NATIONAL Assessment Centre Services. port 1 January. : MMA 119102722 Done by Date & Time Completed Jeb description Date In: 518119 17:43 Ref Ho. SAS c-filling NA/ INC19013683/44. E-mail (within Shis, AIC 2hrs) Vch No SLH 9171X MT[1056574001 I-Motor Claim Form 618119 09:18. 1111A 318/19 12:50. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (ii) - P. Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan FAX: Proformal Wksp / INC Assign Wksp / QW: ( INC ( )/Non-INC ( Veh No: IP Particulars: SKT 1875 C. ) Tcl: Owner / Driver: ( Cover Type: ( Policy No: ( Period: ( Date: Confirmed by : ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: ( Warranty: YES ( )/NO( Year of Registration; ( Excess: (\$ Loading: \$1,000 ( )/\$2,000( Concratito participal Charles ) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( Comprehence of the Charles of the Comprehence of th ) / Courtesy Car ( 1) Apply for Transfort Allowance ( 2) QC Check / Post Repair Inspection .)= 1) Upload Resurvey Photo [Repair Cost > \$3000] Injury: NE STATION IN INCIDEN MA190 5853 1) AR : Accident Reporting (530); 2) DA : Damege Assessment (5100); Chamants Particulars is s INC (\$80) \$40/\$45 3) TF : Towing Pee Driver/Owner: \$120 4) PT : Follow-Through Survey 5) PT : Follow-Through Burvey (Resurvey) \$30 Contact No: For claiming against INC Only (wof 10 Jon 200) 6) TR : Re-inspection Damaged Portion: \$160 7) NI : Idao DA + SMICT Survey 8) NTUC Additional Services:-OD: QC Checked by (Engr-In-Charge): 35 \* NS; Courlesy Car / Tpt Allowance 510 \*NG: Repair Co-ordination \$75 . N7; Post Repair Inspection Auditors Comments: \*NS; DV / Collect Excess Coordination 22 \$20 TE (NII): TP (Non INC) against INC (a), 1: 9) N12: Idao Mobile Fee Charged Involve dated - :/3: Maria Fee Charged Involce dated

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

	ACCIDENT STATEMENT				
Date Of Report	05/08/2019 17:43				
Date Of Accident	03/08/2019 12:50				
Exact Location Of Accident	AYE TWDS CITY AFTER CLEMENTI RD EXIT				
Country/State of Loss	SINGAPORE				
D	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLH9171X				
Insured/Policyholder					
Name Of Registered Owner	TAN KOK HENG				
NRIC No	S1321283Z				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-98160285				
Alternative Phone No	OFFICE-98160285				
Vehicle Particulars					
Manufacturer	HONDA				
Model	CIVIC				
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL				
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	5106982713				
Cover Note Number					
Driver					
Name of Driver	TAN KOK HENG				
NRIC No	S1321283Z				
Date Of Birth	12/09/1958				
Occupation	OUTDOOR				
Date Of Driving Pass	26/05/1977				
Driving Experience	42 YEARS AND 2 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-98160285				
Fax Number					
Contact Number					
EMail Address	NOEMAIL				

Address BLK 285 CCK AVE 3 #07-298

Postcode 680285

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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: BENJAMIN PANG

GENDER: MALE

Passenger 2

NAME:

: FION KOH

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

EUNOS NEIGHBOURHOOD POLICE POST

Police Station Name

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE:

470629 . COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Address

Police Station Contact

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKJ1875C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR LIM KOK LEONG

Page 2 of 19

NRIC/Passport Number

S76276571

Contact Number

97438487

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

TAN KOK HENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLH9171X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name

**BENJAMIN PANG** 

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLH9171X

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 3**

Name

FION KOH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLH9171X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 withholding 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.
- 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 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 afores aid.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) 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.

Refer To Attach

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

Describ	ne Cir	rcumstances	s of the A	ccident		T/20160502/2152	
16	16	Refer	70	Police.	Report	7/20190803/2152	
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15.4			07 COLUMN				
	/						

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Data & Time

Witnessed by Reporting Centre Personnel

1 100	Dau	IIICI					Sensor Solutions
		15	14	3	2	1	Motion Control Vision Technologies Process Instrumentation
			t.			Unknow	N. a.
	T.X.						hrs.
City	Road					A	12:50 hrs
Toward	ement,					B	11mg
	7	× -					61
AYE	Ofter	SLH 9171X	SKJ 1875				Date: 3/8/2019
			8				Sate:
		(4)	$(\infty)$				(-)

# ACCIDENT STATEMENT

	IDENT DATE: 5 8				
13.	ATION: AIF toward	1 city o	after o	clementi	Rd EX
LOC	ATION:	2019	riur	+	
1	. DETAILS OF VEHICLE	SLH 917	1 ×	72	
	DUNSHIRANCE COMPA	NY: NT			
\$	C)POLICY NUMBER:	5106982	713		
	d)POLICY TYPE: COMP	PREHENSIVE / 1	THIRD PARTY	THIRD PARTY	FIRE &THEFT)
	e)MAKE & MODEL:		nda C	TVIC	37
	FITYPE: SALOON / COL		N/LORRY/	MOTORCYCLE	/ OTHERS)
	g) VEHICLE CATEGORY				
	h) PURPOSE OF USING A	AT ACCIDENT T	TIME:	grab car	-
	I) ARE YOU CLAIMING L				
	IF NO, PLEASE STATE				(4)
2	. INSURED / POLICY HOL	DER			
	AJNAME: TAN A	COK HEN	16		FEMALE)
	b) NRIC/FIN/PASSPORT:		85-6	CONTACT:	19160703
	CIADDRESS: BIK 2	Name and Address of the Owner, where the Party of the Owner, where the Owner, which is the Ow	The second name of the second	Kang Ave	- 3
4			8650285		
M	* CONTINUE TO 3.d IF D	PRIVER ALSO P	OLICY HOLD	ER	
*He of passing a		1: M	ove-	/h / h / E /	FEMALEL
(Including driver	) a)NAME:/	No. of the second		(MALE /	PEMALE)
(3)	b) NRIC/FIN/PASSPORT: c) ADDRESS:			CONTACT:	
Driver male	CIADDICESS.			E 10.07 - 1991 E - 1912	
	*d)DATE OF BIRTH: (12	-19/19:	58)(DD/MM	/YYYY)	
ale passenger	e)OCCUPATION: (INDO	The second secon			(2)
Female passers	er f) YEARS OF DRIVING EX	PRERIENCE:	26 31		
4	WAS DRIVER AN EMP	LOYEE OF TH			
	IF NO, RELATIONSHIP				) wher
5.	a) WEATHER CONDITION			ERS	)
	b)ROAD SURFACE (DR			of	
	WAS ANYBODY INJURED		an Kok	Heng	
7.	a) REPORTED TO POLICE	(XES X NO)		Funne 1	IPP .
0	IF YES, PLEASE STATE V	VHICH POLICE	STATION:	1241102	<u> </u>
4 He of parrows	THIRD PARTY VEHICLE  a) VEHICLE NUMBER:	SKT 1875		MODEL: A	di A6
	b) DRIVER'S NAME:	Lim	Kok La	2009	
c induding anver	c) NRIC/FIN/PASSPOR	T: 57627	657-1	CONTACT: 9	143848
9.	THIRD PARTY VEHICLE				
X its of none			A	MODEL:	- 3
* No of passenger					N
(Including driver	f) NRIC/FIN/PASSPOR	T:	(	CONTACT	
( )	8	24			
		7.			
					i
	60		7,9		N
	· Ohn	0-1 -			

email =

fax = 68442641

camera: No.





T/20190803/2152

1 of 4

Report No. T/20190803/2152

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 19:22		/lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	NAME OF STREET		
Name of Informant: TAN KOK HENG			Address: APT BLK 285 CHOA CHU KANG AVENUE 3 #07-298 SINGAPORE 680285		
ID Type / ID No.: NRIC NO / S1321283Z			Contact No.: Home/Office: Mobile: 98160285		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 60	Date of Birth: 12/09/1958	Type of Informant:		
Race: Chinese		16	Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3  Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2019 12:50	Type of Location Straight Road
	I EXPRESSWAY	LEMENTI ROAD EXIT Road Surface: Dry	Ro	ad Speed Limit:
Clear	Traffic Flow: Traff			
		Traffic Control: Not Controlled	1000000	affic Volume:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SKJ1875C	Car	AUDI	A6 2.0 TFSI MU	White	Slightly Damaged	0	
SLH9171X	Car	HONDA	HONDA CIVIC 1.8L 5AT	Grey	Slightly Damaged	2	

Details of V	ehicle Insurance		-	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20190803/2152

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

### CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLH9171X	NTUC Income Insurance Co-Operative	5106982713	12/01/2019	11/01/2020		

Details of Person			15 15 15 15 15 15 15 15 15 15 15 15 15 1			
Any Pedestrian In			T.,		0	NIA
No. of Pedestrian	s Injured: NIL		Use of Ped	iestrian	Cross	ing: NA
Driver	STATE OF STREET				The same of the	A SECOND OF THE PARTY OF
Name	LIM KOK LEONG			ID No.	9	S7627657I
Related Vehicle	SKJ1875C (Car)			Conta	ct No.	97438487
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
	ted Medical Leave	NIL	Degree of			
Passenger			Name of Page	-	TO NO.	
Name	BENJAMIN PANG &		ID No.		T0320830Z	
Related Vehicle	SLH9171X (Car)			Contact No.		91372370
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	Section 2		
Driver	SANCTON PROPERTY.	and the Vita			-	SE THE PART SHEET
Name	TAN KOK HENG			ID No		S1321283Z
Related Vehicle	SLH9171X (Car)		Contact No.		98160285	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licent Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	03/08/2019		Date Disc	harge	03/08	3/2019
	ted Medical Leave	05	Degree of			





3 of 4

Report No. T/20190803/2152

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No. 1800-4439999

#### CONTINUATION OF REPORT

Passenger		STATE OF THE PARTY OF		ID No.	-	T0304033F
Name	FION KOH			ID No.		10304033F
Related Vehicle	SLH9171X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave		NIL	Degree o	f Injury	NIL	

### Brief Details.

On 03/08/2019 at around 1250hrs, I (SLH9171X) was travelling along AYE towards City on the first lane. As I just passed Clementi Exit, a car in front of me had jammed his brake thus I jammed my brake as well however moments later, I felt an impact from the rear. I alighted to see what happened and saw that one white car (SKJ1875C) had collided onto the rear of my vehicle. I then checked on my two passengers (Benjamin Pang T0320830Z 91372370, Fion Koh T0304033F) and saw that one of them is bleeding at his mouth area (Benjamin). The passenger then refused medical assistance and requested to be alighted at the nearest MRT as he said he had urgent business. Thus I exchanged particulars with the other driver and sent the passengers to One North MRT station. I am lodging this report for insurance claims.





4 of 4

Report No. T/20190803/2152

Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

# CONTINUATION OF REPORT

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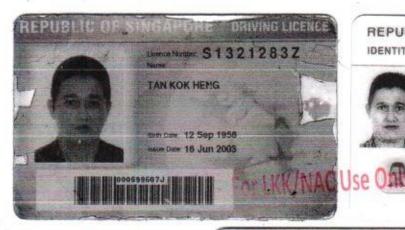
Informant is not able to provide sketch plan

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: G / Sgt 2 LIEW CHONG XIANG, VINCENT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2019 19:22
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp NP168





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1321283Z





TAN KOK HENG





SINGAPORE



6015315



**VOCATIONAL LICENCE** 

Licence No : \$1321283Z Name : TAN KOK HENG



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

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

13

PRIVATE HIRE CAR VL

05/07/2018

For LKK/NAC Use Only



04-09-2018

APT BLK 285 CHOA CHU KANG AVENUE 3 #07-298 SINGAPORE 680285

Owner = Driver = 98160285



### Certificate of Insurance

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: 5106982713

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLH9171X

Chassis Number

UID SERVEDOS

Cuassis Mulliper

: JHMFD16309S203321

Name of Policyholder

: TAN KOK HENG

3. Effective Date of Insurance

: 12 Jan 2019

4. Expiry Date of Insurance

44 / 2020

4. Expiry Date of Insurance

: 11 Jan 2020

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.

6. 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 : TAN KOK HENG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : CAR TIMES AUTOMOBILE PTE LTD

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

: CAR TIMES INSURANCE AGENCY PTE, LTD. (00000571584)

Date of Issue

: 15 Jan 2019 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

### Claim Handling Accident MT/1056574

Accident Pil/ 10303/4					
Policy No.	5106982713	Vehicle No.	SLH9171X		GST Registration No.
Certificate No.					
Policyholder Name	TAN KOK HENG				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	98160285	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCode
KFK	» No Yes	TCA	No 🕒 Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	0		Private Hire
Report Date	06/08/2019 09:15	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	03/08/2019	Time of Accident hh:mm	12:50		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	AYE TWDS CITY AFTER CLEMENTI RD EXIT	76 7702			
⇒ Excess	Section for constant when the control of the contro				
Own damage Excess	2,000.00	Additional Excess	0		Windscreen Excess
Unnamed Driver Excess	2,000.00	Outside Singapore OD Excess	0.70	2,000.00	Willuscieen Excess
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>▽</b> Benefits	1,500.00	Outside Singapore in Excess		1,500.00	
GST Registered Informat	tion				
GST Registered	No.		CCT D	and war	
GST Registration No.	No		GST Status	tration Date s Verified Yes	
Modification History			337 34840	verneu.	res
Policyholder Mailing Add	ress				
Address 1	BLK 285 #07-298	Address 2	CHOA CHU KANG A	VENUE 3	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	07-298	Related Policy Number	5106982713		
▽ OI Driver Info			0. T.		
Driver Name	TAN KOK HENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	51321283Z		Driver DOB
Register Date of Driver License	26/05/1977	Driver Age	60		Driving Experience
Contact No.(Mobile)	98160285	Contact No.(Office)			Contact No.(Home)
Address 1	BLK 285 #07-298	Address 2	CHOA CHU KANG A	VENUE 3	Address 3
Address 4	22. 22. 22. 22.	Address Type	Singapore address	VEHOL 3	Post Code
Unit No.	07-298	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7.000.000
Does he own a Singapore	Yes = No	Driver Vehicle No.			Driver Income Comm
Registered car?	Tes - No	Driver venicle No.			Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes () No		
Modification History					
Claim 001 New					
Claim Type *				lon wy	• Insured Fall you
and the same of th				OD-MX	Name LIAN KOK
Contact No.(Mobile)				98160285	Contact No.
					(Home)
Email Address				domotan58@gmail.com	Vehicle SLH9171
Claim Description				SLH9171X / SKJ1875C ON	
Preferred	Incurred Linkston				
Workshop 0 Bonuer No. Van	Preference Liability Not at Fault	▼ GIA Gana			
	<ul> <li>Repair Preferred Workshop, Name</li> </ul>		7		
Finalisation Tes	Repair Preferred Workshop, Name	report Received			Claim
Finalisation Tes		report	,	06/08/2019 09:17	Close
Finalisation Tes Date Registered Report Taken By		report Processes		06/08/2019 09:17 LIEW SHAN HUI	



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