Date In: 28/9/19-18-74	111111	Date &Time Completed	Done b	Y.
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, T	Jcb description	Date to Time Semples		
Res No: Na INCIGO 17159 W	SAS e-filing			-
Veh No: 57557702	E-mail (within Shrs, AIC 2hrs)			*
D.O.A: 27/9/14-13:35	i-Motor Claim Form	WJ 1064212-001	28/4/19 1	8.10
	i-Motor W/O (Within: OD 2hrs	, TP 4hrs)		
OD / TP) / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 570	MIND. INC)/Non-INC().	114	
Owner / Driver: (Tel:		
Policy No: () P	eriod: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	-
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,			3 M D C C C C C C C C C C C C C C C C C C	
General Remarks			1000	
() Walk-In Customer : Customer's in	formation strictly Confidential & St	rictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insu	rer URGENTLY.	<u> </u>		
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO(); 7	owing Co: (
temarks; (INC hotline: 6788 6616)		Date&Time Completed	Done	by .
Control of the second s	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$30001 ()			
Injury:	· · · · · · · · · · · · · · · · · · ·		CARP STATE AND	
			CORNEL PROPERTY OF THE PROPERT	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Date/Lime / Actions	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Samour.	
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	90% X 234400 PCA 3	eparation Checklist.	Ant (S)	
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Almant's Particulars :-	1) AR : Accide 2) DA : Darrag 3) TF : Towing	nt Reporting (\$30); c Assessment (\$100); INC	fit Bill	The state of the state of
annant's Particulars:-	1) AR : Accide 2) DA : Darrag 3) TF : Towing 4) FT : Follow-	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	The second second
almant's Particulars:-	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	The state of the state of
aimant's Particulars:- iver/Owner: ontact No:	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idao Da	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cetion A + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$(905)	The state of the state of
aimant's Particulars:- iver/Owner: ontact No:	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inst 7) N1 : Idao Da 8) NTUC Addi	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cetion	(\$80) \$40/\$45 \$120 \$30 (905) \$75	
aumant's Particulars:- iver/Owner: ontact No: amaged Portion:	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inst 7) N1 : Idae Da 8) NTUC Addi OD* * NS: Courte	at Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 ection A + SMRT Survey tional Services:- sy Car/Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	
lamant's Particulars: river/Owner: ontact No: nmaged Portion:	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idac D 8) NTUC Addi OD* *N5: Courte *N6: Repair	at Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 ection A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	The state of the state of
Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darneg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R	at Reporting (\$30); e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 ection A + SMRT Survey tional Services:- sy Car/Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$5 \$10 \$25 \$3	
Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darrag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C TP (N11) :	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2) cetion A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination cpair Inspection collect Excess Coordination TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$35 \$10 \$25 \$3	The second second
	1) AR : Accides 2) DA : Darney 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insy 7) N1 : Idao D 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / O	at Reporting (\$30); c Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2) cetion A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination cpair Inspection collect Excess Coordination TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 (925) \$75 \$160 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amt (3)

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.	
Section 1984	ACCIDENT STATEMENT
Date Of Report	28/09/2019 18:34
Date Of Accident	27/09/2019 13:35
Exact Location Of Accident	SLIP RD JURONG EAST ST 21 TWDS JURONG GATEWAY RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB5770Z
Insured/Policyholder	
Name Of Registered Owner	TAN LAY HONG DAVID
NRIC No	S1359382E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97317618
Alternative Phone No	OFFICE-97317618
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E 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
f 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	5097130441-01
Cover Note Number	
Driver	
Name of Driver	CLEMENT LEON LAXMANGANTHAN
NIDIO NI	C00E409EA

 NRIC No
 S9051085A

 Date Of Birth
 28/12/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 12/10/2018

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83680042

Fax Number

Contact Number OFFICE-83680042

EMail Address NOEMAIL

BLK 305A ANCHORVALE LINK Address

#05-03

541305 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured FRIEND

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

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

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)

NAME:

GENDER: : FEMALE

: JULIANA BINTE ROSELY

Details of Police Action

YES Was the accident reported to the police?

If Yes. Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

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

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190927/7028.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL2612P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

Name CLEMENT LEON LAXMANGANTHAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJB5770Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name JULIANA BINTE ROSELY

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJB5770Z
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please raport <u>extractly</u> the details of the occident to speed up the claims process.
- 2. This form must be completed by the Polloyholder and/or the Authorised Delver.
- I. Information provided must be as <u>pruthful and accurate as possible</u>. Any withit misrapresentation or withholding of material facts may allow insurance companies to repudies policy flability.
- 4. The issue and asceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any felse recording 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 perties.
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 1. Consert under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (s) 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 this accident shall be collectively referred to as the "insurers"), the insurers lawyers/jaw 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dolms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
 - (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, fixed ling and/or dealing with my dains. (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
- (a) 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 Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile claims history for the purpose of freud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) shove they 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 agandes as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyhologra Signature

Date & Times

Driver's Signature

(If driver is not the policyholde!)

Date & Time:

Reporting Centre Personner's Sign

Name:

KRIC/FIN No .:

SKETCH PLAN	
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- John - Claber	
Thomas Hodew	W 10000
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DESCRIBE CIRCUMSTANO	ES OF THE ACCIDENT
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SENSENSE FOR ENGINEERING WILL	
138	
	•
ECLARATION	
We declare the foregoing par	iculars are true in every respect.
2	14
mid	1/10
- Comments	
licyholder's Signoture	Order's Signature Reporting Contre Personnel's Signature
ite & Turkto	(if driver is not the policyholder) Name: NRIC/FIN No.:
	PARCOLINIC, PRINCIPIN NO.1

Date of Accident	: 27 sep 2019 Accident Time: 135pm (24-HR-Format)
Accident Place	: Juring East Street 21 > Juring Robervay Road
Vehicle Reg. No. (Car Plate No.)	: 97B5470Z
Vehicle Make/Model	: Toyota Vios
Insurance Company	: NTU C Policy No
Owner or Company Name /IC No.	: Tan Lay Hong 21359382E
Owner or Company Contact No.	: 47317618 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Clement leon Laxmanganthan 59051085A
DRIVER'S Date Of Birth	: 38-12-1990 DRIVER'S License Pass Date 12 oct 2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Friend
DRIVER'S Address	: 305A Anchorvale Link #05-03 5(54/305)
DRIVER'S Contact No / Alt No.	:1) 83680042 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycarsg
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 2 - (girl) Juliana Biote Dosely
Was there any video Captured by o Exact purpose for which vehicle w	ar camera: YES (NO) as being used at the time of accident: Private use \ World purpose
Other	Party Driver's Particular (if auv)
Vehicle Reg. No: SJL 2612P	Vehicle Reg. No:
Vehicle MakeWodel: Honda	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

..





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

1 of 3 Report No. T/20190927/7028

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 20:58	lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ilars				
Name of Informant: CLEMENT LEON LAXMANGANTHAN ID Type / ID No.:			Address: APT BLK 305A ANCHORVALE LINK #05-03 SINGAPORE 541305			
NRIC NO	/ ID No.: D / S905108	85A	Contact No.: Home/Office:	Mobile: 83680042		
National SINGAP	ity: ORE CITIZ	EN	Email: clmnt90@gmail.com			
Sex: Male	Age: 28	Date of Birth: 28/12/1990	Type of Informant: Driver	28		
Race: Indian			Language: Institution / School Na English			
Occupation: manager			Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2019 13:45	Type of Location: slip road
Location: JURONG EA Weather: Clear	ST STREET 21	Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On		i On		Anyone conveyed by ambulance:

Vehicle No.	Tyme	Make	Model	Color	Condition	No of Passeno
The second second second		Wake	Sancial Laborator	A A A COLUMN TOWN	COMMON	THO WELL GOODING
SJB5770Z	Car		A CONTRACTOR OF THE PARTY OF TH	Daniel Coulding		0

Details of Person Involved	and the second s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

T/20190927/7028

2 of 3

Report No. T/20190927/7028

CONTINUATION OF REPORT

Passenger	A DATE OF SUPPLEMENT OF SUPPLEMENT			SE SELE	NAME OF THE PERSON OF THE PERS	
Name	JULIANA BINTE ROSELY		ID No.		S8609991H	
Related Vehicle	SJB5770Z (Car)		Contact No.		90036843	
Hospital/Clinic	24 HOUR WALK-IN CLINIC				Class: NIL Date of Expiry: NIL	
Date Treatment	27/09/2019	Date Disch	arge	/2019		
	ted Medical Leave 03	Degree of		Slight		
Driver	The state of the second second	MALE NAME OF THE PARTY OF THE P		10 mg	COMPANY AND A	
Name	CLEMENT LEON LAXMANGAN	THAN	ID No.		S9051085A	
Related Vehicle	SJB5770Z (Car)		Contact No.		83680042	
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	27/09/2019	Date Disch	narge	27/09	0/2019	
No. of Days gran	ted Medical Leave 03	Degree of		Slight		

Brief Details.

on the stated time and i was travelling at jurong east street 21 . when i was stationary, the next moment a car bearing SJL2612P sliver colour hit my rear . we both agreed to proceed accident claim. my passenger was injured and felt numbness on the right side. i felt back and neck pain. we both when to see a doctor and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190927/7028

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2019 20:58
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

eBao Tech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601						Change	Language	, Chan	ge Password	+ Log Out
My Desktop											
Notice of Loss	Policy N	No.				Date o	€ Accident	2	7/09/2019 1	3:35	
	Vehicle	No.(For Motor)	S38577	0Z		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097130441- 01		TAN LAY HONG DAVID	S1359382E	GPC	drivo CLASSIC	SJB5770Z	SJB5770Z	17/01/2019	16/01/2020
					C	Continue	3				

Sequer	nce Date of Endorseme	ent	Endorsement Type			Status	Endorsement Content	
♥ Endors	ements						VOLUM (ASSESSED A	
▶ Insure	d Object: SJB5770Z							
Unit No.		Relate Numb	ed Policy er	5097130441-01				
Address 4			ss Type	Singapore addre	ss	Post Code	380112	
Address 1	BLK 112 #07-136	Addre	ss 2	ALJUNIED CRES	CENT	Address 3	SINGAPORE 380112	
→ Policyl	older Mailing Address							
Certificate Info								
Open Policy Info								
Flag								
Co- Insurance	No							
Agent	ALPS ASSOCIATE PTE. LTD.	Agent Tel.	62993978		GST Flag	Y		
Singapore OD Excess	600	Singapore TP Excess	0			Young	2/Inexperience Driver Excess	
Excess Outside	· ·	Premium Outside	•			7		
Additional	0	OS	0					
Third Party Excess	0	Own damage	600		Windscreen Excess	100		
Excess Type		Excess						
ssue Date	11/01/2019	Date All Claims	17/01/2019	9 00:00	Expiry Date	16/01/2020 2	3:54	
Name Policy	PRIVATE CAR INSURANCE	Plan		- Carlos	Policy Flag	N		
Address Product	BLK 112 #07-136 ALJUNIED C		APORE 3801	12	Group			
Certificate No.	***************************************							
Policy No.	5097130441-01	Policyholder Name	TAN LAY H	ONG DAVID	Policyholder NRIC	S1359382E		

ocident MT/1064510									
olicy No.	5097130441-01	Vehicle No.	SJ85770Z		-	GST Registration No		1-4	
rtificate No.		Thinks HV.	20001102		,	au negratration No	***		
	200000000000000000000000000000000000000				1			270270	20
duct Code	TAN LAY HONG DAVID PRIVATE CAR INSURANCE	Cover Type	erivo CLASSI	10		Policyholder NR3C		2132339	
ntact No.(Mobile)	97317618			ic		Loading		0	
	9/31/618	Contact No.(Office)	0			Contact No.(Home)		-	
all Address	0	Special Remark				eCode		N. V	
Santana	® No ○Yes	TCA	® No ○Yes	5 25		eCode Reason		123	
D Protection	No	NCD Entitlement(%)	50			Private Hire		No	
Accident Details									
port Date	28/09/2019 1B:50	Accident Report Within 24 hrs.	Yes			Accident Type		Collision -	Head to Rear
te of Accident	27/09/2019	Time of Accident hhomm.	13:35			Country of Accident	63	Singapore	
porting Centre		Orange Force			1	ICM No.			
ident Location	SLIP RD JURONG BAST ST 21 TWDS JUR	ONG GATEWAY RD							
Excess									
n damage Excess	600.00	Additional Excess	0			Windscreen Excess		100.00	
named Driver Excess	2,500.00	Outside Singapore DO Excess		600.00					
nd Party Excess			0.00						
Benefits		253							
GST Registered Informa	ation								
Registered	No		GST	Registration Date					
Registration No.	eretic			Status Venified		Yes			
ification History									
Policyholder Halling Ad	dress								
ress 1	BLK 112 #07-136	Address 2	ALJUNIED C	RESCENT		Address 3		S.M.C.ADO	RE 380112
	Sec. 112 Per-130							700000	300112
iress 4		Address Type	Singapore ad		•	Post Code		380112	
t No.		Related Policy Number	5097130441	-01					
OI Driver Info									
er Name	Unnamed Driver	Driver Type	Unnamed Dri	wer					
named driver Name	CLEMENT LEON LAXMANGANTH.	Driver NRIC	59051085A		ı	Driver DOB		28/12/19	90
ister Date of Driver License	12/10/2018	Driver Age	28		I	Driving Experience		0	
react No. (Mobile)	No.(Mobile) 83680042 Conta		0			Contact No.(Home)		0.	
iress 1	BLK 305A	Address 2	ANCHORVAL	ELINK		Address 3		ANCHORY	ALE PLACE
	Dun Journ	11 may 10 may 10	PRESCRIPTION STORES						
tress 4	SINGAPORE 541305	Address Type	Singapore ad			Post Code		541305	
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