Date in: 19/419 - 18149				
The second secon	Jcb description	Date & Time Completed	Done by	
Res No: Na IHC19 212813/4	SAS e-filing			
Veh No: Jhaggige	E-mail (within Shrs, AIC 2hrs)			1/2
D.O.A : 18/2/19 - 71:10	i-Motor Claim Form	W2 102 ANI-001	19/1/19 19:21	
OD TP! Reporting Only	i-Motor W/O (Within: OD 2hr			-
	Assessment/Survey Report	1		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Yeh No: 5 v714	SE INC)/Non-INC()		-
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	_
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N: 0-20		100%]	-
	arranty: YES ()/NO ()		
		/		_
)()/\$2,000()	Same of the same	PARK CHARLES	_
General Remarks:-			the state of the s	3.
() Walk-In Customer's inform	nation strictly Confidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			-
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();To	owing Co: (7
				-
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	-
Apply for Transport Allowance ()/Cou	artesy Car ()			
2) QC Check / Post Repair Inspection	()			300
	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300]	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()			4.5
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3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	Inveice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repa *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$100); e \$40 rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2003) ion SMRT Survey tal Services:- Car / Tpt Allowance ordination ir Inspection set Excess Coordination Non INC) against INC	\$30) 0/\$45 \$120 \$30 1) \$75 \$160 \$55 \$10 \$525 \$53 \$520	dd B

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT	
Date Of Report	19/07/2019 18:49	
Date Of Accident	18/07/2019 21:10	
Exact Location Of Accident	GAMBAS AVE TWDS WOODLANDS AVE 12	
Country/State of Loss	SINGAPORE	
C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGD9919L	
Insured/Policyholder		
Name Of Registered Owner	ANG JIE LIANG	
NRIC No	S9541430C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91187443	
Alternative Phone No	OFFICE-91187443	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A6 2.0 TFSI MU	
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?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5109987578

Cover Note Number

Driver

Name of Driver ANG JIE LIANG NRIC No S9541430C Date Of Birth 17/11/1995 Occupation OUTDOOR Date Of Driving Pass 08/11/2018

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91187443

Fax Number

Contact Number OFFICE-91187443

EMail Address NOEMAIL Address BLK 734 WOODLANDS CIRCLE

#10-353

Postcode 730734

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

4

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

1100

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TEO YONG KIAT

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

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:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190719/7017.

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU7149E

Vehicle Make/Model/Colour

VOLSWAGEN SCIROCCO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW3978X

Vehicle Make/Model/Colour

KIA K3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode:

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLN3759J

Vehicle Make/Model/Colour

TOYOTA CAMRY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ANG JIE LIANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGD9919L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TEO YONG KIAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGD9919L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

00.0000

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policinalder and/or the Authorised Orlean
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow indurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies tanot an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 5. 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 evallable upon application by
- 7. By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforessid.
- 1. Consert under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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/jav/ firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (1) 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 accident and/or my dalms:
 - (iii) carrying out and/or dealing with my instructions of responding to any enquiries by me;
 - (by) administering thy 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, fixedding and/or dealing with my claims. Collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this ecological and the insurers' lawyers/law firms, may/are permitted to collect, use, dicclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on agents (including their lewyers) are firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile daims history for the purpose of freud detection. investigation and management in present and all future dains.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to 20 insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agendes as reasonably required for the purposes stated, or

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

Followbolepra Signature Date & Times

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

Date & Time:

KRIC/FIN No.1

Reporting Centre Perso

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Orlean's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Policyholder's Signature

Date & Turner

Date & Times

Name:

447 Higher 1 1 1 1

...

NRIC/FIN No.:

Date of Accident	: 18 July 2019 Accident Time: 910pm (24-HR-Format)				
Accident Place	: Gambas Ave towards woodlands Ave 12				
Vehicle Reg. No. (Car Plate No.)	: 5009919L				
Vehicle Make/Model	: Audi A4				
Insurance Company	: NTUC Policy No.				
Owner or Company Name /IC No.	: Ang Jie liang 89541430C				
 Owner or Company Contact No.	: 9187443 Owner's HpCompany Tel				
DRIVER'S Name / IC No.	: Ang Jie Liang S9541430C				
DRIVER'S Date Of Birth	: 17 Nov 1995 DRIVER'S License Pass Date & Nov 2018				
Relationship of Owner & Driver	; Spouse \ Parents \ Children \ Sibling \ Employee\ Others:				
DRIVER'S Address	: 734 moodlands circle #10-353 ('(730734)				
DRIVER'S Contact No./ Alt No.	:1) 91187443 2)				
DRIVER'S Occupation	: INDOOR \ QUITDOOR (e.g. working inside or outside office)				
Email Address	: Admin@Mycar.sg				
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): 2 (Guy pacenger)				
Was there any video Captured by car camera: VES NO Exact purpose for which vehicle was being used at the time of accident; Private used Work purpose					
Other Party Driver's Particular (if any)					
Vehicle Reg. No: SJU7149E	Vehicle Reg. No: SLW 3978 X				
Vehicle Make Wodel: VW Scirot					
Name Driver:	Name Driver:				
IC No. Driver:	IC No. Driver:				
Driver's Contact & Add:	Driver's Contact & Add:				
SLN37597					
Tour la					
Toyota camry					

 



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190719/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2019 15:34			Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		建筑,其一种规模的政府等级 加强	
ANG JIE	STREET, STREET		Address: APT BLK 734 WOODLANDS 730734	CIRCLE #10-353 SINGAPORE	
ID Type NRIC NO	/ ID No.: D / S95414	30C	Contact No.: Home/Office: Mobile: 91187443		
National SINGAP	ity: ORE CITIZ	EN	Email: ang.jieliang.5@gmail.com		
Sex: Male	Age: 23	Date of Birth: 17/11/1995	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name		
Occupation: Sales			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 21:10	Type of Location Straight Road
Location: GAMBAS AV Weather:	ENUE	Road Surface:		Road Speed Limit:
		D-1		
Clear		Dry		50 Km/h
Clear Traffic Flow: One Way		Traffic Control: Pedestrian Crossin	ng	50 Km/h Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGD9919L	Car	AUDI	A6 2.0 TFSI MU	Black	Slightly Damaged	1
SJU7149E	Car					0
SLN3759J	Car					0
SLW3978X	Car	THE STREET				0



Details of Vehicle Insurance



Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190719/7017

CONTINUATION OF REPORT

Vehicle No.	Ins	Insurance Company Insurance No				Effective Expiry D		
SGD9919L	NT	UC Income Insurance Co-Operative nited	51099	87578	-	29/05/2019	28/03/2020	
Details of Pe	erso	n Involved			and the same of			
Any Pedestri					4	All and the second		
No. of Pedes	triar	ns Injured: NIL	Use of Pe	edestria	n Cross	sing: NA		
Passenger	PAGE 1	AND AND RESIDENCE OF THE PARTY	STATE OF THE PERSON NAMED IN	Name and	0100	Maring Marine	CONTRACTOR OF THE PARTY OF THE	
Name		ID No),	NIL				
Related Vehi	cle	SGD9919L (Car)		Conta	act No.	82988487		
Hospital/Clini	ic	NIL		Class Drivin Licen Expin	ng Date of Expiry:		iry: NIL	
Date Treatme	ent	NIL	Date Disc	charge	NIL			
No. of Days	ran		Degree o					
Driver	105	A STATE OF THE PARTY OF THE PAR	- P. () () () ()	Analysis I	NAME OF TAXABLE PARTY.	Service Arterior	SECTION AND DESCRIPTION OF THE PERSON NAMED IN	
Name		ANG JIE LIANG		ID No		S9541430C		
Related Vehic	cle	SGD9919L (Car)		Contact No.		91187443		
Hospital/Clini	С	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expl	ry: NIL	
Date Treatme	ent	NIL	Date Disc	harge	NIL			
No. of Days g	rant	ed Medical Leave 05	Degree of	Injury				

Brief Details.

On the stated time and date, I was travelling on my vehicle bearing carplate number SGD9919L, traffic was slow moving and to a stop. suddenly I felt a great impact from my rear, I alighted my vehicle and realise that vehicle B SJU7149E had collided to my rear, the impact was so big until my vehicle inch forward to collided to the front vehicle bearing carplate number SLW3978X and another vehicle Infront bearing carplate number SLN3759J.

I felt uncomfortable and went to consult a doctor and get 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190719/7017

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not al	ole to	provide	sketch	pla

NP168

Signature Of Officer Recording The Report: Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/07/2019 15:34
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp	1







0.0000000000000000000000000000000000000	nce Date of Endorsemen		Endorsemen	r Town	Endorsement	G1	Endorsement Conten
	sements						
) Insure	ed Object: SGD9919L						
Init No.	10-353	Relate Numb	ed Policy er	5109987578			
ddress 4		Addre	ess Type	Singapore addres	is	Post Code	730734
ddress 1	BLK 734 #10-353	Addre	rss 2	WOODLANDS CI	RCLE	Address 3	SINGAPORE 730734
Policy	holder Mailing Address						
ertificate nfo							
olicy nfo							
lag	NOTALU						
o- nsurance	No	35 (0.00)			0140000000000 ()		
gent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0.			Youn	g/Inexperience Driver Excess
xcess	1500	OS Premium	0				
xcess	O.	damage Excess	600		Excess	100	
hird arty	0	Own	600		Windscreen	502	
xcess ype	Per Accident	All Claims Excess					
olicy ssue Pate	29/05/2019	Effective Date	29/05/201	9 00:00	Expiry Date	28/03/2020 2	23:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 734 #10-353 WOODLANDS	CIRCLE SING	APORE 7307	734			
ertificate lo.							
27.	5109987578	Name	ANG JIE LI	ANG	NRIC	S9541430C	

Claim Handling					
Accident MT/1054221					
Policy No.	5109987578	Vehicle No.	SGD9919L	GST Registration No.	
Certificate No.					
Policyholder Name	ANG JIE LIANG			Policyholder NRIC	\$9541430C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91187443	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N- V
KIK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
→ Accident Details					
Report Date	19/07/2019 19:25	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Dace of Accident	18/07/2019	Time of Accident hh:mm	21:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GAMBAS AVE TWDS WOODLANDS AVE 12				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	K00.00	TD Chandard Course	***		
	600,00	TP Standard Excess	0.00		
rIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Escass	1500				
Total OO Excess Applicable	2100.00	Total TP Excess Applicable	0.00		
→ Benefits					
□ GST Registered Inform					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venfied	Yes	
Modification History					
	. Allerane				
Policyholder Mailing Ac					
Address 5	BLK 734 #10-353	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730734
Address 4		Address Type	Singapore address	Post Code	730734
Unit No.	10-353	Related Policy Number	5109987578		
OI Driver Info					
Driver Name	ANG JIE LIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9541430C	Driver DOB	17/11/1995
Register Date of Driver License		Driver Age	23	Driving Experience	0
Contact No.(Mobile)	91187443	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	9LK 734	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730734
Address 4		Address Type	Singapore address	Post Code	730734
Link No.	10-353				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
10.5369/125353/10					
Declaration					
Breathalyser or Blood Test	Omg	Any injury?	® Yes ○ No		
Reading?	27/2015		00		
Modification History					
Claim 001 New					
Common Charles					
	2				
Claim Type *	OD-MX	Insured Name	ANG HE LIANG	Insured NRIC	99541430C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	SG09919L	TP Vehicle Number	\$3U7149E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		GN100210941
Darmant Name *	>>	Claimant NR3C *			
Daiment Address					
Daim Description	SG09919L / S1U7149E ON 18 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault	-2 6	
io. Require Finalisation	(Var. Sal				
	Yes 🗸	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/07/2019 19:26	Claim Close Date		Date Received	19/07/2019 00:00
Report Taken By	Seckson				
Print AK letter					
			Save Submit		
Andrew Street Co.		1	ONA BOOM		
Attachment					
v					
ccident No.	MT/1054221	Claim No.	001		
aut Doc. Received		Upload Date			
The state of the s	® Yes ○ No	Optoed Care	19/07/2019 19:27		
	Path *		Category *	Confidential Urger	ncy * Description *

