INITIONILL		i para	1.24
NATIONAL Assessment Centre Se	ervices wet 1 January N	Wn 1192 69 119	
Date In: 18 19-1014 Jo	b description	Date & Time Completed	Done by
DaCNo:	SAS e-filing		
Veh No: JUGNAGN	E-mail (within Shrs, AIC 2hrs)		
001	-Motor Claim Form		
		M 1048 10-071	280 in 15:11
	-Motor W/O (Within: OD 2h	rs, TP 4brs)	
	-Photo Uploaded		
	ssessment/Survey Report	i i	
A	ss't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	RX:
TP Particulars: Veh No: MA 61160	. INC (.)/Non-INC()	172
Owner / Driver: (Policy No: () Period: (Tel:)
) renou. ()	Cover Type: ()
Confirmed by : (Insured/Driver Liability: (%) Note-F	Date:	Time:)
VennefDesign	est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-10	00%]
Year of Registration: () Warran	ity: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:	DENOZII PRESIDENZANI	A SERVICE OF THE PARTY OF THE P	
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() Walk-In Customer: Customer's information	strictly Confidential & Str	ictly NO refer of repairer	100 A
() Total Loss Case : to e-mail Insurer URG	CENTLY	tody NO Tater of repairer.	
Defend to Control of the Control of			Name and the same of the same
, invoice, YES	()/NO();To	owing Co: (.)
Remarks: (INC hotline: 6788 6616)			
1) 4	and the second second	Date&Time Completed	Done by
2) OC Charle (D.) / Courtesy	Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:			
Injury:		4	
Pate/Time Actions			vocate of the state of the
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	War and the same of the same o		DESTAL PORTES .
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241			
41903974	Invoice Prepa	ration Checklist	Anit (S) Amit (
umant's Particulars :-	1) AR : Accident Re		THE BILL Add B
	2) DA : Damage As	porting (\$30); sessment (\$100); INC (\$80)	
ver/Owner:	3) TF : Towing Fee	. \$40/\$4	Contract to the last of the la
itact No:	4) FT : Follow-Thro 5) FT : Follow-Thro	1.0	
	For claiming again	nst INC Only (wef 10 Jan 2005)	
naged Portion:	6) TR : Re-inspectio	n \$75	
	7) N1 : Idac DA + S		
Checked by (Engr-In-Charge):	8) NTUC Additional	Services:-	
Charge):	*N5: Courtesy Co.	r/Tpt Allowance \$5	
VOY NEEK Chair and the second	*N6: Repair Co-or		The second section is a second
litors! Comments :-	*N7: Fost Repair I	Inspection \$25	
		Excess Coordination 35	
/3:	9) N12: Idac Mobile	n INC) against INC \$20	-
	Invoice dated	Fee Charged	23745097
		ALCOHOLD STREET	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	28/05/2019 10:28
Date Of Accident	25/05/2019 08:15
Exact Location Of Accident	MARGARET DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG5792U
Insured/Policyholder	
Name Of Registered Owner	WONG MAY LAN
NRIC No	S6990004F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993319
Alternative Phone No	OFFICE-96993319
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	5106969578
Cover Note Number	
Driver	
Name of Driver	NIGEL TAY CHYE NGUANG
NRIC No	S9548251A

 NRIC No
 \$9548251A

 Date Of Birth
 28/12/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 21/11/2014

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96993319

Fax Number

Contact Number OFFICE-96993319

EMail Address NOEMAIL

Address

1 GAMBIR WALK

Postcode

538968

FRIEND

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

.

Vehicle

Insurance Company of Driver's Own Vehicle

-

8 8

•

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?

YES

Foreign Vehicle Registration Number

MAG1150 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

Police Station Address

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - F/20190527/7047.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

MAG1150

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

PRIVATE CAR

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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:

- 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
- 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.
- 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:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

1	UKS	travelling	along	anu	MULKY	betwee	magan	trinear
my	060	im,	the 1	LH	CANE.	Sullyh	Vehick	Rini
into	20)	out y	(3(1)d)e	01/	e m	1 my	right p	all all
					Tue			
	Jarin L							

DECLARATION

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

DY

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.:

STABLES Skin, HPM Form V.S.

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 and time of accident	Date: 25 5 19	(DD/MN	1/YY) Time: 5 1547	(HH:MM)
Exact location of accident	margane f	Prive		

Details of vehicle

Vehicle registration number	SG9 51A2 V
Vehicle make and model	HONSK CITIC
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NIVL		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	Wong May Lan Mal	e 🗆 🛮 Female 🗹
NRIC / Fin / Passport number	S6990004F	
Contact	9699 2319	
Address	BLK 268 #06-51 Toh Quan Road Singap	one 600268

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	Nyll Tay Chol Mounny	Male 🗹	Female
NRIC / Fin / Passport number	59548151A	Triale &	Terridic 5
Contact	969 9 3319		
Address	1 gambir walk 5(538968)		
Email address			
Date of birth	28/12/1995		
Occupation	Indoor D Outdoor D		
Driving date pass	21/11/2014		

General information of the accident

Was driver an employee of	Yes 🗆 No 🗩
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No 🗆
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	(Inclusive of driver)

Passenger 1

Name	Mull Tay chyc nyunn	
Gender	Male Female	

Passenger 2

Name			
Gender	Male 🗆	Female	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes 🗆	No 🗆	
Was other vehicle damaged?	Yes 🗆	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			, , ,

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	mag 1150
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	Section 2010
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name			
Witness 2			
Name			
Injured person 1			
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	
nospital by ambalance:			
Injured person 2			
Name			
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to nospital by ambulance?	Yes 🗆	No 🗆	
Injured person 3			
Name			
njuries sustained			
Which vehicle person in?			
Vere seat belts worn?	Yes 🗆	No 🗆	
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No 🗆	
Injured person 4			
lame			
njuries sustained			
Vhich vehicle person in? Vere seat belts worn?	Yes 🗆	No 🗆	





1 of 2

Report No. F/20190527/7047

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made	Vide Re	port No.		Station Diary No.		
27/05/2019 19:34						
Name Of Informant	Address					
NIGEL TAY CHYE NGUANG	1 GAMB	IR WALK S	SINGAPORE 5389	68		
ID Type / ID No.	Contact No.					
NRIC NO / S9548251A	Home/Office: Mobile:					
			96993319			
Nationality	Email Address					
SINGAPORE CITIZEN	nigeltay	@hotmail.c	om			
Occupation	Sex	Age	Date of Birth	Race		
Automation technician	Male	23	28/12/1995	Chinese		
Institution/School Name	Language English					
Date/Time Of Incident	Location	Location Of Incident				
25/05/2019 08:15 - 27/05/2019 08:15	1 GAMBIR WALK SINGAPORE 538968					

Brief details.

On 25/05/2019 8.15am, i Nigel Tay Chye Nguang, ic number S9548251A, was driving to work on queensway road. I was on the left lane going straight when suddenly a trailer turned into my lane forcing me to take evasive action and swerve into magaret drive on my left. I lost control of my car and mounted the kerb. I called traffic police to assist and they told me to lodge an accident and police report. Camera footage has been sent to investigation officer.

Report number : E/20190525/0066

Traffic accident along Magaret drive involving vehicles SGG5792U and MAG1150 on 25/05/19

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 19:34
Officer In-Charge Of Case:	Classification Of Case:
70/ / / PDP - 1/25	

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190527/7047

Person Name	NICEL TAY OUVE NOUANO						
	NIGEL TAY CHYE NGUANG						
ID Type	NRIC NO	ID No	S9548251A				
Gender	Male	Age	23				
Race	Chinese	Language	English				
Occupation	Automation technician	Address Type					
Address	1 GAMBIR WALK SINGAPORE 538968	Mobile No	96993319				
Is Informant A Victim?	Yes						

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 19:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9548251A





Name

NIGEL TAY CHYE NGUANG

郑 财 源 Race

CHINESE Date of birth 28-12-1995

Country of birth SINGAPORE S9548251A

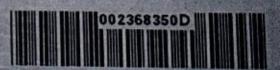
INGAPORE DRIV

Licence Number: S 9 5 4 8 Name

NIGEL TAY CHYE NGUAN

Birth Date 28 Dec 1995

Issue Date: 21 Nov 2014



4588284



NRIC No. S9548251A



Onte of Issue 01-06-2010

1 GAMBIR WALK SINGAPORE 538968

NRIC No: \$9548251A

Date: 08/07/2012

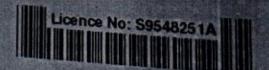
No: 7088958

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOW

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Nov. 201, of the driver; and other motor vehicles =< 2500kg

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106969578

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

· SGG579211

Chassis Number

: JHMFD16206S208066

2. Name of Policyholder

: WONG MAY LAN

3. Effective Date of Insurance

: 19 Jan 2019

4. Expiry Date of Insurance

: 18 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

This Policy does not cover

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

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : WONG MUI CHEW

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

HIRE PURCHASE COMPANY : INDEX CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 18 Jan 2019 17:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	Claim
Hello, NAC_PAYA_UB1_80	0601			THE REAL PROPERTY.			• Chang	e Language	+ Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	1	25/05/2019 0	8:15	
	Vehicle	No.(For Motor)	SGG5	792U		Cert	ificate Number	. [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5106969578		WONG MAY	S6990004F	GPC	drivo CLASSIC	SGG5792U	SGG5792U	19/01/2019	18/01/2020
					-	Continue					

Policy No.	5106969578	Policyholder	WONG MAY	/ LAN	Policyholder	S6990004F	
Certificate		Name			NRIC	555500041	
Address	BLK 268 #06-51 TOH GUAN R	OAD TOH GUAN	VIEW SING	APODE 600368			
Product			11211 01110	AI ONE 000200	Group		
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy issue Date	18/01/2019	Effective Date	19/01/2019	9 00:00	Expiry Date	18/01/2020 2	3:59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD	600	Singapore	0			Young	/Inexperience Driver Excess
Excess		TP Excess				3,000	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 268 #06-51	Addre	ess 2	TOH GUAN ROAD		Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600268	Addre	ess Type	Singapore address		Post Code	600268
Unit No.	06-51	Relate Numb	ed Policy per	5106969578			
) Insure	d Object: SGG5792U						
□ Endors	sements						

aimant Address aim Description referred Workshop Contact. b. brigure Pinalisation ofe Registered sport Taken By Pinit: AK Tetter	Yes 28/05/2019 15:11 Packson	Indured Leading * Preferenced Regain Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown	GIA report Date Received	Received 28/05/2019 00:00
aim Description eferred Workshop Contact quire Finalisation its Registered	28/05/2019 15:11	Preferend Repair Option		- ST - SS	
im Description ferred Workshop Contact gure Finalisation	PRODUCTION OF THE PROPERTY OF	Preferend Repair Option		- ST - SS	
ilm Description Iferred Workshop Contact	Yes 🔻			GIA report	Received
im Description ferred Workshop Contact		Insured Dability *	Not at Fault		
im Description		I S CONTROL OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OW			
emant Address	SGG5792U / MAG1150 ON 25 May 2019			Name of Preferred Workshop	
imant Name *	22	Claimant NRIC •	(Villa		
sment Type Claimant Type *	Please Select	Type of Benefit +	SGG5792U Please Select	TP Vehicle Number	MAG1150
nail Address	270.14/92	Contact No.(Home) Oil Vehicle Number	58994486	Contact No. (Office)	
ntact No.(Mobile)	94771765	Insured Name	WONG MAY LAN	Insured NRIC	S6990004F
aim Type +	OD-MX	C00133000000	Commence of the commence of th	\$100,000 \$10000	
Claim 001 New					
odification History					
1441000000000					
freathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes ® No		
eclaration					
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
nit No. oes he own a Singapore	2 2				
oldress 4		Address Type	Singapore address	Post Code	538968
ddress 1	1 GAMBIR WALK	Address 2	GAMBIR GARDENS	Address 3	SINGAPORE SI8968
ontact No.(Mobile)	96993319	Contact No.(Office)	0	Contact No.(Home)	0
rgister Date of Driver License	21/11/2014	Driver Age	23	Driving Experience	4
nnamed driver Name	NIGEL TAY CHYE NGUANG	Driver NRIC	S9548251A	Driver DOB	28/12/1995
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
OI Driver Info	06-51	Related Policy Number	5106969578		
nit No	SINGAPORE 600268	Address Type	Singapore address	Post Code	600268
ddress 1 ddress 4	BLK 268 #06-51	Address 2	TOH GUAN ROAD	Andress 3	TOH GUAN VIEW
Policyholder Mailing Ad					
odification History			wall acatus venned	Yes	
ST Registration No.	560		GST Registration Date GST Status Verified	West	
ST Registered Inform	No.				
■ GST Registered Inform	etion				
Third Party Excess Benefits	0.00	Dutside Singapore TP Excess	0.00		
Unnamed Driver Excess	2,500.00	Dutside Singapore OD Excess	600.00		
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
♥ Excess					
ccident Location	MARGARET DR				
Leparting Centre		Orange Force		ICH No.	A 44 (105) 52 /
ate of Accident	25/05/2019	Time of Accident hh:mm	08:15	Country of Accident	Singapore
aport Date	28/05/2019 15:08	Accident Report Within 24 firs	Yes	Acodent Type	Collision - Change / Cross Jane
Accident Details		a regional of Control (1970)	CAST	S COUNTY OF STREET	
CD Protection	No	NCD Engitement(%)	0	Private Hire	No
FK	® No ○ Yes	TCA	® No ○ Yes	eCode eCode Reason	N. Y
mail Address	2000000	Special Remark	0	Centact No.(Home)	0
	96993319	Contact No.(Office)	drivo CLASSIC	Loading	0
Contact No. (Mobile)	PRIVATE CAR INSURANCE	Cover Type	44.0	Policyholder NRIC	56990004F
raduct Code	WONG MAY LAN				2012/03/02/0
	5106969578	Vehicle No.	90057920	GST Registration No.	

