Date In: 246/19-14:30	Jcb description	Date &Time Completed	Done by
Ref No: Najincigo 13162/24	SAS e-filing		
Veh No: 17 7 1593D	E-mail (within Shrs, AIC 2hrs)		
	i-Motor Claim Form	W71106480 - 201	30/01/9 15:14
D.O.A: 19/9/19-71-20	i-Motor W/O (Within: OD 2		2010119 11-14
OD / TP ! Reporting Only		ints, 11 40ts)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand		-
Preferred Wksp / INC Assign Wksp / QW:			Fax:
TP Particulars: Veh No: St	7261R		
Owner / Driver: (Tel:	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:	,
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: 5	\$1,000()/\$2,000()		
General Remarks			CONTRACTOR OF THE PARTY OF THE
() Walk-In Customer : Customer's	information strictly Confidential &	Strictly NO refer of repairer.	the second
	surer URGENTLY.	N	
		Total Co. (
Drive-In ()/ Towed-In (); Inv	oice: YES() / NO();	Towing Co: (
temarks: (INC hotline: 6788 6616	5) 1	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car (0.500	7153
) / Courtesy Car ()	*	
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()	114	
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		SECONOMIC SECOND
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		ALCON NO.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	()	reparation Checklist	Ant (S). Am.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	() > \$3000] () Invoice P	ceparation Checklist	Ant (S) Ami
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions Actions	() > \$3000] () Invoice P 1) AR: Accid 2) DA: Dame	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$	Ant (S) Ami
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions alimant's Particulars:	() > \$3000] () Invoice P 1) AR: Actid 2) DA: Dame 3) TF: Towin 4) FT: Follow	caparation Checklist cat Reporting (330); ge Assessment (\$100); INC (3 g Fee S4	Ant (S) Amt (S) Amt (S) Add E
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions dimant's Particulars: iver/Owner:	Invoice P 1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow 5] FT : FT	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$54 -Through Survey -Through Survey (Resurvey)	Ant (S) Ant (S80) Add E
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions aumant's Particulars: iver/Owner: ntact No:	Invoice P	caparation Checklist. cat Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$40. Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 200	Ant (S) Ant (S80) Add E
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice P	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$30); ge Fee \$40 -Through Survey (*Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200) pection A + SMRT Survey intional Services esy Car / Tpt Allowance	Ant: (\$) Am. (\$\frac{1}{2}\text{E}\text{iii} \text{Add} \text{S} \$120 \$30 \$55 \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions aimant's Particulars: iver/Owner: ontact No:	Invoice P	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ ge Fee \$4 -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 spection A + SMRT Survey litional Services: esy Cer / Tpt Allowance r Co-ordination	Ant (S) Am. (\$180) (\$180) (\$0/\$45 \$120 \$30 (\$5) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions alimant's Particulars: iver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	()	caparation Checklist cat Reporting (530); ge Assessment (\$100); INC (\$5 g Fee \$54 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey litional Services:- csy Car / Tpt Allowance T Co-ordination Repair Inspection	Ant: (\$) Am. (\$\frac{1}{2}\text{E}\text{iii} \text{Add} \text{S} \$120 \$30 \$55 \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions Injury: Chalgo Mass Particulars: Inter/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors! Comments:	Invoice P	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ ge Fee \$4 -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 spection A + SMRT Survey litional Services: esy Cer / Tpt Allowance r Co-ordination	Ant: (\$) Am. (\$) Am. (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions	Invoice P	cat Reporting (\$30); ge Assessment (\$100); INC (\$ ge Fee \$4 "Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey litional Services:- csy Car / Tpt Allowance tr Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	Ant: (\$) Am. (\$) Am. (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)

Figure 1 1.25

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.
- 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.	
AND THE RESERVE TO SERVE THE PARTY OF THE PA	ACCIDENT STATEMENT
Date Of Report	30/09/2019 14:30
Date Of Accident	27/09/2019 22:20
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8593D
Insured/Policyholder	
Name Of Registered Owner	JIANN HAW
Co Reg No	53365986L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90174361
Alternative Phone No	OFFICE-90174361
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092439850-01
Cover Note Number	

Driver

BOON TOW NGEE Name of Driver S2645159J NRIC No 30/07/1965 Date Of Birth OUTDOOR Occupation 04/05/1995 Date Of Driving Pass 24 YEARS AND 4 MONTHS Driving Experience MALE Gender (LOCAL) +65-90174361 Mobile Number Fax Number

OFFICE-90174361 Contact Number

NOEMAIL **EMail Address**

Address BLK 740 WOODLANDS CIRCLE

#12-409

Postcode 730740

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

20

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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

: CHEE XIU XIAN

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

ACCORDANCE OF THE PARTY OF THE

Circumstances of Accident

REFER TO POLICE REPORT - T/20190928/2010.

Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT261R

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMG6863X

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 BOON TOW NGEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT8593D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHEE XIU XIAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT8593D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report sprrectly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pollocholder and/or the Authorised Orlive.
- Information provided must be as <u>puthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of meterial facts may allow thousance companies to <u>repudiate policy flability</u>.
- 4. The basic and soceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recoming 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 archhing of this report at the centre and to copies of the report being made available aforeseld.
- 5. Consent under the Personal Data Protection Act (POPA)

Lunderstand, acknowledge, agree and consent that:

- (2) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose end/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/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) 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 me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which tould involve disclosure of cortain 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 low in administering, processing, fixedling 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/ran be disclosed by any of the insurers and/or GIA to their third party service providers or egents Ungloding their lawyers/aw firms I, which may be sized outside of Singaporo, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile dalms history for the purpose of fraud detection, investigation and management in present and all future dalms.
- (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
 - (E) for complying with requirements under any regulations, laws or court orders.

Policyholders Signature.

boon

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

KRIC/FIN No.1

SKETCH PLAN	TITCHTTO	- ज्यास्तरम् स्व
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L+	THEFT	
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开码十一十二十十二	######################################	
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ECLARATION		
Ava declara the forested the ticulars are true	ein every resport.	

Policyholder's Signature Date & Tuntus

Boom

Drice's Signature
(If driver is only the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Date of Accident : 27 SED 2019 Accident Time: 2220 (24-HR-Format)					
Accident Place	CTE towards BLE				
Vehicle Reg. No. (Car Plate No.)	SJT 8593D				
Vehicle Make/Model	: Toyota Altis				
Insurance Company	: NTUC Policy No.				
Owner or Company Name /IC No.	: Boon Tow Ngee 828451595				
Owner or Company Contact No.	90174361 Owner's HpCompany Tel				
DRIVER'S Name / IC No.	: Boon Tow Ngee				
DRIVER'S Date Of Birth	: 30-07-1965 DRIVER'S License Pass Date 4 May 1995				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:				
DRIVER'S Address	: 740 Woodlands Circle #12-409 \$ (730740)				
DRIVER'S Contact No./ Alt No.	:1) 90/7436/ 2)				
DRIVER'S Occupation	: INDOOR \ QUIDOOR (e.g. working inside or outside office)				
Email Address	: Admin@Mycansg				
Weather & Road Surface	: CLEAR & DBY \ RAINING & WET \ AFTER RAIN & WET				
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance				
Number of Passengers (Including I	Driver): 2 Imak passinger.				
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES NO - 1P. as being used at the time of accident: Private use \ Work purpose				
Other:	Party Driver's Particular (if anv)				
Vehicle Reg. No: SLT 261 R	Vehicle Reg. No: CMG6862X				
Vehicle Make\Model:	Vehicle Make\Model:				
Name Driver:	Name Driver:				
IC No. Driver;	IC No. Driver:				
Driver's Contact & Add:	Driver's Contact & Add:				

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1 of 4

Report No. T/20190928/2010

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 19 02:02	Made:	Vide Report No.: Station Dia E/20190927/0172 12				
Informa	nt's Partic	ulars					
Name of Informant: BOON TOW NGEE			Address: APT BLK 740 WOODLANDS CIRCLE #12-409 SINGAPORE 730740				
	/ ID No.: D / S26451:	59J	Contact No.: Home/Office: Mobile: 90174361				
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Age: Date of Birth: Male 54 30/07/1965		Type of Informant: Driver					
Race: Chinese			Language:	Institution / School Name:			
Occupat GRAB D			Driving Licence Informa Class: 2B,2A,2,3	tion: Date of Expiry:			

	144	and the		1.76		
Seneral Infor	mation of the Accident			A SHORE		
Type of Accident:	Injury Attended by Police		Date/Time of Accident: 27/09/2019 22:20	Type of Location Straight Road		
	(PRESSWAY					
TOWARDS SLE Weather: Clear		Road Surface: Dry	F	load Speed Limit:		
		Traffic Control:	3.57	Traffic Volume: Light		
Type of Collisi	on: ng Vehicles - Head To F	Rear	а	inyone conveyed by mbulance: lo		

Details of V Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT8593D	Car	тоуота	COROLLA ALTIS 1.6 AUTO	Green	Slightly Damaged	1
SLT261R	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Green	Slightly Damaged	0
SMG6863X	Car	TOYOTA	VIOS 1.5 E (AUTO)	Grey	Slightly Damaged	1





2 of 4 Report No. T/20190928/2010

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Perso	on involved	N D				制造发现各种基础	
Any Pedestrian	Involved: No						
No. of Pedestria			Use of Ped	estrian	Crossi	ng: NA	
Driver			A PLANTER N	SO POR		中国	
Name	BOON TOW NGEE			ID No.		S2645159J	
Related Vehicle	SJT8593D (Car)			Contact No.		90174361	
Hospital/Clinic	INTEMEDICAL 24H	Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL			
Date Treatment	27/09/2019		Date Disc	harge 27/09/2019			
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight		
Passenger	Programme of the second				Jugin	A PARTY OF THE PAR	
Name	CHEE XIU XIAN				DE MESSO (C	S8820824B	
Related Vehicle	SJT8593D (Car)			Contact No.		84981696	
Hospital/Clinic	INTEMEDICAL 24HR CLINIC			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment		T1+0 = 3 = 3	Date Disc			2/2010	
No. of Days grant	ted Medical Leave	05	Degree o	finiury	Sligh	1	
Driver		A STATE OF THE PARTY OF THE PAR		mijury	Oligit	Sept 2 Se	
Name	MOHAMED AMIR	AMZAH BIN	N MOHAMED	ID No		S8437441E	
Related Vehicle	SLT261R (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licen	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis		NIL		
	ted Medical Leave	NAME OF TAXABLE PARTY.	1 1 24104 1215	Ulaiud	I INIL		





T/20190928/2010

3 of 4

Report No. T/20190928/2010

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver					al care	AND THE PARTY OF T
Name	LEE WEI KIAT			ID No	١.	S8616460D
Related Vehicle	SMG6863X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	27722-127-22 12-2

Brief Details.

On 27/09/2019 at about 2220hrs, I was travelling along CTE towards SLE on lane 1 at about 80km/h. The vehicle infront of me suddenly applied his brakes and came to a stop. I immediately reacted and managed to stop in time however I was suddenly hit from the back from another vehicle. I made a check on my passenger who informed that he was feeling some pain from his neck area. I exited my vehicle and discovered that I was involved in a collision of 3 cars, my car being the 2nd car. The car infront of me is one SMG6863X and the car that had hit me is one SET261R. I exchanged my particulars with the 2 other drivers and shortly after, Traffic Police and paramedics arrived. I was then provided with a case card with report number E/20190927/0172 and was instructed to lodge a traffic accident report. My sd card from my in car camera was also handed over to the Traffic Police officers. My vehicle was then towed to my workshop. I then went to Internedical 24Hr clinic with my passenger and we both received MC's for 5 days. As such, I am lodging this report. That is all.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

4 or 4 Report No. T/20190928/2010

CONTINUATION OF REPORT

Skettii riaii	Sketch	Plan
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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2019 02:02
Officer In Charge Of Case:	Classification Of Case:
Sr-Staff Sgt MA JUNXIANG Contact No.: 65476251 Police ronce Authentication Stamp	
Abtrentication Stamp NP168 BIGNATURE	

eBao Tech			E WALLS		100						lClaim
Hello, NAC_PAYA_UBI_8	00601						Change	Language	Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident	2	7/09/2019 2	22:20	
	Vehicle	No.(For Motor)	SJT859	3D		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	5092439850- 01		JIANN HAW	53365986L	GPC	drivo CLASSIC	SJT8593D	SJT8593D	03/10/2018	02/10/2019

Sequen	ce Date of Endorseme	ent E	ndorseme	Status	Endorsement Content		
♥ Endors	ements						
▶ Insured	Object: SJT8593D						
Jnit No.	12-409		Related Policy Number		5092439850-02		
Address 4		Address Type		Singapore address		Post Code	730740
Address 1	BLK 740 #12-409	Address 2		WOODLANDS CIRCLE		Address 3	SINGAPORE 730740
41000000E	older Mailing Address						
Info	77. m. V. m. V. m. V. m. V. m. V. M.						
Policy Info							
Flag Open							
Co- Insurance	No						
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL		GST Flag	Y	
Singapore OD Excess	2000	Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Excess Outside	•	Premium Outside	0				
Additional	0	Excess OS			Excess		
Third Party Excess	1500	Own damage	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
issue Date	18/09/2018	Date	03/10/20	18 00:00	Expiry Date	02/10/2019	23:59
Product Name Policy	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 740 #12-409 WOODLANDS CIRCLE SINGAPORE 730740						
Certificate No.					1008		
Policy No.	5092439850-01	Policyholder Name	JIANN HA	AW	Policyholde NRIC	53365986L	

Accident HT/1064640					
olicy No.	5092439850-01	Cabirla to	COMPANY	2000	
ertificate No.		Vehicle No.	S/T8593D	GST Registration No.	53365986L
olicyholder Name	JIANN HAW			4000000000000	**************************************
roduct Code	PRIVATE CAR INSURANCE	Cover Type	erve CLASSIC	Policyholder NRJC	53365986L
ontact No. (Mobile)	90174361	Contact No.(Office)	0	Loading	•
mail Address		Special Remark		Contact No. (Home)	0
rk	® No ○ Yes	TCA	8.11. 0.11.	eCode	Sc 🕶
CD Protection	No.		® No ○ Yes	eCode Reason	
Accident Details	140	NCD Entitlement(%)	0	Private Hire	Yes
sport Date	30/09/2019 15:11	Accident Report Within 24 hrs	Yes	Acadent Type	Chain Collision
Me of Accident	27/09/2019	Time of Accident hh:mm	22:20	Country of Accident	Singapore
porting Centre		Orange Force		JCM No.	
cident Location	CTE TWOS SUE				
7 Excess					
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00	200 91130130130130130	8850276
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits .			2,000,00		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Iffication History	30/09/2019 15:13:04 5 30/09/2019 15:13:04 5	ystem changed GST Registered from Ye ystem changed GST Registration No. fr ystem changed GST Registration Date f	es to No om 53365985t, co quil	V059	
Policyholder Hailing Ad	A STATE OF THE STA	10403000	Western Street Street		
dress i	BLK 740 #12-409	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730740
dress 4		Address Type	Singapore address	Post Code	730740
it No.	12-409	Related Policy Number	5092439850-02		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ne BOON TOW NGEE Driver NRIC \$26451593		526451593	Driver DOB	30/07/1965
gister Date of Driver License	04/05/1995	Driver Age	54	Driving Experience	24
ntact No.(Mobile)	90174361	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 740	Address 2	WOODLANDS CIRCLE		SINGAPORE 730740
			MODDOWINGS CHOCKE	Address 3	
dress 4		Address Type		Address 3 Post Code	
	12-409		Singapore address	Post Code	730740
nt No. ses he own a Singapore	250	Address Type		Post Code	
nt No. ses he own a Singapore	12-409 () Yes (No				
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nt No. oss he own a Singapore gistered car?	250	Address Type		Post Code	
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