NATIONAL Assessment Co	ntre Services	[Kef Js://F.]				
Date In 10/05/19	Job description		Date & Time Comp	eted	Done	by
Res No. NA/INC19008311/	SAS e-filin	g				
Veli No 5mb 18334 (SKC3		nn Shrs, AIC 2hrs)				
DOA 09/05/19 10		aim Form	m7/104395	2-100) (
OD TP (Reporting Only)	i-Motor W	O (Within: OD 2hr	1			
OB 11 Graphting Only	i-Photo Up	loaded	1	T	***************************************	- CASAC - 18
TP Insurer	Assessment/	Survey Report				
		by Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW			Tel:	Fax:		
TP Particulars: Veh No:	1801298	, INC ()/Non-INC ()		A RESIDENCE
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Appell of the second of the se	%) [Note-Est. Status		0%; P: 21-79%. F	80-100%	6]	
Year of Registration: (Excess: (\$) Loading:) Warranty: YES (\$1,000 () / \$2,00	500,000,000)			
General Remarks:-	\$1,000 () / \$2,00)0 ()				
() Walk-In Customer: Customer:		080000000	Trabello di con	1000		
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost) / Courtesy Car ()	Date&Time Comple	red	Done	by
Injury : Date/Time Actions		N. N. W.			1000	
NA190	3518	2000	paration Checklist	the to	Anit (\$)	Amt (\$) Add Bill
Claimant's Particulars :-		1) AR : Acciden 2) DA : Damage		NC (\$80)		
Priver/Owner:		3) TF : Towing I	ec .	\$40/\$45		
Contact No:		The second second second second second	hrough Survey (Resurvey)	\$120 \$30		
Damaged Portion:		6) TR: Re-inspe 7) N1: Idac DA		\$75 \$160		
	- Y	8) NTUC Additi		3100		
OC Checked by (Engr-In-Charge):		• N5: Courtesy	Car / Tpt Allowance	\$5		
v. r. 1920a	1 1200000000000000000000000000000000000	*N6: Repair C *N7: Post Rep	o-ordination	\$10 \$25		
Auditors' Comments :-		10	llect Excess Coordination	\$5		
at. I:		TP (NH): TP 9) N12: Idae Mo	(N-n INC) against INC	\$20 30		
at. 2 / 3;		Invoice dated	Fee Ch			men Jul
		Involce dated	Fee Ch	orgei	*******	

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.

	ACCIDENT STATEMENT	
Date Of Report	10/05/2019 11:17	
Date Of Accident	09/05/2019 10:15	
Exact Location Of Accident	BKE TWDS SLE B4 MANDAI RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD1833G	
Insured/Policyholder		
Name Of Registered Owner	LUO LIANGHAI	
NRIC No	S8536712I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96649465	
Alternative Phone No	OTHERS-81820139	
Vehicle Particulars	STREET, STREET	
Manufacturer	MINI	
Model	COOPERS	
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	REPORTING ONLY	
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	5103235360	
Cover Note Number		
Driver	THE REAL PROPERTY OF THE PARTY	

 Name of Driver
 JASMIN CHONG

 NRIC No
 \$8970278Z

 Date Of Birth
 27/10/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 29/09/2009

Driving Experience 9 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81820139

Fax Number Contact Number

EMail Address NOEMAIL

BLK 572B WOODLANDS AVE 1 Address

#02-828

Postcode 732572

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number JRD1298 (COMMERCIAL VEHICLE)

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 NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES NO

Details of Police Action

Was the accident reported to the police?

YES

1

If Yes, Please state which Police Station

Police Station Name

WOODLANDS EAST N.P.C

Police Station Address

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

SINGAPORE

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190509/2142

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

Details of Witness 1

Name

ANDREW

Phone Number

91788988

Email Address

Details of Witness 2

Name

DARIWIN

Phone Number

92467404

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Page 2 of 33

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

JRD1298

COMMERCIAL VEHICLE LATIP BIN ABD HARUN

600112125027

60189599774

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 truthful 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.
- 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

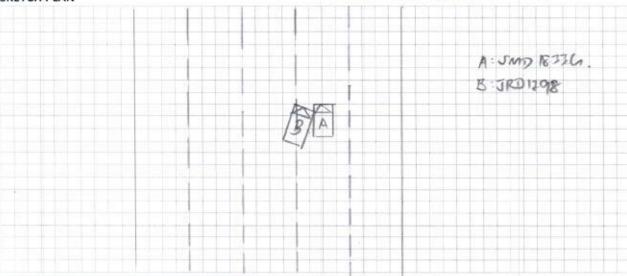
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to state	nery. of police 1200	rd: 1/20190509/2142
_		

DECLARATION

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

Policyholder's Signature

Date & fime:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



T/20190509/2142

Report No. T/20190509/2142

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Charles (Sales)	800-7679	CACCIDENT	No:	Station Diary No.:			
Date/Tim 09/05/20	e Report N 19 16:24	Aade:	Vide Report No.:	TO STATE OF THE PARTY OF THE PA			
Name of JASMIN	Informant: CHONG	ulars	Address: APT BLK 572B WOODLANDS SINGAPORE 732572				
ID Tune /	D Type / ID No.: IRIC NO / S8970278Z		Contact No.: Mobile: 81820139 Home/Office:				
Mationalit	y: ORE CITIZ	EN	Email: Type of Informant:				
Sex: Female	Age: 29	Date of Birth: 27/10/1989	Driver	Institution / School Name:			
Race:			Language: English				
Occupation	Chinese Decupation: SENIOR EXECUTIVE		Driving Licence Information: Class: 3A	Date of Expiry:			

General Information Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/05/2019 10:15	Type of Location: Straight Road
BUKIT TIMAH I SELETAR EXP BEFORE MANI	Traveling Toward Road EXPRESSWAY PRESSWAY DAI ROAD	2 Road Surface:		Road Speed Limit:
Weather: Clear		Dry Traffic Control:		Traffic Volume: Moderate
Traffic Flow: Type of Collision Between Moving	n: ng Vehicles - Side Swip	e - Same Direction		Anyone conveyed by ambulance:

etails of Ve	nicle Involve	d		Color	Condition	No of Passenge
Vehicle No	Type	Make	Model	COICE		0
JRD1298	TRAILER					0
SMD1833G	CONTRACTOR OF THE PERSON NAMED IN	MINI	COOPER S HB 1.6	White	Slightly	0

Details of Person involved	
Any Pedestrian Involved: No	O-saring: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20190509/2142

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

SE NAME OF	A STATE OF THE STA	No. of Parties		ID No.	P. M. S. C. S. C.	600112125027
Driver	LATIP BIN ABD HA	RUN		10 140.		
	le JRD1298 (TRAILER	TRUCK)	STREET, STREET	Conta	ct No.	60189599774
Related Vehic	e JRD1298 (TRAILLE	E CHEST				012
Hospital/Clinic	Hospital/Clinic NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disci		NIL	
No of Days gra	inted Medical Leave	NIL	Degree of			THE PROPERTY OF THE PARTY OF TH
Driver	STANDARD STANDARD			1995		
Name	JASMIN CHONG			ID No.		S8970278Z
Related Vehicle	SMD1833G (Car)			Conta	ct No.	81820139
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: 3A Date of Expiry: NIL
Date Treatment		Date Disc		NIL		
No. of Days grai	nted Medical Leave	NIL	Degree of	Injury	NIL	
MITNESS	253000000000000000000000000000000000000	CESSORIOL.	Chicago Chica	ID No		NIL
Name	ANDREW			ID NO		NIL
Related Vehicle	NIL			Cont	act No.	91788988
lospital/Clinic	NIL			1, 100000000000000000000000000000000000		Class: NIL Date of Expiry: NIL
ate Treatment	NIL		Date Dis	-	_	
	ed Medical Leave	NIL	Degree o			
/ITNESS	DESCRIPTION OF THE PARTY OF THE			No.		
ame	DARIWIN			IDN	10.	NIL
elated Vehicle	NIL			Cor	tact N	o. 92467404
ospital/Clinic	NIL			Driv	ss of ving ence & oiry Da	
te Treatment	NIL	WW 1978	Date Di			
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3 of 4

Report No. T/20190509/2142

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

I am the driver of the vehicle registration no. SMD1833G.

On 09/05/2019 at about 1015hrs, I was driving my vehicle on the second lane along BKE towards SLE, On 09/05/2019 at about 10 1511s, I was driving, I suddenly felt a collision on the left side of my vehicle. It was a before Mandai Rd. As I was driving, I suddenly felt a collision on the left side of my vehicle. It was a Malaysia trailer truck bearing JRD1298 that collided onto my vehicle. I then braked and stopped my vehicle. I saw the trailer drove towards the road shoulder, therefore I followed suit.

We alighted from our vehicles and made a check on our vehicles. We then exchanged particulars and subsequently drove off.

As a result of the accident, the front passenger door and left side mirror was dented, the front passenger's door handle was damaged and my left rear tire suffered multiple scratches. Some of the tire rim also chipped off.

My vehicle has front and rear in-car camera which captured the accident. There were two witnesses that saw the accident.



4 of 4 Report No. T/20190509/2142

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

CONTINUATION OF REPORT

Sketch Plan	S	k	0	t	c	ł	1	P	I	a	r	i
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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:

AHMAD DZUL DANIAL BIN ABDUL RAZAK

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

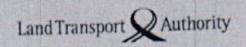
Authentication Stamp NP168

N Signature Of Informant:

Date/Time:

09/05/2019 16:24

Classification Of Case:



10 Sin Ming Drive Singapore 575701 www.lta.gov.vg.

26 Sep 2018

LUO LIANGHAI 52 WOODLANDS DRIVE 16 #04-08 SINGAPORE 737900

Our ref 2609180203N057022044

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKC3626D WITH VEHICLE REGISTRATION NO. SMD1833G

You may be pleased to know that your application of 26 Sep 2018 for replacement of registration number is approved.

The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SMD1833G (Previously SKC3626D)

Vehicle Make

: MINI

Vehicle Model

: COOPER S HB 1.6 AT HID SR ABS TC

2WD

Chassis No.

: WMWSV32070T150191

Engine No./ Motor No. : B840J012N18B16A / -

- 3. Please change the number plates on your existing vehicle (ie. Chassis No.: WMWSV32070T150191, Engine No.) Motor No.: B840J012N18B16A / -) to display the new/replacement registration number, SMD1833G by 29 Sep 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.
- 4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 2018/0926094406019671 or the vehicle registration number when making your enquiry.

Yours sincerely

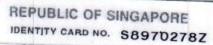
NG LAY CHOO (MS) DEPUTY DIRECTOR, VRL SERVICE OPERATIONS VEHICLE SERVICES GROUP LAND TRANSPORT AUTHORITY

[This is a computer-generated notice that requires no signature.]

ACCIDENT STATEMENT

LO					III, IIME:	10	THHINAKA
	CATION:	DICE .	fuds i	10D/MM/YY		manda:	
	1. DETAILS O	F VEHICLE	- Ac			MINIGHT	101
		E NUMBER:_		0 1007			
	DINSHRA	NCE COMPA	(M)			1	
	CIPOLICY	MIMBED.	TIOTIO	1. NTOC		27	
	dipolicy	NUMBER:	5/0) 05	360 -	111111111111111111111111111111111111111		
	e)MAKE &	MODEL COM	PREHENSI	VE / THIRD P	ARTY / THÍRD	PARTY FIRE	&THEFT)
	flType·/sai	MODEL:	105 /				
	a) VEHICLE	CATECORY	JPE / MPV	/VAN/LOR	RY / MOTOR	CYCLE / OT	HERS)
	h)PURPOSE	OF USING	TACCIO	/ COMMERC	CIAL / MOTO	RCYCLE)	5
	i) ARE YOU	CLAIMING	INDERVO	ENT TIME:	pover	L USI	
				TY CLAIM / R	JRANCE LYE	s/NO)-	
2	AND ADDRESS OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE	- LIOLL	JEK	IT CLAIM / R	EPORTING-C	DNLY)	8
	A)NAME:	mo lignor	heri				
	b) NRIC/FIN,	PASSPORT:	1853	67/7.	CONTAC	MALE / FEM CT: 9664 9	ALE)
	C) ADDRESS				CONTAC	1: 7604 9	487.
	* 00.			4-17-	2	-	
the of passenger	CONTINUE	TO 3.d IF DE	RIVER ALS	O POLICY HO	DLDER		-
passenger							
(Including driver)	DINAME:	WWW (M	209		(1)	ALE / FEM	ALE)
(1-)	CIADDRESS:	PASSPORT:_	2789	701782	CONTAC	T: 8182 01	39
				731782 1914 AVIII	10 190		2572)
8	*d)DATE OF	BIRTH: (V7	161	1989 1(DD/A	The second second		
	2 1111	CALLINATION OF	JR / COLUTE	10001			
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4,	TO DICIVE	AN EMPLO	VEE OF		4 1		
			LEC OF	THE INSURE		NIVO (VEC.	· ni A
E	IF NO, RELA	TIONSHIP C	OF THE D	THE INSURE RIVER WITH	D'S COMPA	NY? (YES /	(NO)
5.	a) WEATHER C	CONDITION	CIEND	BANNING IN	D'S COMPA	IPMUI -	(NO)
5.	a)WEATHER C	CONDITION:	(CLEAR /	RAINING / O	D'S COMPA	Sport -	(NO)
5.	D)ROAD SURF	CONDITION:	(CLEAR /	RAINING / O	D'S COMPA	MY? (YES)	(NO)
5.	a)WEATHER O b)ROAD SURF WAS ANYBOD a)REPORTED T	ONDITION: ACE: (DR) / Y INJURED ((CLEAR / WET / O YES / NO	RAINING / O THERS	D'S COMPA	Sport -	(N(9)
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5. 6. 7. 8. Is of passenger including driver) 9. It of passenger including driver)	a) WEATHER OF BOTH CONTROL OF THE PARTY V a) VEHICLE N b) DRIVER'S C) NRIC/FIN/F HIRD PARTY V d) VEHICLE N e) DRIVER'S f) NRIC/FIN/F	CONDITION: FACE: (DRY) PY INJURED (10) FE STATE WHI FEHICLE NUMBER:	(CLEAR / WET / O YES / NO ES / NO) ICH POLI	RAINING / OTHERS	D'S COMPA I INSURED: THERS MODEL: CONTACT. MODEL:	<u> Тралі</u> г.	' N(9)
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JASMIN CHONG

CHINESE
Date of birth
Set
27-10-1989
FCountry of birth
MALAYSIA



AND LICE ISED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS PLATE

Class 3A Motor cars without clutch pedals (Aute) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A



NRICNE S8970278Z

Blood type - NIL

Allergy - G6PD

Next of kin - 92391211

Date of lease 18-11-2008

APT BLK 572B WOODLANDS AVENUE 1 #02-828 SINGAPORE 732572

NRIC No: \$89702787

Date: 24/07/2012

No: 7120145

4309136

eBao Tech				1					9 12	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	• • Chan	ge Password	• Log Out
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Notice of Loss	Policy N	vo.	51032	35360		Date	of Accident		09/05/2019	10:15	
	Vehicle	No.(For Motor)				Certi	ficate Number				73
						Search	l _o				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103235360		LUO LIANGHAI	S85367121	GPC	drivo CLASSIC	SKC36260	SKC3626D	21/08/2018	20/08/2019
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Policy No.	51032353	60	Policyholde Name	LUO LIANG	IAH		Policyholder NRIC	S8536712I	
Certificate No.									
Address	52 WOOD	LANDS DRIVE 16 #04	-08 LA CASA	SINGAPORE	737900				
Product Name	PRIVATE (CAR INSURANCE	Plan				Group Policy Flag	N	
Policy Issue Date	21/08/201	18	Effective Date	21/08/201	8 00:00		Expiry Date	20/08/2019 23:	59
Excess Type			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/I	nexperience Driver Excess
Agent	IVAN INS	JRANCE AGENCY PTE.	Agent Tel.	64400220			GST Flag	Y	
Co- insurance Flag	No								
Open Policy Info									
Certificate Info									
→ Policyl	holder Mai	ling Address							
Address 1	52	WOODLANDS DRIVE	16 Addi	ress 2	#04-08	LA CASA		Address 3	SINGAPORE 737900
Address 4			Addi	ess Type	Singapo	re address		Post Code	737900
Unit No.			Rela Num	ted Policy ber	510323	5360			
) Insure	d Object:	SKC3626D							
♥ Endors	sements								

Claim Handling

Accident MT/1043952							
Policy No.	5103235360		Vehicle No.	SKC3626D		GST Rec	gistration 1
Certificate No.						F-55/11/2	
Policyholder Name	LUO LIANGHAI					Policyho	lder NRIC
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	96649465		Contact No.(Office)	0		100000000000000000000000000000000000000	No.(Home
Email Address			Special Remark			eCode	ress(rium)e
KFK	• No Yes		TCA	No Yes		eCode R	escon
NCD Protection	No		NCD Entitlement(%)	0		Private H	
Accident Details			A-Maria - 2-200 - 200 -			Private P	inte
Report Date	10/05/2019 17:26		Accident Report Within 24 hrs	Yes		Accident	7
Date of Accident	09/05/2019		Time of Accident hh:mm	10:15		Accident	
Reporting Centre			Orange Force	10:15			of Accider
Accident Location	BKE TWDS SLE B4 MANDAI	I RD	arange roice			ICM No.	
▽ Excess		DESECTION OF THE PROPERTY OF T					
Own damage Excess	50	00.00	Additional Excess	100		Was lets Joseph	or annual transfer
Unnamed Driver Excess		00.00		0	CONTRACTOR OF THE PARTY OF THE	Windscre	een Excess
Third Party Excess		0.00	Outside Singapore OD Excess		600,00		
▽ Benefits		0.00	Outside Singapore TP Excess		0.00		
GST Registered Informati	tion						
GST Registered	No			CCT D.			
GST Registration No.	****			(31) (40) (7) (7)	stration Date us Verified		0
Modification History				GST State	us vermed		Yes
Policyholder Mailing Add							
Address 1	52 WOODLANDS DRIVE 16		Address 2	#04-08 LA CASA		Address 3	
Address 4			Address Type	Singapore address	E)	Post Code	e
Unit No.			Related Policy Number	5103235360			
♥ OI Driver Info							
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	JASMIN CHONG		Driver NRIC	S8970278Z		Driver DO	ОВ
Register Date of Driver License	29/09/2009		Driver Age	29		Driving E	xperience
Contact No.(Mobile)	81820139		Contact No.(Office)	0		Contact N	No.(Home
Address 1	BLK 572B		Address 2	WOODLANDS AVE	NUE 1	Address 3	3
Address 4	SINGAPORE 732572		Address Type	Singapore address		Post Code	e
Unit No. Does he own a Singapore	#02-828						
Registered car?	Yes • No		Driver Vehicle No.			Driver In	surer Com
g agentana							
Declaration Blood To							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No			
Modification History							
Claim 001 OD-MX New							
Claim Type •					OD-MX	▼ Insured	LUO LI
Contact No.(Mobile)						Name Contact	1
Contact No.(Plobile)					96649465	No.	656337
Email Address					(<u> </u>	(Home)	
news the state of					lianghai1985@hotmail.com	Vehicle Number	SKC362
Claim Description					SKC3626D / JRD1298 ON 9		
Preferred.	Insured Liabi	llity [, sucress on a	.07 2013	
Workshop Beause No. Yes	Preference ,	Not at Fault	GIA Daniel				
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