	Jeb description		Date & Time Completed	Done	o.i.
Date In: 30/9/19 - 18:50	SAS e-filing				
Ref No: Way Incligation 7207/24	E-mail (within	Shrs. AIC 2hrs)		İ	
Veh No: JUJITVOA	i-Motor Clai		M7/1064364201	20/4/19 14	30:
D.O.A: 2 919-1777		(Within: OD 2hrs		719119	
OD / TP / Reporting Only	i-Photo Uplo		1		
	_				
TP Insurer:	Assessment/Su				
	Ass't Report b	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (The second of the second of	Tel:	Fax:	
TP Particulars: Veh No: SUCS	1662	, INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (V	WO): N: 0-20	%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()	e -weepens suuss.	
Excess: (\$) Loading: \$1,0	00 ()/\$2,000	()			
General Remarks	the state of the s	060000000000000000000000000000000000000		3783 5 17. 17. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	S 82
() Walk-In Customer : Customer's info					
() Total Loss Case : to e-mail Insure	CONTRACTOR OF THE PERSON NAMED IN CONTRA	,	5		
Drive-In ()/ Towed-In (); Invoice		IO () · To	owing Co: ()
				27791X838A7***	A 1111
Remarks:- (INC hotline: 6788 6616)			Date& Time Completed	Done	by .
1) Apply for Transport Allowance ()/C	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
	0007 /)			
3) Upload Resurvey Photo [Repair Cost > \$3	[000]				
	(
Injury:			•		1,74,7
Injury:		,			1,74,7
Injury:				essoau.	1,772,9
Injury:					1,771,2
Injury:		A Continue			1,71,9
Injury:	1				1,74,7
Injury : ———————————————————————————————————	1			**************************************	Anti
Injury : ———————————————————————————————————	1	Inveice Pre	paration Checklist	Anit (S).	Amu (
Injury: Date/Time Actions:	1	1) AR : Accident	Reporting (530);	ficBill.	
Injury: Date/Time Actions MAIGO 44* alimant's Particulars::	1	1) AR : Accident 2) DA : Damage	Reporting (530); Assessment (\$100); INC	ficBill.	
Injury: Date/Time Actions MAIGO 44* alimant's Particulars:	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC	(\$80) (\$40/\$45 \$120	
Injury: Date/Time Actions Actions Actions Actions Actions Actions Fiver/Owner:	1	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC	(\$80) \$40/\$45 \$120 \$30	
Injury: Date/Time Actions Actions alimant's Particulars: iver/Owner:	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (530); Assessment (\$100); INC to hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 20 ction	(\$80) \$40/\$45 \$120 \$30 \$05) \$75	
Injury: Date/Time Actions Actions alimant's Particulars: iver/Owner:	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA	Reporting (530); Assessment (5100); INC ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2) ction + SMRT Survey	(\$80) \$40/\$45 \$120 \$30	
Injury: Date/Time Actions Actions Injury: Date/Time Actions Actions Injury: Date/Time Actions Injury: Dat	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (530); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2) ction + SMRT Survey onal Services:-	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160	
Injury: Date/Time Actions: Actions: Actions: Injury: Injury: Actions: Injury: Injury: Actions: Injury: Injury: Injury: Actions: Injury: Injur	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2) ction + SMRT Survey onal Services:- Car/Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
Injury: Date/Time Actions Actions Actions Injury: Date/Time Actions Actions Actions Forticulars Injury: Injury	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (530); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 20 thon + SMRT Survey onal Services:- Car/Tpt Allowance to-ordination air Inspection	(\$80) \$40/\$45 \$120 \$30 \$05) \$75 \$160 \$3 \$10 \$25	
Injury: Date/Time Actions Actions Language Particulars: C Checked by (Engr-In-Charge):	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2) ction + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination air Inspection liect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$3 \$10 \$25 \$5	
Date/Time Actions	1	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 20 ction + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination air Inspection flect Excess Coordination (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$3 \$10 \$25 \$3 \$20 30	

Coperations

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.	
Set of the Search of Control of the Landson	ACCIDENT STATEMENT
Date Of Report	30/09/2019 18:50
Date Of Accident	28/09/2019 12:30
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT5720A
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	NOEMAIL

(LOCAL) +65-91816096

OFFICE-91816096

Alternative Phone No Vehicle Particulars

Mobile Phone No

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 REPORTING ONLY
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 5096460226-01

Cover Note Number

Driver

Name of Driver TUNG WENG KHEE (DENG MINGJI)

 NRIC No
 S7431421Z

 Date Of Birth
 21/09/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/05/1998

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97284039

Fax Number

Contact Number OFFICE-97284039

EMail Address NOEMAIL

Address

BLK 299A TAMPINES STREET 22

#06-604

Postcode

521299

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

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?

Number of vehicles (including own vehicle) involved in the accident

5

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190928/2191.

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

SLF5166Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM YONG SHENG, EUGENE

NRIC/Passport Number

Contact Number

91761670

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

:

Vehicle Registration Number

SLR6553U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

QIN DIKA

NRIC/Passport Number

Contact Number

Name of Driver

91395784

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

SLH1547Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category LIOW ZHEN SHEN Name of Driver S8336760A

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

SHD2805R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

WONG SOON CHIN Name of Driver

S2201592C NRIC/Passport Number Contact Number 90410511

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

3

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

TUNG WENG KHEE (DENG MINGJI)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLT5720A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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:
 - 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:

Reg. No.

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persopher's Signature Name:

ivaline.

NRIC/FIN No.:

SKETCH PLAN B-SUF 51662 7 3 w A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	fo	police	Teport_7/20190928/241.	
all and the	133	A Company		

DECLARATION

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

Reg. No. 201605659R

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

DE CO (DD/MM/YYYY), TIME: (1 30 .) (HH:M)	v)
LOCATION: PIE (7493) after Ruya Lebar Rd &if	8
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: Sy SALO A.	
DINSURANCE COMPANY: NTJC	
CIPOLICY NUMBER: 509 646 0226-01.	
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
-7/10 MC & MODEL:	
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
STATES ON THE COMMERCIAL MOTORCYCLE	
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	77.5
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. MASSICE / POLICY HOLDER	4.0
A)NAME: Grzonren-1 Ptc Ud.	
CONTACT: MODEL OF BUSINESS	
c)ADDRESS:CONTACT:_O[[6] B 60/0.	200
* CONTINUE TO 2 d IS DEPOSED.	72
Ho of passenge DRIVER DRIVER ALSO POLICY HOLDER	(4)
(Include 1) QINAME: WAR WIRE WAR PRO AND COLOR (1)	
IMALE / FEMALE	
CIADDRESS: BIC MAA TUMPINES of 20 906-604 (52 1749)	
*d)DATE OF BIRTH: () 9 / 1974.)(DD/MM/YYYY)	
STOCKER ATION: (INDOOR / OUTDOOR)	
4. WAS DRIVER AN EMPLOYEE OF THE THE	- 0
IN INC. NELATIONSHIP OF THE DOTVED WITH THOUSE	*1
S. SINEATHER CONDITION: (GLEAR / RAINING / OTHERS	
DINOAD SURFACE: (IDRY / WFT / OTHERS) \
6. WAS ANYBODY INJURED LYES INGLE	4
7. a) REPORTED TO POLICE (PES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
No of passenger a) VEHICLE NIMBED WE \$1662	
Including driver) b) DRIVER'S NAME: him John Sheng (Engine	
C) NRIC/FIN/PASSPORT: Q17	
7. THIRD PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER: SUR 65534. MODEL:	
including driver) fl NDIC/ENVIDAGED (7.6)	
Drupre () CONTACT: 17395784.	
SUHISVAZ GOW Then Shen S83367604	
G SHD 2805 R. Wing Soon Chin Smol5gre	9041011
email =	
fax =	
VIDEO = -TP.	
AIDIS - /	





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 1 of 3 Report No. T/20190928/2191

REPORT OF A TRAFFIC ACCIDENT

28/09/2019 22:47		ade:	Vide Report No.:	Station Diary No.: 155
Informar	nt's Particu	lars		Charles and Salara August
	Informant: ENG KHEE		Address: APT BLK 299A TAMPINES S 521299	TREET 22 #06-604 SINGAPORE
DESCRIPTION OF THE PARTY OF THE	ID Type / ID No.: NRIC NO / S7431421Z		Contact No.: Home/Office:	Mobile: 97284039
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 45	Date of Birth: 21/09/1974	Type of Informant: Driver	
Race: Chinese	Race: Chinese		Language:	Institution / School Name:
Occupa GRAB D			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2019 12:30	Type of Location Flyover	
Location: Along Road 1 PAN ISLAND Paya Lebar F	EXPRESSWAY			toad Speed Limit:	
Weather: Clear	Dry	d Surface:		STATE OF THE PARTY	
Traffic Flow: Dual Carriage		fic Control: Controlled	F	Traffic Volume: Heavy Anyone conveyed by	
Type of Collis			a	mbulance:	

		Make	Color	Condition	No of Passenge
HD2805R	M/Taxi				2
	Car			Str. of the Contract	3
SLF5166Z			ALC PLANES		1
SLH1547Z	Car				
SLR6553U	Car				
SLT5720A	Car			Slightly	0



T/20190928/2191

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 3 Report No. T/20190928/2191

CONTINUATION OF REPORT

Brief Details.

On 28/09/2019 @ around 1230hrs, I was driving my Grab Car SLT5720A along PIE towards Jurong at Paya Lebar Flyover when there was already an accident involving multiple cars (4 cars to be exact and I am the fifth car). I jam braked but did not manage to stop in time and hit a Red Mercedes SLF5166Z.

My car sustained dents and scratches on my front bumper while the Red Mercedes sustained slight dent and scratches on its rear portion of the car.

I am slightly injured but I have not seen a Doctor yet. I sustained pain on my neck. There was an Ambulance at scene.

I have an in car camera and already handed over the Memory card to the TP Officer.



Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

T/20190928/2191

3 of 3

Report No. T/20190928/2191

CONTINUATION OF REPORT

Sketch Plan

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:

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN

MOHD ADNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252

Authentication Stamp

Signature Of Informant:

Date/Time: -

28/09/2019 22:47

Classification Of Case:



SINGAPORE POLICE FORC

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Language	• Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss Policy No.		Vo.				Date o	f Accident	2	8/09/2019 1	12:30	
	Vehicle	No.(For Motor)	SLTS72	OA .		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096460226-		CARZONRENT PTE LTD	201605659R	GPC	drivo CLASSIC	SLT5720A	SLT5720A	17/12/2018	16/12/2019

Sequen	ce Date of Endorsement		ndorsement	Tune	Endorsement	Statue	Endorsement Content
▽ Endors	ements						
▶ Insured	Object: SLT5720A	a strained					
Jnit No.	04-10	Relate	d Policy er	5103757978-01			
Address 4		Addres	ss Type	Singapore address	3	Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Addres	ss 2	#03-47 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Policyh	older Mailing Address						
Certificate info							
Policy Info							
lag Open							
Co- nsurance	No						
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Υ	
Singapore OD Excess	2000	Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Outside	Asset Control of the	Outside					
Additional Excess	1000	OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Гуре		Excess Own					
Excess		All Claims					
Policy ssue Date	14/12/2018	Effective Date	17/12/2018	8 00:00	Expiry Date	16/12/2019 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	8 KAKI BUKIT AVENUE 4 #03-47	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Certificate No.							
Policy No.	5096460226-01	Policyholder Name	CARZONRE	NT PTE LTD	Policyholder NRIC	201605659R	

ocident MT/1064764								
Content Hij 1004764								
olicy No.	5096460226-01	Vehicle No.	SLT5720A		GST Registration 8	No.		
ertificate No.								
icyholder Name	CARZONRENT PTE LTD				Policyholder NRIC		2015056598	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0	
ntact No.(Mobile)	91816096	Contact No.(Office)	0		Contact No.(Home	9	0	
nail Address		Special Remark			eCode	inth .	ne V	
к	® No ○ Yes	TCA	® No ○Yes		eCode Reason		All and	
D Protection	No	NCD Entitlement(%)	0		Private Hire		964	
Accident Details		reco content to	7		Private Pire		Yes	
port Date	30/09/2019 19:03	Accident Report Within 24 hrs	Yes		ensine energy		4.000	620
					Accident Type		Chain Collais	an
te of Accident	28/09/2019	Time of Accident hh:mm	12:30		Country of Acciden	nt.	Singapore	
porting Centre	Description + the description of the control policy and the	Orange Force			ICM No.			
cident Location	PJE (TUAS) AFTER PAYA LEBAR RD EXIT							
Excess								
m damage Excess	2,000.00	Additional Excess	1000		Windscreen Excess	5	100.00	
named Driver Excess		Outside Singapore OD Excess	2,000.00					
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00					
Benefits								
GST Registered Informa	ation							
Registered	No		GST Registration Date					
Registration No.			GST Status Venfied		Yes			
Incation History	30/09/2019 19:05:10 Sy	stem changed GST Status Verified fro			10001			
Policyholder Mailing Ad	dress							
Iress 1	8 KAKI BUKIT AVENUE 4	Address 2	#03-47 PREMIER @ KAKI BUKIT		Address 3		SINGAPORE	415875
iress 4		Address Type	Singapore address		Post Code		415875	
it No.	04-10	Related Policy Number	5103757978-01		\$100 P 12018		\$15000	
OI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	TUNG WENG KHEE (DENG MINC	Driver NRIC	57431421Z		Driver DOB		21/09/1974	
ster Date of Driver License		Driver Age	45		Driving Experience		21	
cact No.(Mobile)	97284039	Maria Maria Maria Maria	0					
		Contact No.(Office)			Contact No. (Home))	0	
fress 1	BLK 299A	Address 2	TAMPINES STREET 22		Address 3		TAMPINES L	ODGE
dress 4	SINGAPORE 521299	Address Type	Singapore address		Post Code		521299	
rt No.								
	06-604							
es he own a Singapore	06-804 ○ Yes ® No	Driver Vehicle No.			Driver Insurer Com	npany		
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