| NATIONAL Assessment Cen  | THE DEFFICES. WELL JAMOS   | IMHAII 100197   |  |
|--|--|---|--|
| Date In: 55 19 - 11: 41  | Jeb description  | Date &Time Completed  | Done b   |
| Res No: Haline up VISYIZY  | SAS e-filing   |   |  |
| Veh No: SICZYZZIC  | E-mail (within Shrs, AIC 2hr   | s)  |  |
| D.O.A :14/8/19-08:15   | i-Motor Claim Form   | 10-57775-DI   | 15/19 N.   |
| OD . TP) ! Reporting Only  | i-Motor W/O (Within: OE  |   | 6101111111   |
| - Topotang Only  | i-Photo Uploaded   |   | 17   |
| TP Insurer:  | Assessment/Survey Repo   | rt  |  |
|  | Ass't Report by Fax / Ha   | nd to Owner/Wksp  |  |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel: F  | ax:  |
| TP Particulars: Veh No: Ju   | genc inc   | C( )/Non-INC( )   |  |
| Owner / Driver: (  |  | Tel:  | )  |
| Policy No: ( ) P   | Period: (  | ) Cover Type: (   | )  |
| Confirmed by : (   | Date:  | Time:   | )  |
| Insured/Driver Liability: (%)  | [Note-Est. Status (WO): N: 0   | 0-20%; P: 21-79%. F: 80-1   | 00%]   |
| Year of Registration: ( )  | Warranty: YES ( )/NO (   | )   |  |
| Excess: (\$ ) Loading: \$1,  |  |   |  |
| General Remarks:   | THE STATE OF THE S |   | 173 C PT PT.   |
| Remarks: (INC hotling) 6788 661610   |  | Towing Co: (  | 940; NESSEAR THOSE !!  |
|  | Average and president and president and an expensive and an expensive Al-  | Date&Turne Completed  | Done by  |
| 1) Apply for Transport Allowance ( )/(   | Courtesy Car ( )   |   | Done by  |
| Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection  | Courtesy Car ( )   |   | Done by  |
| Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection  | Courtesy Car ( )   |   | Done by  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:   | Courtesy Car ( )   |   | Done by  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  | Courtesy Car ( )   | Date& Time Comple od  | Done by  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:   | Courtesy Car ( )   | Date& Time Comple od  |  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:   | Courtesy Car ( )   | Date& Time Comple od  |  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:   | Courtesy Car ( )   | Date& Time Comple od  |  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:   | Courtesy Car ( )   | Date& Time Comple od  |  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  | Courtesy Car ( )   | Date&Time Comple od   |  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  | Courtesy Car ( )   | Date& Time Comple od  |  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  Date/Time Actions   | Courtesy Car ( )   | Eparation Checklist   | Anit (S) Anit (S) Ad   |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions   | Courtesy Car ( )   | eparation Checklist nt Reporting (\$30); a Assessment (\$100); INC (\$80)   | Aug (S) Ai<br>fit Bill Ad  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  Dimant's Particulars:  | Courtesy Car ( )   | eparation Checklist  Interpreting (\$30);  Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1   | Anif (S) Ai<br>fit Bill Ad   |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  Dimant's Particulars:  | Courtesy Car ( )  ( )  3000] ( )  Invoice Pr  1) AR: Accide 2) DA: Darmag 3) TF: Towing 4) FT: Follow- For claiming  | eparation Checklist  Interesting (\$30);  Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1  Through Survey (Resurvey) \$  against INC Only (wef 10 Jan 2005)  | Anit (S) At fit Bill Ad  |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  Dimant's Particulars:  iver/Owner:  intact No:   | Courtesy Car ( )  ( )  3000] ( )  Invoice Pr  1) AR: Accide 2) DA: Darmag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp  | Eparation Checklist  at Reporting (\$30);  a Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1  Through Survey (Resurvey) \$  against INC Only (wef 10 Jan 2005)  action \$5   | Anit (S) Ani |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Liminant's Particulars:  iver/Owner:  | Courtesy Car ( )  ( )  3000] ( )  Invoice Pr  1) AR: Accide 2) DA: Darmag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp  | Eparation Checklist:  Introduction (\$30);  Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1  Through Survey (Resurvey) \$  agoinst JNC Only (wef 10 Jan 2005)  action \$5  + SMRT Survey \$1   | Anit (S) Ani |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  atimant's Particulars:- iver/Owner: intact No: maged Portion:  | Courtesy Car ( )   | Eparation Checklist:  at Reporting (\$30);  a Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1  Through Survey (Resurvey) \$  against INC Only (wef 10 Jan 2005)  action \$5  at SMRT Survey \$1  and Services.   | Ant (S) And Tit Bill Ad  45 20 30 75   |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  atimant's Particulars:- iver/Owner: intact No: maged Portion:  | Courtesy Car ( )   | Date & Time Comple od  Date & Time Comple od  Checklist  Interporting (\$30);  Assessment (\$100); INC (\$80)  Fee \$40/5  Through Survey \$1  Through Survey (Resurvey) \$  against JNC Only (wef 10 Jen 2005)  cetion \$  + SMRT Survey \$1  ional Services.  | Anit (S) Ani |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):                     | Courtesy Car (   | Date & Time Comple of  Date & Time Comple of | Acut (S) Ad<br>The Bill Ad<br>45<br>20<br>30<br>75<br>60   |
| 1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  almant's Particulars:- iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments:- | Courtesy Car (   | Date & Time Comple of  Date & Time Comple of | Ani; (S) Ai<br>Tit Bill Ad<br>45<br>20<br>30<br>75<br>60   |
| 1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions   | Courtesy Car (   | Date & Time Comple of  Date & | Anit (S) Ani |

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

**EMail Address** 

- 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 insurance and the copies of the report to the insurance and the copies of this report to the insurance and the copies of th

|   | ACCIDENT STATEMENT   |
|---|--|
| Data Of Bassal  | The state of the s |
| Date Of Assident  | 15/08/2019 11:45   |
| Date Of Accident  | 14/08/2019 08:15   |
| Exact Location Of Accident  | SLIP RD PIE (TUAS) TWDS JLN ANAK BUKIT   |
| Country/State of Loss   | SINGAPORE  |
| The San Control of the San                  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number   | SLC2977K   |
| Insured/Policyholder  |  |
| Name Of Registered Owner  | VOULEZ CARS  |
| Co Reg No   | 53350846X  |
| Email Address   | NOEMAIL  |
| Mobile Phone No   | (LOCAL) +65-91449265   |
| Alternative Phone No  | OFFICE-91449265  |
| Vehicle Particulars   |  |
| Manufacturer  | ТОУОТА   |
| Model   | VIOS E GRADE 1.5 A/T   |
| Exact Purpose for which vehicle was being used a<br>time of accident            | at COMMERCIAL USE  |
| Are you claiming under your own insurance policy<br>for repair to your vehicle? | NO NO  |
| f 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  | YES  |
| Policy Number   | 5097296239-01  |
| Cover Note Number   |  |
| Driver  |  |
| Name of Driver  | KOO LENG SOON  |
| NRIC No   | \$78846901   |
| Date Of Birth   | 14/03/1978   |
| Occupation  | OUTDOOR  |
| Date Of Driving Pass  | 28/02/2000   |
| Oriving Experience  | 19 YEARS AND 5 MONTHS  |
| Gender  | MALE   |

(LOCAL) +65-92974470

OFFICE-92974470

NOEMAIL

BLK 986A BUANGKOK CRESCENT Address

#12-34 531986

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

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

Number of Passengers (Including Driver)

Passenger 1

NAME: . .

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF PIE (TUAS), I LOOK ON MY RIGHT VIEW TO CHECK ONCOMING VEHICLES BEFORE I CAN PROCEED. AS THERE WAS NO ONCOMING VEHICLES TRAVEL ALONG MAIN ROAD. AS I MERGED ONTO JLN ANAK BUKIT, SUDDENLY VEHICLE B CUT ONTO MY LANE FROM RIGHT SIDE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

#### Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU662K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver YU HUI NRIC/Passport Number S85753811

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

|  | DETAILS OF INJURED PERSON 1 |  |  |  |  |
|--|-----------------------------|--|--|--|--|
| Name   | KOO LENG SOON               |  |  |  |  |
| Approximate Age  |                             |  |  |  |  |
| Injuries Sustain                                       | BODY                        |  |  |  |  |
| Injured person in which vehicle?                       | SLC2977K                    |  |  |  |  |
| Were seat belts worn?                                  | YES                         |  |  |  |  |
| Was this injured conveyed to hospital by<br>ambulance? | NO                          |  |  |  |  |
| Address  |                             |  |  |  |  |
| Postcode   |                             |  |  |  |  |

#### SKETCH PLAN

## 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 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.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the 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:
  - (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. (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:
  - (i) 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:

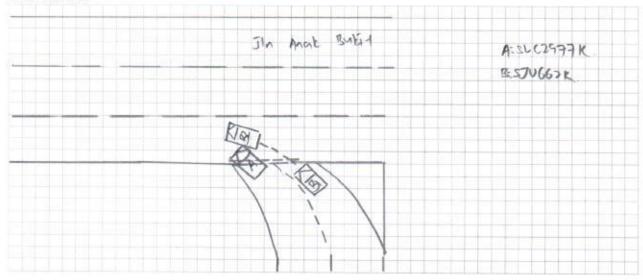
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Persopnel's Signature

NRIC/FIN No.:

## SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| nefer to Hutement. |
|--------------------|
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |
|                    |

DECLARATION

I/We deciare 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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S78846901



KOO LENG SOON .



Race CHINESE

14-03-1978

MALAYSIA



For LKK/NAC Use Only

KOO LENG SOON

5531055

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

For LKK/NAC Use Only

NP 428A

11-11-2015

APT BLK 986A BUANGKOK CRESCENT #12-34 SINGAPORE 531986



| Policy No.                     | 5097296239-01               | Policyholder<br>Name              | VOULEZ                | CARS               | Policyholder<br>NRIC   | 53350846X        |  |
|--------------------------------|-----------------------------|-----------------------------------|-----------------------|--------------------|------------------------|------------------|--|
| Certificate<br>No.             |                             | 110110                            |                       |                    | MAC                    |                  |  |
| Address                        | BLK 102 #09-908 SIMEI STREE | T 1 SINGAPOR                      | E 520102              |                    |                        |                  |  |
| Product<br>Name                | FLEET INSURANCE             | Plan                              |                       |                    | Group<br>Policy Flag   | N                |  |
| Policy<br>issue<br>Date        | 30/08/2018                  | Effective<br>Date                 | tive 25/09/2018 00:00 |                    | Expiry Date            | 24/09/2019 23:59 |  |
| Excess<br>Type                 |                             | All Claims<br>Excess              |                       |                    |                        |                  |  |
| Third<br>Party<br>Excess       | 1500.00                     | Own<br>damage<br>Excess           | 1500.00               |                    | Windscreen<br>Excess   | 100.00           |  |
| Additional<br>Excess           | 0                           | OS<br>Premium                     | 497.23                |                    |                        |                  |  |
| Outside<br>Singapore<br>OD     | 1500.00                     | Outside<br>Singapore<br>TP Excess | 1500.00               |                    |                        | You              | ng/Inexperience Driver Excess  |
| Excess                         |                             | MARKET MARKET                     |                       |                    |                        |                  |  |
| Agent                          | ANIKA INS BROKERS & CONSU   | Agent Tel.                        | 6672998               | 8                  | GST Flag               | Y                |  |
| Flag<br>Open<br>Policy<br>Info | No                          |                                   |                       |                    |                        |                  |  |
| Certificate<br>Info            |                             |                                   |                       |                    |                        |                  |  |
| Policyh                        | older Mailing Address       |                                   |                       |                    |                        |                  |  |
| Address 1                      | BLK 102 #09-908             | Addre                             | ess 2                 | SIMEI STREET 1     |                        | Address 3        | SINGAPORE 520102   |
| Address 4                      |                             |                                   | ss Type               | Singapore address  |                        | Post Code        | 520102   |
| Unit No.                       | 09-908                      | Relate<br>Numb                    | ed Policy<br>per      | 5097296239-01      |                        |                  |  |
| D Insure                       | d Object: SLC2977K          |                                   |                       |                    |                        |                  |  |
|                                | ements                      |                                   |                       |                    |                        |                  |  |
| Sequen                         | ce Date of Endorsement      | Endorseme                         | nt Type               | Endorsement Number | Endorra                | ment Status      | Endorsement Content  |
| 1                              | 25/09/2018 00:00            | Basic Informa<br>Endorsement      | 255                   | 000001286901958    | Endorseme<br>Effective |                  | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ7952Z 25-09-2018 \$1,156.18 In view of this amendment, an additional premium of \$1,156.18 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. |
|                                |                             |                                   |                       |                    |                        |                  | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF1867K 18-10-2018  |

| Claim Handling The premium on this policy has | and been collected.                    |  |                                  |                                       | -  |
|---|--|--|----------------------------------|---------------------------------------|--|
| Accident MT/1057775                           | 90000000000000000000000000000000000000 | - Marieno  |                                  |                                       |  |
| Policy No.<br>Certificate No.                 | 5097296239-01                          | Vehicle No.  | 5LC2977K                         | GST Registration No.                  |  |
| Policyholder Name                             | VOLLEZ CARS                            |  |                                  | Policyholder NRIC                     | \$33\$0846X  |
| Product Code                                  | FLEET INSURANCE                        | Cover Type   | drivo CLASSIC                    | Loading                               | 0  |
| Contact No (Mobile)                           | 91449265                               | Contact No.(Office)  | 0                                | Contact No.(Home)                     | 0  |
| Email Address                                 |  | Special Remark   |                                  | eCode                                 | The ♥  |
| CFK.  | ® No ○ Yes                             | TCA  | ® No ○Yes                        | eCode Reason                          |  |
| NCD Protection                                | No                                     | NCD Entitlement(%)   | 0                                | Private Hire                          | Yes  |
| Accident Details                              |  | A 1408 (ACCUMENTAL)  |                                  | 7777                                  | 184  |
| Report Date                                   | 15/08/2019 12:03                       | Accident Report Within 24 hrs  | Yes                              | Accident Type                         | Side Swipe   |
| Date of Acodem                                | 14/08/2019                             | Time of Accident hincmm  | 08:15                            | Country of Accident                   | Singapore  |
| Reporting Centre                              |  | Orange Force   |                                  | ICM No.                               | angepore:  |
| Accident Location                             | SLIP RD PIE (TUAS) TWOS ILN ANAK BUKIT | TO THE PARTY OF TH |                                  | 1007,1405                             |  |
| Trees.  |  |  |                                  |                                       |  |
| Own damage Excess                             | 1,500.00                               | Additional Excess  | 0                                | Windscreen Excess                     | 100.00   |
| Unnamed Driver Excess                         |  | Outside Singapore OD Excess  | 5,500.00                         | 50, 600,500,000,000,000               | 574.000  |
| Third Party Excess                            | 1.500.00                               | Outside Singapore TP Excess  | 1,500.00                         |                                       |  |
| ♥ Benefits                                    |  |  |                                  |                                       |  |
| GST Registered Inform                         | ation                                  |  |                                  |                                       |  |
| ST Registered                                 | No .                                   |  | GST Registration Date            |                                       |  |
| SST Registration No.                          |  |  | GST Status Verified              | Yes                                   |  |
| Modification History                          |  |  |                                  |                                       |  |
| ▽ Policyholder Halling Ad                     | Idress                                 |  |                                  |                                       |  |
| Address 1                                     | BUK 102 #09-908                        | Address 2  | SIMEI STREET 1                   | Address T                             | CHICARDON FRANCE   |
| Address 4                                     |  | Address Type   |                                  | Address 3<br>Post Code                | SINGAPORE 520102   |
| Unit No.                                      | 09-908                                 | Related Policy Number  | Singapore address                | Post Code                             | 520102   |
| ♥ OI Driver Info                              | 09-900                                 | Kelated Policy Number  | 5097296239-01                    |                                       |  |
| Onver Name                                    | Unnamed Driver                         | Driver Type  | Unnamed Driver                   |                                       |  |
| Innamed driver Name                           | KDO LENG SOON                          | Driver NRIC  | \$78846901                       | Driver DDB                            | 14/03/1978   |
| egister Date of Driver License                |  | Driver Age   | 41                               |                                       |  |
| Contact No.(Mobile)                           | 92974470                               | Contact No.(Office)  | 0                                | Driving Experience Contact No. (Home) | 0  |
| Address 1                                     | BLK 986A                               | Address 2  | BUANGKOK CRESCENT                | Address 3                             | BUANGKOK COURT   |
| Address 4                                     | SINGAPORE 531986                       | Address Type   | Singapore address                | Post Code                             |  |
| ine No.                                       | 12-34                                  | AMERICA S  | Signal address                   | Plat Cade                             | 531986   |
| Does he own a Singapore<br>Registered car?    | ○ Yes ® No                             | Driver Vehicle No.   |                                  | Driver Insurer Company                |  |
| eclaration                                    |  |  |                                  |                                       |  |
| Breathalyser or Blood Test<br>Reading?        | 0 mg                                   | Any injury?  | ® Yes ○ No                       |                                       |  |
| lodification History                          |  |  |                                  |                                       |  |
| Cleim 001 New                                 |  |  |                                  |                                       |  |
| Daim Type +                                   | 00-MX V                                | Insured Name   | VOULEZ CARS                      | Insured NRIC                          | 53350846X  |
| ontact No. (Mobile)                           | 91449265                               | Contact No.(Home)  | NIL                              | Contact No.(Office)                   | \$   |
| mail Address                                  |  | OI Vehicle Number  | SLC2977K                         | TP Vehicle Number                     | \$3U662K   |
| laimant Type Claimant Type+                   | Please Select                          | Type of Benefit *  | Please Select                    | To residual resimber                  | mrinera.   |
| laimant Name *                                | 22                                     | Claimant NRIC +  | CHECKET TO STORY                 |                                       |  |
| laimant Address                               |  |  |                                  | 1                                     |  |
| laim Description                              | SLC2977K / S3U662K ON 14 Aug 2019      |  |                                  | Name of Preferred Workshop            |  |
| referred Workshop Contact                     |  | Insured Liability •  | Not at Fault                     | J                                     |  |
| o.<br>equire Finalisation                     | Yes 🔻                                  |  |                                  | 614                                   |  |
|   |  | Preferend Repair Option  | Preferred Workshop, Name unknown | GIA report                            | Received   |
| ate Registered<br>eport Taken By              | 15/08/2019 12:05<br>Jackson            | Claim Close Date   |                                  | Date Received                         | 15/08/2019 00:00   |
| Print AK letter                               | Jackson                                |  |                                  |                                       |  |
| EL PRINT AK JETTEF                            |  |  |                                  |                                       |  |
| Attachment                                    |  |  | Save Submit                      |                                       |  |
| e e   |  |  |                                  |                                       |  |
| codent No.                                    | MT/1057775                             | Claim No.  | 001                              |                                       |  |
| st Doc Received                               | ® Yes ○ No                             |  |                                  |                                       |  |
|   |  | Upload Date  | 15/08/2019 12:06                 |                                       |  |
|   | Path *                                 |  | Category •                       | Confidential Urgeno                   | DESCRIPTION OF THE PROPERTY OF |
|   |  | Browse.  |                                  |                                       | V  |
|   |  | Browse.  | Clear Please Select              | NO V Normal                           | ·  |
|   |  | Browse   | Clear Please Select >            | The California                        | (4)  |

