NATIONAL Assessment Co			1411	-	
Date In: 16/17 9-18:77	Jeb description	on	Date & Time Completed	Dor	e by
Ref No: HA INC19308754/W	SAS e-filing	3			
Veh No: Jkog > 28x	E-mail (with	ia Shrs, AIC 2hrs)		190	-0.0
D.O.A: 13/1/9- 17:12	i-Motor Cla	CHICAGO PROPERTY CONTRACTOR OF THE PROPERTY CONT	M7 1044912-001	16/7/19	(8:4)
OD (P) Reporting Only	i-Motor W/	O (Within: OD 2hr:	s, 7P 4hrs)		
		Survey Report	-		
TP Insurer:		by Fax / Hand t	o Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW				ax:	
	Fany 692J	INC(ax.	
Owner / Driver: (Tel:		
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (6) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 30-1	00%]	
17) Warranty: YES (-)		
Excess: (\$) Loading:	\$1,000 ()/\$2,00		<u> </u>		-
General Remarks:-	TEAR HAR HOUSE TO CT HE COME	2000-000-000-000-000-000-000-000-000-00	A STREET OF THE STREET OF	5 P.S. S. S. P. P. P. P.	
Cemarks:- (INC hotline: 6788 661		NO();To	Date&Timis Completed	Don	by
Remarks: (INC hotline: 6788 661	6) \\) / Courtesy Car (Don	by
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	6) \\) / Courtesy Car (Date& Time Completed	Don) bby
Remarks: (INC hooline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	6) \\) / Courtesy Car (Date& Time Completed	Don	sby
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	6) \\) / Courtesy Car ()	Date& Time Completed	Don	Ahtt
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	6) \\) / Courtesy Car (Inveice Prep	Date& Tame Completed aration Checklist Reporting (\$30);	Ant (5)	Ahtt
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions Actions Liminal Serviculars :-	6) \\) / Courtesy Car (Inveice Prep 1) AR: Accident F 2) DA: Damege A 3) TF: Towing Fe	Date& Tame Completed aration Checklist: Reporting (\$30); ssessment (\$100); INC (\$86	Ant (5) fit Bill (545	Añu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Umant's Particulars:	6) \\) / Courtesy Car (Inveice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$86 s \$400 rough Survey (Resurvey)	Ant (5) fit Bill 0) 545	Añu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Limant's Particulars: iver/Owner:	6) \\) / Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-The 5) i'T: Follow-The For claiming age 6) TR: Re-inspecti	Date& Tarrie Completed Paration Checklist Reporting (\$30); ssessment (\$100); INC (\$80); sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jon 2005) ion	Ant (5) fit Bill 0) 545	Abu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Limant's Particulars: Ever/Owner: Intact No:	6) \\) / Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idao DA +	Date& Tarrie Completed ar ation Checklist Reporting (\$30); ssessment (\$100); INC (\$80); sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey S	Ant(5) fitBill 0) \$45 120 \$30	Añu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Limant's Particulars: Ever/Owner: Intact No: Inaged Portion:	6) \\) / Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) i'T: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition ODY	Date& Tarrie Completed Date& Tarrie Completed ar afton Checklist Reporting (\$30); ssessment (\$100); INC (\$80); ssessment (\$100); INC (\$80); sough Survey ough Survey (Resurvey) sinst INC Only (wef 10 Jon 2005) ion SMRT Survey al Services.	Ant(5) fitBill 0) \$45 120 \$30	Añu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions MAIN 3567 Limant's Particulars :- ver/Owner:	6) \\) / Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damege A 3) TF: Towing Fer 4) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C	Date & Tarrie Completed aration Checklist: Reporting (\$30); ssessment (\$100); INC (\$86 sugh Survey (\$200) sinst INC Only (wef 10 Jon 2005) son SMRT Survey (\$200) al Services:-	Ant (5) fit Bill 0) \$45 120 530 \$75 160	Añu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions Limant's Particulars :- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	6) \\) / Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) i'T: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition ODY	Date& Tame Completed Paration Checklist Reporting (\$30); ssessment (\$100); INC (\$86 sough Survey (\$200) cough Survey (Resurvey) const INC Only (wef 10 Jan 2005) con SMRT Survey S al Services:-	Ant (5) fit Bill 0) \$45 120 \$30 \$75 160	Abu
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions Limant's Particulars : ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments :-	6) \\) / Courtesy Car (Invoice Prep Invoice Prep I) AR: Accident F 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	Date & Tarrie Completed Date & Tarrie Completed Proporting (\$30); Seessment (\$100); INC (\$86 Seessment (\$100); INC (\$100); INC (\$100); INC	545 120 575 160 533 575 160 533 535 535 535	Amt (S
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions Limant's Particulars :- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	6) \\) / Courtesy Car (Invoice Prep Invoice Prep I) AR: Accident F 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	Date of Tarrie Completed Date of Tarrie Completed Date of Tarrie Completed Completed Date of Tarrie Completed Date of	Amr (5) Fit Bill 0) 545 120 575 160 55 510 525	Abu (

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	16/05/2019 18:30
Date Of Accident	15/05/2019 17:10
Exact Location Of Accident	PIE (TUAS) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB9028X
Insured/Policyholder	
Name Of Registered Owner	LIM YUAN JIN CALLURN
NRIC No	S9140600D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98782341
Alternative Phone No	OFFICE-98782341
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105962486
Cover Note Number	
Driver	
Name of Driver	KOH CHUN HONG
NRIC No	S9421988D
Date Of Birth	28/06/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87125726
Fax Number	AN COUNTRY OF A STATE
Contact Number	OFFICE-87125726
	4. からは 10.5 元 12.5 元 4.6 元 元 元 2.5 元 1.5 元 2.5 元 1.5 元 1.5 元 2.5 元 1.5

NOEMAIL

Address

BLK 139 TAMPINES STREET 11

#03-62

Postcode

521139

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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?

NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KENNETH TEO

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

FBM4692J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Consent under the Personal Data Protection Act (PDPA)

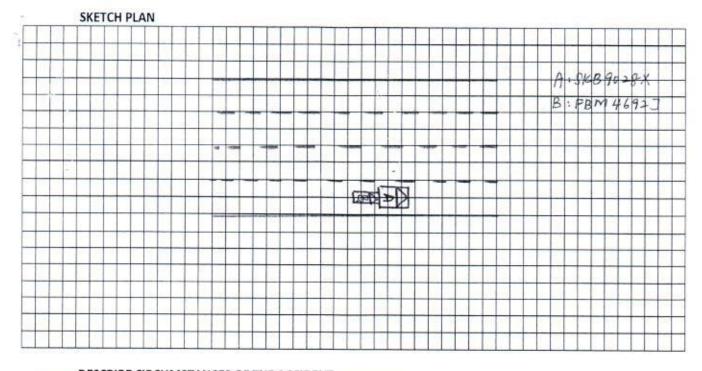
I understand, acknowledge, agree and consent that:

- (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
 - 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:
 - (I) 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
I was travelling along PIE Tuas before Thomson exit, suddenly vehicle infrom
me jammed brake. I stopped in time without any contact with the vehicle
infront. Out of sudden I felt an impact from my rear I realized that
infront. Out of sudden, I felt an impact from my rear. I realised that vehicle B collided onto my rear portion of my rehicle.
The period of the period.
DECLARATION

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	15 May 2019	(DD/MM/YY)
Time of accident	5.10 PM	(HH:MM)
Exact location of accident	PIF TUAS before thousan fxit	, and the second

ALL STATES MADE	DETAILS OF VEHICLE	
Vehicle registration number	SKB 9028X	
Vehicle make and model	Scirocco 1.4 TSI	
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes \(\text{No} \(\text{No} \) if no, please select: Third part claim \(\text{P} \) Reporting only \(\text{P} \)	

NTUC		
Comprehensive	Third party fire & theft	TP only

Name	Callurn LIM Yuan Jin	Male 🗆	Female
NRIC / Fin / Passport number	S9140600D	IVIBIE L	r emale L
Contact	9878 7341		
Address			

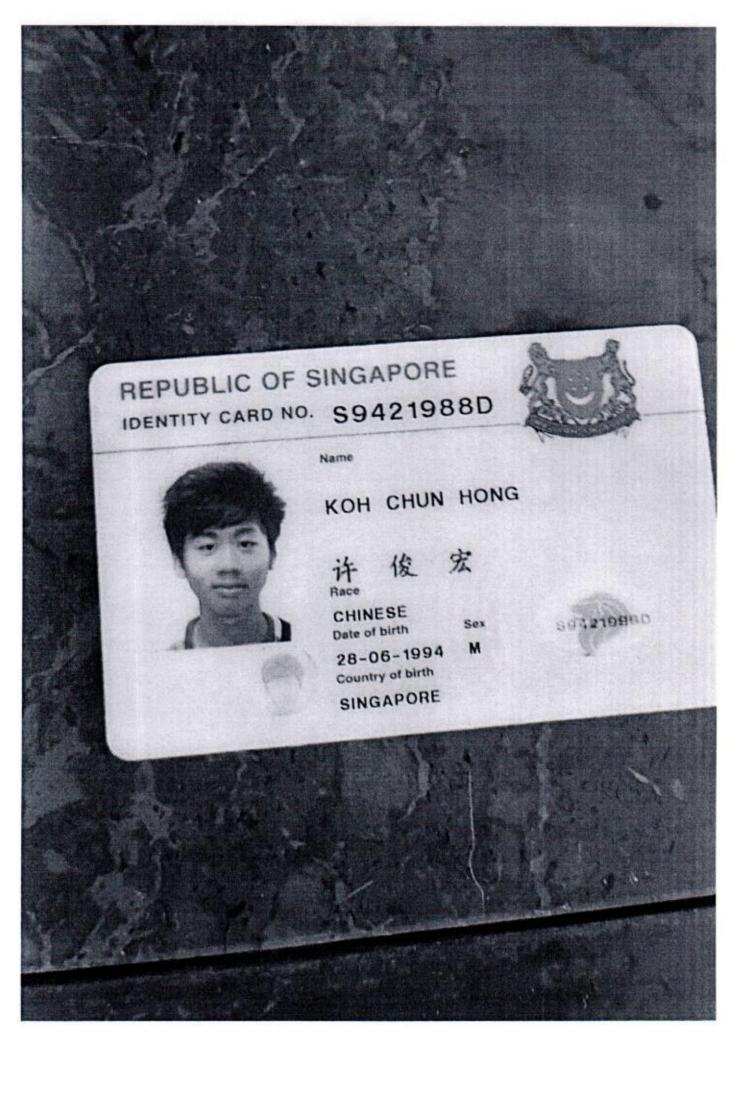
DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)							
Name	Koh Chun Hong	Male p	Female					
NRIC / Fin / Passport number	59421988D							
Contact	8712 5726							
Address	Apt Blk 139 Tampines Street 11 #03-62 S (521139)							
Email address								
Date of birth	28/06/1994							
Occupation	Indoor D Outdoor							
Driving date pass	27/11/2015							

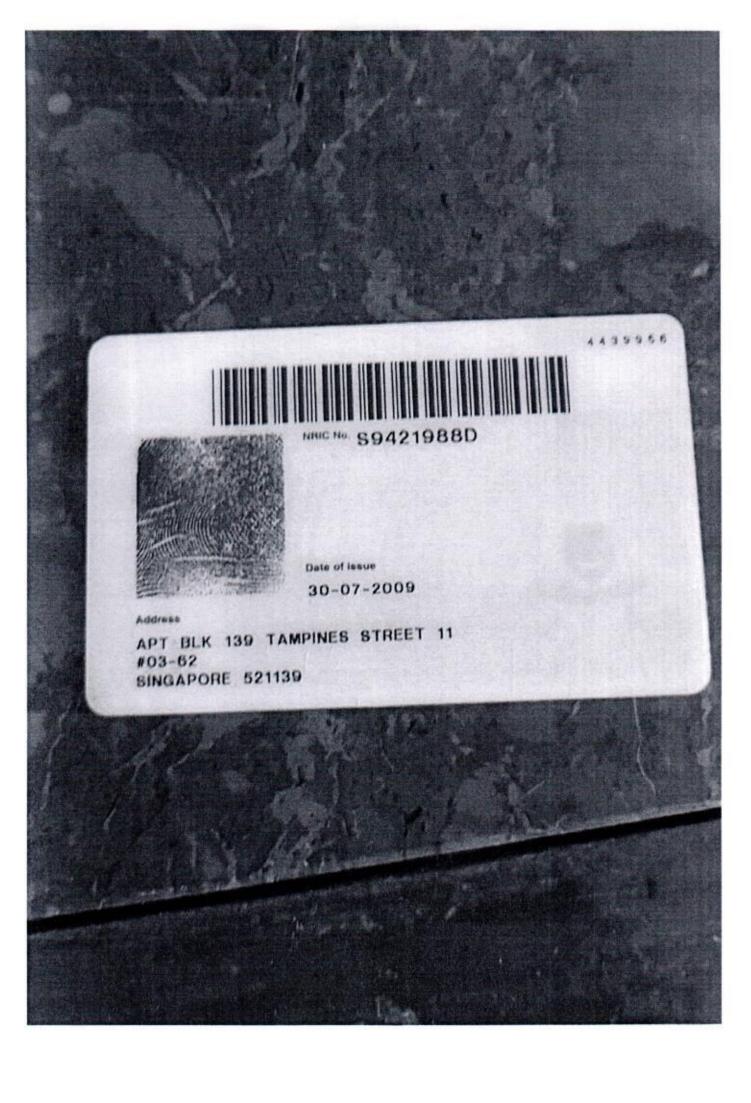
	GENERAL	INFORMATION	OF THE ACCIDENT		
Was driver an employee of	Yes 🗆	Nop		702 703	
the insured's company?		ationship of the	driver and insured:	Friend	
Accident captured by camera?		No Ø			
Weather condition	Clear	Raining	Others:		
Road surface	Dry Ø	Wet 🗆			
No of passenger	2			(In	clusive of driver
		PASSENGE	R 1		- 4
Name	Kenneth	Teo			
Gender	Male 🗷	Female 🗆			
		PASSENGE	R2		Barrier Barrier
Name			CIANO.		
Gender	Male 🗆	Female 🗆			
				7	
White the latest the same of t	350	PASSENGE	R3		
Name					
Gender	Male 🗆	Female			
		PASSENGE	R 4		
Name			****		
Gender	Male 🗆	Female 🗆			
	-				
		PASSENGE	R 5		
Name		TABSENIO			
Gender	Male 🗆	Female			
		PASSENGE	R 6		
Name		TASSENGE			
Gender	Male 🗆	Female			
	Wide 5	remare L			
		OTHER INFORM	AATION		
Was anybody injured?	Yes 🗆	No.el	MATION		
Was other vehicle damaged?	Yes	No 🗆			
Tras other remote damagea.	103,0	140 🗅			
	DETAIL	S OF POLICE ST	ATION ACTION		
Reported to police?	Yes 🗆	THE REAL PROPERTY.	es, please state which	nolice statio	n
Police station name	103 []	no a ny	os, piedse state Willer	ponce statio	10• g
	Name of Street	WITNESS	1	سمعنا	
Name		WITNESS			
Name					
		MUTNIESS	2		
Name		WITNESS	2		
Name					

	THIRD PARTY VEHICLE 1
Vehicle registration number	FBM 4692 J
Vehicle make model	10.10
Name	
NRIC / Fin / Passport number	
Contact	
	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	THIRD PARTT VEHICLE 4
Vehicle make model	f -
Name	
THE RESERVE OF THE PARTY OF THE	
NRIC / Fin / Passport number Contact	
Contact	
TAXABLE PARTY OF THE PARTY OF T	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD DARTY VEHICLE T
(abiala adales estimation	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No p
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	6353635	
7/152		
	1	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No.d
hospital by ambulance?		
Alter the second of the		INJURED PERSON 4
Name	/	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1	
/	(2)	
Almost Market Market		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	-	
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





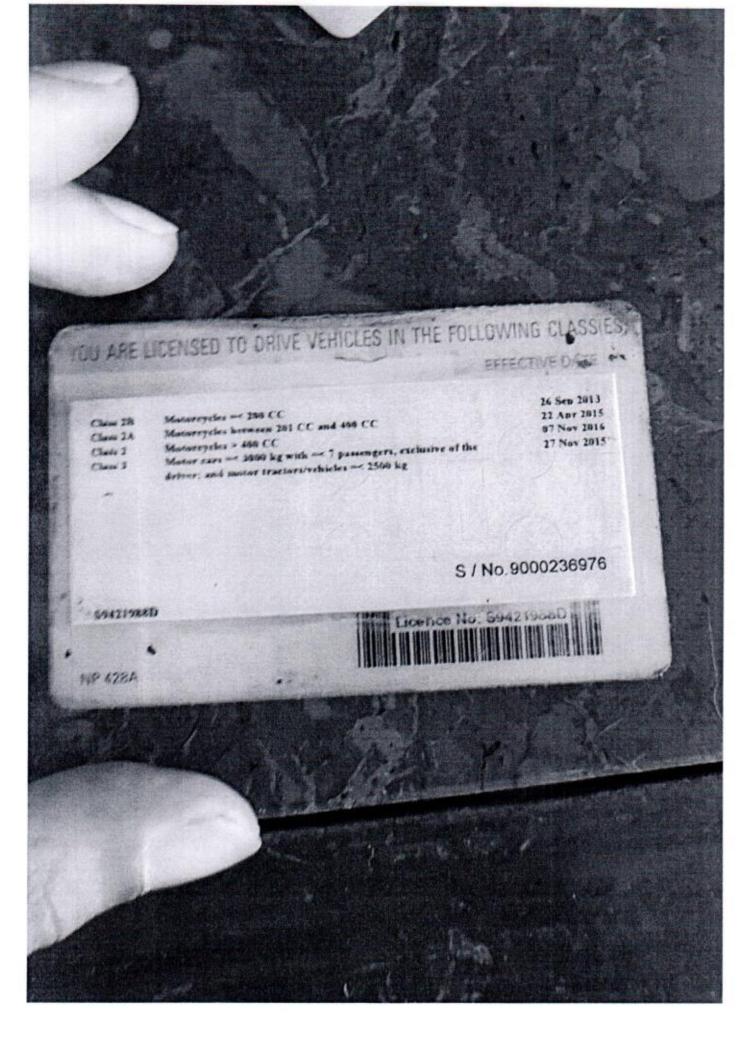


DOMESTIN NAME S 9 4 2 1 9 8 8 D

KOH CHUN HONG

Birth Date 28 Jun 1994 10000 Date 26 Sep 2013





eBao Tech								500	GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date	of Accident		15/05/2019	17:10	
,	Vehicle	No.(For Motor)	SKB90	K89028X		Certificate Number			100000000000000000000000000000000000000		
						Search					
S	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5105962486		CALLURN	S9140600D	GPC	drivo CLASSIC	SKB9028)	SKB9028X	06/12/2018	05/12/2019
					1	Continue	1				

	icy Information								
olicy No.	5105962486	Policyholder Name	LIM YUAN 3	IN CALLURN	Policyholder NRIC	S9140600D			
Certificate No.									
Address	BLK 556 #07-344 HOUGANG STREET 51 SINGAPORE 530556								
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
Policy Issue Date	06/12/2018	Effective Date	06/12/2018	00:00	Expiry Date	05/12/2019 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	Inexperience Driver Excess		
Agent	ASSURE (SINGAPORE) PTE. LT	C Agent Tel.	68038751		GST Flag	Y			
Co- insurance Flag	No				Section 1				
Open Policy Info									
Certificate Info									
Policy	holder Mailing Address								
		350		Dienschmitten and	F-4	Address 3	SINGAPORE 530556		
Address 1	BLK 556 #07-344	Addr	ess 2	HOUGANG STREET	21	Audi ess J	STINGAPORE 530556		
	BLK 556 #07-344	000000	ess Z ess Type	HOUGANG STREET Singapore address		Post Code	530556		
Address 1 Address 4 Unit No.	BLK 556 #07-344	Addr	ess Type ted Policy	BATTO TO STATE OF THE PARTY.		manuscriptorius.			
Address 4 Unit No.	BLK 556 #07-344 ad Object: SKB9028X	Addr Rela	ess Type ted Policy	Singapore address		manuscriptorius.			
Address 4 Unit No.	ed Object: SKB9028X	Addr Rela	ess Type ted Policy	Singapore address		manuscriptorius.			

laim Handling					
cident MT/1044912					
Hcy No.	5105962486	Vehicle No.	SK89028X	GST Registration No.	
rtificate No.					
licyholder Name	LIM YUAN JIN CALLURN			Policyhalder NR3C	59140600D
iduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
mact No.(Mobile)	98782341	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	10 V
S	® No ○ Yes	TCA	No Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	16/05/2019 18:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	15/05/2019	Time of Accident hhomm	17:10	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	PIE (TUAS) BEPORE THOMSON RD EXIT				
Excuss					
h damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	2,500.00	Outside Singapore CO Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	etion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	desse				
Policyholder Mailing Ad		Kelman 5	Construe was and an	Page 200 degree	
dress 1 dress 4	BLK 556 #07-344	Address 2	HOUGANG STREET 51	Address 3	SINGAPORE 530556
it No.		Address Type	Singapore address	Post Code	530556
		Related Policy Number	5105962486		
OI Driver Info	Unnamed Driver				
named driver Name	KOH CHUN HONG	Driver Type Driver NRIC	Unnamed Driver 59421988D		as the case
ister Date of Driver License				Driver DOB	28/05/1994
stact No.(Mobile)		Oriver Age	24	Driving Experience	1
rrect No.(Modile)	87125726 884 470	Contact No. (Office)	0	Contact No.(Home)	0
	BLK 139	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521139
dress 4		Address Type	Singapore address	Post Code	521139
it No. es he own a Singapore	03-62				
gistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Saration					
athalyser or Blood Text	4.10	0.93(0.00)			
iding?	0 mg	Any injury?	○ Yes ⑥ No		
dification History					
Claim 001 New					
31.00					
Z-LO-	DO HE	40000000000000		Super many transporters	Mark Control of the C
m Type +	00-MX	Insured Name	LIM YUAN JIN CALLURN	Insured NRIC	\$91406000
tact No.(Mobile)		Contact No. (Home)	63879921	Contact No.(Office)	67641753
al Address		OI Vehicle Number	SKB902BX	TP Vehicle Number	FBM4692)
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mark Name *	>>	Claimant NRIC *			
mant Address					
m Description	SK89028X / FBM46923 ON 15 May 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault	CONTRACTOR OF THE PROPERTY OF	
uire Finalisation	Yes 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	16/05/2019 18:41	Claim Close Date	0-1	Date Received	16/05/2019 00:00
ort Taken By	Jeckson			CONTRACTOR OF	
Print AK letter					
- Control of the					
			Save Submit		
tachment					
dent No.	MT/1044912	Claim No.	001		
t Doc. Received	Yes ○ No	Upload Date	16/05/2019 18:43		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse.	THE MANAGEMENT ASSESSMENT ASSESSM	V Normal	V
		Browse		No V Normal	
		Browse			
		U-0459	p sans rates	V Normal	

