			1411		
Date In: 24/8/19-14:16	Job description	Ďate	&Time Completed	Done	pž.
Ref No: WALING MO 15260724	SAS e-filing				
Veh No: 543767 P.	E-mail (within Shrs,	AIC 2hrs)			
D.O.A: 16 18 14-16:25	i-Motor Claim F	orm M1	1060036-001	29/8/ 19 N	:18
	i-Motor W/O (w	ithin: OD 2hrs, TP 4hrs			- Iron
OD (TP)! Reporting Only	i-Photo Uploade				
AUT 200	Assessment/Surve				
TP Insurer:	Ass't Report by F		r/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	
TP Particulars: Veh No: 5	VYORU'C	INC()/1	lon-INC()	7.	
Owner / Driver: (Tel	27. 12.)	4.6.11
Policy No: ()	Period: () Cove	Type: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO)	: N: 0-20%; P	21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()	/NO()			
	1,000 ()/\$2,000 ()			
General Remarks:-		CANAL ESSENAIN	ESTANCIONE STATE	1345 15 T.	
() Walk-In Customer : Customers in	AND STREET, ST	GUAGAGAA GUAGA	Agendance Andrew	STASSA NATIONAL PROPERTY.	100
	urer URGENTLY.	ential & Strictly N	o refer of repairer.		-
		·	7-1		
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO () ; Towing	00: (
Remarks:- (INC horline: 6788 6616)))):	Date	Time Completed 🖟	Done l	у
Apply for Transport Allowance ()	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection					
-) Co Check / Fusi Kepati inspection	()				
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		-		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		-		
	\$3000] ()				
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			2000 (S. 1874)	a Artis più
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		St. Sun Co. St. on hospital	analogue.	4 00, F.A.
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			\$258 S.C. S.S. X**'	, on, p.e.
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		Section Control		- 101, p.o.
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			\$250 Selection 1871.	w 1710 p. 14
3) Upload Resurvey Photo [Repair Cost > Injury :	()				- 1775 F.C.
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	1			Ant (S)	
Onte/Time Actions	ling	voice Preparatio	n Chrcklist.	Good Street, Section .	
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	In:	voice Preparatio R: Accident Reportin A: Darnage Assessme	n Checklist: (530); at (5100); INC (58	Jit Bill	
Onte/Time Actions	1 Inv	Oice Preparation R: Accident Reporting A: Damage Assessme	n Checklist; (\$30); at (\$100); INC (\$8	756 Bill 09 7545	
Onte/Time Actions	1 Int 1) A 2) E 3) T 4) F 5) F	Oice Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Su T: Follow-Through Su	(\$30); (\$30); at (\$100); INC (\$8 \$40, rvey (Resurvey)	7st Bill 0) 7s45 5120 530	
Onte/Time Actions Ac	1 Inv 1) A 2) D 3) T 4) F 5) F	Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Surreleining against IN	n Checklist: (330); at (\$100); INC (\$8	7st Bill 0) 7s45 5120 530	
Onte/Time Actions	1 Inv 1) A 2) D 3) T 4) F 5) F 6) T 7) N	Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Surrelaiming against INC R: Re-inspection 1: Idae DA + SMRT S	n Checklist: (\$30); at (\$100); INC (\$8 \$40 rvey rvey (Resurvey) Only (wef 10 Jan 2005)	7st Bill 0) 7545 5120 530	
Date/Time Actions Actions Actions Almant's Particulars: iver/Owner: maged Portion:	1 Int 1) A 2) E 3) T 4) F 5) F 6) T 7) N 8) N	Notice Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Surficient Surfice against INC R: Re-inspection 1: Idae DA + SMRT STUC Additional Service	n Checklist: (\$30); at (\$100); INC (\$8 \$40 rvey rvey (Resurvey) Only (wef 10 Jan 2005)	7st Bill	;Amt(1) Add,Bill
Onte/Time Actions Ac	1 Ind 1) A 2) E 3) T 4) F 5) F E 6) T 7) N 3) N	Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Surrelaiming against INC R: Re-inspection 1: Idae DA + SMRT S	n Checklist. (530); at (5100); INC (58 540. rvey (Resurvey) Only (wef 10 Jan 2005) urvey (5	7st Bill	
Onte/Time Actions Actions Actions Almant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	1 Int 1) A 2) E 3) T 4) F 5) F P 6) T 7) N 8) N	Noice Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Surrelaiming against INC R: Re-inspection 1: Idae DA + SMRT S TUC Additional Service International Service	n Checklist: (\$30); st (\$100); INC (\$8 section (\$80); rvey (\$80; rvey); Only (wef 10 Jan 2005); urvey Allowance	7545 5120 530 575 5160	
Date/Time Actions Actions Actions Almant's Particulars: iver/Owner: maged Portion:	1 Ind 2) D 3) T 4) F 5) F 6) T 7) N 8) N	Voice Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Surficient of the Surficient	n Checklist: (\$30); at (\$100); INC (\$8 \$40 rvey (Resurvey) Only (wef 10 Jan 2005) urvey (\$5 Allowerse	7545 5120 530 575 1160	
Onte/Time Actions Actions Actions Almant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	1 Int 1) A 2) E 3) T 4) F 5) F 6) T 7) N 8) N Q • • • • • • • • • • • • • • • • •	/OICC Preparation R: Accident Reporting A: Damage Assessme F: Towing Fee T: Follow-Through Sur- relaiming against IN/ R: Re-inspection 1: Idae DA + SMRT S TUC Additional Service NS: Courtesy Car / Tpl NS: Courtesy Car / Tpl N6: Repair Co-ordination 17: Fost Repair Inspec	n Checklist: (\$30); at (\$100); INC (\$8 section (\$100); INC (\$8 rvey (\$1	751 Bill 90 90 97545 81120 8330 8775 81160 855 85 85 85 85 85 85 85 85 85 85 85 85	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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	29/08/2019 14:16
Date Of Accident	16/08/2019 16:25
Exact Location Of Accident	SERANGOON RD BEFORE MOONSTONE LANE
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3767P
Insured/Policyholder	
Name Of Registered Owner	NG SIEW SONG
NRIC No	S1539269Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91186991
Alternative Phone No	OFFICE-91186991
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	5093291854-02
Cover Note Number	
Driver	
Name of Driver	NG SIEW SONG
NRIC No	S1539269Z
Date Of Birth	01/11/1962
Occupation	INDOOR
Date Of Driving Pass	06/11/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91186991
Fax Number	

OFFICE-91186991

NOEMAIL

Address BLK 143 POTONG PASIR AVENUE 2

#04-22

Postcode 350143

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

2

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

NO

YES

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

2

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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU4084C

Vehicle Make/Model/Colour TOYOTA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBH9450J

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)

SKETCH PLAN

MPORTANT NOTICE

- 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 misrapresentation 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 dark of the insurance companies.
- I. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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 aloreseld.
- S. Consent under the Personal Data Protection Act (PDPA)

tunderstand, 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or desiring with my dalms 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 low 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 occident and the insurers' lawyers/law firms, may/are permitted to exilect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) thy 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 Singapora, for one or more of the above Purposes.
- (6) 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 thay be shared / disclosed:
 - 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.

1

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

A-SLR3767D B-SSU4084C C-GBH19450J SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT dofe and time, for traffic light Stationary Suddenly Green Veh which Invoving DECLARATION (Ave declare the foregoing particulars are true in every respect. Policyholder's Signature Oriver's Signature Reporting Centre Personne signature Date & Time: Name:

(If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Date of Accident	: 16 8 19 Accident Time: 16 23 (24-HR-Format)
Accident Place	: Sevangoon Road Before Moonstone Lane
Vehicle Reg. No. (Car Plate No.)	: SLR 3767 P
Vehicle Make/Model	: Hyundai Elantva
Insurance Company	: NTUC Income Policy No. 5093291854
Owner or Company Name /IC No.	NG Siew Song 5153926942
Owner or Company Contact No.	:Owner's Hp 91186991 Company Tel
DRIVER'S Name / IC No.	: Ng Siew Song 315392695
DRIVER'S Date Of Birth	: 01 11 1962 DRIVER'S License Pass Date 06 11 1987
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.
DRIVER'S Address	: 143 Peterno Pasir Ace 2 #04-22 55
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	:
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Di	
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES \NO being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: SJU 4 080	
Vehicle Make Model: Toyota &	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1539269Z





NG SIEW SONG

黄FO私LK版/NAC Use Only



Onle of birth Sex
01-11-1962 M
Country/Piece of birth
SINGAPORE





APT BLK 143 POTONG PASIR AVENUE 2 #04-22 SINGAPORE 350143







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: 5093291854-02

1. Index mark and Registration Number of Vehicle

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.

: SLR3767P

: NG SIEW SONG

: 12 Aug 2019

: 11 Aug 2020

Cover : drivo PREMIUM

: KMHD841CMJU527623

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.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : S\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE

EXCESS WAIVER PRIMARY DRIVER

NAMED DRIVER (1) NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

: N/A

: PLEASE REFER OVERLEAF

: YES : YES : YES (FREE) · NO : NO

: NG SIEW SONG : TAN SUNG WEI : WONG CHOY CHAN

: N/A

: 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

: RTMT MOTOR PTE LTD (00000571270)

Date of Issue Reprint

: 22 Jun 2019 12:50 hrs : 22 Jun 2019 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech				Tomas I						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				CONTRACTOR STATE		• Change	Language	• Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	1	6/08/2019 1	16:25	
	Vehicle	No.(For Motor)	SLR376	57P		Certif	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	5093291854- 02		NG SIEW SONG	S1539269Z	GPC	drivo PREMIUM	SLR3767P	SLR3767P	12/08/2019	11/08/2020
				617000 033		Continue]				

Policy No.	5093291854-02	Policyholder Name	NG SIEW S	ONG	Policyholder NRIC	S1539269Z	
Certificate No.		_					
Address	BLK 143 #04-22 POTONG PAS	SIR AVENUE 2 SI	NGAPORE 3	50143			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	22/06/2019	Effective Date	12/08/2019	00:00	Expiry Date	11/08/2020 2	3:59
Excess Type	Per Accident	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	g/Inexperience Driver Excess
Agent	RTMT MOTOR PTE LTD	Agent Tel.	62871818		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
- Foliay			ess 2	POTONG PASIR A	VENUE 2	Address 3	SINGAPORE 350143
abilities (Com	BLK 143 #04-22	Addre	and the	1010HG 17DIK			
Address 1	BLK 143 #04-22	21.00.2000	ess Type	Singapore addres	s	Post Code	350143
Address 1 Address 4 Unit No.	BLK 143 #04-22	Addre	ess Type ed Policy	AND THE COMMENTAL OF	s	Post Code	350143
Address 1 Address 4 Unit No.	BLK 143 #04-22 ed Object: SLR3767P	Addre Relat	ess Type ed Policy	Singapore addres	s	Post Code	350143
Address 1 Address 4 Unit No.	ed Object: SLR3767P	Addre Relat	ess Type ed Policy	Singapore addres	s	Post Code	350143

reliant MY consecution						
ccident MT/1060036			1000000	40.00000	257 CH2 GUTT TOTAL	
olicy No.	5093291854-02		Vehicle No.	SLR3767P	GST Registration No.	
rtificate No.						
scytolder Name	NG SIEW SONG				Policyholder NRIC	S1539269Z
educt Code	PRIVATE CAR INSURANC	26	Cover Type	drivo PREMIUM	Loading	0
mact No.(Mobile)	91186991		Contact No.(Office)	0	Contact No. (Home)	0
nati Address			Special Remark		eCode:	W V
K.	No Yes Yes Output No Yes Output No No Yes No No No Yes No No No No No No No No		TCA	® No ○Yes	eCode Reason	
D Protection	Yes		NCD Entitlement(%)	50	Private Hire	No
Accident Details						
port Date	29/08/2019 14:27		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
te of Accident	16/08/2019		Time of Accident hit mm	16:25	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
ident Location	SERANGOON RD BEFORE	E MOONSTONE LAN				
Total Excess Applicable						
ess Type	Per Accident		Windscreen Excess	100.00		
ess (Ahe	Per Acodem		Windscreen Excess	100.00		
Standard Excess		600.00	TP Standard Excess	0.00		
D DD Excess		0.00	YJED TP Excess	0.00	Driver is Covered?	Covered
Rional Excess		0				
al OD Excess Applicable		600.00	Total TP Excess Applicable	0.00		
Benefits			rosas y casseau appeciacie	5.00		
GST Registered Informa	ation					
Registered	No			GST Registration Date		
Registration No.				GST Status Venfied	Yes	
ification History				CVC0002 00 00 00 00 00 00 00 00 00 00 00 00	ALC: N	
Policyholder Mailing Ad	dress					
ress 1	BLK 143 #04-22		Address 2	POTONG PASIR AVENUE 2	Address 3	SINGAPORE 350143
ress 4			Address Type	Singapore address	Post Code	350143
No.					Post Code	330143
DI Driver Info			Related Policy Number	5093291854-02		
	Teleformia master		Patrick Trans	Main Driver		
er Name amed driver Name	NG SIEW SONG		Driver Type Driver NR3C		Driver 005	01/11/1962
ister Date of Driver License	061111087		Driver Age	51539269Z 56		31
					Driving Experience	
tact No.(Mobile)	91186991		Contact No.(Office)	o.	Contact No.(Home)	0
tress I	BUK 143		Address 2	POTONG PASIR AVENUE 2	Address 3	SINGAPORE 350143
iress 4			Address Type	Singapore address	Post Code	350143
es he own a Singapore	04-22					
istered car?	O Yes ® No		Driver Vehicle No.		Driver Insurer Company	
taration						
athalyser or Blood Test	0 mg		Any injury?	○ Yes No		
eritaipase or musea rasi						
iding?				0.110.11		
iding?						
ding?						
ding? Rication History						
ding? Rication History						
ding? Ficasion History Jaim 001 New						
ding? Ficasion History Laim 001 New	оо-мх	<u> </u>	Insured Name	NG SEEW SONG	Insured NRIC	\$15392692
ding? ficesion History laim 003 New m Type * ttect No.(Mobile)	GD-MX 91186991	V	Contact No.(Home)	NG SEEW SOING 62850132	Contact No. (Office)	NIL
ding? dicasion History laim 001 New m Type * ttact No.(Mosile) all Address	91186991		Contact No.(Home) OI Vehicle Number	NG SEEW SONG 62850132 SLR3767P		
ding? fication History Inim 001 New In Type * Itaci No.(Mosile) all Address mant Type Calimant Type *	91186991	9	Contact No.(Home) Of Vehicle Number Type of Benefit *	NG SEEW SOING 62850132	Contact No. (Office)	NIL
ding? Accion History Inim 001 New In Type * Item No.(Mosile) Il Address mant Type Claimant Type * mant Name *	91186991		Contact No.(Home) OI Vehicle Number	NG SEEW SONG 62850132 SLR3767P	Contact No. (Office)	NIL
aim 001 New In Type * tect No.(Mosile) al Address mant Type Claimant Type * mant Name *	91186991	V	Contact No.(Home) Of Vehicle Number Type of Benefit *	NG SEEW SONG 62850132 SLR3767P	Contact No. (Office) TP Venicle Number	NIL
aim 001 New In Type * tect No.(Mosile) If Address Hant Type Calmant Type * mant Address In Description	91186991	>>	Contact No.(Home) Of Vehicle Number Type of Benefit *	NG SEEW SONG 62850132 SLR3767P	Contact No. (Office)	NIL
aim 001 New In Type * tect No.(Mosile) If Address Hant Type Calmant Type * mant Address In Description	91186991 Please Select	>>	Contact No.(Home) Of Vehicle Number Type of Benefit *	NG SEEW SONG 62850132 SLR3767P	Contact No. (Office) TP Venicle Number	NIL
aim 001 New In Type * tact No.(Mosile) al Address mant Type Claimant Type * mant Address in Description erred Workshop Contact	91186991 Please Select SUR 3767P / SJU4084C C	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability *	NG SIEW SCING 62850132 SLR3767P Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL STUMDBAC
fication History fication History fixed Mostle in Type * tect No.(Mostle) iii Address mant Type Claimant Type * mant Address in Description erred Workshop Contact uire Finalisation	91186991 Please Select SLR3767P / SJU4084C C	>>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SCING 62850132 SLR3767P Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
ding? fication History laim 001 New In Type * tect No.(Mosile) Il Address mant Type Claimant Type * mant Address In Description erred Workshop Contact uire Finalisation Registered	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability *	NG SIEW SCING 62850132 SLR3767P Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL STUMDBAC
ding? Sicesion History Laim 001 New In Type * Item No.(Mobile) In Address Intert Name * Intert Name * Intert Address In	91186991 Please Select SLR3767P / SJU4084C C	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SCING 62850132 SLR3767P Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
ding? Sicesion History Laim 001 New In Type * Item No.(Mobile) In Address Intert Name * Intert Name * Intert Address In	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SCING 62850132 SLR3767P Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
iding?	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SONG 62850132 SLR3767P Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
Initiation History Initiation Of New In Type * Intact No.(Mobile) Intact No.(Mobile) Intact No.(Mobile) Intact No.(Mobile) Intact No.(Mobile) Intact Name * Intact Name * Intact Name * Intact Name * Intact Name Type contact Intact Name Type Contact Intered Workshop Cont	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SCING 62850132 SLR3767P Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
inition of the man of	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SONG 62850132 SLR3767P Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
Initiation History Initiation Of New In Type * Intact No.(Mobile) Intact No.(Mobile) Intact No.(Mobile) Intact No.(Mobile) Intact No.(Mobile) Intact Name * Intact Name * Intact Name * Intact Name * Intact Name Type contact Intact Name Type Contact Intered Workshop Cont	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SONG 62850132 SLR3767P Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
in Type * Itam 001 New In Type * Itam 001 New Itam 001 New Itam 001 New Itam 001 New Itam 100 (Mobile) Itam 100 (Mobile	91186991 Pleade Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28 Jackson	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option Claim Close Date	NG SIEW SCING 62850132 SLR3767P Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received
inim 001 New Inim 001 New In Type * Ithors No. (Mobile) Init Address Init Address	91186991 Pleabe Select SLR3767P / SJU4084C C Yes 29/08/2019 14:28	>> DN 16 Aug 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Pyreferered Repair Option	NG SIEW SCING 62850132 SLR3767P Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SILMOBAC Received

