	tre Services.   wet   Jamos	5. 10° (2-10°) (2-10°) (2-10°)	
Date In: 17/19/19-17:08	Jeb description	Date & Time Completed	Done by
Ref No: 4/11/C1904348/24	SAS e-filing		
Veh No: Mayons	E-mail (within Shrs, AIC 2hrs		
D.O.A: 17/8/19-13:20	i-Motor Claim Form	M7/1058/45-201	17/8/19 17:33
OD : frp)' Reporting Only	i-Motor W/O (Within: OD	The state of the s	
OB : IFF. Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Repor	t	0.02
Tr Hisurer.	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 60	13808V INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	,000 ( )/\$2,000 ( )		
General Remarks:-			Son S
( ) Walk-In Customer : Customer's in		- I I I I I I I I I I I I I I I I I I I	
( ) Total Loss Case : to e-mail Insu		*	
		Towing Co: (	· · · · · · · · · · · · · · · · · · ·
			TERRET WATER
Remarks:- (INC hotline: 6788 6616)	A SANCTON COLVER SAME IN STREET, STREE	Date&Time Completed	Done by
	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
2) II-11D		The state of the s	
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		
	\$3000] ( )		
Injury:	\$3000] ( )		
	\$3000] ( )	a. w is a constant of the second	esections.
Injury:	\$3000] ( )		and the state of t
Injury:	\$3000] ( )	as a result of the control of the second	esessione.
Injury:	\$3000] ( )		EBRICO AND P
Injury:	\$3000] ( )	1 - W	
Injury:	\$3000] ( )		
Injury:		experition Checklist	Ant (5) Amil
Injury:	1 Invoice Pi	eparation Checklist	Ant (5) Ami
Injury:	Invoice Pr	nt Reporting (\$30);	In Bill Add I
Injury:  Date/Fime Actions  NAI 906150  alimant's Particulars::-	Invoice Pr 1) AR: Accide 2) DA: Dame 3) TF: Towing	int Reporting (\$30); to Assessment (\$100); INC (\$80; Fee \$40,	18 Bill Add I 0) 1545
Injury:  Date/Fime Actions  NAI 906 150  alimant's Particulars::-  iver/Owner:	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow	int Reporting (\$30); to Assessment (\$100); INC (\$80); Fee \$400. Through Survey \$	18 Bill Add I 0) 1545 120
Injury:  Date/Fime Actions  NAI 906150  alimant's Particulars::-	Invoice Pr 1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming	int Reporting (\$30); to Assessment (\$100); INC (\$80; Fee \$400. Through Survey \$ Through Survey (Resurvey) Lagainst INC Only (wef 10 Jan 2005)	18 Bill Add I 0) 545 120 530
Injury:  Date/Fime Actions  NAI 906 150  alimant's Particulars::-  iver/Owner:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Fullow For claiming 6) TR: Re-ins	int Reporting (\$30); to Assessment (\$100); INC (\$80); Fee \$400. Through Survey \$ Through Survey (Resurvey) Lagginst INC Only (wef 10 Jan 2005) section	18 Bill Add I 0) 545 120 530
Injury:  Onte/Fime Actions  NAI 906 100  sumant's Particulars:- iver/Owner:  ntact No:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-ins 7) N1: Idao D.	int Reporting (\$30); to Assessment (\$100); INC (\$80; Fee \$400. Through Survey \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section	18 Bill Add I 0) 545 120 530
Injury:  Onte/Fime Actions  MAI 906 100  alimant's Particulars::- iver/Owner:  maged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D. 8) NTUC Addi QD.*	int Reporting (\$30); to Assessment (\$100); INC (\$80; Fee \$400 Through Survey \$ Through Survey (Resurvey) Lagainst INC Only (wef 10 Jan 2005) section A + SMRT Survey \$ Itional Services	18tBill Add I 0) 7545 1220 5330 575
Injury:  Onte/Fime Actions  NAI 906 100  sumant's Particulars:- iver/Owner:  ntact No:	Invoice Pr  1) AR: Accide 2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D. 8) NTUC Addi QD; * N5: Courte	int Reporting (\$30); to Assessment (\$100); INC (\$86; Fee \$400 Through Survey \$ Through Survey (Resurvey) Lagginst INC Only (wef 10 Jan 2003) section A + SMRT Survey \$ Itional Services.	15tBill Add 1 0) 7545 1220 5330 575 160
Injury:  Date/Fime Actions  MAI 906 100  mimant's Particulars::-  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D. 8) NTUC Addi QD)* *N5: Courte *N6: Repair	int Reporting (\$30); to Assessment (\$100); INC (\$80; Fee \$400 Through Survey \$ Through Survey (Resurvey) Lagainst INC Only (wef 10 Jan 2003) section A + SMRT Survey \$ tional Services	18tBill Add I 0) 7545 1220 5330 575
Injury:  Onte/Fime Actions  MAI 906 100  alimant's Particulars::- iver/Owner:  maged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins; 7) N1: Idao D. 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R. *N8: DV / C.	int Reporting (\$30); to Assessment (\$100); INC (\$86; Fee \$40. Through Survey \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section A + SMRT Survey \$ tional Services.  sy Cer / Tpt Allowanue Co-ordination cpair Inspection ollect Excess Coordination	15tBill Add I  0) 7545 1200 5330 575 1600 535 510 525 535
Injury:  Date/Fime Actions  MAI 906 100  mimant's Particulars::-  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins; 7) N1: Idao D. 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R. *N8: DV / C.	int Reporting (\$30); to Assessment (\$100); INC (\$86; Fee \$40. Through Survey \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section A + SMRT Survey \$ tional Services.  sy Car / Tpt Allowanue Co-ordination apair Inspection ollect Excess Coordination TP (Non INC) against INC	15tBill Add 1 0) 7545 1120 5330 575 160 55 510 525

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

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.
- 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.
- 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.

56/96/00 M	
	ACCIDENT STATEMENT
Date Of Report	17/08/2019 17:00
Date Of Accident	17/08/2019 13:20
Exact Location Of Accident	PAYA LEBAR RD TWDS GEYLANG RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ4312S
Insured/Policyholder	
Name Of Registered Owner	KOH CHIN SUN
NRIC No	S1429529A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97680300
Alternative Phone No	OFFICE-97680300
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS IS200T EXECUTIVE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105956488
Cover Note Number	
Driver	
Name of Driver	LIM BENG HUAT
NRIC No	S1588857A
Date Of Birth	15/05/1963

OUTDOOR

22/07/1983

+65-84048628

NOEMAIL

OFFICE-84048628

MALE

36 YEARS AND 0 MONTHS

Address

BLK 496F TAMPINES AVENUE 9

#12-504

Postcode

522496

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

RELATIVE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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)

1

**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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GQ3808U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Page 2 of 22

Vehicle Registration Number

SLP6426P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Name

LIM BENG HUAT

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SLQ4312S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

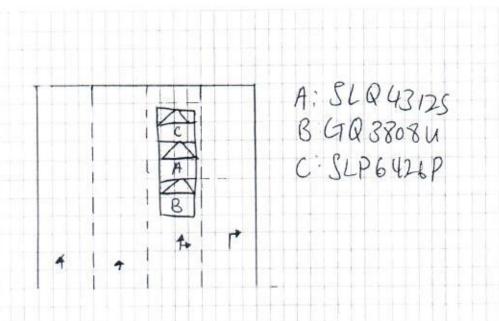
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I WAS SATIONARY ALONG PAYA LEBAR	_
ROAD TOWARDS GEYLANG AS THE TRAFFIC	-
LIGHT WAS RED. OUT OF THE SUDDEN I FELT	-
AN HUGE IMPACT FROM THE REAR PORTION	-
OF MY VEHICLE WHICH CAUSE ME TO	-
THRUST FORWARD AND COLLIDE ONTO	-
VEHICLE C. I HAVE VIDEO FOOTAGE TO	-
PROVE MY STATEMENT . TOTAL 3 CARS ARE	
- INVOLVED.	-

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

# RTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	17 08 119	(DD/MM/YY)
Time of accident	1:20 pm	(HH:MM)
Exact location of accident	Paya Lebar Rd twds Geylang Rd	

<b>被</b> 野星是不安尼亚巴西	DE	TAILS OF	VEHICLE			DE STATE
Vehicle registration number	5 LQ 4	312S				
Vehicle make and model	Lexus					
Type of vehicle	Saloon  Lorry	MPV 🗆 Bus 🗅		□ Van orcycle □	Others:	
Vehicle category	Private Z	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes  Third part cla	No □ aim 🗹		ease select: ng only 🗆		

	INSURANCE IN	FORMATION	Residence To the
Insurance company	HTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

The state of the s	INSURED / POLICY HOLDER		
Name	koh Chin Sun	Male	Female
NRIC / Fin / Passport number	SI4 295 29 A		
Contact	97680300		
Address			

DRIVER	SAME AS INSURED ABOVE   (SKIP TO D.O.E	B)	and the same
Name	Lim Beng Hvat	Male 🗆	Female 🗆
NRIC / Fin / Passport number			
Contact	84048628	1547	
Address		52240 6)	
Email address			
Date of birth	15 05 1963		
Occupation	Indoor Outdoor		
Driving date pass	22/07/1983		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of the insured's company?	Yes D No D
Accident captured by camera	If no, relationship of the driver and insured: in - LQW  Yes ✓ No □
Weather condition	
Road surface	
No of passenger	Dryco Wet
	(Inclusive of driver
ALL STORY OF THE STORY OF THE STORY	
Name	PASSENGER 1
Gender	
- Citaci	Male  Female
Name	PASSENGER 2
Gender	
Gender	Male  Female
	PASSENGER 3
Name	
Gender	Male D Female
Property of the Control of the Contr	PASSENGER 4
Name	1 ASSENDER 4
Gender	Male Female D
	Temale
White Street Street	DASCENCED
Name	PASSENGER 5
Gender	Male D Female D
	Male   Female
Name	PASSENGER 6
Gender	- Volume
ocidei /	Male   Female
Mas and add to the	OTHER INFORMATION
Ales att	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes of No a
ELANCE AND DESCRIPTION OF THE PARTY OF THE P	DETAILS OF POLICE STATION ACTION
eported to police?	Yes  No If yes, please state which police station.
olice station name	yes, picase state which police station.
<b>建</b> 加强的设置。	WITNESS 1
ame	minted 1
CHARLES A SECURIOR SEC	WITNESS
ame	WITNESS 2

Vehicle registration number	GQ 3808 V
Vehicle make model	CIG 2808 M
Name	
NRIC / Fin / Passport number	
Contact	

Vahiela regista di	THIRD PARTY VEHICLE 2
Vehicle registration number	SLP 6426P
Vehicle make model	The state of the second
Name	
NRIC / Fin / Passport number	
Contact	

Vahida and it	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	TEMELE O
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Value of the second sec	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1	
	1 114	BENG HUAT	
Name			
Injuries sustained Which vehicle person in?		43125	
Were seat belts worn?	Yes	No D	
Was injured conveyed to	Yes 🗆	No.2	
hospital by ambulance?	163 []	140,2	
nospital by ambulance:			
Branch Company	DE ROJEN	INJURED PERSON 2	THE PERSON NAMED OF THE PERSON
No.		INJUNED PERSON 2	
Name Injuries sustained			
Injuries sustained Which vehicle person in?			
Were seat belts worn?	Yes□	No 🗆	
Was injured conveyed to	Yes	No 🗆	
hospital by ambulance?	163 [	140 🗅	
nospital by ambalance:	Was a second		
A STATE OF THE STA	AND VALUE OF	INJURED PERSON 3	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1636		
nospital by unibulance.			
	wagiin com	INJURED PERSON 4	
Name		/	
Injuries sustained	1		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
E TOTAL STATE OF THE STATE OF T	<b>工艺三学</b> 和	INJURED PERSON 5	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
<b>美洲岛</b> 岛主亚金洲洲区中亚		INJURED PERSON 6	
Name		7020	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
	Yes 🗆	No 🗆	



Wide 1976 PROPERANCE ASSOCIATION OF SIMBARD READONS WATACHER. TIDE TRANSPERSON OF SIMPLE PROPERTY.
Simples October 200 Prof. (1925 1926)
Tel (55) 5724 MP 0 Prof. (1925 1926)
Operating Hours: Monday to Take x 19400 - 1740 1
UNIVERSESS 1876 / OSY (1925 1926)
Operating Hours: Monday to Take x 19400 - 1740 1
UNIVERSESS 1876 / OSY (1925 1926)

INDESTANTINGTE: Please submit the completed Addendum form to the game Authorises Reports

	A COLUMN TO A COLU
	ADDENDUM
A) PARTICULARS OF P	erson making the amendments:
Original Report No	MNA 119107983 Vehicle Registration No. SL & +3125
A a π ≢(asshawn n afti)	Lim Beng HVAT NRC/EN/RESEARCH S 1588957A
("Vehicle Drive: Ve	enicle Owner) (*) Please datate as a garaginare
Actress	BIK 496 F Tampines Ave 9 #12-504 Sings pare [ 522496
Contact(Tel)	Mobile No.: 84048628
Email Address	claims @ teamwork garage. com
Date of Accident	17/08/19 Time of Accident: 1320
Place of Accident :	Paya lekar Rd Twas Geylang Road
Insurance Company:	NIOC
make the following on	on the above mentioned accident and would like to include additional information or nanoments:
make the following on	Ven A: SLQ 4317 Ven B: GQ 380
make the following on	Ven A : SLQ 4312
make the following on	Ven A: SLQ 4317 Ven B: GQ 380
make the following on	Ven A: SLQ 4317 Ven B: GQ 380

NRIC/FIN No.: Date:



PASSPORT (



## REPUBLIC OF SINGAPORE

Type Country Code Passpors No PA SGP K0154778D

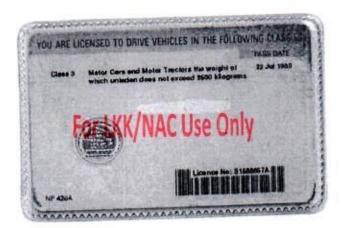


15 MAY 1963 Date of issue 15 JAN 2018 Date of explry 15 OCT 2023 SEE PAGE 2 National ID No S1588857A

MINISTRY OF HOME AFFAIRS



PASGPLIM<<BENG<HUAT<<<<<<<<< KD154778D1SGP6305154M2310152S1588857A<<<<<88



<b>eBao</b> Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	Chan	ge Password	→ Log Out	
My Desktop	<b>Policy Query</b>										
Notice of Loss	Policy No.				Date	of Accident		17/08/2019	3:20		
	Vehicle No.(For Motor)	SLQ43	125		Certi	ficate Number	1				
					Search						
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	5105956488		KOH CHIN SUN	S1429529A	GPC	drivo PREMIUM	SLQ43125	SLQ43125	06/12/2018	05/12/2019	
				-	Continue						

Policy No.	5105956488	Policyholder Name	KOH CHIN	SUN	Policyholder NRIC	S1429529A	
Certificate No.							
Address	BLK 496F #12-504 TAMPINES	AVENUE 9 SING	GAPORE 5224	496			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/11/2018	Effective Date	06/12/2018	00:00	Expiry Date	05/12/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 496F #12-504	Addr	ess 2	TAMPINES AVENUE	9	Address 3	SINGAPORE 522496
Address 4		Addr	ess Type	Singapore address		Post Code	522496
Address 4		Relat	ed Policy	5105956488			
		Num	per				
Unit No.	ed Object: SLQ4312S	Num	oer .				
Unit No.	ANALONE AND	Num	ber		7-08-001111		

laim Handling					
cident MT/1058145	- Calabara (Calabara (Cala	well-san o	w. arterioa	Commence of the Commence of th	
Hey No.	5105956488	Vehicle No.	SLQ4312S	GST Registration No.	
tificate No.	7.2.5.2.2.2.2.2.2			6-1	F1430F304
cyholder Name	KOH CHIN SUN PRIVATE CAR INSURANCE	Cover Type	driva PREMIUM	Policyholder NRJC Loading	S1429529A
duct Code nact No.(Mobile)	97680300	Contact No.(Office)	0	Contact No. (Home)	0
ui Address	W/500300	Special Remark	~	eCode	Dir V
in Accuracy	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Action 1
Protection	Yes .	NCD Entitlement(%)	50	Private Hire	No
Accident Details		and animalian and		CONTRACTOR.	96820
ort Date	17/08/2019 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
of Accident	17/08/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore
orting Centre		Orange Force		1CM No.	angapore.
tent Location	DAYA LEBAR RD TWDS GEYLANG RD	and get orde		467.00	
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Outside Singapore OD Excess	600.00	Canada and and and and and and and and an	
Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits	1,550	A same design of the same of the same	277		
GST Registered Informa	ation				
Registered	Na		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad		-94900074	TALINIAN ALICE TO	Administration 1	PINCAPORE ******
ress I	BLK 496F #12-504	Address 2	TAMPINES AVENUE 9 Singapore address	Address 3 Post Code	SINGAPORE \$22496 522496
ress 4		Address Type		Post Code	222430
No.		Related Policy Number	5105956488		
OI Driver Info er Name	LIM BENG HUAT	Driver Type	Named Driver		
arned driver Name	CIPI OCHIG PICKI	Driver NAIC	S1588857A	Driver DDB	15/05/1963
ster Date of Driver License	22/07/1983	Driver Age	56	Driving Experience	36
tect No.(Mobile)	84048628	Cornact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 496F	Address 2	TAMPINES AVENUE 9	Address 3	SINGAPORE 522496
ress 4		Address Type	Singapore address	Post Code	522496
t Way	12-504				
is he own a Singapore sistered car?	○ Yes  No	Oriver Vehicle No.		Driver Insurer Company	
taration			791 Page 200 W		
athalyser or Blood Test sding?	0 mg	Any injury?	® Yes ○ No		
theston History					
and the second					
leim 001 New					
			Websterness		
n Type *	OD-MX	Insured Name	KOH CHIN SUN	Insured NRIC	S1429529A
tact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
ill Address		OI Vehicle Number	SLQ4312S	TP Vehicle Number	одзвови
nant Type Claimant Type *	The state of the s	Type of Benefit *	Please Select 🔻		
ment Name +	22	Claimant NR3C *			
mant Address					
m Description erred Workshop Contact	SLQ43125 / GQ3808U DN 17 Aug 2019	General Statement	Freezen - Lorin	Name of Preferred Workshop	4
promotes and the source of		Insured Liability *	Not at Fault	-	
uire Finalisation	Yes 💌	Preference Repair Option	Preferred Workshop, Name unknown		Received V
e Registered	17/08/2019 17:33	Claim Close Date		Date Received	17/08/2019 00:00
ort Taken By	Jackson				
Print AK letter					
tachment			Save Submit		
2000000	William Control	172251 1921			
dent No.	MT/1058145	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	17/08/2019 17:34		
	Path *		Category *	Confidential Urgen	
		Browse		V Normal	
		Browse	Clear Please Select	V Normal	v
		Browse		V No V Normal	

