Date In: (6/9/19-15:5)	The state of the s		JAIIGNOGO		
	Jeb description	ı	Date &Time Completed	Done	by.
Ref No: 44 NC19 16572/24	SAS e-filing		İ		
Veh No: nec5362B	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 13/9/9- 12:55	i-Motor Clai	m Form	m1106241-001	16 laky +	7:06
	i-Motor W/C	(Within: OD 2hr:			
OD / TP)' Reporting Only	i-Photo Uplo	aded			1
TO !	Assessment/Si	urvey Report	I		
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:	
TP Particulars: Veh No: 17	119762	. INC(	)/Non-INC( )	8	AGE-COMMO
Owner / Driver: (		23	Tel:	)	
Policy No: ( ) F	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	( )			
General Remarks:	201800000000000000000000000000000000000	100	ARRIVACIONE ASS.	7735	n j
A company of the second second of the second	4430 43014 AVANA SARA	Same Same	Water State Control of the Control o	2000	
( ) Walk-In Customer: Customer's int		nfidential & Str	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	1			
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES ( ) / N	NO( ); T	owing Co: (		)
Remarks:- (INC hotline: 6788 6616):	See See See See See		Date&Timb Completed	Done	by
	Courtesy Car (	)		No. 1954 - Laborator	
2) QC Check / Post Repair Inspection		)	1		
my to careers a con recoposis among constant		,		The state of the s	
	30001 (	)			
3) Upload Resurvey Photo [Repair Cost > 5	[00063	)			
	[0008	)			
3) Upload Resurvey Photo [Repair Cost > 5	(3000)	)			
Upload Resurvey Photo [Repair Cost > 5]      Injury:	(3000)	)			
3) Upload Resurvey Photo [Repair Cost > 5	(3000]			erae in the	7 ( )
3) Upload Resurvey Photo [Repair Cost > 5	(3000)			2000 (Co. 187)	·
3) Upload Resurvey Photo [Repair Cost > 5	(3000]	)			
3) Upload Resurvey Photo [Repair Cost > 5	33000] (			28 Car ( 28 ) 38 .	
3) Upload Resurvey Photo [Repair Cost > 5	3000] (			Ant (5)	Amus
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions	33000] (	TODA DE MODENÇA NO	paration Checklist.	Ant (5)	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA   192695	3000] (	1) AR : Accident	Reporting (\$30);	fie Bijl	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA   192695	33000] (	1) AR : Accident 2) DA : Damage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$	(\$0.B)(( 80) 10/\$45	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA   192695	3000] (	1) AR : Accident 2) DA : Darriage 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 arough Survey	(\$6 B)((\$80) 10/\$45 \$120	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA   190 605~  Inimant's Particulars:	33000] (	1) AR : Accident 2) DA : Darriage 3) TF : Towing F 4) FT : Follow-TI 5) FT : Follow-TI	Reporting (\$30); Assessment (\$100); INC (\$	\$30) 10/\$45 \$120 \$30	
Injury:  Date/Time Actions  NA   19-1950	3000] (	1) AR: Accident 2) DA: Darriege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200 htion	\$30) \$00/\$45 \$120 \$30 \$5) \$75	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA   190 605~  Inimant's Particulars:  river/Owner:	33000] (	1) AR: Accident 2) DA: Darriege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idao DA	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 200 hion SMRT Survey	\$30) 10/\$45 \$120 \$30	
Injury:  Date/Time Actions  NA   190694~  Initimant's Particulars:-  river/Owner:  Ontact No:  Inmaged Portion:	3000] (	1) AR: Accident 2) DA: Darriege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 arough Survey Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 200 stion SMRT Survey and Services:-	\$80) 10/\$45 \$120 \$30 \$5) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  HA   190605000  Injury:  Injury:  Date/Time Actions  Injury:  Injur	3000] (	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 arough Survey (Resurvey) rough Survey (Resurvey) reinst INC Only (wef 10 Jan 200 tion + SMRT Survey mal Services	\$80) \$00/\$45 \$120 \$30 \$5) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA 19060000  Injury:  Injury:  Date/Time Actions  Injury:  Injury:  Checked by (Engr-In-Charge):	(3000)	1) AR: Accident 2) DA: Darriege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep.	Reporting (\$30); Assessment (\$100); INC (\$ ce	\$80) 10/\$45 \$120 \$30 \$5) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  NA   192 695~  Injury:   3000] (	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 arough Survey (Resurvey) rough Survey (Resurvey) reinst INC Only (wef 10 Jan 200 tion - SMRT Survey and Services:-  Cer / Tpt Allowance p-ordination air Inspection lect Excess Coordination	\$80) 10/\$45 \$120 \$30 \$5) \$75 \$160 \$25 \$3		
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions	(3000)	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ ce	\$80) 10/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	Amu (S Add Bil

1 1 700 4

1.7.

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

- 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

atoresaid.	ACCIDENT STATEMENT
Data Of Banari	16/09/2019 15:53
Date Of Report	13/09/2019 12:55
Date Of Accident	BRADDELL RD TWDS LOR 6 TOA PAYOH
Exact Location Of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
	20.50 (9.00 cm)
Vehicle Registration Number	SKC5362B
Insured/Policyholder	
Name Of Registered Owner	KOH HOCK CHUAN
NRIC No	\$13090621
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98639996
Alternative Phone No	OFFICE-98639996
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5111938398
Cover Note Number	
Driver	
Name of Driver	TAN MIN SHENG, VINCENT
NRIC No	S8541859I
Date Of Birth	19/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98639996
Fax Number	
	OFFICE 00000000

OFFICE-98639996

NOEMAIL

Address BLK 659B PUNGGOL EAST

#07-759

Postcode 822659

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

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

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.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NO

NO

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJU1976Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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 Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	tv	u s	tated	date	7 1	ime, I	z, vehi	cle y,	was
tra	vettiv	19	alony	tv	u st	ated	venue	. ts	mer	e wene
on	- 101	my	v	ehiu	les,	7_	stoppe	ed. A	bout a	a minute
late	ir,	vehi	ice	3,	SJU	9767	, hìt	mto	my	stationary
vehic	de's	rei	ar j	portic	on.					
				z -11:- <u> </u>						4
3000000		THE REAL PROPERTY.			8.					
Ni element										

## 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.:

# ACCIDENT STATEMENT

b)NRIC/FIN/PASSPORT: SB54/B191 CONTACT:  (DJ) b)NRIC/FIN/PASSPORT: SB54/B191 CONTACT:  (DJ) c)ADDRESS: 659B PUNGGO (BAS) #107-759 S(8)  female passenger b)NRIC-FIN/PASSPORT: SB54/B191 CONTACT:  (DJ) c)ADDRESS: 659B PUNGGO (BAS) #107-759 S(8)  formale passenger b)NRIC-FIN/PASSPORT: SB54/B191 CONTACT:  (DJ) c)ADDRESS: 659B PUNGGO (BAS) #107-759 S(8)  passenger b)NRIC-FIN/PASSPORT: CONTACT:  (DJ) c)ADDRESS: 659B PUNGGO (BAS) #107-759 S(8)  passenger b)NRIC-FIN/PASSPORT: CONTACT:  (DJ) c)ADDRESS: 659B PUNGGO (BAS) #107-759 S(8)  passenger b) DRIVER'S NAME: MODEL:  (DJ) females #107-758 NAME: MODEL:  (DJ) females #107-759 NAME: MODEL:  (DJ	ACCIDEN	DATE: 13 1 09 1 2	019 (DD/MM/YY	(), TIME: (	on Payorh
GIVEHICLE NUMBER:  b)INSURANCE COMPANY:  C)POLICY NUMBER:  C)POLICY TYPE: (COMPERENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  6)MAKE & MODEL:  F)TYPE: (SCION / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESMO)  IF NO, PLEASE STATE THIRD PARTY (CLAIM / REPORTING ONLY)  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESMO)  IF NO, PLEASE STATE WHICH PARTY (CLAIM / REPORTING ONLY)  1) INSURED / POLICY HOLDER  A) NAME:  1) NRIC/FIN/PASSPORT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  C) ADDRESS:  C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  C) ADDRESS ADDRESS ADDRESS  C) ADDRESS ADDRESS  C) ADDRESS ADDRESS ADDRESS  C) ADDRESS ADDRESS ADDRESS  C) ADDRESS ADDRESS  C) AD	LOCATION	:Braddell_	Road towara	15 LOV 6 10	a regen.
DINSURANCE COMPANY: 5/11/938398.  CIPOLICY NUMBER: CIPOLICY TYPE: (COMPERENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)  E)MAKE & MODEL: VOILES FOR THE PARTY / THIRD PARTY FIRE &THEFT)  E)MAKE & MODEL: VOILES FOR THE PARTY / THIRD PARTY FIRE &THEFT)  E)MAKE & MODEL: VOILES FOR THE PARTY / THIRD PARTY FIRE &THEFT)  E)MAKE & MODEL: VOILES FOR THE PARTY / COMMERCIAL / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POULCY HOLDER  A) NAME: SO TORIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: SO THE PARTY OF THE DRIVER WITH INSURED: OM - IN-IN-INV  5. CONTINUE TO 3. OF THE DRIVER WITH INSURED: OM - IN-IN-INV  E) OCCUPATION: (INDOOR / OUTBOOR)  1) YEARS OF DRIVING EXPERIENCE: (DET / WET / OTHERS)  D) KROAD SURFACE: (DET / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  17. OJREPORTED TO POLICE (YES / NO)  18. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SJULI 9767 MODEL:  (0.3) TEMPORAL OF THE CONTACT: CONTACT:  O) DRIVER'S NAME: MODEL:  (0.3) TEMPORAL VEHICLE  O) VEHICLE NUMBER: MODEL:  (1.5) DRIVER'S NAME: MODEL:  (2.5) DRIVER'S NAME: MODEL:  (3.5) DRIVER'S NAME: MODEL:  (4.5) DRIVER'S NAME: MODEL:  (5.6) DRIVER'S NAME: MODEL:  (6.7) DRIVER'S NAME:  (6.7) DRIVER'S NAME:  (7.7) OUTBOOR:  (8.7) OUTBOOR / OUTBOOR / OUTBOOR / OTHERS  (8.7) OUTBOOR / OUTBOOR / OUTBOOR / OTHERS  (8.7) OUTBOOR / OUTBO			SKC 5362 B	¥	
DJINSURANCE COMPANT.  CJPOLICY NUMBER:  DJPOLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  DJMAKE & MODEL:  FITYPE: [SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  DJYEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE)  HIPURPOSE OF USING AT ACCIDENT TIME:  WO 1 k  HIPURPOSE OF USING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY)  INSURED / POLICY HOLDER  DINRIC/FIN/PASSPORT:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT:  DJNAME:  DJNAME:  MO MIN SHUM WINCON  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINRIC/FIN/PASSPORT:  DJNAME:	a)	VEHICLE NUMBER:	NTII	C	
CIPOLICY TYPE: (COMPREDIENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODE: f)TYPE: (SALGON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMÉRCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WO! L' i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: D)NRIC/FIN/PASSPORT: C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: D)NRIC/FIN/PASSPORT: C)ADDRESS:			5/119383	98.	
## STATE & MODEL:    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / MOTORCY / VAN / LORRY / MOTORCYCLE)    ITYPE: (SALGON / COUPE / MOTORCY / VAN / VAN / LORRY / VAN / VAN / LORRY / VAN / V	c)i	OLICY NUMBER:	DENSIVE / THIRD PA	RTY / THIRD PARTY	FIRE &THEFT)
GIVERICLE CATEGORY: [PRIVALE / COMMERCENT   WOI E h] PURPOSE OF USING AT ACCIDENT TIME: WOI E     JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)     IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER     A) NAME:   A) NAME:   SIS 090637   CONTACT:     C) ADDRESS:   CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER    C) ADDRESS:   CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER    C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER    C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER    C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER    C) CONTACT:   Sis 3 999     C) CONTACT:   CONTACT:   CONTACT:     C) CONTACT:   CONTACT	e)/	MAKE & MODEL:	VOIESVIGORY	Y / MOTOPCYCL	(OTHERS)
GIVERICLE CATEGORY: [PRIVALE / COMMERCENT   WOI E h) PURPOSE OF USING AT ACCIDENT TIME: WOI E     JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)     IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER     A) NAME:   SIS 090637   CONTACT:     C) ADDRESS:	f)T	PE: (SALGON / COUPE	/ MPV /V AN / LORK	TO MOTORCYC	1F)
h)PURPOSE OF USING AT ACCIDENT INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER ANAME: D)NRIC/FIN/PASSPORT: C)ADDRESS:  - CONTINUE TO S. d. IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: D)NAME: D)NRIC/FIN/PASSPORT: D)NRIC/FIN/PASSPORT: C)ADDRESS: D)NRIC/FIN/PASSPORT: D)NRIC/FIN	411	JEHICLE CATEGORY: [P]	SIVALE / COMMENCE	ILL I MO.	
IJARE YOU CLAIMING UNDER YOUR YOUNG IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  1. INSURED / POLICY HOLDER A JNAME.  DINRIC/FIN/PASSPORT:  C) ADDRESS:  CONTINUE TO S. O. IF DRIVER ALSO POLICY HOLDER  DRIVER  A) NAME:  DINRIC/FIN/PASSPORT:  C) ADDRESS:  CONTINUE TO S. O. IF DRIVER ALSO POLICY HOLDER  DRIVER  A) NAME:  DINRIC/FIN/PASSPORT:  C) ADDRESS:  DINRIC/FIN/PASSPORT:  C) ADDRESS:  DINRIC/FIN/PASSPORT:  C) ADDRESS:  DINRIC/FIN/PASSPORT:  DI					
2. INSURED / POLICY HOLDER ANAME: DINRIC/FIN/PASSPORT: CIADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: DINRIC/FIN/PASSPO	44.4		TER ACIDIC CALLA HASC	IRANCE (YES/NO)	
2. INSURED / POLICY HOLDER A NAME: A NAME: B NRIC/FIN/PASSPORT: C ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  BRIVER C NAME: C ONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  BRIVER C NAME: C ON MIN Sheng kinent (MACE / FEMALE) B NRIC/FIN/PASSPORT: C NAME: B NRIC/FIN/PASSPORT: C NAME:	IF.	NO. PLEASE STATE (THIS	D PARTY CLAIM / R	EPORTING ONLY	
A)NAME DINRIC/FIN/PASSPORT: 3130906JI CONTACT:  C)ADDRESS:  **CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER  C)NAME: TAN MIN Sheng Wincent (MACE FEMALE)  DINRIC/FIN/PASSPORT: S. 541859I CONTACT: 9863 999  (0))  (1)  (1)  (2)  (2)  (3)  (3)  (4)  (4)  (5)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (8)  (8)  (8)  (8)  (8	2 INS				( SENANIE)
DINRIC/FIN/PASSPORT:	Z., (14.	JAME	NUVI ITUCITORIST		\ LEWIYTTI
C)ADDRESS:  *CONTINUE TO S.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DRIVER  DRIVER  DINAME:  INAME:  DINAME: D	ble	JPIC/FIN/PASSPORT:	53090631	CONTACT:	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  OLO OF PASSONGE DRIVER  OLO OF PASSONGE DINAME: TAN MIN Sheng kincent (MARIE / FEMALE)  OLO OLO CLADDRESS: 65 OB PUNGGO EAST HOT - 75 OS (8)  CIADDRESS: 65 OB PUNGGO EAST HOT - 75 OS (8)  OLO CUPATION: (INDOOR / OUTDOOR)  OL					
DRIVER  a) NAME: TAN MIN Sheng Wincent [MACE   FEMALE]  a) NAME: TAN MIN Sheng Wincent [MACE   FEMALE]  b) NRIC/FIN/PASSPORT: SB 54/8591 CONTACT: 7563 999  c) ADDRESS: 65BB PUNGGO EAST #07-759 5(82)  female passenger  a) DATE OF BIRTH: (19/1) 1/985 (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTBOOR)  f) YEARS OF DRIVING EXPRERIENCE:  1. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 2011-192  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THRD PARTY VEHICLE  c) OF PASSENGER  a) VEHICLE NUMBER: SJU19767 MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  c) NRIC/FIN/PASSPORT: CONTACT:  d) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:		The second second		<del> </del>	
DRIVER  a) NAME: TAN MIN Sheng Wincent [MACE   FEMALE]  a) NAME: TAN MIN Sheng Wincent [MACE   FEMALE]  b) NRIC/FIN/PASSPORT: SB 54/8591 CONTACT: 7563 999  c) ADDRESS: 65BB PUNGGO EAST #07-759 5(82)  female passenger  a) OATE OF BIRTH: [19/13/1485] (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  1. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 2011-192  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: SJU19767 MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  (03) female FARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:	• •	ONTINUE TO 3.d IF DRIV	ER ALSO POLICY HO	OLDER	W.
a) NAME: SB 54 1859 CONTACT: 7863 797  b) NRIC/FIN/PASSPORT: SB 54 1859 CONTACT: 7863 797  c) ADDRESS: 650 PUNGGO EAST HOT - 759 S(8)  female passenger  a) Date of Birth: (19/13/1965) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 001/10/10/10/10/10/10/10/10/10/10/10/10/		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	peter people species and improvide pro-		(FELANIE)
b) NRIC/FIN/PASSPORT: SB54/B59/CONTACT: 100)  c) ADDRESS: 65B PUNGGO FAST #07-759 S(82)  female passenger  d) Date of birth: (19/1) 1985 (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 2011-192  5. a) WEATHER CONDITION: (CIEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  af passenger a) VEHICLE NUMBER: SJU19767 MODEL:  c) NRIC/FIN/PASSPORT: CONTACT:  (03) TEMPOLOGIC NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:  d) VEHICLE NUMBER: MODEL:	and the contraction of the contr	7010 W			9563 9996
C) ADDRESS: 659B PUNGGO EAST 40 T TST  female passerger  *d) DATE OF BIRTH: (19/1) 1985 (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  1. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 001/10/19/19/19  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  1 a) REPORTED TO POLICE (YES / NO)  1 if YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1 of Passenger  1 O) VEHICLE NUMBER: 57419767 MODEL:  1 of Passenger  2 O) VEHICLE NUMBER: MODEL:  3 of Passenger  4 O) VEHICLE NUMBER: MODEL:  4 OF PASSENGER  5 OD DRIVER'S NAME: MODEL:  6 OF PASSENGER	ndudina driver)	TANTE .	58541859	CONTACT:	250 C/8226
## PASSENGER  Color Party Vehicle  ## Passenger  ## Of Pa	011		s punagol E	ast 401.	139 31 37
## d) DATE OF BIRTH: [	exemit "				
e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  6. STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  6. OF PASSENGET  6. ONTACT:  6. ONTACT:  6. OF PASSENGET  6. ONTACT:  6. ONTACT:  6. OF PASSENGET  6. ONTACT:  6. ONTACT	temale passerger	DATE OF BIRTH: 1 191	12/1985)(DD)	(MM/YYYY)	
f)YEARS OF DRIVING EXPRENENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  ON-IN-IAV  S. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  OJ VEHICLE NUMBER:  CONTACT:  OJ PASSENGER  C) NRIC/FIN/PASSPORT:  CONTACT:  HIRD PARTY VEHICLE  OJ VEHICLE NUMBER:  MODEL:  OJ PASSENGER  OJ VEHICLE NUMBER:  OJ VEHICLE NUMBER:  OJ PASSENGER  OJ VEHICLE NUMBER:  OJ PASSENGER  OJ VEHICLE NUMBER:  OJ PASSENGER  OJ PA	0)	CCUPATION: (INDOOF	(OUTDOOR)		
4. WAS DRIVER AN EMPLOYEE OF THE INSURED:  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  ON-IN-LAY  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  4. DRIVER'S NAME:  C) VEHICLE NUMBER:  C) NRIC/FIN/PASSPORT:  C) NRIC/FIN/PASSPORT:  C) NRIC/FIN/PASSPORT:  C) NRIC/FIN/PASSPORT:  C) VEHICLE NUMBER:  MODEL:  MODEL:  OF PASSENGER  O) VEHICLE NUMBER:  MODEL:  OF PASSENGER  O) VEHICLE NUMBER:  O) VEHICLE NUMBER:  OF PASSENGER  O) DRIVER'S NAME:	f\YE	ARS OF DRIVING EXPR	ERIENCE:	_	י מידה יי אלו
1 F NO, RELATIONSHIP OF THE STATE OF THE STA	* 100		VEE OF THE INSUR	ED'S COMPANY	con-in-law
5. a) WEATHER CONDITION: (CLEAR / KAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  6. DRIVER'S NAME:  6. SJULI 976 Z. MODEL:  6. ONTACT:  6. ONTACT:  6. ONTACT:  6. OF PASSENGER  6. ONTACT:  6. ONTACT					SUM-III
b)ROAD SURFACE: (DRY / WEI / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  6. DRIVER'S NAME:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  8. THIRD PARTY VEHICLE  6. DRIVER'S NAME:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  8. THIRD PARTY VEHICLE  6. WAS ANYBODY INJURED (YES / NO)  8. THIRD PARTY VEHICLE  6. WAS ANYBODY INJURED (YES / NO)  8. THIRD PARTY VEHICLE  6. OF PASSENGER  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. DRIVER'S NAME:  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE STATION:  6. DRIVER'S NAME:  6. DRIVER'S N	E 011	VEATHER CONDITION:	CLEAK / KAINING /	OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE 6. PASSENGER O) VEHICLE NUMBER: CHURING DIVER'S NAME: CONTACT: CO	5. U)	OAD SUPEACE: (DRY /	WET / OTHERS	· · · · · · · · · · · · · · · · · · ·	
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  SJUI 976Z  MODEL:  duding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  CONTACT:  MODEL:  Of PASSEnger  O) VEHICLE NUMBER:  MODEL:  DRIVER'S NAME:  OF PASSEnger  O) DRIVER'S NAME:  OF PASSEnger  O) DRIVER'S NAME:  O) DRIVER'S NAME:  O) DRIVER'S NAME:  O) DRIVER'S NAME:	/ WA	CANINBODY IN HIRED (	(ES / NO)		O P
B. THIRD PARTY VEHICLE  SJUI 976 Z MODEL:  duding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  C) NRIC/FIN/PASSPORT:  C) OS ) Temple THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  D) DRIVER'S NAME:	6. WA	EDOPTED TO POLICE IY	ES / NO)		60
8. THIRD PARTY VEHICLE  SJUI 976Z MODEL:  duding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  C) NRIC/FIN/PASSPORT:  C) NRIC/FIN/PASSPORT:  MODEL:  D) VEHICLE NUMBER:  MODEL:  D) VEHICLE NUMBER:  D) DRIVER'S NAME:  D) DRIVER'S NAME:	7. ajk	VEC DIEASE STATE WHI	CH POLICE STATION	l:	7 7 7 7 7
of passenger o) VEHICLE NUMBER:	lr.	TES, PLEASE STATE TITL			
of passenger of Vehicle Number.  Iduating driver) b) DRIVER'S NAME:  (03) templethird Party Vehicle  of passenger of Vehicle Number:  DRIVER'S NAME:  DRIVER'S NAME:		D PARIT VEHICLE	SJU1976Z	MODEL:	
(03) templethird Party Vehicle  d) Vehicle NUMBER:MODEL:  DRIVER'S NAME:	of passenger al	VEHICLE NUMBER:			
(03) temple third Party Vehicle  of passenger el Driver's NAME:	1 1. 1 bl	DRIVER'S NAME:		CONTACT:	
a of passenger el DRIVER'S NAME:		NRIC/FIN/PASSPORT:_			
a of passenger el DRIVER'S NAME:	The Management	D PARIT VEHICLE	2	MODEL:	
e) DRIVER'S NAME:	a all ne conser d)	VEHICLE NUMBER:			
Advisor driver) a NIDIC (FIN / PASSPORT:	(6)	DRIVER'S NAME:		CONTACT	100
The state of the s	aduding driver) f)	NRIC/FIN/PASSPORT:_			
	-		•		24 No. 100

email =

fax =

tello, NAC_PAYA_UBI_800	601						• Change	Language	· Chang	e Password	· Log Ou
My Desktop	Polic	y Query								-	- 1
Notice of Loss	Policy N	lo.				Date of	f Accident	13	3/09/2019 1	2:55	
	Vehicle	No.(For Motor)	SKC536	2B		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111938398		KOH HOCK CHUAN	513090621	GPC	CLASSIC	SKC5362B	SKC5362B	24/08/2019	23/08/2020

Seque	nce Date of Endorseme	ent	Endorsemen	it Type	Endorsemen	it Status	Endorsement Content
<b>▽</b> Endor	sements					S-72, Valle III	way
) Insur	ed Object: SKC5362B						
Unit No.		Rela Num	ted Policy ber	5111938398			
Address 4			ress Type	Singapore address		Post Code	822196
Address 1	BLK 196B #15-499	Add	ess 2	PUNGGOL FIELD		38405740CS17:GS	A STATE OF THE STA
Policy	holder Mailing Address					Address 3	SINGAPORE 822196
Certificate Info							
Policy Info							
Flag Open							
Co- nsurance	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		G31 Floy		
Singapore OD Excess	2000	TP Excess			GST Flag	v	
Outside	2000	Outside Singapore	1500			Young	/Inexperience Driver Excess
Additional	0	OS Premium	0				
xcess	1500	Excess	2000		Excess		
hird Party	7000	Own damage	2000		Windscreen	100	
xcess	Per Accident	All Claims Excess					
olicy ssue Date	23/08/2019	Effective Date	24/08/2019	00:00	Expiry Date	23/08/2020 23	:2a
roduct lame	PRIVATE CAR INSURANCE	Plan			Policy Flag		
ddress	BLK 196B #15-499 PUNGGOL FI	ELD SINGAPO	RE 822196		Group	N	
ertificate o.							
olicy No.	5111938398	Policyholder Name	KOH HOCK (		Policyholder NRIC	S1309062I	

ident MT/1062641	5111938398	Vehicle No.	SKC5362B	GST Registration No.	
	3111930390	Lieuwert (	POTANO NEW YORK		
tricate No.	KOH HOCK CHUAN			Policyholder NRIC	S1309062E
(a)	PRIVATE CAR INSURANCE	Cover Type	erwo CLASSIC	Loading	0
	98639996	Contact No.(Office)	0	Contact No.(Home)	0
all Address		Special Remark		eCode	Nr. 💙
	® No ○ Yes	TCA	No ○ Yes.	eCode Reason	
	No	NCO Entitlement(%)	50	Private Hire	Yes
Accident Details					-21000000000000000000000000000000000000
port Date	16/09/2019 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ne of Accident	13/09/2019	Time of Accident hitcmm	12:55	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	BRADDELL RO TWDS LOR 6 TOA PAYOH				
Total Excess Applicable					
	Per Accident	Windscreen Excess	100.00		
cess type					
Standard Excess	2,000.00	TP Standard Excess	1,500.00	Dec. 10 Co. 1007	Covered
ED OD Excess	0.00	YIED T₽ Excess	0.00	Driver is Covered?	COVERED
ditional Excess	0		20020000		
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
7 Benefits					
GST Registered Informa	NIT TO THE RESERVE TO		COT BANDONINA CARA		
T Registered	No		GST Registration Date GST Status Verified	Yes	
T Registration No.					
Policyholder Mailing Ad	dress			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SINGAPORE 822196
ddress 1	BLK 1968 #15-499	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 822190 822196
ddress 4		Address Type	Singapore address	Post Code	022170
init No.		Related Policy Number	5111938398		
OI Driver Info					
river Name	TAN HIN SHENG, VINCENT	Driver Type	Named Driver	Driver DDB	19/12/1985
nnemed driver Name		Driver NRIC	585418591	Driving Experience	5
egister Date of Driver License	28/11/2013	Driver Age	33	Contact No.(Home)	0
ontact No.(Mobile)	98639996	Contact No.(Office)	0	Address 3	WATERWAY SUNRAY
ddress 1	9LK 6598	Address 2	PUNGGOL BAST	Post Code	822659
ddress 4	SINGAPORE 822659	Address Type	Singapore address	Post Code	
Unit No.	07-759			20700000000000000	
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	O Yes ® No		
todification History					
Claim 001 New					
			The state of the s	Contract of Astronomy	613090631
Claim Type *	ор-мх 🔻	Insured Name	KOH HOCK CHUAN	Insured NRIC	\$13090621
	ор-их 💌	Insured Name Contact No.(Home)	MIL	Contact No.(Office)	
Contact No.(Mobile)	OD-MX	Contact No.(Home) OI Vehicle Number	NIL SKC\$362B		\$13090621 \$3019762
Contact No.(Mobile) Email Address		Centact No.(Home) OI Vehicle Number Type of Benefit *	MIL	Contact No.(Office)	
Contact No.(Mobile) Email Address Claimant Type Claimant Type		Contact No.(Home) OI Vehicle Number	NIL SKC\$362B	Contact No.(Office)	
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name *	• Rease Select	Centact No.(Home) OI Vehicle Number Type of Benefit *	NIL SKC\$362B	Contact No.(Office) TP Vehicle Number	\$3019762
Contact No.(Moorle) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address	• Rease Select	Centact No.(Home) OI Vehicle Number Type of Benefit *	NIL SKC\$362B	Contact No.(Office)	\$3019762
Contact No. (Mosrie) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	Please Select Y	Centact No.(Home) OI Vehicle Number Type of Benefit *	NIL SKC\$362B	Contact No.(Office) TP Vehicle Number	\$XU19762
contact No.(Moorle) Email Address Claimant Type Claimant Type Claimant Name * Daimant Address Claimant Address Open Description Preferred Workshop Contact No.	Please Select Y	Contact No. (Home) Of Vehicle Number Type of Senefit. * Claimant NRIC *	MIL SxCS362B Please Select	Contact No.(Office) TP Vehicle Number	SXU19762
contact No.(Mogrie)  cmail Address  Claimant Type Claimant Type  Claimant Name *  Claimant Address  Claim Description  Preferriad Workshop Contact  No.  Require Finalisation	Please Select   ≥≥  SKCS3628 / SJU19762 CN 13 Sept 2019	Contact No. (Home) Of Vehicle Number Type of Senefit. * Claimant NRIC *  Insured Liability *	NIL SXCS362B Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho	\$XU19762
Contact No.(Mogrie) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferrad Workshop Contact No. Require Finalisation Date Registered	Please Select	Contact No. (Home) Of Vehicle Number Type of Seners. * Claimant NRIC *  Insured Liability * Pyeferered Repair Option	NIL SXCS362B Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report	SXU19762
Contact No.(Mogrie) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferrad Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select	Contact No. (Home) Of Vehicle Number Type of Seners. * Claimant NRIC *  Insured Liability * Pyeferered Repair Option	NIL SXCS362B Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report	SXU1976Z
Comm Type * Contact No.(Mosrie) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Colaim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	Please Select	Contact No. (Home) Of Vehicle Number Type of Seners. * Claimant NRIC *  Insured Liability * Pyeferered Repair Option	NIL SXCS362B Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report	SXU1976Z
Contact No. (Moorle)  cmail Address  Claimant Type Claimant Type  Claimant Address  Daimant Address  Daim Description  Preferrad Workshop Contact  No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	Please Select	Contact No. (Home) Of Vehicle Number Type of Seners. * Claimant NRIC *  Insured Liability * Pyeferered Repair Option	NIL  SKC5362B  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report	SXU1976Z
Contact No. (Moorle) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferrad Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	Please Select	Contact No. (Home) Of Vehicle Number Type of Senerit. * Claimant NRIC *  Insured Liability * Pyreferered Repair Option Claim Gose Date	NIL SXCS362B Please Select  Not at Fault Preferred Workshop, Name unknown.	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report	SXU1976Z
contact No. (Moorie) cmail Address Claimant Type Claimant Type Claimant Mame * Darmant Address Darm Description Preferrate Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment 19 Accident No.	Please Select	Certact No.(Home) Ot Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	NIL SXCS362B Please Select  Not at Fault Preferred Workshop, Name unknown.  Save Subme	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report	SXU19762
contact No. (Mobrie) contail Address  Italimane Type Claimant Type  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Description  referred Workshop Contact  to.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  19  Accident No.	Please Select	Contact No. (Home) Of Vehicle Number Type of Senerit. * Claimant NRIC *  Insured Liability * Pyreferered Repair Option Claim Gose Date	Not at Fault  Preferred Workshop, Name unknown.  Save Subme.	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received	Received 16/08/2019 00:00
contact No. (Mobrie) contail Address  Italimane Type Claimant Type  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Description  referred Workshop Contact  to.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  19  Accident No.	Please Select	Contact No. (Home) Of Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Regain Option Claim Close Date  Claim No. Upload Date	Not at Fault  Preferred Workshop, Name unknown  Save Subme  001  16/09/2019 17:07  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received  Confidential Uni	
contact No. (Mobrie) contail Address  Italimane Type Claimant Type  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Description  referred Workshop Contact  to.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  19  Accident No.	Please Select	Certact No.(Home) Ot Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	Not at Fault  Preferred Workshop, Name unknown  Save Subme  001  16/09/2019 17:07  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received  Confidential Urg	Received 16/08/2019 00:00
contact No. (Mobrie) contail Address  Italimane Type Claimant Type  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Description  referred Workshop Contact  to.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  19  Accident No.	Please Select	Contact No. (Home) Of Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Regain Option Claim Close Date  Claim No. Upload Date	Not at Fault  Preferred Workshop, Name unknown  Save Subme  001  16/09/2019 17:07  Category *  Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received  Confidential Urg  V NO V Norms  V NO V Norms	Received  18/08/2019 00:00
contact No. (Mobile) contail Address  Italiananc Type Claimant Type Claimant Name *  Damant Address  Dam Description referrate Workshop Contact  to.  Require Finalisation Date Registered  Report Taken By  Print AK letter  Attachment  19  Accident No.	Please Select	Contact No. (Home) Of Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Regair Option Claim Gose Date  Claim No. Upload Date  Brow	Not at Fault  Preferred Workshop, Name unknown  Save Subme  001  16/09/2019 17:07  Category *  Clear Please Select  VSG Clear Please Select  Coar Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received  Confidential Urg  V NO V Norm  V NO V Norm  V NO V Norm	Received  18/08/2019 00:00
contact No. (Mobile) contail Address  Italiananc Type Claimant Type Claimant Name *  Damant Address  Dam Description referrate Workshop Contact  to.  Require Finalisation Date Registered  Report Taken By  Print AK letter  Attachment  19  Accident No.	Please Select	Contact No. (Home) Ot Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Regair Option Claim Close Date  Claim No. Upload Date  Brow Brow	Not at Fault  Preferred Workshop, Name unknown  Save Subme  001  16/09/2019 17:07  Category *  Prease Select  Vse Clear Prease Select  Vse Clear Prease Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received  Confidential Urg  V NO V Norm	
Contact No. (Moorle) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferrad Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK letter	Please Select	Contact No. (Home) Of Vehicle Number Type of Senerit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Brow Brow	Not at Fault  Not at Fault  Preferred Workshop, Name unknown  16/09/2019 17:07  Category *  Oear Presse Select  See. Gear Presse Select  See. Gear Presse Select  See. Gear Presse Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho  GIA report  Date Received  Confidential Urg  V NO V Norm  V NO V Norm  V NO V Norm	Received 18/08/2019 00:00

