Date In: 3/5/19 - 12.27	Job description	Date &Time Completed	Done by	Ģ.
Rel No: 44/14C 1900 7827/24	SAS e-filing			-
Vch No: 50 76 7 76 7 76 7 76 7 76 7 76 7 76 7 7	E-mail (within Shrs, AIC 3	na d		
D.O.A: 3/1/19-13:15	i-Motor Claim Form		1271-12	*
D.O.A >A/19 - 13:13		611111111111111111111111111111111111111	3/7/19/19:5	\$
OD TP Reporting Only	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)		
TP Insurer:	Assessment/Survey Rep Ass't Report by Fax / F			
Preferred Wksp / INC Assign Wksp / QW			Fax:	
7		NC()/Non-INC()		H 46
Owner / Driver: (Tel:	,	
Policy No: ()	Period: () Cover Type: (-
Confirmed by : (Date:	Time:)	0 - 4/12
Insured/Driver Liability: (%) [Note-Est. Status (WO): N	I: 0-20%; P: 21-79%. P: 80-	100%]	
) Warranty: YES ()/NO			
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:-				
() Walk-In Customer: Customers	information strictly Confidential	& Strictly NO refer of repairer	19-19-19-19	
() Total Loss Case : to e-mail In		A Strictly NO 1ster of repatier.		
		\ T-i-C-(·	
); Towing Co: ()
Remarks:- (INC hodine: 6788 661		Date&Turis Completed	Done by	Dat to
1) Apply for Transport Allowance ()/Courtesy Car ()			-State Tim
2) QC Check / Post Repair Inspection	()		TA .	HETE 100%
 Upload Resurvey Photo [Repair Cost 	> \$3000] ()			
Injury:				
Injury :				
	The second secon			
	1		+	
Date/Time Actions	1	Preparation Checklist	Ant (5)	int(3)
Date/Time Actions	Invoice	Preparation Checklist	Ant (5)	Art(\$)
Date/Time Actions	1) AR: Ac 2) DA: Da	Preparation Checklist: cident Reporting (\$30); amage Assessment (\$100); INC (\$5	Anit (5) / fat Bill A	5000 W-5
Date/Time Actions	1) AR : Ac 2) DA : Dc 3) TF : To	Preparation Checklist. cident Reporting (\$30); mage Assessment (\$100); INC (\$60); wing Fee \$40	Ant (5) // // // // // // // // // // // // //	5000 W-5
Date/Fime Actions Actions Simant's Particulars:-	1) AR : Ac 2) DA : Dc 3) TF : To 4) FT : Fol	Preparation Checklist. cident Reporting (\$30); mage Assessment (\$100); INC (\$60); wing Fee \$40	Anit (5) / fat Bill A	5000 W-5
Date/Fime Actions Ac	1) AR: As 2) DA: De 3) TF: Te 4) FT: Fol 5) FT: Fol For clair	Preparation Checklist cident Reporting (\$30); Image Assessment (\$100); INC (\$80); wing Fee \$40 Iow-Through Survey Iow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005)	Ani (5) A 16 Bill A 80) 9/545 \$120 \$30	5000 W-5
Date/Fime Actions Actions Simant's Particulars:-	1) AR: Ac 2) DA: De 3) TF: Te 4) FT: Foi 5) FT: Foi Forelair 6) TR: Re	Preparation Checklist cident Reporting (\$30); Image Assessment (\$100); INC (\$80); Inc. (\$100); INC (\$100); Inc. (\$100); I	Anit (5) A 16 Bill A 80) 0/545 5120 530	5000 W-5
Date/Fime Actions Ac	Invoice 1) AR: As 2) DA: De 3) TF: Te 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ida 8) NTUC	Preparation Checklist cident Reporting (\$30); Image Assessment (\$100); INC (\$80); Wing Fee \$40 Illow-Through Survey Illow-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 2005) Inspection	Ami (\$) // IstBill A 80) 0/\$45 \$120 \$300) \$75	5000 W-5
Date/Fime Actions Ac	Invoice 1) AR: Ac 2) DA: Dc 3) TF: To 4) FT: Fol 5) FT: Fol Forelair 6) TR: Re 7) N1: Ida 8) NTUC OD*	Preparation Checklist cident Reporting (\$30); image Assessment (\$100); INC (\$80); wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005) inspection to DA + SMRT Survey Additional Services.	Ami (\$) // IstBill A 80) 0/\$45 \$120 \$300) \$75	5000 W-5
Date/Fime Actions Ac	Invoice 1) AR: Ac 2) DA: Dc 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ida 8) NTUC QD* *N5: Co *N6: Re	Preparation Checklist cident Reporting (\$30); trage Assessment (\$100); INC (\$80); wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005) inspection to DA + SMRT Survey Additional Services curtesy Cor / Tpt Allowance pair Co-ordination	Ant (5) // IstBill A 80) 0/545 \$120 \$30 0) \$75 \$160	5000 W-5
Date/Fime Actions Ac	Invoice 1) AR: Ac 2) DA: Dc 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ida 8) NTUC QD* *N5: Co *N6: Re *N7: Fol	Preparation Checklist cident Reporting (\$30); Image Assessment (\$100); INC (\$80); wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005 inspection to DA + SMRT Survey Additional Services curtesy Car / Tpt Allowance	Ani (5) / Ani (5	5000 W-5
Date/Fime Actions Ac	Invoice 1) AR: Ac 2) DA: Dc 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ids 8) NTUC OD: N5: Co *N6: Re *N7: Fol *N8: DV TP (N1)	Preparation Checklist cident Reporting (\$30); consequence Assessment (\$100); INC (\$30); wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2003) inspection to DA + SMRT Survey Additional Services: curtesy Car / Tpt Allowance pair Co-ordination at Repair Inspection // Collect Excess Coordination 1): TP (Non INC) against INC	Ant(S) // Si Bill A S	5000 W-5
Date/Fime Actions Ac	Invoice 1) AR: Ac 2) DA: Dc 3) TF: To 4) FT: Fol 5) FT: Fol Eorglain 6) TR: Re 7) N1: Ids 8) NTUC OD* *N5: Co *N6: Re *N7: Fol *N8: DV TP (N1) 9) N12: Ids	Preparation Checklist cident Reporting (\$30); consequence Assessment (\$100); INC (\$30); consequence S40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2003 inspection to DA + SMRT Survey Additional Services: curtesy Car / Tpt Allowance pair Co-ordination st Repair Inspection // Collect Excess Coordination 1): TP (Non INC) against INC no Mobile	So) 0/545 \$120 \$30 0/545 \$120 \$30 0/555 \$160 \$55 \$510 \$525 \$53 \$520 \$30	dd Bill
Date/Fime Actions Date/Fime Actions Date/Fime Actions Discrepance	Invoice 1) AR: Ac 2) DA: Dc 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ids 8) NTUC OD: N5: Co *N6: Re *N7: Fol *N8: DV TP (N1)	Preparation Checklist cident Reporting (\$30); Image Assessment (\$100); INC (\$60) wing Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against JNC Only (wef 10 Jan 2005) inspection to DA + SMRT Survey Additional Services. curtesy Car / Tpt Allowance pair Co-ordination at Repair Inspection // Collect Excess Coordination (): TP (Non INC) against INC and Mobile (ed Fee Charged	So) 0/545 \$120 \$30 0/545 \$120 \$30 0/555 \$160 \$55 \$510 \$525 \$53 \$520 \$30	5000 W-5

Expense con

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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/05/2019 17:27
Date Of Accident	03/05/2019 13:15
Exact Location Of Accident	JUNC WEST COAST RD & CLEMENTI WEST ST 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA518A
Insured/Policyholder	
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Co Reg No	201713503C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093375113-01
Cover Note Number	
Driver	
Name of Driver	TAN YUYAN
NRIC No	S7244213Z

 Name of Driver
 TAN YUYAN

 NRIC No
 \$7244213Z

 Date Of Birth
 23/11/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/12/2013

Driving Experience 5 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94376636

Fax Number

Contact Number OFFICE-94376636

EMail Address NOEMAIL

Address BLK 122E RIVERVALE DRIVE

#17-464

Postcode 545122

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 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

3

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) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: :

182

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190503/2098.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

FBF3908G

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

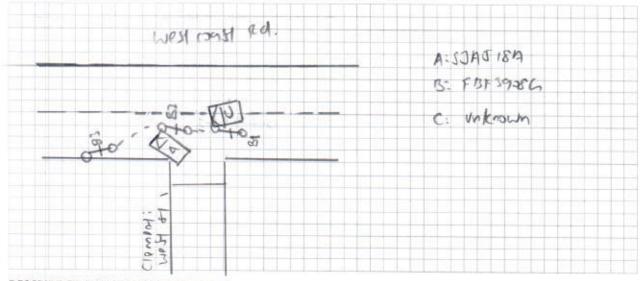
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

-					
Roller	to Police	HOORY -	1/20/90503/20	8	
		95	8		
_					

DECLARATION

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

Policyholder's Mgnature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 4

Report No. T/20190503/2098

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-2448999

Date/Time Report Made: 03/05/2019 15:50			Vide Report No.:	Station Diary No.: 42	
Informan	t's Partic	ulars		Marine Company of the	
Name of Informant: TAN YUYAN			Address: APT BLK 122E RIVERVALE DRIVE #17-464 SINGAPORE 545122		
ID Type / ID No.: NRIC NO / S7244213Z			Contact No.: Home/Office: Mobile: 94376636		
Nationalit SINGAPO	y: DRE CITIZ	ΈN	Email:		
Sex: Female	Age: 46	Date of Birth: 23/11/1972	Type of Informant: Driver		
Race: Chinese		Language: Institution / School N			
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

Seneral Inform	mation of the Accide	nt de la company		
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/05/2019 13:15	Type of Location T-Junction (Yellow Box)
CLEMENTI V WEST COAS Yellow box of Weather:		t 1 turning left to West Road Surface:	F	Road Speed Limit:
Clear	Y	Dry		60 Km/h
Traffic Flow: Dual Carriage	e Way	CT.	Fraffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBF3908G	Motorcycle				Seriously Damaged	0	
SJA518A	Car				Seriously Damaged	2	

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





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 4 Report No. T/20190503/2098

CONTINUATION OF REPORT

Rider					LOCAL D	
Name	GAN SENG WANG			ID No		S8970072H
Related Vehicle	FBF3908G (Motorcycle)			Contact No.		81521270
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL		
Driver						THE STREET, SHEET
Name	TAN YUYAN			ID No		S7244213Z
Related Vehicle	SJA518A (Car)			Contact No.		94376636
Hospital/Clinic	NIL			Class Drivin Licent 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		NIL	

Brief Details.

On 03/05/2019 at about 1315hrs, I was driving as a Gojek Driver with my vehicle bearing plate SJA518A. I was having 2 passenger at Clementi West Street 1. I was going out to West Coast Road and slowly inch out my vehicle.

I checked my blind spot and saw a vehicle (Light Blue in colour with unknown plate number) was driving straight suddenly, my passenger then shout to me to watch out for the motorcycle bearing plate FBF3908G which was coming from the left lane, I then turn my head to the right and saw the said vehicle was already stopped in a slant position making the motorcycle to trying to avoid the car however hit slightly before coming and hit onto the front ride side of the fender and the motorcycle went to skid ahead and fall. MY vehicle suffered damaged to the fender being dislodged off totally.

I believed that the said vehicle was trying to make a lane change but did not see the motorcycle.

I then look at the said vehicle driver whom is a female Chinese lady and she was showing a gesture of "what" and immediately left the scene without stopping.

The motorcycle rider had injured on his left knee and he informed that he will not claim against my insurance and will settle on his own.

I wished to inform my vehicle does not have an in car camera. I am not sure if there is any





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 4 Report No. T/20190503/2098

CONTINUATION OF REPORT





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 4 of 4 Report No. T/20190503/2098

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:
Sgt 2 MUHAMMAD SHAHREL BIN ALI	
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2019 15:50
Officer In Charge Of Case:	Classification Of Case:
SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	
Authentication Stamp	





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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 27 Dec 2013 of the driver; and other motor vehicles =< 2500kg

5522829

02-09-2015

APT BLK 122E RIVERVALE DRIVE #17-464 SINGAPORE 545122

NRIC No: \$7244213Z

Date: 28/11/2017

NP 428A



Policy No.	5093375113-01	Policyholder	PAUL HOE I	ENTERPRISE PTE LTD	Policyholder	201713503C	
Certificate No.		Name	R05880004674		NRIC	202720000	
Address	1 KAKI BUKIT AVENUE 6 #01-10	7 AUTOBAY	KAKI BUKI	T SINGAPORE 41788	3		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/10/2018	Effective Date	17/10/2018	00:00	Expiry Date	26/11/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Υ	
Co- insurance Flag	No				200000000 -		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
	1 KAKI BUKIT AVENUE 6	Addre	ss 2	#01-107 AUTOBAY	@ KAKI BUK	Address 3	SINGAPORE 417883
Address 1							
Address 1 Address 4		Addre	ss Type	Singapore address		Post Code	417883
	11-07		ed Policy	Singapore address 5094187608-02		Post Code	417883
Address 4 Unit No.	11-07 od Object: SJA518A	Relati	ed Policy	- New Trick to the control of the co		Post Code	417883
Address 4 Unit No.	d Object: SJA518A	Relati	ed Policy	- New Trick to the control of the co		Post Code	417883

Taim Handling ccident MT/1042856					
Policy No.	5093375113-01	Vehicle No.	S1A516A	GST Registration No.	
Certificate No.					
olicyholder Name	PAUL HOE ENTERPRISE PTE LTD			Policyholder NRIC	201713503C
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
intact No.(Mobile)	0	Contact No. (Office)	0	10.5	
nali Address	37		0	Contact No.(Home)	0
K.	8440	Special Remark		eCode	NI. Y
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D. Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
port Date	03/05/2019 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
e of Accident	03/05/2019	Time of Accident hhimm.	13:15		
arting Centre		Orange Force	100	Country of Accident	Singapore
IDENT LOCATION	THE WEST POLICE OF A PARTY OF THE	A CONTRACTOR OF THE PARTY OF TH		ICH No.	
Excess	JUNC WEST COAST RD & CLEMENTI WEST	5/ 1			
n damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Dubside Singapore OD Excess	0.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	2020	
fication History	01/05/2019 17:46:07 500	em changed GST Status venified fro		Yes	
		and the state of t			
Policyholder Mailing Ad	ldress				
ress 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-107 AUTOBAY & KAKI BUK	Address 3	SINGAPORE 417883
ress 4		Address Type	Singapore address	Post Code	
No.	11-07	Related Policy Number	9094187608-02	you code	417883
OI Driver Info		Account to the state of the sta	3034187606-02		
or Name	Unnamed Driver	Driver Type			
med driver Name	TAN YUYAN		Unnamed Driver		
ter Date of Driver License		Driver NR)C	S7264213Z	Driver DOB	23/11/1972
		Driver Age	46	Driving Experience	5
act No.(Mobile)	94376636	Contact No.(Office)	0	Contact No.(Home)	0
ess 1	8LK 122E	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE BANK
ess 4	SINGAPORE \$45122	Address Type	Singapore address	Post Code	545122
No.	17:464			run cute	543122
i he own a Singapore stered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration					
thalyser or Blood Test ling?	0 mg	Any injury?	○ Yes ® No		
fication History					
m Type +	OO-MX	Insured Name	BALL LUNG BUTTERDOSES DES L'YS		Inc. or control
ect No.(Mobile)		Contact No.(Home)	PAUL HOE ENTERPRISE PTE LTC	Insured NRIC	201713503C
l Address				Contact No.(Office)	65155333
		01 Vehicle Number	SIASIBA	TP Vehicle Number	FBF3908G
ant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
ant Name *	24	Claimant NRIC +			
ant Address					
Description	53A51BA / F6F390BG ON 3 May 2019			Name of Preferred Workshop	
rred Workshop Contact		Insured Liebility *	Not at Fault	Parallel and an annual state of the state of	
re Finalisation	Yes			722370.WA	7
		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	03/05/2019 17:46	Claim Close Date		Date Received	03/05/2019 00:00
t Taken By	Jackson				
ire AK letter					
chment		1	Save Submit		
nor No	NAME AND ADDRESS OF THE PARTY O	Charles			
ere No.	MT/1042856	Claim No.	001		
Doc. Received	⊕ Yes ○ No	Upload Date	03/05/2019 17:47		
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