| Date In: 12/4/9-14:46  | 11 1-1 1 1-1   | Date & Time Complete   | d Done  | las-                                    |
|--|--|--|---|---|
|  | Jeb description  | Date & Time Complete   | Done  | o'i                                     |
| Rel No. NA INC 15010678724   | SAS e-filing   | 1  |   |   |
| Ach No: MARR   | E-mail (within Shrs, Al  | C 2hrs)  |   | a                                       |
| D.O.A : 1419 - 14:30   | i-Motor Claim For  | m morrapportuni  | 12/6/19 15  | :71                                     |
| OD (TP) Reporting Only   | i-Motor W/O (Within  | o: OD 2hrs, TP 4hrs)   |   |   |
| OB 117 reporting Only  | i-Photo Uploaded   |  |   | 7                                       |
| TD:  | Assessment/Survey P  | eport  |   |   |
| TP Insurer:  | Ass't Report by Fax  | Hand to Owner/Wksp   |   | 4) 4-0                                  |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel:   | Fax:  |   |
| TP Particulars: Veh No: 6  | LIT 22.20E   | INC( )/Non-INC( )  |   |   |
| Owner / Driver: (  |  | Tel:   | )   |   |
| Policy No: (   | Period: (  | ) Cover Type: (  |   |   |
| Confirmed by : (   | Date   |  |   |   |
| Insured/Driver Liability: ( %  | ) [Note-Est. Status (WO):  | N: 0-20%; P: 21-79%. P: 30   | 0-100%]   |   |
| Year of Registration: ( )  | Warranty: YES ( )/N  |  |   |   |
|  | 31,000 ( )/\$2,000 ( )   |  |   |   |
|  |  |  | CHARLE OF THE PERSON  |   |
|  |  |  |   |   |
| ( ) Walk-In Customer's i   |  | ial & Strictly NO refer of repaire   | ег.   |   |
| ( ) Total Loss Case : to e-mail Ins  |  | 1.0  |   |   |
| Drive-In ( ) / Towed-In ( ); Invo  | pice: YES ( ) / NO (   | ); Towing Co: (  |   | )                                       |
| Remarks: (INC holline: 6788 6616   | )  | Date&Time Completed  | Done  | by ·                                    |
| 1) Apply for Transport Allowance ( )   | / Courtesy Car ( )   |  | 1   |   |
|  |  | The state of the s |   | -                                       |
| 2) QC Check / Post Repair Inspection   | ( )  |  |   |   |
|  | ( )<br>•\$30001 ( )  |  |   |   |
| 3) Upload Resurvey Photo [Repair Cost>   | ( )  |  |   |   |
|  | ( )  |  |   |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:   | ( )  |  | Print Calcar  |   |
| Upload Resurvey Photo [Repair Cost >      Injury:  |  |  | NAME OF THE PARTY | **************************************  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:   |  |  |   | · , · · · · · · · · · · · · · · · · · · |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions  |  |  | NAME OF THE PARTY | ** *** *** *** *** *** *** *** *** ***  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions  |  |  |   |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions  |  |  |   | 7.7.8                                   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  | 1  |  | Ani (S)   | Ami (                                   |
| Onte/Time Actions  | invei  | ce Preparation Checklist   |   |   |
| Jate/Time Actions  | invei  | ce Preparation Checklist  Accident Reporting (530);  | Ant (S)   |   |
| July : Actions  Nalyouto  Actions  Actions  Actions  Actions  Actions  Actions   | invei<br>1) AR:<br>2) DA:<br>3) TF:  | ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100), INC Towing Fee  | Anit (\$)<br>fst Bill<br>(\$80)<br>\$40/\$45  |   |
| July :  Date/Time Actions  Actions  aimant's Particulars:  | Invoi<br>1) AR:<br>2) DA:<br>3) TF:<br>4) FT:  | ce Preparation Checklist:  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey   | Anit (\$)<br>fit Bill<br>(\$80)<br>\$40/\$45<br>\$120   |   |
| July :  Date/Time Actions  Actions  aimant's Particulars:  | inve)  1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore   | ce Preparation Checklist:  Accident Reporting (\$30);  Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey)  laiming against INC Only (wef 10 Jan 2)   | (\$80)<br>540/\$45<br>\$120<br>\$30<br>1/05)  |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MalaoMo  alimant's Particulars:-  iver/Owner:   | inve)  1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR:  | ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  Isliming against INC Only (wef 10 Jan 2)  Re-inspection   | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$20<br>\$30  |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  Laimant's Particulars:  iver/Owner:  | Invol<br>1) AR:<br>2) DA:<br>3) TF:<br>4) FT:<br>5) FT:<br>Force<br>6) TR:<br>7) N1:   | ce Preparation Checklist:  Accident Reporting (\$30);  Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey)  laiming against INC Only (wef 10 Jan 2)   | (\$80)<br>540/\$45<br>\$120<br>\$30<br>1/05)  |   |
| 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Laumant's Particulars :-  river/Owner:  ontact No:  amaged Portion:   | Invol<br>1) AR:<br>2) DA:<br>3) TF:<br>4) FT:<br>5) FT:<br>Force<br>6) TR:<br>7) N1:<br>8) NTU   | ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100); INC  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  laiming against INC Only (wef 10 Jan 2)  Re-inspection  Idae DA + SMRT Survey  C Additional Services:-  | (\$80)<br>(\$40/\$45<br>\$120<br>\$30<br>(\$20)<br>\$75<br>\$160  |   |
| 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Laumant's Particulars :-  river/Owner:  ontact No:  amaged Portion:   | Invoi<br>1) AR:<br>2) DA:<br>3) TF:<br>4) FT:<br>5) FT:<br>Force<br>6) TR:<br>7) N1:<br>8) NTU<br>OD:<br>*N5:                                  | ce Preparation Checklist.  Accident Reporting (\$30); Darnage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services;  Courtesy Car / Tpt Allowance   | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$20<br>\$30  |   |
| 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Contact No:  Contact No | Invoi<br>1) AR:<br>2) DA:<br>3) TF:<br>4) FT:<br>5) FT:<br>Force<br>6) TR:<br>7) N1:<br>8) NTU<br>QD:<br>*N5:<br>*N6:<br>*N7:                  | ce Preparation Checklist.  Accident Reporting (\$30); Darnage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services;  Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection   | (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$25<br>\$160<br>\$25   | Am (3)                                  |
| 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Liminant's Particulars :-  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):  | Invol  1) AR:  2) DA:  3) TF:  4) FT:  5) FT:  Force  6) TR:  7) N1:  8) NTU  OD:  *N5:  *N6:  *N7:  *N8:                                      | ce Preparation Checklist  Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services;-  Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination   | (\$80)<br>(\$80)<br>(\$40/\$45<br>\$120<br>\$30<br>(\$95)<br>\$75<br>\$160  |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  | Invoi<br>1) AR:<br>2) DA:<br>3) TF:<br>4) FT:<br>5) FT:<br>Force<br>6) TR:<br>7) N1:<br>8) NTU<br>OD:<br>*N5:<br>*N6:<br>*N7:<br>*N8:<br>TP (0 | Ce Preparation Checklist  Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) laiming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey C Additional Services:- Courtesy Car / Tpl Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination DV / Collect Excess Coordination VII): TP (Non INC) against INC Idae Mobile  | \$30<br>\$160<br>\$100<br>\$100<br>\$30<br>\$100<br>\$30<br>\$160<br>\$35<br>\$160<br>\$25<br>\$35<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30  |   |

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.   |  |
|--|--|
| <b>美国为地区</b>   | ACCIDENT STATEMENT                     |
| Date Of Report   | 17/06/2019 14:46                       |
| Date Of Accident   | 15/06/2019 14:30                       |
| Exact Location Of Accident   | BRADDELL HILL                          |
| Country/State of Loss  | SINGAPORE                              |
| Contract of the Contract of th | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SJV5352S                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | KUAH SIONG HIN                         |
| NRIC No  | S0117162C                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-91075119                   |
| Alternative Phone No   | OFFICE-91075119                        |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA                                  |
| Model  | HONDA JAZZ 1.5L A                      |
| Exact Purpose for which vehicle was being used at<br>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 5069587207-04

Cover Note Number

## Driver

Name of Driver KUAH GUO BIN NRIC No. S9028231Z Date Of Birth 10/08/1990 Occupation INDOOR Date Of Driving Pass 18/01/2010

Driving Experience 9 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91075119

Fax Number

Contact Number OFFICE-91075119

**EMail Address** NOEMAIL Address

10F BRADDELL HILL

#20-23

Postcode

579725

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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) 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? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. .

GENDER:

: MALE

# **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

REFER TO STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Make/Model/Colour

**GBH5550E** 

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## 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.
- 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 "
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to complle 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 Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

X

NRIC/FIN No .:

| Brackdell | 10) -X | A |
|-----------|--------|---|
| Hill      |        |   |
|           |        |   |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I                                       | atred. | alr | eady   | parked | my co | as . | station | vary, | suddles                                  |
|---|--------|-----|--------|--------|-------|------|---------|-------|--|
| JL                                      | Sun    | a   | Van    | rolled | down  | ð    | hit     | orto  | my                                       |
| rel                                     | fit    | - 6 | notion | *      |       |      |         |       |  |
| ======================================= |        |     |        |        |       |      | 3       |       |  |
|   |        |     |        |        |       | 1    |         |       |  |
|   |        |     | -      |        |       | 2.   |         |       | A 11   1   1   1   1   1   1   1   1   1 |
|   |        |     | 1      |        |       |      |         |       |  |
|   |        |     |        |        |       |      |         |       |  |
|   |        |     |        |        |       |      |         |       |  |
|   |        |     |        |        |       |      | 4       |       | 4-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
|   |        |     |        |        |       |      |         |       |  |

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

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.:

| Person    | al Particula     | 175         |             |              |                |                        | 5A                 |           |
|-----------|------------------|-------------|-------------|--------------|----------------|------------------------|--------------------|-----------|
| Date of A | Accident:        | 56/19       |             | 3            | Time of Accide | ent:                   | 30 pm              |           |
| Exact Loc | cation of Accid  | ent:        | В           | addell       | Hill           |                        | 1                  |           |
| Owner's   | Name:            | Kuch        | Song        | Hin          | N              | RIC No: 50             | 17162 C HP NO      | -         |
| Driver's  | Name:k           | Cuah        | Gue         | Bin          | N              | RIC No: 390            | 28231ZHP No:       | 91075119  |
| Date of B | 3irth: 10 8      | 1980 Dr     | iv ng Licen | ce Passing I | Date: iS       | 2010 Oca               | pation: Ingloor/   | Outdoor   |
|           | 10=              |             |             |              |                |                        |                    |           |
| Relation  | ship of Driver   | with Insur  | ed: Son     | Email        | Address :      |                        |                    |           |
| Vehicle N | No: SJV 5        | 5352        | 2           | Make         | & Model:       | Hono                   | la                 |           |
| Insuranc  | e Co:            | NTI         | IC          | Coverag      | E:             | Polic                  | y No: 50695        | 87207-0   |
| #D        | ass of Dano      | <b>⊸</b> i⊃ | 0 0         |              | . 12-12        | 51-1 / 31- <i>t</i> -5 |                    |           |
|           |                  |             |             |              | 100            |                        | laiming, Just Rep  |           |
| *Exact    | Purpose of       | The Ve      | hicle Wa    | is Being L   | Ised At Tin    | ne Of Accid            | lent: Private U    | se / Work |
| *Weat     | her Conditi      | on ?        | Gear / F    | Raining / Ot | ners:          | W                      | et / Gry / Others: |           |
| * Any     | passenger i      | nside ve    | hicle inv   | olved? (\    | es / No) If    | yes, Vehic             | le No & How i      | many pax: |
| A:        | 1+4              |             | В-          | 0            | C              |                        | D:                 | A07000    |
| *W/ac/    | r<br>Anybody Inj |             |             |              |                |                        |                    |           |
|           |                  |             |             |              |                |                        |                    | 75        |
| Name,     | / NRIC / In Veh  | ncle:       |             |              |                |                        |                    |           |
|           | The Accider      |             |             |              |                |                        |                    |           |
| O No      | O Yes, Which     | Police Sta  | tion?       |              |                |                        |                    |           |
| *Does     | the Driver (     | Own An      | y Other \   | Vehicle?     |                |                        |                    |           |
| . No      | O Yes, Vehicle   | e Registra  | tion No:    |              | insurer        | ·                      |                    |           |
| *Was a    | any foreign      | vehicle     | involved    | 7 (Yes /     | of If yes,     | /ehicle No &           | Category:          |           |
|           | there any vi     |             |             |              |                |                        |                    |           |
|           |                  |             |             | , 00, 00,    | (100)          | 091                    |                    |           |
|           | Party Driver     |             |             |              |                |                        |                    |           |
|           |                  |             |             |              |                |                        |                    |           |
|           |                  |             |             |              |                |                        | HP No:             |           |
|           | C No:            |             |             |              |                |                        | 70=120<br>70=120   |           |
|           |                  |             |             | -            | N              | RIC No:                | HP No:             |           |
| Witnes    | ss Particula     | r's         |             |              |                |                        |                    |           |
| 31-       |                  |             |             |              | 14.            | Dim st                 |                    |           |

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9028231Z



Lisense Number S9028231Z

Name:

KUAH GUO BIN

REPUBLIC OF SINGAPORE DRIVING LICENCE

Dim Date 10 Aug 1990 Issue Date: 18 Jan 2010









CHINESE Date of birth 10-08-1990 M SINGAPORE

国 柯

KUAH GUO BIN

NAIC No. S9028231Z

10-08-2005

10F BRADDELL HILL #20-23 SINGAPORE 579725

3753605

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

Class 3 Moder care ~ 3810 kg with ~<7 passengers, each driver; and moder tracherovelocite, ~ 2500 kg.
Class 4 Houry mefor care and moder fractors > 2500 kg.

28 Sep 2013

For LKK/NAC Use Only

S9028231Z

S / No. 9000188404

NP 428A

Licence No: S9028231Z

| <b>eBao</b> Tech                                | 1.1493                            |                       |                             |                      |                                     |                  |                |                   | Gener            | alClaim     |
|---|-----------------------------------|-----------------------|-----------------------------|----------------------|-------------------------------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_8 My Desktop Notice of Loss | Policy Query                      |                       | Change Language Change Pass |                      |                                     |                  | ge Password    | ' Log Ou          |                  |             |
|   | Policy No. Vehicle No.(For Motor) | SJV535                | SJV53525                    |                      | Date of Accident Certificate Number |                  | [              | 15/06/2019 14:30  |                  |             |
|   | Select Policy No.                 | Certificate<br>Number | Policyholder<br>Name        | Policyholder<br>NRIC | Product                             | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|   | O 5069587207-                     |                       | KUAH SIONG<br>HIN           | S0117162C            | GPC                                 | drivo<br>PREMIUM | SJV53529       | SJV5352S          |                  | 27/01/2020  |
|   |                                   |                       |                             |                      | Continue                            |                  |                |                   |                  |             |

| Policy No.                           | 5069587207-04                | Policyholder<br>Name              | KUAH SION      | IG HIN            | Policyholder<br>NRIC | S0117162C    |                              |
|--------------------------------------|------------------------------|-----------------------------------|----------------|-------------------|----------------------|--------------|------------------------------|
| Certificate<br>No.                   |                              |                                   |                |                   | WIL                  |              |                              |
| Address                              | 10F BRADELL HILL #20-23 SING | APORE 57972                       | 25             |                   |                      |              |                              |
| Product<br>Name                      | PRIVATE CAR INSURANCE        | Plan                              |                |                   | Group<br>Policy Flag | N            |                              |
| Policy<br>ssue<br>Date               | 23/01/2019                   | Effective<br>Date                 | 28/01/2019     | 00:00             | Expiry Date          | 27/01/2020 2 | 3:59                         |
| Excess<br>Type                       |                              | All Claims<br>Excess              |                |                   |                      |              |                              |
| Third<br>Party<br>Excess             | 0                            | Own<br>damage<br>Excess           | 0.0            |                   | Windscreen<br>Excess | 100          |                              |
| Additional<br>Excess                 | 0                            | OS<br>Premium                     | 0              |                   |                      |              |                              |
| Outside<br>Singapore<br>OD<br>Excess | 0.0                          | Outside<br>Singapore<br>TP Excess | 0              |                   |                      | Young        | g/Inexperience Driver Excess |
| Agent                                | ONG HUI SENG LIFE & GENERAL  | Agent Tel.                        | 68410900       |                   | GST Flag             | Y            |                              |
| Co-<br>nsurance<br>Flag              | No                           |                                   |                |                   |                      |              |                              |
| Open<br>Policy<br>Info               |                              |                                   |                |                   |                      |              |                              |
| Certificate<br>Info                  |                              |                                   |                |                   |                      |              |                              |
| Policyh                              | older Mailing Address        |                                   |                |                   |                      |              |                              |
| Address 1                            | 10F BRADELL HILL             | Addre                             | ss 2           | #20-23            |                      | Address 3    | SINGAPORE 579725             |
| ddress 4                             |                              | Addre                             | ss Type        | Singapore address |                      | Post Code    | 579725                       |
| Init No.                             |                              | Relate<br>Numb                    | d Policy<br>er | 5069587207-04     |                      |              |                              |
| ) Insure                             | d Object: SJV5352S           |                                   |                |                   |                      |              |                              |
|                                      | ements                       |                                   |                |                   |                      |              |                              |
|                                      |                              |                                   |                |                   |                      |              |                              |

| Claim Handling Accident MT/1049322            |                             |                                |                                  |                            |                       |
|---|-----------------------------|--------------------------------|----------------------------------|----------------------------|-----------------------|
| Policy No.                                    | 5069587207-04               | Vehicle No.                    | \$JV53828                        | GST Registration No.       |                       |
| Certificate No.                               |                             | 10.100000000                   |                                  | GS1 Registration No.       |                       |
| Policyholder Name                             | KUAH SIONG HIN              |                                |                                  | Policyholder NRIC          | S0117162C             |
| Product Code                                  | PRIVATE CAR INSURANCE       | Cover Type                     | drivo PREMIUM                    | Loading                    | 0                     |
| Contact No.(Mobile)                           | 91075119                    | Contact No. (Office)           | 0                                | Contact No.(Home)          | 0                     |
| Email Address                                 |                             | Special Remark                 |                                  | eCode                      | Dr. V                 |
| KEK   | ⊗ No   Yes                  | TCA                            | ® No ○ Yes                       | eCode Reason               | Lagran.               |
| NCD Protection                                | No                          | NCD Entitlement(%)             | 40                               | Private rice               | No                    |
| Accident Details                              |                             |                                |                                  |                            |                       |
| Report Date                                   | 17/06/2019 15:31            | Accident Report Within 24 firs | Yes                              | Accident Type              | Damaged whilst parked |
| Date of Accident                              | 15/06/2019                  | Time of Accident hh:mm         | 14:30                            | Country of Accident        |                       |
| Reporting Centre                              |                             | Grange Force                   |                                  | ICM No.                    | Singapore             |
| Accident Location                             | BRADOELL HOLL               |                                |                                  | 2011.00                    |                       |
| ♥ Excess                                      |                             |                                |                                  |                            |                       |
| Own damage Excess                             | 0.0                         | O Additional Excess            | 0                                | Windscreen Excess          | 100.00                |
| Unnamed Driver Excess                         | 500.0                       | O Dutside Singapore OD Excess  | 0.00                             | WINGSCHOOL EXCERN          | 100.00                |
| Third Party Excess                            | 0.0                         |                                | 0.00                             |                            |                       |
| <b>V</b> Benefits                             |                             |                                |                                  |                            |                       |
| Coverage                                      |                             |                                | Sum Insured                      |                            |                       |
| Excess Warver                                 |                             |                                | 99999999.99                      |                            |                       |
| GST Registered Inform                         | ation                       |                                |                                  |                            |                       |
| GST Registered                                | No                          |                                | GST Registration Date            |                            |                       |
| GST Registration No.                          |                             |                                | GST Status Ventied               | Yes                        |                       |
| Modification History                          |                             |                                |                                  |                            |                       |
| Policyholder Mailing Ad                       | Mary                        |                                |                                  |                            |                       |
| Address 1                                     |                             |                                |                                  |                            |                       |
| Address 4                                     | 10F BRADELL HOLL            | Address 2                      | ¥20-23                           | Address 3                  | SINGAPORE 579725      |
|   |                             | Address Type                   | Singapore address                | Post Code                  | 579725                |
| Unit No.                                      |                             | Related Policy Number          | 5069587207-04                    |                            |                       |
| OI Driver Info                                | 100000000                   |                                |                                  |                            |                       |
| Unnamed driver Name                           | Unnamed Driver              | Driver Type                    | Unnamed Driver                   |                            |                       |
| Register Date of Driver License               | KUAH GUO BIN                | Driver NR3C                    | \$90282312                       | Driver DOB                 | 10/08/1990            |
| Contact No.(Mobile)                           |                             | Driver Age                     | 28                               | Driving Experience         | 9                     |
| Address 1                                     | 91075119                    | Contact No. (Office)           | 0                                | Contact No. (Home)         | 0                     |
| Address 4                                     | LOF BRIADELL HILL           | Address 2                      |                                  | Address 3                  | S3NGAPORE 579725      |
| Unit No.                                      |                             | Address Type                   | Singapore address                | Post Code                  | 579725                |
| Does he own a Singapore                       | 20-23                       |                                |                                  |                            |                       |
| Registered car?                               | ○ Yes ® No                  | Driver Vehicle No.             |                                  | Driver Insurer Company     |                       |
| Pedaration                                    |                             |                                |                                  |                            |                       |
| Breathalyser or Blood Yest<br>Reading?        | 0 mg                        | Any injury?                    | ☐ Yes ® No                       |                            |                       |
| fodification History                          |                             |                                |                                  |                            |                       |
| Claim 001 New                                 |                             |                                |                                  |                            |                       |
|   |                             |                                |                                  |                            |                       |
| Jaim Type *                                   | OD-MX                       | Insured Name                   | KUAH SIONG HIN                   | Insured NR3C               | 50117162C             |
| ontact No.(Mobile)                            |                             | Contact No.(Home)              | 63543045                         | Contact No.(Office)        |                       |
| mail Address                                  |                             | Ol Vehicle Number              | SJV5352S                         | TP Vehicle Number          | GBHSSSGE              |
| Sament Type Claimant Type *                   | Please Select               | Type of Benefit •              | Prease Select                    |                            | 20                    |
| Jarmant Name. *                               |                             | ≥≥ Claimant NRIC •             |                                  |                            |                       |
| Semant Address                                | an Managara                 |                                |                                  |                            |                       |
| laim Description<br>referred Workshop Contact | 53V5352S / GBH5550F ON 15 3 | in 2019                        |                                  | Name of Preferred Workshop |                       |
| 0.  |                             | Insured Liability *            | Not at Pault                     |                            |                       |
| equire Finalisation                           | Yes 🔻                       | Preferered Repair Option       | Preferred Workshop, Name unknown | GIA report                 | Received              |
| ate Registered                                | 17/06/2019 15:34            | Claim Close Date               |                                  | Date Received              | 17/06/2019 00:00      |
| aport Taken By                                | Jackson                     |                                |                                  |                            |                       |
| Print AK letter                               |                             |                                |                                  |                            |                       |
| Attachment                                    |                             | 1                              | Save   Submit                    |                            |                       |
| v   |                             |                                |                                  |                            |                       |
| ccident No.                                   | MT/1049322                  | Claim No.                      | 001                              |                            |                       |
| ast Doc. Received                             | ● Yes ○ No                  | Upload Date                    | 17/06/2019 15:35                 |                            |                       |
|   | Fach •                      |                                |                                  | 20200000                   | 1970) SERVICES (1970) |
|   | 5-214.0                     | Browse                         | Category *                       | Confidential Urger         |                       |
|   |                             |                                | Clear Please Select              |                            | <u> </u>              |

