the parties of the state of the	Job description	Date &Time Completed	Done by
Date In: 15/6/19-18:10		- Bate to rains symptoted	Done of
Ref No: Na INC 190 11236 Try	SAS e-filing		
Veh No: GCTVBE	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 206119-08:42	i-Motor Claim Form	M1050568-31	x 6/19 19:0
OD TP ! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
0	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh Nowne	Wikm INC)/Non-INC()	V
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1		·	
General Remarks:	Bly 325 BB TOC CODE A SERVICE AND	A CONTROL OF GOOD DOOR	1865 TO THE
() Walk-In Customer : Customer's in	formation strictly Co-Ed 1, 1, 2, 3	3528566323333333333333333333333333333333	Same States
	rer URGENTLY.	rictly NO rater of repairer.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		owing Co: (
Remarks: (INC hotline: 6788 6616)	are states and	Date& Time Completed "	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	-	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()		
3) Upload Resurvey Photo [Repair Cost > §	()		
	()		
3) Upload Resurvey Photo [Repair Cost > §	()		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions	1		Ani((s)) An
Onte/Time Actions Actions	Invoice Pre	paration Checklist:	Anit (S) Ari
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Invoice Pre	Reporting (\$30);	fit Bill Ad
Onte/Time Actions NAIGO 469 1	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40	fit Bill Ad
NAIGO 469 1 Suimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey	75 Bill Ad 0) 0) 545 1120
NAIGO 469 1 Sumant's Particulars:: iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey brough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005)	75 Bill Ad 0) 75 45 5120 530
NAIGO 469 1 Suimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	75 Bill Ad
NAIGO 469 1 Sumant's Particulars:: iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey brough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) stion SMRT Survey \$	75 Bill Ad
NAIGO 469 1 Stimant's Particulars: iver/Owner: maged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey through Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion + SMRT Survey 3 hal Services:-	75 Ad
NAIGO 469 1 Sumant's Particulars:: iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *NS: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion SMRT Survey 3 hel Services:-	
Onte/Time Actions NAIGO 469 1 Sumant's Particulars:: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey (Resurvey) cainst INC Only (wef 10 Jan 2005) clion - SMRT Survey 3 brough Survey (\$600) - SMRT Survey \$600 - SMRT Surve	75 Ad
Onte/Time Actions NAIGO 469 1 Sumant's Particulars:: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments::-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion SMRT Survey \$ call Services:- Cer / Tpt Allowance bordination in Inspection tect Excess Coordination	
Onte/Time Actions NAIGO 469 1 Sumant's Particulars:: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion SMRT Survey \$ nel Services:- Cer / Tpt Allowance bordination in Inspection ect Excess Coordination (Non INC) against INC	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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

An Army to disk of the Control of the	ACCIDENT STATEMENT
Date Of Report	25/06/2019 18:50
Date Of Accident	25/06/2019 08:40
Exact Location Of Accident	WEST COAST HWY TWDS KEPPEL RD
Country/State of Loss	SINGAPORE
Sough This Principle of the Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC2265E
Insured/Policyholder	
Name Of Registered Owner	KER & JO
Co Reg No	53359496X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93824428
Alternative Phone No	OFFICE-93824428
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091529775-02
Cover Note Number	
Driver	
Name of Driver	GOH KER MING, KERMIN
NRIC No	S8211614A
Date Of Birth	17/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2003
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824428
Fax Number	- through party of the control (1990)

OFFICE-93824428

NOEMAIL

BLK 20 TEBAN GARDENS ROAD Address

#04-109

600020

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

Postcode

Insurance Company of Driver's Own Vehicle

2

NO

NO

2

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: GOH ZHENG BAO SKYLER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190625/7025.

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 SMC4728M

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)

DETAILS OF INJURED PERSON 1

Name GOH KER MING, KERMIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJC2265E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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 malling 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")
- 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 Sig

(If driver is not the policyholder) Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No :

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 :

and appropriate to seek to

Date of Accident	- 25June 2019 Accident Time: 840am (24-HR-Format)
Accident Place	: West coast Highway > Keppel Road
Vehicle Reg. No. (Car Plate No.)	: 37C 2065E
Vehicle Make/Model	: Vezel
bsurance Company	Policy No.
Owner or Company Name /IC No.	: ker & 30 53359496X
Owner or Company Contact No.	: 93824428 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Goh Ker Ming 88211614A
DRIVER'S Date Of Birth	: 17 Apr 1982 DRIVER'S License Pass Date 13 June 2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Ofhers: 0 work
DRIVER'S Address	: 20 Teban Gardens Road #04-109 : (600020)
DRIVER'S Contact No./ Alt No.	:1) 93824428 2)
DRIVER'S Occupation	: INDOOR \ QUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycor.sg
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D.	river): 2 (Imale) Priver injula.
Was there any video Captured by ca Exact purpose for which vehicle was	r camera. YES \ NO being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: Smc 4728 M	Vehicle Reg. No:
Vehicle Make\Model:	
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	





Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190625/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 25/06/20	ne Report M 19 17:43	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	ME PER SENSONS IN	THE RESERVE TO SERVE THE PARTY OF THE PARTY
GOH KE	Informant: R MING, K	ERMIN	Address: APT BLK 20 TEBAN G 600020	GARDENS ROAD #04-109 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S82116	14A	Contact No.: Home/Office:	Mobile: 93824428
Nationali SINGAP	ty: ORE CITIZ	EN	Email: kermin_goh@hotmail.d	com
Sex: Male	Age: 37	Date of Birth: 17/04/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Other commercial and marketing sales representatives		Driving Licence Informations: 3	ation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 25/06/2019 08:40	Type of Location Straight Road
Location: KEPPEL RO/ Weather:	AD	Road Surface:	Tr	Road Speed Limit:
Clear		Dry	1	50 Km/h
The state of the s				
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle No.	Турв	Make Make	Model	Color	Condition	No of Passenge
SJC2265E	Car	OTHERS	Honda vezel		Slightly Damaged	1
SMC4728M	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190625/7025

CONTINUATION OF REPORT

Passenger		STATE OF THE PARTY	A TON THE REAL PROPERTY.			
Name	GOH ZHENG BAO SKYLER	ID No.	NIL			
Related Vehicle	SJC2265E (Car)	Contact No.	NIL			
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days gran	ted Medical Leave NIL		Injury NIL			
Driver	The state of the s	ESPONDED STORY	A CONTRACTOR OF THE PARTY OF TH			
Name	GOH KER MING, KERMIN	THE RESERVE OF THE PARTY OF THE	ID No.	S8211614A		
Related Vehicle	SJC2265E (Car)		Contact No.	93824428		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL	Date Disch	narge NIL			
No. of Days gran	ted Medical Leave 03	Degree of		t		

Brief Details.

On the stated time and date, I was driving my vehicle SJC2265E on west coast road towards keppel rd, there was 5 lane, i was at lane 4, a bus is filtering out from the bus stop lane, suddenly a car SMC4728M from lane 5 sped up and avoid the bus and came to lane 4 and collided to me, I would like to say that I have video of the incident.

I felt pain and was MC 3 days.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190625/7025

CONTINUATION OF REPORT

Sketch I	Plan
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NP168

Informant is not able to provide sketch plan

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: 25/06/2019 17:43
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp]





eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_8006 My Desktop Notice of Loss	Policy Query			Florer 1960	101000000000000000000000000000000000000	• Change	Language	• Chan	ge Password	· Log Ou
Trulice of Loss	Policy No. Vehicle No.(For Motor)	SIC226	5E			of Accident icate Number	[25/06/2019 (08.40	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5091529775- 02		KER & JO	53359496X	GPC	drivo CLASSIC	SJC2265E	S)C2265E	07/06/2019	06/06/2020

Policy No.	5091529775-02	Policyholder	KER & JO		Policyholder	F22F0 40C**	
Certificate		Name	KEK & JO		NRIC	53359496X	
Address	BLK 20 #04-109 TEBAN GARDER	NS ROAD TEB	AN VISTA S	NGAPORE 600020			
Product	PRIVATE CAR INSURANCE		No history and a		Group		
Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy issue Date	27/05/2019	Effective Date	07/06/201	9 00:00	Expiry Date	06/06/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third	See and See an	Own			Transport		
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667		GST Flag	Υ	
Co- insurance Flag	No				1,340 m (2,000 m). - €		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 20 #04-109	Addre	ss 2	TEBAN GARDENS R	ROAD	Address 3	TEBAN VISTA
Address 4	SINGAPORE 600020	Addre	ss Type	Singapore address		Post Code	600020
	04-109	Relate	ed Policy er	5091529775-02			
Unit No.	01 103						
238400000	ed Object: SJC2265E	F102 MA					
2010/01/20	d Object: SJC2265E	V.004000					

Claim Handling					
Holicy No.	5091529775-02	2000	WWW.S.		
Certificate No.	33334773742	Vehicle No.	5)C2265E	GST Registration No.	
Policyholder Name	KER & 30				
Product Code	PRIVATE CAR INSURANCE	Secret Year		Policyholder NRIC	53359496X
Contact No.(Mobile)	93824428	Cover Type Contact No. (Office)	drive QLASSIC	Loading	0
Email Address			0	Contact No.(Home)	0
KFK	® No ○Yes	Special Remark	8 0	eCode	No. V
VCD Protection	Yes		® No ○ Yes	eCode Reason	
♥ Accident Details		NCO Entitlement(%)	50	Private Hire	No
eport Date	25/06/2019 18:59				
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Rate of Accident	25/06/2019	Time of Accident hitemm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
eccident Location	WEST COAST HWY TWOS KEPPEL RD				
▼ Total Excess Applicable	E .				
scess Type	Per Accident	Windscreen Excess	100.00		
3D Standard Excess	2,000,00	TP Standard Excess	1,500.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Oriver is Covered?	Covered
dditional Excess	0				V-10/20/202
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500,00		
♥ Benefits					
♥ GST Registered Inform	ation				
SST Registered	No		GST Registration Date		
GT Registration No.			GST Status Verified	Yes	
fodification History	25/06/2019 19:01:04 Syste	em changed GST Status Verified from	m No to Yes		
Pelicyheider Mailing Ad					
Address 1	BLK 20 #04-109	Address 2	TEBAN GARDENS ROAD	Address 3	TEBAN VISTA
Address 4	SINGAPORE 600020	Address Type	Singapore address	Post Code	600020
Init No.	04-109	Related Policy Number	5091529775-02		
OI Driver Info					
rriver Name	GOH KER MING, KERMIN	Driver Type	Main Driver		
Innamed griver Name		Driver NR3C	58211614A	Driver DOS	17/04/1982
egister Date of Driver License	13/06/2003	Driver Age	37	Oriving Experience	16
Contact No. (Mobile)	93824428	Contact No.(Office)	0	Contact No.(Home)	0
odress 1	BLK 20	Address ≥	TEBAN GARDENS ROAD	Address 3	TEBAN VISTA
iddress 4	SINGAPORE 600020	Address Type	Singapore address	Post Code	600020
init No.	04-109				200200
loss he own a Singapore legistered car?	○ Yes ® No	Driver Vehicle No.		120000000000000000000000000000000000000	
and the second				Driver Insurer Company	
eclaration					
reathalyser or Blood Test	0 mg	192000000			
eading?	2.09	Any injury?	® Yas ○ No		
100000000000					
odification History					
Claim 001					
Claim 001 New					
Claim 001 New					
	ОС-МХ	Insured Name	NUR & 3O	Tournet METC	Systematic
am Type •	ОО-МХ	Insured Name Corriact No.(Home)	MER & 30	Insured NAIC	53359496x
am Type * mtact No.(Mobile)	OC-MX	Contact No.(Home)	KARE PERSON	Contact No.(Office)	NIL
aim Type * ontact No. (Mobile) nail Address			S3C2265E		
aim Type * infact No.(Mobile) nail Address aimant Type Claimant Type *	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	KARE PERSON	Contact No.(Office)	NIL
am Type * Infact No. (Mobile) Intil Address Imant Type Clamant Type * Ilmant Name *		Contact No.(Home) Of Vehicle Number	S3C2265E	Contact No.(Office)	NIL
am Type * Infact No. (Mobile) Intil Address Imant Type Clamant Type * Imant Name * Imant Address	Pinase Select ≥≥	Contact No.(Home) Of Vehicle Number Type of Benefit *	S3C2265E	Contact No.(Office) TP Vehicle Number	NIL
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