| Date In: 16/6/19-12:38  | Job description  | Date & Time Completed   | Done by  |         |  |  |  |
|---|--|---|--|---------|--|--|--|
|   |  |   |  |         |  |  |  |
| Ref No: MA WEIGHT 173 /24   | SAS e-filing   | <del>                                     </del>  |  |         |  |  |  |
| Veh No: 17kyoyaz  | E-mail (within Shrs, AIC 2hrs)   |   |  |         |  |  |  |
| D.O.A: 26/49-04:15  | i-Motor Claim Form   | M7/105067-001   | 26 6 119 13  | 19      |  |  |  |
| OD / TP Reporting Only  |  | i-Motor W/O (Within: OD 2hrs, TP 4hrs)  |  |         |  |  |  |
|   | i-Photo Uploaded   |   |  |         |  |  |  |
| TP Insurer:   | Assessment/Survey Report   | i L   |  |         |  |  |  |
|   | Ass't Report by Fax / Hand t   | to Owner/Wksp   |  |         |  |  |  |
| Preferred Wksp / INC Assign Wksp / QW:  |  | Tel: F  | ax:  | CEENVI) |  |  |  |
| TP Particulars: Veh No: 51  | BW66017 INC (  | )/Non-INC( ).   | *  | - 10    |  |  |  |
| Owner / Driver: (   |  | Tel:  | )  |         |  |  |  |
| Policy No: (  | Period: ( )  | Cover Type: (   | )  | INS-53  |  |  |  |
| Confirmed by: (   | Date:  | Time:   | )  |         |  |  |  |
| Insured/Driver Liability: ( %   | Note-Est Status (WO): N: 0-2   | 0%; P: 21-79%. F: 80-1  | 00%]   | 2010    |  |  |  |
| Year of Registration: ( )   |  | )   |  |         |  |  |  |
| Excess: (\$ ) Loading: \$   | \$1,000( )/\$2,000( )  |   |  | Min and |  |  |  |
| General Remarks:  | IN STATE OF THE PARTY OF THE PA | STATE OF STA  | :बराह्य :  | -       |  |  |  |
| ( ) Walk-In Customer : Customer's   | information attinto Confidential Confidential  | 362 Maria 1945, 4 7 4 5   | 3,000 011, 15  |         |  |  |  |
|   |  | rictly NO rater of repairer.  |  | 70-0    |  |  |  |
| ( ) Total Loss Case : to e-mail Ins   | CONTROL OF CONTROL CONTROL CONTROL   |   | (6)  |         |  |  |  |
| Drive-In ( )/ Towed-In ( ); Invo  | oice: YES( ) / NO( ); T  | owing Co: (   |  | )       |  |  |  |
| Remarks: (INC hodine: 6788 6616   |  | Date&Time Completed   | 77-28 BZ 180   | -       |  |  |  |
|   | A STATE OF THE PARTY OF THE PAR | Datex 1 in the Compressor   | Done by  |         |  |  |  |
|   | / Courtesy Car ( )   |   |  |         |  |  |  |
| 2/000 - 1/5 - 1 - 1   |  |   |  | -       |  |  |  |
| 2) QC Check / Post Repair Inspection  | ( )  |   |  |         |  |  |  |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost>   | ( )  |   |  |         |  |  |  |
|   | ( )<br>>\$3000] ( )  |   |  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )  |   |  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >   | ( )<br>>\$3000] ( )  |   |  | 1.7.    |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )<br>>\$3000] ( )  |   | The second second  | 1.2.    |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )<br>>\$3000] ( )  |   |  | 1. 2.   |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )<br>>\$3000] ( )  |   |  | 1.7.    |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )<br>>\$3000] ( )  |   |  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )<br>>\$3000] ( )  |   |  | 1.5.    |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  | ( )<br>>\$3000] ( )  |   |  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions   |  | paration Checklist  | Contract of the second   |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions   |  |   | Contract Con | 100     |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  umant's Particulars:                          | Invoice Prep  1) AR: Accident 2) DA: Damage  | Reporting (\$30);<br>Assessment (\$100); INC (\$80  | Tribiji A  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  umant's Particulars:                          | Invoice Prep   | Reporting (\$30);<br>Assessment (\$100); INC (\$80<br>te . \$40/  | Tribiji A  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions   | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th   | Reporting (\$30); Assessment (\$100); INC (\$80); te S40/ arough Survey S arough Survey (Resurvey)  |  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:  ntact No: | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th   | Reporting (\$30); Assessment (\$100); INC (\$80); re \$40/ arough Survey \$ arough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)   |  | 100     |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:            | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing For 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idag DA +  | Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment  | 14.Bill A  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————  | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition   | Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment  | 18 Bill A  )) 545 120 530  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————  | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD*   | Reporting (\$30); Assessment (\$100); INC (\$86); INC (\$86 | 18 Bill A  1) 545 120 530 175 160  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:  ntact No: | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD*   | Reporting (\$30); Assessment (\$100); INC (\$86); INC (\$86 | 18 Bill A  )) 545 120 530  | m (S    |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————  | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD*  *N5: Courtesy *N6: Repair Co *N7: Fost Repair   | Reporting (\$30); Assessment (\$100); INC (\$86); INC (\$86 | 18 Bill A  1) 545 120 530 575 160 53 510 525   | 100     |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————  | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD*  *N5: Courtesy  *N6: Repair Co *N7: Fost Repair *N8: DV / Coll   | Reporting (\$30); Assessment (\$100); INC (\$86); INC (\$86 | 18 Bill A  1) 545 120 530 575 160 53 510 525 53  |         |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————  | Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD*  *N5: Courtesy  *N6: Repair Co *N7: Fost Repair *N8: DV / Coll   | Reporting (\$30); Assessment (\$100); INC (\$86); INC (\$86 | 18 Bill A  1) 545 120 530 575 160 53 510 525   | dd Bi   |  |  |  |

## SINGAPORE ACCIDENT STATEMENT

## 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 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.
- 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.

| THE HARMAN AND A SAME AS A SAME AS   | ACCIDENT STATEMENT   |
|--|--|
| Date Of Report   | 26/06/2019 12:38   |
| Date Of Accident   | 26/06/2019 09:15   |
| Exact Location Of Accident   | UPP PICKERING ST   |
| Country/State of Loss  | SINGAPORE  |
| TANKS AND AND STREET OF THE PARTY OF THE PAR | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SJK4009Z   |
| Insured/Policyholder   | THE RESIDENCE OF THE PARTY OF T |
| Name Of Registered Owner   | FOO POH LI, PAULINE  |
| NRIC No  | S8215226A  |
| Email Address  | NOEMAIL  |
| Mobile Phone No  | (LOCAL) +65-93625226   |
| Alternative Phone No   | OFFICE-93625226  |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA  |
| Model  | VEZEL 1.5X CVT   |
| 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  | 5108833133   |
| Cover Note Number  |  |

## Driver

| Name of Driver       | FOO POH LI, PAULINE (FU BAOLI, PAULINE) |
|----------------------|---|
| NRIC No              | S8215226A                               |
| Date Of Birth        | 15/05/1982                              |
| Occupation           | INDOOR                                  |
| Date Of Driving Pass | 08/04/2008                              |
|                      |   |

Driving Experience 11 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93625226

Fax Number

Contact Number OFFICE-93625226

EMail Address NOEMAIL

Address

BLK 533 SERANGOON NORTH AVENUE 4

#02-235

Postcode

550533

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

į

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

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

SBW6606T

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SKT1290L

Page 2 of 24

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

FOO POH LI, PAULINE (FU BAOLI, PAULINE)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJK4009Z

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.
- 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.
- 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)
  - 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 enquirles 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:
  - (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:

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

Date & Time:

Reporting Centre Personnel's Signature

Chilleni

Name:

NRIC/FIN No .:

DECLARATION

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 :

attent Gertallasteam 1/4

| Date of Accident   | 26 June 2019 Accident Time: 915am (24-HR-Format)                             |
|--|--|
| Accident Place   | : Upper pickering st   |
| Vehicle Reg. No. (Car Plate No.)   | :SJK40097  |
| Vehicle Make/Model   | : Honda Vezel  |
| bisurance Company  | : NTUC Policy No.  |
| Owner or Company Name /IC No.  | : Fou Pon Li Pauline S8215226A   |
| Owner or Company Contact No.   | . 9362 5226  |
| DRIVER'S Name / IC No.   | : Foo Poh Li Pauline 18215226A   |
| DRIVER'S Date Of Birth   | : 15 May 1982 DRIVER'S License Pass Date 8 Apr 2008                          |
| Relationship of Owner & Driver   | : Spouse \ Parents \ Children \ Sibling \ Employee\ Ofhers: Own              |
| DRIVER'S Address   | : 533 Berangown North Ave 4 402-235 5 (.CTO.                                 |
| DRIVER'S Contact No./ Alt No.  | :1) 93625226 2)  |
| DRIVER'S Occupation  | ENDOOR OUTDOOR (e.g. working inside or outside office)                       |
| Email Address  | Admin@Mycar's &  |
| Weather & Road Surface   | CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET                               |
|  | Reporting Only \ Claim Other Farty \ Claim Own Insurance                     |
| Number of Passengers (Including Driv   |  |
| Was there any video Captured by car c<br>Exact purpose for which vehicle was b | amera: YES (NO cing used at the time of accident: Private use \ Work purpose |
|  | ty Driver's Particular (if any)  |
| Vehicle Reg. No: SBW C6067   | Vehicle Reg. No: SKT1290L  |
| Vehicle Make\Model:  | Vehicle MakelModel:  |
| Name Driver;   | Name Driver:   |
| IC No. Driver:   |  |
| Driver's Contact & Add:  | Driver's Contact & Add:  |
|  |  |







| Policy No.                           | 5108833133               | Policyholder<br>Name              | FOO POH         | LI, PAULINE       | Policyholder<br>NRIC | S8215226A      |                           |
|--------------------------------------|--------------------------|-----------------------------------|-----------------|-------------------|----------------------|----------------|---------------------------|
| Certificate<br>No.                   |                          | Nome                              |                 |                   | NKIC                 |                |                           |
| Address                              | BLK 533 #02-235 SERANGOO | N NORTH AVEN                      | JE 4 SINGA      | PORE 550533       |                      |                |                           |
| Product<br>Name                      | PRIVATE CAR INSURANCE    | Plan                              |                 |                   | Group<br>Policy Flag | N              |                           |
| Policy<br>issue<br>Date              | 12/04/2019               | Effective<br>Date                 | 12/04/201       | 9 00:00           | Expiry Date          | 12/04/2020 23: | 59                        |
| Excess<br>Type                       | Per Accident             | All Claims<br>Excess              |                 |                   |                      |                |                           |
| Third<br>Party<br>Excess             | 0                        | Own<br>damage<br>Excess           | 600             |                   | Windscreen<br>Excess | 100            |                           |
| Additional<br>Excess                 | 0                        | OS<br>Premium                     | 0               |                   |                      |                |                           |
| Outside<br>Singapore<br>OD<br>Excess | 600                      | Outside<br>Singapore<br>TP Excess | 0               |                   |                      | Young/Ir       | nexperience Driver Excess |
| Agent                                | INSURE LINK PTE LTD      | Agent Tel.                        | 64444644        |                   | GST Flag             | Y              |                           |
| Co-<br>insurance<br>Flag             | No                       |                                   |                 |                   |                      |                |                           |
| Open<br>Policy<br>Info               |                          |                                   |                 |                   |                      |                |                           |
| Certificate<br>Info                  |                          |                                   |                 |                   |                      |                |                           |
| Policyl                              | nolder Mailing Address   |                                   |                 |                   |                      |                |                           |
| Address 1                            | BLK 533 #02-235          | Addre                             | ss 2            | SERANGOON NORT    | TH AVENUE 4          | Address 3      | SINGAPORE 550533          |
| Address 4                            |                          | Addre                             | ss Type         | Singapore address |                      | Post Code      | 550533                    |
| Jnit No.                             | 02-235                   | Relate                            | ed Policy<br>er | 5108833133        |                      |                |                           |
| D Insure                             | d Object: SJK4009Z       |                                   |                 |                   |                      |                |                           |
|                                      | ements                   |                                   |                 |                   |                      |                |                           |
| ♥ Endors                             |                          |                                   |                 |                   |                      |                |                           |

| Claim Handling   |   |                |  |  |  |                       |
|--|---|----------------|--|--|--|-----------------------|
| Accident HT/1050667  |   |                |  |  |  |                       |
| Policy No.   | 5108633133  |                | Vehicle No.  | S3K4009Z   | GST Registration No.   |                       |
| Certificate No.  |   |                |  |  | 3-11000 Text-0/02/97   |                       |
| Policyholder Name  | FOO POH LI, PAULINE   |                |  |  | Policyholder NRIC  | S8215226A             |
| Product Code   | PRIVATE CAR (NSURA)   | NCE            | Cover Type   | drive CLASSIC  | Loading  | 0                     |
| Contact No. (Mobile)   | 93625226  |                | Contact No. (Office)   | 0  | Contact No.(Home)  | 0                     |
| Email Address  |   |                | Special Remark   |  | eCode  | NO.                   |
| KFK  | ® No () Yes   |                | TCA  | ® No ⊜Yes  | eCode Reason   | K*0                   |
| NCD Protection   | Vec   |                | NCD Entitlement(%)   | 50   | Private Hire   | No                    |
| Accident Details   |   |                |  |  |  |                       |
| Report Date  | 26/06/2019 13:56  |                | Accident Report Within 24 hrs  | Yes  | Accident Type  | Chain Collision       |
| Date of Accident   | 26/06/2019  |                | Time of Accident Nh:mm   | 09:15  | Country of Acodent   | Singapore             |
| Reporting Centre   |   |                | Orange Force   |  | SCM No.  |                       |
| Academ Location  | UPP PICKERING ST  |                |  |  | The state of the s |                       |
| Total Excess Applicable  |   |                |  |  |  |                       |
| Excess Type  | Per Accident  |                | Windscreen Excess  | 100.00   |  |                       |
| 22/21/   |   |                |  |  |  |                       |
| OD Standard Excess   |   | 600.00         | TP Standard Excess   | 0.00   |  |                       |
| YIED OD Excess   |   | 0.00           | VIED TP Excess   | 0.00   | Driver is Covered?   | Not Covered           |
| Additional Excess  |   | 0              | 25Decade access from the language of the contract of the contr |  |  |                       |
| Total OD Excess Applicable  Benefits   |   | 600.00         | Total TP Excess Applicable   | 0.00   |  |                       |
| GST Registered Informa   | ation.  |                |  |  |  |                       |
| GST Registered   | ation<br>No   |                |  | 2.22.0000000000000000000000000000000000  |  |                       |
| GST Registration No.<br>Modification History   | 140   |                |  | GST Registration Date<br>GST Status Verified   | Yes  |                       |
| ⇒ Policyholder Mailing Ad  | dress   |                |  |  |  |                       |
| Address 1  | BLK 533 #02-235   |                | Address 2  | SERANGOON NORTH AVENUE 4   | Address 3  | SINGAPORE 550533      |
| Address 4  |   |                | Address Type   | Singapore address  | Post Code  | \$\$0\$33             |
| Unit No.   | 02-235  |                | Related Policy Number  | 5106833133   |  |                       |
| OI Driver Info   |   |                |  |  |  |                       |
| Oriver Name  | PAULINE POO POH LI  |                | Driver Type  | Main Driver  |  |                       |
| Unnamed driver Name  |   |                | Driver NRSC  | 58215226A  | Onver DOB  | 15/05/1982            |
| Register Date of Driver License  |   |                | Driver Age   | 37   | Driving Experience   | 11                    |
| Contact No.(Mobile)  | 93625226  |                | Contact No.(Office)  | 0  | Contact No.(Home)  | 0                     |
| Address 1  | BLK 533   |                | Address 2  | SERANGOON NORTH AVENUE 4   | Address 3  | SINGAPORE \$50533     |
| Address 4  | 9905(910)   |                | Address Type   | Singapore address  | Post Code  | 550533                |
| Unit No.<br>Does he own a Singapore  | 02-235  |                |  |  |  |                       |
| Registered car?  | ○ Yes ® No  |                | Driver Vehicle No.   |  | Driver Insurer Company   |                       |
| Declaration  |   |                |  |  |  |                       |
| Breathalyser or Blood Test<br>Reading?   | 0 mg  |                | Any injury?  | ® Yes ○ No   |  |                       |
| Modification History   |   |                |  |  |  |                       |
| Claim 001 New  |   |                |  |  |  |                       |
|  |   |                |  |  |  |                       |
| Claim Type •   | DO-MX   | ~              |  | 100000000000000000000000000000000000000  |  | 50215226A             |
| Married to Advantage and   | DO-MX   | 1              | Insured Name   | FOO POH LI, PAULINE  | Intured NRIC   |                       |
|  | 00-MX   |                | Insured Name Contact No.(Home)   | POO POH LI, PAULINE<br>NIL   | Intured NRIC Consect No.(Office)   | 374.134.00            |
| Imak Address   |   |                |  |  |  | S8W66067              |
| Email Address<br>Claimant Type Claimant Type +   |   | <u> </u>       | Contact No.(Home)  | ND,  | Contact No. (Office)   | To be a second second |
| Imail Address<br>Claimant Type Germani Type +<br>Claimant Name *   |   |                | Contact No.(Home) OI Vehicle Number  | NIL<br>SJK4009Z  | Contact No. (Office)   | To be a second second |
| Email Address<br>Claimant Type Claimant Type +<br>Claimant Name. +<br>Claimant Address   | Prease Select   | >>             | Contact No.(Home) OI Vehicle Number Type of Benefit •  | NIL<br>SJK4009Z  | Contact No. (Office)   | To be a second second |
| Email Address Claimant Type Claimant Type + Claimant Name + Claimant Address Claim Description   |   | >>             | Contact No. (Home) OI venicle Number Type of Beriofs. * Claimant NRIC *  | NIL<br>SJK4009Z  | Contact No. (Office)   | To be a second second |
| mai Address  Claiment Type Cleiment Type +  Claiment Name +  Claiment Address  Jaim Description  referred Workshop Contact  to   | Please Select<br>53K40092 / SBW6606T                              | >>             | Contact No.(Home) OI Vehicle Number Type of Benefit •  | NIL<br>SJK4009Z  | Contact No. (Office) TP Vehicle Number   | To be a second second |
| Imail Address Claimant Type delmant Type dellamant Name = Claimant Address Claim Description Treferred Workshop Contact to Leguire Finalisation  | Prease Select   | >>             | Contact No. (Home) OI venicle Number Type of Beriofs. * Claimant NRIC *  | NIL SIK40092 Flease Select   Not at Fault  | Contact No. (Office) TP Vehicle Number   | To be a second second |
| Imail Address  Claimant Type Germant Type +  Claimant Name =  Claimant Address  Claim Description  referred Workshop Contact  to  kequire Finalisation   | Please Select  SIK40092 / SBWe606T  Yes 26/06/2019 13:59          | DN 26 Jun 2019 | Contact No. (Home) OI Venicle Number Type of Benefit * Claiment NRIC *   | NIL SIK40092 Flease Select   Not at Fault  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop   | S8W6606T              |
| Email Address Claiment Type deiment Type + Claiment Name + Claiment Address Claim Description Preferred Workshop Contact 40. Require Finalisation Date Registered Report Taken By                              | Please Select SIK40092 / SBWe606T                                 | DN 26 Jun 2019 | Contact No. (Home) OI venicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option  | NIL SIK40092 Flease Select   Not at Fault  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Saw6606T              |
| Imail Address Claiment Type delmant Type + Claiment Name * Claiment Address Claim Description Preferred Workshop Contact 40. Require Finalisation Data Registered Leport Taken By                              | Please Select  SIK40092 / SBWe606T  Yes 26/06/2019 13:59          | DN 26 Jun 2019 | Contact No. (Home) OI venicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Oose Date  | NII. SIK6009Z Please Select  Please Select  Not at Fault Preferred Workshop, Name unknown                | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Saw6606T              |
| Email Address Claiment Type deiment Type + Claiment Name + Claiment Address Claim Description Preferred Workshop Contact 40. Require Finalisation Date Registered Report Taken By                              | Please Select  SIK40092 / SBWe606T  Yes 26/06/2019 13:59          | DN 26 Jun 2019 | Contact No. (Home) OI venicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Oose Date  | NIL SIK40092 Flease Select   Not at Fault  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Saw6606T              |
| Email Address Claimant Type demant Type + Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter              | Please Select  SIK40092 / SBWe606T  Yes 26/06/2019 13:59          | DN 26 Jun 2019 | Contact No. (Home) OI venicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Oose Date  | NII. SIK6009Z Please Select  Please Select  Not at Fault Preferred Workshop, Name unknown                | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Saw6606T              |
| Email Address Claiment Type Clement Type + Claiment Name + Claiment Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment | Please Select  SIK40092 / SBWe606T  Yes 26/06/2019 13:59          | DN 26 Jun 2019 | Contact No. (Home) OI venicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date   | NIL SIK60092 Flease Select  Flease Select  Floor of Foult  Preferred Workshop, Name unknown  Save Submit | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Saw6606T              |
|  | Please Select  SIK40092 / SBWe606T  Yes 26/06/2019 13:59  Jackson | DN 26 Jun 2019 | Contact No. (Home) OI venicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Oose Date  | NII. SIK6009Z Please Select  Please Select  Not at Fault Preferred Workshop, Name unknown                | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Saw6606T              |

