NATIONAL Assessment Centre					-
Date In: 19 4-17:25	Job description	n	Date & Time Completed	Done	e by
Ref No: HA   INC 190 17 64/74	SAS e-filing		i		
Veh No: 175522	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 5/6/19- 17.30	i-Motor Cla	im Form	MT 1061188-001	5/4/14 K	8:52
OD / TP Reporting Only	i-Motor W/	O (Within: OD 2hrs	, TP 4brs)		
To the state of th	i-Photo Uple	oaded			
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: 5	ax:	
TP Particulars: Veh No: 545441	174	. INC(	)/Non-INC( )	14	ARIES
Owner / Driver: (			Tel:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
			%; P: 21-79%. P: 80-1	00%]	
	arranty: YES (		)		
Excess: (\$ ) Loading: \$1,000	)()/\$2,000	( )			
General Remarks;-					
( ) Walk-In Customer: Customer's inform	ation strictly Co	nfidential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer		1	*		
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	NO( ); To	wing Co: (	7	)
Remarks: (INCL-41-20000000)	and the second			THE PERSON NAMED IN	y (***
Remarks:- (INC hotline: 6788 6616)			Date&Turis Completed	Done	by .
Apply for Transport Allowance ( )/Cou	irtesy Car (	)	Dates:Turib Completed	Done	by .
Apply for Transport Allowance ( )/Cou     QC Check / Post Repair Inspection	( )	)	Date&Turis Completed	Done	by
Apply for Transport Allowance ( )/Cou	( )	)	Dates Tamb Completed	Done	by
Apply for Transport Allowance ( ) / Cou     QC Check / Post Repair Inspection	( )	)	Date&Turis Completed	Done	by
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	( )	)	Date&Turis Completed	Done	by
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	( )	)		Done	by
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1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	( )	)			by
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( )	)			by  Amt(s)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( )		aration Checklist		
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions	( )	1) AR : Accident R	aration Checklist sporting (\$30);	Anit (S)	Amt (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAINO 67 17	( )		aration Checklist  aporting (\$30);  ssessment (\$100); INC (\$8	Anit (S)	Amt (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAINO 17 Insurant's Particulars:	( )	1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr	aration Checklist  aporting (\$30);  ssessment (\$100); INC (\$8  \$40  ough Survey	Anit (\$) fit Bill 0) (\$45	Am.(\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 67 17.  Buimant's Particulars:- iver/Owner:	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	aration Checklist  aporting (\$30);  assessment (\$100); INC (\$8  \$40,  bugh Survey	Anit (\$)   fit B         0)   545   120   530	Am.(\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 57 17  Lumant's Particulars:  iver/Owner:	( )	1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti	aration Checklist  aporting (\$30);  ssessment (\$100); INC (\$8:  \$40.  bugh Survey 5  bugh Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on	Anit (\$) fit Bill 0) \$45 120 \$30	Amt (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 57 17  aimant's Particulars: iver/Owner:  ntact No:	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age	aration Checklist  aporting (\$30);  assessment (\$100); INC (\$8:  \$40.  bugh Survey 3  bugh Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey 3	Amit (\$) fit Bill 0) (\$45 120 \$30	Amt (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 67 17.  Dimmant's Particulars: iver/Owner:  Intact No: Imaged Portion:	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idae DA +: 8) NTUC Addition. OD*	aration Checklist  aporting (\$30);  assessment (\$100); INC (\$8)  \$40,  bugh Survey (\$200)  bugh Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  and SMRT Survey (\$300)  al Services:	Amir (\$) \$it Bill 0) /\$45 1120 \$30 \$75 1160	Amt (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 67 17.  Dimmant's Particulars: iver/Owner:  Intact No: Imaged Portion:	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA +: 3) NTUC Addition. OD* *N5: Courtesy C	aration Checklist  aporting (\$30);  assessment (\$100); INC (\$8  \$40,  bugh Survey  bugh Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey  al Services:-  ar/Tpt Allowance	Anit (\$) fit Bill 0) \$45 120 \$30	Am. (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 67 17.  Laumant's Particulars:  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idae DA +: 8) NTUC Addition. OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	aration Checklist  sporting (\$30); ssessment (\$100); INC (\$8: \$40: bugh Survey \$5: bugh Survey (Resurvey) inst JNC Only (wef 10 Jan 2005) on SMRT Survey \$5: ar/Tpt Allowance ordination Inspection	Anit (\$) 	Aint (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  HAIMO 67 17.  Building Particulars:  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA +: 8) NTUC Addition. OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	aration Checklist  aporting (\$30);  assessment (\$100); INC (\$8)  \$40,  bugh Survey  bugh Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  and Sarvices.  ar/Tpt Allowance  ardination  Inspection  at Excess Coordination	Anit (\$)    fit Bill	Aint (\$)
1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( )	1) AR: Accident R 2) DA: Darrage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA +: 8) NTUC Addition. OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	aration Checklist  aporting (\$30);  assessment (\$100); INC (\$8:  \$40.  bugh Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey (\$3.  ar/Tpt Allowance  ordination  Inspection  It Excess Coordination  Van INC) against INC	\$30 \$10 \$30 \$30 \$75 \$10 \$25 \$30 \$25 \$30	Aint (\$)

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	05/09/2019 17:25
Date Of Accident	05/09/2019 13:30
Exact Location Of Accident	MOUNT ELIZABETH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY552Z
Insured/Policyholder	
Name Of Registered Owner	ONG KIAN GUAN JASON
NRIC No	\$78059691
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82987320
Alternative Phone No	OFFICE-82987320
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS TREND 1.6L 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
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5107211937

-	-			
	•		0	
_	.,	v	c	r

Cover Note Number

Name of Driver	ONG KIAN GUAN, JASON (WANG JIANYUAN)
NIPIC No.	\$790E0E0I

 NRIC No
 \$78059691

 Date Of Birth
 03/03/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/06/2000

Driving Experience 19 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82987320

Fax Number

Contact Number OFFICE-82987320

EMail Address NOEMAIL

Address BLK 281 TOH GUAN ROAD

#12-223

Postcode 600281

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

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

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190905/2107.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGS4457G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name ONG KIAN GUAN, JASON (WANG JIANYUAN)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJY552Z YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

NO

#### 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.
- 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>.
- 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.
- 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 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:
  - 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.

Date & Time:

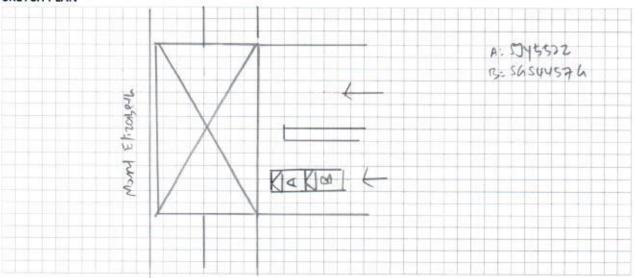
Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

### DECLARATION

I/We declare 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.:





Police Station Of Origin:

**Eunos NPP** 

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Vide Report No.:

Station Diary No.:

Report No. T/20190905/2107

1 of 3

05/09/20	05/09/2019 16:47			44	
Informa	nt's Partic	ulars			
	f Informant: AN GUAN,		Address: APT BLK 281 TOH GUAN 600281	N ROAD #12-223 SINGAPORE	
	/ ID No.: D / S78059	691	Contact No.: Home/Office:	Mobile: 82987320	
Nationality: SINGAPORE CITIZEN		ΈN	Email:		
Sex: Male	Age: 41	Date of Birth: 03/03/1978	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupat PRIVAT	ion: E HIRE DR	IVER	Driving Licence Information Class:	on: Date of Expiry:	

Type of	Injury	Drink	Date/Time of	Type of Location
Accident:	Others	Drive: No	Accident: 05/09/2019 13:30	
Location: Along Road 1 MOUNT ELIZ				¥.
outside carna	rk entrance			
outside carpa Weather:	rk entrance	Road Surface:		Road Speed Limit:
Weather:	rk entrance	Road Surface:		Road Speed Limit:
	rk entrance			Road Speed Limit:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGS4457G	Car		Huther gerventenersen.			0
SJY552Z	Car	FORD	FOCUS TREND 1.6L AUTO	Silver		0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20190905/2107

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJY552Z	NTUC Income Insurance Co-Operative Limited	5107211937	24/01/2019	30/01/2020

<b>Details of Perso</b>	n Involved			NOTE OF		Property of the Party of the Pa
Any Pedestrian I	nvolved: No		TE .			
No. of Pedestrian	ns Injured: NIL		Use of Ped	estriar	Cross	sing: NA
Driver		Listing Co.	10200			
Name	ONG KIAN GUAN,	JASON		ID No		S7805969I
Related Vehicle	SJY552Z (Car)			Conta	ct No.	82987320
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2019	05/09/2019			05/09	0/2019
No. of Days gran	ted Medical Leave	05	Date Disch Degree of		NIL	

### Brief Details.

On the 5/9/2019 at about 1330hrs, I was driving my vehicle (SJY552Z, vehicle A) and I just exited the carpark of Mount Elizabeth Hospital and I wanted to turn right on Mount Elizabeth. As there were cars on both sides of the road, I stopped to wait until it is clear. Suddenly, I felt an impact from the rear and I came down and discovered that another vehicle (SGS4457G, vehicle B) had collided onto the rear portion of vehicle. The other driver also came down and we exchanged contact details and also took some pictures. We then left the scene.

I wish to state that I went to Mount Alvernia Hospital and I got a 5 days MC.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 3 Report No. T/20190905/2107

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 ONG YU XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2019 16:47
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

Authentication Stamp

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						→ Change	Languag	e + Chan	ge Password	Log Out
My Desktop	Policy Query										
Notice of Loss	Policy N	No.		Date of Accident 05				05/09/2019 13:30			
	Vehicle No.(For Motor)		SJY552Z			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107211937		ONG KIAN GUAN JASON	S7805969I	GPC	Third Party	SJY552Z	SJY552Z	24/01/2019	30/01/2020
					1	Continue	]				

Policy Information

Policy No.	5107211937	Policyholder Name	ONG KIAN	GUAN JASON	Policyholder NRIC	S7805969I		
ertificate lo.		Name			HAIC			
Address	BLK 281 #12-223 TOH GUAN	ROAD SINGAPO	RE 600281					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	24/01/2019	Effective Date	24/01/2019	9 00:00	Expiry Date	30/01/2020 2	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ		
Co- Insurance Flag	No							
Open Policy Info								
Certificate Info								
Policy	holder Mailing Address							
Address 1	BLK 281 #12-223	Addr	ess 2	TOH GUAN ROAD		Address 3	SINGAPORE 600281	
Address 4		Addr	ess Type	Singapore address		Post Code	600281	
Unit No.	12-223		ed Policy ber	5107211937				
) Insure	ed Object: SJY552Z	0.00000000	WW.					
	sements							
			Endorsement Type				Endorsement Content	

Recision   Recision	
Policy Policy Name	
Product Code   MIZYATE CAR INCLIRANCE   Cover Type   Third Party   Coding   0	
Contact No.   Mobile     23967226	
Email Address	
FT   FT   FT   FT   FT   FT   FT   FT	
NCD Protection   No	
### Accident Details #### Accident Potalis ##### Accident Potalis ##### Accident Potalis #### Accident Potalis ##### Accident Potalis ##### Accident Potalis ####### Accident Potalis ####################################	
Report Date	
Date of Accident    S(5)(9)(2019   Time of Accident himm   13:30   Courter of Accident   Singapore	
Reporting Centries	
Reporting Centre    Corange Force    C	
## Total Excess Applicable   Excess Type	
Windscreen Excess   0.00   TP Standard Excess   1.50.00   TP Standard Excess   1.50.00   TP Standard Excess   1.50.00   TP Standard Excess   1.50.00   TP Standard Excess   0.00   TP Standard Excess   0.00   TP Excess   0.00   Total TP Excess Applicable   1.500.00   TP	
DO Standard Excess	
VIED DD Excess   0.00   VIED TP Excess   0.00   Driver is Covered?   Covered	
VIED DD Excess   0.00   VIED TP Excess   0.00   Driver is Covered?   Covered	
Additional Excess Applicable 0.00 Total TP Excess Applicable 1,500,00  ### Benefits  ### OFF Registered Information  GST Registered Information  GST Registration No. GST Registration Date GST Registration No. GST Status Verified Yes  ### Policyholder Mailling Address  ### Policyholder Mailling Address  ### Address 2 TOH GUAN ROAD Address 3 SINGAPORE 600281  Address 4 Address 5 Fipe Singapore address 90st Code 600281  Unit No. 12-223 Related Policy Number 5107211937  ### Of Orliver Info  Driver Name ONG KIAN GUAN, JASON Oriver Type Main Driver  Unnamed Griver Name  Driver Name ONG KIAN GUAN, JASON Oriver NRICC 578059690 Driver DOB 03/03/1978  Register Date of Driver Locrose 05/05/2000 Driver Age 41 Driving Experience 19  Contact No. (Mobile) 82967320 Contact No. (Mone) 0	
Total TD Excess Applicable 0.00 Total TP Excess Applicable 1,500.00  *** Benefits	
## Benefits	
### ### ### ### #### #################	
### Address 1   BLK 281 #12-223   Address 2   TOH GUAN ROAD   Address 3   SINGAPORE 600281   #### Address 1   BLK 281 #12-223   Address 2   TOH GUAN ROAD   Address 3   SINGAPORE 600281   ####################################	
GST Status Verified   Test	
Policyholder Mailing Address	
Address 1 BLK 281 #12-223 Address 2 TOH GUAN ROAD Address 3 SINGAPGRE 600281 Address 4 Address Type Singapore address Post Code 600281 Unit No. 12-223 Related Policy Number 5107211937  FOR OT Driver Tenfo Driver Name ONG KIAN GUAN, JASON Driver Type Main Driver United driver Name Ong KIAN GUAN, JASON Driver NIC 578059691 Driver DOB 03/03/1978 Register Dwise of Driver License 09/06/2000 Driver Age 41 Driving Experience 19 Contact No. (Mobile) 82987320 Ebritact No. (Office) 0 Contact No. (Home) 0	12
Address 1 BLK 281 #12-223 Address 2 TOH GUAN ROAD Address 3 SINGAPGRE 600281 Address 4 Address Type Singapore address Post Code 600281 Unit No. 12-223 Related Policy Number 5107211937  FOR OT Driver Tenfo Driver Name ONG KIAN GUAN, JASON Driver Type Main Driver United driver Name Ong KIAN GUAN, JASON Driver NIC 578059691 Driver DOB 03/03/1978 Register Dwise of Driver License 09/06/2000 Driver Age 41 Driving Experience 19 Contact No. (Mobile) 82987320 Ebritact No. (Office) 0 Contact No. (Home) 0	
Address 1 Address Type Singapore address Post Code 60281  Linit No. 12-223 Related Policy Number 5107211937  For OI Oriver Info  Driver Type  ONG KIAN GUAN, JASON Driver Type  Unnamed driver Name  Driver Name  Driver Name  Driver Age  41 Driving Experience  Contact No. (Mobile) 82987320 Contact No. (Office) 0 Contact No. (Office) 0	
Unit No. 13-223 Related Policy Number 5107211937  ### OI Oriver Info  Driver Name ONG KIAN GUAN, JASON Driver Type Main Driver  Uniter Name Oriver Name Driver NRIC 578059698 Driver DOB 03/03/1978  Register Date of Driver License 09/05/2000 Driver Age 41 Driving Experience 19  Contact No. (Mobile) 82987320 Contact No. (Office) 0 Contact No. (Home) 0	
Of Driver Time           Driver Name         CNG KIAN GUAN, JASON         Driver Type         Main Driver           Unnamed driver Name         Driver NRIC         578059698         Driver DOB         03/03/1978           Register Date of Driver License         09/06/2000         Driver Age         41         Driving Experience         19           Contact No. (Mobile)         82987320         Contact No. (Office)         0         Contact No. (Home)         0	
Driver Name         DNG KIAN GUAN, JASON         Driver Type         Main Driver           Unnamed driver Name         Driver NRIC         578059690         Driver DOB         03/03/1978           Register Date of Driver License         09/06/2000         Driver Age         41         Driving Experience         19           Contact No. (Mobile)         82987320         Contact No. (Office)         0         Contact No. (Home)         0	
Unnamed driver Name         Driver NRIC         \$78059690         Driver DOB         03/03/1978           Register Date of Driver License         09/05/2000         Driver Age         41         Driving Experience         19           Contact No. (Mobile)         82987320         Contact No. (Office)         0         Contact No. (Home)         0	
Register Date of Driver License         09/06/2000         Driver Age         41         Driving Experience         19           Contact No. (Mobile)         82987320         Contact No. (Office)         0         Contact No. (Home)         0	
Contact No. (Mobile) 82987320 Contact No. (Office) 0 Contact No. (Home) 0	
Service (Service)	
Address 2 TOH GUAN ROAD Address 3 SINGAPORE 600281	
Address Type Singapore address Post Code 600281 Unit No. 12-223	
Does he own a Singapore O Van Char	
Registered car? Driver Insurer Company	
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Breathairyser or Blood Test 0 mg Arry injury? ® Yest ○ No	
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Claim Type • OD-MX V Insured Name ONG KIAN GUAN SASON Insured NEIC Spansacon	
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