| Date In: 23/4/19-14:34 | Jeb description | on | Date &Time Completed | Done | by |
|--|--|--|--|--|---|
| Reino: Hallucigo 6782/24 | SAS e-filing | g | | | |
| Veh No: SUE ITANC | E-mail (with | in 8hrs, AIC 2hrs) | | | |
| D.O.A: 15/9/19-17.45 | i-Motor Cla | | M7 1063 675-201 | 23/9/19 | 6. 11- |
| | i-Motor W/ | O (Within: OD 2hr | The state of the s | 2319119 | 1,4 |
| OD TP/ Reporting Only | i-Photo Upl | | <u> </u> | | |
| | | Survey Report | | | |
| TP Insurer: | - | | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | | ax: | - |
| TP Particulars: Veh No: 513 | 582832 | INC (| | | - |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () F | eriod: (|) | Cover Type: (| | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (| WO): N: 0-2 | 0%; P: 21-79%. F: 80-1 | 00%1 | 13 |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| | ,000 ()/\$2,000 | | | | |
| General Remarks | | to a synthesis | STATE OF THE PARTY OF | SEAS OF THE P | _ |
| | The same of the sa | ed unecessary | The section of the se | NAMES OF THE PARTY | - |
| () Walk-In Customer: Customer's inf | | infidential & Str | ictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Insu | rer URGENTLY. | • | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Drive-In ()/ Towed-In (); Invoice | ce: YES () / 1 | NO(); To | owing Co: (' | |) |
| , , , , , , , , , , , , , , , , , , , | | | and out | | |
| | | | | TARREST WCF | , |
| temarks:. (INC horline: 6788 6616) | | | | Done l | ý |
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| Remarks: (INC hotline: 6788 6616): 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection | Courtesy Car (|) | | Done | עי |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] | Courtesy Car (|) | | Donet | y . |
| Remarks: (INC hotline: 6788 6616): 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection | Courtesy Car (|) | | Done | y Y |
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1907 178*: Limant's Particulars: | Courtesy Car (| Invoice Prep 1) AR: Accident 1 2) DA: Damage A | Date& Time Completed aration Checklist Reporting (\$30); Issessment (\$100); INC (\$80) | Amt (5) | Abt |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Oute/Time Actions NA 1402 178*: Ilmant's Particulars: | Courtesy Car (| Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th | aration Checklist Reporting (330); Issessment (\$100); INC (\$80 or ough Survey | Ant (5) /st Bill 0) (545) | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions MA1907178: Limant's Particulars: Ever/Owner: | Courtesy Car (| Invoice Prep I) AR: Accident I) DA: Damage A I) TF: Towing Fe I) FT: Follow-Th I) FT: Follow-Th | Date Time Completed aration Checklist Reporting (330); Issessment (\$100); INC (\$80 rough Survey 5 | Amt (5) fit Bill 0) 545 120 \$30 | Ant |
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| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA1907178* Limant's Particulars: iver/Owner: intact No: maged Portion: | Courtesy Car (| Invoice Prep Invoice Prep I) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD.* | Date Time Completed aration Checklist Reporting (330); Inc. (380); | Anc(5) In Bill 7 545 120 530 575 | Ant (|
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA (907-178) dimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): | Courtesy Car (| Invoice Prep Invoice Prep I) AR: Accident I) DA: Damage A I) TF: Towing Fe I) FT: Follow-Th For claiming ag I) TP: Re-inspect I) N1: Idao DA + II) NTUC Addition On: N5: Courtesy (N6: Repair Co N7: Fost Repair N8: DV / Colle TP (N11): TP (| Date Tame Coinple of aration Checklist: Reporting (\$30); INC (\$86 sessment (\$100); INC (\$86 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey S al Services: Car / Tpt Allowance ordination ir Inspection set Excess Coordination Non INC) against INC | 375 160 35 510 525 530 525 530 | Ant (|
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SINGAPORE ACCIDENT STATEMENT

Tole Miles

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. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 23/09/2019 19:34 |
| Date Of Accident | 15/09/2019 17:45 |
| Exact Location Of Accident | MIDDLE RD TWDS NORTH BRIDGE RD |
| Country/State of Loss | SINGAPORE |
| ı | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLE1594C |
| Insured/Policyholder | |
| Name Of Registered Owner | LEONG FOOK WAH |
| NRIC No | S1478789E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84655466 |
| Alternative Phone No | OFFICE-84655466 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | SIENTA 1.5X A |
| Exact Purpose for which vehicle was being used at time of accident | t 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 | 5098674639-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEONG FOOK WAH |
| | |

NRIC No S1478789E 11/10/1961 Date Of Birth INDOOR Occupation 29/06/1979 **Date Of Driving Pass**

40 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-84655466 Mobile Number

Fax Number

OFFICE-84655466 Contact Number

NOEMAIL **EMail Address**

BLK 704 CHOA CHU KANG STREET 53 Address

#13-74

Postcode 680704

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

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 NAME:

> GENDER: : MALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

GENDER: : MALE

Passenger 4

NAME:

.

GENDER:

: MALE

Passenger 5

NAME:

.

GENDER:

: MALE

Passenger 6

NAME:

. . .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190923/7006.

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 SBS8283Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NO

Name LEONG FOOK WAH

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLE1594C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

| Refer to police report - Thoughour 17006. | |
|---|----|
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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

| 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SUE MANY b) INSURANCE COMPANY: NTOC c) POLICY NUMBER: 5 d) POLICY TYPE: (COMPREHENCY (COMPANY) | (4) |
|---|--------------------------|
| b) INSURANCE COMPANY: NTVC | |
| b)INSURANCE COMPANY: NTVC | |
| C)POLICY NUMBER: 5 | |
| c)POLICY NUMBER: 5 | |
| d)POLICY TYPE: (COMPREHENSIVE (= 1) | |
| | |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD F | |
| f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORC | VOLE / OTHERS |
| STATION OF COMMERCIAL ANOTOR | CVCITI |
| THE STATE OF USING AT ACCIDENT TIME. | . (4 |
| JAKE YOU CLAIMING UNDER YOUR OWN INCLUDENCE | 160 |
| " INO, FLEASE STATE (THIRD PARTY CLAIM / DEPORTING OF | NI ST |
| 2. HOURED / POLICY HOLDER | inci j |
| A)NAME: | MALE / FEMALE) |
| CONTACT | |
| c)ADDRESS: | |
| | , K |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER | - |
| T passenge. Driver | |
| Including diag a) NAME: Jong | ALE / FEMALE) |
| C L S C C C C C C C C C C C C C C C C C | 84622466 |
| CIADDRESS: Ble 734 tho g they long Hart D | A 13-24 / 1807. |
| 1 | 77 (000) |
| GIDATE OF BIRTH: [11 10 / 100 / MAY VANA | |
| A)OCCOPATION: (INDOOR) OUIDOOR) | |
| f) YEARS OF DRIVING EXPRÉRIENCE: 29 6 1979 | * |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSUPER'S COMPAN | NY? (YES / NO) |
| TO THE DE THE DETTE INCLINE | HERONAL |
| CONDITION: CLEAR / RAINING / OTHERS | The overland |
| DIROAD SURFACE://DRY / WET / OTHERS | |
| 6. WAS ANYBODY INJURED (VES / NO) | 84 |
| 7. a) REPORTED TO POLICE (YES / NO) | |
| IF YES, PLEASE STATE WHICH POLICE STATION: | |
| 8. THIRD PARTY VEHICLE of passenger of VEHICLE NUMBER: SESSON MODEL: | |
| MODEL: | |
| adding ariver) Of DRIVER'S NAME: | |
| C) NRIC/FIN/PASSPORT:CONTACT:CONTACT: | |
| ** THING! FARTI VEHICLE | |
| d) VEHICLE NUMBER:MODEL: | |
| 1 1. O DRIVER 3 NAME: | The second of the second |
| () NRIC/FIN/PASSPORT:CONTACT: | |
| | |
| | |
| | |
| | |

email =

fax =

VIDEO =





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3

Report No. T/20190923/7006

REPORT OF A TRAFFIC ACCIDENT

| Date/Tir 23/09/20 | ne Report N 019 12:02 | Made: | Vide Report No.: | Station Diary No.: | | |
|--|--------------------------|---------------------------|---|---|--|--|
| Informa | nt's Partic | ulars | | TOTAL CONTRACT OF THE PARTY OF | | |
| Name o LEONG | f Informant: FOOK WA | Н | Address: APT BLK 704 CHOA CHU KA SINGAPORE 680704 | ANG STREET 53 #13-74 | | |
| ID Type NRIC N | / ID No.: O / S14787 | 89E | Contact No.: Home/Office: Mobile: 84655466 | | | |
| National SINGAP | ity: ORE CITIZ | EN | Email: Lpts_ed@yahoo.com.sg | | | |
| Sex: Male | Age: 57 | Date of Birth: 11/10/1961 | Type of Informant: Driver | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | |
| Occupation: Premises and facilities maintenance | | ies maintenance | Driving Licence Information: Class: 3 | Date of Expiry: | | |

| Type of Accident: | Injury Others | Drink Drive; No | Date/Time of Accident: 15/09/2019 17:4 | 15 | Type of Location T-Junction |
|--------------------------|------------------|-----------------------|--|--------------|--------------------------------|
| Location: Middle road | | | | | |
| | | Road Surface: | | Road | Speed Limit: |
| Weather: Clear | | Road Surface: Dry | | Road 60 K | d Speed Limit: m/h |
| | | | olled | 60 K | m/h ic Volume: |

| Details of Vehicle Involved | | | | | | | |
|-----------------------------|------|--------|------------------|--------|-----------|-----------------|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger | |
| SLE1594C | Car | TOYOTA | SIENTA 1.5X A | Silver | | 0 | |

| Details of Vehicle Insurance | | | | | | |
|------------------------------|--|---------------|------------|-------------|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | | |
| SLE1594C | NTUC Income Insurance Co-Operative Limited | 5098674639-01 | 06/03/2019 | 11/07/2020 | | |



T/20190923/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190923/7006

CONTINUATION OF REPORT

| Details of Perso | n Involved | | A GARAGE | | |
|-------------------------|---|------------|-----------|---------------------------------|-----------|
| Any Pedestrian In | nvolved: No | | | | |
| No. of Pedestrian | s Injured: NIL | Use of Ped | estrian | Cross | ing: NA |
| Driver | | | | | |
| Name | LEONG FOOK WAH | | ID No | | S1478789E |
| Related Vehicle | SLE1594C (Car) | | | ct No. | 84655466 |
| Hospital/Clinic | nic ALEXANDRA HOSPITAL Class of Driving Licence & Expiry Da | | g ce & | Class: 3 Date of Expiry: NIL | |
| Date Treatment | 22/09/2019 | Date Disch | narge | 22/09 | /2019 |
| No. of Days gran | ted Medical Leave 03 | Degree of | Injury | Slight | |

Brief Details.

On the above date and time, I was making a left turn from second lane to of middle road to toward north bridge road. On the junction, there was traffic police controlling the junction, as there was pedestrians crossing the road, I came into a complete stop giving way to the pedestrians. A SBS bus came from my behind and wide turn colliding to the left side of my stationary vehicle damaging the left part. At that point, i ask mine Grab Passengers, and they told me there were not injured.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190923/7006

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

| Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|---|
| Date/Time: 23/09/2019 12:02 |
| Classification Of Case: |
| |

| eBao Tech | | | | | | | | | | Genera | alClaim |
|-------------------------|----------|-------------------|-----------------------|----------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | Change | e Language | · Chan | ge Password | · Log Out |
| My Desktop Policy Query | | | | | | | | | | | |
| Notice of Loss | Policy N | NO. | | | | Date o | of Accident | E | 5/09/2019 | 17:45 | |
| | Vehicle | No.(For Motor) | SLE159 | I4C | | Certifi | cate Number | [| | | |
| | | | | | E | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5098674639- 01 | | LEONG FOOK WAH | S1478789E | GPC | drivo CLASSIC | SLE1594C | SLE1594C | 06/03/2019 | 11/07/2020 |
| | 8 | | | | C | Continue | | | | | |

| cy Information | SW 877/5 | | | | | |
|---|---|---|---|---|---|---|
| 5098674639-01 | Policyholder Name | LEONG FO | OK WAH | Policyholder NRIC | S1478789E | |
| | | | | | | |
| BLK 704 #13-74 CHOA CHU K | ANG STREET 53 | SINGAPOR | E 680704 | | | |
| PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| 02/01/2019 | Effective Date | 06/03/201 | 9 00:00 | Expiry Date | 11/07/2020 | 23:59 |
| | All Claims Excess | | | | | |
| 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| 0 | OS Premium | 0 | | | | |
| 2000 | Outside Singapore TP Excess | 1500 | | | You | ng/Inexperience Driver Excess |
| AUTOSHIELD PTE. LTD. | Agent Tel. | 63850777 | | GST Flag | Y | |
| | | | | | | |
| | | | | | | |
| BLK 704 #13-74 | 27527300 | transport to the | | | Seneral tracerse == | SINGAPORE 680704 |
| | | | 200000000000000000000000000000000000000 | | Post Code | 680704 |
| d Object: SLF1594C | | | 5098674639-01 | | | |
| CHANGE OF THE CONTRACT OF THE | | | | | | |
| 0,10,000 | ent | Fodorsemer | at Type | Endorsement | Statue | Endorsement Content |
| 11/06/2019 00:00 | | | | orsement Take Ef | fective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 06 Mar 2019 TO 11 Jul 2020 In view of this amendment, an additional premium of \$411.62 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sino made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. |
| | BLK 704 #13-74 CHOA CHU K PRIVATE CAR INSURANCE 02/01/2019 1500 0 2000 AUTOSHIELD PTE. LTD. No colder Mailing Address BLK 704 #13-74 d Object: SLE1594C ements ce Date of Endorsements | BLK 704 #13-74 CHOA CHU KANG STREET 53 PRIVATE CAR INSURANCE Plan 02/01/2019 Effective Date All Claims Excess Own damage Excess 0 OS Premium Outside Singapore TP Excess AUTOSHIELD PTE. LTD. Agent Tel. No older Mailing Address BLK 704 #13-74 Address Address BLK 704 #13-74 Address d Object: SLE1594C ements ce Date of Endorsement | BLK 704 #13-74 CHOA CHU KANG STREET 53 SINGAPOR PRIVATE CAR INSURANCE Plan 02/01/2019 Effective Date 06/03/201 All Claims Excess Own damage 2000 Excess 0 OS Premium 0 Outside Singapore TP Excess AUTOSHIELD PTE. LTD. Agent Tel. 63850777 No polder Mailing Address BLK 704 #13-74 Address 2 Address Type Related Policy Number do Object: SLE1594C ements Ce Date of Endorsement Endorsement | BLK 704 #13-74 CHOA CHU KANG STREET 53 SINGAPORE 680704 PRIVATE CAR INSURANCE Plan 02/01/2019 Effective Date 06/03/2019 00:00 All Claims Excess Own 2000 Excess 0 OS Premium 0 Outside Singapore 1500 TP Excess AUTOSHIELD PTE. LTD. Agent Tel. 63850777 No older Mailing Address BLK 704 #13-74 Address 2 CHOA CHU KAN Address Type Singapore addres Related Policy Number 5098674639-01 d Object: SLE1594C ements ce Date of Endorsement Endorsement Type | BLK 704 #13-74 CHOA CHU KANG STREET 53 SINGAPORE 680704 PRIVATE CAR INSURANCE Plan Group Policy Flag D2/01/2019 Effective Date All Claims Excess Own Jamage 2000 Windscreen Excess O S Premium Outside Singapore 1500 TP Excess AUTOSHIELD PTE. LTD. Agent Tel. 63850777 GST Flag BLK 704 #13-74 Address 2 CHOA CHU KANG STREET 53 Address Type Singapore address Related Policy Number d Object: SLE1594C ements Date of Endorsement Endorsement Type Endorsement Endorsement Type Endorsement | Substitute |

| ccident MT/1063675 | | | | | | | | |
|--|---|--|---|----------|--|--|--|----------------|
| Policy No. | 5098674639-01 | Vehicle No. | SLE1594C | | GST Registration N | No. | | |
| Certificate No. | | | | | | | | |
| Policyholder Name | LEONG FOOK WAH | | | | Policyholder NR3C | | \$14787 | ese |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | | Loading | | 0 | |
| Contact No.(Mobile) | 84655466 | Contact No.(Office) | 0 | | Contact No. (Home | :) | 0 | |
| mail Address | | Special Remark | | | eCode | | No. | |
| FK | ® No ○ Yes | TCA | ® No ○ Yes | | eCode Reason | | | |
| CD Protection | Yes | NCD Entitlement(%) | 50 | | Private Hire | | Yes | |
| Accident Details | | | | | | | | |
| aport Date | 23/09/2019 19:45 | Accident Report Within 24 hrs | Yes | | Acodent Type | | Collision | - Head to Rear |
| ate of Accident | 15/09/2019 | Time of Accident hh:mm | 17:45 | | Country of Acciden | nt | Singapo | re |
| eporting Centre | | Orange Force | | | ICM No. | | | |
| ccident Location | MIDDLE RD TWOS NORTH BRIDGE RD | | | | | | | |
| W Excess | | | | | | | | |
| wn damage Excess | 2,000.00 | Additional Excess | 0 | | Windscreen Excess | 1 | 100.00 | |
| named Driver Excess | 0.00 | Outside Singapore OD Excess | 2,000.00 | | | | | |
| and Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | | | | |
| 7 Benefits | | | | | | | | |
| GST Registered Inform | ation | | | | | | | |
| T Registered | No | | GST Registration Date | | | | | |
| T Registration No. | | | GST Status Venfied | | Yes | | | |
| STREET, MESTORY | | | | | | | | |
| Policyholder Mailing Ad | idress | | | | | | | |
| dress 1 | BLK 704 #13-74 | Address 2 | CHOA CHU KANG STREET 53 | | Address 3 | | SINGAP | ORE 680704 |
| toress 4 | | Address Type | Singapore address | | Post Code | | 680704 | |
| nt No. | | Related Policy Number | 5098674639-01 | | | | | |
| OI Driver Info | | The contract of the contract o | | | | | | |
| tver Name | Leang fook wah | Driver Type | Hain Driver | | | | | |
| named driver Name | | Driver NRIC | \$14787890 | | Driver DOB | | 11/10/1 | 961 |
| gister Date of Driver License | 29/06/1979 | Driver Age | 57 | | Driving Experience | | 40 | |
| ntact No.(Mobile) | 84655466 | Contact No.(Office) | 0 | | Contact No.(Home) |) | 0 | |
| dress 1 | BLX 704 | Address 2 | CHOA CHU KANG STREET 53 | | Address 3 | | SINGAP | ORE 680704 |
| dress 4 | | Address Type | Singapore address | | Post Code | | 680704 | |
| it No. | 13-74 | | | | | | | |
| ses he own a Singapore | 0 | | | | | | | |
| egistered car? | O Yes 	® No | Driver Vehicle No. | | | Driver Insurer Com | npainy: | | |
| Str. 1 (de | O Yes (No | Driver Vehicle No. | | | Driver Insurer Com | npany | | |
| claration | Ú Tes (∰ No | Driver Vehicle No. | | | Driver Insurer Com | npany | | |
| claration | 0 mg | Driver Vehicle No. Any injury? | ® Yes ○ No | | Driver Insurer Com | npany | | |
| iclaration reathalyser or Blood Test reading? | | C-E-Section Control (Sec | ® Yes ○ No | | Driver Insurer Com | npany | | |
| claration reathalyser or Blood Test reading? | | C-E-Section Control (Sec | ® Yes ○ No | | Driver Insurer Com | npany |) to all to | |
| claration mathalyser or Blood Test rading? diffication History | | C-E-Section Control (Sec | ® Yes ○ No | | Driver Insurer Com | npany | No. | |
| claration mathalyser or Blood Test ading? diffication History | | C-E-Section Control (Sec | Yes ○ No | | Driver Insurer Com | npany | 30,000 | |
| claration exathalyser or Blood Test adding? diffication History Claim 001 | 0 mg | Any injury? | | | | npany | | |
| claration eathalyser or Blood Test ading? Iffication History Ctains 001 | 0 mg | Any injury? Insured Name | LEONG FOOK WAH | | Insured NRIC | | 5147870 | |
| claration sathshyser or Blood Test ading? Iffication History Claim 001 New im Type * ntact No. (Mobile) | 0 mg | Any injury? Insured Name Contact No.(Home) | LEONG FOOK WAH | | Insured NRIC Contact No.(Office) | | 6466816 | 52 |
| claration sathalyser or Blood Test ading? dification History Claim 001 New im Type * next No.(Mobile) | 0 mg | Any injury? Insured Name Contact No.(Home) OI Vehicle Number | LEONG FOOK WAH NOL SLE1394C | | Insured NRIC | | - Contraction of the Contraction | 52 |
| claration Hathalyser or Blood Test ading? Claim 001 New Im Type * Hack No. (Mobile) Haddress Hank Type Claimant Type * | 0 mg | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * | LEONG FOOK WAH | | Insured NRIC Contact No.(Office) | | 6466816 | 52 |
| Idention Introduced History Introduced Histo | 0 mg | Any injury? Insured Name Contact No.(Home) OI Vehicle Number | LEONG FOOK WAH NOL SLE1394C | | Insured NRIC Contact No.(Office) | | 6466816 | 52 |
| Idention athalyser or Blood Test ding? Iffication History Information Informat | 0 mg DO-MX 91836380 Please Select ✓ | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * | LEONG FOOK WAH NOL SLE1394C | | Insured NAIC Contact No.(Office) TP Vehicle Number | | 6466816 | 52 |
| Idention athalyser or Blood Test ding? Iffication History Italian 001 New im Type * react No. (Mobile) all Address imant Type Claimant Type * imant Address | 0 mg | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * | LEONG FOOK WAH NIL SLE1594C Please Select | | Insured NRIC Contact No.(Office) | | 6466816 | 52 |
| Idention Introduced Test Infration History Infration History Introduced Test Infration History Introduced Test | 0 mg DO-MX 91836380 Please Select ≥≥ 6LE1594C / 58682832 ON 15 Sept 2019 | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * | LEONG FOOK WAH NIL SLE1594C Please Select Not at Fault | | Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred | | 6466816 SBS828 | 32 |
| claration wathalyser or Blood Test ading? dification History Claim 001 New im Type * ntact No.(Mobile) all Address Himark Type Claimant Type * Himark Address | 0 mg 00-MX 91836380 Please Select ≥≥ 5LE1594C / 58542832 ON 15 Sept 2019 Yes | Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * | LEONG FOOK WAH NIL SLE1594C Please Select | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
| claration anthalyser or Blood Test ading? Claim 001 New im Type * ntact No.(Mobile) all Address immart Type Claimant Type * immart Address | 0 mg 00-MX 91836380 Please Select ≥≥ 6LE1594C / 58562832 ON 15 Sept 2019 Yes 23/09/2019 19:47 | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Cleimant NRIC * | LEONG FOOK WAH NIL SLE1594C Please Select Not at Fault | V | Insured NAIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 32 |
| claration anthalyser or Blood Test ading? dification History claim 001 New im Type * ntact No.(Mobile) all Address imark Type Claimant Type * imark Address imark | 0 mg 00-MX 91836380 Please Select ≥≥ 5LE1594C / 58542832 ON 15 Sept 2019 Yes | Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * | LEONG FOOK WAH NIL SLE1594C Please Select Not at Fault | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
| claration reathsyser or Blood Test adding? Claim 001 New aim Type * ortact No. (Mobile) nail Address aimant Address aimant Address aimant Address aimant Address aim certification feered Workshop Contact order Finalsation file Repistered port Taken By | 0 mg 00-MX 91836380 Please Select ≥≥ 6LE1594C / 58562832 ON 15 Sept 2019 Yes 23/09/2019 19:47 | Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * | LEONG FOOK WAH NIL SLE1594C Please Select Not at Fault | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
| claration resthalyser or Blood Test resthalyser or Blood Test reading? Claim 901 New aim Type * ordact No. (Mobile) read Address aimant Type Claimant Type * aimant Name * aimant Address aim Description referred Workshop Contact b. c. c. c. c. c. c. c. c. d. | 0 mg 00-MX 91836380 Please Select ≥≥ 6LE1594C / 58562832 ON 15 Sept 2019 Yes 23/09/2019 19:47 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date | LEONG FOOK WAH NIL SLE1594C Please Select Not at Fault | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
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| Idention Institution Instituti | 0 mg 00-MX 91836380 Please Select ≥≥ 6LE1594C / 58562832 ON 15 Sept 2019 Yes 23/09/2019 19:47 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Pyreferend Repair Option Claim Close Date | LECNIG FOOK WAH NIL SLE1594C Please Select Not at Fault Preferred Workshop, Name unknown | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
| Idention Installation Installat | 0 mg DO-MX 91936380 Please Select ≥≥ 6LE1594C / 58582832 ON 15 Sept 2019 Yes V 23/09/2019 19-47 Jackson | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | LECNIG FOOK WAH NIL SLE1594C Please Select V Not at Fault Preferred Workshop, Name unknown Save Submit | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
| Idention Introduce of Blood Test Identification History Infraction History Infract | 0 mg DO-MX 91936380 Please Select ≥≥ 6.61564C / 58582832 ON 15 Sept 2019 Yes V 23/09/2019 19:47 Jackson MT/1063675 | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. | LECNIG FOOK WAH NIL SLE1594C Prease Select Not at Fault Preferred Workshop, Name unknown Save Submit | V | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | | SBS828 | 52 12 d |
| isration athalyser or Blood Test ding? Ification History Itilities 001 New Im Type * stact No. (Mobile) all Address Imark Type Claimant Type * Imark Address Im Description ferred Workshop Contact Jure Finalsation e Registered sort Taken By Print AK letter Ittachment Ident No. | 0 mg DO-MX 91936380 Please Select ≥≥ 6LE1564C / 58582832 ON 15 Sept 2019 23/09/2019 19-47 Jackson MT/1063675 ● Yes ○ No. | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | LECNIG FOOK WAH NIL SLE1594C Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 23/09/2019 19:48 | V | Insured NAIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received | Workshop | Seseral Seseral Receive 23/09/2 | d v |
| Idention Introduce of Blood Test Identification History Infraction History Infract | 0 mg DO-MX 91936380 Please Select ≥≥ 6.61564C / 58582832 ON 15 Sept 2019 Yes V 23/09/2019 19:47 Jackson MT/1063675 | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date | LECNIG FOOK WAH NIL SLE1594C Prease Select Not at Fault Preferred Workshop, Name unknown 001 23/09/2019 19:48 Category * | | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received Confidential | Warkshap | 6466811 SBSR28 Receive 23/09/2 | d v |
| isration athalyser or Blood Test ding? Ification History Itilities 001 New Im Type * stact No. (Mobile) all Address Imark Type Claimant Type * Imark Address Im Description ferred Workshop Contact Jure Finalsation e Registered sort Taken By Print AK letter Ittachment Ident No. | 0 mg DO-MX 91936380 Please Select ≥≥ 6LE1564C / 58582832 ON 15 Sept 2019 23/09/2019 19-47 Jackson MT/1063675 ● Yes ○ No. | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. | LEONG FOOK WAH NIL SLE1594C Prease Select Not at Fault Preferred Workshop, Name unknown 001 23/09/2019 19:48 Category * Clear Prease Select | V | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received Confidential | Workshop | Receive 23/09/2 | d v |
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| vitachment | Uploade | d By/Date | Category | 9 | Urgency | De- | Acription | (00) | |
|------------|--|--|-----------------------|---------|-----------|-----------------------------------|------------------|----------|---|
| K11.800 | CALCULATION OF THE PARTY OF THE | | 390407 | | organics. | De | scription | 1,3076.0 | |
| 20 | NAC_PAYA_UBI_800601(NATIO CRS) on 23 S | NAL ASSESSMENT CENTRE SERVI ep 2019 19:48 | NRIC/ Driving License | ٧ | Normal | ARTC/ Driving License 2019-9-23 | | | |
| 1 | NAC_PAYA_UB1_800601(NATIO CES) on 23 S | SAS | | Normal | SAS | 2019-9-23 | | | |
| | NAC_PAYA_UB1_800601(NATIO CES) on 23 S | Photos | | Normal | Photos | 2019-9-23 | | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Sep 2019 19:47 | | Photos | | Normal | Photos 2019-9-23 | | | |
| 0 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | Photos | | Normal | Photos 2019-9-23 | | | |
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| | | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | | Normal | Photos 2019-9-23 | | | |
| | NAC_PAYA_UB1_800601(NATIO CES) on 23 S | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | | Normal | Photos | 2019-9-23 | | |
| | NAC_PAYA_UBI_800601(NATIO CES) on 23 S | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | | Normal | Photos | Photos 2019-9-23 | | |
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| 30 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | Photos | | Normal | Photos | Photos 2019-9-23 | | |
| V. | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | Photos | | Normal | Photos | Photos 2019-9-23 | | |
| N. | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Sep 2019 19:47 | | Photos | | Normal | Photos | Photos 2019-9-23 | | |
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| deo Liet | | | | | 4. | | | | |
| | Uploaded By/Date | Folder Date | | le Name | | 9 | Source | - 0 | A |

Display in New Window Scan and uploading