NATIONAL Assessment Centre Se		Date &Time Completed	Done	by
	b description	Date & Time Completed	Dollo	, 0,1
	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			
D.O.A 1/9/19- 19:00	i-Motor Claim Form	M7/10/6/192-201	1/9/19 10	ייוני
OD (TP) Reporting Only	-Motor W/O (Within: OD 2hr	s, TP 4brs)		
i i i i i i i i i i i i i i i i i i i	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by <u>Fax / Hand</u> (	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: JMJ&969	INC(	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
The state of the s		)		
Excess: (\$ ) Loading: \$1,000 (		Canada vario attac	<del>ngg Paranga</del>	
General Remarks:-				
( ) Walk-In Customer: Customer's information		ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer UR				
Drive-In ( ) / Towed-In ( ); Invoice: YES	0/ \/ ****			1
		owing Co: (		
		Dates: Time Completed	Done	by .
			Done	by
Remarks: (INC hotline: 6788 6616)			Done	by .
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection	sy Car ( )		Done	by
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ Courtes	sy Car ( )		Done	by
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	sy Car ( )		Done	by .
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Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	sy Car ( ) ( ) ( )	Date&Timb Completed	Anit (5)	Amt(\$)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	sy Car ( ) ( ) ( ) ( ) Invoice Prep	Date& Timb Completed *		
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	Invoice Prep	aration Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$500)	Anit (S) Thi Bill	Amt(\$)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Actions  Ala 14 2 62 64	Invoice Prepared to the control of t	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);	Anit (5)	Amt(\$)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury: ————————————————————————————————————	Invoice Prepared to the state of the state o	aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 rough Survey rough Survey (Resurvey)	Anit (5)  Fit Bill  80)  0/\$45  \$120  \$30	Amt(3)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Actions  Actions  iver/Owner:  ntact No:	Invoice Prep  Invoice Prep  1) AR: Accident  2) DA: Damage  1) TF: Towing Fe  4) FT: Follow-Th  For claiming as  6) TR: Re-inspec	aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 cough Survey rough Survey (Resurvey)  sinst INC Only (wef 10 Jan 2005 tion	Anic (5)  Fit Bill  80)  9/\$45  \$120  \$30  1)  \$75	Amt(3)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Actions  Actions  iver/Owner:  ntact No:	Invoice Prej  Invoice Prej  1) AR: Accident  2) DA: Damage /  3) TF: Towing Fe  4) FT: Follow-Th  For claiming as  6) TR: Re-inspec  7) N1: Idae DA +	Pates Timb Completed  aration Checklist.  Reporting (530);  Assessment (\$100); INC (\$30);  The second Survey (\$100); INC (\$30);  The second Survey (\$100);	Anit (\$)  fit Bill  80)  9/\$45  \$120  \$30  ()	Amt(3)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Actions  iver/Owner:  ntact No:  maged Portion:	Invoice Prej  Invoice Prej  1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD*	Paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$30);  Incomplete of the complete of the comple	Anit (5) The Bill  80) 0/\$45 \$120 \$30 0) \$75	Amt(\$)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Actions  iver/Owner:  intact No:  maged Portion:	Invoice Prej  Invoice Prej  1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD*	Paration Checklist:  Reporting (\$30); Issessment (\$100); INC (\$30); Incomplete (\$40); Incomplete (\$40)	Anit (5) The Bill 80) 0/\$45 \$120 \$30 0) \$75 \$160	Amt(\$)
Remarks: (INC hotline: 6788 6616):  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Limant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prej  Invoice Prej  I) AR: Accident  2) DA: Damage /  3) TF: Towing Fe  4) FT: Follow-Th  For claiming as  6) TR: Re-inspec  7) N1: Idne DA +  8) NTUC Addition  OD!*  *N5: Courtesy  *N6: Repair Ce  *N7: Fost Repair	aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8  rough Survey rough Survey (Resurvey) einst INC Only (wef 10 Jan 2005 tion SMRT Survey hal Services:- Cer / Tpt Allowance -ordination ir Inspection	Anit (\$)  Fit Bill  80)  9/\$45  \$120  \$30  1)  \$75  \$160  \$55  \$100  \$25	Amt(\$)
Remarks: (INC hothnes 6788 6616)  1) Apply for Transport Allowance ( ) / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner: intact No: imaged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation of the state of the stat	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  Frough Survey  Resurvey (Resurvey)  Frough Survey (Resurvey)  Frough Survey  Frough Surv	Anit (\$)  Fit Bill  80)  9/\$45  \$120  \$30  1)  \$75  \$160  \$55  \$100  \$25  \$35  \$20	Amt(\$)
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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 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.

Children was a series of the series	ACCIDENT STATEMENT
Date Of Report	05/09/2019 15:56
Date Of Accident	04/09/2019 19:00
Exact Location Of Accident	NANSON RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL4848P
Insured/Policyholder	
Name Of Registered Owner	SUN VISTA TRANSPORT
Co Reg No	53311347D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7(A) DIESEL SUNROOF
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102076741-01
Cover Note Number	
Driver	
Name of Driver	PANG SOH KHENG, TERRENCE (FENG SUOGENG)
NRIC No	S7815204D
Date Of Birth	30/05/1978
Occupation	INDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97678434
Fax Number	
Contact Number	OFFICE-97678434
EMail Address	NOEMAIL

BLK 70B TELOK BLANGAH HEIGHTS Address

#07-527

102070

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO 1

Number of Passengers (Including Driver)

**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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMJ8969X

Vehicle Make/Model/Colour

**BMW/WHITE** 

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

JAEGLE LAURENT LUC DAVID

NRIC/Passport Number

G5274017M

Contact Number

92772816

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT 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 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.
- 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 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 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

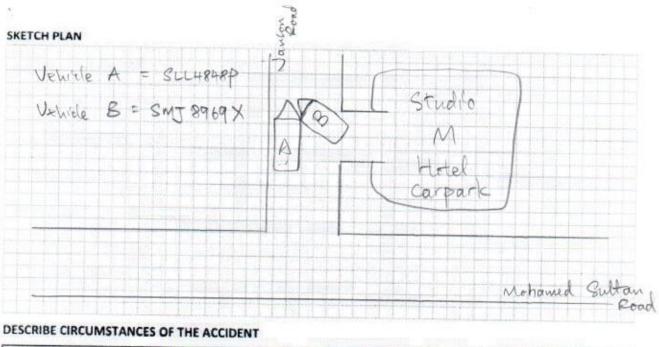
Date & Time:

Reporting Centre Personn

el's Signature

Name:

NRIC/FIN No .:



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exiting	from	-Studio N	1 Hotel	carpark	Knocked	into
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		1,000,000				
		EPER NAME OF THE OWNER.				

I/We declare the foregoing particulars are true in exe

Policyholder's Signature

Date & Time:

Blalia

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPO	PRE ACCIDENT STATEMENT
A	CCIDENT STATEMENT
Date Of Accident	* A Sep 2019 Time # Hrs 1900
Exact Location Of Accident	· Nansen Road
	OF OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	*SLL   4848   P
District (State State)	
Name of Registered Owner	* SUN VISTA TRANSPORT
NRIC/FIN/Passport Number	* 933113470
Vanish Cantenas	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO
Manufacturer	KIA
Model	CARENS
Exact Purpose for which vehicle was being	Annual Control of the
used at time of accident	* Private use Commercial use Hire & reward
	Others - please specify
Are you claiming under your own insur	
policy for repair to your vehicle?	* Yes No Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private Commercial Motorcycle
losuemos somethys	and the control of the control of the section of th
Name of Insurance Company	* INCOME
Type of Coverage	" COMPREHENCIVE.
Fleet Policy	Yes No Z
Policy Number	* 5102076741-01
Cover Note Number	
Divide second section of the sections	
Name of Driver	* PANG SOH KHENG TERRENCE
NRIC/FIN/Passport Number	* \$7815204.0
Date of Birth	* 30 MAY 1978
Occupation	* SELF EMPLOYED
Date of Driving Pass	* 23 May 1997
Gender	* Male Female
Mobile Number	9767 8434
Address	708, TELOK BLANGAH HEIGHTS, \$107-577
	S(102070)
Email Address	terrencepang @ yahoo com sq
Was driver an employee of the Insured's	Taries C garde com
Company?	* Yes V No
If no, Relationship of the Driver with the	profits and the second
Insured	

SAS 1

video-yes

Daver only

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)	
General information of the Accident	A CONTRACTOR OF THE STATE OF TH
Type of Accident	· Control of the cont
Weather Conditions	• - [-]
Road Surface	
Other Information	* Dry Wet Others
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	- Investment
Details of Injured Persons	Yes No
Name	·
Address	
Approximate Age	
Injuries Sustained	
If vehicle Occupants, state in which vehicle?	
	Yes No
Was Injured conveyed to hospital by	res No
ambulance?	* Yes No
Details of Police Astion (1995) 1999 1999	
Was the Accident reported to the Police?	* Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	Yes No
If Yes, against whom?	
DETAILS OF OTHER VE	EHICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number	* SMJ 8969 X
Vehicle Make / Model / Colour	Bmw White
Detail Of Properties	
Name of Driver	* JAEGLE LAURENTLUC DAVID
NRIC/Passport Number	G5274017M
Contact Number	9277 2816
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
Details Of Winness	
Name	
Phone Number	
Email Address	



# Certificate of Insurance

SLL4848P

: 28 Aug 2019

: 27 Aug 2020

: KNAHU815VG7164573

: SUN VISTA TRANSPORT

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: 5102076741-01 Cover : drivo CLASSIC

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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

## This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY GOLDBELL FINANCIAL SERVICES 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

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 14 Aug 2019 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 



Policy No.	5102076741-01	Policyholder Name	SUN VISTA	TRANSPORT	Policyholder NRIC	53311347D	
Certificate No.					0.000,000		
Address	BLK 70B #07-527 TELOK BLA	NGAH HEIGHTS	TELOK BLA	NGAH RIDGEVIEW	SINGAPORE 102	070	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/08/2019	Effective Date	28/08/201	9 00:00	Expiry Date	27/08/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			Windows		
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD	2000	Singapore	1500			Young	/Inexperience Driver Excess
Excess		TP Excess					
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 70B #07-527	Addre	ss 2	TELOK BLANGAP	HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
	SINGAPORE 102070	Addre	ss Type	Singapore addre	ss	Post Code	102070
Address 4			A Ballion				
Address 4 Unit No.	07-527	Relate Numb		5102076741-01			
Jnit No.	07-527 ed Object: SLL4848P			5102076741-01			
Jnit No.	ed Object: SLL4848P			5102076741-01			

Claim Handling Accident MT/1061192					
Policy No.	5102076741-01	Vehicle No.	SLL4848P	GST Registration No.	
Cortificate No.			300000000	say negatiation res.	
Policyholder Name	SUN VISTA TRANSPORT			Marine State Control	72.
Product Code	PRIVATE CAR INSURANCE	Cover Type	Brivo CLASSIC	Policyholder NR3C Loading	53311347D 0
Tontact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
imail Address		Special Remark		eCode	N. V
CPK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	[25,22]
ICD Protection	No	NCD Entitlement(%)	90	Private Hire	Yes
Accident Details				rivate rive	105
eport Date	05/09/2019 19:10	Accident Report Within 24 hrs	Yes	122020222000	
Nate of Accident	D4/09/2019	Time of Accident hh:mm		Accident Type	Collision - Major Minor Road
eporting Centre			19:00	Country of Accident	Singapore
codent Location	NANSON RD	Orange Force		ICM No.	
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
D Standard fixoess	2.000.00	TO 6			
ED OD Excess		TP Standard Excess YIED TP Excess	1,500.00		
dditional Excess	500.00	TIED IF ESCHEL		Oriver is Covered?	
ital OD Excess Applicable	2500.00	Table To F			
9 Benefits	2300.00	Total TP Excess Applicable			
GST Registered Inform	ation				
T Registered	No		THE STATE OF THE S		
T Registration No.	No		GST Registration Date		
diffication History	05/09/2019 19:11:21 5	stem changed GST Status Verified from	GST Status Verified	Yes	
50		ment changes out status reined nor	II NO CO YES		
Policyholder Mailing As	dress				
koress 1	BLK 708 #07-527	200 3			
kiness 4		Address 2	TELOK BLANGAH HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
YÉ NO.	SINGAPORE 102070	Address Type	Singapore address	Post Code	102070
OI Driver Info	07-527	Related Policy Number	5102076741-01		
ver Name	Water was a	100000000	WINDOWS IN THE COLUMN TO THE C		
nemed driver Name	Unnamed Driver PANG SOH KHENG, TERRENCE (	Driver Type	Unnamed Driver		
gister Date of Driver License		Driver MR3C	576152040	Driver DOB	30/05/1978
ntact No. (Mobile)	97678434	Driver Age	41	Driving Experience	22
dyess 1	BLK 708	Contact No. (Office)	0	Contact No.(Home)	0
dress 4		Address 2	TELOK BLANGAH HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
IE NO.	SINGAPORE 102070	Address Type	Singapore address	Post Code	102070
es he own a Singapore	07-527				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
athalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
Sheaton History					
Claim 001 New					
em Type *	OD-MX	Section 18			
rtact No. (Mobile)	OD-MX	Insured Name	SUN VISTA TRANSPORT	Insured NRIC	533113470
all Address		Contact No.(Home)	MIL	Contact No.(Office)	
M318 7.1. i.e.,		Of Vehicle Number	SLL4848P	TP Vehicle Number	SM38969X
mant Type Claimant Type.*	1000150000	Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *			
mant Address				And BARRIED BARRIED	
m Description	SLI4848P / SM38969X ON 4 Sept 2019			Name of Preferred Workshop	
lamed Mad at a f		Insured Liability +	Not at Fault		
erred Workshop Contact	7000	Preferered Repair Option		GIA report	Received
	Yes 🔍			Date Received	05/09/2019 00:00
ure finalisation	05/09/2019 19:12	Claim Close Date		THE PARTY OF THE P	
ura finalisation « Registered		Claim Close Date			
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