Date In: w		HA 11925 7677		
Date In: 44 19-15:11	Jeb description	Date & Time Completed	Don	e by
Ref No: NA 114 (193078 61 /24	SAS e-filing			
Veh No: OLUNIGO	E-mail (within Shrs, AIC 2hrs)			2.55
D.O.A: 1/5/19-19:07	i-Motor Claim Form	M11342976031	4/5/19 15	: 23
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr			2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
OD : (IP) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Thurst.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: 18	1005935 . INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-1	100%]	
Year of Registration: ( )		)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
General Remarks:-			Service Service	1000
( ) Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Inst	urer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES( ) / NO( ); T	owing Co: (		)
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance (	Commission of the Commission o	Date&Turis Completed	Don	bby
The state of the s	/ Courtesy Car ( )	Date&Time Completed	(Don)	b hy
1) Apply for Transport Allowance ( ). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	/ Courtesy Car ( )	Date&Time Completed	Don	eby
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#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

**EMail Address** 

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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

	ACCIDENT STATEMENT
Date Of Report	04/05/2019 15:11
Date Of Accident	02/05/2019 19:00
Exact Location Of Accident	BLK 633 WOODLANDS RING RD CARPARK
Country/State of Loss	SINGAPORE
Ţ.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1816D
Insured/Policyholder	
Name Of Registered Owner	OOI HONG SIANG (HUANG HONGXIANG)
NRIC No	S8847944J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91198716
Alternative Phone No	OFFICE-91198716
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8G CVT
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105218063
Cover Note Number	
Driver	
Name of Driver	OOI HONG SIANG (HUANG HONGXIANG)
NRIC No	S8847944J
Date Of Birth	22/11/1988
Occupation	INDOOR
Date Of Driving Pass	10/11/2008
DIL E	1887 (128 MIN Parties of the American

10 YEARS AND 5 MONTHS

(LOCAL) +65-91198716

OFFICE-91198716

MALE

NOEMAIL

BLK 633 WOODLANDS RING ROAD Address

#08-143

Postcode 730633

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 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? NO

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

0

YES

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/20190503/7023.

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

GBD5597S

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

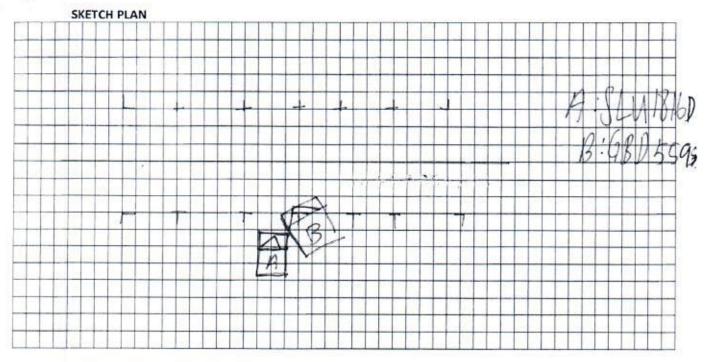
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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 personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT					
	Mu	to	Police	regy	

DECLARATION

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

Policy holder's signature

Date & time:

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.

	ACCIDENT DETAILS	
Date of accident	2/5/2019	(DD/MM/YY)
Time of accident	7:00pm	(HH:MM)
Exact location of accident	633 Woodlands Ung Carpark	

	D	<b>ETAILS OF</b>	VEHICLE			
Vehicle registration number	SLU 18161					
Vehicle make and model	toyuta	CHR				
Type of vehicle	Saloon D	MPV 🗆 Bus 🗆	CRV Moto	□ Van	Others:	
Vehicle category	Private 2	Comme	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes  Third part cl	No.z/ aim.z/	551	ase select:		

	INSURANCE IN	FORMATION	
Insurance company	NTM		A 60 1 11 10 10 10 10 10 10 10 10 10 10 10
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Mark The Control of t		INS	URED ,	POLICY	HOLDER			
Name	00	1 }	tona	SIANG	(Huano	Hona	XIANG) Male	Female 🗆
NRIC / Fin / Passport number	(	7884			-	,		
Contact	0	1119	8716					
Address	BIK	633	WOO	dlawss	ing	road	#08-143	5/730633

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male  Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	22/11/1988
Occupation	Indoor Outdoor
Driving date pass	10/11/2003

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Vor a No a
the insured's company?	If no, relationship of the driver and insured: DWN Cr
Accident captured by camera?	? Yes∠ No□
Weather condition	Clear Raining Others:
Road surface	Dry Ø Wet □
No of passenger	(Inclusive of driver)
REPORT OF THE PROPERTY.	PASSENGER 1
Name	
Gender	Male  Female
	PASSENGER 2
Name	
Gender	Male  Female
all Property	PASSENGER 3
Name	
Gender	Male  Female
	PASSENGER 4
Name	
Gender	Male  Female
al der	PASSENGER 5
Name	
Gender	Male   Female
De la reconstitución de la constitución de la const	PASSENGER 6
Name	
Gender	Male  Female
Contract to the second	OTHER INFORMATION
Was anybody injured?	Yes □ No 🗷
Was other vehicle damaged?	Yes,∕d No □
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No D If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
att a transplace of the sale of the	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	GBD 55975
Vehicle make model	- SIDV 7 7 1 13
Name	
NRIC / Fin / Passport number	
Contact	
Contact	<del></del>
	THE PARTY VEHICLE A
Valida sa sistentias a series	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	/
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PART VEHICLES
Vehicle make model	
Name Name	_/
NRIC / Fin / Passport number	/
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
British and the State of the St	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  INJURED PERSON 2  INJURED PERSON 2  INJURED PERSON 3  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 5  INJURED PERSON 6  INJUR			INJURED PERSON 1
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INJURED PERSON 3  Name  Injuries sustained  Which vehicle person in?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 5  INJURED PERSON 6		Yes 🗆	NO D
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Was injured conveyed to hospital by ambulance?    No	- Contract C		
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1 of 3

Report No. T/20190503/7023

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2019 23:44		Made:	Vide Report No.;	Station Diary No.:
Informa	ot's Partic	ulars,是是	# 5 to \$ 7 man (18) Th	
	Informant: NG SIANG		Address: APT BLK 633 WOODLANDS SINGAPORE 730633	RING ROAD #08-143
ID Type NRIC N	/ ID No.: O / S88479	44J	Contact No.: Home/Office:	Mobile: 91198716
National SINGAP	ity: ORE CITIZ	EN	Email: huanghongsiang@gmail.com	
Sex: Male			Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: COORDINATOR			Driving Licence Information: Class: Date of Expiry:	

Seneral Infor	mation of the Accide	nt to a variable	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2019 19:15	Type of Location Car Park
Location: WOODLAND Weather: Clear	S RING ROAD	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
One may				

Venicle Not	5 More to the second	Make	Model	Celor &	Condition	No of Passebo
GBD5597S	Van	TOYOTA		White	STATE OF STA	0
SLU1816D	Car	ТОУОТА	CHR	Silver	Slightly Damaged	0

Details of Person theolyed	中国主义的典型之类的 经在主席经历的现在分词
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190503/7023

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

# CONTINUATION OF REPORT

Vehicle Owner	THE REAL PROPERTY.		The second			
Name	OOI HONG SIANG		1,-10-23,000	ID No.		S8847944J
Related Vehicle	NIL		Contact No.		91198716	
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	Degree of Injury NIL		

## Brief Details.

When I pick up my car I saw there was an damage on the vehicle front right side there as an scratches with white on it. So i took the picture and drove to work, when I reach my work place. I removed the SD card from my dash camera and did an check of what happens. After the view of today and yesterday, I found out that there is an white van doing reverse parking when he accidentally hit on my side of the vehicle. Which cause the scratches on my vehicle, after few min the driver come out of the van can did an fast check which he saw but he did not care about and walk off. There is an video and picture of this accident and the damage cause





3 of 3

Report No. T/20190503/7023

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

# CONTINUATION OF REPORT

Sketch	Plan
OVERRI	Idii

NP168

Informant is not able to provide sketch plan

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: 03/05/2019 23:44
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp	







# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 3 Motor cars =< 3600 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

PASS DATE 26 Mar 200

15 Apr 2008

10 Nev 2008

5 / No. 9000097374

S8847944J

NP 428A

icence No: S8847944J



## Certificate of Insurance

Cover : drivo CLASSIC

: OOI HONG SIANG (HUANG HONGXIANG)

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: 5105218063

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

Name of Policyholder
 Effective Date of Insurance

Expiry Date of Insurance

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.

: SLU1816D

: 23 Nov 2018 : 23 Nov 2019

: ZYX10-2082869

6. Limitations as to Use#

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

#### This Policy does not cover

ADDITIONAL EXCESS

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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.

: N/A

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

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 : OOI HONG SIANG (HUANG HONGXIANG)

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

HIRE PURCHASE COMPANY : GUAN MOTOR PTE LTD

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 : HO CHIE HENG (00000602574)

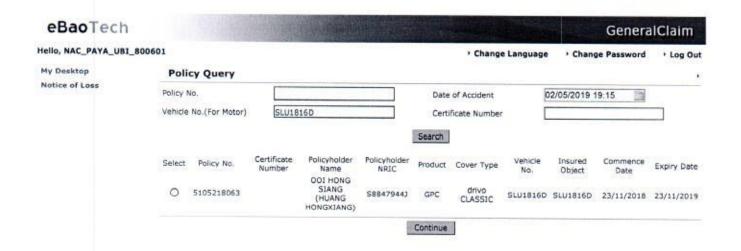
Date of Issue : 02 Nov 2018 12:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive



Policy No.	5105218063	Policyholder Name	OOI HONG SIANG (HUANG HON	Policyholder NRIC	58847944]
Certificate No.		and the same		THE C	
ddress	BLK 633 #08-143 WOODLAND	S RING ROAD S	INGAPORE 730633		
roduct Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/11/2018	Effective Date	23/11/2018 00:00	Expiry Date	23/11/2019 23:59
Excess		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent Co- nsurance	HO CHIE HENG	Agent Tel.	91116198	GST Flag	Y
Flag Open Policy Info	NO.				
Certificate Info					
Annabig and the					
Policy	holder Mailing Address				
LA CONTRACTOR OF THE PARTY OF T	holder Mailing Address BLK 633 #08-143	Addre	ss 2 WOODLANDS RING	ROAD	Address 3 SINGAPORE 730633
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ddress 1 ddress 4 nit No.  Insure	8LK 633 #08-143 08-143 ed Object: SLU1816D sements	Addre Relati Numb	ss Type Singapore address ed Policy 5105218063 er 5105218063  Endorsement Type		Post Code 730633  Status Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 23 Nov 2018 TO 23 Nov 2019 In view of this amendment, an additional premium of \$10.70 (inclusive of GST) is payable under your policy Please ignore this premium

Is no even a Singapore of Yes ® No Driver Vehicle No. Driver Insurer Company  aration  attractor	aim Handling					
MATERIAL NO. 1001-1006-20040 (PLANO) EPACLIPLANO)   CHANCE   CARREST   CARR	dent MT/1042976					
Microsophic	y No.	5105218063	Vehicle No.	SLULBIED	GST Registration No.	
Marchand Ma	ficate No.					
Contact No.	yholder Name	OOI HONG SIANG (HUANG HONGXIANG)			Policyholder NRIC	58847944)
Marchan   Marc	luct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
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Description	el Address		Special Remark			
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Marchane   County of Account   Surgeore   County of Account   County of Account   Surgeore   County of Account   Count						
Column	ort Date	04/05/2019 15:21	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
March   Marc	of Accident	02/05/2019	Time of Accident hhomm	19:00	Country of Accident	Singapore
Name	orting Centre		Orange Force		ICM No.	
Marine   M	dent Location	BLK 633 WOODLANDS RING RD CARPARK				
Park	Excess					
### Decided Flore   0.00   0.000   0.	damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Comparison   Co	amed Driver Excess	0.00	Outside Singapore OD Excess			Section 1
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Part		0.00	Outside Singapore TP Excess	0.00		
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Marie   Mari	fication History					
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Maderies Type	Policyholder Halling Ad	dress				
No.	ress 1	BLK 633 #08-143	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730633
### Name	ress 4		Address Type	Singapore address	Post Code	730633
OD HONG SIANG (PLANK) ENGLISHED, Driver Type Main Driver Name  Driver Shake  Driver Shake  Driver Shake  Driver Shake  Driver Shake  D	No.	08-143	Related Policy Number	5105218063		
Seed Private   See	OI Driver Info					
Similar Division Number    Driver Name	er Name	OOI HONG STANG (HUANG HONGKIANG)	Driver Type	Main Driver		
State Date of Dever Loomes   10/11/2008   Driver Age	amed driver Name				Driver DOS	22/11/1988
Act   No.	ster Date of Driver License	10/11/2008				5 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10
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Tackment:    Save   Submit   S					TP Vehicle Number	G8D55975
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