Date In: 2/4/19 - 11:30	Job description		Date & Time Comp	alsted !	Des	ne by
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Ref No: Na IN (1900 (693) 24	SAS e-filing					
Veh No: (49-680)		a Shrs, AIC 2hrs)	ļ			
D.O.A: 19/4/19-05:05	i-Motor Cla		ב- צצבוצטוור אים	01 2	44/19	12:0V
OD (P) Reporting Only		O (Within: OD 2hrs,	7'P 4hrs)			
	i-Photo Upl		1			
TP Insurer:		Survey Report				
	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (10 minoche.	Tol:	Fax	1	
TP Particulars: Veh No:Sk B	32640	. INC ()/Non-INC().	II.	
Owner / Driver: (Tel:	1)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Insured/Driver Liability: (%)	DI	Date:	Time:	Maria Maria)	
Year of Registration: (%)			%; P: 21-79%. P	: 80-100	%]	
Excess: (\$) Loading: \$1,	Warranty: YES ()/NO()	·			
General Remarks:	000 () / \$2,000	Productive Consult	Announce & 7 379 17 31			
General Kelharks;-					W 5.	
() Walk-In Customer : Customer's inf	ormation strictly Co	onfidential & Stric	ctly NO refer of repa	əirer.	Marine Marine	
() Total Loss Case : to e-mail Insur	rer URGENTLY.	1/	And the same			
Drive-In ()/ Towed-In (); Invoice	A VEC 1/2	10/ × m				
	c. 1 E3 () / 1	NO () ; To	wing Co: ()
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Remarks:- (INC hotline: 6788 6616)		();16	wing Co: (Date&Time Comple	od be	Don	b by
Remarks: (INC hotline: 6788 6616))		od b	Don	e)by
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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.
- 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 ladgement 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.

Book for the second sec	ACCIDENT STATEMENT
Date Of Report	22/04/2019 11:30
Date Of Accident	19/04/2019 03:00
Exact Location Of Accident	RIVER VALLEY RD TWDS OXLEY
Country/State of Loss	SINGAPORE
JOHN THE BUILDING STATE OF B	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS9068D
Insured/Policyholder	
Name Of Registered Owner	LIM TENG HONG
NRIC No	S9310080H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90251484
Alternative Phone No	OFFICE-90251484
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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?	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

5105021462

(LOCAL) +65-90251484

Driver

Policy Number

Cover Note Number

Name of Driver	LIM TENG HONG
NRIC No	S9310080H
Date Of Birth	11/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE

Mobile Number Fax Number

Contact Number OFFICE-90251484

EMail Address NOEMAIL

60 KIM SENG ROAD Address

#16-04

Postcode 239497

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TELOK BLANGAH NEIGHBOURHOOD POLICE POST

ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO POLICE REPORT - T/20190420/2077.

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 SKE3264D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 20

No. Of Passenger (Including Driver)

BANK THE STREET STREET, STREET	DETAILS OF INJURED PERSON 1
Name	LIM TENG HONG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLS9068D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - (1) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or (IV) notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

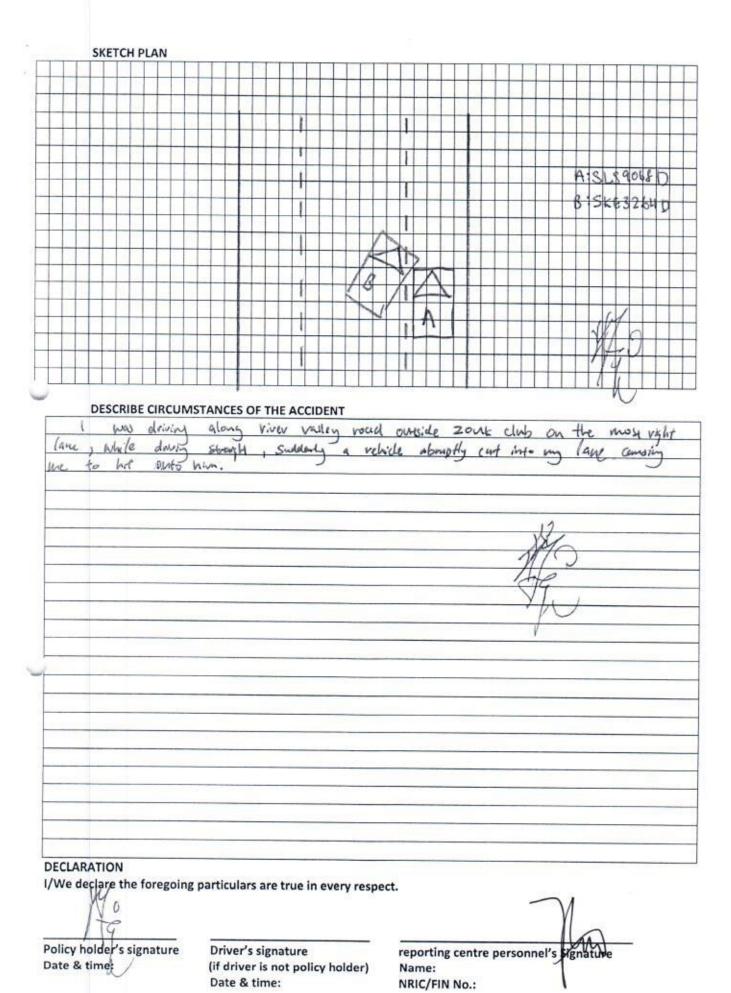
(11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	19 14-pizi-1 2019	(DD/MM/YY)
Time of accident	03 00 gm	(HH:MM)
Exact location of accident	River valley roud towards oxcley	(mining)

用于证实的。 对于这些数据的自己的	DI	ETAILS OF	VEHICLE	NEW ROSE	STATE OF THE PERSON	100
Vehicle registration number	SLS 90680)		And the least of the second		
Vehicle make and model	HONDIA	CIVIC				
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV Mot	□ Van	Others:	
Vehicle category	Private	Comme		Motorcy		
Purpose of using at said time		-			interio	
Are you claiming under your own insurance company?	Yes Third part cla	No 🗆		ease select:		

1673年,中国中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	INSURANCE IN	ORMATION	CALL TANKS THE REAL PROPERTY.
Insurance company	NTUC		
Policy number	5105021462		
Type of policy	Comprehensive p	Third party fire & theft □	TP only

INSURED / POLICY HOLDER			
Name	LIM TENG HONG	Male 🗷	Female
NRIC / Fin / Passport number	5931ccg0 H		
Contact	9025 1484.		
Address	60 KIM SENG ROND \$16-04 5(239 497)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		The state of the s
Address		
Email address		
Date of birth	11 -3-1993	
Occupation	Indoor Outdoor	
Driving date pass	14 March 2013	

Parties to the Control of the Contro	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes D No Z	A DESTRUCTION OF THE PARTY OF T
the insured's company?	If no, relationship of the driver and insured: Ownw.	
Accident captured by camera?		
Weather condition	Clear A Raining Others:	
Road surface	Dry & Wet D	
No of passenger		e of driver)
	(meda)v	e or drivery
	PASSENGER 1	Line of the Land
Name	LIM TENG HONG.	THE PERSON NAMED IN
Gender	Male Female	
ACCEPTANCE OF THE PARTY OF THE	PASSENGER 2	milian service
Name		-
Gender	Male Female	
× Section 1		
加州 ,是世界的学习中最大型	PASSENGER 3	Hothia and
Name		Marine Balling
Gender	Male Female	
	PASSENGER 4	Strain Strain
Name		
Gender	Male Female	
STATE OF THE STATE OF THE STATE OF	PASSENGER 5	Sample of the last
Name		
Gender	Male Female	
	There is a second of the secon	
	PASSENGER 6	TO be TAKE
Name		
Gender	Male Female	
	OTHER INFORMATION	
Was anybody injured?	Yes, No 🗆	
Was other vehicle damaged?	Yes No 🗆	
	DETAILS OF POLICE STATION ACTION	1000000
Reported to police?	Yes No If yes, please state which police station.	
Police station name	, joj presse state milen ponce station.	
	WITNESS 1	WALLS VISIO
Name		
	WITNESS 2	PRECAUNT
Name		DE LA GENERAL CONTRACTOR

第 年的第三人称形式的第三人称单数	THIRD PARTY VEHICLE 1
Vehicle registration number	5kt 32640
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

发展的主义。但是共和国的共和国的	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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

和 基础上的信息的设备。	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A TOTAL TO THE ENGLISH PLANT	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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

A STATE OF THE STA	INJURED PERSON 1
Name	LIM TENG LIONG
Injuries sustained	NECK PHIN
Which vehicle person in?	SLS 90680
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

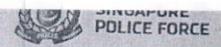
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

医自然性 医克勒勒氏 医克勒氏征	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

Make the layer that the same		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆



T/20190420/2077

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

1 of 3 Report No. T/20190420/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 20/04/2019 14:23		Made:	Vide Report No.:	Station Diary No.:
Informa	int's Partic	ulars		III. SV68 SCHOOL STATE S
Name of Informant: LIM TENG HONG			Address: 60 KIM SENG ROAD #16-04 \$	SINGAPORE 239497
ID Type / ID No.: - NRIC NO / S9310080H		80H	Contact No.: Home/Office:	Mobile: 90251484
Nationality: SINGAPORE CITIZEN		EN.	Email:	
Sex Male	Age: 26	Date of Birth: 11/03/1993	Type of Informant. Driver	
Race: Chinese			Language:	Institution / School Name;
Occupation. SELF EMPLOYED			Driving Licence Information: Class:	Date of Expiry:

Type of Injury Others		Drink Drive: No	Date/Time of Accident: 19/04/2019 03:30	Type of Location: Straight Road	
Location: Along Road 1 RIVER VALLE along River Va Weather: Clear	EY ROAD	rson Walk Road Surface: Dry		Road Speed Limit:	
CITIES TO SECURITY		Traffic Control:		Fraffic Volume:	
Traffic Flow: One Way		Not Controlled	PARTIES THE RESIDENCE AND ADDRESS OF THE PARTIES.	Light	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKE3264D	Car					0
SLS9068D	Car	HONDA	CIVIC 1.6L VTI AUTO	Black	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No	Insurance Company	Insurance No	Effective	Expery Opti
SLS9068D	NTUC Income Insurance Co-Operative	5105021462	29/10/2018	12/09/2019
	Limited			



T/20190420/2077

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 3 Report No. T/20190420/2077

CONTINUATION OF REPORT

	nvolved: No			NAME OF TAXABLE PARTY.	
No. of Pedestria	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Driver	OF STREET, STR			HUNNING SERVICE	
Name	LIM TENG HONG		ID No.	S9310080H	
Related Vehicle	SLS9068D (Car)		Contact No.	90251484	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of Injury Slight			
Driver					
Name	VICTORIA NICOLE LOW LU YI		ID No.	S9419809G	
Related Vehicle	NIL		Contact Nó.	81631072	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
ate Treatment	NIL	Date Disch	narge NIL		
lo. of Days grant	ed Medical Leave NIL	Degree of		AND SERVICE OF THE RESIDENCE OF THE PERSON O	

Brief Details.

On 19/04/2019 at about 0300hrs, I was travelling in my vehicle (SLS9068D) along River Valley towards Roberson Walk. I was driving at the rightest most lane of the 3 lanes road. Upon reaching the road next to Zouk, subsequently a black coloured vehicle (SKE3264D) has swerved into lane from the static position and collided to the left side of my vehicle (SLS9068D). After the said accident, the driver of the said vehicle (SKE3264D) has no intention of stopping her vehicle. Thus, I decided to make chase and also horned at her. I then managed to speak to her when her vehicle (SKE3264D) stopped at the traffic light. I then requested her to pull over at the side before I called police for assistance. We then pull over our vehicles at a bus stop before Old Hill Street Fire Station along the opposite road to check our vehicles. Subsequently, she told me that she was not at fault and told me to claim via insurance.



relok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999



3 of 3 Report No. T/20190420/2077

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: D / Sgt 1 PHOON KOK WAI

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No. 65476404

Authentication Stamp

Signature Of Informant:

Date/Time: 20/04/2019 14:23

Classification Of Case:

SN 415







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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 oc Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

08 Oct 2015 14 Mar 2013

NP 428A

Licence No:59310080H



Adelyn Chua
Autoshield Pte Ltd
Assistant Manager
Business Development

DID: 63851773 Mobile: 86889991 Email: adelyn@autoshield.com.sg

Website: www.autoshield.com.sg

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)

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLS9068D

Chassis Number

Certificate Number: 5105021462

. 31330000

: JHMFD46208S202164

2. Name of Policyholder

: LIM TENG HONG

Effective Date of Insurance

: 29 Oct 2018

4. Expiry Date of Insurance

: 12 Sep 2019

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)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LIM TENG HONG

NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK

SUM INSURED : MARKET VAL

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

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 26 Oct 2018 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech								Genera	alClaim	
Hello, NAC_PAYA_UBI_80 My Desktop	Policy Query Change Language						· Chan	ge Password	• Log Ou	
Notice of Loss	Policy No. Vehicle No.(For Motor)	SLS90	58D	Date of Accident 19/04/2019 03:00 Search						
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105021462		LIM TENG HONG	S9310080H	GPC	drivo CLASSIC	5L59068D	SLS9068D	29/10/2018	12/09/2019

Policy No.	5105021462	Policyholder Name	LIM TENG	HONG	Policyholder NRIC	S9310080H	
Certificate No.							
Address	BLK 49 #22-07 TELOK BLANG	AH DRIVE BLAN	GAH COURT	SINGAPORE 10	0049		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/10/2018	Effective Date	29/10/201	8 00:00	Expiry Date	12/09/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	BLK 49 #22-07	Addre	ss 2	TELOK BLANG	AH DRIVE	Address 3	BLANGAH COURT
	SINGAPORE 100049	Addre	ess Type Singapore address		ress	Post Code	100049
Address 4			ed Policy	5105021462			
5-2000		Numb	er				
Unit No.	d Object: SLS9068D	Numb	er				
Address 4 Unit No. Insure Endors	AND THE RESERVE OF THE PARTY OF	Numb	er				

Continue Cancel

	MT/1041054 ● Yes ○ No Path *	Upload Date Browse	22/04/2019 12:03 Category • Clear Please Scient	Confidential Urgenc	y • Description •
ident No. If Doc. Received	● Yes ○ No		22/04/2019 12:03		
ident No			001		
	HTHAMATA	Claim No.	Websell 1		
entransian					
Mtachment			Saye Submit		
			Stor Siting		
Priot AK letter	- Statement				
port Taken By	Jackson .	Commission Date		Date Received	22/04/2019 00:00
e Registered	22/04/2019 12:02	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received 💟
pure Finalisation	Yes	Preferend Repair Option			
erred Workshop Contact	27 17 10 2013	Insured Liability +	Not at Fault	Name of Preferred Workshop	
im Description	SLS9068D / SKE3264D DN 19 Apr 2019			Name of Preferred Workshop	
imant Address	162	STATE OF THE PARTY			
imant Name *	Mease Select ≥≥	Type of Benefit * Claimant NRIC *	Please Select		
all Address Imant Type Claimant Type 1	Please Select	OI Vehicle Number	SLS90680	TP Vehicle Number	SKE32640
stact No.(Mobile)	90251484	Contact No.(Home)		Contact No.(Office)	
m Type =	OD-MX	Insured Name	LIM TENG HONG	Insured NRIC	\$9310080H
- Alleria					
laim 001 New					
	PARTS	CONT. TARGET 1/2	€ 145 Q 160		
eathalyser or Blood Test ading?	0 mg	Any ingury?	Ves ○ No		
Seration				Same south south and a	
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
t No.	16-04	100000000000000000000000000000000000000		Post Code	239497
tress 4	SINGAPORE 100049	Address Type	TRIBECA Singapore address	Address 3	SINGAPORE 239497
fress 1	60 KIM SENG ROAD	Contact No.(Office) Address 2	0 TRIBECA	Contact No.(Home)	0
tect No.(Mobile)	90251484	Oriver Age	26	Driving Experience	6
ister Date of Driver Licens	e 14/03/2013	Driver NRIC	59310080H	Driver DOB	11/03/1993
er Name amed driver Name	LIM TENS HONG	Driver Type	Main Driver	1959-9900-0045	(00)45/308/
OI Driver Info					
No.		Related Policy Number	F105021462		
ress 4	SINGAPORE 100049	Address Type	Singapore address	Address 3 Post Code	BLANGAH COURT 100049
ress t	BLK 49 #22-07	Address 2	TELOK BLANGAH DRIVE	Address 3	DI SANCSALI (PIRA)
Policyholder Mailing A	ddress				
Sification History			GST Status Verified	Yes	
Registration No.	790		GST Registration Date GST Status Medical	Water Control	
Registered	No No		CET N		
GST Registered Inform	nation				
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
named Driver Excess	0.00	Outside Singapore OO Excess	2,000.00		
vn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Excess					
cident Location	RIVER VALLEY RO TWOS OXLEY			asers of the	
parting Centre		Orange Force		ICM No.	Singapore
itle of Accident	19/04/2019	Time of Accident hh:mm	03:00	Country of Accident	
port Date	22/04/2019 12:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Accident Details		VAN DE VERENT EN TRANSPORTE		Service see	No
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
ĸ	® No ○ Yes	TCA	® No ⊜Yes	eCode eCode Reason	No. V
ail Address		Special Remark	0	Contact No.(Home)	0
	90251484	Contact No.(Office)	drive CLASSIC	Loading	0
ntact No.(Mobile)					
duct Code	PRIVATE CAR INSURANCE	Cover Type	And the same		59310080H
	LIM TENG HONG PRIVATE CAR INSURANCE	Cover Tune		Policyholder NRIC	59310080н

