| Date In: 17/19-11/2 | Jeb description | Ďa | ne & Time Comple | ted | Don | e by |
|--|--|---|---|--|--|-------------|
| Res No: Hallagoins 174 | SAS e-filing | | | | | |
| Veh No: Mer My | E-mail (within Shrs, Al | Caber | | + | | 1) |
| D.O.A: 29/6/19-17-15 | i-Motor Claim For | | alizansi | | -1 | |
| | | - 4 | 103126-00 | 111 | 7/19 12 | (3) |
| OD / TP Y Reporting Only | i-Motor W/O (Withi | o: OD 2hrs, TP 4 | hrs) | _ | | |
| | | | | -4- | | |
| TP Insurer: | Assessment/Survey F Ass't Report by Fax | | mer/When | | | |
| Preferred Wksp / INC Assign Wksp / QW: | | To | | Fax: | - | WILL SHALLS |
| TP Particulars: Veh No: x | | | |) . | | |
| Owner / Driver: (| C444 C | | cl: | <i>)</i> . | , | |
| Policy No: () | Period: (| | er Type: (| | | |
| Confirmed by : (| Date | | Time: | | | |
| |) [Note-Est. Status (WO): | | | 00.100 | /1 | |
| Year of Registration: () | Warranty: YES ()/N | | P: 21-79%. P: | 80-100 | 70J | |
| Excess: (\$) Loading: \$ | |) | | | поемь | |
| General Remarks; | 31,000 ()/\$2,000 () | S NAMAS JULIUS | ear write | V 2 3 1 3 2 3 | | |
| () Walk-In Customers i | Fair Cale Contract Co | Market Hold | | Sec. O | · | |
| Drive-In ()/ Towed-In (); Invo | pice: YES () / NO (|) ; Towing | g Co: (, ' | | |) |
| Remarks:- (INC hotline: 6788 6616 | | | | C201274 | A STREET | Clarin. |
| | | Dat | e&Timb Complet. | 4000 | Done | by |
| 1) Apply for Transport Allowance (| 10 | | | | | |
| The state of the s | / Courtesy Car () | | * | | | |
| 2) QC Check / Post Repair Inspection | () | | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > | () | | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury: | () | | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury: | () | | | | er : | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > Injury: | () | | | | of Contract of Con | |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | 300 1920 | Schille. | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | | Picking. | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions | () | , i | | | Anit (S) | (Amu |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Hamoungs | () -\$3000] () | | on Ghecklist. | | Amt (S) | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Nam 04905 | () -\$3000] () Invei | ce Preparati | on Checklist. | C (\$80) | The Sections | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions alimant's Particulars: | () - \$3000] () Invei | Accident Reporti Damage Assessn Towing Fee | on Ghecklist ng (530); nept (5100); IN | C (\$80) \$40/\$45 | (Ni Bill) | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions alimant's Particulars:- iver/Owner: | Invoi 1) AR: 2) DA: 3) TF: 4) FT: | Accident Reports Damage Assess Towing Fee Tollow-Through | on Ghecklist ng (530); nept (5100); IN | | (Ni Bill) | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions stimant's Particulars:- iver/Owner: ntact No: | () -\$3000] () -\$ | Accident Reports Damage Assess Towing Fee Follow-Through Follow-Through Assess Follow-Through | on Checklist ng (530); nent (\$100); IN | \$40/\$45 \$120 \$30 2005) | (Ni Bill) | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions | Invei 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fois 6) TR: | Accident Reports Darnege Assessor Towing Fee Tollow-Through Tollow-Through | on Checklist: ng (530); nent (5100); IN: Survey Survey (Resurvey) VC Only (wef 10 Jan | \$40/\$45 \$120 \$30 | (Ni Bill) | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner: ntact No: maged Portion; | Invei Invei 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 3) NTU | Accident Reporti Darnege Assessa Cowing Fee Collow-Through to Collow-Through to ciming agoinst It Re-inspection | on Checklist ng (\$30); nent (\$100); INc Survey Survey (Resurvey) VC Only (wef 10 Jan Survey | \$40/\$45 \$120 \$30 2005) \$75 | (Ni Bill) | . 7 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions slimant's Particulars :- iver/Owner: ntact No: | Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Foig 6) TR: 7) Ni: 2) D4: | Accident Reports Damage Assess Towing Fee Follow-Through Siming against It Re-inspection dae DA + SMRT C Additional Services | on Checklist ng (\$30); nent (\$100); INc Survey Survey (Resurvey) VC Only (wef 10 Jan Survey | \$40/\$45 \$120 \$30 2005) \$75 \$160 | (Ni Bill) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions alimant's Particulars:- iver/Owner: intact No: maged Portion; Checked by (Engr-In-Charge): | () -\$3000] () -\$3000] () -\$3000] () -\$3000] () -\$10AR: -\$20AR: -\$30FF: -\$40FF: -\$50FF: -\$ | Accident Reporti Damage Assessa Towing Fee Tollow-Through is siming against It Re-inspection dae DA + SMRT C Additional Services Courtesy Car / Tp Repair Co-ordina | on Checklist. ng (\$30); nent (\$100); INc. Survey Survey (Resurvey) VC Only (wef 10 Jan. Survey vices pt Allowance tion | \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 | (Ni Bill) | Am () |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars :- iver/Owner: ntact No: maged Portion; | () -\$3000] () -\$3000] () -\$3000] () -\$3000] () -\$10AR: -\$20AR: -\$30FF: -\$40FF: -\$50FF: -\$ | Accident Reporti Damage Assessa Towing Fee Tollow-Through is seiming against It Re-inspection dae DA + SMRT C Additional Services Courtesy Car / Tp Repair Co-ordina Fost Repair Inspec | on Checklist. ng (\$30); nent (\$100); INc. Survey Survey (Resurvey) VC Only (wef 10 Jan. Survey vices pt Allowance tion | \$40/\$45 \$120 \$30 2005) \$75 \$160 \$3 510 \$25 | (Ni Bill) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions alimant's Particulars:- iver/Owner: intact No: maged Portion; Checked by (Engr-In-Charge): | () -\$3000] () -\$3000] () -\$3000] () -\$3000] () -\$3000] () -\$1000 - | Accident Reporti Damage Assessa Towing Fee Tollow-Through is seiming against It Re-inspection dae DA + SMRT C Additional Services Courtesy Car / Tp Repair Co-ordina Fost Repair Inspec | on Checklist. ng (\$30); nent (\$100); INc. Survey Survey (Resurvey) VC Only (wef 10 Jan Survey vices:- of Allowance tion ess Coordination | \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 | (Ni Bill) | |

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.

| ACC | DEMI | SIA | - 1/0 l | | г |
|-----|------|-----|---------|-----|---|
| ACC | DEN | OIA | - 14 | - 1 | |
| | | | | | |

Date Of Report 01/07/2019 11:10
Date Of Accident 29/06/2019 13:15

Exact Location Of Accident PENHAS RD TWDS LAVENDER RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV2542T

Insured/Policyholder

Name Of Registered Owner ALLMOTORING.SG

Co Reg No 53294502J Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS CLASSIC 1.6 CVT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103213533

Cover Note Number

Driver

Name of Driver HENG ZENGQIANG, DARRELL

 NRIC No
 \$8218107E

 Date Of Birth
 10/06/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/08/2015

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81447788

Fax Number

Contact Number OFFICE-81447788

EMail Address NOEMAIL

Address BLK 676B PUNGGOL DRIVE

#07-718

Postcode 822676

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

THEK - HIKEK

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SEAN GOH YI WEI

GENDER: : MALE

Passenger 2

NAME:

: CHERYL LIM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

NO

YES

SINGAPORE

Was notice of intended Prosecution given?

If Yes,against whom?

Police Station Contact

TEL NO: 65470000 - FAX NO:

Circumstances of Accident

REFER TO POLICE REPORT - T/20190629/7018.

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 XE474E
Vehicle Make/Model/Colour VOLVO

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver O'CHAN NAGARAJAN

NRIC/Passport Number

S6838162B

Contact Number

97334935

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HENG ZENGQIANG, DARRELL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV2542T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SEAN GOH YI WEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV2542T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

CHERYL LIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV2542T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- L. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Officer.
- 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 flability</u>.
- 4. The issue and people area of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reconting pray 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 architing of this report at the centre and to copies of the report being made available aforesaid.
- 5. Consert under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (s) 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 sectout 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/jaw firms, the Monerary Authority of Singapore and any relevant government agenty/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the socident and/or my dalme;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquires by me;
 - (iv) administrating 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 dalms. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' lawyers/law firms, may/are parmitted to collect, use, dictions and/or process my Personal information for one or more of the above Perpoper; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agasts@ncluding their lawyers/aw firms), which may be steed outside of Singaporo, for one or more of the obove Purposes.
- (5) my Personal information will also be reflected and used to compile delms history for the purpose of freud detection, investigation and management in present and all future dalms.
- (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 agandes as reasonably required for the purposes stated, or

(E) for complying with requirements under any regulations, laws or court orders.

Policykologies Signature Date & Times

Oriver's Signature 1 (If driver is not the policyholder)

Date & Time:

Reporting Contro Personnel's Signature

KRIC/FIN No.:

Policyholder's Signature

Date & Tirde

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

| | Date of Accident | 29 06 2019 Accident Time: 13 15 Hr (24-HR-Format) |
|------|---|--|
| | Accident Place | : Penhas Road towards lavender Rd |
| | Vehicle Reg. No. (Car Plate No.) | : 8KV2541T |
| | Vehicle Make/Model | Toyota AHIS |
| | Insurance Company | : NTUC Policy No. |
| | Owner or Company Name /IC No. | : All motoring . Sg |
| | Owner or Company Contact No. | Owner's HpCompany Tel |
| | DRIVER'S Name / IC No. | : Heng theng Qiang , Darrell |
| | DRIVER'S Date Of Birth | :10 06 1982 DRIVER'S License Pass Date 03 08 2015 |
| | Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Parda |
| | DRIVER'S Address | : BIK 6768 Punggol Drive #07-718 |
| | DRIVER'S Contact No./ Alt No. | :1) 81447788 2) |
| | DRIVER'S Occupation | : INDOOR (OUTDOOR (e.g. working inside or outside office) |
| | Email Address | : Admin @ my car.sg |
| 114 | Weather & Road Surface | CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET |
| | Reporting Type | : Reporting Only \ Claim Other Party \ Claim Own Insurance |
| | Number of Passengers (Including I | Driver): 03 3 injured |
| | Was there any video Captured by c Exact purpose for which vehicle we | ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose |
| | Other | Party Driver's Particular (if anv) |
| | Vehiclo Reg. No: XE474E | Vehicle Reg. No: |
| | Vehicle MakeWodel: V01V0 | Vehicle Make\Model: |
| | Name Driver: O'Chan Nagaraje | Name Driver: |
| | IC No. Driver: 36838162B | IC No. Driver: |
| | Driver's Contact & Add: 9733 49 | Driver's Contact & Add: |
| Pass | enger 1: Jean Goh Yi wei | Passenger 2: Cheryl Um |
| | 392159786 | 59617839E |
| | 91956588 | 96779686 |
| | 2 Days #46 | 3 Days MC |





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

1 of 3 Report No. T/20190629/7018

REPORT OF A TRAFFIC ACCIDENT

| Date/Tin 29/06/20 | ne Report N 119 23:34 | /lade: | Vide Report No.: | Station Diary No.: |
|----------------------|--------------------------|------------------------------|--|---|
| Informa | nt's Partic | ulars | | 100 (10 PMC 810 T 2 N 2 0 0 0 3 1 |
| | Informant: ENGQIAN(| G, DARRELL | Address: APT BLK 676B PUNGGOL D 822676 | RIVE #07-718 SINGAPORE |
| ID Type NRIC N | / ID No.: O / S821810 | 07E | Contact No.: Home/Office: | Mobile: 81447788 |
| National SINGAP | ity: ORE CITIZ | EN | Email: Zqheng@gmail.com | ette guda A ett a tilliggadet i væd ekster social filmen. |
| Sex: Male | Age: 37 | Date of Birth: 10/06/1982 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupat GRAB D | ion: RIVER | | Driving Licence Information: Class: 3 | Date of Expiry: |

| General Infor | mation of the Acci | dent | AN ROSE BEEN STATE | COLUMN TO A SECOND SECO |
|-------------------------------|-------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive; No | Date/Time of Accident: 29/06/2019 13:35 | Type of Location: T-Junction |
| Location: PENHAS RO | AD | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collis Between Mov | iion: ring Vehicles - Side | Swipe - Same Direction | | Anyone conveyed by ambulance: No |

| Details of V | ehicle Invo | lved | | Eller Bell Spring | | W. A. E. STREET, STREE |
|--------------|-------------|------|-------|-------------------|-----------|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SKV2542T | Car | | | | Condition | 0 |

| 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/20190629/7018

CONTINUATION OF REPORT

| Driver | SEAL PROPERTY. | AND PERSON | Water Control of | the site | 200 | |
|------------------|-------------------|------------|------------------|-------------------------------------|--------|---------------------------------|
| Name | HENG ZENGQIAN | G, DARREI | L | ID No | ×3 | S8218107E |
| Related Vehicle | SKV2542T (Car) | | | Conta | ct No. | 81447788 |
| Hospital/Clinic | MOUNT ALVERNIA | A HOSPITA | L | Class Drivin Licend Expiry | g | Class: 3 Date of Expiry: NIL |
| Date Treatment | 29/06/2019 | | Date Dis | charge | 29/06 | 5/2019 |
| No. of Days gran | ted Medical Leave | 05 | Degree o | | Sligh | |

Brief Details.

On the stated time and date . i was driving my vehicle along Penhas Road towards Lavender street. While making a left turn into Lavender street , i did stop at the white line suddenly when turning another car XE474E came from my rear and hit onto my ride side . The Impact was to huge on the right that moved my vehicle up the left kerb. i was feeling pain at my back and when to see a doctor . My passenger was also injured .





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

3 of 3 Report No. T/20190629/7018

CONTINUATION OF REPORT

| Sketch Plan | | | | | | |
|--------------|-----|------|----|---------|--------|-----|
| Informant is | not | able | to | provide | sketch | pla |

NP168

| Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|---|
| Date/Time: 29/06/2019 23:34 |
| Classification Of Case: |
| |



HENG ZENGQIANG, DARRELL

CHINESE 10-06-1982 Country of birth SINGAPORE

For LKK/NAC



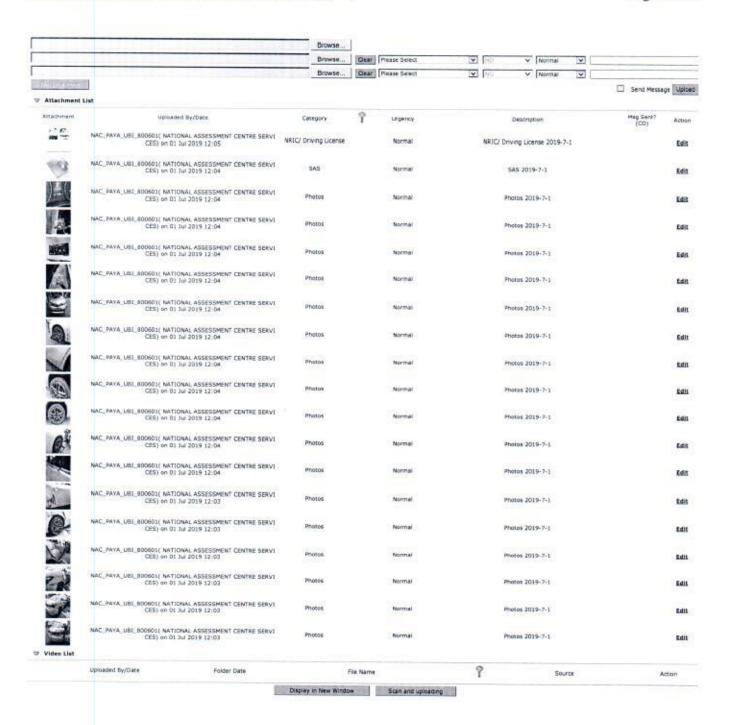


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! /NAC Use Only

| eBao Tech | | | | | | | | 1 | Genera | lClaim |
|------------------------|-----------------------------------|-----------------------|----------------------|----------------------|---------|------------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | Policy Query | | | | | • Change L | anguage | • Change | Password | · Log Out |
| Notice of Loss | Policy No. Vehicle No.(For Motor) | SKV2 | 542T | S | | Accident ate Number | 29/ | 06/2019 13 | :15 | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | O 5103213533 | | ALLMOTORING.SG | 532945023 | GPC | drivo CLASSIC | SKV2542T | SKV2542T | 23/08/2018 | 06/09/2019 |
| | | | | Co | ntinue | | | | | |

| Policy No. | 5103213533 | Policyholder Name | ALLMOTORI | ING.SG | Policyholder | 532945023 | |
|---|--|-----------------------------------|------------------------|---------------------------------|----------------------|---------------------|---|
| Certificate No. | | Name | | | NRIC | 000010020 | |
| Address | 48 TOH GUAN ROAD EAST #06- | 99 ENTERPR | SE HUB SING | APORE 608586 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy Ssue Date | 24/08/2018 | Effective Date | 23/08/2018 | 00:00 | Expiry Date | 06/09/2019 | 23:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third | | Own | | | | | |
| earty excess | 1500 | damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Dutside Singapore DD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | You | ing/Inexperience Driver Excess |
| Agent | ANIKA INS BROKERS & CONSUL | | DELINE DELINE | | | | |
| Co- | | Agent rei. | 66729988 | | GST Flag | Y | |
| nsurance lag | No | | | | | | |
| Policy Info | No. | | | | | | |
| lag Open Policy | No. | | | | | | |
| Flag Open Policy nfo Certificate nfo | nolder Mailing Address | | | | | | |
| lag Open Policy nfo Certificate nfo Policy | | T Addr | ess 2 | #06-99 ENTERPRI | SE HUB | Address 3 | SINGAPORE 608586 |
| Flag Open Policy nfo Certificate nfo | nolder Mailing Address | 1000000 | ess 2 ess Type | #06-99 ENTERPRIS | | Address 3 Post Code | SINGAPORE 608586 608586 |
| Flag Open Policy Info Certificate Info Policy Address 1 | nolder Mailing Address | Addr | ess Type red Policy | | | | 3.0000000000000000000000000000000000000 |
| Den Policy nfo Certificate nfo Policy Address 1 Address 4 Unit No. | nolder Mailing Address 48 TOH GUAN ROAD EAS | Addr Relat | ess Type red Policy | Singapore address | | | |
| Den Policy nfo Certificate nfo Policy Address 1 Address 4 Unit No. | oolder Mailing Address 48 TOH GUAN ROAD EAS 06-142 d Object: SKV2542T | Addr Relat | ess Type red Policy | Singapore address | | | |
| Policy of Policy of Policy of Policy of Policy Address 1 Address 4 Unit No. | 48 TOH GUAN ROAD EAS 06-142 d Object: SKV2542T | Addr Relai Num | ess Type red Policy | Singapore address 5103108135 | | Post Code | |

| aim Handling | | | | | | | |
|--------------------------------------|----------------------------------|---|--|------------------------|----------------------|----------|-------------------------|
| licy No. | 5103213533 | Vehicle No. | SKV2542T | | GST Registration No | 100 | |
| rtificate No. | 0.00000000 | | Series and Series | | GST Kegap acan rep | | |
| icyholder Name | ALLMOTORING.9G | | | | | | ********* |
| duct Code | PRIVATE CAR INSURANCE | | - | | Policyholder NRIC | | 532945023 |
| | | Cover Type | drivo CLAS | SIC | Loading | | 0 |
| riact No.(Mobile) | .0 | Contact No.(Office) | 0 | | Contact No.(Home) | | 0 |
| eli Address | | Special Remark | | | eCode | | N. V |
| | ® No ○ Yes | TCA | ® No ○Y | 16 | eCode Reason | | |
| Protection | No | NCO Entitlement(%) | 0 | | Private Hire | | Yes |
| Accident Details | | | | | | | |
| ort Date | 01/07/2019 12:01 | CONTRACTOR | Charles Cons | | | | |
| | | Accident Report Within 24 hrs | res | | Accident Type | | Side Swipe |
| of Accident | 29/05/2019 | Time of Accident hh:mm | 13:15 | | Country of Accident | | Singapore |
| orting Centre | | Orange Force | | | ICM No. | | |
| dent Location | PENHAS RD TWDS LAVENDER RD | | | | | | |
| Excess | | | | | | | |
| damage Excess | 2,000.00 | Additional Excess | 0 | | Windscreen Excess | | 100.00 |
| amed Driver Excess | | Outside Singapore OD Excess | | 2,000.00 | W. 000-000-000-000 | | 10000 |
| d Party Excess | 1,500.00 | Outside Singapore TP Excess | | 1,500.00 | | | |
| Benefits | 1,300,00 | Outside singapore in cacess | | 1,500.00 | | | |
| | | | | | | | |
| GST Registered Informa Registered | | | 100 | | | | |
| | No | | | Registration Date | | | |
| Registration No. | | | | Status Verified | Yes | | |
| fication History | 01/07/2019 12:02:59 Syst | em changed GST Status Verified fro | m No to Yes | | | | |
| Policyholder Mallion 1 | | | | | | | |
| Policyholder Mailing Ad | | 70000007 | | | | | |
| ress 1 | 48 TOH GUAN ROAD EAST | Address 2 | #06-99 EN | TERPRISE HUB | Address 3 | | SINGAPORE 606586 |
| ress 4 | | Address Type | Singapore a | ddress | Post Code | | 608586 |
| No. | 06-142 | Related Policy Number | 510310813 | 5 | | | |
| Of Driver Info | | | | | | | |
| er Name | Unnamed Driver | Driver Type | Unnamed D | Plugg. | | | |
| med driver Name | HENG ZENGQIANG, DARRELL | | | | | | Value 5 (1970) |
| ter Date of Driver License | | Driver NRIC | 58218107E | | Driver DOB | | 10/06/1982 |
| | | Driver Age | 37 | | Driving Experience | | 1 |
| ect No.(Mobile) | 81447788 | Contact No.(Office) | 0 | | Contact No.(Home) | | 0 |
| ess 1 | BLK 676B | Address 2 | PUNGGOL I | DRIVE | Address 3 | | WATERWAY BROOKS |
| ess 4 | SINGAPORE 822676 | Address Type | Singapore a | ddress | Post Code | | 022676 |
| No. | 07-718 | | | | | | |
| s he own a Singapore stered car? | ○ Yes ® No | Driver Vehicle No. | | | Driver Insurer Comp | pany | |
| aration | | | | | | | |
| thalyser or Blood Test sing? | 0 mg | Any injury? | ⊕ Yes ○ | 40 | | | |
| fication History | | | | | | | |
| m Type * | OD-MX | attracements. | Factoria un co | | SECTION OF COMM | | |
| | | Insured Name | ALLMOTOR | ING SG | Insured NRIC | | 532945023 |
| act No.(Motorie) | #1000999 | Contact No.(Home) | | | Contact No. (Office) | | 64646499 |
| l Address | | OI Vehicle Number | SKV2542T | | TP Vehicle Number | | XE474E |
| sant Type Claimant Type • | Please Select | Type of Benefit * | Please Sele | at 🔻 | | | |
| nant Name + | 22 | Claimant NRtC * | | | | | |
| ent Address | | | 1 = = = | | | | |
| Description. | SKV2542T / XE474E ON 29 Jun 2019 | | | | Name of Preferred V | Vorkston | |
| rred Workshop Contact | 7 | | _ | | name or mereried V | NA WOLLD | |
| Ned Steensesson in Co. | | Insured Liebility * | Not at Fau | t v | | | |
| ire Finalisation | Yes | Preferend Repair Option | Preferred V | Vorkshop, Name unknown | GIA report | | Received |
| Registered | 01/07/2019 12:03 | Claim Close Date | | CHAIR FILE | Date Received | | 01/07/2019 00:00 |
| rt Taken By | Jackson | | 10. | | | | Colored Colored Colored |
| | | | | | | | |
| ant AK letter | | | | | | | |
| achment | | | Save Sub | me | | | |
| ent No. | MT/1051256 | Chart The Control of | | 001 | | | |
| | | Claim No. | | 001 | | | |
| Doc. Received | ● Yes ○ No: | Upload Date | | 01/07/2019 12:05 | | | |
| | Path • | | | Category * | Confidencial | Urgen | cy * Description * |
| | | Browse | Clear | Please Select | | Normal | 2 |
| | | Browse | | | | Normal | • |
| | | | | | | | |
| | | Browse | Clear | Please Select | V NO V | Normal | v |
| | | | AND DESCRIPTION OF THE PARTY OF | | | | |



https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do