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Veli No. JRIMP	E-mail (within thirs, AIC 2hrs)		i
DOA 14 19 19-19:30	i-Motor Claim Form	M7 105847 6-001	22/8/19 15
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hi		
		-	
TP Insurer:	Assessment/Survey Report Ass't Report by Fax / Hand	to Owner/Wksn	
Proferred Wksp / INC Assign Wksp / QW: (
TP Particulars: Yeh No: (m h)	mc ()/Non-INC()	Fax:
Owner / Driver: (inc(Tel:	
Policy No: () Period	i: ()	Cover Type: (
Confirmed by : (Date:	Time:	
	e-Est. Status (WO): N: 0-20)
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() Walk-In Customer : Customer's information	tion strictly Co-Fits Will Di	Management of the William	Asset 1
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() Total Loss Case : to e-mail Insurer U			
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Remarks:- (INC hotline: 6788 6616)	NAME OF THE PERSON OF THE PERS	The second second second	TEACH AND A STREET
	A STATE OF THE PERSON NAMED IN COLUMN 2 IN	Date&Time Completed	Done by
	tesy Car ()		
2) QC Check / Post Repair Inspection	()		
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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
- 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

	ACCIDENT STATEMENT
Date Of Report	29/07/2019 19:20
Date Of Accident	28/07/2019 17:30
Exact Location Of Accident	OUTSIDE KHATIB MRT STATION TWDS YISHUN CENTRAL
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1173P
Insured/Policyholder	
Name Of Registered Owner	CHOW DAI JIE ADELINE
NRIC No	S9115646F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93827681
Alternative Phone No	OFFICE-93827681
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS G AUTO
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	5108905821
Cover Note Number	
Driver	
Name of Driver	CHOW DAI JIE, ADELINE (ZOU DAIJIE)
NRIC No	S9115646F
Date Of Birth	20/04/1991
Occupation	INDOOR

Date Of Driving Pass 17/02/2010

Driving Experience 9 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93827681

Fax Number

Contact Number OFFICE-93827681

EMail Address NOEMAIL Address

BLK 258 KIM KEAT AVENUE

#08-24

Postcode

310258

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)

2

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)

5

Passenger 1

NAME:

: LAU CHAI KUAN

GENDER:

: FEMALE

Passenger 2

NAME:

: CHOW HAO YU CLAYTON

GENDER:

: MALE

Passenger 3

NAME:

: CHOW YAO YANG BILLY

GENDER:

: MALE

Passenger 4

NAME:

: LORA LO HOI YEE

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

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

SMG2553S

Vehicle Make/Model/Colour

Page 2 of 18

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

CHOW DAI JIE, ADELINE (ZOU DAIJIE)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJR1173P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LAU CHAI KUAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJR1173P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

CHOW HAO YU CLAYTON

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJR1173P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

0.00

ambulance?

ambulance

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name

CHOW YAO YANG BILLY

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJR1173P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 5

Page 3 of 18

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LORA LO HOI YEE

NECK & BACK

SJR1173P

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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:

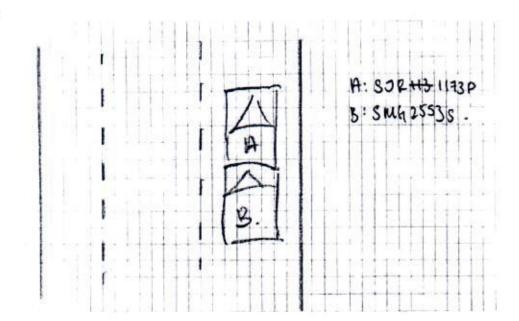
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Ack

Policy holder's signature Date / time: 's signature

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



DE	ESCRI	BE CIR	CUMS	TANCES O	F THE AC	CIDEN	T							
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DECLARATION

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

Policy holder's signat

Policy holder's signature Date & time: Oriver's signature (if driver is not policy holder) Date & time:

reporting centre personne's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.

新 斯特尼州市区地面的全部工作区	ACCIDENT DETAILS	
Date of accident	28.07.2019	(DD/MM/YY)
Time of accident	05:30pm	(HH:MM)
Exact location of accident	outside knatib MET stollow	

国 特别是我的是一个	AND THE E	DETAILS OF	VEHICLE		die de	
Vehicle registration number	SOR II	739				
Vehicle make and model	Toyota	Vies				
Type of vehicle	Saloon z	MPV 🗆 Bus 🗈	CRV Mot	□ Van	Others:	
Vehicle category	Private 2	Commo	ercial D	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part of	No 🗆		ease select:		

A Control of	INSURANCE INFORMATION
Insurance company	MSIG.
Policy number	4 2910 4948 QWX.
Type of policy	Comprehensive Third party fire & theft TP only

Manager of the state of the sta	INSURED / POLICY HOLDER		
Name	Chow Dai Die, ADELING	Male 🗆	Female 2
NRIC / Fin / Passport number	591166468		
Contact	9382 7681		
Address	BIE 258 km teen the #08-24 s(310)	F8)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male Femal	e 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	20-04-1991	
Occupation	Indoor D Outdoor D	
Driving date pass	17-02-2010.	

Bernstein Charles and Street	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No pr
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No a
Weather condition	Clear Raining Others:
Road surface	Dry.≱ Wet □
No of passenger	05 (Inclusive of driver
Market State of the State of th	
Name	PASSENGER 1
Gender	(how Dai JiE, HOELINE (Hmg)()
Gender	Male Female 2
Mary State of the	PASSENGER 2
Name	
Gender	Male □ Female Ø
MARKET TO THE STATE OF THE STAT	PACCELLAGE A
Name	PASSENGER 3
Gender	Male D Female 2
Gender	Male D Female 2
Charles Co.	PASSENGER 4
Name	
Gender	Male Z Female D
製造が出る。	PASSENGER 5
Name	
Gender	Male,z Female
	DACCEMOED C
Name	PASSENGER 6
Gender	Male Female
	More di Petriale di
	OTHER INFORMATION
Was anybody injured?	Yes No a
Was other vehicle damaged?	Yes No 🗆
	DETAILS OF BOLLSE STATION ASSESSMENT
Reported to police?	DETAILS OF POLICE STATION ACTION
Police station name	Yes D No If yes, please state which police station.
once station name	
Many server and a	WITNESS 1
Name	
Name of the last o	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1				
Vehicle registration number	smg 25535				
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

THIRD PARTY VEHICLE 2				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

學的自父子 8年 350000	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

28 5 F. 115 25 25 25 25 25 25 25 25 25 25 25 25 25	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

State of the second second	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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

A STATE OF THE STA	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Market Manager Control	TO ASSESSED	INJURED PERSON 1						
Name	Chow	Chow Dai Jie, HOEsine Clann les						
Injuries sustained	Shoulo	ver neck						
Which vehicle person in?		173 P.						
Were seat belts worn?	Yes z'	No 🗆						
Was injured conveyed to hospital by ambulance?	Yes 🗆	No a						

Manager Complete Holes	INJURED PERSON 2
Name	LAN CHAI FUAN CLIMBILL
Injuries sustained	Nect and book
Which vehicle person in?	
Were seat belts worn?	Yes Z No 🗆
Was injured conveyed to hospital by ambulance?	Yes a No g

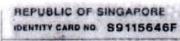
新兴学的人	INJURED PERSON 3
Name	CHOW HAS YN CEATTON (mak)
Injuries sustained	Neck and back
Which vehicle person in?	
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No.

AND THE PARTY OF T		INJURED PE	ERSON 4	
Name	CHON >	YAO YANG	BILLY (nn lu
Injuries sustained		and book		-
Which vehicle person in?				SCHOOL ST
Were seat belts worn?	Yes	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No Ø		

White Care Care Salver 12	INJURED PERSON 5
Name	LORA LO HOL YEE (AMA)()
Injuries sustained	week and bank.
Which vehicle person in?	
Were seat belts worn?	Yes & No a
Was injured conveyed to hospital by ambulance?	Yes O No.

AND THE STREET, DOOR OF		INJURED PERSON 6	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o	









CHOW DAI JIE, ADELINE

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! For LKK/NAC Use S / No. 9000270997 57115tons Minadianion NP 4284



GENERAL INSURANCE ASSOCIATION OF SIMBAPORE MESOROS MANAGEMENT CENTER STATES OF SURFERENCE OF MANAGEMENT CENTER THE STATE OF STATES OF ST

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

	· memyoc	spo mites	the Origin	al Report.			A
		Д	DOENE	UNI			
(A) PARTICULARS OF	PERSONNAKI	NGTHEAMS	NOMEN	TS:			
Original Report N	MNA!	19099	330	. Vanista h	animae at a a at	53	JR 112 3 P
Name(asshaws a NR	in: _ cho	w Dai Ju	e Adolin	LABORICA	ASSUMBLE NO.	50,	. 56 411
("Vehicle Driver/	Vahicle Owner)	(*) Please d	eleteasa	daranzises	/ Pass Dort No	: 371	1 30401
Accress	: BIK 2	58 kin	1 lead	Avenue	A08-24		
Contact (Tel)	9387	7681		_Mobile No	The second second	Sing	Sapore(31025)
Email Address	1	Name and the					
Date of Accident	150/07/	19	Wine so	Time of Ac	ciciano. 18	730	
Place of Accident	: outside	Khatib	MRT	Station	towards	Kishun	central
Insurance Company	:			1000000		nonv)	(Cornell
		to N	ruc				
		-					
es transce							
AS					$\overline{\gamma}$		
olicyhalder / Driver's Si	gnature	-3		Reporting Co	entre Personn	Jun	
ate:				- har cuit ce	inter Letzout	er s Signat	ura

Name: NRIC/FIN No .:

Date:



Certificate of Insurance

: MR053HY9305115406

: 23 Apr 2019

: 22 Apr 2020

: CHOW DAI JIE, ADELINE

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: 5108905821

Cover : drivo CLASSIC 1. Index mark and Registration Number of Vehicle : SJR1173P

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : \$\$600 EXCESS (SECTION 2) 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 : CHOW DAI JIE, ADELINE NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : DICKSON CAPITAL 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 23 Apr 2019 14:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

									Genera	alClaim
01						• Change	Language	• Chang	ge Password	• Log Ou
Polic	y Query									
Policy No	0.				Date	of Accident	2	8/07/2019	17:30	
Vehicle I	No (For Motor)	SJR117	73P		Certifi	icate Number				
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5108905821		CHOW DAI JIE, ADELINE (ZOU DAJIE)	S9115646F	GPC	drivo CLASSIC	SJR1173P	SJR1173P	23/04/2019	22/04/2020
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Sill 11 Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name CHOW DAI JIE, ADELINE	Policy Query Policy No. Vehicle No. (For Motor) Salect Policy No. Certificate Number Name Policyholder Name CHOW DAI O 5108905821 Discrepance Policyholder Name Spilosholder Name CHOW DAI Jie, ADELINE S9115646F	Policy Query Policy No. Date of the policy No. Vehicle No. (For Motor) \$\sum_{\$\text{SIR1173P}\$}\$ Certificate \text{Search} Select Policy No. \$\text{Certificate} \text{Number} \text{Number} Policyholder \text{NRIC} \text{Product} \$\text{5108905821}\$ \$\text{JIE, ADELINE}\$ \$\text{99115646F}\$ \$\text{GPC}\$	Policy Query Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Number Search Select Policy No. Certificate Number Name CHOW DAI JIE, ADELINE S9115646F GPC CHORDS	Policy Query Policy No. Date of Accident 2 Vehicle No. (For Motor) Search Search Select Policy No. Certificate Number Policyholder Name NRIC Name NRIC CHOW DAI O 5108905821 JIE, ADELINE S9115646F GPC Charge SIR1173P	Policy Query Policy No. Date of Accident 28/07/2019 : Vehicle No. (For Motor) Search Select Policy No. Certificate Number Search Search Select Policy No. Certificate Number Name Name Name Name Name Name Name Nam	Policy Query Policy No. Date of Accident 28/07/2019 17:30 Vehicle No. (For Motor) Search Select Policy No. Certificate Number Search Search Search Search Search Significate Number Search Search Significate Number Search Search Significate Number Search Search Search Significate Number Search Significate Number Search Search Significate Number Search Search Significate Number Search Significate Number Search Search Significate Number Search Search Significate Number Search Significate Number Search Search Significate Number Search Significate Number Search Search Significate Number Search Search



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	22/06/2019 15:52	Claim Close Date		Date Received	22/08/2019 00:00
	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown		Received
eferred Workshop Cortact L		Insured Liability. •	Not at Fault	■ 1000000000000000000000000000000000000	
um Description	S381173P / SMG2553S ON 28 Jul 2019	16.2 (0.00 V.5)(2.90 H	1000	Name of Preferred Workshop	9
imant Address					24
simant Name *	22	Claimant NR3C *			
simant Type Claimant Type •	Please Select	Type of Benefit +	Please Select		
nail Address		OI Vehicle Number	SJR1173P	TP Vehicle Number	SMG2553S
ntact No.(Mobile)	94507065	Contact No.(Home)	94507065	Contact No.(Office)	5
nm Type •	00-MX	Insured Name	CHOW DAI JIE, ADELINE (ZOU E	Insured NRIC	59115646F
N. D. D. C.					
Claim 001 New					
dification History					
eatherpeer or prood 1981 ading?	0 mg	Any injury?	Yes ○ No		
claration eathelyser or Blood Test					
egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
nt No. ses he own a Singapore	08-24				
ddress 4		Address Type	Singapore address	Post Code	310258
idress 1	BLK 258	Address 2	KIM KEAT AVENUE	Address 3	SINGAPORE 310258
ntact No.(Mobile)	93827681	Contact No.(Office)	0	Contact No.(Home)	0
gister Date of Driver License	17/02/2010	Driver Age	28	Driving Experience	9
named driver Name		Driver NRIC	\$9115646F	Oriver DOB	20/04/1991
iver Name	CHOW DAT STE, ADELSNE	Driver Type	Main Driver		
COI Driver Info		Related Policy Number	5106905821		
tress 4 t No.		Address Type Belated Policy Number	Singapore address	Post Code	310258
tress I	BLK 258 #08-24	Address 2	KIM KEAT AVENUE	Address 3	SINGAPORE 310258
Policyholder Mailing Ad		10/2011/04	V201402310203	0.025203-92.11	O ELITE MATERIAL DE LA CONTRACTION DEL CONTRACTION DEL CONTRACTION DE LA CONTRACTION
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T Registered T Registration No.	No		GST Registration Date GST Status Verified		
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otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
dditional Excess	0	2690 2000 00 00 00 00 00			
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
D Standard Excess	600.00	TP Standard Excess	0.00		
103/507/505	WAS CONTRACTOR		(1717)		
коева Туре	Per Accident	Windscreen Excess	100.00		
codent Location Total Excess Applicable	OUTSIDE KHATIB MRT STATION TWOS	ISHUN CENTRAL			
eporting Centre	DUTCHE MINERS AND DESCRIPTION OF THE	Orange Force		10M No.	
ate of Academs	28/07/2019	Time of Accident hhomm	17:30	Courtry of Accident	Singapore
sport Date	22/06/2019 15/51	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
Accident Details					
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Fet.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
mail Address		Special Remark		eCode	ni 🗸
intact No.(Mobile)	93827681	Contact No.(Office)	0	Contact No.(Home)	0
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Hcyholder Name	CHOW DAI JIE, ADELINE (ZOU DAJIE)			Policyholder NRIC	59115646F
and the second second		100175101001	TO 18 (19)	ATTENDED TO THE REAL PROPERTY.	
rtificate No.	5108905821	Vehicle No.	5351173P	GST Registration No.	

