NATIONAL Assessment Cen					
Date In: of a 19-19-19-19	Jeb description	Date & Tir	c Completed	Dor	ne by
Ref No: , No INC 1901 19 Why	SAS e-filing				J. S. State
Veh No: PASSAE	E-mail (within Shrs, A	(C 2hrs)			-511
D.O.A : 45/19- 03:00	i-Motor Claim Fo		100 ppe	stila 14	1119
OD ATP Reporting Only	i-Motor W/O (With			21111 0 10	
OB . 11 reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
	Ass't Report by Fax	/ Hand to Owner/Wh	\$D		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:		ax:	
TP Particulars: Veh No: Du	1820817	INC( )/Non-I			
Owner / Driver: (		Tel:		)	
Policy No: ( ) F	Period: (	) Cover Typ	e: (	1	
Confirmed by : (	Dat		ime:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	30		00%]	-
Year of Registration: ( )	Carlotter conditions of the same and a fide and a same and a	10( )	770. 1. 30-1	0070	
Excess: (\$ ) Loading: \$1.	,000 ( )/\$2,000 (	,0( )			
Could base of	Whe "List of the most war your sessionary	4-2 CASSAN TOTAL STATE OF STAT	<del></del>		
Ochcam Attitudi A.				200	
( ) Walk-In Customer : Customer's inf	formation strictly Confident	ial & Strictly NO refe	r of renairer		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY				-
		* 44		,	
Diversit ( ); invoid	ce: YES ( ) / NO (	); Towing Co: (	_ (		)
Remarks: (INC hotline: 6788 6616)		Date&Time	Completed	Don	Si.
	Courtesy Car ( )	Dates	Solitore St.	ASSESSED OF	by
2) QC Check / Post Repair Inspection	Courtesy Car ( )				
C CITCOIL I DOS ICCOPATI INSDECTION					
	( )				
	( )				
3) Upload Resurvey Photo [Repair Cost > \$	( )			1	
	( )				
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		CHENTOLINE		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		CHENTOLINE		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		CHENTOLINE	Se one	× - ,
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		CHENTOLINE		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		CHENTOLINE		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		CHENTOLINE		A 0, 50, 5
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		CHENTOLINE		
Oate/Time Actions	1				
Oate/Time Actions	1	ce Preparation Che		Ant (\$)	( Amt (
Onte/Time Actions  Actions	lnyei	ce Preparation Che	cklist:		( Amt (
Onte/Time Actions  Actions  Actions  Actions  Actions	1 Inyoi 1) AR: 2) DA:	Accident Reporting (\$30 Damage Assessment (\$10	cklist; ); 0); INC (\$80	Ant (5)	( Amt (
Onte/Time Actions  Actions  Actions  Actions  Actions	1 Invoi 1) AR: 2) DA: 3) TF:	Accident Reporting (\$30 Damage Assessment (\$10 Fowing Fee	cklist ); 0); INC (\$80 \$40/	Anit (\$) fat Bill )	( Amt (
Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Actions  Lamant's Particulars:	1 Invoi 1) AR: 2) DA: 3) TF: 4) FT:	Accident Reporting (\$30 Damage Assessment (\$10 Fowing Fee Follow-Through Survey	Cklist; ); 0); INC (\$80 \$40/5	Ant (5)	( Amt (
Jate/Time Actions	1 Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore	Accident Reporting (\$30 Damage Assessment (\$10 Fowing Fee Follow-Through Survey Follow-Through Survey (Reiming against JNC Only (	Cklist: ); 0); INC (\$80 \$40/3 \$5: saurvey)	Anit (\$) fit Bill ) 645	( Amt (
Jate/Time Actions	1 Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR:	Accident Reporting (\$30 Damage Assessment (\$10 Fowing Fee Follow-Through Survey Follow-Through Survey (Reiming against JNC Only (Re-inspection	Cklist; ); 0); INC (\$80	Anit (\$) T\$EBill \$45 120 530	( Amt (
Jate/Time Actions	1 Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1:	Accident Reporting (\$30 Darnage Assessment (\$10 Fowing Fee Follow-Through Survey Follow-Through Survey (Reiming against JNC Only (Re-inspection date DA + SMRT Survey	Cklist; ); 0); INC (\$80	Anit (\$)	( Amt (
Jate/Time Actions  Ac	1 Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1:	Accident Reporting (\$30 Damage Assessment (\$10 Fowing Fee Follow-Through Survey Follow-Through Survey (Reiming against JNC Only (Re-inspection	Cklist; ); 0); INC (\$80	Anit (\$) T\$EBill \$45 120 530	( Amt (
Jacob Managed Portion:	1) AR: 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1: 3	Accident Reporting (\$30 Darriage Assessment (\$10 Fowing Fee Follow-Through Survey Follow-Through Survey (Reiming against JNC Only (Re-inspection dae DA + SMRT Survey C Additional Services:-	Cklist; ); 0); INC (\$80	Anit (\$) T\$EBill \$45 120 530	( Amt (
Oate/Time Actions  Checked by (Engr-In-Charge):	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1: 3	Accident Reporting (\$30 Darriage Assessment (\$10 Fowing Fee Follow-Through Survey (Reiming against INC Only (Re-inspection day DA + SMRT Survey C Additional Services - Courtesy Cardination (\$100)	Cklist; ); 0); INC (\$80	Anit (\$)  Tat Bill  120  330  375  600  \$55	( Amt (
Jacob Managed Portion:	1 Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1: 3 S) NTU OD! *N5: *N6: *N6:	Accident Reporting (\$30 Darriage Assessment (\$10 Fowing Fee Follow-Through Survey (Reiming against INC Only (Re-inspection day DA + SMRT Survey C Additional Services:  Courtesy Car / Tpt Allower Repair Co-ordination Fost Repair Inspection	Cklist; ); 0); INC (\$80	Ant (S)  Tit Bill  120 130 175 160 175 110 125	Amt()
Oate/Time Actions  Checked by (Engr-In-Charge):	1 Invol 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1: 3 S) NTU OD' *N5: *N6: *N6: *N7:	Accident Reporting (\$30 Damage Assessment (\$10 Fowing Fee Follow-Through Survey (Reiming against INC Only (Re-inspection dae DA + SMRT Survey C Additional Services:  Courtesy Car / Tpt Allower Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coord	Cklist. ); 0); INC (\$80	Anit (\$)  Tyt Bill  \$45 120 530  575 660  \$5 100 125 535	, Amι(:
Jace/Time Actions:  Checked by (Engr-In-Charge):  ditors' Comments::	1 Invol  1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Forg 6) TR: 7) N1: 3 S) NTU OD* *N5: *N6: *N6: *N7: *N8: TP (N	Accident Reporting (\$30 Darriage Assessment (\$10 Fowing Fee Follow-Through Survey (Reiming against INC Only (Re-inspection day DA + SMRT Survey C Additional Services:  Courtesy Car / Tpt Allower Repair Co-ordination Fost Repair Inspection	cklist: ); 0); INC (\$80 \$40/ \$; saurvey) wef 10 Jan 2005) 3 4:6 3 nation INC \$	Ant (S)  Tit Bill  120 130 175 160 175 110 125	, Amι(:

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	05/07/2019 14:14
Date Of Accident	04/07/2019 03:00
Exact Location Of Accident	MAGAZINE RD TWDS HAVELOCK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA5852E
Insured/Policyholder	
Name Of Registered Owner	LEOW BEE ENG
NRIC No	S6908667E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93633881
Alternative Phone No	OFFICE-93633881
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 3.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097031407-02
Cover Note Number	
Driver	

## Driver

Name of Driver YEO YUK CHYE NRIC No S1725517G Date Of Birth 10/11/1965 Occupation INDOOR Date Of Driving Pass 03/12/1999

Driving Experience 19 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81835582

Fax Number

Contact Number OFFICE-81835582

EMail Address NOEMAIL

BLK 275 BANGKIT ROAD Address

#04-84

Postcode 670275

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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 1

Number of Passengers (Including Driver)

## **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?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDU8208H

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)

### SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

	SKETCH PLAN	
		<del>                                     </del>
		<del>                                     </del>
		<del></del>
	<del></del>	
100 Parks	<del>                                     </del>	A- PA5852E
		8-3DM8208H
	+++++++++++++++++++++++++++++++++++++++	573VM82U8H
	100	
	<del></del>	

My vivicle was stationary along Magazine Road towards Havelock Road waiting to pick up the passinglis. While waiting, vinicle B which was revising did not notice my vivicle and collided onto the rear partion of my vivicle.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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. Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	4th July 2019	(DD/MM/YY)
Time of accident	0300	(HH:MM)
Exact location of accident	Magazine Road towards Havuck Road	,

	DETAILS OF VEHICLE
Vehicle registration number	PA5852E
Vehicle make and model	Touota Hiace
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus Motorcycle D Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER						
Name	LIOW BLE Eng	Male □	Female			
NRIC / Fin / Passport number	SP008F9E					
Contact	93633881					
Address						

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)					
Name	40 Yuk Chyc	Male 🗆	Female			
NRIC / Fin / Passport number	S1725517G					
Contact	81835582					
Address	275 Bang Kit Road #04-84 S(670275)	200	-			
Email address	yeoyurchycagmain.com					
Date of birth	10 NOV 1965	Sallina				
Occupation	Indoor D Outdoor D					
Driving date pass	31/Aug/1987					

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No Z
Weather condition	Clear Raining Others:
Road surface	Dry ✓ Wet □
No of passenger	(Inclusive of driver)
5 - A 43 5 - AND 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DEALERS CONT.	PASSENGER 1
Name	yw Yuk Chyc
Gender	Male   ✓ Female   □
	PASSENGER 2
Name	
Gender	Male  Female
	PASSENGER 3
Name	
Gender	Male - Female -
	PASSENGER 4
Name	
Gender	Male Female
<b>第一个人的</b>	PASSENGER 5
Name	
Gender /	Male  Female
· 计是 "社会"对自己的条件	PASSENGER 6
Name /	
Gender	Male D Female D
	OTHER INFORMATION
Was anybody injured?	Yes D No 2
Was other vehicle damaged?	Yes No D
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes   No   If yes, please state which police station.
Police station name	in feet prease state which police station.
	WITNESS 1
Name	
Meridian Teach State (Sec.)	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	3DV8208H
Vehicle make model	004820011
Name	
NRIC / Fin / Passport number	
Contact	
	THE PARTY WILLIAM
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
<b>建基础等高层的图象型设计</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>国际中国共产党</b>	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Michigan Company	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
TO SECURE AND ADDRESS OF THE PARTY OF THE PA	THIRD PARTY VEHICLE C
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
to the factor of the	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

	AT A SHEET	INJUDED DEDCOMA	
Name	A TOTAL TOTAL	INJURED PERSON 1	A STATE OF THE STA
Injuries sustained			
Which vehicle person in?	72		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Market State College State College		The second secon	
Name of the last o		INJURED PERSON 2	Account the second of the second
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?			
		/	/
	TELEVISION OF	INJURED PERSON 3	
Name	1		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	N9 <sup>1</sup>	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?		$\overline{}$	
<b>明</b> 尼思斯中岛 加州岛南非洲		INJURED PERSON 4	\$\$P\$\$P\$ (1000) (1000) (1000) (1000)
Name Injuries sustained			
Injuries sustained	/		
Which vehicle person in?	/		
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to	Yes	No 🗆	
hospital by ambulance?	_/		1
		INJURED PERSON 5	
Name			
/			
Injuries sustained			
Which vehicle person in?		<b>₩</b> KOYSUS	
Which vehicle person in?  Were seat belts worn?	Yes 🗆	No a	
Which vehicle person in?  Were seat belts worn?  Was injured conveyed to	Yes 🗆	No 🗆	
Which vehicle person in?  Were seat belts worn?			
Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?			
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No   INJURED PERSON 6	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆	

Land Transport Q Authority

VOCATIONAL LICENCE Licence No. 81725517G

Name YEO YUK CHYE

For LKK/NAC

Sauc Duly : 24/10/2014

Please visit www.lta.gov.sg to check the status of this vocational licence





This gard to not transferable and is the property of the Land Transport Authority (LTA), it must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575705

Type Description

BUS VL BUS ATTENDANT

Issue Date

63/12/1999 03/12/1999 FOT LKK/

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE 31 Aug 1987

Class 3 Motor Cars and Motor Eractors the weight of which unladen does not exceed 2500 billingrams. Tass 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 billingrams. Motor Vehicles which are not constructed them so be to carry any load and the weight of billings but unladen exceeds 7290 billingrams.

05 May 1958

NP 4266



<b>eBao</b> Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_800601  My Desktop Policy Query						· Change L	anguage	• Chan	ge Password	· Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	PA5852	Ε			of Accident	[	04/07/2019	03:00	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5097031407- 02		LEOW BEE ENG	S6908667E	GBS	Comprehensive	PA58528	(5)	15/05/2019	14/05/2020

Policy No.	5097031407-02	Policyholder Name	LEOW BEE	ENG	Policyholder	S6908667E	
Certificate No.		ivalle			NRIC	-3300016	
Address	BLK 275 #04-84 BANGKIT ROAD	SINGAPORE	670275				
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/05/2019	Effective Date	15/05/2019	00:00	Expiry Date	14/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Y	
Co- Insurance Flag	No.				10007.000076#13		
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 275 #04-84	Addre	ss 2	BANGKIT ROAD	Te le	Address 3	SINGAPORE 670275
Address 4		Addre	ss Type	Singapore address		Post Code	670275
		Relate	ed Policy	5097031407-02			
Jnit No.							
	d Object: PA5852E						
Jnit No.  Insured  Endors							

Certificate No. Policyholder Name LE Product Code B					-6
Certificate No. Policyholder Name LE Product Code B	097031407-02	Vahicle No.	PAS852E	GST Registration No.	
Product Code B			200000	an regionation no.	
AND	OW BEE ENG			Policyholder NR3C	\$6908667E
Contact No.(Mobile) 9:	US INSURANCE	Cover Type	Comprehensive	Loading	0
	363368:	Contact No. (Office)	D	Contact No.(Home)	0
Email Address		Special Remark	\$500	eCode	10 V
юк 8	8 No ◯ Yes	TCA	® No ⊜Yes	eCode Reason	In v
NCD Protection N		NCD Entitlement(%)	0		
Accident Details		The state of the s		Privaté Hire	No
	5/07/2019 14:26	The section of the se			
		Academ Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
	4/07/2019	Time of Accident hh:mm	03:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location M	AGAZINE RD TWDS HAVELOCK RD				
→ Total Excess Applicable					
Excess Type Pe	r Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TO Created S.			
VIED OD Excess	2,000.00	TP Standard Excess VIED TP Excess	1,500.00	26.00000000000000	
Additional Excess	0.00	THEO IN EXCENS		Driver is Covered?	
Total OD Excess Applicable	2000.00	Total TD Desert Account			
♥ Benefits	2000.00	Total TP Excess Applicable			
GST Registered Informatio	0				
GST Registered	No No		222200000000		
GST Registration No. Modification History	40		GST Registration Date GST Status Venfied	Yes	
Policyholder Mailing Addre	••				
	K 275 #04-84	Address 2	BANGKIT ROAD		
Address 4	1 2/3 10/04	Address Type		Address 3	SINGAPORE 670275
Unit No.		Related Policy Number	Singapore address	Post Code	670275
W OI Driver Info		Heistad Forcy realities	5097031407-02		
Driver Name Un	named Driver	Driver Type	Unnamed Driver		
	O YUK CHYE	Driver NRIC	\$1725517G	Driver DOB	lourness.
Register Date of Driver License 03	/12/1999	Driver Age	53	Driving Experience	10/11/1965
Contact No.(Mobile) 81	835582	Contact No.(Office)	0	Contact No.(Home)	19
Address 1 Bu	x 275	Address 2	BANGKIT ROAD		0
Address 4		Address Type		Address 3	SINGAPORE 670275
	-84	Mudicas Type	Singapore address	Post Code	670275
Annual Control of Cont	res ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test D r Reading?	ng	Any injury?	☐ Yes  No		
Modification History					
Claim 001 New					
Claim Type • Co	D-MX	922472000			
promise and the second		Insured Name	LEOW BEE ENG	Insured NR3C	56908567E
Email Address	633681	Contact No.(Home)	MIL	Contact No.(Office)	
	area Calact	Of Vehicle Number	PASSEZE	TP Vehicle Number	SDU8208H
www.com.come.come.com.com.com.com.com.com.com.com.com.com	sase Select	Type of Benefit *	Please Select		
	>>	Claimant NR3C *			
Claimant Name *	Color (enumero				991
Calmant Name *	5852E / SDUB20BH ON 4 Jul 2019	(Page-2007) Promoter	the restriction of the second	Name of Preferred Workshop	
Clement Name *  Clement Address  Clement Address  PA		Insured Liability *	Not at Fault		
Claimant Name *  Claimant Address  Claim Description PA  Proferred Workshop Contact No.			processor and the second secon		
Claimant Name *  Claimant Address  Claim Description PA  Proferred Workshop Contact No.	ı 💟	Preferered Regair Option	Preferred Workshop, Name unknown	GIA report	Received
Claimant Name *  Claimant Address  Claim Description  PA  Preferred Workshop Centact No.  Réquire Finalisation  Date Registered  25	1 ✓ 107/2019 14:28	Preferend Regair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report Date Received	05/07/2019 00:00
Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Centact No.  Réquire Finalization  Ver  Date Registered  CS,  Réport Taken By			Preferred Workshop, Name unknown		The state of the s
Claimant Name *  Claimant Address  Diarm Description  Preferred Workshop Contact  No.  Require Pinalization  Vet  Cate Ragistered  Report Taken By  Jac	07/2019 14:28	Claim Close Date	Preferred Workshop, Name unknown		The state of the s
Claimant Name *  Claimant Address  Claim Description PA  Preferred Workshop Contact No.  Require Pinalisation Ye  Date Registered OS	07/2019 14:28	Claim Close Date			The state of the s
Claimant Name *  Claimant Address  Claim Description  PA  Preferred Workshop Contact  No.  Require Finalisation  Ye  Cas  Report Taken By  Prict AK letter	07/2019 14:28	Claim Close Date			The state of the s
Clement Name *  Clement Address  Osim Description  PA  Preferred Workshop Contact  No.  Require Pinalisation  Ve  Date Registered  OS,  Report Taken By  Prict AK letter  Attachment	07/2019 14:28	Claim Close Date	Save Submit		The state of the s
Clement Name *  Clement Address  Clement Address  Clement Rescription  PA  Require Pinalisation  Ve  Date Registered  Report Taken By  Prick AK letter  Attachment	(07/2019 14:28 3400	Claim Close Date			The state of the s

