Date In:	NAL Assessment Centre	TOTAL PARTIES AND ADDRESS OF THE PARTIES AND ADD		
1 1100 - 1000	02/05/2019 10:21	Job description Date & Time Comple	ted Don	e by
Ref No.	NA/INC19007695 K4	SAS e-filing		
The second secon	SMG9068E	E-mail (widon 8hrs, AIC 2hrs)	1	
No.	3014/2019 16:45	i-Motor Claim Form MT/10427	20 mal 2	[C]19
7		i-Motor W/O (Within: OD 2hrs, TP 4hrs)	20-001 3	2/0/
OD AP	Perporting Only	i-Photo Uploaded	 -	23/03
TRI	M	Assessment/Survey Report		
TP Insure	T.	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred V	Nksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particu	dars: Veh No: 580	6371R INC()/Non-INC()	
Owner / I		Tel:)	-/
Policy No	o: () Perio	d: () Cover Type: (91n155550
	onfirmed by : (Date: Time:)	
		te-Est. Status (WO): N: 0-20%; P: 21-79%. F:	80-100%]	C 50/20/2
		arranty: YES () / NO ()		
Excess: (()/\$2,000()		
General Re	emarks:-	A Commence of the Control of the Con	Si mai	
The second second second	ck / Post Repair Inspection Resurvey Photo [Repair Cost > \$30	001		
3) Upload F	Costricty Filoto (Repair Cost > \$300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
V2J84	Actions			
Injury:			Ant (S)	1
Injury :	Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30);	1st Bill	100
Injury : Date/Time	Actions NA 1903 Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee	Lst Bill C (\$80) \$40/\$45	1
Injury : Date/Time	Actions NA 1903 Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN	1st Bill C (\$80)	1
Injury: Date/Time Laimant's Priver/Owner	Actions NA1903 Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 2005)	1
Injury: Date/Time Laimant's Priver/Owner	Actions NA1903 Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey	C (\$80) \$40/\$45 \$120 \$30	1
Injury : Date/Time Laimant's Priver/Owne ontact No:	Actions NA1903 Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services On!* *N5: Courtesy Car / Tpt Allowance	1st Bill C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	1
Injury: Date/Time Inimant's Priver/Owner ontact No: amaged Por	Actions Particulars:- rtion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services On!* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Amt (3 Add B
Injury: Date/Time Claimant's Priver/Owner Ontact No: amaged Por	Actions NA 1903 Particulars:-	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services. OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	1st Bill C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$15 \$25 \$5	1
Injury: Date/Time Claimant's Priver/Owner ontact No: amaged Por	Actions Particulars:- rtion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); IN 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services On!* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	\$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$25 \$5 \$20 30	1

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	02/05/2019 10:21
Date Of Accident	30/04/2019 16:45
Exact Location Of Accident	JUNC OF BUKIT TIMAH RD TURNINGLEFTTORACE COURSE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG9068E
Insured/Policyholder	
Name Of Registered Owner	TANJECKHUI
Co Reg No	53356221W

(LOCAL) +65-98731213

OFFICE-98731213

Alternative Phone No Vehicle Particulars

Email Address

Mobile Phone No

Manufacturer HONDA

Model SHUTTLE HYBRID 1.5 AUTO

Exact Purpose for which vehicle was being used at

time of accident

WORK

NOEMAIL

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 5106644405

Cover Note Number

Driver

 Name of Driver
 TAN JECK HUI

 NRIC No
 \$7619728H

 Date Of Birth
 08/07/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/05/1999

Driving Experience 19 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98731213

Fax Number

Contact Number OTHERS-98731213

EMail Address NOEMAIL

BLK 172C EDGEDALE PLAINS Address

#03-468

Postcode 823172

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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?

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)

3

Passenger 1

NAME: : NIL

GENDER: : FEMALE

Passenger 2

NAME:

: NIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address Police Station Contact

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190430/2190

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBS6371R

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category

Name of Driver

Page 2 of 31

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN JECK HUI

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SMG9068E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

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

Date & Time:

Reporting Centre Personnel's Signature

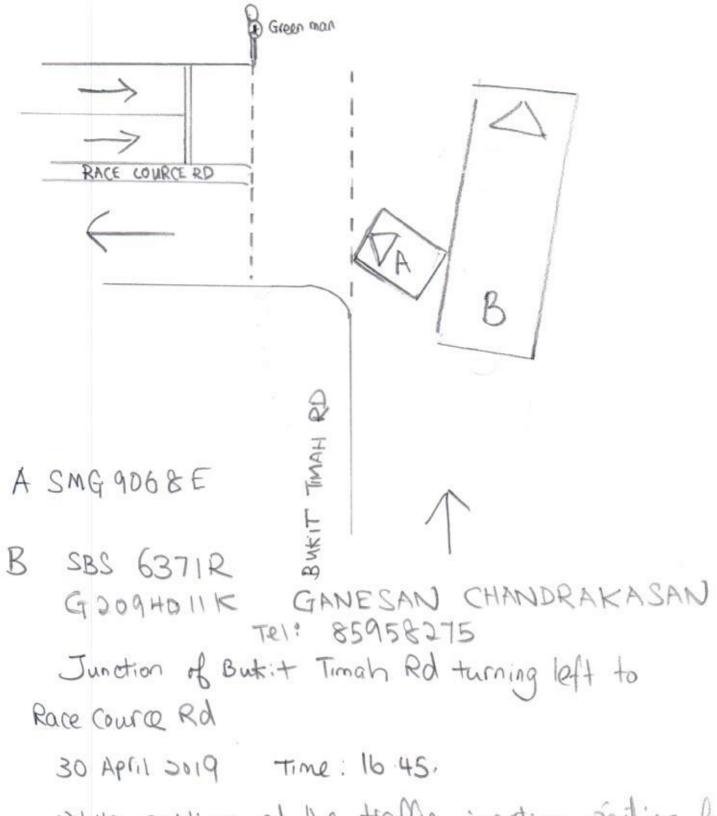
Name:

NRIC/FIN No.:

GIARMIC SantchPlanForm 373

, x/e	N. K.
els befor to	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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La XV	ack
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6/2	
6/2	
2/2	
2/2	
2/4	
2/4	
P159	
DECLARATION I/We declare the foregoing particulars are true in every respect.	

GIARME SketchPlanForm_V3



while waiting at the traffic junction sailing for my turn to turn left at the pedestrain crossing.

My vehicle smaggobs was still at a stationary position and out of a sudden, the SBS Bus 66 SBS 6371 R which was heading straight didn't bother to care the vehicle in fruit of him which was us and he just speed up and the side of his bus hit onto my right back

bumber hard and I can hear my p2 passenger on board shorting formarling bedied having shock

4

OH X BERRY





1 of 4 Report No. T/20190430/2190

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2019 23:05			Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars	可以 17. 的变形形式	TOTAL PROPERTY OF A STREET		
Name of	f Informant: CK HUI		Address: APT BLK 172C EDGEDALE PLAINS #03-468 SINGAPORE 823172			
ID Type / ID No.: NRIC NO / S7619728H			Contact No.: Home/Office:	Mobile: 98731213		
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 42	Date of Birth: 08/07/1976	Type of Informant:			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: PRIVATE HIRER DRIVER		Driving Licence Informa Class: 3	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2019 16:45	Type of Location Straight Road	
Location: Along Road 1 BUKIT TIMAN RACE COUR		Road 2			
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h	
One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy	
Type of Collis		Swipe - Same Direction		Anyone conveyed by	

Details of Vehicle Involved							
Vehicle No.		Make	Model	Color	Condition	No of Passenger	
SBS6371R	Bus/Coach/Mi nibus				Slightly Damaged	7	
SMG9068E	Car	HONDA	Shuttle	White	Slightly	2	

	ehicle Insurance	河口和东西区域市内区外沿 自	15000000000000000000000000000000000000	
	Insurance Company	Insurance No	Effective	Expiry Date
SMG9068E	NTUC Income Insurance Co-Operative Limited	5106644405	03/01/2019	03/01/2020





2 of 4 Report No. T/20190430/2190

CONTINUATION OF REPORT

Details of Perso	n Involved	STATE OF THE PARTY OF	-DZ-WEIGH	STATE OF THE PARTY.	
Any Pedestrian I	nvolved: No		Liberty Mich.		
No. of Pedestrian	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Driver	Commence of the particular of the second	THE REAL PROPERTY.	The state of the s	01000	sing. 14/A
Name	TAN JECK HUI		ID No	5//	S7619728H
Related Vehicle	SMG9068E (Car)			ct No.	98731213
Hospital/Clinic	TH CHIA MEDICAL PRACTIC	E	Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	30/04/2019	Date Disci		NIL	
No. of Days gran	ted Medical Leave 05	Degree of		Slight	
Driver	A STATE OF THE RESIDENCE OF THE PARTY.		March Street	Cilgin	
Name	GANESAN CHANDRAKASAN		ID No.		G2094011K
Related Vehicle	NIL		Contact No.		85958275
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On 30/04/2019 at around 1624hrs, I picked up my passenger and that was the last time I saw my vehicle, SMG9068E, intact.

On 30/04/2019 at around 1645hrs, I was driving along Bukit Timah Road when I approached a junction going towards Race Course Road. As the green man is still on and pedestrians were crossing, I stopped my vehicle. Suddenly, I felt an impact coming from my right rear bumper for about 5 seconds. That was when I discovered that a Go-Ahead Singapore Bus, SBS6371R had hit my vehicle. I stopped my vehicle and went out. The driver then approached me. That was when I discover a crack at lower area of my left rear bumper. I then exchanged particulars with the driver.

On 30/04/2019 at around 1930hrs, I went to TH Chia Medical Practice to seek treatment and was given 5 days MC bearing number 0000024518.

I wish to inform that I have an in car CCTV in the front and the rear capturing the whole incident.

I am lodging this report for Police's assistance.





3 of 4 Report No. T/20190430/2190

CONTINUATION OF REPORT





4 of 4 Report No. T/20190430/2190

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

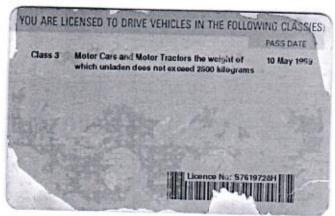
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt MUHAMMAD JUMARI BIN IBRAHIM	SIM -
Signature Of Interpreter:	Date/Time:
Not applicable	30/04/2019 23:05
22.77	
Officer In Charge Of Case:	Classification Of Case:
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED	
MOHD SAID	
Contact No.: 65476172	
Authentication Stamp	
NP168	
	Y









Driver: Email: ckjake @ hotmail. com Demail: autohub 325 @ gmail. com



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)

Certificate Number: 5106644405

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMG9068E

Chassis Number

: GP71217030

Name of Policyholder

TANIECKINI

3. Effective Date of Insurance

: TANJECKHUI

4 F i B · · · · · ·

: 03 Jan 2019

4. Expiry Date of Insurance

: 02 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 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

NCD PROTECTION

TRANSPORT ALLOWANCE

EXCESS WAIVER

PRIMARY DRIVER

NAMED DRIVER (1)

PRIMARY DRIVER : N/A
NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A
HIRE PURCHASE COMPANY : N/A

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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 02 Jan 2019 19:30 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_	Policy Query					• Chan	ge Languag	e • Chan	ge Password	, Log Ou
Notice of Loss	Policy No. Vehicle No.(For Motor)	SMG9	068E			e of Accident		30/04/2019	16:45	
					Search	l and the manner	er			
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5106644405		TANJECKHUI	53356221W	GPC	drivo CLASSIC	SMG9068E	SMG9068E	03/01/2019	02/01/2020
					Continue	-		11.7.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		

Policy Information

Policy No.	5106644405	Policyholder Name	TANJECKHUI	Policyholder NRIC	53356221W
Certificate No.				NRIC	
Address	BLK 172C #03-468 EDGEDA	LE PLAINS SINGA	PORE 823172		
Product Name	PRIVATE CAR INSURANCE	Plan		Group	N
Policy issue Date	02/01/2019	Effective Date	03/01/2019 00:00	Policy Flag Expiry Date	02/01/2020 23:59
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		
Agent Co-	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
nsurance lag	No				
Open Policy nfo					
Certificate nfo					
	older Mailing Address				
ddress 1	BLK 172C #03-469	Addrose 3			

Address 1	BLK 172C #03-468	Address 2	EDGEDALE PLAINS	Address 3	SINGAPORE 823172
Address 4		Address Type	Singapore address	Post Code	823172
Unit No.	03-468	Related Policy Number	5106644405		

Insured Object: SMG9068E

▽ Endorsements							
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content			
1	09/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 03 Jan 2019, you are entitled to 30% NCD under your policy. In view of your NCD entitlement, a cheque refund of \$690.43 (inclusive of GST) will be mailed to you.			
2	09/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 09 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: N/A CHASSIS NUMBER: GP71217030 ENGINE NUMBER: LEB6560702 VEHICLE REGISTRATION NUMBER: SMG9068E ORIGINAL REGISTRATION DATE: 03 Jan 2019			
3	09/01/2019 00:00	NCD Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 09 Jan 2019, you are			

Claim Handling

Accident MT/1042720						
Policy No.	5106644405	Vehicle No.	SMG9068E		GST DA	gistration
Certificate No.					031 KB	yistration
Policyholder Name	TANJECKHUI				Policyty	older NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile) Email Address	98731213	Contact No.(Office)	0		0.000000	No.(Hom
KFK	000 MAN AARS 1	Special Remark			eCode	haerat natura
	No Yes	TCA	No Yes		eCode R	teason
NCD Protection Accident Details	No	NCD Entitlement(%)	30		Private i	
Report Date	77 IA 7 I					
Date of Accident	03/05/2019 10:31	Accident Report Within 24 hrs	Yes		Accident	t Type
Reporting Centre	30/04/2019	Time of Accident hh:mm	16:45		Country	of Accide
Accident Location	120000000000000000000000000000000000000	Orange Force			ICM No.	
♥ Excess	JUNC OF BUKIT TIMAH RD TURNINGLEFT	TORACE COURSE RD				
Own damage Excess	2,000.00	Additional Excess	0.27			
Unnamed Driver Excess	2,000,00	Outside Singapore OD Excess	0		Windscre	een Exces
Third Party Excess	1,500.00	Outside Singapore OD Excess Outside Singapore TP Excess		2,000.00		
□ Benefits		oddialoe Silligapore TP excess		1,500.00		
	ation					
GST Registered	No		GST Reg	istration Date		
GST Registration No. Modification History			GST Stat	us Verified		Yes
riodination riistory	03/05/2019 10:34:59 S	vstem changed GST Status Verified from No	to Yes			
Policyholder Mailing Add	dress					
Address 1	BLK 172C #03-468	Address 2			2010	
Address 4			EDGEDALE PLAIN		Address :	3
Unit No.	03-468	Address Type Related Policy Number	Singapore address	la de la companya de	Post Code	e
♥ OI Driver Info		Notice Policy Notice	5106644405			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAN JECK HUI	Driver NRIC	57619728H		Q	
Register Date of Driver License	10/05/1999	Driver Age	42		Driver DC	
Contact No.(Mobile)	98731213	Contact No.(Office)	0			xperience
Address I	BLK 172C #	Address 2	EDGEDALE PLAINS		Address 3	No.(Home)
Address 4		Address Type	Singapore address			
Unit No.					Post Code	
Does he own a Singapore Registered car?	○ Yes ■ No	Driver Vehicle No.			Driver Ins	surer Com
Declaration						
Breathalyser or Blood Test	11 2 2200					
Reading?	0 mg	Any injury?	Yes No			

Modification History						
Claim 001 OD-MX New						
Claim Type *						
				OD-MX	▼ Insured Name	TANJEC
Contact No.(Mobile)					Contact	_
					No. (Home)	
mail Address					OI Vehicle	SMG90
laim Description					Number	DMG90
				SMG9068E / SBS6371R O	N 30 Apr 2019	
referred Vorkshop	Insured Liability Not at Fa	ute -1				
BRIBRE No. Yes	▼ Repair Preferred Workshop.	Name unknown V GIA Received	•			
ate Registered	Option	report Received	•	02/05/2010	Claim	
				03/05/2019 10:40	Close	
eport Taken By					Workshop	
Print AK letter					Repairer	

Attachment				-	
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Accident No.	MT/1042720	Claim No.			
ast Doc. Received	Yes No	Upload Date		001	
	Path •			03/05/2019 10:35	
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1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:39	SAS		Normal	SAS
172	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:38	Photos		Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 May 2019 10:38	Photos		Normal	Photo
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