I male in: I ill -		MANGISHAM	Danster
Date In: 14 1919 - 19116	Jeb description	Date &Time Completed	Done by
Res No: No 14 Chao Hogby	SAS e-filing	i	
Veh No: GBH7696E	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/0/9-1/20	i-Motor Claim Form	M7/1066858-001	14/10/19 19 mg
OD : TP) ! Reporting Only	i-Motor W/O (Within: OD 2)	urs, TP 4brs)	
OB . (1) A resporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
II made.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: 50	L50954 . INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
	1,000 ( )/\$2,000 ( )		
General Remarks;-			J. 8
( ) Walk-In Customer: Customer's in			
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.		1.0
Drive-In ( )/ Towed-In ( ); Invo	ice: YES( ) / NO( );	Towing Co: (	. )
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	West Carried Street
1) Apply for Transport Allowance ( )	Courtesy Car ( )	<u> </u>	
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )		
Injurý:	.,	<del></del> -	
Injury: Oate/Time Actions			
	Barton aparata		Transfer Contract
			Ant(S) Ant(
		paration Checklist	
Date/Time Actions	1) AR : Acciden	paration Checklist	Anit (5) Anit ( Ist Bill Add B
Date/Time Actions    Actions	1) AR : Accident 2) DA : Damage 3) TF : Towing	paration Checklist  A Reporting (\$30); Assessment (\$100); INC (\$8	Anit (5) Anit ( fst.Bill Add B 30)
Date/Time Actions	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1	paration Checklist  A Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40	Anit (5) Anit ( fst.Bill Add B 30) 0/545 \$120
Date/Time Actions    Actions	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	paration Checklist  A Reporting (\$30); Assessment (\$100); INC (\$8	Anit (5) Anit ( fst Bill Add B 30) 0/545 \$120 \$30
Date/Time Actions  Actions  Augusto  Aimant's Particulars:-  iver/Owner:  ntact No:	1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe	charation Checklist  At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey Chrough Survey (Resurvey) Assainst INC Only (wef 10 Jan 2005) Section	Ant (5) Ant ( 6 Bill Add B 50) 0/545 5120 530 0) 575
Date/Time Actions    Actions   Actio	1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe	paration Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$30);  Fee \$40  Through Survey  Through Survey (Resurvey)  Against INC Only (wef 10 Jan 2005)  Section  + SMRT Survey	Anit (5) Amt (    Fit Bill   Add B
Date/Time Actions  Actions  Sumant's Particulars:- iver/Owner: intact No: maged Portion:	1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 3 8) NTUC Addit	paration Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$30);  Fee \$40  Chrough Survey  Chrough Survey (Resurvey)  Against INC Only (wef 10 Jan 2005)  action  + SMRT Survey  ional Services:-	Ant (5) Ant ( 6 Bill Add B 50) 0/545 5120 530 0) 575
Date/Time Actions  Actions  Augusto  Aimant's Particulars:-  iver/Owner:  ntact No:	1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 3 8) NTUC Addit	cparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$6  Fee \$40  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005  cotion  + SMRT Survey  ional Services:-	Ant (5) Amt (
Date/Time Actions  Actions  aumant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Darmege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA  8) NTUC Addit OD*  *N5: Courtes  *N6: Repair 0 *N7: Fost Re	paration Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$30);  Fee \$40  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jon 2005)  cetion  + SMRT Survey  tonal Services:  y Car / Tpt Allowance  Co-ordination pair Inspection	Anit (5) Amit (5)  Fit Bill Add B  50) 0/545 5120 530 0) 575 5160  555 510 525
Date/Time Actions  Actions  Actions  Display  Di	1) AR: Acciden 2) DA: Darnege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspt 7) N1: Idao DA  8) NTUC Addit OD!*  *N5: Courtes  *N6: Repair 0  *N7: Fost Re  *N8: DV / Co	paration Checklist  It Reporting (\$30); It Assessment (\$100); INC (\$60); Fee \$40  Chrough Survey  Chrough Survey (Resurvey)  Assessment (\$100); INC (\$60)  Assessment (\$100); INC (\$60)  Chrough Survey  Chrough Survey  Contain Survey  Conta	Ant (5) Amt (
Date/Time Actions  Date/Time Actions  Date/Time Actions  Display to the property of the proper	1) AR: Acciden 2) DA: Darnege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspt 7) N1: Idao DA  8) NTUC Addit OD!*  *N5: Courtes  *N6: Repair 0  *N7: Fost Re  *N8: DV / Co	cparation Checklist  It Reporting (330); It Assessment (5100); INC (58  Fee S46  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jon 2005)  ection  + SMRT Survey  tonal Services:  y Car / Tpt Allowance  Co-ordination pair Inspection  litest Excess Coordination  P (N:10 INC) against INC	Anit (5) Amit (5)  Fit Bill Add B  50) 0/545 5120 530 0) 575 5160  555 510 525 55

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	14/10/2019 19:16
Date Of Accident	14/10/2019 12:30
Exact Location Of Accident	BEDOK RESERVOIR RD TWDS BEDOK NORTH
Country/State of Loss	SINGAPORE
D. D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7696E
Insured/Policyholder	
Name Of Registered Owner	SKC AIR-CON ENGINEERING
Co Reg No	53256905M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE VAN TURBO 5DR MT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112019749
Cover Note Number	
Driver	
Name of Driver	SIM KIAN CHYE

Driver	
Name of Driver	SIM KIAN CHYE
NRIC No	S1621035H
Date Of Birth	12/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1986
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98530518
Fax Number	
Contact Number	OFFICE-98530518

NOEMAIL

Address BLK 158 HOUGANG STREET 11

#11-09 530158

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

-

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? NO

Number of vehicles (including own vehicle)

4

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SDL5095H

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

SKG2658Y

Page 2 of 15

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 3**

Vehicle Registration Number SCP9083G

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)

Injured person in which vehicle?

### **DETAILS OF INJURED PERSON 1**

**GBH7696E** 

Name SIM KIAN CHYE

Approximate Age

Injuries Sustain BODY

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO NO

Address Postcode

#### **SKETCH PLAN**

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>: Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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: 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 opies 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers", the insurers lawyers/law irms, 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 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, involces, 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 of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators; law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

SKC AIR-CON ENGINEERING 53256905M 10 ANSON ROAD #05-16

INTERNATIONAL PLAZA SINGARORE (1799) 23

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

States Abretailla pro 18

	1	t presented transported to		7711-417-42		
	1, 717				11:17	- 1-1
below horized			+21	4/11		-, 11
	;-				utli	1
			11-11	T A	1. G.B	that
		- 16	4-1-1-		- G-10	1.1
	+++++	111119	TIT			F-63
HARTITA					Sp	
HILLET	71 111	1114		1111		249
	71444					HHH
				10	13C1	993
	THILL		$\mathbb{H}_{+}$		HH.	44
			777	THE		171
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		The section of the se			-1-1-1-
I WES travel		Bur k			1	
	The viliale	100000000000000000000000000000000000000	1(1)	ir K	\$ 10	
C. 1166		in d	24	Stop.	11/50	SENA
	lu 4	hugh ;	mpa4	fun	The	res!
1 got down	1 realiza	2 4	1 evicto	44)	1000	12
		U.S				
		24.				
			,			
declare the foregoing particula		ect.				1
LARATION  declare the foregoing particula  AIR-CON ENGINEERING		ect.				h
declare the foregoing particular		sect.		orting Centre		h

trans, many amban sing

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
   Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material acts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: \4	10/19	(DD/	MM/YY) Time	e:12:50	(HH:MM)
Exact location of accident	Belsk	Krowin	RZ		Bedok	1

## Details of vehicle

Vehicle registration number	GBH 74ab 7696 E
Vehicle make and model	Toyota Hiau
Type of vehicle	Saloon
Vehicle category	Private  Commercial Motorcycle
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes D No o if no, please select: Third part claim Reporting only D

## Insurance information

Insurance company	MILL		
Policy number	ENFPIOCIIS		
Type of policy	Comprehensive o	Third party fire & theft o	TP only a

## Insured / Policy holder

Name	SICC	Air-La	ENGINUTES	Male o	Female D
NRIC / Fin / Passport number				Aviate B	, cinale L
Contact					
Address					

#### Same as insured above □ (skip to D.O.B) Driver

Name	Sim Kin Line Male Female o
NRIC / Fin / Passport number	516210354
Contact	9853 0518
Address	158 4256my 34 11 \$1+09 S(570158)
Email address	
Date of birth	12/31/463
Occupation	Indoor D Outdoor D
Driving date pass	12/2/(4)(

## General information of the accident

Water and the second se	
Was driver an employee of	Yes & No a
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera Weather condition	
Road surface	Clear Raining Others:
The state of the s	Dry-d Wet a
No of passenger	(Inclusive of driver)
Passenger 1	
Name	Sim Kilm Chyl
Gender	Male p Female p
Passenger 2	
Name	
Gender	Male ii Femaleti
Passenger 3	
Name	
Gender	Male D Ferpele D
Passenger 4	
Name	
Gender	Male D Female D
Passenger 5	
Name	
Gender	Male D Female D
Passenger 6	
Name	
Gender	Male D Female D
Other information	
	Yes D No D
Was other vehicle damaged?	Yeşa No a
Details of police action	
Reported to police?	Yes D No-D If yes, please state which police station.
Police station name	

# Third party vehicle 1 (b)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SDL SOUS L
Vehicle make model	

## Third party vehicle 2 (C)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKG ZISKY
Vehicle make model	

## Third party vehicle 3

Name		
Contact number		
NRIC / Fin / Passport number		-
Vehicle registration number	SCP 90836	
Vehicle make model		

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	· · · · · · · · · · · · · · · · · · ·
Vehicle registration number	A Ang
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

#### Witness 1 Name Witness 2 Name Injured person 1 Name Sim tim Chyl Injuries sustained 15027 Which vehicle person in? CBH 7 476 E Were seat belts worn? Yes o-No a Was injured conveyed to Yes a Nou hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No D Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No hospital by ambulance?

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		14/10/2019 1	12:30	
	Vehicle	No.(For Motor)	GBH76	96E		Certif	icate Number	. 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112019749		SKC AIR-CON ENGINEERING	53256905M	GCV	Preferred Workshop Plan	GBH7696E	G8H7696E	21/09/2019	20/09/2020
					11	Continue	1				

Sequen	ce Date of Endorsement	t I	Endorsement	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
) Insure	d Object: GBH7696E						
Jnit No.	05-16	Relate Numb	ed Policy er	5112019749			
Address 4		Addre	ss Type	Singapore address		Post Code	079903
Address 1	10 ANSON ROAD	Addre	ss 2	#05-16 INTERNATI	ONAL PLAZA	Address 3	SINGAPORE 079903
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance lag	No						
Co-		000.000.000			ANGERSTATION OF CO.	0.5	
Agent	SG MOTOR TRADER PTE. LTD.	Agent Tel.	69339417		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Excess		Premium	0				
Excess Additional	×.	Excess			Excess	***	
Third Party	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	20/08/2019	Effective Date	21/09/2019	9 00:00	Expiry Date	20/09/2020 23	:59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	10 ANSON ROAD #05-16 INTER	NATIONAL PL	AZA SINGAP	ORE 079903			
Certificate No.							
Policy No.	5112019749	Policyholder Name	SKC AIR-C	ON ENGINEERING	Policyholder NRIC	53256905M	

Accident HT/1066858					
The state of the s	1202200000	100000000000000000000000000000000000000	31235000	20.21593750355000	
vicy No.	\$112019749	Vehicle No.	GBH7696E	GST Registration No.	
rtificate No.					
Reyholder Name	SKC AIR-CON ENGINEERING			Policyholder NRIC	53256905M
oduct Code ortact No.(Mobile)	COMMERCIAL VEHICLE INSURAL	Cover Type Contact No.(Office)	Preferred Workshop Plan	Loading Contact No.(Home)	0
nail Address		Special Remark		eCode	IN V
PK .	® No ○ Yes	TCA	® No ⊜Yes		10.4
CD Protection	No.	NCD Entitlement(%)	10	eCode Reason Privata Hire	No
P Accident Details	neg-	NCD Entitlement(%)	10	Private Pare	No.
eport Date	14/10/2019 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Chain Colision
*********					
the of Academt eporting Centre	14/10/2019	Time of Accident hhomm	12:30	Country of Accident ICM No.	Singapore
codent Location	BEDOK RESERVOIR RD TWDS BEDOK NORTH	Orange Force		ILPS NO.	
♥ Total Excess Applicable					
icess Type	Per Accident	Windscreen Excess	100.00		
3507(3)(5)()			-		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	600,00	Total TP Excess Applicable			
7 Senefits					
GST Registered Informa	100.00				
ST Registered	No		GST Registration Date		
ST Registration No. odification History	14/10/2019 19:27:09 System	changed GST Status Verified from	GST Status Verified	Yes	
		the state of the state of the state of	A fi		
Policyholder Hailing Ad	dress				
ddress 1	10 ANSON ROAD	Address 2	#05-16 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
ddress 4		Address Type	Singapore address	Post Code	079903
nit No.	05-16	Related Policy Number	5112019749		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnames driver Name	SIM KIAN CHYE	Driver NR3C	S1621035H	Driver DOB	12/03/1963
gister Date of Driver License	12/02/1986	Driver Age	56	Driving Experience	33
ontact No.(Mobile)	98530518	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BUK 158	Address 2	Control of the Contro		
			HOUGANG STREET 11	Address 3	SINGAPORE S30158
		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 530158 530158
ddress 4 mt No.	11-09				
odress 4 mt No. oes he own a Singapore					
ddress 4 mt No. oes he own a Singapore egistered car?	11-09	Address Type		Post Code	
odress 4 mr. No. oes he own a Singapore egistered car? iclaration	11-09 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4 mit No. oes he own a Singapore egistered car? sclaration meathelyster or Blood Test	11-09	Address Type		Post Code	
odress 4 init No. loes he own a Singapore legistered car? eclaration ireathalysier or Blobd Test leading?	11-09 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4 inst No. roes he own a Singapore egistered car? eclaration ireathalysier or Blood Test eading?	11-09 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4  mit No. oes he own a Singapore egistered car? ectaration meathalysis or Blood Test eading?	11-09 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4  mit No. oes he own a Singapore egistered car? sclaration meathalysis or Blood Test eading?	11-09 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4  nt No.  oes he own a Singapore registered car?  cclaration  waithelysier or Blood Test adding?	11-09 ○ Yes ⊕ No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4  nt No.  pes he own a Singapore rgistered car?  relaration  reathelyser or Blood Test eading?  diffication History  Claim 001 New	11-09 ○ Yes <b>®</b> No	Address Type  Driver Vehicle No.	Singapore address	Post Code	
odress 4  nt No.  pes he own a Singapore registered car?  claration  eathlyser or Blood Test  edding?  Claim 001 New  arm Type *  proact No. (Mobile)	11-09 ○ Yes ⊕ No	Address Type  Driver Vehicle No.  Any Injury?	Singapore address   Yes No  NO  SNC AIR-CON ENGINEERING  NIL	Post Code  Driver Insurer Company	53256905H NIL
odress 4  16 No.  use he own a Singapore glatered car?  claration eathelyser or Blood Test adding?  diffication History  Claim 001 New  aim Type *  unact No. (Mobile) naik Address	11-09  ○ Yes ® No  0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name	Singapore address   Yes No  No  SOC AIR-CON ENGINEERING  NIL  GBH7696E	Post Code  Driver Insurer Company  Insured NRJC	53256905H
odress 4  16 No.	11-09  ○ Yes ® No  0 mg  □D-MX  Please Select	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	Singapore address   Yes No  NO  SNC AIR-CON ENGINEERING  NIL	Post Code  Driver Insurer Company  Insured NRJC Contact No.(Office)	53256905H NIL
odress 4  it No.  pes he own a Singapore gistered car?  claration  eathelyser or Blood Test  adification History  Claim 001 New  aim Type *  intact No. (Mobile)  half Address  aimant Type Claimant Type *  aimant Type Claimant Type *  aimant Type Claimant Type *	11-09  ○ Yes ® No  0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No.(Home)  Od Vehicle Number	Singapore address   Yes No  No  SOC AIR-CON ENGINEERING  NIL  GBH7696E	Post Code  Driver Insurer Company  Insured NRJC Contact No.(Office)	53256905H NIL
odress 4  is No.  pes he own a Singapore gistered car?  claration  eathelyser or Blood Test eading?  diffication History  Claim 001 New  aim Type *  irritact No. (Mobile)  half Address  aimant Type Claimant Type *  aimant Type Claimant Type *  aimant Address  aimant Address  aimant Address  aimant Address	11-09  ○ Yes ® No  0 mg  □ MX  Please Select  ≥≥	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	Singapore address   Yes No  No  SOC AIR-CON ENGINEERING  NIL  GBH7696E	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number	53256905H NIL
odress 4  16 No.  16 No.  16 No.  16 No.  16 Singapore  16 Clared Car?  17 Clared Car?  18 Clared Car?  18 Clared Car?  18 Claim 001  18 New  18 March No.  18 Claim 001  18 New  18 March No.  18 Mar	11-09  ○ Yes ® No  0 mg  □D-MX  Please Select	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	Singapore address   Yes No  No  SINCE AIR-CON ENGINEERING  NIL  GBH7696E  Please Select	Post Code  Driver Insurer Company  Insured NRJC Contact No.(Office)	53256905H NIL
odress 4  nt No.  pes he own a Singapore gistered car?  cclaration  waithelysier or Blood Test  addification History  Claim 001 New  arm Type *  proact No. (Mobile)  nail Address  almant Type Claimant Type *  armant Name *  armant Name *  armant Address  almant Address	11-09  ○ Yes ® No  0 mg  □ MX  Please Select  ≥≥  □ BH7696E / SDL5095H ON 14 Oct 2019	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claimant NRIC *	Singapore address   Yes No  No  No  No  No  Not at Fault	Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number	53256905M NIL SDL5095M
odress 4  it No.  pes he own a Singapore gistered car?  claration  eathelyser or Blood Test eading?  diffication History  Claim 001 New  arm Type *  irmact No. (Mobile)  nail Address  almant Type Claimant Type *  armant Name *  irmant Address  almant Add	11-09  ○ Yes ® No  0 mg  □ MX  □ Please Select  ≥≥  □ BH7696E / SDL5095H ON 14 Oct 2019    Ves	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Od Vehicle Number: Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option	Singapore address   Yes No  No  SINCE AIR-CON ENGINEERING  NIL  GBH7696E  Please Select	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  nt No.  pes he own a Singapore pestered car?  cclaration  wathelysier or Blood Test  addiscation History  Claim 001 New  arm Type *  proact No. (Mobile)  nail Address  almant Type Claimant Type *  armant Name *  when Address  alm Oscription  perferred Workshop Contact  pe	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claimant NRIC *	Singapore address   Yes No  No  No  No  No  Not at Fault	Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number	53256905M NIL SDL5095M
odress 4  nit No.  oes he own a Singapore registered car?  reathalysiser or Blood Test  edification History  Claim 001 New  arm Type *  ontact No. (Mobile)  nail Address  aimant Type Claimant Type *  armant Name *  armant Address  aimant	11-09  ○ Yes ® No  0 mg  □ MX  □ Please Select  ≥≥  □ BH7696E / SDL5095H ON 14 Oct 2019    Ves	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Od Vehicle Number: Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option	Singapore address   Yes No  No  No  No  No  Not at Fault	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  is No.  pes he own a Singapore gistered car?  claration  eathelyser or Blood Test eading?  diffication History  Claim 001 New  aim Type *  irriact No. (Mobile)  nail Address  aimant Type Claimant Type *  aimant Address  aimant A	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Od Vehicle Number: Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option	Singapore address   Yes No  No  No  No  No  Not at Fault	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  nt No.  pes he own a Singapore gistered car?  citaration  wathelyser or Blood Test  addication History  Claim 001 New  arm Type *  pritact No. (Mobile)  nail Address  almant Type Claimant Type *  armant Name *  armant Name *  armant Address  almant Address  al	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Singapore address   Yes No  No  No  No  No  Not at Fault	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  nit No.  pes he own a Singapore registered car?  claration  eathelyser or Blood Test	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Singapore address    Yes No  Sec Air-con Engineering NIL  GBH7696E  Please Select  Not at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  IK No.  IN No.  IN No.  IN No.  IN Singapore  Glaration  eathelyser or Blood Test  adding?  Claim 001  New  IN Type *  INTERNATION  INTERN	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Singapore address    Yes No  Sec Air-con Engineering NIL  GBH7696E  Please Select  Not at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  is No.  pes he own a Singapore gistered car?  claration  eathelyser or Blood Test  eading?  dification History  Claim 001 New  aim Type *  untact No. (Mobile)  half Address  aimant Type Claimant Type *  aimant Address  aimant Address  aimant Address  aim Description  eitered Workshop Contact  .  quire Finalisation  the Registered  goort Taken by  Print AK letter   Attachment	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Singapore address    Yes No  Sec Air-con Engineering NIL  GBH7696E  Please Select  Not at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  nt No.  pes he own a Singapore registered car?  claration  mathalyser or Blood Test  addication History  Claim 001 New  aim Type *  pricat No. (Mobile)  nail Address  aimant Type Claimant Type *  aimant Address	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Object   Solid   Solid	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferered Repair Option Claim Close Date	Singapore address    Yes No  Sec Air-con Engineering NIL  GBH7696E  Please Select  Not at Fault  Preferred Workshop, Name unknown	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  is No.  is No.  is see he own a Singapore glistered car?  claration  eathelyser or Blood Test  eading?  diffication History  Claim 001 New  aim Type *  imact No. (Mobile)  half Address  aimant Type Claimant Type *  aimant Address  aimant Address  aimant Address  aim Description  eferred Workshop Contact  .  quire Finalisation  the Registered  goort Taken By  Print AK letter  Attachment	11-09  ○ Yes ® No  0 mg  0 mg  0 by    Object   Select	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contect No.(Home) Of Vehicle Number Type of Benefit = Claimant NRIC =  Insured Liability = Preference Repair Option Claim Close Date	Singapore address    Yes No  No  Singapore address  Singapore address  No  Singapore address  Singapore address  No  Singapore address  N	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H NIL SDL5095H
odress 4  is No.  is No.  is see he own a Singapore glistered car?  claration  eathelyser or Blood Test  eading?  diffication History  Claim 001 New  aim Type *  imact No. (Mobile)  half Address  aimant Type Claimant Type *  aimant Address  aimant Address  aimant Address  aim Description  eferred Workshop Contact  .  quire Finalisation  the Registered  goort Taken By  Print AK letter  Attachment	11-09  ○ Yes ® No  0 mg  0 mg  0 mg    Discourse   Please Select   ≥≥	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit = Claimant NRIC =  Insured Liability = Preference Repair Option Claim Close Date  Claim No.	Singapore address    Yes No  No  Singapore address  Singapore address  No  Singapore addres	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$3256905H    SDL 5095H    Received   14/10/2019 00:00   1
odress 4  No.  Des he own a Singapore gistered car?  claration  eathelyser or Blood Test  eading?  dification History  Claim 001 New  aim Type *  untact No. (Mobile)  nall Address  aimant Type Claimant Type *  emant Address  aimant Address  aim Description  efferred Workshop Contact  .  quire Finalisation  the Registered  goort Taken By  Print AK letter  Attachment	11-09	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit = Claimant NRIC =  Insured Liability = Preference Repair Option Claim Close Date  Claim No.	Singapore address  ® Yes No  Singapore address  Sin	Post Code  Driver Insurer Company  Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	53256905H  SDL5095H  Received 14/10/2019 00:00
odress 4  No.  Des he own a Singapore gistered car?  claration  eathelyser or Blood Test  eading?  dification History  Claim 001 New  aim Type *  untact No. (Mobile)  nall Address  aimant Type Claimant Type *  emant Address  aimant Address  aim Description  efferred Workshop Contact  .  quire Finalisation  the Registered  goort Taken By  Print AK letter  Attachment	11-09	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	Singapore address    Yes No	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen	\$3256905H    SDL 5095H    Received   14/10/2019 00:00
odress 4  nit No.  pes he own a Singapore restration reathelyser or Blood Test reading?  dification History  Claim 001 New  aim Type *  pricact No. (Mobile) nail Address  aimant Type Claimant Type *  aimant Address  aimant Address  aimant Address  aimant Address  aim Description  ster Registered  sport Taken By  Pric AK letter  Attachment	11-09	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse.	Singapore address    Yes No  No  No  No  AIL.  GBH7696E  Please Select  V  Preferred Workshop, Name unknown  14/10/2019 19-28  Category *  Dear Please Select  Please Select	Post Code  Driver Insurer Company  Insured NRJC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen V Normal	53256905H    SDL 5095H    Received   14/10/2019 00:00
odress 4  nit No.  pes he own a Singapore restration reathelyser or Blood Test reading?  dification History  Claim 001 New  aim Type *  pricact No. (Mobile) nail Address  aimant Type Claimant Type *  aimant Address  aimant Address  aimant Address  aimant Address  aim Description  ster Registered  sport Taken By  Pric AK letter  Attachment	11-09	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Od Vehicle Number Type of Benefit * Claimant NRIC *  Preferend Repair Option Claim Close Date  Browse.  Browse.	Singapore address    Yes No  No  No  No  AIL.  GBH7696E  Please Select  V  Preferred Workshop, Name unknown  14/10/2019 19-28  Category *  Dear Please Select  Please Select  Category *  Dear Please Select  Please Select	Post Code  Driver Insurer Company  Insured NRJC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen V Normal Normal	53256905H  NIL  SDL5095H  Received  14/10/2019 00:00
odress 4 mit No. noes he own a Singapore egistered car? eclaration meathalysier or Blood Test	11-09	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Od Vehicle Number Type of Benefit * Claimant NRIC *  Preferend Repair Option Claim Close Date  Browse.  Browse.  Browse.	Singapore address    Yes No	Post Code  Driver Insurer Company  Insured NRJC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen V Normal V Normal Normal Normal Normal Normal	\$3256905H  NIL  SDL5095H  Received  14/10/2019 00:00

