	OS Premium	0				
Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE. I	.1 Agent Tel.	67913808		GST Flag	Y	
lo- nsurance lag	No						
- 3							
Open Policy nfo							
Open Policy							
Open Policy Info Certificate	holder Mailing Address						
open olicy onfo ertificate onfo Policy	holder Mailing Address BLK 739 #01-395	Addre	iss 2	WOODLANDS CII	RCLE	Address 3	SINGAPORE 730739
Open Policy Info Certificate Info Policy Info Info Info Info Info Info Info Info	PERFORMANCE AND PROPERTY.		iss 2	WOODLANDS CII		Address 3	SINGAPORE 730739 730739
Open Policy Info Certificate Info Policy Address 1 Indiddress 4	PERFORMANCE AND PROPERTY.	Addre	ess Type				
Open Policy Info Certificate Info Policy Info Info Info Info Info Info Info Info	PERFORMANCE AND PROPERTY.	Addre Relate	ess Type	Singapore addres			
Open colicy nfo certificate nfo Policy address 1 address 4 Init No. Insure	BLK 739 #01-395	Addre Relate	ess Type	Singapore addres			
Open Policy Info Certificate Info Policy Info Info Info Info Info Info Info Info	BLK 739 #01-395 ad Object: SMA3547K	Addre Relat Numb	ess Type	Singapore addres		Post Code	

icy No.	5100958384	Vehicle No.	SMA3547K	GST Registration No.	
rtificate No.				•	
cyholder Name	NG KIAN LEONG			Policyholder NR3C	S6824297E
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	97910294	Contact No.(Office)	0	Contact No.(Home)	0
nal Address		Special Remark	2.7.2	eCode	The V
К	® No ⊜Yes	TCA	® No ○ Yes	eCode Reason	The same
D Protection	Yes	NCD Entitlement(%)	50		No.
Accident Details	ALCO I	The state of the s		Private Hire	Yes
port Date	100000000000000000000000000000000000000				
	16/04/2019 20:17	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
te of Accident.	15/04/2019	Time of Accident hh:mm	21:50	Country of Accident	Singapore
porting Centre		Orenge Force		JCM No.	
ident Location	OUTRAM RD AFTER JUNC BU TONG SEN ST				
Excess					
m damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
T Registration No.			GST Status Venified	Yes	
dification History				10,705	
notice to the second					
Policyholder Mailing Ad	BLK 739 #01-395	Address 3	WARE THE PERSON	PARTY P	20020000 on the P
	DEN 137 #01/373	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730739
dress 4		Address Type	Singapore address	Post Code	730739
is No.		Related Policy Number	5100958384		
OI Driver Info					
ver Name	NG KIAN LEONG	Driver Type	Main Driver	7110E 9-012-1-1	
named driver Name		Driver NR3C	S5824297E	Driver DOB	28/06/1968
pister Date of Driver License	17/09/1990	Driver Age	50	Driving Experience	20
ntact No.(Mobile)	97910294	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 585	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730585
tress 4		Address Type	Singapore address	Post Code	730585
it No.	03-86				
	03-60				
		Driver Vaturia No.		Para laboration and a second	
	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
istered car?		Driver Vehicle No.		Driver Insurer Company	
gistered car? taration athelyser or Blood Test		Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
gistered car? claration eathelyser or Blood Test	○ Yes • No		○ Yes ® No	Driver Insurer Company	
es he own a Singapore gistered car? claration eathelyser or Blood Test ading?	○ Yes • No		○ Yes ® No	Driver Insurer Company	
istered car? faration athelyser or Blood Test dding?	○ Yes • No		○ Yes ® No	Driver Insurer Company	
istered car? Seration athlelyser or Blood Test dding? Ification History	○ Yes • No		○ Yes ® No	Driver Insurer Company	
daration autholyser or Blood Test doing? Infration History Laim 001 New	○ Yes • No		SOCIEDADE SECUL		566243976
daration nathelyser or Blood Test adding?	○ Yes No	Any injury? Insured Name	NG KIAN LEONG	Insured NR3C	566242976
istered car? saration sathelyser or Blood Test scing? strication History steim 001 New im Type * scc No.(Mobile)	○ Yes ♠ No O mg	Any injury? Insured Name Contact No.(Home)	NG KIAN LEONG 62751737	Insured NR3C Contact No.(Office)	
istered car? saration sathelyser or Blood Test scing? strication History steim 001 New im Type * scc No. (Mobile) ar Address	○ Yes ® No ○ mg □ mg □ mg □ mg □ mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	NG KIAN LEONG 62751737 5MA3547K	Insured NR3C	568242976 SLM145E
istered car? Iaration athialyser or Blood Test ding? Ification History Iaim 001 New m Type • Eact No. (Mobile) at Address mant Type Claimant Type •	One No One Presse Select	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Senets *	NG KIAN LEONG 62751737	Insured NR3C Contact No.(Office)	
istered car? Iaration Iaration Iaration Iffication History Iaim 001 New In Type * Iact No. (Mobile) In Address Inter Type Claimant Type * Inter Name *	○ Yes ® No ○ mg □ mg □ mg □ mg □ mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	NG KIAN LEONG 62751737 5MA3547K	Insured NR3C Contact No.(Office)	
aration athalyses or Blood Test ding? fication History laim 001 New m Type * tact No. (Mobile) is Address mant Type Clement Type * mant Address	O mg On-MK 97910294 Prease Select ≥≥	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Senets *	NG KIAN LEONG 62751737 5MA3547K	Insured NR3C Contact No. (Office) TP Vehicle Number	
istered car? Iaratism athalyser or Blood Test cling? Ification History Iaim 001 New In Type * Iac No. (Mobile) Ia Address Imant Type Clomant Type * Imant Name * Imant Address Imant	One No One Presse Select	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Senets *	NG KIAN LEONG 62751737 5MA3547K	Insured NR3C Contact No.(Office)	
istered car? taratism athalyser or Blood Test dding? Iffication History Itlaim 001 New Im Type * Ract No. (Mobile) at Address Imant Type Cloimant Type * Imare Address Imane	O mg On-MK 97910294 Prease Select ≥≥	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Senets *	NG KIAN LEONG 62751737 5MA3547K	Insured NR3C Contact No. (Office) TP Vehicle Number	
staration athalyser or Blood Test sting? Infration History Infrated History Infration History Infratio	O mg On-MK 97910294 Prease Select ≥≥	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefe * Claimans NRIC *	NG KIAN LEONG 62751737 SMA3547K Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number	
staration athelyser or Blood Test sting? Infration History Italiam 001 Rew Image * Infration History Image * Infration History Image * Infrat No. (Mobile) all Address Image Type Claimant Type * Image Address Image Addr	One	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NG KIAN LEONG 62751737 SMA3547K Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
taration athalyser or Blood Test oding? Inflication History Inflication Inflicati	On-MK 97910294 Prease Seriect >> SMA3547K / SLM245E ON 15 Apr 2019 Yes Yes	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NG KIAN LEONG 62751737 SMA3547K Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number	SLM14SE
istered car? taratism athalyser or Blood Test ding? Ification History Itaim 001 New In Type * Ract Ns. (Mobile) air Address mant Type Claimant Type * mant Address im Description leared Workshop Coreact user Finalisation e Registered ont Taken By	On-MK 97910294 Prease Select >> SMA3547K / SLM145E ON 15 Apr 2019 Yes 16/04/2019 20:19	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NG KIAN LEONG 62751737 SMA3547K Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
istered car? aration athalyser or Blood Test oling? fication History taim 001 New m Type * fact Ns. (Mobile) all Address mare Type Claimant Type * mare Address m Description erred Workshop Coreact user Finalisation e Registered ont Taken By	On-MK 97910294 Prease Select >> SMA3547K / SLM145E ON 15 Apr 2019 Yes 16/04/2019 20:19	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NG KIAN LEONG 62751737 SMA3547K Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
istered car? Iaratism athelyser or Blood Test dding? Ification History Iaim 001 New In Type * Ract No. (Mobile) as Address mant Type Clemant Type * mant Address in Description ferred Workshop Contact use Finalisation e Registered out Taken By Pene AK letter	On-MK 97910294 Prease Select >> SMA3547K / SLM145E ON 15 Apr 2019 Yes 16/04/2019 20:19	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Branefe * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date	NG KIAN LEONG 62751737 SMA3547K Please Select	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
saration asthelyser or Blood Test sting? Inflation History Inflation History Inflation Ool New Inflation Ool New Inflation History Inflation Ool New Inflati	On-MK 97910294 Prease Select >> SMA3547K / SLM145E ON 15 Apr 2019 Yes 16/04/2019 20:19	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Branefe * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date	NG KIAN LEONG 62751737 SMAJS47K Please Select Mcc at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
istered car? saration sathalyser or Blood Test sding? Inflication History Italian 001 New Im Type * react No. (Mobile) at Address Imant Type Claimant Type * Imant Address Imant Address Im Description ferred Workshop Confact Iudre Finalisation e Registered sort Taken By Print AK letter ttachment	On-MK 97910294 Prease Select >> SMA3547K / SLM145E ON 15 Apr 2019 Yes 16/04/2019 20:19	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Branefe * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date	NG KIAN LEONG 62751737 SMAJS47K Please Select Mcc at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
istered car? staration sathelyser or Blood Test sting? stincation History thaim 001 Rew im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact sure Finalsation te Registered oort Taken By Print AK letter	On-MK 97910294 Prease Select >> SMA3547K / SLM145E ON 15 Apr 2019 Yes 16/04/2019 20:19	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Branefe * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date	NG KIAN LEONG 62751737 SMAJS47K Please Select Mcc at Fault Preferred Workshop, Name unknown	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
daration dathelyser or Blood Test deling? Infration History Claim 001 Rew	On-MK 97910294 Prease Serect >> SMA3547K / SLM245E ON 15 Apr 2019 Yes 16/04/2019 20:19 Jackson	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefs * Claimans NRIC * Insured Liability * Preference Repair Option Claim Close Date	NG KIAN LEONG 62751737 SMA3547K Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM145E
istered car? saration sathalyser or Blood Test sding? Inflication History Italian 001 New Im Type * react No. (Mobile) all Address Imant Type Claimant Type * Imant Address Ima	On-MK 97910294 Prease Select >≥ SMA3547K / SLM245E ON 15 Apr 2019 Yes 16/04/2019 20:19 Jackson	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefe * Claimare NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No.	NG KIAN LEONG 62751737 SMA3547K Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received V
istered car? Iaratism athalyser or Blood Test ding? Ification History Iaim 001 New In Type * Iaim 001 New In Type * Iaim 001 New In Type * Iaim 100 New In Type Claimant Type * Imant Name * Imant Address Imant Address Im Description In Test Indisaction In Repistered Ort Taken By Print AK letter Ittachment Ident No.	On-MX 97910294 Prease Select >≥ SMA3547K / SLM245E ON 15 Apr 2019 Yes 16/04/2019 20:19 Jackson MT/1040517 • Yes ○ No	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefe * Claimare NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No.	MG KIAN LEONG 62751737 SMA3547K Please Select Not at Fault Preferred Workshop, Name unknown OOI 16/04/2019 20:20 Category *	Insured NRJC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidences Urgen	Received 18/04/2019 00:00 Description *
istered car? taration athalyser or Blood Test oling? Iffication History Italim 001 Rew Im Type * RECT No. (Mobile) at Address Imant Type Claimant Type * Imant Address Im Description Intered Workshop Contact Intered Wo	On-MX 97910294 Prease Select >≥ SMA3547K / SLM245E ON 15 Apr 2019 Yes 16/04/2019 20:19 Jackson MT/1040517 • Yes ○ No	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimane NRIC * Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse.	MG KIAN LEONG 62751737 SMA3547K Please Select Not at Fault Preferred Workshop, Name unknown OOI 16/04/2019 20:20 Category * Clear Please Select	Insured NRJC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidences Urgen	Received 18/04/2019 00:00 Description *
istered car? taration asthelyser or Blood Test ading? Iffication History thaim 001	On-MX 97910294 Prease Select >≥ SMA3547K / SLM245E ON 15 Apr 2019 Yes 16/04/2019 20:19 Jackson MT/1040517 • Yes ○ No	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefic * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	Not at Fault Preferred Workshop, Name unknown Save Submit OOI 16/04/2019 20:20 Category * Clear Please Select Please Select V	Insured NRJC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidences Urgen	Received 18/04/2019 00:00 Description *

