Date III W . A			NA190005-01	5074	-
Date In: 18/1/19 - 15:43	Jcb descript	ion	Date &Time Completed	Do	ne by
Rel No: Na INC19006446124	SAS e-fili	ng			
Vch No: UW 64230	E-mail (wi	thin Shrs, AIC 2hrs)		Of the state of	
D.O.A : 18/4/19 - 03: 23	i-Motor C	laim Form	100-51 8chollew	18/4/19	15:55
OD TP Reporting Only	i-Motor W	V/O (Within: OD 2hrs		- TATE	-
-	i-Photo U	ploaded		tana tana	
TP Insurer:	Assessment	Survey Report			1111111
	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ATTENDED TO THE PARTY OF THE PA			ax:	
TP Particulars: Veh Nouvex	(8840)	. INC (
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: (
Confirmed by : (AND THE PARTY OF T	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$1			<u></u>		
General Remarks:	the Substance Concess	Proparatives Constitution			
A STATE OF THE PROPERTY OF THE				1010 U.S.	
() Walk-In Customer : Customer's in	formation strictly C	Confidential & Stri	ctly NO safes of sanates		-
() Total Loss Case : to e-mail Insu	rer IIDCENTI V		- Total of tepolici.		
D. f. r. d.					
Drive-In ()/ Towed-In (); Invoi	ce: YES()/	NO(); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)	\$1.00 miles				
		e de la companya	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > 5 	\$30001 (
Int.	()		11	
Annury:	()			
Injurý:)			
)			
)		i de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp	
				es Soane	
				SPACE NA	
				SP.CAN	
	1				
Pate/Time Actions				1	
Pate/Time Actions	1	Invoice Prepa		Anit (S)	& Amt (
Pate/Time Actions	1	1) AR : Accident Re	ration Checklist porting (\$30);	Anit (\$)	& Amu
Actions Actions Algorations Umant's Particulars:		1) AR : Accident Re 2) DA : Damage As	ration Chrcklist porting (\$30); sessment (\$100); INC (\$80)	Anit (S)	& Amt (
Actions Actions Algorations Umant's Particulars:	1	1) AR : Accident Re 2) DA : Damage As 3) TF : Towing Fee	ration Checklist: porting (\$30); sessment (\$100); INC (\$80)	Anit (S)	& Amt (
Actions Algorations Liment's Particulars:- ver/Owner:	1	1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Thro 5) FT : Follow-Thro	ration Checklist porting (\$30); sessment (\$100); INC (\$80) S40/5 agh Survey \$1 agh Survey (Resurvey) \$	Anit (S)	& Amt (
Actions Algoratical Actions umant's Particulars:- ver/Owner:		1) AR : Accident Re 2) DA : Damage As: 3) TF : Towing Fee 4) FT : Follow-Thro 5) FT : Follow-Thro For claiming again	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey ugh Survey (Resurvey) \$ ast INC Only (wef 10 Jan 2005)	Anit (5)) fit Bill 45 20 30	& Amt (
Actions Algoratical Actions umant's Particulars:- ver/Owner:		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey ugh Survey (Resurvey) \$ ust INC Only (wef 10 Jan 2005) n \$	Ant (S) fit Bill 45 20 30	& Amt (
Date/Time Actions Algoratical are recovery of the control of the		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + Si	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 agh Survey \$1 agh Survey (Resurvey) \$ ast INC Only (wef 10 Jon 2005) and \$5 MRT Survey \$1	Ant (S) fit Bill 45 20 30	& Amt (
Pate/Time Actions Pate/Time Act	1	1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 agh Survey \$1 agh Survey (Resurvey) \$ ast INC Only (wef 10 Jon 2005) and \$5 MRT Survey \$1	Ant (S) fit Bill 45 20 30	& Amt (
Pate/Time Actions Pate/Time Act		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + SI 8) NTUC Additional	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 agh Survey \$1 agh Survey (Resurvey) \$ ast INC Only (wef 10 Jon 2005) and \$5 MRT Survey \$1 Services:-	Ant (S) fit Bill 45 20 30	& Amt (
Date/Time Actions Date/Time Act		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + SI 8) NTUC Additional QD' *N5: Courtesy Cai *N6: Repair Co-or	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 agh Survey \$1 agh Survey (Resurvey) \$ st INC Only (wef 10 Jen 2005) m \$ MRT Survey \$1 Services:- 1/ Tpt Allowance dination \$5	Anit (\$) 1st Bill 45 20 30 75 60	Amt()
Date/Time Actions Date/Time Act		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + SI 8) NTUC Additional OD: *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair I	ration Checklist porting (\$30); sessment (\$100); INC (\$80) sugh Survey sugh Survey (Resurvey) stilNC Only (wef 10 Jan 2005) MRT Survey \$1: Services:- // Tpt Allowance dination spection \$5	Anut (\$): 19t Bill 45 20 30 75 60 \$3 10 25	S'Amil
Date/Time Actions Date/Time Act		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + Si 8) NTUC Additional QIL* *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-or	ration Checklist porting (\$30); sessment (\$100); INC (\$80) sugh Survey sugh Survey (Resurvey) ast INC Only (wef 10 Jon 2005) MRT Survey Services:- / Tpt Allowance dination spection systems / Excess Coordination	Anit (\$) 1st Bill 45 20 30 75 60	& Amt (
Date/Time Actions Date/Time Act		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + Si 8) NTUC Additional QIL* *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-9) N12: Idac Mobile	ration Checklist porting (\$30); sessment (\$100); INC (\$80) sugh Survey \$1 st INC Only (wef 10 Jon 2005) a \$ MRT Survey \$1 Services:- 7/ Tpt Allowance dination \$5 nspection \$5 Excess Coordination \$5 an INC) against INC \$5	### Amit (\$) fit Bill 45	Amu(
Date/Time Actions Date/Time Act		1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + Si 8) NTUC Additional QIL* *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-or	ration Checklist porting (\$30); sessment (\$100); INC (\$80) sugh Survey sugh Survey (Resurvey) sast INC Only (wef 10 Jon 2005) MRT Survey Strices:- / Tpt Allowance dination spection Excess Coordination strices:-	### Amit (\$) fit Bill 45	Ami

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 th

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
The second second	ACCIDENT STATEMENT
Date Of Report	18/04/2019 15:43
Date Of Accident	18/04/2019 03:00
Exact Location Of Accident	JUNC UPP SERANGOON RD & HOUGANG ST 21
Country/State of Loss	SINGAPORE
A STATE OF STREET SPINISHESS	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW6437U
Insured/Policyholder	
Name Of Registered Owner	ALCA KUEK JUN PENG
NRIC No	S9328311B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82828795
Alternative Phone No	OFFICE-82828795

Vehicle Particulars

Manufacturer KIA

Model CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY 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 5090942112-02

Cover Note Number

Driver

Name of Driver ALCA KUEK JUN PENG

NRIC No S9328311B Date Of Birth 12/08/1993 Occupation INDOOR Date Of Driving Pass 24/05/2012

Driving Experience 6 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82828795

Fax Number

Contact Number OFFICE-82828795

EMail Address NOEMAIL Address BLK 306A ANCHORVALE LINK

#15-97

Postcode 541306

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

1

NO

NO

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SKX8850D

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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>.
- 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.
- 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:

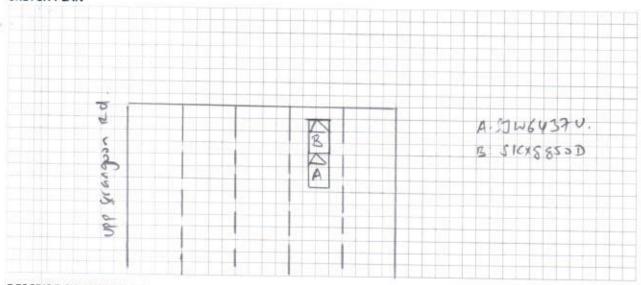
Reporting Centre Person

s Signature

Name:

NRIC/FIN No.:

GIARMS SketchPlanForm Wil



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer	10	Hostement.	
ARATION			

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.:

STABLE SECTION OF VA

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS STATIONARY STOPPED AS TRAFFIC JUNCTION WAS RED. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 4	/	9.)(DD/	MM/Y	(YY), TIN	NE:(C) (HH:MM)
LOCATION: Inc				RA		Hougana st ~ 1
 DETAILS OF VEHICLE 	/bis	,	76			3 3
a) VEHICLE NUMBER:	SJW	64370				99
b)INSURANCE COMP	ANY:	HTUC		10.00		
c)POLICY NUMBER:						
d)POLICY TYPE: (COM	APREH	ASIVE / T	HIPD P	APTY / T	HIDD I	DADTY FIDE AT LIFET
e)MAKE & MODEL:		9.1.27	TIKE	AKII/I	HIKD I	PARTY FIRE &THEFT)
f)TYPE:(SALOON / CO	UPE / I	MPV /V AI	N/IO	DDV / M/	OTOR	CVCLE / OTLIEBEL
g) VEHICLE CATEGORY	Y: IPRIV	ATE / CC	MANAER	CIAL /A	AOTOR	BOYOLE / OTHERS)
h)PURPOSE OF USING	ATAC	CIDENT	IMF.	054	11	1.11
IJAKE YOU CLAIMING	UNDER	YOUR O	WNIN	SLIPANIC	EINE	2000
IF NO, PLEASE STATE	(THIRD	PARTY CI	LAIM /	REPORT		NIA)
2. INSURED / POLICY HOL	LDER			7	1	.,,,,,
AINAME: AICO IC	rele	Jun Pe	10	1152	11	MADE / FEMALE)
b)NRIC/FIN/PASSPORT	:_ 59	328311B	,/		ONTAC	1/
c) ADDRESS:	The State of					
* CONTINUE TO A LINE						
* CONTINUE TO 3.d IF E	ORIVER	ALSO PC	DLICY	OLDER		10
The of passengs DRIVER						
LINDS (CITY)						ALE / FEMALE)
c) c)ADDRESS:				co	NTAC	T:
- 1,100 NE30.		1000				
"d)DATE OF BIRTH: (8/J	1 46	31100	7444 00	000	
e)OCCUPATION: (INDO	TORVO	OUTDOO	Z)(UU	/MM/1	(11)	
T) YEARS OF DRIVING EX	PRERIE	NCF. ZY	1151	wh.		
 WAS DRIVER AN EMPL 	LOYEE	OF THE	INSU	RED'S C	OMPA	NV2 (VEC / KON)
II NO, KELATIONSHIP	OF I	HE DRIVI	FR WT	TH TNICI	IDED.	Dunk
J. GIWEATHER CONDITION	* (CIE	AR / RAIN	VING /	OTHERS	inco.	
DIROAD SURFACE: (DR)	/ WET	/ OTHER	S	1		
6. WAS ANYBODY INJURED	YES,	1 (Q)				17
7. a)REPORTED TO POLICE	(YES /	169.				
IF YES, PLEASE STATE W	HICH I	POLICE S	TATION	l:		
8. THIRD PARTY VEHICLE NO of passenger a) VEHICLE NUMBER:	Claure	or The				
lacted and bl DRIVER'S NAME.	7 ICXQ	8049.		MOI	DEL:	
Including driver) b) DRIVER'S NAME:	-23		DE 1811			
(1 -) PARTY VEHICLE					NTACT	:
d) VEHICLE NUMBER						
No of passenger d) VEHICLE NUMBER:_				MOD	EL:	100
Including driver) NRIC/FIN/PASSPORT	20					4 %
Induding driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT	-			CON	ITACT	<u> </u>
						1.5

email = knewsurpenya Hotmail.com.

VIDEO =



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			ADDEND	UM	
A)	PARTICULARS OF PERSO	NMAKINGTH	EAMENDMEN	rs:	
	Original Report No : M	FOZOPIIAN	62.	Vehicle Registration No	SJW6437V.
	Name(as shownin NRIC) :	Hog Kuck	Jun PMa	NRIC/FIN/Passport No	S9378311A
	(*Vehicle Driver/Vehicle	Owner) (*) Pl	ease delete as a	ppropriate	
	Address : 1	SIIC 3064	Anchorval	unle \$15.97	Singapore(Jy1306)
	Contact (Tel) :			Mobile No. :	
	Email Address :				
	Date of Accident :	18)4)19		Time of Accident :0	3: 00
	Place of Accident :	June up	brango o	Rd & Honging	st n.
	Insurance Company:		3	0 3	
	3	/_			
	11.	0			\overline{A}
	Alf				
	Policyholder / Driver's Sign Date:	nature		Reporting Centre Pers Name: NRIC/FIN No.: Date:	onne's Signature

MARKE addendumform_V.I







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

3 Motor Cars=< 3000kg with =<7 passengers, exclusive 24 May 2012 of the driver; and other motor vehicles =< 2500kg</p>

NP 428A

Licence No; S9328311B

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_8						• Chang	e Language	+ Chan	ge Password	› Log Ou
My Desktop Notice of Loss	Policy Query	,								
	Policy No.				Date	of Accident	1	18/04/2019 (03:00	
	Vehicle No.(For Mo	tor) SJW6-	437U		Cert	ificate Numbe	r I			
					Search	1				
	Select Policy No	Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 509094211 02	2-	JUN PENG	593283118	GPC	drivo CLASSIC	SJW6437U	SJW6437U		06/04/2020

Policy No.	5090942112-02	Policyholder Name	ALCA KUEK	JUN PENG	Policyholder NRIC	S9328311B	
Certificate No.		2000			inde		
Address	BLK 306A #15-97 ANCHORVALE	LINK SINGAP	ORE 541306				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/04/2019	Effective Date	07/04/2019	00:00	Expiry Date	06/04/2020 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	o	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
nfo	nolder Mailing Address						
nfo	BLK 306A #15-97	Addre	ss 2	ANCHORVALE LINK		Address 3	SINGAPORE 541306
nfo Policyl Address 1			ss 2 ss Type	ANCHORVALE LINK Singapore address		Address 3 Post Code	SINGAPORE 541306 541306
nfo Policyl		Addre	ss Type d Policy				
nfo Policyl Address 1 Address 4 Init No.		Addre Relate	ss Type d Policy	Singapore address			
nfo Policyl Address 1 Address 4 Init No.	BLK 306A #15-97 d Object: SJW6437U	Addre Relate	ss Type d Policy	Singapore address			

ccident MT/1040B1S					
ORCY No.	5090942112-02	Vehicle No.	\$1W6437U	GST Registration No.	
ertificate No.				The second secon	
olicyholder Name	ALCA KUEK JUN PENG			Poscyholder NRIC	P02202448
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drive OLASSIC	Loading	593283118
ornact No.(Mobile)	82828795	Contact No. (Office)	0		0
mari Address		Special Remark	2007	Contact No.(Home)	0
PK	® No ○ Yes	TCA	® No ⊜Yes	eCode	N. V
ICO Protection	No	NCD Entitlement(%)	20	«Code Reason	
			100	Private Hire	No
egort Date	38/04/2019 15:52				
atis of Accident	NOT THE PROPERTY OF THE PROPER	Accident Report Within 24 hrs	Yes	Accident Type	Consion - Head to Rear
porting Centre	18/04/2019	Time of Accident hhomm	03:00	Country of Academs	Singapore
		Orange Force		ICM No.	
cident Location	JUNC UPP SERANGOON RO & HOUGANG	ST 21			
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	NAME OF THE PARTY				
ED OD Bacess	600.00	TP Standard Excess	0.00		
	0,00	YIED TP Excess	0.00	Driver is Covered?	Covered
Sitional Excess	0.00				
at OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits	(3201)				
GST Registered Inform	1.30				
T Registered T Registration No.	No		GST Registration Date	Total Park	
Registration No.			GST Status Verified	Yes	
MANUAL PROPERTY					
Policyholder Mailing Ac					
Orwes I	BLK 306A #15-97	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 541306
Dress 4		Address Type	Singapore address	Post Code	541306
E No.		Related Policy Number	5090942112-02		
OI Driver Info	Approximate the control of the contr				
ver Name	ALCA KUEK JUW PENG	Driver Type	Main Driver		
Named driver Name		Driver NRIC	593283118	Driver DOS	12/08/1993
gater Date of Driver License		Oriver Age	25	Driving Experience	6
ritact No. (Mobile)	82628795	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 306A	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 541306
fress 4		Address Type	Singapore address	Post Code	541306
a No.	15-97				
es he own a Singapore guitered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
				The state of the s	
100 (10 MIL)					
laration athalyser or Blood Test	0 ma	And the or	0		
laration athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
laration athalyser or Blood Test iding?	0 mg	Any injury?	○ Yes ® No		
laration athalyser or Blood Test ding?	0 mg	Any injury?	○ Yes ® No		
aration sthalyser or Blood Test ding? fication History	0 mg	Any injury?	○ Yes ® No		
aration sthalyser or Blood Test ding? fication History	0 mg	Any injury?	○ Yes ® No		
eration othalyser or Blood Test ting? fication History aims 001 New	1071100	Any injury?	○ Yes ® No		
eration othalyser or Blood Test ting? fication History aims 001 New	0 mg	Any injury? Insured Name	○ Yes ® No ALCA KUEK JUN PENG	Insured NRIC	\$9328311B
aration othalyser or Blood Test fing? fication History alms 001 New	1273 504			Insured NRIC Contact to (Office)	S93283118
aration thalyser or Blood Test ting? nication History alm 001 New Type * act No.(Mobile)	OD-MD	Insured Name			
eration thalyser or Blood Test ting? ncation History alm GOI New n Type * act No.(Mobile)	OD-MD 😺	Insured Name Contact No.(Home)	ALCA KUEK JUN PENG	Contact No.(Office)	\$93283118 SKX88500
ination thalyser or Blood Test sing? Cation History alm 001 Nam Type * act No.(Mobile) Address hant Type Claimant Type *	OD-MD 😺	Insured Name Contact No.(Home) Of Venicle Number	ALCA KUEK JUN PENG SJW6437U	Contact No.(Office)	
eration thalyser or Blood Test ting? ncation History alm GOI New n Type * act No.(Mobile) il Address hant Type Claimant Type *	OD-MD	Insured Name Contact No.(Home) Of Venicle Number Type of Benefit •	ALCA KUEK JUN PENG SJW6437U	Contact No.(Office)	
Aration sthalyser or Blood Test ding? fication History lains 601 New Type * lect No.(Hobite) if Address nant Type Claimant Type * nant Name * nant Address	OD-MD	Insured Name Contact No.(Home) Of Venicle Number Type of Benefit •	ALCA KUEK JUN PENG SJW6437U	Contact No.(Office) TP Vehicle Number	SKX88500
anation thalyser or Blood Test ting? ncation History alm 001 New n Type * lect No.(Mobile) il Address nant Type Claimant Type * nant Name * nant Address n Description	OD-MD	Insured Name Contact No.(Home) Of Venicle Number Type of Benefit * Claimant NRIC *	ALCA KUEK JUN PENG SJW6437U Please Select	Contact No.(Office)	
aration sthalyser or Blood Test ding? fication Hatory In Type * fact No.(Mobile) If Address mant Type Claimant Type * mant Address n Description arted Workshop Contact	OD-MD	Insured Name Contact No.(Home) Of Venicle Number Type of Benefit * Claimant NRIC *	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SKX88500
aration sthalyser or Blood Test ding? nication History In Type * lact No.(Mobile) If Address mant Type Claimant Type * mant Address in Description erred Workshop Contact are Finalisation.	OD-MD	Insured Name Contact No.(Home) Of Vencte Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number	SKX88500
aration sthalyser or Blood Test ding? fication History fication 601 New In Type * fact No.(Mobile) III Address mant Type Claimant Type * mant Name * mont Address in Description either Workshop Contact are Finalisation. Registered	OD-MD	Insured Name Contact No.(Home) Of Venicle Number Type of Benefit * Claimant NRIC *	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SKX88500 KANG CAR REPAIRS PTE LTD
anation sthalyser or Blood Test sing? nication History aim 601 New n Type * act No.(Mobile) ii Address hant Type Claimant Type * hant Name * hant Address n Description size Finalisation Registered it Taken By	OD-MD	Insured Name Contact No.(Home) Of Vencte Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received	SKXBB500 KANG CAR REPAIRS PTE LTD Received
aration sthalyser or Blood Test ding? fication History In Type * tect No.(Mobile) If Address mant Type Claimant Type * mant Name * mont Address in Description ented Workshop Contact are Finalisation Registered str Taken By	OD-MD	Insured Name Contact No.(Home) Of Vencte Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Gace Received OD Excess Collected by	SKXBB500 KANG CAR REPAIRS PTE LTD Received
intation sthalyser or Blood Test ding? fication History fination Type * tect No.(Mobile) III Address mant Type Claimant Type * mant Name * mant Address m Description ented Workshop Contact uire Finalisation Registered sart Taken By	OD-MD	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault Preferred Workshop (refer below)	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received	SKXBB500 KANG CAR REPAIRS PTE LTD Received
Aration stralyser or Blood Test ding? fication History Maim GO1 New In Type * tect No.(Mobile) III Address mant Type Claimant Type * mant Name * mant Address III Description erred Workshop Contact user Finalisation Registered Just Taken By Print AK letter	OD-MD	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Gace Received OD Excess Collected by	SKXBB500 KANG CAR REPAIRS PTE LTD Received
laration athalyser or Blood Test	OD-MD	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault Preferred Workshop (refer below)	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Gace Received OD Excess Collected by	SKXBB500 KANG CAR REPAIRS PTE LTD Received
Inration athalyser or Blood Test ding? Incation History Interest No.(Mobile) In Address In Address In Address In Description In Personal Address In Description In Registered art Taken By Print AK letter	OD-MD	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault Preferred Workshop (refer below)	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Gace Received OD Excess Collected by	SKXBB500 KANG CAR REPAIRS PTE LTD Received
Inration athalyser or Blood Test ding? Incation History Interest No.(Mobile) In Address In Address In Address In Description In Personal Address In Description In Registered art Taken By Print AK letter	OD-MD	Insured Name Contact No.(Home) Of Vencte Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	ALCA KUEK JUN PENG SJW6437U Prease Select Fully at Fault Preferred Workshop (refer below) Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Gace Received OD Excess Collected by	SKXBB500 KANG CAR REPAIRS PTE LTD Received
aration sthalyser or Blood Test ding? nication History In Type * lact No.(Mobile) If Address hant Type Claimant Type * hant Name * hant Address in Description hard Workshop Contact are Finalisation Registered Int Taken By Frint AK letter	OD-MD	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	ALCA KUEK JUN PENG SJW6437U Please Select Fully at Fault Preferred Workshop (refer below)	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Gace Received OD Excess Collected by	SKXBB500 KANG CAR REPAIRS PTE LTD Received

