|   | e Services.  | [wrl 1 Jan(03] .   | MNA 11907  | 6189.   |                      | -  |
|---|--|--|--|---|----------------------|--|
| Date kin 11/6/19 16:16  | Jeb description  | 1  | Date &Time Con   | ploted  | Do                   | ine by   |
| MAI INC 19010289 /h4.   | SAS c-filing   |  | 1  |   |                      |  |
| SLD 54298   | E-mail (within   | ālars, AIC 2lars)  |  |   | -                    |  |
| 1116/19 00:25.  | I-Motor Cial   |  | MT(1048612   | 001   | 11/6/19              | 17:5   |
|   | I-Motor W/C  | ) (Withdu: OD 2hrs,  |  |   |                      |  |
| The O's Reporting Only  | I-Photo Uplo   |  |  |   |                      |  |
| A CONTRACTOR OF THE PARTY OF TH  | Assessment/Su  |  |  |   |                      |  |
| 1 it lassam   |  | y Fax / Hand to  | Owner/Wksp   |   |                      |  |
| Professet Wksp / BIC Assign Wksp / GW; (  |  | - CHARLES  | Tol:   | IT AC   | X:                   | Marine Wolfe Co.   |
| IP Particulars:   Veh No:   | SKJ 54425.   | . INC (  | )/Non-INC(   | )   |                      |  |
| Owner/Driver (  | JKJ 34423.   |  | Tel:   |   | )                    |  |
| Policy No: ( ) Peri   | od: (  | )  | Cover Type: (  | *******   | ·                    | A1 - 10  |
| Confirmed by : (  |  | Datei  | Timer  |   | )                    | ****   |
| Insured/Driver Liability: (%) [N  | ote-Est. Status (W   | 70): N: 0-209  | 4; P: 21-79%. I  | : 80-10   | 0%]                  |  |
|   | 'arranty; YBS (  | )/NO( )  |  | -   |                      |  |
| Pxccss: (5 ) Loading: \$1,000   | 0()/\$2,000  | ( )  | Least Hadde  |   |                      |  |
| Concentration is a first for the party  |  |  | WAR AND SAFE   | 1777 TOTAL  | 15 TO 15             | A STATE OF THE PARTY OF THE PAR |
| Walk-In Customar : Customor's Inform  | war and the second of the latest the latest the latest the second of the latest th | the distance of the same beauty beauty and in the  | A LABORATOR STATE STATE STATE STATE STATE AND ASSESSMENT OF THE PARTY  | the first bull-product  | Address of the Local | ************   |
| ( ) Total Loss Case : to e-mail Insurer   | the second contract of the second  | ,  |  |   | AS -                 | Mila   |
| Drive-In ( )/ Towed-In ( ); Invoice:  |  | O ( ) : Toy  | ving Co: ( · .   | ,   |                      | 7  |
| Comments: 000 (1860 (1861) 1650 (1861) 1660 (1861)  |  |  | Barran Barr  |   | e cilian             | Siby   |
| Apply for Transport Allowance ( )/Cor     QC Check / Post Repair Inspection   | urtesy Car ( )   |  |  |   | A Colpon             | Alein,   |
| Apply for Transport Allowance ( )/Cou     QC Check/Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$300]   | urtesy Car ( )   |  |  |   | (e) (a) Iban         | 8;by   |
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| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 40/acy;   | urtesy Car ( )   |  |  |   | e ledison            | A NTT  |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$300 / (a)/ary;  | urtesy Car ( )   |  |  |   |                      | A RIV  |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection () Upload Resurvey Photo (Repair Cost > \$300  Autury :   | urtesy Car ( )   |  |  |   | Medition             | A NOT TO SOLVE TO SOL |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection () Upload Resurvey Photo (Repair Cost > \$300  Autury :   | urtesy Car ( )   |  |  |   | A CALLAN             | Sby  |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$300 / 10/1079;  | urtesy Car ( )   |  |  |   | Please Say           | Mesar  |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 40/acy;   | urtesy Car ( ) ( ) 00] ( )   |  |  |   |                      | Ryahic(s)  |
| 1) Apply for Transfort Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300  Injury :  Date Chino Actions ( )  MA 1904  | urtesy Car ( ) ( ) 00] ( )   | ) All : Applicant le   | orting (330);  |   | (S)                  | RYANGES  |
| 1) Apply for Transfort Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury :  Date Transford Actions as the second | 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | All t Appident Rep<br>DA t Darre to Ata  | orting (530);  | (C (3.0)<br>3.40/3.43   | 30.00                | RYAMICES   |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300  injury :  Date Chine Actions ( )  MA 1904  innumber Particulary : 23  iven/Owner:  | 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | All t Applied Uler<br>DA t Daine go And<br>The Towing Pee<br>PT t Pollow-Throu   | orting (5300); its Burroy (Resurvey)   | (C (350)<br>S (0/54)<br>\$120<br>\$30   | 30.00                | RYAMICES   |
| 1) Apply for Transfort Allowance ( )/Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300  injury :  Date/Cline (Actions a)  MA 1904  iven/Owner:   | 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | All : Applient Rep  All : Applient Rep  DA: Dame go Are  Tr: Follow-Throu  IT: Follow-Throu  For a tainuing a tale  | orting (530); sament (5100); Ir gli Burvey gli Burvey (Resurvey)   | (C (550)<br>540/545<br>5120<br>5200)  | 30.00                | RYANGES  |
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| 1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$300  Injury :  Date Chine (Actions as a particular as a | 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | All t Anoldent Rep  DA : Dame go Asse  PT : Follow-Throu  For ulainding atalia  TR: Re-inspection  Nt : Idea DA + SN  NTUC Additional :  NS: Courtery Car  NS: Courtery Car  | orting (530); sament (5100); Ir gli Burvey gli Burvey (Resurvey) sUNC Only (well to Jan (RCF Survey) Services:   | (C (350)<br>\$40/\$43<br>\$120<br>\$2003)<br>\$75<br>\$160  | 30.00                | RYAMICES   |
| 1) Apply for Transport Allowance ( )/Con 2) QC Check / Post Repair Inspection () Upload Resurvey Photo (Repair Cost > \$300  Injury :  Date China Actions  MA 1904  Even/Owner:  Diffact No:  rusged Portion;  Checked by (Engr-In-Charge):   | 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | All t Applied to the property of the property  | orting (530); istment (5100); Ir ill Burvey il Burvey (Resurvey) iUNC Only (well 0 Jan fire for a fire of the control of the c | (C (350)<br>\$40/\$43<br>\$120<br>\$200<br>\$75<br>\$160<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$3 | 30.00                | KVARGO)  |
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| 1) Apply for Transport Allowance ( )/Cor 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 injury :  Date/Chinic (Actions)   | 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  | All I Annident Report In Treatment of the State of the St | orting (530); istment (5100); Ir ill Burvey il Burvey (Resurvey) iUNC Only (well 0 Jan fire for a fire of the control of the c | (C (350)<br>S40/543<br>\$120<br>\$30<br>2903)<br>\$160<br>\$23<br>\$3<br>\$20<br>\$3                                    | 30.00                | RVADIQUE)  |

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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 ladgement 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

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|--|--|
| A SECTION OF THE PROPERTY OF SECTION OF SECT | ACCIDENT STATEMENT                     |
| Date Of Report   | 11/06/2019 16:16                       |
| Date Of Accident   | 11/06/2019 00:25                       |
| Exact Location Of Accident   | JALAN SULTAN                           |
| Country/State of Loss  | SINGAPORE                              |
|  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SLD5429B                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | TAN RAYNER                             |
| NRIC No  | S8726056I                              |
| Email Address  | TAN,RAYNER@GMAIL.COM                   |
| Mobile Phone No  | (LOCAL) +65-98378921                   |
| Alternative Phone No   | OFFICE-98378921                        |
| Vehicle Particulars  |  |
| Manufacturer   | AUDI                                   |
| Model  | A3                                     |
| Exact Purpose for which vehicle was being used at<br>time of accident  | PARKED                                 |
| 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  | 5105128715                             |
| Cover Note Number  | •                                      |
| Driver   |  |
|  |  |

Name of Driver TAN RAYNER NRIC No S8726056I Date Of Birth 28/08/1987 Occupation **INDOOR** Date Of Driving Pass 16/01/2009

Driving Experience 10 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98378921

Fax Number

Contact Number OFFICE-98378921

EMail Address TAN.RAYNER@GMAIL.COM Address

33 MANGIS ROAD #05-13

Postcode

424968

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

## Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

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? I have been approached by unknown person(s)

YES

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

GEYLANG N.P.C

Police Station Address

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

MY VEH WAS PARKED AT THE PARALLEL PARKING LOT ALONG JLN SULTAN, WHILE VEH B REVERSING PARKED INTO A LOT WHICH WAS INFRONT OF ME AND HIT ONTO MY VEH FRONT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKJ5442S

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

- 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 <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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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 algnature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

|   |             | A = \$10 \$4298 |
|---|-------------|-----------------|
| Ĺ | 1 A D B D 1 | g = 5kJ 5442S.  |
|   | Jh Sultan.  |                 |
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|   |             |                 |

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 01     | v /      | 5000d 5000 0000 0000 |  |
|--------|----------|----------------------|--|
| rlease | Reter to | statement            |  |
|        |          |                      |  |
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|        |          |                      |  |

#### DECLARATION

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

Policybolder's Signature Date & Pime:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20190611/2009

## REPORT OF A TRAFFIC ACCIDENT

|  | 11/06/2019 02:43     |                           | Vide Report No.:                              | Station Diary No.: 9       |  |
|--|----------------------|---------------------------|---|----------------------------|--|
| Informa                                  | nt's Partic          | ulars                     |   |                            |  |
| Name of<br>TAN RA                        | f Informant:<br>YNER |                           | Address:<br>33 MANGIS ROAD #05-13 S           | INGAPORE 424968            |  |
| ID Type / ID No.:<br>NRIC NO / S8726056I |                      |                           | Contact No.:<br>Home/Office: Mobile: 98378921 |                            |  |
| National<br>SINGAP                       | ity:<br>ORE CITIZ    | 'EN                       | Email:  |                            |  |
| Sex:<br>Male                             | Age:                 | Date of Birth: 28/08/1987 | Type of Informant:<br>Driver                  |                            |  |
| Race:<br>Chinese                         |                      |                           | Language:                                     | Institution / School Name: |  |
| Occupation:<br>Self-employed             |                      |                           | Driving Licence Information:<br>Class: 3      | Date of Expiry:            |  |

| Type of<br>Accident:                             | Non-Injury<br>Others         | Drink<br>Drive:<br>No               | Date/Time of<br>Accident:<br>11/06/2019 00:25  | Type of Location:<br>Straight Road |
|--|------------------------------|-------------------------------------|--|------------------------------------|
| Location: Along Road 1 JALAN SULT Weather: Clear | AN                           | Road Surface:                       |  | Road Speed Limit:                  |
| Traffic Flow:<br>One Way                         |                              | Dry Traffic Control: Not Controlled | The state of the s | Traffic Volume:<br>Moderate        |
| Type of Collisi<br>Moving Vehicl                 | ion:<br>e Against - Parked V | 'ehicle                             | 8  | Anyone conveyed by ambulance:      |

| Details of Vehicle Involved |      |      |                                    |       |                     |                 |
|-----------------------------|------|------|------------------------------------|-------|---------------------|-----------------|
| Vehicle No.                 | Туре | Make | Model                              | Color | Condition           | No of Passenger |
| SKJ5442S                    | Car  |      |                                    |       | No<br>Damage        | 2               |
| SLD5429B                    | Car  | AUDI | A3 SEDAN<br>1.4 TFSI<br>(AMBIENTE) | Black | Slightly<br>Damaged | 0               |

| Details of Vehicle Insurance |  |              |            |             |  |
|------------------------------|--|--------------|------------|-------------|--|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | Expiry Date |  |
| SLD5429B                     | NTUC Income Insurance Co-Operative Limited | 5105128715   | 05/11/2018 | 28/11/2019  |  |





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2 of 3

Report No. T/20190611/2009

| Details of Perso  | n Involved        |              |           |                                     |         |                                 |
|-------------------|-------------------|--------------|-----------|-------------------------------------|---------|---------------------------------|
| Any Pedestrian I  | nvolved: No       | AVA-mana-sm- |           |                                     |         |                                 |
| No. of Pedestriar | ns Injured: NIL   |              | Use of Pe | destriar                            | Cross   | sing: NA                        |
| Driver            |                   |              |           | a cottila                           | 1 01000 | Jing. 1471                      |
| Name              | TAN RAYNER        |              |           | ID No                               |         | S8726056I                       |
| Related Vehicle   | SLD5429B (Car)    |              |           | Contact No.                         |         | 98378921                        |
| Hospital/Clinic   | NIL               |              |           | Class<br>Drivin<br>Licend<br>Expiry | g       | Class: 3<br>Date of Expiry: NIL |
| Date Treatment    | NIL Date D        |              | Date Disc | -                                   | NIL     |                                 |
| No. of Days gran  | ted Medical Leave | NIL          | Degree of |                                     | NIL     |                                 |

# Brief Details.

On 11/06/2019 at around 0025hrs, I had parked my vehicle along Jalan Sultan Road to pick up someone. While waiting, another vehicle tried to park his vehicle in front of mine. While the other vehicle was reversing in, the rear right side of his vehicle then hit into the front right side of my vehicle. I had approach the driver to exchange particulars but he refuse to provide any. The driver then left, I could smell alcohol from his breath while speaking to him. I have an in-car Camera footage to show what had happen.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 3 Report No. T/20190611/2009

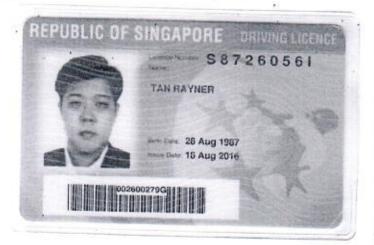
CONTINUATION OF REPORT

# Sketch Plan

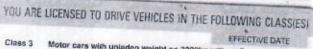
Informant is not able to provide sketch plan

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 LING JUNXIAN | Signature Of Informant:        |
|---|--------------------------------|
| Signature Of Interpreter:<br>Not applicable                       | Date/Time:<br>11/06/2019 02:43 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI     | Classification Of Case:        |
| Authentication Stamp  |                                |
| NP168   |                                |







Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 11/06/2019 16:15 Vehicle No.(For Motor) SLD5429B Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date 5105128715 drivo CLASSIC TAN RAYNER S87260561 SLD5429B SLD5429B 05/11/2018 28/11/2019 GPC Continue

#### Claim Handling Accident MT/1048612

| Policy No.   | 5105128715                            | Vehicle No.                   | SLD54298                                |                        | GST Regi                | stration No.  |        |
|--|---------------------------------------|-------------------------------|---|------------------------|-------------------------|---------------|--------|
| Certificate No.  |                                       |                               |   |                        |                         |               |        |
| Policyholder Name  | TAN RAYNER                            |                               |   |                        | Policyhok               | der NRIC      | 58726  |
| Product Code   | PRIVATE CAR INSURANCE                 | Cover Type                    | drivo CLASSIC                           |                        | Loading                 |               | 0      |
| Contact No.(Mobile)  | 98378921                              | Contact No.(Office)           |   |                        | Contact I               | No.(Home)     | 95     |
| Email Address  | 1984 SEE                              | Special Remark                |   |                        | eCode                   |               | No *   |
| KFK  | No Yes                                | TCA                           | - No Ves                                |                        | eCode Re                |               |        |
| NCD Protection   | No                                    | NCD Entitlement(%)            | 10                                      |                        | Private H               | ire           | No     |
| Accident Details   | Section and Section 1                 |                               |   |                        |                         |               |        |
| Report Date  | 11/06/2019 17:56                      | Accident Report Within 24 hrs | Yes                                     |                        | Accident                | Туре          | Damag  |
| Date of Accident   | 11/06/2019                            | Time of Accident hh:mm        | 00:25                                   |                        |                         | of Accident   | Singap |
| Reporting Centre   | Water and Automotive                  | Orange Force                  |   |                        | ICM No.                 |               |        |
| Accident Location  | JALAN SULTAN                          |                               |   |                        |                         |               |        |
| ♥ Excess   |                                       |                               |   |                        |                         |               |        |
| Own damage Excess  | 600.00                                | Additional Excess             | 0                                       |                        | Windscre                | en Excess     | 100.00 |
| Unnamed Driver Excess  | 0.00                                  | Outside Singapore OD Excess   |   | 600.00                 |                         |               |        |
| Third Party Excess   | 0.00                                  | Outside Singapore TP Excess   |   | 0.00                   |                         |               |        |
| → Benefits   |                                       |                               |   |                        |                         |               |        |
|  | tion                                  |                               |   |                        |                         |               |        |
| GST Registered   | No                                    |                               |   | stration Date          |                         |               |        |
| GST Registration No.   |                                       |                               | GST Statu                               | is Verified            |                         | Yes           |        |
| Modification History   |                                       |                               |   |                        |                         |               |        |
|  | fress                                 |                               |   |                        |                         |               |        |
| Address 1  | 33 MANGIS ROAD                        | Address 2                     | ≠05-13 THE GERA                         | NTUM                   | Address                 | 1             | SINGA  |
| Address 4  |                                       | Address Type                  | Singapore address                       |                        | Post Code               |               | 42496  |
| Unit No.   |                                       | Related Policy Number         | 5105128715                              |                        | 7030 0000               | <b>*</b> 0    | 92990  |
| OI Driver Info   |                                       |                               | 3103120713                              |                        |                         |               |        |
| Driver Name  | TAN RAYNER                            | Driver Type                   | Main Driver                             |                        |                         |               |        |
| Unnamed driver Name  |                                       | Driver NRIC                   | 587260561                               |                        | Driver DO               | NR.           | 20100  |
| Register Date of Driver License  | 30/10/2013                            | Driver Age                    | 31                                      |                        |                         | xperience     | 28/08/ |
| Contact No.(Mobile)  | 98378921                              | Contact No.(Office)           | **                                      |                        |                         | (o.(Home)     | 5      |
| Address 1  | 33 MANGIS ROAD                        | Address 2                     | #05-13 THE GERA                         | NIUM                   | Address :               |               | SINGA  |
| Address 4  |                                       | Address Type                  | Singapore address                       |                        | Post Code               |               | 42496  |
| Unit No.   |                                       |                               | 560000000000000000000000000000000000000 |                        | 500000000               | 91            | 42,430 |
| Does he own a Singapore<br>Registered car?   | Yes + No                              | Driver Vehicle No.            |   |                        | Driver In               | surer Company |        |
| negisteres carr  |                                       |                               |   |                        | 31170-21                | Janes Company |        |
| Declaration  |                                       |                               |   |                        |                         |               |        |
| Breathalyser or Blood Test<br>Reading?   | 0 mg                                  | Any injury?                   | Yes * No                                |                        |                         |               |        |
| AL CARE CONTROL OF THE CONTROL OF TH |                                       |                               |   |                        |                         |               |        |
| Modification History   |                                       |                               |   |                        |                         |               |        |
| Claim 001 New  |                                       |                               |   |                        |                         |               |        |
| 2007-2007-00   |                                       |                               |   | Military Co.           |                         |               |        |
| Claim Type *   |                                       |                               |   | OD-MX                  | ▼ Insured<br>Name       | TAN RAYNER    |        |
| Contact No.(Mobile)  |                                       |                               |   | 98378921               | Contact<br>No.          | NIL           |        |
|  |                                       |                               |   | 10071000               | (Home)                  | PHIL.         |        |
| Email Address  |                                       |                               |   | tan.rayner@gmail.com   | OI<br>Vehicle<br>Number | SLD54298      |        |
| Claim Description  |                                       |                               |   | SLD5429B / SKJ54425 ON |                         |               |        |
| Preferred  |                                       |                               |   |                        |                         |               |        |
| Workshop   0<br>Contact No.<br>Finalisation   Yes  | Proferered Liability Not at Fault     | GIA D                         |   | 7.                     |                         |               |        |
|  | Repair Option Preferred Workshop, Nan | ne unknown report Received    | d •                                     |                        | Claim                   |               |        |
| Date Registered  |                                       |                               |   | 11/06/2019 17:57       | Close                   |               |        |
| Report Taken By  |                                       |                               |   | LIEW SHAN HUI          |                         |               |        |
| ₹ Print AK letter  |                                       |                               |   |                        |                         |               |        |
|  |                                       |                               | Save Submit                             |                        | _                       |               |        |
| Attachment   |                                       |                               |   |                        |                         |               |        |
| ~  |                                       |                               |   |                        |                         |               |        |
|  |                                       |                               |   | V                      |                         |               |        |
| Accident No.   | MT/1048612                            | Claim No.                     |   | 001                    |                         |               |        |

Last Doc. Received Upload Date Yes No 11/06/2019 17:58 Path \* Category \* Confidential Urgency \* Choose File No file chosen ▼ NO Clear Please Select ▼ Normal • Choose File No file chosen Clear Please Select \* NO ▼ Normal Choose File No file chosen v NO Clear Please Select ▼ Normal Choose File No file chosen w NO Clear Please Select ▼ Normal Choose File No file chosen \* NO Please Select Clear Chaose File No file chosen \* NO Clear Please Select \* Normal Message Read

| Attachment L | ist  |                                   |           |         |                                |
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| Attachment   | Uploaded By/Date   | Category                          | 9         | Urgency | Description                    |
| 12 m         | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE S<br>11 Jun 2019 17:58 | SERVICES) 0 NRIC/ Driving License |           | Normal  | NRIC/ Driving License 2019-6-1 |
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|              | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE S<br>11 Jun 2019 17:58 | ERVICES) o Photos                 |           | Normal  | Photos 2019-6-11               |
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