NATIONAL Assessment Centre	Der rices.		180PHAH	7 7 2			
Date In: 16 15 - 15: 25	Job description		Date & I		mpleted	Don	e by
Rel No: NA INCIGOUS 20124	SAS e-filing						
Veh No: Shy (6166	E-mail (within	Shrs, AIC 2hrs)	1		7	125-1136-11	
D.O.A: 2/6/19-17-50	i-Motor Cla		m 10	500 NT	-0.1	296/19	K!TI
OD / (TP) Reporting Only	i-Motor W/6	O (Within: OD 2hr				<u> </u>	13.41
	l	urvey Report	-	-			- 10
TP Insurer:		by Fax / Hand t	0.0000000000000000000000000000000000000	Vitan			
Preferred Wksp / INC Assign Wksp / QW: (of Fax / Hand	Tel:	r von	Fa	-	
TP Particulars: Veh No: 1033	ultu	. INC(-INC (S-100 - 100	х:	Sec. 197
Owner / Driver: (70X	, mc(Tel:	-tive ().	· ·	
	od: (3	Cover Ty	me: (
Confirmed by : (· (Date:	Coverry	Time:			
	nte Bet Statue (00/. D. 21	The second second	F. 00.16)	
7. Am 1	ote-Est. Status (-19%.	P: 80-10	0%]	
	arranty: YES ()				
Excess: (\$) Loading: \$1,000	0()/\$2,000)()					
General Remarks;-				King.		are S	- 6 to
() Walk-In Customer: Customer's inform	nation strictly Co	nfidential & Str	ictly NO ra	efer of n	epairer.		
() Total Loss Case : to e-mail Insurer	URCENTLY					0g=12-00-	SC-38 - 485 -
				+7			
		** / · · ·			The second secon		
	YES()/I	NO(); T	owing Co:	(<u>.</u>)
, , , , , , , , , , , , , , , , , , ,	YES()/I	10();T	4.70		nle od 🖖	Done)
Remarks: (INC hotline: 6788 6616)		70();T	owing Co.		t pierod	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou	YES () / r	NO(); To	4.70		ple od	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection	urtesy Car ())	4.70		gle'sd	Don) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection	urtesy Car (NO(); To	4.70		pie ad	Done)
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Cou	urtesy Car (NO(); To	4.70		\$pterad*	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cot 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70		<u>t</u>	Done) by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cot 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cot 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com		Done	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cot 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com			1
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cot 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cot 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	urtesy Car (NO(); To	4.70	ne Com			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	urtesy Car ()	Date&Tin	ne Com			
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	urtesy Car (Invoice Prep	Date&Tin	ne Com			Amu(3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	urtesy Car (Invoice Prep	Date&Tin	ne Com	ı	Ant (S)	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions MAIGOUATE Sumant's Particulars:	urtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A	aration C	ne Com	it	Ant (S)	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Signature Particulars:	urtesy Car (Invoice Prep I) AR: Accident DA: Damage A TF: Towing Fe FF: Follow-Th	aration C Reporting () Issessment () Frough Survey	hecklis	INC (\$80) \$40/\$-	Anit (\$)	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Signature Particulars:	urtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration C Reporting () Issessment () rough Survey	hecklis \$30); \$100);	INC (\$80) \$40/\$- \$17 y) \$1	Anit (S) Dit Bill	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Sumant's Particulars: iver/Owner: intact No:	urtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as	aration C Reporting () Issessment () rough Survey rough Survey	hecklis \$30); \$100);	INC (\$80) \$40/\$- \$17 y) \$1	Ant (5) Fit Bill 65 20 30	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions aumant's Particulars: iver/Owner: intact No:	urtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	aration C Reporting () Issessment () rough Survey rough Survey rough Survey rough Survey rough Survey	hecklis \$30); \$100); (Resurve y (wef If	INC (\$80) \$40/\$ \$17 \$17 \$2 Jan 2005)	Anit (5) Tot Bill 45 20 30	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Sumant's Particulars: iver/Owner: intact No: imaged Portion:	urtesy Car (Invoice Prep I) AR: Accident I) DA: Damage A I) FT: Follow-Th For claiming ag I) TR: Re-inspect I) N1: Idae DA + I) NTUC Addition	aration C Reporting () Issessment () rough Survey rough Survey ainst INC Online SMRT Surve	hecklis \$30); \$100); (Resurve y (wef If	INC (\$80) \$40/\$(\$17 \$17 \$17 \$17 \$17 \$17 \$17 \$17 \$17 \$17	Anit (5) Tot Bill 45 20 30	Amu(3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Sumant's Particulars: iver/Owner: intact No: imaged Portion:	urtesy Car (Invoice Prep Invoice Prep I) AR: Accident I) DA: Damage A I) FT: Towing Fe I) FT: Follow-Th For claiming as I) TR: Re-inspect I) N1: Idae DA + I) NTUC Addition OD*	aration C Reporting (Assessment (Assessmen	hecklis 530); \$100); (Resurve y (wef!)	INC (\$80) \$40/\$- \$17 y) \$3 0 Jan 2005) \$7	Anit (\$) Tit Bill 45 20 10 75	Amt (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Sumant's Particulars: iver/Owner: intact No: imaged Portion:	urtesy Car (Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy (aration C Reporting (Assessment (Frough Survey Frough Su	hecklis 530); \$100); (Resurve y (wef!)	INC (\$80) \$40/\$ \$11 y) \$1 \$7 \$11	Anit (5) Tit Bill 45 20 10 75 50	Amu(3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Simmant's Particulars: iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	urtesy Car (Invoice Prep Invoice Prep I) AR: Accident I) DA: Damage A I) FT: Towing Fe I) FT: Follow-Th For claiming as I) TR: Re-inspect I) N1: Idae DA + I) NTUC Addition OD*	aration C Reporting (Assessment (Frough Survey Frough Su	hecklis 530); \$100); (Resurve y (wef!)	INC (\$80) \$40/\$- \$17 y) \$3 0 Jan 2005) \$7	Anit (5) Tit Bill 45 20 10 75 50 0	Amu(3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	urtesy Car (Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co	aration C Reporting (ssessment () rough Survey rough Survey rough Survey ainst INC Onlian SMRT Surve al Services:- Car/Tpt Allor ardination in Inspection	heckdis \$330); \$100); (Resurve y (wef]if	INC (\$80) \$40/\$ \$17 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	Anit (5) Tit Bill 45 20 10 75 50 0	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	urtesy Car (Invoice Prep Invoice Prep I) AR: Accident I) DA: Damage A I) FT: Follow-Th For claiming as The control of the control Note: Repair Co Note: Repair Co	aration C Reporting () ssessment () e rough Survey pough Survey ainst INC Onlian SMRT Surve hal Services:- Car / Tpt Allor cardination in Inspection cet Excess Coe Non INC) aga	heckdis 330); \$100); (Resurve y (wef)!	INC (\$80) \$40/\$ \$17 \$10 Jan 200\$) \$17 \$16	Amt (5) fit Bill 45 20 35 30 35 30 35 30 30 30 30 3	Amu(3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Con 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	urtesy Car (Invoice Prep Invoice Prep I) AR: Accident I) DA: Damage A I) FT: Follow-Th For claiming as The Country O No: Repair Co No: Repair Co No: Respair Co	aration C Reporting () ssessment () e rough Survey pough Survey ainst INC Onlian SMRT Surve hal Services:- Car / Tpt Allor cardination in Inspection cet Excess Coe Non INC) aga	heckdis 330); \$100); (Resurve y (wef]! y	INC (\$80) \$40/\$ \$17 \$10 Jan 200\$) \$17 \$16	Ant (S) Tit Bill 45 20 10 25 25 26 20 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Amu(3

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.
- 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.

and the latest three least to the second second	ACCIDENT STATEMENT
Date Of Report	26/06/2019 15:25
Date Of Accident	25/06/2019 17:50
Exact Location Of Accident	PIE (TUAS) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ1616G
Insured/Policyholder	STATE OF THE PARTY
Name Of Registered Owner	ONG WEE TSIAN (WANG WEIXIAN)
NRIC No	S7242139F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96949992
Alternative Phone No	OFFICE-96949992
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108535052
Cover Note Number	

Driver

Name of Driver ONG WEE TSIAN (WANG WEIXIAN)
NRIC No 97242139E

 NRIC No
 \$7242139F

 Date Of Birth
 09/11/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/05/1994

Driving Experience 25 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96949992

Fax Number

Contact Number OFFICE-96949992

EMail Address NOEMAIL

BLK 163 GANGSA ROAD Address

#09-88

Postcode 670163

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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? YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD7348X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyfolder's Signature

Date & Time:

Driver's Signature

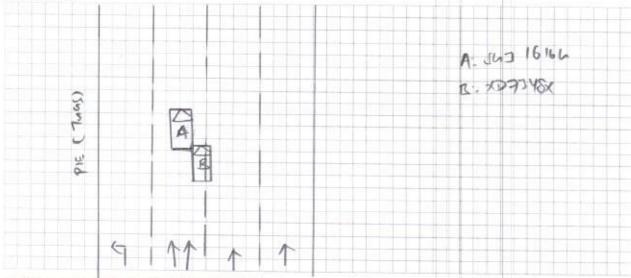
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hutement.		
	/	
MARATION		

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

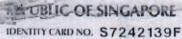
Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personne 's Signature

Name: NRIC/FIN No.:







ONG WEE TSIAN (WANG WEIXIAN)

王维贤

CHINESE

09-11-1972

SINGAPORE

For LKK/NAC Use On

DRIVING LICENCE

S7242139F

ONG WEE TSIAN (WANG WEIXIAN)

Date: 09 Nov 1972 Dale 29 Oct 2003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilogra



For LKK/NAC Use Only

25-07-1994

O+ 25 APT BLK 163 GANGSA ROAD #09-88

SINGAPORE 670163

S7242139F

01/08/2013

NP 428A

PASS DATE 07 Jul 1993 04 May 1994

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_	800601					· Change	Language	• Chang	e Password	· Log Ou	
My Desktop	Policy Query										
Notice of Loss	Policy No.				Date	of Accident	[2	5/06/2019 1	17:50		
	Vehicle No.(For Motor)	SG)1616G		Certificate Number							
					Search						
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5108535052		ONG WEE TSIAN (WANG WEIXIAN)	S7242139F	GPC	drivo CLASSIC	SGJ1616G	SGJ1616G	01/04/2019	07/01/2020	

Policy No.	5108535052	Policyholder Name	ONG WEE	TSIAN (WANG WEIXI	Policyholder	S7242139F	
Certificate No.		Name			NRIC	574741551	
Address	BLK 163 #09-88 GANGSA RO	AD SINGAPORE	670163				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/03/2019	Effective Date	01/04/201	9 00:00	Expiry Date	07/01/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	I see a see
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Y	
Flag Open	No						
Policy Info Certificate							
Info							
Policyl	nolder Mailing Address						
Address 1	BLK 163 #09-88	Addre	ss 2	GANGSA ROAD		Address 3	SINGAPORE 670163
Address 4		Addre	ss Type	Singapore address		Post Code	670163
Unit No.	09-88	Relate Numb	ed Policy er	5108535052			
1 Insure	d Object: SGJ1616G						
	sements						

Claim Handling						- Kadi
Accident MT/1050715				315/001010		
Policy No.	5106535052		Vehicle No.	9G31616G	GST Registration No.	
Certificate No.						
Policyholder Name	ONG WEE TSIAN (WANG	Characters.			Policyholder NR3C	S7242139F
Product Code Consett No. (Mobile)	PRIVATE CAR INSURANC 96949992	CE.	Cover Type	drive CLASSIC	Loading	0
Email Address	90343332		Contact No.(Office)	-0	Contact No.(Home)	0
KFK	® No ○ Yes		Special Remark	0230200	eCode	No. V
NCD Protection	No. Cres		TCA	® No ○ Yes	eCode Reason	
Accident Details	740		NCD Entitlement(%)	50	Private Hare	Ves
Report Date	26/06/2019 15:49		W			
Date of Accident			Acodent Report Within 24 hrs.		Academi Type	Side Swipe
Reporting Centre	25/06/2019		Time of Accident hin:mim	17:50	Country of Accident	Singapore
Accident Location			Orange Force		ICM No.	
▼ Total Excess Applicable	PIE (TUAS) BEFORE STE	VENS KD EXIT				
Excess Type	Per Accident		NAME OF THE OWNER, WHEN			
- Contract (pps	PET ACCIDENT		Windscreen Excess	100.00		
OD Standard Excess	2.	,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess		o				
Total OD Excess Applicable	2	00,000	Total TP Excess Applicable	1,500.00		
▽ Benefits						
□ GST Registered Information	ation					
GST Registered	No			GGT Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
▽ Policyholder Mailing Ad	2000					-
Address 1	BLK 163 #09 88		280000000	YC0750000000	**********	
Address 4	BUK 103 #13-30		Address 2	GANGSA ROAD	Address 3	53NGAPORE 670163
Unit No.	09-88		Address Type	Singapore address	Post Códe	670163
© OI Driver Info	0.5		Related Policy Number	5108535052		
Driver Name	ong wee tsian		Oriver Type	Main Driver		
Unnamed driver Name	2-460 x 10-2 x 100		Driver NRIC	57242139F	Driver DOB	09/11/1972
Register Date of Driver License	07/05/1994		Oriver Age	46	Driving Experience	25
Contact No.(Mobile)	96949992		Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 163		Address 2	GANGSA ROAD	Address 3	SINGAPORE 670163
Address 4			Address Type	Singapore address	Post Code	670163
Unit No.	09-88					
Does he own a Singapore Registered cer?	○ Yes @ No.		Driver Vehicle No.		Driver Insurer Company	
					Direct Ender Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No		
0.0000						
Modification History						
The state of the s						
Claim 001 New						
Claim Type +	ОО-МХ	U	Insured Name	ONG WEE TSIAN (WANG WEIXIN	lot and hinter	Constitution
Contact No.(Mobile)	96949992		Contact No.(Home)	57609034	Insured NRIC Contact No.(Office)	57242139F
Email Address	sebastian@asensor.com.	50	Of Vehicle Number	SGI1616G		67609034
Claimant Type Claimant Type *	Please Select	V	Type of Benefit *	Please Select	TP Vehicle Number	XD7348X
Claimant Name *		22	Cleiment NR3C *			
Claimant Address						
Claim Description	SGJ1616G / XD7348K ON	v 25 Jun 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.			Insured Liability *	Not at Fault.		
Require Finalisation	Yes	~	Preferend Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Bacelinia
Date Registered	26/06/2019 15:51		Claim Close Date		Date Received	26/06/2019 00:00
Report Taken By	Jackson					
Print AK letter	West of the second					
Mary and Pa				Save Submit		
Attachment						
w						
Accident No.	MT/1050715		Claim No.	-		
Last Doc. Received	● Yes ○ No			001		
5235 0023 pt 0 57 0 000			Upload Date	26/06/2019 15:53		
	Patr		Browse	Category *	Confidential Urgen	cy • Description •

