NATIONAL Assessment Cen	tre Services   well Jan'os	14419 1244V	
Date In: 26/9-1151	Jeb description	Date &Time Completed	Done by
Res No: MAJNE 190 16459/44	SAS e-filing		
Veh No: GRASTHOZ	E-mail (within Shrs, AIC 2hrs)	T	
D.O.A: 75/19-17/5	i-Motor Claim Form	M7/104/16001	24 (4)
	i-Motor W/O (Within: OD 2hr:		26/9/9/2
OD / TP/ Reporting Only	i-Photo Uploaded	5,77 70137	
		·	
TP Insurer:	Assessment/Survey Report	<u> </u>	
	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 60	438374 INC (	)/Non-INC( )	
Owner / Driver: (	:	Tel:	)
	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )		The state of the s
General Remarks:-		DESCRIPTION OF THE PROPERTY OF THE PARTY OF	45 Q. 17
( ) Walk-In Customer; Customer's infe	A STATE OF THE STA	ctly NO safes of renaises	SACT 151 1, 1 2 1
		cuy NO Taler of Tepaller.	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.		
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES( ) / NO( ); To	wing Co: (	+
Parente and a second and a second			
		A CONTRACTOR OF THE PROPERTY O	マヤンスを変えて マイン・アー
		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )	Date& Time Completed	Done by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date& Firms Completed	Bone by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date& Time Completed	Done by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date& Time Completed	Bone by
1) Apply for Transport Allowance ( )/6 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  ———————————————————————————————————	Courtesy Car ( )	Date& Time Completed	Bone by
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  ———————————————————————————————————	Courtesy Car ( )	Date& Time Completed	Bone by
1) Apply for Transport Allowance ( )/6 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  ———————————————————————————————————	Courtesy Car ( )	Date& Time Completed	Bone by
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1) Apply for Transport Allowance ( )/6 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ( )	Date& Time Completed	Bone by
1) Apply for Transport Allowance ( )/6 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ( )	Date& Time Completed	Done by
1) Apply for Transport Allowance ( )/6 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ( )	Date& Time Completed	
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) 3000] ( ) Invoice Prep.	aration Checklist	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Courtesy Car ( )	aration Checklist  Eporting (\$30);	Anit (S) An
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NA 190 7>07  atimant's Particulars:	Courtesy Car ( )	aration Checklist.  Eporting (\$30);  ESSESSIMENT (\$100); INC (\$80 \$40/2)	Anit (S) Anit (S) Add
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NA 190 7>07  atimant's Particulars:	Courtesy Car ( )	eporting (\$30); ssessment (\$100); INC (\$80  \$40/2  ough Survey ough Survey (Resurvey)	Anit (S) An
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NATO 7003  alimant's Particulars: iver/Owner: intact No:	Invoice Preparation of the state of the stat	eporting (\$30); ssessment (\$100); INC (\$80  S40/ ough Survey (\$500) ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005)	Anit (5) An fit Bill Ad
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1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time   Actions  NAMO 7) 07  dimant's Particulars: iver/Owner: intact No: maged Portion:	Invoice Preparation of the state of the stat	aration Checklist  seporting (\$30); seesament (\$100); INC (\$80  \$40/2  ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$1	Anit (S) Anit (S) Add
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time: Actions  NA 190 7) 07  mimant's Particulars: iver/Owner: maged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation of the second of the sec	aration Checklist.  sporting (\$30);  ssessment (\$100); INC (\$80  \$40/2  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey  al Services:-  ar / Tpt Allowance  ordination	Anit (S) Ah Til Bill Ad 30 30 30 35 10
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time: Actions  NA 190 7>07  alimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation of the second of the sec	aration Checklist.  sporting (\$30);  ssessment (\$100); INC (\$80  \$40/2  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey  al Services:-  ar / Tpt Allowance  ordination  Inspection	Anit (\$) Ah fit Bill Ad  20 30 75 60 \$5
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NATO 7) 07  alimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation of the state of the stat	aration Checklist  seporting (\$30);  seesament (\$100); INC (\$80  \$40/2  ough Survey \$  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey \$  al Services:-  ar/Tpt Allowance  ordination  Inspection  t Excess Coordination	Anit (S) Ah Til Bill Ad 30 30 30 35 10
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Date/Time Actions	Invoice Preparation of the state of the stat	aration Checklist  sporting (\$30); ssessment (\$100); INC (\$80  \$40/2  ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on  SMRT Survey al Services:-  ar/Tpt Allowance ordination Inspection ot Excess Coordination  Non INC) against INC	Anit (\$) Ah fit Bill Ad  145 20 30 75 60  \$\$5 10 225 \$\$5

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

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

	ACCIDENT STATEMENT
Date Of Report	26/09/2019 11:51
Date Of Accident	25/09/2019 17:35
Exact Location Of Accident	ALEXANDRA RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5110Z
Insured/Policyholder	
Name Of Registered Owner	BETHLEHEM AUTO
Co Reg No	53347232J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used a 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109059579
Cover Note Number	
Driver	
Name of Driver	BEE FONG HENG
NRIC No	S7121218A
Date Of Birth	28/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90224655

OFFICE-90224655

NOEMAIL

**BLK 122B EDGEDALE PLAINS** Address

#12-157

822122 Postcode

Was driver an employee of the Insured's Company NO

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

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 WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

3

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number TAN ZHI JIAN

GBH5833P

S9320446H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

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

Co. Reg. No. 1-10153347232J

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

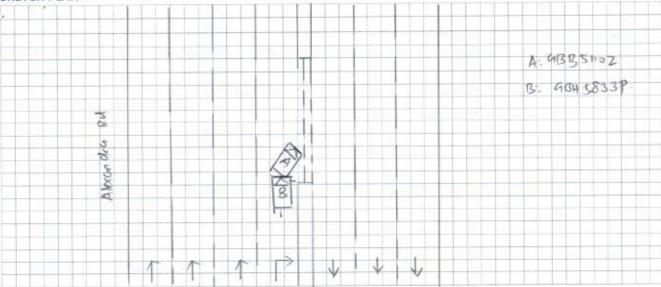
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

201.	flatement.
K(4/6 12	314 71, 1000 71

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Co, Reg. No. 53347232J

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE AS THERE WAS ONCOMING VEHICLES ALONG OPPOSITE DIRECTION OF ALEXANDRA RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

## ACCIDENT STATEMENT

ACCIDENT DATE: 15/9/19 1(DD/MM/	YYYY), TIME:( 12: 35 ) (HH:MM
LOCATION: Alexan dra Rd.	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBB\$ 102.	
DINSURANCE COMPANY: "HTUC	
C)POLICY NUMBER: 5109059579 - C	000001
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY ATIMOR DARRY SIDE ATIVE
SIMAKE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV /VAN / LO	DRRY / MOTOPCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMME	PCIAL / MOTORCYCLE!
h) PURPOSE OF USING AT ACCIDENT TIME	Worling.
I) ARE YOU CLAIMING UNDER YOUR OWN I	NSIBANCE (YESHER)
IF NO, PLEASE STATE (THIRD PARTY CHAIM	/ PEPOPTING ONLY
2. INSURED / POLICY HOLDER	/ KEFORTING ONLY)
A)NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	CONTACT
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
the of passenges. DRIVER	HOLDER
(Including driver) DINAME: Bre Fong Hing	" M
(3) bINRIC/FIN/PASSPORT	CONTACT: 9023 4 55
CIADDRESS: DIE INTO E dou du la Alci	10 A M 12 ( 8 M M)
2 male.	7 -21 - 37 - 60 - 7
*d)DATE OF BIRTH: (28/5/1921 1/D	D/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	O/MIM// TTTT
f) YEARS OF DRIVING EXPRERIENCE:	1204
4. WAS DRIVER AN EMPLOYEE OF THE INSU	DED'S COMPANIE OFFI
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INCURED. (YES / NO)
5. GIWEATHER CONDITION: (CLEAR / RAINING	/OTHERS
b) ROAD SURFACE: (DRY / WED) OTHERS_	/ OTHERS
6. WAS ANYBODY INJURED LYES / NO	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATIO	N:
	14
No of passenger a) VEHICLE NUMBER: 661533P.	MODEL:
Including driver) b) DRIVER'S NAME: Tun thi Jian	MODEL
( V )	CONTACT:
9. THIRD PARTY VEHICLE	CONTACT
No of passenger d) VEHICLE NUMBER:	MODEL
Indudice diag () DRIVER'S NAME:	MODEL:
Induding driver) f) DRIVER'S NAME:	COURT
( )	CONTACT:
	- 21
ACHTY.	

email = X

fax =

VIDEO =

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change I	Language	• Change	e Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	510905	9579	1	Date	of Accident	25	09/2019 17	:35	
	Vehicle	No.(For Mator)	G88511	0Z		Certil	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109059579	5109059579- 000001	BETHLEHEM AUTO	533472323	GFM	Comprehensive	GBB5110Z	GBB5110Z	23/04/2019	05/10/2019
	8=10				1	Continue					

Policy No.	5109059579	Policyholder Name	BETHLEH	EM AUTO	Policyholder NRIC	53347232J	
Certificate No.	5109059579-000001						
Address	38 ANG MO KIO INDUSTRIAL P	ARK 2 #03-26	SINGAPOR	RE 569511			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/04/2019	Effective Date	23/04/20	19 00:00	Expiry Date	05/10/2019 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
OP PURPOS							
Agent	THIAM HENG AUTO (S) PTE LT	D Agent Tel.	6469569	1	GST Flag	Y	
g Abussigeneaus.	THIAM HENG AUTO (S) PTE LT	D Agent Tel.	6469569	1	GST Flag	Y	
Agent Co- Insurance Flag Open	**************************************	D Agent Tel.	6469569	1	GST Flag	Υ	
Agent Co- Insurance	**************************************	D Agent Tel.	6469569	1	GST Flag	γ	
Agent Co- Insurance Flag Open Policy Info Certificate Info	**************************************	D Agent Tel.	6469569	1	GST Flag	Y	
Agent Co- Insurance Flag Open Policy Info Certificate Info	No		0.0000000000000000000000000000000000000	±03-26		Y Address 3	SINGAPORE 569511
Agent Co- Insurance Flag Open Policy Info Certificate Info Policyh	No nolder Mailing Address	TRIAL P# Addre	0.0000000000000000000000000000000000000			Address 3 Post Code	SINGAPORE 569511 569511
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	TRIAL P# Addre	ess 2 ess Type ed Policy	¢03-26		000000000000000000000000000000000000000	
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 38 ANG MO KIO INDUS	TRIAL P# Addre Addre Relate Numb	ess 2 ess Type ed Policy	#03-26 Singapore address		000000000000000000000000000000000000000	
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address  38 ANG MO KIO INDUS  01-369 d Object: 5109059579-00000	TRIAL P# Addre Addre Relate Numb	ess 2 ess Type ed Policy	#03-26 Singapore address		000000000000000000000000000000000000000	
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	nolder Mailing Address  38 ANG MO KIO INDUS  01-369 d Object: 5109059579-00000	TRIAL P# Addre Addre Relate Numb	ess 2 ess Type ed Policy er	#03-26 Singapore address		000000000000000000000000000000000000000	
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address  38 ANG MO KIO INDUS  01-369 d Object: 5109059579-00000	TRIAL P# Addre Addre Relate Numb	ess 2 ess Type ed Policy er	#03-26 Singapore address 5109059579		Post Code	569511
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address  38 ANG MO KIO INDUS  01-369  d Object: 5109059579-00000 ements  ice Date of Endorsement cate Endorsements	TRIAL P# Addre Addre Relate Numb	ess 2 ess Type ed Policy er	#03-26 Singapore address 5109059579	r Endorse	Post Code	569511

olicy No.				The second secon	
	5109059579	Vehicle No.	G885110Z	GST Registration No.	
ertificate No.	5109059579-000001				
licyholder Name	BETHLEHEM AUTO			Policyholder NRIC	533472323
oduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
ontact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
maii Address		Special Remark		eCode	No. V
FK	® No ○Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	26/09/2019 12:08	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	25/09/2019	Time of Accident hh:mm	17:35	Country of Acadent	Singapore
eporting Centre		Orange Force		ICM No.	
ocident Location	ALEXANDRA RD				
♥ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
		S-20024-000 CONTROL	0.000		
O Standard Excess	2,000.00	TP Standard Excess	1,500.00	80 00 00 00 00 00 00 00 00 00 00 00 00 0	
IED OO Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	2000.00	Total TP Excess Applicable			
♥ Benefits	EAWATT				
GST Registered Informa			COT BANGE TO BANGE		
SY Registered ST Registration No.	No		GST Registration Date GST Status Verified	Yes	
odification History			The second secon	2000	
System (State of State of Stat					
Policyholder Halling Ad	dress				
ddress 1	38 ANG MO KIO INDUSTRIAL PI	Address 2	#03-26	Address 3	SINGAPORE 569511
ddress 4		Address Type	Singapore address	Past Code	569511
Init No.	01-369	Related Policy Number	5109059579		
♥ OI Driver Info			300000000000000000000000000000000000000		
Priver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
Innamed Griver Name	BEE FONG HENG	Driver NRJC	S7121218A	Driver DOB	28/05/1971
egister Date of Driver License	09/09/2004	Oriver Age	48	Driving Experience	15
Contact No. (Mobile)	90224655	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 1228	Address 2	EDGEDALE PLAINS	Address 3	PUNGGOL EDGE
ddress 4	SINGAPORE 822122	Address Type	Singapore address	Post Code	822122
Unit No.	12-157				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
99cucano					
			30 300		
and the second second second second second					
ireathalyser or Blood Test	0 mg	Any injury?	○ Yes  ® No		
Declaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Breathelyser or Blood Test	0 mg	Any injury?	○ Yes  ® No		
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