TTIU INA	Jeb description	Date &Time Completed	Den	e by
Date In: 27   1 1 15 15		Date to Timo completed	D011	
Ref No: Na INCIG 23937974	SAS e-filing			
Veh No: CORSTSIX	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 26 19 17:4	i-Motor Claim Form	M11341378-331	27/5/19-	72:20
OD : TP Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4brs)		ELEVERON III
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: 572	2191 . INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Pc	riod: (	Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,0	00()/\$2,000()			
General Remarks:		FEDERAL SERVICE SERVICES CONTRACTOR SERVICES C	Nation Comment	-
( ) Walk-In Customer : Customer's infor	The party of the state of the s	Unicity NO refer of receives	STANCE NO. 1	
( ) Total Loss Case : to e-mail Insure	- IDCENTELY	Suicuy NO Isler di repairer.		
_				
Drive-In ( )/ Towed-In ( ); Invoice	:YES( )/NO( );	Towing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Timis Completed	THE WAR	Contraction of the Contraction o
		Lateociania Compiered	120me	S DV
	A COMPANY OF STREET STREET, ST	Date& 11116 Comple 3d	Done	py
Apply for Transport Allowance ( )/C	Courtesy Car ( )	Dates Inno Compariso	Done	ру
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )	Datese Inno Compaets q	J. N. Done	ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$36	Courtesy Car ( )	Datese Inno Compae su	JEST THORE	ру
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )	Datese I m io Compae sq	J. Done	ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$34  Injury:	Courtesy Car ( )	Dates 1 m 6 Compae 3 d		гру —
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	Courtesy Car ( )	Dates Into Compaeta	25.0 Cone	<i>э</i> ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car ( )	Dates 11116 Compae 3d		ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car ( )	Dates Into Compae id		ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car ( )	Dates 11116 Compae 3d		ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car ( )	Dates Into Compae of		ру
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car ( )	Dates 1 m o Compae 3 q		
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( )	paration Checklist	Anic(S)	Ami (5)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car ( )	paration Checklist		Ami(5)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Actions	Inveice Pro  1 AR: Acciden 2) DA: Damage	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8	Anit (S) Tit Bill	Ami (\$)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Actions	Inveice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8	Anic (S) Tit Bill  0) /545	Ami (\$)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  aimant's Particulars:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8	Anit (S) Tit Bill	Ami (5)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  alimant's Particulars: iver/Owner:	Inveice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) i-T: Follow-1 For cleiming a	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40  Phrough Survey  Phrough Survey (Resurvey)  Igoinst INC Only (wef 10 Jan 2005)	Anif (5)  Tit Bill  0) /545 5120 530	Ami (\$)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  aimant's Particulars: iver/Owner:	Invoice Pro  1 AR: Acciden 2 DA: Damage 3) TF: Towing 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) teainst INC Only (wef 10 Jan 2005) ction	Anit (\$) fit Bill 0) (\$45 5120 \$30 \$75	Am.(\$)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  atimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Pro  Invoice Pro  I) AR: Acciden  I) A	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 'hrough Survey (Resurvey) Isoainst INC Only (wef 10 Jan 2005) ction + SMRT Survey	Anif (5)  Tit Bill  0) /545 5120 530	
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  atimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) isoinst INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services:-	Anit (5)  fit Bill  0)  (545  5120  530  )  575  1160	Am.(3)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  atimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 9 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes)	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40  Through Survey (Resurvey)  Isoinst INC Only (wef 10 Jan 2005)  etion  + SMRT Survey  onal Services:-  Car / Tpt Allowance	Anit (\$) fit Bill 0) (\$45 5120 \$30 \$75	Aht(5)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  atimant's Particulars: iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  Invoice Pro  I) AR: Acciden  I) A	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) teainst INC Only (wef 10 Jan 2005) etion + SMRT Survey onal Services: Car / Tpt Allowance to-ordination air Inspection	Ant (S)  78 Bill  0)  7545  8120  \$30  575  1160  \$55  510  \$725	Amt(5)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$36  Injury:  Date/Time Actions  alimant's Particulars: iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments:-	Invoice Pro  Invoice Pro  I) AR: Accident 2) DA: Damage 3) TF: Towing 14) FT: Follow-15) FT: Follow-1For claiming 6) TR: Re-insperious 7) N1: Idae DA 8) NTUC Addition OD*  *N5: Courtesy *N6: Repair C *N7: Fost Repair C *N7: Fost Repair C *N7: Fost Repair C *N7: Fost Repair C *N8: DV / Co	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) teainst INC Only (wef 10 Jan 2005) etion + SMRT Survey onal Services: Car / Tpt Allowance to-ordination air Inspection liect Excess Coordination	Ant (5)  751 Bill  0)  7545  5120  530  575  5160  55  510  525  53	Aht(5)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  atimant's Particulars:- iver/Owner:  ntact No:  maged Portion:	Invoice Pro  Invoice Pro  I) AR: Accident 2) DA: Damage 3) TF: Towing 14) FT: Follow-15) FT: Follow-1For claiming 6) TR: Re-insperious 7) N1: Idae DA 8) NTUC Addition OD*  *N5: Courtesy *N6: Repair C *N7: Fost Repair C *N7: Fost Repair C *N7: Fost Repair C *N7: Fost Repair C *N8: DV / Co	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) trainst INC Only (wef 10 Jan 2005) etion + SMRT Survey onal Services: Car / Tpt Allowance to-ordination air Inspection litest Excess Coordination (Non INC) against INC	Ant (S)  78 Bill  0)  7545  8120  \$30  575  1160  \$55  510  \$725	Am.(3)

#### 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.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	, and a special specia
	ACCIDENT STATEMENT
Date Of Report	27/05/2019 15:15
Date Of Accident	26/05/2019 13:45
Exact Location Of Accident	BLK 100 BEDOK NORTH AVE 4 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5931X
Insured/Policyholder	
Name Of Registered Owner	JIELIN
Co Reg No	53387917E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96945859

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150 MANUAL 3SEATER

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-96945859

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104259015

Cover Note Number

Driver

Name of Driver LIM LAM CHEONG

 NRIC No
 \$0449290J

 Date Of Birth
 09/03/1948

 Occupation
 INDOOR

 Date Of Driving Pass
 20/04/1976

Driving Experience 43 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96945859

Fax Number

Contact Number OFFICE-96945859

EMail Address NOEMAIL

BLK 100 BEDOK NORTH AVENUE 4 Address

#04-1924 460100

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 COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 SJZ2219T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 3. 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:
  - 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.

X JIE LIN

Policyholder's Signature Date & Time: 3

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

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wo	TO DRIVING ALUNG THE DRIVE WAY OF OPEN CARPORT
(BOB	27) HEADING TOWARD THE CARPARK (EXIT/BUTGANG)" BEDU
HTJOOK	Aug 4."
WHILE	DEWING STRAIGHT AMERA SUDDENING A VEHICLE
DRIVE	out from my user, I tried to Avoid But
CONLD	INT REACT ON TIME. AND GOT HIT ONTO THE LEFT
SIPIZ	OF MY VISIAI CUIZ.
Auan	TED FROM MY VEHICLE AND ESPLIZZED IT WAS A.
VELAN	CUE WITH LICENCE PLACE NUMBER (SJE 2219T)
THAT	WILLIAM TO THE LIEFT SIDE OF MY WEHLUE.
Urmic	us A- GBB 5931 X
Uzulc	1a B - SJZ 22197

## DECLARATION

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

JIE LIN

Policyholder's Signature Date & Time: Driver's Signature

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

NRIC/FIN No.:

ehicle No.	GBB 5931 X Model/Make TOWORD DYNA
ate of Accident	26/05/19
me of Accident	13 45 HRS
ocation of Accident	BLK 100, 101 OPEN CARPARK. BEDOK NORTH AVE 4
xact purpose use during accid	
lame of Owner	SIELIN
elephone No.	H/P: 9 694 5459 Home: Office:
IRIC	53387917E
ddress	BLK 100 BROOK NORTH AVE 4 #04-1924 S(460100)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	None
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No um cam Cheonh
VRIC	S 0449200 J Any Passengers: 0
Date of birth	DO MAR 1948
Occupation	Outdoor / Indoor
Driving License Pass Date	20 APR 1976
Gender	Mate / Female
Contact No.	H/P: 9694 5539 Home: Office:
Address	BUK 100 BRDOK NORTH ANZ 4 #04-1924 S( 460100)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state co. owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No If Yes, Where?
Vehicle B No.	SSZ 2219 T Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	LEFT FRUNT PORTION
Camera Recorder	Yes / No
Email Address	
Linan Address	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PER LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOD FMAIL ADDRESS	sales @ n51. com. sa

S0449290J





LIM LAM CHEONG

CHINESE

09-03-1948

BINGAPORE

Licence Number: S 0 4 4 9 2 9 0 J

LIM LAM CHEONG



Birth Date: 09 Mar 1948 100 Date 29 Dec 2007



3640249

NC No. S0449290J

ABWIN 論 TEL: 6842 3332 輝 TEL: 6593 7443

24-11-2004

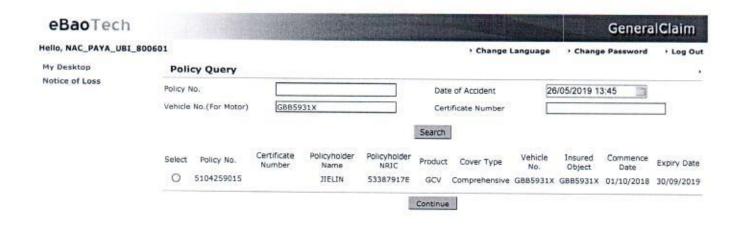
APT BLK 100 BEDOK NORTH AVENUE 4 #04-1924 SINGAPORE 460100

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B Motorcycles =< 200 cc 30 Nov 1976
Class 2A Motorcycles between 201 cc and 400 cc 30 Nov 1976
Class 2 Motorcycles > 400 cc 30 Nov 1976
Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Policy Search Page 1 of 1



Policy Information Page 1 of 1



ident MT/1046338					
ry No.	\$104259015	Vehicle No.	G885931X	GST Registration No.	
ficate No.					
yholder Name	JIELIN			Policyholder NRIC	53387917E
fuct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ract No.(Mobile)	96945859	Contact No.(Office)	0	Contact No.(Home)	0
si Address		Special Remark		eCode	No V
	® No ⊜Yes	TCA	No ○Yes	eCode Reason	
O Protection	No	NCO Entitlement(%)	0	Private Hire	No
Accident Details	23.	Secretary and source	10	NO TRANSPORT	5000
ort Date	27/05/2019 22:48	Accident Report Within 24 hrs	Var	Acadent Type	Collision - Major Minor Road
		0.0000000000000000000000000000000000000			
e of Acoident	26/05/2019	Time of Accident nh:mm	13:45	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	BUX 100 BEDOK NORTH AVE 4 OPEN SPAC	E CARPARK			
Excess					
n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Oriver Excess		Outside Singapore OO Excess			
nd Party Excess	0.00	Outside Singapore TP Excess			
Genefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.	3720		GST Status Verified	Yes	
Sification History	27/05/2019 22:49:34 Sver	em changed GST Status Verified fro			
			MD00.599979		
Policyholder Mailing Ad	drass				
iress 1	BLK 100 #04-1924	Address 2	BEDOK NORTH AVENUE 4	Address 3	PEARL GARDEN
dress 4	SINGAPORE 460100	Address Type	Singapore address	Post Code	460100
it No.	04-1924	Related Policy Number	5104259015		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM LAM CHEONS	Driver NRIC	504492903	Driver DOB	09/03/1948
gister Date of Driver License	20/04/1976	Driver Age	71	Driving Experience	43
ntact No.(Mobile)	96945859	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 100	Address 2	SEDOK NORTH AVENUE 4	Address 3	PEARL GARDEN
dress 4	SINGAPORE 460100	Address Type	Singapore address	Post Code	460100
E No.	04-1924				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	O Yes @ NO	Driver venicle No.		Driver Insurer Company	
Threshop					
	give:	NAMES OF THE PARTY OF	1 a 20 a 20 a 20 d		
eathalyser or Blood Test	0 mg	Any Injury?	○ Yes ® No		
eathalyser or Blood Test	0 mg	Any injury?	Ó Yes ® No		
reachalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
esthalyser or Blood Test ading? dification History	0 mg	Any injury?	○ Yes ® No		
ekhalyser or Blood Test ading? Ification History	0 mg	Any injury?	○ Yes ® No		
eethelyser or Blood Test ading? Unication History Claim <b>001</b> New	2007			por videos a	
tethelyser or Blood Test ading? dification History Claim 001 New	0 mg	Insured Name	STELIN	Insured NRIC	53387917E
technlyser or Blood Test ading? dification History Claim 001 New him Type * ritact No.(Mobile)	2007	Insured Name Contact No.(Home)	STELIN NIL	Contact No.(Office)	
technlyser or Blood Test ading? dification History Claim 001 New km Type *	2007	Insured Name	DIELIN NIL GBB5931X		53387917E
ethalyser or Blood Test ading?  Ification History  Claim 001 New  Imac Type *  mact No.(Mobile)	06-мх 💌	Insured Name Contact No.(Home)	STELIN NIL	Contact No.(Office)	
ethelyser or Blood Test iding?  Ification History  Llaim 001 New  Im Type *  mact No.(Mobile)  eli Address  Immart Type Claimant Type *	06-мх 💌	Insured Name Contact No.(Home) Of Vehicle Number	DIELIN NIL GBB5931X	Contact No.(Office)	
ethalyser or Blood Test iding?  Ification History  Llaim 001 New  Im Type *  mact No.(Mobile)  iell Address  immart Type Claimant Type *  immart Name *	OD-MX   Please Select    V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	DIELIN NIL GBB5931X	Contact No.(Office)	
techniyser or Slood Test ading?  Iffication History  Claim 001	OD-MX   Please Select    V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	DIELIN NIL GBB5931X	Contact No.(Office)	
techniyser or Blood Test ading?  dification History  Claim 001 New  wm Type *  mact No.(Mobile)  self Address  semant Type Claimant Type *  symant Name *  symant Address  sem Description  referred Workshop Contact	OD-MX  Please Select  >>>	Insured Name Contact No. (Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *	ITELIN MIL GBB5931X Please Select	Contact No.(Office) TP Vehicle Number	
echalyser or Blood Test ading?  dification History  Claim 001 New  If Type *  Iffact No. (Mobile)  Intel Address  Intel Addres	OD-MX  Please Select  ≥≥  GBB5931X / 53Z2219T ON 26 May 2019	Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *	ITELIN MIL GBB5931X Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	[5)222219T
echalyser or Blood Test ading?  dification History  Claim 001 New  Immort No. (Mobre)  Intel Address  Immort Name *  Immort Name *  Immort Address  Immort Add	OD-MX  Please Select  ≥≥  GBB5931X / S3Z2219T ON 26 May 2019  Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ITELIN MIL GBB5931X Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
echalyser or Blood Test ading?  dification History  Claim 001 New  em Type *  mact No.(Mobile)  leil Address  smant Type Claimant Type *  smant Address  smant Address  sim Description  referred Workshop Coreact  quire Finalisation  te Registered	OD-MX	Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *	ITELIN MIL GBB5931X Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	[5)222219T
echalyser or Blood Test ading?  dification History  Claim 001 New  em Type *  mact No.(Mobile)  leil Address  smant Type Claimant Type *  smant Address  smant Address  sim Description  referred Workshop Coreact  quire Finalisation  te Registered	OD-MX  Please Select  ≥≥  GBB5931X / S3Z2219T ON 26 May 2019  Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ITELIN MIL GBB5931X Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
eshalyser or Blood Test ading?  dification History  Claim 001 New  em Type *  mact No.(Mobile)  leil Address  emant Name *  emant Address  em	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ITELIN MIL GBB5931X Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
eshalyser or Blood Test ading?  dification History  Claim 001 New  em Type *  mact No.(Mobile)  leil Address  emant Name *  emant Address  em	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	NILL GBB5931X Please Select  Not at Fault  Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
ethalyser or Blood Test uding?  Infration History  Italim 001 New  Italim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ITELIN MIL GBB5931X Please Select V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
techniyser or Blood Test ading?  Ification History  Claim 001 New  Iff Type *	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	NILL GBB5931X Please Select  Not at Fault  Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
echalyser or Blood Test ading?  dification History  Claim 001 New  Inter Type * Inter No. (Mobre) Intel Address Internet Type Claimant Type * Internet Name * Internet Address I	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	NILL GBB5931X Please Select  Not at Fault  Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
esthalyser or Blood Test lading?  dification History  Claim 001 New  arm Type *  smart No. (Mobile)  nell Address  armant Type Claimant Type *  armant Name *  smart Address  aim Description  referred Workshop Contact  course Finalisation  are Registered  eport Taken By  Print AK letter	OD-MX	Insured Name Contact No. (Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	ITELIN MIL GBB5931X Please Select  V  Not at Fault Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
echalyser or Blood Test ading?  dification History  Claim 001 New  Imm Type * Immat No.(Mobre) Intil Address Immat	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	ITELIN NIL GBB5931X Please Select  Not at Fault Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
echalyser or Blood Test ading?  dification History  Claim 001 New  Immort No. (Mobre)  Intel Address  Intel Add	OD-MX	Insured Name Contact No. (Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	ITELIN MIL GBB5931X Please Select  V  Not at Fault Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	S322219T
ethalyser or Blood Test ading?  dification History  Claim 001 New  Immort No. (Mobre)  Initial Address  Immort No. (Mobre)  Initial Address  Immort Address  I	OD-MX	Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No.	ITELIN NIL GBB5931X Please Select  Not at Fault Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	S322219T
ethalyser or Blood Test ading?  dification History  Claim 001 New  Immort No. (Mobre)  Initial Address  Immort No. (Mobre)  Initial Address  Immort Address  I	OD-MX	Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No.	ITELIN NIL GBB5931X Please Select  Not at Fault Preferred Workshop, Name unknown  Save Submit  DO1 27/05/2019 22:51 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	\$222219T  Received  27/05/2019 00:00
echalyser or Blood Test ading?  dification History  Claim 001 New  irm Type *  irmact No.(Mobre) nell Address arment Type Claimant Type *  symant Name *  symant Name *  symant Address aim Description referred Workshop Coreact  course Finalisation ate Registered sport Taken By  Print AK letter  Attachment	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse	ITELIN NIL GBB5931X Please Select  Not at Fault Freferred Workshop, Name unknown  D01 27/05/2019 22:51 Category *  B Cear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge  V Normal	S222219T   S222219T
colaration reschalyser or Blood Test landing?  Claim 001	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	ITELIN NIL GBB5931X Please Select  V Preferred Workshop, Name unknown  Save Submit  D01 27/05/2019 22:51 Category *  B Clear Please Select  D0ar Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urge	S222219T   S222219T

