		1411409681V	Daniela.
Date In: 24/19-14:39	Job description	Date &Time Completed	Done by
Res No: Na Jucigo 13.51/4	SAS e-filing	i	
Veh No: JKN6093m	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 24/3/19-09:70	i-Motor Claim Form	M11054824-201	24/7/19 15:00
m	i-Motor W/O (Within: OD 2h		
OD / TP/ Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	:(Tel: F	ax:
TP Particulars: Veh No: 5	VK2160 INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: () Warranty: YES ()/NO()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:			Care Control
() Walls In Current as Customars	information strictly Confidential & St		
() Total Loss Case : to e-mail In		incuy NO Islet of repailer.	
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO(); T	owing Co: (.)
Remarks:- (INC hotline: 6788 661	6)	Date&Time Completed	Done by
)/Courtesy Car ()		3.24
	// Courtesy Car ()	The state of the s	
7) OC Check / Post Pensiv Inspection	7 \		-
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	() >\$3000] ()		
	() >\$3000] ()		
Upload Resurvey Photo [Repair Cost Injury:			
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	Invoice Pre	paration Checklist	A. S. S. S. S. S.
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	Invoice Pre	paration Chrcklist	fir Bill Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Lalimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8	fitBill Add I
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Lalimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	paration Chrcklist. Reporting (\$30); Assessment (\$100); INC (\$8 (\$6 \$40))	(MBill Add I 0) 545
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Laimant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 tee . \$40 through Survey ! through Survey (Resurvey)	(N.B.III Add I 0) 0545 1120 530
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$8) See \$40 Arough Survey Arough Survey (Resurvey) Seinst INC Only (wef 10 Jan 2005)	78 Bill Add E
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Laimant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) See \$40 Arough Survey Arough Survey (Resurvey) Sainst INC Only (wef 10 Jan 2005) Stion SMRT Survey 5	(N.Bill Add E 0) 545 120 530
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Lalgosygv Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) See \$40 Arough Survey Arough Survey (Resurvey) Sainst INC Only (wef 10 Jan 2005) Stion SMRT Survey 5	78 Bill Add E
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Lalgosygv Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 5) NTUC Addition QD: *N5: Courtesy	paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey (\$600) and Services: Car / Tpt Allowance	78 Bill Add E
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Laimant's Particulars': river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair O	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) See \$40 Arough Survey 1 Arough Survey (Resurvey) Seinst JNC Only (wef 10 Jan 2005) Stion SMRT Survey 5 Arough Scruices: Car / Tpl Allowance De-ordination	78 Bill Add E
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Laimant's Particulars': river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OIL* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Col TP (N11): TP	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 Arough Survey (Resurvey) Rejust JNC Only (wef 10 Jan 2005) Rejust JNC O	781 Bill Add E
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD!* *N5: Courtesy *N6: Repair O *N7: Fost Rep. *N8: DV / Col	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 Arough Survey (Resurvey) Rejust JNC Only (wef 10 Jan 2005) Rejust JNC O	78 Bill Add E

in process over

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.
- Any false reporting may be referred to the Police for investigation.
- 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	24/07/2019 14:39
Date Of Accident	24/07/2019 09:30
Exact Location Of Accident	SLE TWDS CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN6093M
Insured/Policyholder	
Name Of Registered Owner	LIM YEW WEI
NRIC No	S8578122G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90933888
Alternative Phone No	OFFICE-90933888
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106446347

Cover Note Number

Driver

 Name of Driver
 LIM YEW WEI

 NRIC No
 \$8578122G

 Date Of Birth
 06/09/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 30/11/2009

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90933888

Fax Number

Contact Number OFFICE-90933888

EMail Address NOEMAIL

Address 93 ROSEWOOD DRIVE

#03-116

Postcode 737794

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

3

NO

1

NO

NO

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)

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.

Number of Passengers (Including Driver)

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?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK726U

Vehicle Make/Model/Colour SINGH

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 93650185

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SME6590T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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 Policyholder and/or the Authorised Driver.
- Information provided must be as truthful 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

4	4	14/	4 A) SKN 6093m
			6) 51x 7260U
	1		5 - C) SME 65907
	(9

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS	TRAVELL	ING A	LONG	SLE 7	SCERNO	CTE	VEH	- C	BRAKE
ANAM I	OED TO	BRAKE	7 GO	ME S	MARGARINE	I	FELT	AN	(MPACT
ON THE	REAR P	401740	OF M	Y VEH	CAUSING	MY	VEH	70	MOVE
Edhunde									
			A						
								-	
									1111
							-		

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

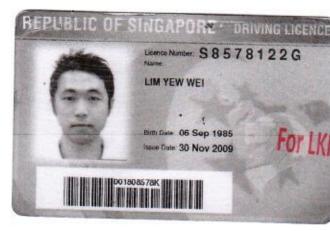


HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 5K	W6093M	MAKE/M	ODEL: N	AZDA .	3	
DATE OF ACCIDENT	24 /07/2019 DAY/MUNTH/YEAR	TIME	O9 HR	30	MIN	AM) PM
LOCATION OF ACCIDENT	SLE	TOWARS	S CTE		Larence of the latest of the l	
EXACT PURPOSE USE DU	RING ACCIDENT	wo	RK			
CAR OWNER						
NAME OF CAR OWNER	LIM YEN	O WEI				
CONTACT NO	90933888					
NRIC	58578121G		-	1000	75	
CLAIM TYPE		OD		THIRD PARTY	RI	EPORTING ONLY
INSURANCE COMPANY	NTUC					
TYPE OF COVERAGE		COMPRE	HENSIVE	THIRD PARTY	T	HIRD PARTY FIRE & THEFT
POLICY NO	5106446347	### ###	1.5		0.00	
ACCIDENT DRIVER		AS ABOVE		IF NOT- KINDL	Y FILL IN BELO	ow
NAME OF DRIVER						
NRIC			NO	OF PASSENGER	R/S -	
DATE OF BIRTH	06 SEPT 198	5				
OCCUPATION	MANAGER			OUTDOOR	IN	DOOR
DATE OF DRIVING PASS	30/11/2009				V	
GENDER				MALE	FE	MALE
CONTACT NO	90933888		U.S.	7.51		
ADDRESS	93 ROSEWO	OD DAN	E #03-	116 5(137791	(+)
DRIVER OWN ANY VEHIC	NO/ IF YES- REGISTR	ATION NO				
RELATIONSHIP EMPLOY	EE/SPOUSE IF NOT:	- III	W			
WEATHER CONDITION		CLEAR	RAINI	NG	OTHER:	
ROAD SURFACE	L.	DRY	WET		OTHER:	
ANY INJURIES	(NOT IF YES- NA	ME:		=	7575
CONTACT NO		_				
POLICE REPORT		NO) IF YES- LO	CATION:	40.		
VIDEO FOOTAGE		NO/ YES				
3RD PARTY INFO						
VEHICLE B NO	51x 7260U		NO	OF PASSENGER	/s 1+	
NAME	SINGH	-				
CONTACT NO	9365 018	5				
VEHICLE C NO	SME 6590T		NC.	OF PASSENGER	/s 1+	
VEHICLE D NO			NO.	OF PASSENGER	/5	
VEHICLE E NO	0-19		NO	OF PASSENGER	/5	
VEHICLE F NO			NO	OF PASSENGER	/s	
ANY WITNESS						
WITNESS CONTACT NO						



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8578122G





LIM YEW WEI

林 友

CHINESE Date of birth

06-09-1985 M MALAYSIA

9028124

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles =< 200 cc 30 Nov 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Nov 2009
of the driver; and other motor vehicles =< 2500kg



MIC No. S8578122G



MALAYSIAN

08-05-2009

93 ROSEWOOD DRIVE #03-116 SINGAPORE 737794

Date: 14/05/2018 (R) NRIC No: \$8578122G

NP 428A





THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number The Policyholder : 5106446347 : LIM YEW WEI

93 ROSEWOOD DRIVE

#03-116 PARC ROSEWOOD SINGAPORE 737794

Period of Insurance

19 Dec 2018 To 29 Dec 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$865.17

Interest Insured

Cover Type Primary Driver : drivo CLASSIC : LIM YEW WEI

Named Driver (1) Named Driver (2) : N/A

: N/A : MAZDA/3

Capacity

: 1500cc

Make/Model Registration Number

Excess (Section 1)

: JM6BM42A8E0126819

Registration Year Off-peak Car

2014 : No

· Yes

Chassis Number Repair at Owner's Preferred Workshop : No

: \$\$600

Insure with COE NCD Entitlement : 50% NCD Protection

Excess (Section 2) : N/A : S\$100

Windscreen Excess Additional Excess : N/A

Unnamed Driver Excess Hire Purchase Company : Please refer to Terms and Conditions

: MAYBANK SINGAPORE LIMITED

Optional Cover

Transport Allowance Excess Waiver

: No : No

Memo A: N/A

Endorsement Operative: M4

Agency

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 19 Dec 2018 13:11 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Chang	e Languag	e + Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		24/07/2019 0	9:30	
	Vehicle	No.(For Motor)	SKN6	093M		Cert	ificate Numbe	e l			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106446347		LIM YEW WEI	S8578122G	GPC	drivo CLASSIC	SKN60931	1 SKN6093M	19/12/2018	29/12/2019
					1	Continue	W.				

Sequer	nce Date of Endorsem	ont :	Endorsemen		Endorsement	-	Endorsement Content
	WATER TO THE TAXABLE PROPERTY OF THE PARTY O						
) Insure	ed Object: SKN6093M	Numb	er				
Init No.	03-116		ed Policy	5106446347			XX 5-6-7-5-25
ddress 4		Addre	ss Type	Singapore address	į.	Post Code	737794
ddress 1	93 ROSEWOOD DRIVE	Addre	ss 2	#03-116 PARC RC	SEWOOD	Address 3	SINGAPORE 737794
Policy	holder Mailing Address						
Certificate nfo							
olicy nfo							
lag Open							
lo- nsurance	No						
\gent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Y	
xcess		TP Excess					
Singapore	600	Outside Singapore	0			Youn	g/Inexperience Driver Excess
excess Outside	0	Premium	0				
Additional		Excess OS			Excess		
Third Party	0	Own damage	600		Windscreen	100	
Type		All Claims Excess					
Date	10/11/2010	Date	19/12/2010	5 00:00	Expiry Date	29/12/2019	(3:59
Policy	19/12/2018	Effective	101101000		S W S		and the same of th
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	93 ROSEWOOD DRIVE #03-1:	6 PARC ROSEW	OOD SINGA	PORE 737794			
Certificate No.					MAIC.		
concy ivo.	5106446347	Policyholder Name	LIM YEW W	/EI	Policyholder NRIC	S8578122G	

ocident MT/1054824						
Policy No.	5106446347		Vindenda Bra			
Certificate No.	3100440347		Vehicle No.	5KN6093M	GST Registration No.	
Policyholder Name	LIM YEW WEI				WW.00000000000000000000000000000000000	
roduct Code	PRIVATE CAR INSURANCE	ce	Cover Type	drive CLASSIC	Policyholder NR3C	58578122G
ontact No.(Mobile)	90933888		Contact No.(Office)	0	Loading	0
maii Address	N. Control of the		Special Remark		Contact No. (Home) eCode	·
FK	No O Yes		TCA	® No ○ Yes	eCode Reason	10000
CD Protection	Yes		NCD Emittement(%)	50	Private Hire	No
Accident Details					111100011110	69K-1
eport Date	24/07/2019 14:50		Addident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ce of Acordem	24/07/2019		Time of Accident hh:mm	09:30	Country of Accident	Singapore
porting Centre			Orange Force	44.40	ICM No.	Singapore
oident Location	SLE TWDS CTE		1/1039050300777		JUN 190.	
Excess						
en damage Excess		600.00	Additional Excess	0	Windscreen Excess	100,00
named Driver Excess		0.00	Outside Singapore OD Excess	600.00	Minimum en Choess	100.00
nd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Inform	etion					
T Registered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
dification History						
Policyholder Mailing Ad	fdress					
dress 1	93 ROSEWOOD DRIVE		Address 2	#03-116 PARC ROSEWOOD	Address 3	Chicago burns
dress 4			Address Type	Singapore address		SINGAPORE 737794
it No.	03-116		Related Policy Number		Post Code	737794
OI Driver Info	03/110		Related Policy Number	5106446347		
ver Name	LIM YEW WEI		Driver Type	Main Driver		
lamed driver Name	100100000000000000000000000000000000000		Driver NR3C	58578122G	Driver DOS	AF INDIVISES
aster Date of Driver License	30/11/2009		Driver Age	13		06/09/1985
stact No.(Mobile)	90933888		Contact No. (Office)	0	Driving Experience	9
Seaso 1	93 ROSEWOOD DRIVE		Address 2	PARC ROSEWOOD	Contact No.(Home) Address 3	0
tress 4	THE PERSON NAMED IN		Address Type			SINGAPORE 737794
t No.	03-116		The state of the s	Singapore address	Post Code	737794
es he own a Singapore	○ Yes ® No		Driver Vehicle No.		200020000000000000000000000000000000000	
gistered car?			Correct Vertice rec.		Driver Insurer Company	
deration						
athelyser or Blood Test ading?	0 mg		Any injury?	○ Yes ® No		
W. 1450V						
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