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.
- 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	24/05/2019 14:44
Date Of Accident	23/05/2019 10:50
Exact Location Of Accident	AYE HIGHWAY TWDSCTE NEARTO VICTORIA JUNIOR COLLEGE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW5796C
Insured/Policyholder	
Name Of Registered Owner	ANDY KUAH
NRIC No	S6835193F
Email Address	ANDYKUAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98294427
Alternative Phone No	OTHERS-98294427
Vehicle Particulars	
Manufacturer	BMW
Model	525I XL
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	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	5074135626-03
Cover Note Number	
Driver	
Name of Driver	ANDY KUAH
NRIC No	S6835193F
Date Of Birth	24/09/1968
Occupation	INDOOR
Date Of Driving Pass	28/11/1991
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98294427
Fax Number	1 TO
Contact Number	OTHERS-98294427
EMail Address	ANDYKUAH@GMAIL.COM

Address 25 JALAN SEMPADAN

#03-05

Postcode 457400

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

4

Was any other material or property damaged? YES

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

NO 1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes, Please state which Police Station

Police Station Name

MARINE PARADE N.P.C

Police Station Address

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190523/2120

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

SKG6S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM CHUN SENG

NRIC/Passport Number

Contact Number

90029381

Address

Postcode

Insurance Company Name

Page 2 of 32

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGG8376T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MICHAEL WONG

NRIC/Passport Number

Contact Number

96183501

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLD2227L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97571045

MR YEO

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ANDY KUAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKW5796C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 3. 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.
- 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 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:
 - (i) 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.:

SKETCH PLAN	AYE highway towards CTE near to Vict	oria Jun
		ollege
\rightarrow 1	DC BAD	->
	Δ σ	
	B-St	CH 6796
ESCRIBE CIRCUMSTAN		G 8376
	2epax	- '
	00/100 20	
	x1e 2/2	
	- Oax 005V	
1	(20)	
6/2		
		75
ECLARATION		
We declare the foregoing p	particulars are true in every respect.	15/201
olicyholder's signature ate & Time:	Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:	re
	Date & Time: NRIC/FIN No.:	





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE

449296

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:

Report No. T/20190523/2120

1 of 4

Date/Time Report Made: Station Diary No.: 23/05/2019 17:05 78 Informant's Particulars Name of Informant: Address: ANDY KUAH 25 JALAN SEMPADAN #03-05 SINGAPORE 457400 ID Type / ID No .: Contact No.: NRIC NO / S6835193F Home/Office: Mobile: 98294427 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 24/09/1968 50 Driver Race: Language: Institution / School Name: Chinese Occupation: Driving Licence Information: IT DIRECTOR Class: Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2019 10:50	Type of Location: Straight Road
	H EXPRESSWAY towards CTE near to Vic	toria Junior College Road Surface: Dry		load Speed Limit:
Traffic Flow: One Way	- 10 BORTH	Traffic Control:	1000	raffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear	A	nyone conveyed by mbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	N. Co.
	Total Participant	Mano	Model	COIDI	Condition	No of Passenger
SGG8376T					Totally Damaged	1
SKG6S	Car				Seriously Damaged	
SKW5796C	Car	BMW	525I XL	Black	Seriously Damaged	0
SLD2227L					Totally Damaged	0





2 of 4

Report No. T/20190523/2120

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

No. of Days granted Medical Leave

Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Ve	ehic	le Insurance			BERNAL BU	all the same		
Vehicle No.	Ins	surance Company		Insu	rance No	10000	Effective	Expiry Dat
SKW5796C	NT	UC Income Insurance nited	e Co-Operativ	e 507	4135626-0	03	03/01/2019	02/10/2019
Details of Pe						6/2 (A)	Signature Rose	WAS TO SHE WAS
Any Pedestri								
No. of Pedes	triar	s Injured: NIL		Use of	Pedestria	n Cros	sing: NA	O LIVERY
Name	200	Michael Wong		N. ZIA	ID N			
		Wichael World			ID No	0.	NIL	
Related Vehi	cle	SGG8376T			Cont	act No.	96183501	4-17
Hospital/Clini	С	NIL	1711	rest i	Class Drivir Licen Expir	ng	Class: NIL Date of Exp	biry: NIL
Date Treatme		NIL		Date D	ischarge			
No. of Days o	grant	ted Medical Leave	NIL		of Injury		A 34-A	19 - 91
	19987							
Name		Lim Chun Seng			ID No).	NIL	notteco.
Related Vehic	cle	SKG6S (Car)	9 121	•	Conta	act No.	9002 9381	
Hospital/Clini	С	NIL	agrill.		Class Drivin Licen Expin	ig	Class: NIL Date of Exp	iry: NIL
Date Treatme		NIL		Date D	ischarge	NIL		1890 and 1
	rant	ed Medical Leave	NIL		of Injury	NIL	1000000	September 1
Driver		A CONTRACTOR OF THE PARTY OF TH					Annual Constitution	《中华》
Name		ANDY KUAH			ID No		S6835193F	
Related Vehic	cle	SKW5796C (Car)			Conta	ct No.	98294427	Stell top?
Hospital/Clinic	3	NIL			Class Drivin Licent	g	Class: NIL Date of Exp	iry: NIL
Date Treatme	nt	NIL	S Wall	Date Di		NIL		Walter a
la of Davis -			1	_				76

Degree of Injury NIL

NIL





T/20190523/2120

3 of 4

Report No. T/20190523/2120

Police Station Of Origin: Marine Parade N.P.C. 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Name	Mr Yeo	All and the second		ID No		NIL
Related Vehicle	SLD2227L			Conta	ct No.	97571045
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 23/05/2019 at about 1050hrs, I was driving my vehicle bearing SKW5796C, along AYE highway towards CTE near to Victoria Junior College. I was driving at the centre lane. The Traffic is heavy at that point in time. Hence I was travelling slowly. Suddenly, I heard a thud and realised that the vehicle bearing SKG6S hit me from behind. I alighted from the car and realised that the 2 cars (SGG8376T and SLD2227L) behind the second car also got involved in the car accident. Someone else called for the police and ambulance.

The third vehicle bearing vehicle number: SGG8376T, the driver the front tooth broken and the passenger suffered heart problem and both got conveyed through an ambulance.

I also wish to state that my vehicle back bumper badly dented, the airbag system, belt tensioners and belt force limiters faulty. My car have in car camera which the traffic police took the SD card for the in car camera. I exchanged particulars with the other 3 drivers.

The second vehicle, SKG6S, particulars: Lim Chun Seng 9002 9381

The Third vehicle, SGG8376T, particulars: · Michael Wong 96183501

The fourth Vehicle, SLD2227L, particulars: Mr Yeo 97571045





4 of 4

Report No. T/20190523/2120

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

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: G / Sgt 2 CHO JIA LI	Signature Of Informant:	1 14
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2019 17:05	
Officer In Charge Of Case:	Classification Of Case:	
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358		*
Authentication Stamp	Smy	
SIGNATURE		

Reported on 2415/2019

ACCIDENT STATEMENT

2415/2019

ACCIDENT DATE: 23/ 5 / 2019 (DD/MM/YYYY), TIME: (10:50) (HH:MM)
LOCATION: ECP temporals City.
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SEW 5796C b) INSURANCE COMPANY: C) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
A)NAME:(MALE / FEMALE) b)NRIC/FIN/PASSPORT:(CONTACT:
STADDIKESS.
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DRIVER (MALE / FEMALE) 9 4 4 27 CADDRESS: CADDRESS:
*d)DATE OF BIRTH: (/
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS)
7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE CONTACT:
The of passanger of Vehicle Number: SGG8376 TMODEL: CONTACT:
SLD2227L < D.
email = andyknah @ quail.com
fax = andy kuah @ gmail. com,
VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6835193F





ANDY KUAH

CHINESE

24-09-1968

Country/Place of birth

SINGAPORE









26-08-2015

25 JALAN SEMPADAN #03-05 SINGAPORE 457400

NRIC No: S6835193F

Date: 08/09/2016

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 06 May 1991 Class 2A Motorcycles between 201 cc and 400 cc 06 May 1991 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A



Countersigned By:

Certificate of Insurance

Certificate Number: 5074135626-03 1. Index mark and Registration Number of Vehicle Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyter.	Cover: drivo CLASSIC : SKW5796C : WBANU520X0C228460 : ANDY KUAH : 03 Jan 2019
Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder.	: WBANU520X0C228460 : ANDY KUAH
 Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	; ANDY KUAH
3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder.	16504 5 10450 5
 Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	. 03 1811 2019
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	: 02 Oct 2019
(a) The Policyholder.	0.000.000
(b) Any other person who is driving on the Policyl	
	nolder's order or with his/her permission.
the Motor Vehicle or has been so permitted a enactment or regulation in that behalf from di	in accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any riving the Motor Vehicle.
6. Limitations as to Use#	
	and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	and testing
 (b) Use for racing, pace-making, reliability trial or (c) Use for the carriage of goods (other than same 	TO THE STATE OF THE CONTRACT OF THE STATE OF
(d) Use for any purpose in connection with the M	F11417-1, T1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP	: PLEASE REFER OVERLEAF : NO
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE	: PLEASE REFER OVERLEAF : NO : YES
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION	: PLEASE REFER OVERLEAF : NO : YES : NO
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE	: PLEASE REFER OVERLEAF : NO : YES : NO : NO
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : ANDY KUAH
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : ANDY KUAH : N/A
UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2)	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : ANDY KUAH : N/A
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : ANDY KUAH : N/A

Authorised Officer

Chief Executive

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 23/05/2019 10:50 Date of Accident Vehicle No.(For Motor) SKW5796C Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Commence Date Insured Object Select Policy No. Product Cover Type Vehicle No. Expiry Date 5074135626drivo CLASSIC ANDY KUAH SKW5796C SKW5796C 03/01/2019 02/10/2019 S6835193F GPC 03 Continue

Policy Information

Sequenc		Endorse	ment Type Endorseme	at Status	Endorsement Content
▶ Insure ▼ Endors	d Object: SKW5796C				
Unit No.	02-07	Related Policy Number	5074135626-03		
Address 4		Address Type	Singapore address	Post Code	457400
Address 1	25 JALAN SEMPADAN	Address 2	#03-05 VILLA MARINA TOWER	Address 3	SINGAPORE 457400
	nolder Mailing Address				
Certificate Info					
Open Policy Info					
insurance Flag	No				
Agent Co-	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Υ
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy issue Date	03/01/2019	Effective Date	03/01/2019 00:00	Expiry Date	02/10/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	25 JALAN SEMPADAN #03-05 VI	LLA MARINA 1	OWER 16 SINGAPORE 457400		
Certificate No.		Nume		NRIC	
Policy No.	5074135626-03	Policyholder Name	ANDY KUAH	Policyholder NRIC	S6835193F

Continue | Cancel

Claim Handling Accident MT/1046164

Policy No.	5074135626-03	Vehicle No.	SKW5796C		GST Reg	istration N
Certificate No.					- 2	
Policyholder Name	ANDY KUAH				Policyhol	der NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	2011/00/00/00
Contact No.(Mobile)	98294427	Contact No.(Office)	0		2000	No.(Home
Email Address		Special Remark			eCode	-0010-0010
KFK	- No Yes	TCA	No Yes		eCode Re	nasana .
NCD Protection	No	NCD Entitlement(%)	50		Private H	
					Listate II	
Report Date	27/05/2019 14:01	Accident Report Within 24 hrs	Yes		Accident	Tune
Date of Accident	23/05/2019	Time of Accident hh:mm	10:50			
Reporting Centre		Orange Force	20130			of Acciden
Accident Location	AYE HIGHWAY TWDSCTE NEARTO VICTORIA				ICM No.	
₩ Excess						
Own damage Excess	600.00	Additional Excess	0		Western	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	3.50	600.00	windscre	en Excess
Third Party Excess	0.00	Outside Singapore TP Excess				
▽ Benefits				0.00		
	tion					
GST Registered	No.		GST Ren	istration Date		
GST Registration No.			15	us Verified		Yes
Modification History						165
→ Policyholder Mailing Add	ress					
Address 1	25 JALAN SEMPADAN	Address 2	#03-05 VILLA MA	RINA TOWER 1	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	02-07	Related Policy Number	5074135626-03		\$6500,6556	-1
OI Driver Info						
Driver Name	ANDY KUAH	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S6835193F		Driver DO	18
Register Date of Driver License	28/11/1991	Driver Age	50		Driving Ex	
Contact No.(Mobile)	98294427	Contact No.(Office)	0		Contact N	
Address 1	25 JALAN SEMPADAN	Address 2			Address 3	
Address 4		Address Type	Singapore address	ē.	Post Code	
Unit No.	#03-05		2000		Post Code	
Does he own a Singapore Registered car?	Yes # No	Driver Vehicle No.			Driver Ins	urer Com
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No			
4odification History						
Claim 001 OD-MX New						
Claim Type *						
				OD-MX	▼ Insured Name	ANDY K
Contact No.(Mobile)				97308113	No. (Home)	670206
mail Address				andykuah@gmail.com	OI Vehicle	SKW57
laim Description				SKW5796C / SKG6S ON 2	Number	
referred				State of Sta	7 Fig 2013	
Verkshop	Insured Liability Partially a					
inalisation Tes	Repair Preferred Workshop,	Name unknown ▼ GIA report Received			Chin	
ate Registered	Scientific			27/05/2019 15:07	Claim	
annet Talan A				Market are some after the	Date	
eport Taken By					Workshop Repairer	
Print AK letter						
ps://giclaim.income.com.s	g/gcs/icm/eclaim/claimantSave.do					1/3

1/3

Attachment		[3	ave Submit	1		
Attachment						
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