Date In: 20/4/19-19:33	Job description	Date & Time Completed	Done	DY
	SAS e-filing			
Res No: HASING 1935TYLY	E-mail (within Shrs, AIC 2hrs)			
Veh No: FW9993H	i-Motor Claim Form	144-1	Malin 1	C :25:
D.O.A: 24/3/19-18:70		ומב- כטנעצטון רא	-3/1/19 1	4-14
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, 77 4tirs)		
	Assessment/Survey Report	-		
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Assistance of annual transfer		Fax:	
TP Particulars: Veh No: (hc 39)	INC (00	
Owner / Driver: (uc	Tcl:)	
	od: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	AND TO SEC. 1
	/arranty: YES ()/NO ()		
	0()/\$2,000()			
General Remarks:	LANDSHITTON VANDER PROBLEM VOZ. NOC	Transcarcage (1983)	TO THE STATE OF TH	
() Walk-In Customer : Customer's inform	The state of the s	rictly NO refer of renairer		
		ncuy NO Taler of Teparler.	/9	
() Total Loss Case : to e-mail Insurer		owing Co: (1
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();T		THE STATE OF THE S	W.10-
Remarks:- (INC hotline: 6788 6616)	The state of the s	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				
Date/Time Actions		e ir vyas	(1) Marie 1	J. 27-20
Date/Time Actions			SECOND CONTRACTOR	
	ng too store than bredeter			
	4		- T	
*				
	,	a Chadde	Ant (\$)	Amt (\$)
ha 1905499		paration Checklist.	Ant (\$)	A
hin 1905499 :	1) AR : Accident	Reporting (\$30);	Th Bill	A
laimant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$	191 Bill 80) 0/\$45	A
laimant's Particulars:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey)	7st Bill 80) 0/\$45 \$120 \$30	A
Inimant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ 6e \$4 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200)	7st Bill 80) 0/\$45 \$120 \$30 5)	A
Inimant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspection DA	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 through Survey through Survey (Resurvey) geinst INC Only (wef 10 Jan 200) ction + SMRT Survey	7st Bill 80) 0/\$45 \$120 \$30	A
Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	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 : Idao DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 through Survey through Survey (Resurvey) geinst INC Only (wef 10 Jan 200) ction + SMRT Survey	75tBill 80) 0/\$45 \$120 \$30 5) \$75	A
Inimant's Particulars :- river/Owner: ontact No: nmaged Portion:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idao DA 8) NTUC Addition OD!* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services:- Car / Tpl Allowance	\$150 Bill (1975) \$120 \$30 \$51 \$75 \$160 \$\$5	A
laimant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	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 : Idao DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$ te	75t Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	Amt (\$)
laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	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: Idao DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ te	\$150 Bill \$80) 00/\$45 \$120 \$30 \$75 \$75 \$160 \$\$5 \$50 \$525 \$53	A
	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: Idao DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ te	\$60 \$60	Add Bill
Inimant's Particulars :- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idao DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11) : TP	Reporting (\$30); Assessment (\$100); INC (\$ te	\$60 \$60	A

in part of the

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 afterward.

40 m () 10	
State of the state	ACCIDENT STATEMENT
Date Of Report	25/07/2019 17:33
Date Of Accident	24/07/2019 18:30
Exact Location Of Accident	SLIP RD ANCHORVALE LINK TWDS SENGKANG EAST AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW9993H
Insured/Policyholder	
Name Of Registered Owner	REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)
NRIC No	S7828579F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92337665
Alternative Phone No	OFFICE-92337665
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TRICITY 155 ABS
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110762818

			_	20
13	rı	v	ρ	r

Cover Note Number

Name of Driver REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)

 NRIC No
 \$7828579F

 Date Of Birth
 29/09/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 07/12/1998

Driving Experience 20 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92337665

Fax Number

Contact Number OFFICE-92337665

EMail Address NOEMAIL

Address BLK 303C ANCHORVALE LINK

#12-116

Postcode 543303

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 COLLISION - HEAD TO REAR

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

2

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: : ROWSE REGAV GOH RUI QUAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

il 165,Flease state which Folice Stat

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190725/2033.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3921L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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 REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FW9993H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name ROWSE REGAV GOH RUI QUAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FW9993H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow incurance 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.
- b. Any false recoming 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 perties.
- 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 storeseld.
- 5. Consent under the Personal Data Protection Act (POPA)

I understand, acknowledge, agree and consent that:

- (s) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information 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 insurers) 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 secident and/or my dalms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the melling of correspondence, statements, involves, 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, fixadding and/or dealing with my claims. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' iswyers/faw firms, may/are parmitted to collect, use, dicclose and/or process my Personal information for one or more of the above Purposes; and
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or agests (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be stated / disclosed:
 - (i) to all insurers end/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, saw enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Folkyholeurs Skrieture Date & Times

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

Date & Time:

Reporting Contre Personners Sig Name:

NRIC/FIN No.:

ven A: +w99934.

ven 8: SH(3921L. SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Police Report Base 20190725/2033 on DECLARATION We declare the foregoing particulars are true in every respect, Poscyheler's State Ture Orlear's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Names NRIC/FIN No.: Date & Timer

Date of Accident	24 07 2019 Accident Time: 1830 (24-HR-Format)
Accident Place	: Anchorvale Link Filtering to lengkang tax Aue.
Vehicle Reg. No. (Car Plate No.)	= FW 9993 H
Vehicle Make/Model	: Yamaha Triity 155 ABG
Insurance Company	: NTUL Policy No. 5110762818
Owner or Company Name /IC No.	: Rebeccarios Tan Hwee Chuen
Owner or Company Contact No.	: 57828579F Owner's Hp 92337665 Company Tel
DRIVER'S Name / IC No.	:
DRIVER'S Date Of Birth	29 09 1979 DRIVER'S License Pass Date 07/12/1998
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 000
DRIVER'S Address	: BUK 303 (Ancharusu Line #12-116 S(543303)
DRIVER'S Contact No / Alt No.	:1)2)
DRIVER'S Occupation	: NDOOR YOUTDOOR (e.g. working inside or outside office)
Email Address	: Rebeccarios. tan@ yanoo. comsa
Weather & Road Surface	CLEAR & DEX \RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 02
Was there any video Captured by Exact purpose for which vehicle	car camera: YES NO was being used at the time of accident: Private use \ Work purpose
300000000	r Party Driver's Particular (if anv)
Vehicle Reg. No: SH(352	Vehicle Reg. No:
Vehicle Make Wodel:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

:





T/20190725/2033

1 of 3

Report No. T/20190725/2033

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 10:51		fade:	Vide Report No.:	Station Diary No. 21		
Informan	t's Partice	ulars		THE RESIDENCE OF THE PARTY OF T		
	nformant: ARIOS TA	N HWEE CHUEN	Address: APT BLK 303C ANCHORVA 543303	LE LINK #12-116 SINGAPORE		
ID Type / ID No.: NRIC NO / S7828579F			Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Female 40 29/09/1978		Date of Birth: 29/09/1978	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PROPETRY EXEC			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident: Injury Conveyed By Ambulance		Drink		Type of Location Straight Road	
Location: Along Road 1 ANCHORVAI Weather:		Road Dry	Surface:		Road Speed Limit:
	Traffic Flow:			Traffic Volume:	
Clear Traffic Flow: One Way		1,40,07,000,000,000	Control:		Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FW9993H	Motorcycle	YAMAHA	TRICITY 155 ABS	Grey		1
SHC3521L	Taxi					0

Details of V	ehicle insurance			
Contract of the Contract of th	Insurance Company	Insurance No.	Effective	Expiry Date
FW9993H	NTUC Income Insurance Co-Operative Limited	5110762818	27/06/2019	25/06/2020





2 of 3

Report No. T/20190725/2033

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

CONTINUATION OF REPORT Tel No: 1800-343 8999

Any Pedestrian In			10. (0.)	- strian	Cross	ing: NA	
No. of Pedestrian	s Injured: NIL		Use of Ped				
Rider		dalah a iv	30 - 1-4	11		S7828579F	
Name	REBECCARIOS TAN	HWEE CH	UEN	ID No.		3/0203/31	
Related Vehicle	FW9993H (Motorcycle)				ct No.	92337665	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	05	Degree of	Injury	NIL		
Pillion		是特别的	中国新疆			T0811698E	
Name	ROWSE REGAV GO	OH RUI QUA	AN	ID No. Contact No.		10811090E	
Related Vehicle	FW9993H (Motorcyc	cle)				NIL	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
Date Heatilletit	nted Medical Leave	05	Degree o	f Injury	NIL	Control of the second	

On 24/07/2019 at about 1830hrs, I was riding my motorcycle bearing registration plate number FW9993H along Anchorvale link as I was filtering left to Sengkang East Ave. I then slow down to check for any upcoming traffic and sudden I felt an impact from my rear which cause my motorcycle to be wobble.

I then lose control and fell off from my motorbike together with my son. I realized that I was hit by a taxi bearing registration plate number SHC3521L. One passer-by contact HP: 9133 7896 then assisted me and another passer-by also helped me to call for traffic police and ambulance. The traffic police and ambulance came down to my location.

The ambulance then conveys me and my son to SKGH. I and son suffer multiple abrasions, injury on the right leg. We were given 5 days of MC.





olice Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 3 of 3 Report No. T/20190725/2033

545025 Tel No: 1800-343 8999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 3 ONG RONG HUI EDMUND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2019 10:51
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168 Sing pole For	er Cours



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDEN	IDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDME	NTS:
	Original Report No : MIN ALIANATAV	Vehicle Registration No:
	Namelas shownin NRICI: Rebeccarios Tan	NRIC/FIN/PassportNo : S78 28579F
	(*Vehicle Driver / Vehicle Owner) (*) Please delete a	s appropriate
	Address : 303C Anchorale li	n (#12-116 5'(543303) Singapore()
	Contact (Tel) :	Mobile No.: 92337665
	Email Address :	
	Date of Accident : 213 19	Time of Accident :
	Place of Accident : 117 Rd Anchorvale L	in le toods singleong tens pra-
	Insurance Company: MJC	J J
R)	ADDITIONALINFORMATION / AMENDMENTS:	
	I would like to change 30 SHC 3921L	
	Policyholder / Driver's Signature	Reporting Centre Personnel's Signature
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signa Name: NRIC/FIN No.:

Date:





REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7828579F





REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)

CHINESE NAC USE ONLY STREETS OF PROPERTY OF THE PROPERTY OF TH Country/Place of birth

SINGAPORE









♥ Poli	cy Information						
olicy No.	5110762818	Policyholder Name	REBECCAR	OS TAN HWEE CHUE	Policyholder NRIC	S7828579F	
Certificate Vo.							
Address	BLK 303C #12-116 ANCHORVAL	E LINK ANCH	ORVALE COU	RT SINGAPORE 5433	03		
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	27/06/2019	Effective Date	27/06/2019	00:00	Expiry Date	25/06/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Ngent	SANTUCK TRADE & INSURANCE	Agent Tel.	NIL		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address				0-		
Address 1	BLK 303C #12-116	Addr	ess 2	ANCHORVALE LINK		Address 3	ANCHORVALE COURT
Address 4	SINGAPORE 543303	Addr	ess Type	Singapore address		Post Code	543303
Unit No.		Relat Num	ed Policy ber	5110762818			
) Insure	ed Object: FW9993H						
	sements						
	nce Date of Endorsemen	20	Endorsemen	USE Trans	Endorsement		Endorsement Content

aim Handling						
	5110762818		Vehicle No.	FW9993H	GST Registration No.	
	2110.05810		AND CONT.	57457680	5.564ACU6746-SCSSSSS	
tricate No.	RESECCATIOS TAN HWEE	CHAIRN (CH	EN HUTTI MANY		Policyholder NR3C	57826579F
			Cover Type	Third Party, Fire & Theft	Loading	0
	MOTORCYCLE INSURANCE		Contact No.(Office)	0	Contact No. (Home)	0
	92337665		Special Remark		eCode	ni. V
all Address	Charles Conne		TCA	® No ○Yes	eCode Reason	
	® No ◯ Yes		NCD Entidement(%)	10	Private Hire	No
	rec.		WPD Europement (se)		Colonia Luis	
Accident Details	25/07/2019 19:28		Acodent Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ort Date					Country of Accident	Singapore
e of Accident	24/07/2019		Time of Acodem hh:mm	18:30	ICM No.	and deliver a
orting Centre	SLIP RD ANOHORVALE LIN	w warmed does	Orange Force		TOP HO.	
Ident Location Total Excess Applicable	PULL KD WHOHOKVALE LIN	HE THUS SE	NUMANU DADI AYE			
	Per Accident		Windscreen Excess			
Considered Francis		0.00	TP Standard Excess	0.00		
Standard Excess: ED OO Excess		0.00	VIED TP Excess	0.00	Driver is Covered?	Not Covered
		0.00	THE IT EXCESS	2.35		
ditional Excess		0.00	Total TP Excess Applicable	0.00		
tal OD Excess Applicable Renefits		0.00	Total Tr. Excess Approach	3750		
GST Registered Informa	ition					
T Registered	No			GST Registration Date		
T Registration No.				GST Status Verified	Yes	
dification History						
	2000					
Policyholder Mailing Add	BLK 303C #12-116		Address 2	ANCHORVALE LINK	Address 3	ANCHORVALE COURT
	SINGAPORE 543303		Address Type	Singapore address	Post Code	543303
dress 4	SONOAPORE SHOOL		Related Policy Number	5110762818		
rt No. P OI Driver Info			Setator Policy Human	3110701010		
	REBECCARIOS TAN HWEE	CHUEN (CH	EN Driver Type	Main Driver		
iver Name	HUEJUAN)				Driver DOB	29/09/1978
nnamed driver Name			Driver NKIC	\$7020579F	Driving Experience	20
gister Date of Driver License			Driver Age	40	Contact No.(Home)	0
intact No.(Mobile)	92337665		Contact No.(Office)	0 ANDHORVALE LINK	Address 3	ANCHORVALE COURT
daress 1	BLX 303C SINGAPORE 543303		Address 2 Address Type	Singapore address	Post Code	543303
dinesa 4	12-110		Autoress Type	Stigatore address		
nit No. oes he own a Singapore ogistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
eclaration						
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odification History						
Claim 001 New						
im Type *	OD-MX	V	Insured Name	REBECCARIOS TAN HWEE CHUE	Insured NRIC	57028579F
ntact No (Mobile)	81114665		Contact No.(Home)	51008689	Contact No.(Office)	
nad Address	rebeccarios tan@yahoo.c	garmag	Of Vehicle Number	FW9993H	TP Vehicle Number	SHC3521L
simant Type Claimant Type *		V	Type of Benefit •	Please Select		
simont Name. *	12	>>	Claimant NRIC *			
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sim Description	FW9993H / SHC3521L O	N 24 Jul 201	9		Name of Preferred Workshop	
merred Workshop Contact	6		Insured Liability *	Not at Fault		
N.	(ves	V	Preference Repair Option		▼ GIA report	Received
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