		1 - per st	100	
NATIONAL Assessment Cer	itre Services. Met 1 Janos M	NA 11905T360		
Date In: 29/4/19-16:45	Jeb description	Date &Time Completed	Don	e by
Rei No: NA HEIGOS 7578/24	SAS e-filing			
Veh No: 14737137	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 26/4/19-14215	I-Motor Claim Form	M7/104259-001	29/4/19	10:2/
OD (TP)' Reporting Only	i-Motor W/O (Within: OD 2he			19. 01
OD . (17) Reporting Only	i-Photo Uploaded			The Com
TP Insurer:	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (البري		ax:	
TP Particulars: Veh No: Ju	argin INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$			Terretoria de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composición d	West of Development
General Remarks:-			Park Sales	
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.		
() Total Luss Case : to e-mail Inst		The state of the s		
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO(); T	owing Co: (-)
Remarks;- (INC hotline: 6788 6616)	Notice of the second	Date&Time Completed	Done	il.,
	/ Courtesy Car ()	Later Initi Colline St.	State of Aryonic	yoy
2) QC Check / Post Repair Inspection	()	+		
3) Upload Resurvey Photo [Repair Cost>	\$30001 ()			
Injury:				
Date/Time Actions			Rose Constant	
-	1			
	The second second		Anit (S)	Amt (3)
NA 1903146 .	Invoice Prep	paration Checklist	fat Bill	Add Bill
laimant's Particulars :-	1) AR : Accident	The second secon		
river/Owner:	2) DA : Damage / 3) TF : Towing F	Assessment (\$100); INC (\$80	4 444	
	4) FT : Follow-Ti		120 \$30	
ontact No:	For claiming as	minst INC Only (wef 10 Jan 2005)		
maged Portion:	6) TR: Re-inspec 7) N1: Idac DA+		160	
	8) NTUC Additio			
Checked by (Engr-In-Charge):	OD* *N5: Courtesy	Car / Tpt Allowance	\$5	
CONTRACTOR STATE STATE OF THE S	*N6: Repair Co	o-ordination	310	
<u> iditors! Comments :-</u>	*N7: Post Reps *N8: DV / Coll	ect Excess Coordination	\$25 \$5	er material
1:	TP (N11): TP 9) N12: Idac Mob	AND DESCRIPTION OF THE PERSON	30	<u> </u>
2/3:	Invoice dated	Fee Charged		ushin Jak
	Invalce dated	Fee Charged	MARKET DO	

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.

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AU	u	UCI		\mathbf{o}	ATE	II N	н

Date Of Report 29/04/2019 16:45
Date Of Accident 26/04/2019 14:15

Exact Location Of Accident BLK 51 PAYA UBI IND PARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT3713T

Insured/Policyholder

 Name Of Registered Owner
 I DRAGONFLY

 Co Reg No
 53351959D

 Email Address
 NOEMAIL

Mobile Phone No.

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model ESTIMA AERAS 2.4 A

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 PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

Vehicle Category

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5086891611-02

Cover Note Number

Driver

Name of Driver LIM YEOW HENG

 NRIC No
 \$1498406B

 Date Of Birth
 24/08/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/07/1996

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91167235

Fax Number

Contact Number OFFICE-91167235

EMail Address NOEMAIL

BLK 313 TAMPINES STREET 33 Address

#07-20

Postcode 520313

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions RAINING Road Surface WET

Other Information

YES Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number JLQ2943 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190426/7011.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JLQ2943

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' 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:
 - 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
 - (II) 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 personne's Signature Date / time: SKETCH PLAN

A: SC7 3713 T

R

UNI TAT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My IRPHILL Was partial outside 10AC Making a report. As I was away tenich is torry which was from a company (all (uni-tart) reversal lives which and hir ando my car.

DECLARATION

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

Policy holder's signature

Date & time: (if

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

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.
- Any false reporting may be referred to the traffic police department for investigation.

ALCOHOLD STATE	ACCIDENT DETAILS	APPLIES TO THE RES
Date of accident	26/04/19	(DD/MM/YY)
Time of accident	1415	(HH:MM)
Exact location of accident	Blk SI paya US, Industrial Park Outside	UNI-TAT ICE

建	DETAILS OF VEHICLE	-74-5			
Vehicle registration number	SGT 3713T				
Vehicle make and model	Toyota Estima Acces				
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:	- 61			
Vehicle category	Private Z Commercial Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □				

ALC: THE PA	INSURANCE IN	FORMATION	· 大公司的公司 在对自己的
Insurance company	NTI	J C	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

INSURED / POLICY HOLDER							
1 Dragonfly					Male 🗆	Female 🗆	
5331959D							
and the state of t					7X		
BI	313	ampious	Street	33	#07-28	5 520313)	
	1 Dragonfly 5331959D	1 Dragonfly	1 Dragonfly 5331959D	1 Dragonfly 5331959 D	1 Dragon-Ply 5331959D	1 Dragonfly Male =	

DRIVER	SAME AS INSURED ABOVE [] (SKIP TO D.O.B)						
Name	Lie	m Yeow	Heng			Male □	Female 🗆
NRIC / Fin / Passport number		514984	1063				
Contact			0111723	5			
Address	BIK 3	13 Tamp	rus street	नु	407 -20	8(520	3131
Email address							
Date of birth	3	18014	109				
Occupation	Indoor 🗆	Outdoor	d				
Driving date pass		296	7/1996				

Maria Cara Cara Cara Cara Cara Cara Cara	GENERAL	INFORMATION	OF THE ACCIDENT	5.16-14-15-15-16-16-16-16-16-16-16-16-16-16-16-16-16-
Was driver an employee of	Yes 🗆	No Ø		1 general
the insured's company?			driver and insured:	Dane
Accident captured by camera?	Yes 🗆	No 🗆		
Weather condition	Clear 🗆	Raining 🗹	Others:	
Road surface	Dry 🗆	Wet 🗷		
No of passenger		0		(Inclusive of drive
Market Control	A 149/1967	DASSENGE.		
Name	200 古州中省5	PASSENGE	R1	
Gender	Male 🗆	Female 🗆		
- Citaci	IVIBIC D	Telliale 🗆		
	Paramore	PASSENGE	2 (08)(08)(20)(08)(08)	AN AUTOMORPHIC INC
Name		PASSENCE		10 mm 1 m
Gender	Male 🗆	Female		
	maic E	Temale D		
ALEXANDER FOR THE PROPERTY OF THE PARTY OF T	STATE OF LAT	PASSENGE	2.3	CONTRACTOR NO DE LA CONTRACTOR DE LA CON
Name				
Gender	Male 🗆	Female		
	-	/		
	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	PASSENGE	84	
Name	/			
Gender	Male 🗆	Female 🗆		
AND THE PROPERTY OF THE PARTY O	Con State	PASSENGER	25	
Name	THE PARTY OF THE P	U.SSINGS		A STATE OF A STANKE STANKED
Gender	Male 🗆	Female		
Belle (74) September 1960 (1960)	W-8-12 TO 10	PASSENGER	36	
Name				
Gender	Male 🗆	Female		
CHENT PROPERTY OF THE PARTY OF	1000年前	OTHER INFORM	ATION	PARTY SERVICE OF THE PROPERTY OF
Was anybody injured?	Yes 🗆 🗸	No D		AND AND AND THE AND
Was other vehicle damaged?	Yes	No 🗆		
oles accesses and the second of the second	DETAIL	LS OF POLICE STA	ATION ACTION	Committee of the Commit
Reported to police?	Yes 🗹	No □ If ye	s, please state whic	ch police station.
Police station name				
		etune ette uv. S. e. e.		
HAZER BARRIER BARRIER		WITNESS	1	
Name				
Charles I version of the		WITNESS	2	NAME OF THE PARTY
Name				

Water than the same and a second	THIRD PARTY VEHICLE 1
Vehicle registration number	J2Q 2943
Vehicle make model	37Q3112
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
AND STATE OF POST OF STATE OF	TUIDD DAOTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
国的区域的	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Mark Commence of the Commence	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
the state of the s	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Manager than the second	THIRD PARTY VEHICLE 6
Vehicle registration number	THROTART VEHICLE
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

	of the state of the	INJURED PERSON 1	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
	The state of the s		
斯勒思维护护护		INJURED PERSON 2	
Name			(C. 10)
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?			
はない。	E STANKE !	INJURED PERSON 3	MEGANERATE AND
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆 /	
Was injured conveyed to	Yes 🗆	No 🗆 /	
hospital by ambulance?			
PARTICIPATION AND PROPERTY OF THE PARTY OF T			
Name	STOCK (1900)	INJURED PERSON 4	ALCOHOL STORY OF THE STORY OF THE STORY
		/	
Injuries sustained			
Which vehicle person in?		•	
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Market Control of the Control		INJURED PERSON 5	Surface and the surface of the surfa
Name	(1) 100 100 100 100 100 100 100 100 100 1	INJURED PERSON 3	300 man 1950
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	103 0	NAME OF ACT OF A	
Michigan Committee	湖(1)	INJURED PERSON 6	
Name			
Injuries sustained			
Which vehicle person in?			
The state of the s			
Were seat belts worn?	Yes 🗆	No 🗆	
	Yes □	No 🗆	
Were seat belts worn? Was injured conveyed to hospital by ambulance?			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190426/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 26/04/20	me Report N 019 15:34	Report Made: Vide Report No.: Station D 9 15:34			
Informa	nt's Partic	ulars			
	f Informant: DW HENG		Address: APT BLK 313 TAMPINES ST 520313	FREET 33 #07-28 SINGAPORE	
ID Type	/ ID No.:	06B	Contact No.:		
NRIC N	O / S14984		Home/Office: Mobile: 91167235		
National	Nationality:		Email:		
SINGAR	SINGAPORE CITIZEN		limyeowheng38@gmail.com		
Sex:	Age:	Date of Birth: 24/08/1961	Type of Informant:		
Male	57		Driver		
Race:	Race:		Language:	Institution / School Name:	
Chinese	Chinese		English		
	Occupation: Grab driver		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/04/2019 14:1	Type of Location Straight Road
Location: UBI AVENUE	1			
Weather: Raining		Road Surface: Wet		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Controlled by Oth	ers e.g. Workmen	Traffic Volume: Light
Type of Collis	sion: lle Against - Parked Veh	ala		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Туре	Make	Model	Color	Condition	No of Passenger		
Car					0		
-	Туре	Type Make	Type Make Model	Type Make Model Color	Type Make Model Color Condition		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20190426/7011

2 of 3 Report No. T/20190426/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver				Land of		是是是是是一个
Name	LIM YEOW HENG				ID No. S1498406B	
Related Vehicle	SGT3713T (Car)				ct No.	91167235
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	1/10	
No. of Days granted Medical Leave NIL			Degree o	Degree of Injury NIL		

Brief Details.

My vehicle was parked outside of IDAC, as I was inside the office making a report. Suddenly I heard a loud bang sound from outside. I quickly went out and realised that my car was hit by vehicle B (JLQ2943) while he was reversing.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190426/7011

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2019 15:34
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$14984068





LIM YEOW HENG

林耀兴

CHINESE

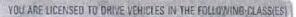
24-08-1961 M

SINGAPORE









Class 28 Malarcycles not exceeding 200 cc
Class 2A Molecycles between 201 cc and 400 cc
Class 3 Molec Cars and Moter Tractors the weight of
which unlader dose not exceed 2500 integrans

29 Apr 1992 67 Sep 1993 29 Jul 1996



Policy No.	5086891611-02	Policyholder Name	I DRAGON	FLY	Policyholder NRIC	53351959D	
Certificate No.		Harrie			mac		
Address	BLK 313 #07-28 TAMPINES ST	REET 33 SING	PORE 5203	13			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	08/04/2019	Effective Date	10/04/201	9 00:00	Expiry Date	09/04/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1213.75				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young,	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy	holder Mailing Address						
Address 1	BLK 313 #07-28	Addre	ess 2	TAMPINES STREET	33	Address 3	SINGAPORE 520313
		Addre	ss Type	Singapore address		Post Code	520313
Address 4			ed Policy	5086891611-02			
Address 4 Unit No.	07-28	Relat Numl		3000031011-02			
Unit No.	07-28 ed Object: SGT3713T			3000031011-02			
Unit No.	ed Object: SGT3713T			3000031011-02			

Claim Handling					
e premium on this policy has cident MT/1042259	not been collected.				
Hey No.	5066591611-02	Vehicle No.	5GT3713T	GST Registration No.	
rtificate No.					
cynoider Name	I DRADIONPLY			Policyholder NRIC	53351959D
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	No. V
	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
ort Date	29/04/2019 19:19	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
of Accident	26/04/2019	Time of Accident hhomm	14:15	Country of Accident	Singapore
orting Centre		Orange Force		IOM No.	
dent Location	BLK 51 PAYA UBI IND PARK				
Total Excess Applicable	•02				
тка Туре:	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
OD Excess		VIED TP Excess		Driver is Covered?	
tional Excess	0.00				
OO Excess Applicable		Total TP Excess Applicable			
Benefits GST Registered Inform	ath-				
GST Registered Inform Registered	No		GST Registration Date		
Registration No.	NO.		GST Status Verified	Yes	
fication History	29/04/2019 19:20:29 Syst	em changed GST Status Venfied fro		148	
Policyholder Mailing A	ddress				
ess 1	BLK 313 #07-26	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520313
ess 4		Address Type	Singapore address	Post Code	520313
No.	07-28	Related Policy Number	5086891611-02		
OI Driver Info					
or Name	Unnamed Driver	Driver Type	Unnamed Driver		
med driver Name	LIM YEOW HENG	Orriver NRSC	51498406B	Driver DOB	24/08/1961
ster Date of Driver License	29/07/1996	Driver Age	57	Driving Experience	22
ect No.(Mobile)	91167235	Contact No.(Office)	0	Contact No.(Home)	0
ess 1	BLK 313	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE \$20313
ress 4		Address Type	Singapore address	Post Code	520313
No	07-20				
s he own a Singapore istered car?	○ Yes (Na	Oriver Vehicle No.		Driver Insurer Company	
eretion					
thalyser or Blood Test ling?	0 mg	Any injury?	○ Yes ® No		
fication History					
aim 001 New					
		V31180000 Tallin	St.		
Type *	ОД-МХ	Insured Name	I DRAGONFLY	Insured NRIC	53351959D
ect No.(Mobile)	91167235	Contact No.(Home)	MIL	Contact No.(Office)	ND,
Address		OI Vehicle Number	SGT3713T	TP Vehicle Number	3LQ2943
ant Type Claimant Type	Please Select	Type of Benefit *	Please Select		
ant Name *	>>	Claimant NRIC *			
ant Address					
Description	SGT3713T / JLQ2943 ON 26 Apr 2019			Name of Preferred Workshop	
med Workshop Contact		Insured Lability •	Not at Fault ✓		
ire Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	29/04/2019 19:21	Claim Close Date		Date Received	29/04/2019 00:00
rt Taken By	Jackson				
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Attachment : P Accident No, Last Doc. Received	MT/1042259 ● Yes ○ No Path •	Claim No. Upload Date	29/04/2019 19:22 Category *	Confidential Urgen	cy * Description

