| NATIONAL ASSESSMENT | | · + p.4: 0 | 4 (20) | - |
|--|--|--|----------------------------|--|
| NATIONAL Assessment Centre Se | | TOTAL TRANSPORT MARKET AND THE | | -0 |
| The second secon | b description | Date & Time Completed | Done by | |
| 7,00 | AS e-filing | İ | | |
| | C-mail (within Shrs, AIC 2hrs) | | | |
| D.O.A : 6/3/9 16:45 | Motor Claim Form | m7 1053012-001 | 11/2/19 18:3 | 1 |
| OD / TP Reporting Only | Motor W/O (Within: OD 2) | urs, TP 4hrs) | - 10.6 | 1 |
| | Photo Uploaded | | | |
| TP Insurer: | ssessment/Survey Report | | | |
| | ss't Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| - Charles Williams | | Fax: | |
| TP Particulars: Veh No:SBR 40434 | , INC (| | 2.11 (1.2002) - n | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Period: (|) | Cover Type: (| | |
| Confirmed by : (| Date: | Time: |) | _ |
| Insured/Driver Liability: (%) [Note-E | est. Status (WO): N: 0-2 | 20%; P: 21-79%. F: 80- | 100%] | - |
| | nty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000() | | | |
| General Remarks: | CANCAL STATE AND | A STATE OF THE STA | 185175 | 77 |
| | And the second many in the second | | Market Barrier | |
| () Walk-In Customer: Customer's information | | trictly NO refer of repairer. | | _ |
| () Total Loss Case : to e-mail Insurer UR | GENTLY. | | AMARIA IN NOVAMBER | |
| Drive-In ()/ Towed-In (); Invoice: YES | ()/NO(); | Towing Co: (| |) |
| Remarks:- (INC hotline: 6788 6616) | | Date&Time Completed | Done by | |
| 1) Apply for Transport Allowance ()/ Courtes | v Car () | Datese Fill to Couling 34 | pen whome by | 100 |
| 2) QC Check / Post Repair Inspection | () | * | | 755 |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () | | | - |
| | | | | |
| Injury: | | | | - 1110 |
| Date/Time Actions | 3,000 | and of the stage. | | F. P. |
| | | March Company of the State of t | SHOWN THE TAKE I ST. | - |
| | | | | _ |
| | | | | -70 |
| 1 | | | | |
| | | | | in the same of the |
| Section 1997 | | | Anit (S) A | mt (\$ |
| 91925176 | Invoice Pre | paration Checklist | Walter Division for Tarris | dd Bi |
| umant's Particulars :- | 1) AR : Acciden | | | |
| iver/Owner: | 3) TF : Towing I | Assessment (\$100); INC (\$8 | /\$45 | |
| | 4) FT : Follow-T | | \$120 | _ |
| ntact No: | | hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 | 330 | |
| maged Portion: | 6) TR: Re-inspe | | \$75 | |
| | 7) N1 : Idae DA 8) NTUC Additi | | \$160 | |
| Checked by (Engr-In-Charge): | OD. | | | |
| , and an early | *N5: Courtesy *N6: Repair C | Car / Tpt Allowance | \$10 | |
| ditors' Comments:- | *N7: Fost Rep | nir Inspection | \$25 | |
|]: | | lect Excess Coordination | \$20 | |
| | 9) N12: Idac Mo | (Nun INC) against INC bile | 30 | 7800 |
| 2/3; | Invoice dated | Fee Charged | Paris Control | n z |
| | Invalce dated | Fee Charged | 经 经济30 | |

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 | 11/07/2019 18:15 |
| Date Of Accident | 10/07/2019 18:40 |
| Exact Location Of Accident | CLEMENTI AVE 3 |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLS9068D |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM TENG HONG |
| NRIC No | S9310080H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90251484 |
| Alternative Phone No | OFFICE-90251484 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC 1.6L VTI AUTO |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| | |

Fleet Policy NO

Policy Number 5105021462

Cover Note Number

Driver

Name of Driver LIM TENG HONG NRIC No S9310080H Date Of Birth 11/03/1993 Occupation INDOOR Date Of Driving Pass 14/03/2013

Driving Experience 6 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90251484

Fax Number

Contact Number OFFICE-90251484

EMail Address NOEMAIL

60 KIM SENG ROAD Address

#16-04

Postcode 239497

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

General Information of the Accident

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

2

NO

NO

2

NO

NO

YES

NO

NO

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

. -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

Was there any audio recorded?

Details of Witness 1

Name

ANGELA Phone Number 93529873

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBR9993G

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

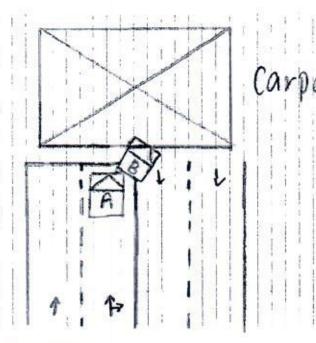
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- 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:
 - (I) 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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I was stationary along Clementi avenue 3 at the traffic light waiting to turn right . suddenly vehicle B which was infront of me made a reverse and tried to go straight but he misjudge an collide onto the front portion of my vehicle . I would like to state that I have witness to prove my statement . | - |
|--|---|
| | |

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.
- 0 Please report correctly on the details of the accident to speed up the claim process.
- ٠ 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.

| 是特殊行动。對學國際行為 | ACCIDENT DETAILS | 经性位于"一次" |
|----------------------------|-------------------|-----------------|
| Date of accident | 1010712019 | (DD/MM/YY) |
| Time of accident | 6:40 DM | (HH:MM) |
| Exact location of accident | Clementi Avenue 3 | , |

| | | ETAILS OF | F VEHICLE | No. |
|--|-----------------------|----------------|---|-----|
| Vehicle registration number | SW906 | 30 | | |
| Vehicle make and model | Honda (| TVIC | | |
| Type of vehicle | Saloon Z | MPV 🗆 Bus 🗅 | | |
| Vehicle category | Private 🗹 | Comm | nercial Motorcycle | |
| Purpose of using at said time | | | * | |
| Are you claiming under your own insurance company? | Yes □ Third part c | No⊿ laim⊿ | if no, please select: Reporting only □ | |

| INSURANCE INFORMATION | | | | | | | | |
|-----------------------|---------------|------------------------------------|-----------|--|--|--|--|--|
| Insurance company | NTUC | | | | | | | |
| Policy number | | | | | | | | |
| Type of policy | Comprehensive | Third party fire & theft \square | TP only 🗆 | | | | | |

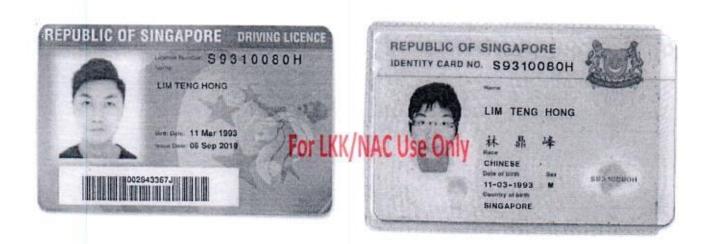
| | INSURED / POLICY HOLDER | |
|------------------------------|-------------------------|------------------|
| Name | Um Tena Hona | Male Female |
| NRIC / Fin / Passport number | S9310080H | |
| Contact | 4072 1464 | |
| Address | · 49 7(10K Blangah Dr | S(100049) #22-07 |

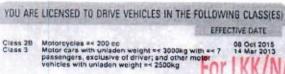
| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---------------------------------------|
| Name | Male D Female |
| NRIC / Fin / Passport number | |
| Contact | |
| Address | |
| Email address | |
| Date of birth | 1110311993 |
| Occupation | Indoor Outdoor |
| Driving date pass | 1410312013 |

| 以下, | GENERAL INFORMATION OF THE ACCIDENT |
|--|---|
| Was driver an employee of | Yes D No pr |
| the insured's company? | If no, relationship of the driver and insured: OWNER |
| Accident captured by camera? | Yes D No. |
| Weather condition | Clear Raining Others: |
| Road surface | Dry-d Wet a |
| No of passenger | 2 (Inclusive of driver) |
| | |
| William Control of the Control of th | PASSENGER 1 |
| Name | Go-Jek Jaslenger |
| Gender | Male - Female 2 |
| | |
| | PASSENGER 2 |
| Name | |
| Gender | Male Female |
| | |
| | PASSENGER 3 |
| Name | |
| Gender | Male Female |
| | |
| 以上,这个人的人对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对 | PASSENGER 4 |
| Name | |
| Gender | Male - Female - |
| | |
| 建 国际的产品产品的企业 | PASSENGER 5 |
| Name | |
| Gender | Male Female |
| | |
| Mark of the Mark o | PASSENGER 6 |
| Name | |
| Gender / | Male Female |
| | |
| A CONTRACTOR OF THE PARTY OF TH | OTHER INFORMATION |
| Was anybody injured? | Yes D No Z |
| Was other vehicle damaged? | Yes, No 🗆 |
| | |
| 公正公共 [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2 | DETAILS OF POLICE STATION ACTION |
| Reported to police? | Yes No If yes, please state which police station. |
| Police station name | |
| | |
| 美国共享的 | WITNESS 1 |
| Name | Hugela (9352 9873) |
| | |
| 量的計學學學學學學 | WITNESS 2 |
| Name | |

| Market Control of the | THIRD PARTY VEHICLE 1 |
|--|--|
| Vehicle registration number | |
| Vehicle make model | S8R9993G |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | THIRD PARTY VEHICLE 2 |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| Contact | |
| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | THIRD PARTY VEHICLES |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| Contact | |
| THE STATE OF STATE OF STATE OF | TURN DANTIVE WE SE |
| Vehicle registration number | THIRD PARTY VEHICLE 4 |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| - Contract | |
| 林德国加州中央 | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | THIRD PART VEHICLES |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| 92 | / |
| THE RESERVE OF THE PARTY OF THE | THIRD PARTY VEHICLE 6 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| The second second | THIRD PARTY VEHICLE 7 |
| Vehicle registration number | TAME THE TELEVISION OF THE TEL |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| 建 国外在1955年,1955年 | 計量制度 | INILIP | ED PERSON 1 |
|--|----------------------|---------|-------------|
| Name | | INJOR | D PERSON I |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | ,,,,, | 110 1 | |
| | | | |
| With the State of the State of | | INITIO | TO DEPOSITE |
| Name | A CONTRACTOR | INJUR | ED PERSON 2 |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No. | |
| Was injured conveyed to | | No 🗆 | |
| | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | Language of the same | | |
| 经过多数的基本的 | SEP HOUSE | INJUR | ED PERSON 3 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | | / | |
| MILITARY STATES | THE STATE OF | INJUR | D PERSON 4 |
| Name | | | |
| Injuries sustained | 100000 | | |
| Which vehicle person in? | / | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes/G | No 🗆 | |
| hospital by ambulance? | | | |
| One of the second secon | | | |
| | 75-00-14 | INJUR | D PERSON 5 |
| Name | Second Second | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | 1,45 | | |
| 7 | | | |
| The second second second | ALCOHOLD ! | INILIDE | D DEDCON C |
| Name | TO AN ENTER OF | INJUKE | D PERSON 6 |
| Injuries systained | 1 | | |
| Which yehicle person in? | | | |
| Were seat belts worn? | Var = | N- | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| WAS INTURED CONVOVAD TO | Yes 🗆 | No 🗆 | |





NP 428A

80 KIM SENG ROAD #16-04 SINGAPORE 239497

Date: http://www.gstauto.com g

C.S.T. AUTOMOBILE TRADING PTE LTD TEL: (65) 6158 9559 HP: (65) 9757 9559

NEIC NO. \$9310080H

20-09-2012



Adelyn Chua Autoshield Pte Ltd Assistant Manager Business Development

DID: 63851773 Mobile: 86889991 Email: adelyn@autoshield.com.sg

Website: www.autoshield.com.sg

Certificate of Insurance

Cover : drivo CLASSIC

: JHMFD46208S202164

: LIM TENG HONG

: 29 Oct 2018

: 12 Sep 2019

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5105021462

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SLS9068D

Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : LIM TENG HONG

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

 HIRE PURCHASE COMPANY
 : MAYBANK

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 26 Oct 2018 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBaoTech | | | | | 120 120 | | | Genera | lClaim | | |
|------------------------|-----------------------------------|------------|-----------------------|----------------------|----------------------|------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | • Change | Language | · Chan | ge Password | + Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy No. Vehicle No.(For Motor) | | SLS90 | | | 10/07/2019 | 0/07/2019 18:40 | | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5105021462 | | LIM TENG HONG | S9310080H | GPC | drivo CLASSIC | SLS9068D | SLS9068D | 29/10/2018 | 12/09/2019 |
| | | | | | 1 | Continue | | | | | |

| Policy No. | 5105021462 | Policyholder | LIM TENG | HONG | Policyholder | S9310080H | | |
|--------------------------------------|--|---|----------------------------|-------------------|----------------------|--------------------------|------------------------------|--|
| Certificate | 340021702 | Name | LIFI TENG | TONG | NRIC | 29310080H | | |
| No. | | | | | | | | |
| Address | BLK 49 #22-07 TELOK BLANGAH DRIVE BLANGAH COURT SINGAPORE 100049 | | | | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | | |
| Policy issue Date | 26/10/2018 | Effective Date | 29/10/2010 | 3 00:00 | Expiry Date | 12/09/2019 | 23:59 | |
| Excess Type | | All Claims Excess | | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | | |
| Additional Excess | 0 | OS Premium | 0 | | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Youn | g/Inexperience Driver Excess | |
| Agent | AUTOSHIELD PTE. LTD. | Agent Tel. | 63850777 | | GST Flag | Υ | | |
| Co- insurance Flag | No | | | | | | | |
| Open Policy Info | | | | | | | | |
| Certificate Info | | | | | | | | |
| Policyl | holder Mailing Address | | | | | | | |
| Address 1 | BLK 49 #22-07 | Addre | rss 2 | TELOK BLANG | AH DRIVE | Address 3 | BLANGAH COURT | |
| Address 4 | SINGAPORE 100049 | Address Type | | Singapore address | | Post Code | 100049 | |
| Jnit No. | | Related Policy Number | | 5105021462 | | | | |
| 1 Insure | d Object: SLS9068D | 111111111111111111111111111111111111111 | | | | | | |
| ♥ Endors | sements | | · | | | | | |
| | nce Date of Endorsement | | Endorsement Type Endorseme | | | t Status Endorsement Con | | |

| Claim Handling | | | | | |
|---------------------------------------|------------------------------------|-------------------------------|----------------------------------|----------------------------|-----------------------|
| Accident MT/1053012 | | | | | |
| Policy No. | 5105021462 | Vehicle No. | 5LS9068D | GST Registration No. | |
| eroficate No. | | | | oz negananan ne. | |
| olicyholder Name | LIM TENG HONG | | | Policyholder NR3C | S9310080H |
| roduct Code | PRIVATE CAR INSURANCE | Cover Type | prive CLASSIC | Loading | 0 |
| ontact No.(Mobile) | 90251484 | Contact No.(Office) | 0 | Contact No.(Home) | |
| mail Address | | Special Remark | | eCode | O NE V |
| k . | ® No ○ Yes | TCA | ® No ⊜Yes | eCode Reason | 14.0 |
| ID Protection | No | NCD Entitlement(%) | 9.00.014 | | |
| Accident Details | | wee containing up | | Private Hire | Yes |
| port Date | 31/07/2019 18:27 | Accident Report Within 24 hrs | 400 | Vivalistessuvoire | |
| te of Accident | 10/07/2019 | | | Accident Type | Camaged whilst parked |
| | 10/07/2019 | Time of Accident hitchm | 18:40 | Country of Accident | Singapore |
| porting Centre | | Orange Force | | ICM No. | |
| odent Location | CLEMENTI AVE 3 | | | | |
| Excess | | | | | |
| n damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| named Driver Excess | 0.00 | Outside Singapore CO Excess | 2,000.00 | | |
| nd Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Inform | ation | | | | |
| Registered | No. | | GST Registration Date | | |
| Registration No. | | | GST Status Venfied | Yes | |
| Incation History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | | | | | |
| dress 1 | BLK 49 #22-07 | Address 2 | TELOK BLANGAH DRIVE | Address 3 | BLANGAH COURT |
| dress 4 | SINGAPORE 100049 | Address Type | Singapore address | Post Code | 100049 |
| t No | | Related Policy Number | 5105021462 | | |
| OI Driver Info | | | | | |
| ver Name | LIM TENG HONG | Oriver Type | Hain Driver | | |
| amed driver Name | | Driver NR3C | S9310080H | Driver DOS | 11/03/1993 |
| ister Date of Driver License | 14/03/2013 | Driver Age | 26 | Driving Experience | • |
| ract No. (Mobile) | 90251484 | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| ress 1 | 60 KIM SENG ROAD | Address 2 | TRIBECA | Address 1 | SINGAPORE 239497 |
| resa 4 | SINGAPORE 1000W9 | Address Type | Singapore address | Post Code | 239497 |
| t No. | 16-04 | | | | |
| es he own a Singapore estered car? | ○ Yes 	No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | division to the second | |
| lération | | | | | |
| athalyser or Blood Test sting? | 0 mg | Any injury? | ○ Yes ® No | | |
| its etc | | | 7.00 Table | | |
| Affication History | | | | | |
| attication History | | | | | |
| laim 001 New | | | | | |
| | | | | | |
| | | | | | |
| n Type + | OD-MX | Intured Name | LIM TENG HONG | Insured NRIC | 59310080H |
| tact No.(Mooile) | 90251484 | Contact No.(Home) | | Contact No.(Office) | |
| iil Address | | Of Vehicle Number | SLS9068D | TP Vehicle Number | SBR9993G |
| ment Type Claimant Type • | Please Select | Type of Benefit * | Please Select | | |
| mant Name * | 22 | Claimant BRIC * | | | |
| mant Address | | | | | |
| m Description | SL59068D / SBR9993G ON 10 Jul 2019 | | | Name of Preferred Workshop | |
| erred Workshop Contact | | Insured Dabliky • | Not at Fault | The section workshop | |
| ure Finalisation | Yes | | | S | |
| Registered | 11/07/2019 18:31 | Preferend Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| | | Claim Close Date | | Date Received | 11/07/2019 00:00 |
| ort Taken By | Jackson | | | | |
| Print AK letter | | | | | |
| | | | Care Colomb | | |
| ttachment | | | Save Submit | | |
| ttachment | | | | | |
| | | | | | |
| dent No. | MT/1053012 | pure to | eni. | | |
| | | Claim No. | 001 | | |
| Doc. Received | ● Yes ○ No | Upload Date | 11/07/2019 18:32 | | |
| | Path * | | Category • | Confidential Urgeno | bescription * |
| | | Browse | Clear Please Select | Normal V Normal | V |
| | | Browse | Clear Please Select | NO V Normal | V |
| | | Browse. | | tio V Normal | |
| | | | | | 17.7 |

