NATIONAL	<del></del> -		1 + 1/4 +	1 1 21 1	
NATIONAL Assessment Ce				T	
Date In: 29/4/19-17:53	Jcb description	1	Date &Time Completed	Done	pi
ROFNO: MAINCIGOS 7575/24	SAS e-filing		j		
Vch No: JM H. 2734A	E-mail (within	Shrs, AIC 2hrs)			.,
D.O.A : 26/4/19- 73:45	i-Motor Cla	im Form	M1/1042284-001	39/4/19/1	9:00
OD (TP)' Reporting Only	i-Motor W/0	O (Within: OD 2hr		1 1 1 1 1	
- Taporang Only	i-Photo Uple	oaded	l		
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No: 0	MAJOZGM .	INC(	)/Non-INC( )	148	
Owner / Driver: (	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
	(Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	\$1,000 ( )/\$2,000	( )			
General Remarks:				785 Q. IF	_
( ) Walk-In Customer: Customer's	information strictly Co	nfidential & Str	ictly NO refer of repairer	34,90.1	C 24 C 144
	surer URGENTLY.		iony ito islat of leponor.		
	oice: YES( ) / N	VO ( ) · To	owing Co: (		
					1
Remarks; (INC hotline: 6788 6616	CONTRACTOR OF STREET OF STREET	40000	Date&Time Completed	Done	by
	/ Courtesy Car (	)	-		
2) QC Check / Post Repair Inspection 3) Unload Resummer Photo Check / Control of the Control of	\$30001 (				
3) Upload Resurvey Photo [Repair Cost>	> \$3000] (	)			
Injury:				ne e Acoste (en	
Date/Time Actions	Analis and Assessment		ent capture for system	31224(E.C. 2000)	13 THE
				MAROATUR.	-
			Company of the second s		
Y-1		7	0. 10.	Anit (S)	Ami (
MAIDOSISO			aration Checklist	fitBill	Add B
nimant's Particulars :-		1) AR : Accident F 2) DA : Damage A	Reporting (\$30); ssessment (\$100); INC (\$8	30)	
iver/Owner:		3) TF : Towing Fe	s	0/\$45	
ntact No:		4) FT : Follow-Thr	ough Survey ough Survey (Resurvey)	\$120	
		For claiming age	sinst INC Only (wef 10 Jan 2005	)	
maged Portion:		6) TR : Re-inspects 7) N1 : Idao DA +		\$75 \$160	
	*	8) NTUC Addition	The state of the s		
Checked by (Engr-In-Charge):	¥	*N5: Courtesy C	Car / Tpt Allowance	\$5	- hard
CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE		*N6: Repair Co-	ordination	\$10	
ditors! Comments :-		*N7: Post Repni *N8: DV / Colle	r Inspection et Excess Coordination	\$25 \$5	
1:	6, 1	THE RESERVE OF THE PARTY OF THE	Non INC) against INC	\$20 .	
2/3:		9) N12: Idae Mobil Invalce dated	Fee Charged	30	man f
		Invoice dated	Fee Charged	SECTION .	

#### 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.	
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	29/04/2019 17:53
Date Of Accident	26/04/2019 23:45
Exact Location Of Accident	BLK 835 TAMPINES ST 83 DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH2774R
Insured/Policyholder	
Name Of Registered Owner	WONG KONG CHOY WILSON
NRIC No	S7432166F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96647925
Alternative Phone No	OFFICE-96647925
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107900760

# Driver

Cover Note Number

Name of Driver	WONG KONG CHOY WILSON
NRIC No	S7432166F
Date Of Birth	06/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1997
Driving Experience	21 VEARS AND 9 MONTHS

Driving Experience 21 YEARS AND 9 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96647925

Fax Number

Contact Number OFFICE-96647925

EMail Address NOEMAIL Address BLK 213 MARSILING CRESCENT

#03-79

Postcode 730213

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

O 11111

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

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
Was any body injured in the Accident?

YES

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-3689999 - FAX NO: 63682383

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190427/2162.

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? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMA7029M

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)

DETA	LSOF	INJURED	<b>PERSON 1</b>
	LO 01	INCONCE	LIXOUN

Name WONG KONG CHOY WILSON

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SMH2774R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No .:

BLK 835

Tampenia of 83

As 20

(B) SMA TO29M

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Pls refer to Police Report
	Pls refer To Police Report  NO: 7/20190427/2162.
	NO: 7/20190427/2162.
Control of the Contro	

## DECLARATION

"Ave declare the foregoing particulars are true in every raspect.

Pořcyholder's Signature Date & Tursu:

Oriver's Signature (if driver is not the addicytology) Reporting Corner Person (1) Signali

Vehicle No.	SM4 2774R. Model/Make Toyota Aires
Date of Accident	26/04/19.
Time of Accident	2344. HRS
Location of Accident	
	Tompines Street 83, BLK 835 Drueway.
Exact purpose use during accid	
	Wong Kong Choy Welson.
Telephone No. NRIC	H/P: 9664 7925 Home 1 Office:
Address	87432166F
No. of the contract of the con	BLK 213 Marsily Crescent #03-79 (8) 730213.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NJUC.
Type of Coverage C	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5107900760
Name of Driver	As Above If No,
NRIC	Any Passengers: A. A.
Date of birth	06/10/1974.
Occupation <	Outdoor / Indoor
Driving License Pass Date	16 /07/1997.
	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who? wong Kong Chay, Wilson 4/1: 9664 79
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where? Baket Panjang North MPP
Vehicle B No.	SMA 7029 M Any Passengers N.A.
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact : M. A.
Accident Portion	Fruit oright parties.
Camera Recorder	Yes / No
Email Address	oblibran & gmail com.
	Y UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
DARTICI II AD WORKELOS	T
PARTICULAR WORKSHOP	Twinear.
CONTACT DEDCOM	6842 0051 / 6744 0510
CONTACT PERSON	21 Ting
FAX NO	6741 0510 Sales @ n51. com. sg
WORKSHOP EMAIL ADDRESS	





1 of 4

Report No. T/20190427/2162/

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2019 20:58		Vide Report No.:	Station Diary No.: 56	
Informa	nt's Partic	ulars		
	Informant: (ONG CHC	DY WILSON	Address: APT BLK 213 MARSILI 730213	NG CRESCENT #03-79 SINGAPORE
ID Type / ID No.: NRIC NO / S7432166F		Contact No.: Home/Office: Mobile: 96647925		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	and the same of th
Sex: Male	Age:	Date of Birth: 06/10/1974	Type of Informant: Driver	
Race: Chinese			Language: Institution / School Na English	
Occupation: GRAB DRIVER		Driving Licence Informa Class: 3	ation: Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2019 23:45	Type of Location
Location: Along Road 1 TAMPINES S  Open carpark Weather: Clear		pines Street 83 Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Opposite Directi	on	Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make *	Model	Color	Condition	No of Passenge
SMA7029M	Car	TOYOTA	CHR	Black		0
SMH2774R	Car	ТОУОТА	PRIUS HYBRID 1.8S A	Blue		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Report No. T/20190427/2162

2 of 4

Tel No: 1800-3689999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH2774R	NTUC Income Insurance Co-Operative Limited	5107900760	01/03/2019	16/01/2020

Details of Perso	n Involved	1		T WILL		or the colonial state of
Any Pedestrian I	nvolved: No				-	
No. of Pedestriar	ns Injured: NIL		Use of Peo	destriar	Cross	sing: NA
	THE PERSON	A DE LE DIMER	Literature.	HAME		<b>第一种一种大学和新兴</b>
Name	WANG KANG NENG	€		ID No		S8117820H
Related Vehicle	SMA7029M (Car)			Conta	ct No.	91164676
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	WONG KONG CHO	Y WILSON		ID No		S7432166F
Related Vehicle	SMH2774R (Car)	(4)		Contact No.		96647925
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 26 April 2019 at 11.44pm near the Exit of Blk 835 Tampines Street 83 Open Carpark, I was driving my car and was turning left to exit. Suddenly, a car SMA7029M which just entered the open carpark and turned right, cutting through the white line on the road separating the lanes and crashing onto my car's front right side. As his car was blocking my driver door, I lowered my window panel and told the other driver to move his vehicle to the side as I need to alight to talk to him. He then moved his car to the side, and we both alighted from our cars. He asked me if we could settle it through private settlement. I checked my car for damages and found that my car's right side was seriously damaged. I asked the said driver for his particulars and took photo of his NRIC. He gave his name card to me and suddenly he drove his car away as it was obstructing the traffic but I did not tell him to parked his vehicle. I did not agree to have a private settlement with him. I then drove my car and saw that he had parked his car at the open carpark. When he alighted from his car, he told me that his car had minor damage and my car was seriously damaged hence he claimed that it is my fault. I then called the police. He then walked off before police arrived. Police came and attended to me: G/20190427/0007. On 27/04/2019, I went to Central 24-HR Clinic (Woodlands) and I was given 2 days Medical leave. No government properties involved.





T/20190427/2162

3 of 4

Report No. T/20190427/2162

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT





4 of 4 Report No. T/20190427/2162

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

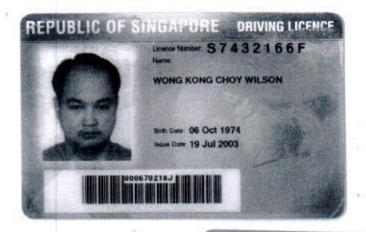
CONTINUATION OF REPORT

1			Same of	
1	100	nn	D	Om
	UC	tch		lan.

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:  L /  Sgt 2 MUHAMMAD SHAIFUDIN SHAH BIN  EFFENDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2019 20:58
Officer In Charge Of Case: TP / GIT / Sr Staff Sat SVED ZAVID MUHAMMAD BIN	Classification Of Case:
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stanto	127



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7432166F





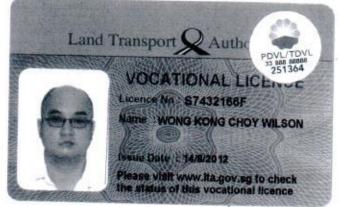
WONG KONG CHOY WILSON

CHINESE

06-10-1974

37432186

SINGAPORE



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

PASS DATE

Class 3

NP 428A

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 16 Jul 1997

22-10-2004

APT BLK 213 MARSILING CRESCENT #03-79 SINGAPORE 730213

NRIC No: \$7432188F

Date: 30/05/2018

This card is not transferable and is the property of the Land Transport Authority (LTA), it must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

02

Description TAXI VL

Issue Date

19/08/2009



### Certificate of Insurance

MOTOR VE	HICLES (THIRD	PARTY RISKS	AND CO	IMPENSATION)	ACT (CHAPTER :	189
MOTOR VE	HICLES (THIRD	PARTY RISKS	AND CO	IMPENSATION)	RULES, 1960	
ROAD TRAN	SPORT ACT, 1	987 (MALAY	SIA)			

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107900760 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SMH2774R

Chassis Number : ZVW508035107

Name of Policyholder : WONG KONG CHOY WILSON

3. Effective Date of Insurance 01 Mar 2019

Expiry Date of Insurance : 16 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

6. Limitations as to Use#

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

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 \$\$2,000

 EXCESS (SECTION 2)
 \$\$1,500

 WINDSCREEN EXCESS
 \$\$100

 ADDITIONAL EXCESS
 \$\$1,00

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 WONG KONG CHOY WILSON

NAMED DRIVER (1) N/A
NAMED DRIVER (2) N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE LIMITED

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 : INSURANCE AGENCY (00000572538)

Date of Issue : 01 Mar 2019 17:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			The same of the same of	THE RESERVE	NAME OF TAXABLE PARTY.	· Chang	e Language	· Chang	e Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N Vehicle	io. No.(Far Motor)	SMH2	774R			e of Accident ificate Number		26/04/2019 2	3:45	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107900760		WONG KONG CHOY WILSON	\$7432166F	GPC	drivo CLASSIC	SMH2774F	SMH2774R	01/03/2019	16/01/2020
					1	Continue					

Policy No.	5107900760	Policyholder Name	WONG KO	NG CHOY WILSON	Policyholder NRIC	S7432166F	
Certificate No.		. Turne			NRIC		
Address	BLK 213 #03-79 MARSILING (	RESCENT CAUS	SEWAY VIEW	V SINGAPORE 73021:	3		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	01/03/2019	Effective Date	01/03/201	9 00:00	Expiry Date	16/01/2020 2	13:59
Excess Type	Per Accident	All Claims Excess					
Third		Own					
Party Excess	1500	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	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Y	
Co- insurance Flag	No					2	
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 213 #03-79	Addre	ss 2	MARSILING CRESC	ENT	Address 3	CAUSEWAY VIEW
Address 4	SINGAPORE 730213	Addre	ss Type	Singapore address		Post Code	730213
Jnit No.	03-79	Relate Numb	ed Policy er	5107900760			
anne 140.	A PROPERTY OF THE PROPERTY OF						
3500 (5000)	d Object: SMH2774R						
3500 (5000)							

Policy No.	\$107900760	Vericle No.	5MH2774R	GST Registration No.	
Certificate No.					
olicyholder Name	WONG KONG CHOV WILSON			Policyholder NR3C	57432166F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Molsie)	96647925	Contact No. (Office)	0	Contact No.(Home)	0
Crneil Address		Special Remark		eCode	Nr. V
DEK.	® No ○ Ves	TCA	® Ner ○ Yes	eCode Resson	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
eport Date	29/04/2019 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
ate of Accident	26/04/2019	Time of Accident hh:mm	23.45	Country of Accident	Singapore
oparting Centre		Orange Force		ICM No.	Singapore
coident Location	BLK 835 TAMPINES ST 83 DRIVEWAY	0.05082362528		6603.000	
Total Excess Applicab					
xoess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1 800 00		
ED OD Excess			1,500.00	2010/08/2010 09/20	
drittional Excess	0.00	YIED TP Excess.	0.00	Driver is Covered?	Not Applicable
tel OD Excess Applicable	2,000.00	Total TP Excess Applicable			
Benefits	2,000.00	THE IP EXCESS Applicable	1,500.00		
GST Registered Inform	mation				
T Registered	No		GST Registration Date		
iT Registration No. odification History			GST Status Venified	Yes	
Policyholder Mailing A	ddrass				
Idness 1	BLK 213 #03-79	Address 2	MARSILING CRESCENT	Address 3	CAUSEWAY VIEW
dress 4	SINGAPORE 730213	Address Type	Singapore address	Post Code	730213
st No.	03-79	Related Policy Number	5107900760		130613
OI Driver Info					
iver Name	WONG KONG CHOY WILSON	Driver Type	Main Driver		
named driver Name		Driver NRIC	57432166F	Driver DOB	06/10/1974
gister Date of Driver Licens	■ 16/07/1997	Driver Age	44	Driving Experience	21
ntact No.(Mobile)	96647925	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 213	Address 2	MARSULING CRESCENT	Address 3	CAUSEWAY VIEW
loress 4	SINGAPORE 730213	Address Type	Singapore address	Post Code	730213
Ht No.	03-79				0.0079700
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
		Any injury?	® Yes ○ No		
eathalyser or Blood Test	0 mg				
eathalyser or Blood Test	0 mg				
eathalyser or Blood Test ading?	0 mg				
eathalyser or Blood Test	0 mg				
authalyser or Blood Test ading? diffication History	0 mg				
authalyser or Blood Test ading? diffication History	0 mg				
eathalyser or Blood Test using? Uncation History Claim 001 New		lance time.	LLDAG WANT SUGGESTION		
catholyser or Blood Test ading?  Infication History  Claim 001 New	00-MX	Insured Name	WONG KONG CHOY WILSON	Insured NRIC	57432166F
cathalyser or Blood Test scing?  Infication History  Salim 001 New		Contact No.(Home)		Contact No.(Office)	66003145
cathalyser or Blood Test using?  Unication History  Unication History  Unication History  Unication History  Unication History  Unication History  Address	00-MX V 96647925	Contact No.(Home) OI Vehicle Number	SMH2774R		
athalyser or Blood Test using?  Inflication History  Isaim 001 New  Isaim 1/ype +  Isaim No. (Mobile)  at Address Imant Type Claimant Type	00-MX	Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	66003145
athalyser or Blood Test using?  Infication History  Islaim 001. New.  Im Type *  tact No. (Mobile)  at Address Imant Type Claimant Type Imant Name *	00-MX V 96647925	Contact No.(Home) OI Vehicle Number	SMH2774R	Contact No.(Office)	66003145
athalyser or Blood Test iding?  ification History  laim 001 New  m Type *  tact No.(Mobile)  aif Address mant Type Commant Type mant Name * ment Address	00-MX	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMH2774R	Contact No. (Office) TP Vehicle Number	66003145
athalyser or Blood Test school Meet in Type * stact No. (Mobile) at Address imant Type Claimant Type imant Address im Description	00-MX	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMH2774R	Contact No.(Office)	66003145
atharyser or Blood Test uding?  Infration History  Italim 001 Mesw.  Im Type *  Italim No.(Mobile)  air Address Imant Name *  Imant Name *  Imant Address  Im Description  Intered Workshop Contact	00-MX	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMH2774R	Contact No. (Office) TP Vehicle Number	66003145
atharyser or Blood Test iding?  Infration History  Iaim 001 New  Type *  Eact No.(Mobile)  at Address mant Type Claiman Type mant Name * mant Address in Description  Ierred Workshop Contact	00-MX	Contact No. (Home) OI Vehicle Number Type of Senett * Claimant NRIC +	SMH2774R  Please Select  Plot at Fault	Contact No. (Office) TP Vehicle Number	66003145
atharyser or Blood Test iding?  Infration History	00-MX	Contact No.(Prome) OI Vehicle Number Type of Benefit * Claimant NRIC +  Insured Liability *	SMH2774R  Please Select  Plot at Fault	Consact No. (Office) TP Vehicle Number  Name of Preferred Workshop	66003345 SMA7029M
athalyser or Blood Test using?  Infration History  Italiam 001 Mess  Im Type *  Italiam 001 Mess  Image of the second of the sec	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC +  Insured Liability * Preferend Repair Option	SMH2774R  Please Select  Plot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report	66003145 SMA7029M
atharysis or Blood Test ding?  Infration History  Ialm 001 New  Type *  Eact No.(Mobile) of Address mant Type Claimant Type mant Address in Description wired Workshop Contact uire Finalisation Registered out Taken By	OD-MX	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC +  Insured Liability * Preferend Repair Option	SMH2774R  Please Select  Plot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report	66003145 SMA7029M
cathalyser or Blood Test ading?  Infication History  Italim 001 Hew.  Italim 001 Hew.  Italim 109 *  Inhard No. (Mobile)  air Address  Inhard Name *  Imand Address  Imand	OD-MX	Contact No. (Prome) OI Vehicle Number Type of Beneft * Claiment NKIC +  Insured Liability * Preferend Repair Option Claim Close Date	SMH2774R  Please Select  Plot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report	66003145 SMA7029M
cathalyser or Blood Test ading?  Infication History  Italim 001 Hew.  Italim 001 Hew.  Italim 109 *  Inhard No. (Mobile)  air Address  Inhard Name *  Imand Address  Imand	OD-MX	Contact No. (Prome) OI Vehicle Number Type of Beneft * Claiment NKIC +  Insured Liability * Preferend Repair Option Claim Close Date	EM912774R  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GlA report	66003145 SMA7029M
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