Date In: 19 19 -18:10	Jcb description	Date &Time Completed	Done by
Res No: Massugo 1678/14	SAS e-filing		
Veh No: SMM 3011B	E-mail (within Shrs, AIC 2h	rs)	
D.O.A: 19/4/14-18:15	i-Motor Claim Form	M110 63026 -001	18/4/19 18:25
OD / P Reporting Only	i-Motor W/O (Within: O)		
OD 7 Ty Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Repo	ort	
11 mater.	Ass't Report by Fax / Ha	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: JHD5	או טאַל	C()/Non-INC()	NO. 100
Owner / Driver: (Tel:)
Policy No: () Perio	od: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N:	0-20%; P: 21-79%. P: 30-	100%]
Year of Registration: () Wa	arranty: YES ()/NO (
Excess: (\$) Loading: \$1,000	0()/\$2,000()		
Seneral Remarks:	2-98-1002-1008-1-98-1-72-2	SOCIO PROPERTI DE SOCIO POR SOCIO PO	THE STREET
The state of the s			
() Walk-In Customer: Customer's inform	ation strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer	URGENTLY.	*	No.
Drive-In ()/ Towed-In (); Invoice: 1	YES()/NO()	; Towing Co: (.)
	7	111111111111111111111111111111111111111	
			70 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
temarks;- (INC horline: 6788 6616)		Date&Time Completed	Done by
	urtesy Car ()	Dates Time Completed	Done by
Apply for Transport Allowance ()/Cou	urtesy Car ()	Dates Time Completed	Done by
Apply for Transport Allowance () / Cou QC Check / Post Repair Inspection	()	Date&Tirrie Completed	Done by
1) Apply for Transport Allowance ()/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	()	Dates: Time Completed	Done by
1) Apply for Transport Allowance ()/Cou 2) QC Check/Post Repair Inspection	()	Dates: Timis Completed	Done by
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Actions	Inveice I 1) AR: Acti 2) DA: Dam 3) TF: Towi 4) FT: Follo	Preparation Checklist. dent Reporting (\$30); age Assessment (\$100); INC (\$80); ng Fee \$40 w-Through Survey	Ant (S) Am (
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Actions	Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idao 8) NTUC Ad OD* *N5: Cour	dent Reporting (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2005) aspection DA + SMRT Survey ditional Services:-	Anit(S) Amt (S) Amt (S
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

aforesaid.	
建筑设置,由于1000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	18/09/2019 18:10
Date Of Accident	17/09/2019 18:15
Exact Location Of Accident	BKE (SLE) BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
Charles and the February Control of the Control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM3011B
Insured/Policyholder	
Name Of Registered Owner	OW PECK HWEE JONATHAN
NRIC No	S8931301E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97372409
Alternative Phone No	OFFICE-97372409
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG LINE AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108751878
Cover Note Number	
Driver	
Name of Driver	LIM YU XIN, JANE
NRIC No	S9029579I
Date Of Birth	18/08/1990
Occupation	INDOOR
Date Of Driving Pass	05/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84810954
Fax Number	
Contact Number	OFFICE-84810954

NOEMAIL

BLK 520A TAMPINES CENTRAL 8 Address

#06-41

Postcode 521520

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - FIANCE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JHD288 (PRIVATE CAR)

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

Was any other material or property damaged? YES

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: OW PECK HWEE JONATHAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name WOODLANDS DIVISION HQ

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - L/20190918/7004.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD5341S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN BENG HUAT

NRIC/Passport Number

Contact Number 87866824

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JHD288

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) 5

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME:

GENDER: :

Passenger 3 NAME:

GENDER: :

Passenger 4 NAME: :

GENDER:

DETAILS OF INJURED PERSON 1

Name LIM YU XIN, JANE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMM3011B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name OW PECK HWEE JONATHAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMM3011B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (i) 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, agulators, 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.:

SKETCH PLAN				
BY I	CAB	Vehicle A: Vehicle B: Vehicle C	SH5341S	
DESCRIBE CIRCUMSTAI		police report		
	Repon	+ No: L/201909	118/7004	
DECLARATION /We declare the foregoing	particulars are true in eve	ry respect.		
Policyholder's Signature	Driver's Signa (If driver is no Date & Time:	t the policyholder)	Reporting Centre Personame: NRIC/FIN No.;	on tel's Signature

Vehicle No.	SMM 3011B Model / Make Mercedes Benz CLA 180
Date of Accident	17/9/2019
Time of Accident	1815 HRS
Location of Accident	Along BKE Twds SLE before Maidal Rd Exit
Exact purpose use during acci	
Name of Owner	Ow Peck Huse, Jonathan
Telephone No.	H/P: 9737 2409 Home: Office:
NRIC	S8931301E
Address	BLK 872 Woodlands Street &1 #03-280 S(730872)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party / Fire / Theft
Policy No.	Comprehensive Times (and)
Policy No.	
Name of Driver	As Above If No, Lim Yu Xin, Jane
NRIC	S9029579I Any Passengers: Jonathan (M)
Date of birth	18 [08] 1990
Occupation	Outdoor / Indoor
Driving License Pass Date	05/01/2019
Gender	Male / Female
Contact No.	H/P: 8481 0954 Home: Office:
Address	BUK 520A Tampines Central 8 # 06-41 S(521520)
Driver have any own vehicle	No, If yes Reg No. FBL 7192X
Relationship	Employee, If no, state France
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
	No, Uf Yes, Who? Lim Yu Xin, Jane 84810954
Any Injuries Name And Contact No.	Ow Peck Hule, Jonathan 97372400
	OW FREE HAR, JUVATIAN (F) 1240
Name And Contact No.	No. Uf Yes Where?
Police Report	No, Uf Yes Where? SHD 5341S Any Passengers:
Vehicle B No.	Tan Beng Hunt Contact No.: 8786 6824
Name of Driver	JHD 288 Any Passengers: 4
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	
Vehicle G No.	Any Passengers : Witness Contact :
Witness Name	Rear and Front
Accident Portion	(Yes) No
Camera Recorder	
Email Address	Jonathan _ oph@ notmail.com
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Trug
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg





1 of 3

Report No. L/20190918/7004

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Report No.		Station Diary No.	
18/09/2019 10:27				
Name Of Informant	Address			
OW PECK HWEE, JONATHAN	The second	APT BLK 872 WOODLANDS STREE		T 81 #03-280
	SINGAF	ORE 7308	72	
ID Type / ID No.	Contact	No.		
NRIC NO / S8931301E	Home/C	office:	Mobile:	
			97372409	
Nationality	Email A	ddress	ELI I	
SINGAPORE CITIZEN	jonathar	oph@hot	mail.com	
Occupation	Sex	Age	Date of Birth	Race
Mechanical engineer (general)	Male	30	06/09/1989	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location	Location Of Incident		
17/09/2019 18:30 - 17/09/2019 18:40	BUKIT	TIMAH EXP	RESSWAY	
Drief details				

Brief details.

Around 1835 on 17th September 2019, my girlfriend Lim Yu Xin Jane, S9029579I was driving our car Mercedes Benz CLA 180, SMM3011B on lane 1 during peak hour jam and has come to a complete stationary position during the jam and got hit from the back by a taxi Trans cab, SHD5341S and our car surged forward due to the great impact and hit a Malaysia Camry JHD 288, driver Yap Kian Siong, Malaysia IC 820330015373.

Taxi driver Tan Beng Huat, S1303975E stopped and immediately got off the car to access the situation.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2019 10:27
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190918/7004

Pictured were taken and SD card from our car was taken out immediately. As a Malaysia vehicle was involved, traffic police was paged to the scene immediately.

Driver SMM3011B my girlfriend, immediately felt pain on her left shoulder and left fingers as she was hit against the steering wheel during the impact. However, the pain was still manageable during the accident hence we declined a ambulance as the priority was to ensure the accident procedure was done properly.

We waited for traffic police, the SD card from our car was seized for investigation and signed off by us on paper. The taxi was towed away and we managed to get the details to file for insurance. All 3 cars involved exchanged contact details and had photos taken.

Our tow truck came around 2000, and we left the scene. We then quickly rushed to the hospital for immediately medical attention at Mount Alvernia.

Investigation officer ISA (6547 6214), Report No. L/20190917/0114

Tan Beng Huat

NRIC NO

Gender	Male	Age		50-60		
Race	Chinese	Langua	age	Chinese		
Occupation	Taxi driver					
	Signature Of Officer Recording The Report:			ure Of Informant: entity of the person making this		
Not applicable			report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable			Date/Time: 18/09/2019 10:27			
Officer In-Charge Of Case:			Classification Of Case:			

ID No

S1303975E

Authentication Stamp

Subjects Involved

Suspect Person Name

ID Type





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190918/7004

Person Name	OW PECK HWEE, JONATHAN				
D Type	NRIC NO	ID No	S8931301E		
Gender	Male	Age	30		
Race	Chinese	Language	English		
Occupation	Mechanical engineer (general)	Address Type			
Address	APT BLK 872 WOODLANDS STREET 81 #03-280	Mobile No	97372409		
	SINGAPORE 730872				
Is Informant A	Yes				
VIOLINI.		-			
Person Name	Lim Yu Xin Jane				
ID Type	NRIC NO	ID No	S9029579I		
Gender	Female	Age	29		
Race	Chinese	Language	English		
Occupation	Marketing and sales	Address	520A Tampines central 8 #06		
	representative (ICT)		41 SINGAPORE 521520		
Mobile No	84810954	Relation To	Girlfriend		
11001101110	0.0.0001	Informant			
		JIII OTTIGATE			
Person Name	Yap Kian Siong				
ID Type	NEW MALAYSIAN IC	ID No	820330015373		
Gender	Male	Warner Children			
Person Name	OW PECK HWEE, JONATHAN	(Informant)			
Signature Of Offi	icer Recording The Report:	Signatu	re Of Informant:		
Not applicable		report h	identity of the person making this rt has been authenticated by Pass. No signature is required.		
Signature Of Inte Not applicable	erpreter:	Date/Ti 18/09/2	me: 019 10:27		
Officer In-Charge	e Of Case:	Classifi	cation Of Case:		

Authentication Stamp



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

15 May 2019 / 16:54:35

Receipt Date/Time :

15 May 2019 / 16:54:34

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190515-002878

Previous Receipt No. :

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Replaced Vehicle No. SMK6497Z Replacement of Veh Reg No SMM30 Replacement Fee 20190515165258343266	11B	300.00	21.00	321.00
	Sub-Total	300.00	21.00	321.00
	Total Before Rounding	300.00	21.00	321.00
	Rounding Difference			0.00
	Total Amount Payable			321.00
	Paid By			
	xxxxxxxxxxxxx4801	Credit Card /MasterC		321.00
	Total			321.00
	Cash Change			0.00
	Tendered Amount			321.00
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

eBao Tech								esna	DAY:	Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	ge Languag	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date	of Accident		17/09/2019	18:15	
	Vehicle	No.(For Motor)	SMK64	97Z		Certi	ricate Number		9		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108751878		OW PECK HWEE JONATHAN	S8931301E	GPC	drivo PREMIUM	SMK6497Z	SMK6497Z	18/04/2019	17/04/2020
						Continue	J				

Policy No.	5108751878	Policyholder Name	OW PECK	HWEE JONATHAN	Policyholder	S8931301E	
Certificate No.		Name			NRIC		
Address	BLK 872 #03-280 WOODLANDS	S STREET 81 S	INGAPORE 7	730872			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/04/2019	Effective Date	18/04/201	9 00:00	Expiry Date	17/04/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent	JCWC AUTOMOBILE PTE. LTD.	Agent Tel.	65696969		GST Flag	Y	
Jpen .							
Policy Info Certificate Info Policyh	older Mailing Address		-706				
Policy Info Certificate Info Policyh	older Mailing Address BLK 872 #03-280	Addre	ss 2	WOODLANDS STR	EET 81	Address 3	SINGAPORE 730872
Policy Info Certificate Info Policyh Address 1	Separation Province Supression as	Addre	ss Type	WOODLANDS STR Singapore address	000000000000000000000000000000000000000	Address 3	SINGAPORE 730872 730872
Policy Info Certificate onfo Policyh Address 1	Separation Province Supression as	Addre	ss Type d Policy		000000000000000000000000000000000000000		
olicy Info Certificate info Policyh iddress 1 iddress 4	Separation Province Supression as	Addre Relate	ss Type d Policy	Singapore address	000000000000000000000000000000000000000		
Policy Info Certificate info Policyh Address 1 Address 4 Unit No.	BLK 872 #03-280 1 Object: SMK6497Z	Addre Relate	ss Type d Policy	Singapore address	000000000000000000000000000000000000000		
Policy Info Certificate Info Policyh Inddress 1 Inddress 4 Init No.	BLK 872 #03-280 5 Object: SMK6497Z	Addre Relate Numb	ss Type d Policy	Singapore address 5108751878	000000000000000000000000000000000000000	Post Code	
Address 1 Address 4 Unit No. Insured	BLK 872 #03-280 5 Object: SMK6497Z	Addre Relate Numb	ss Type d Policy er	Singapore address 5108751878 t Type	F	Post Code	730872

Claim Handling Accident MT/1063026									
		05/80900		SOURCE					
Policy No. Certificate No.	5108751878	Vehicle No.		SMK6497	Z	GSY Regi	stration No.		
	FEMALES INCOME.								
Policyholder Name	OW PECK HWEE JONATHAN	92 (13.70)				Policyhold	er NRIC	58931301	
Product Code	PRIVATE CAR INSURANCE	Cover Type		drivo PRE	MIUM	Loeding		0	
Contact No.(Mobile)	97372409	Contact No. (Office)	1	0		Contact N	o.(Home)	0	
imai Address		Special Remark				eCode		NE V	
CFIC	No ○ Yes	TCA		® № ()	Yes	eCode Re	ason		
CD Protection	No	NCO Entitlement(%	4)	0		Private HI	re	No	
eport Date	18/09/2019 18:23	Accident Report W	ithin 24 hrs	Yes		Accident 1	Cyme	Chain Colli	ina
late of Accident	17/09/2019	Time of Accident to		18:15		Country o	0.00		
eporting Centre				30.23			Accident	Singapore	
codent Location	more on an appearance of the second	Orange Force				1CM No.			
Total Excess Applicable	BKE (SLE) BEFORE MANDAI RD EXIT								
xcess Type	Per Accident				2522				
cess type	Per Accident	Windscreen Excess			100.00				
D Standard Excess	600.00	TP Standard Excess			0.00				
IED OD Excess	0.00	YIED T⊅ Excess					and the second	Secretary.	
dditional Excess	0	TIED IF ENDINE			0.00	Driver is C	gvereg r	Covered	
oral OD Excess Applicable			100000		0.238				
V Benefits	600.00	Total TP Excess Ap	Decades		0.00				
overage									
ansport Allowance					um Insured				
GST Registered Inform	nation.			99	999999,99				
				838					
ST Registered ST Registration No.	No				T Registration Date	696	20		
odification History				GS	T Status Ventied	. 4	es		
F Policyhelder Hailing Ad	*****								
	SLK 872 #03-280			ware.		20050000		150000000	SVCCVAS-
odress 1	SLA 072 FO3-280	Address 2			NOS STREET 81	Address 3		SINGAPORE	730672
idress 4		Address Type		Singapore		Post Code		730872	
nt No.		Related Policy Num	ber	51087518	78				
OI Driver Info									
tver Name	LIM YU XIN, IANE	Driver Type		Named Dry	Wer.		(5)	ANGERS	
nnamed driver Name		Driver NRIC		59029579	ŧ	Onver DO	(C)	18/08/1990	
gister Date of Driver License	05/01/2019	Driver Age		29		Driving Ex	perience	0	
intact No.(Mobile)	84810954	Contact No.(Office)		0		Contact No	(Home)	0	
Idress 1	BLK 520A	Address 2		TAMPINES	CENTRAL B	Address 3			AT TAMBINGS
Mires 4	SINGAPORE 521520	Address Type		Singapore					AT TAMPINES
nt No.	06-41	Hope Can Type		an gaptire		Post Code		521520	
ges he own a Singapore									
igistered car?	○ Yes ® No	Driver Vehicle No.				Driver Insu	arer Company		
claration									
eathalyser or Blood Test adding?	0 mg	Any injury?		® Yes ○	No				
odification History									
Claim 001 New									
	Total Marie Control								
im Type •	00-MX	Insured Name		100000000000000000000000000000000000000	HWEE JONATHAN	Insured NR		\$8931301E	
ntact No.(Mobile)	97372409	Contact No.(Home)		63663280		Contact No			
all Address	JONATHAN_OPH@HOTMAIL.COP	OI Vehicle Number		SMK6497Z		TP Vehicle	Number	SHD5341S	
imant Type Claimant Type *	Please Select	Type of Benefit *		Please Sele	ect 🔻				
imant Name *	22	Claimant NRIC +	9						
mant Address									
im Description	SMK6497Z / SHD53415 ON 17 Sept 2019					Name of Pr	eferred Workshop		
ferred Workshop Contact		Insured Liability *	9	Not at Faul	t V				
pure Finalisation	Yes	Preferend Repair Op	200			♥ GIA report		Recovered	
te Registered	18/09/2019 18:25	Claim Close Date		, revenues v	randonip, Hame Gritinown	Date Receiv	and the same of th	18/09/2019	00.00
port Taken By	Jackson	Cam Cose Date				Date Recen	red .	16/09/2019	00:00
	(ANTAGOLI								
Print AK letter									
Attachment			(S	Seve Sub	mit				
p.									
ident No.	MT/1063026	Claim No			001				
t Doc. Received									
CONT. MEDITORIS	● Yes ○ No	Upload I	oute:		18/09/2019 18:25				
	Path *				Category *	Confide	intial Urger	ncy *	Description
			Browse	Clear	Please Select	W NO	∨ Normal	v	-
			Browse	Clear	Please Select	V NO	∨ Normal	v	
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