NATIONAL Assessment Centr	Job descript		Date & Time Completed	Done l	pv.
5 (1)	SAS e-filir		<u> </u>		
Veh No: JMD272K		hia Shrs, AIC 2hrs)	<u> </u>		
D.O.A : 14) 19 19 - 18 173		laim Form			
			100- ECCESOI LW	Klolig 16	UZ
OD TP ' Reporting Only	i-Photo Up	7/O (Within: OD 2hrs	TP 4brs)	<del>                                     </del>	
8000000		Survey Report	ļ		
TP Insurer:	1	t by Fax / Hand to	Ourner/Witten		
Preferred Wksp / INC Assign Wksp / QW: (		t by Fax / Hanu to			_
TP Particulars: Veh No: GBH	1273	. INC(	Tel: )/Non-INC( )	Fax:	_
Owner / Driver: (	y313 x	· met	Tel:	· · ·	
Policy No: ( ) Per	riod: (	)	Cover Type: (		-
Confirmed by : (		Date:	Time:		-
Insured/Driver Liability: ( %) [N	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-	100%1	
	Varranty: YES (				-
Excess: (\$ ) Loading: \$1,00	00()/\$2,00				
General Remarks		10 00 XXVAX800	######################################		
( ) Walk-In Customer: Customer's inform	mation strictly C	onfidential & Stric	tly NO refer of repairer		
( ) Total Loss Case : to e-mail Insurer	URGENTLY				
Drive-In ( )/ Towed-In ( ); Invoice:			ala a Car (		
		NO ( ); To	wing Co: (		)
Remarks: (INC hotline: 6788 6616)	IBUDINGS PROFISED SCIENCES VILLISH TOWN TO				
	A Charles In Land		Date&Time Completed	Done by	,
1) Apply for Transport Allowance ( )/Co	urtesy Car (	)	Dates Time Completed	Done by	,
Apply for Transport Allowance ( )/Co     QC Check / Post Repair Inspection	ourtesy Car (	)	Date&Time Comple od	Done by	,
Apply for Transport Allowance ( )/Co     QC Check / Post Repair Inspection	ourtesy Car (	)	Date&Time Comple od .	Done by	,
	ourtesy Car (	) ) )	Date&Time Comple od	Done by	
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	ourtesy Car (	)	Date & Fime Comple od	Done by	
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	ourtesy Car (	)		Done by	-
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	ourtesy Car (	)			· · · · · · · · · · · · · · · · · · ·
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	ourtesy Car (	) )			, -
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	ourtesy Car (	)			7 -
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	ourtesy Car (	)			
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time   Actions	ourtesy Car (	)			705.7
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Pate/Time Actions	ourtesy Car (		ration Checklist	Anit (S)	Amt (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury: Date/Time Actions	ourtesy Car (	Invoice Prepa  1) AR: Accident Re 2) DA: Damage Ass	ration Checklist	Ant (S) A	Amt (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury: Date/Time Actions  Important Particulars:	ourtesy Car (	1) AR : Accident Re 2) DA : Damege Ass 3) TF : Towing Fee	ration Checklist  porting (\$30); essment (\$100); INC (\$8	Anit (S) A fit Bijl A	Amt (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time   Actions  Umant's Particulars:  ver/Owner:	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thron 5) FT: Fellow-Thron	ration Checklist  porting (\$30); essment (\$100); INC (\$8  \$40  Igh Survey Igh Survey (Resurvey)	Ani (S) A  158 Bill A  0)  7545 5120 530	ami, (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Limant's Particulars:  ver/Owner:	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thron 5) FT: Fellow-Thron	ration Chtcklist.  porting (\$30); essment (\$100); INC (\$8 \$40  igh Survey igh Survey (Resurvey)  stINC Only (wef 10 Jan 2005)	Ani (S) A  158 Bill A  0)  7545 5120 530	ami, (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Limant's Particulars:  ver/Owner:	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idac DA + S1	ration Checklist porting (\$30); essment (\$100); INC (\$8 \$40  Igh Survey Igh Survey (Resurvey) st INC Only (wef 10 Jan 2005) IMED Survey	Ame (CS) A for Bill A 0) 7545 5120 530	ami, (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Pate/Time Actions  Sumant's Particulars:  ver/Owner:  intact No:  maged Portion:	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection	ration Checklist porting (\$30); essment (\$100); INC (\$8 \$40  Igh Survey Igh Survey (Resurvey) st INC Only (wef 10 Jan 2005) IMED Survey	April (S) A fie Bill A 0) 7545 5120 530	a.
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Limant's Particulars:  ver/Owner:  maged Portion:	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idac DA + S1 8) NTUC Additional OD* *N5: Courtesy Car	ration Checklist porting (\$30); essment (\$100); INC (\$8 \$40 Igh Survey Igh Survey (Resurvey) st INC Only (wef 10 Jan 2005) MRT Survey Services:- / Tpt Allowance	Ame (cs) A fix Bill A	ami, (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Date/Time   Actions  Limant's Particulars :- ver/Owner:  Intact No: maged Portion:  Checked by (Engr-In-Charge):	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idao DA + SI 8) NTUC Additional OD* *N5: Courtesy Ces *N6: Repair Co-or *N7: Fost Repair Co-or	ration Checklist porting (\$30); essment (\$100); INC (\$8 \$40  Igh Survey Igh Survey (Resurvey)  st INC Only (wef 10 Jan 2005)  MRT Survey  Services.  / Tpt Allowance dination inspection	Ame (CS) A	ami, (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury : ———————————————————————————————————	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SI 8) NTUC Additional OIL* *N5: Courtesy Cas *N6: Repair Co-or *N7: Fost Repair I *N8: DV / Collect	ration Checklist porting (\$30); essment (\$100); INC (\$8 \$40 Igh Survey Igh Survey (Resurvey) st INC Only (wef 10 Jan 2005) MRT Survey Services: / Tpt Allowance dination inspection Excess Coordination	Acus (S) A Tric Bill A  0) 7545 5120 530 ) 575 1160  55 510 525 535	Amit (
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	ourtesy Car (	1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SI 8) NTUC Additional OIL* *N5: Courtesy Cas *N6: Repair Co-or *N7: Fost Repair I *N8: DV / Collect	ration Checklist porting (\$30); essment (\$100); INC (\$8 \$40  Igh Survey Igh Survey (Resurvey) \$UNC Only (wef 10 Jan 2005)  MRT Survey  Services:  / Tpt Allowance dination Inspection Excess Coordination	Ame (CS) A	Aht (

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

**EMail Address** 

- Please report <u>correctly</u> 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.

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

atoresaid,	and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/10/2019 14:04
Date Of Accident	14/10/2019 18:10
Exact Location Of Accident	STILL RD BEFORE EAST COAST RD
Country/State of Loss	SINGAPORE
A CANDON POR LONDON	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD2402K
Insured/Policyholder	
Name Of Registered Owner	SIM YEOW SENG CHRISTOPHER
NRIC No	S0085646J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90309023
Alternative Phone No	OFFICE-90309023
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104712679-01
Cover Note Number	
Driver	
Name of Driver	SIM YEOW SENG, CHRISTOPHER
NRIC No	S0085646J
Date Of Birth	03/08/1953
Occupation	INDOOR
Date Of Driving Pass	29/11/1974
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE

(LOCAL) +65-90309023

OFFICE-90309023

NOEMAIL

Address

238 TEMBELING ROAD

#02-06

Postcode

423722

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

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

GBH2575D

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

RAJON

NRIC/Passport Number

G7767894N

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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)

Lunderstand, 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Venicue A: SMD2402k
Venicue B: GBH 2575D,

AA A A A A

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	state	ed da	nte 4	time	, 1	, ver	hicle	X',
ex	1D 240	2K,	was	travelli	ing s	tra)gr	nt a	along	the	stated
ver	ne.	As :	front	venic	le boo	ared,	I	biake	d as	nell
Ab	out	1-2	secor	nds 1	ater,	vehic	le	B', 9	BH 25	750,
hit	onto	my	stan	tionary	veni	cle's	rea	r por	tion.	
						(F)	No.	100		
						- V				
	=									
							T			
			-1							
			(KS)	March Strain						

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACC	DENT DATE:	14/10	2019	J(DD/N	MAYYYY	), TIME:(	18:_	10 HHH	(MM)
LOCA	TION:	Along	Ctill	Road	1 , 1	peto1e	Eas	t (0a	ST ROA
1.	DETAILS O	F VEHICLE			2400	K.			
	CONTRACTOR OF THE PARTY OF THE	NCE COMPA	NY: 5/	NIU 0471.	1679.	-01	-		
	d)POLICY	NUMBER: TYPE: (COMP	PREHENS	IVE / TH	IRD PAR	TY / THÍRD	PARTY	FIRE &TH	(EFT)
	- STAAFE P	MODEL: LOON / COU	ti	priau	JIEU	"			
	CIVEHICIE	CATEGORY	IPRIVAT	E/COM	MMERCI	AL / MOTO	DRCYCI	E)	18 A
	HIDLIDEOS	FOF HISING A	TACCI	DENT TIM	ME:	rnvale			
	i) ARE YOU	CLAIMING U	HIRD PA	RTY CL	AIM / REI	PORTING	ONLY)		
2.	INSURED /	BOUGY HOLE	SED					( == 1 4 4 1 5	=1
	A)NAME:_	The second secon		20083	6467	CONTA	CT:	9830	9023
	C) ADDRESS	I/PASSPORT:			Road			5(4)	3722
				***	UCYLIO	DEB	•		_
11 0	+ CONTINU	E TO 3.d IF D	RIVER A	LIOPO	LICTHO				
No of passangar	a)NAME:_							FEMALE	:)
Induding driver)		/PASSPORT:_				CONTA	CT:	- News	
(0))	c)ADDRESS	4							[+]
	*d)DATE OF	BIRTH: ( 03	108	1953	-)(DD/M	M/YYYY)			-
	AVEADE OF	TION: (INDO	DEDIEN	CE.			80		~
	WAS DRIVE	FR AN EMPL	OYEE O	F THE	INSURE	D'S COMP	PANY?	YES / N	(9)
	TE NO REL	ATTONSHIP	OF THE	DRIVE	R WITH	INSUKE	D:	miet	
5.	a)WEATHER	CONDITION RFACE: (DEY	CLEAR	OTHER!	IING / O	IHEK2		3 JH	
6	WAS ANYBO	DY INJURED	(YES / N	(B)			- 6 0	197	
7.	JREPORTED	TO POLICE	(YES / N	Ø)		til			
		ASE STATE WI	HICH PC	DLICE ST	ATION:_		4 2		
(a)	a) VEHICL				50	MODEL:			-
idudina driver)	b) DRIVER	S NAME:		110n	2100	VCONTA	CT		
(AI) -In	C) NRIC/FI	N/PASSPORT	:	1170	10771	VCONIA	CI		
CHICARTSON CADALOGUES. AT		NUMBER:		1 4		MODEL:			-
to of passinger	e) DRIVER'					V25,816.816			<del></del>
		N/PASSPORT:				_CONTAC	CT: <u>·</u>		
(_)		77							
September 9								92	

email =

Pax =

Hello, NAC_PAYA_UBI_80	0601						. Chan	ne Languago	o Char	ge Password	alClaim
My Desktop Notice of Loss	Policy Query Change P								ge Password	· Log Ou	
110000 01 2033	Policy I Vehicle	No. e No.(For Motor)	SMD2	402K	$\exists$	Certi	of Accident	9	14/10/2019	18:10	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104712679- 01		SIM YEOW SENG CHRISTOPHER	500856463	GPC	drivo CLASSIC	SMD2402K	SMD2402K	04/09/2019	03/09/2020

	5104712679-01	Policyholder Name	SIM YEOW	SENG CHRISTOPHER	Policyholder NRIC	500856463	
Certificate No.					WEIL	1,000 TO	
Address	238 TEMBELING ROAD #02-06	TEMBELING GR	ROVE SING	APORE 423722			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	07/08/2019	Effective Date	04/09/201	9 00:00	Expiry Date	03/09/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	WORLD-WIDE IND & COMM ENT	Agent Tel.	62971910		GST Flag	Y	
Co- insurance Flag	No				SOTO INTE		
- C. C. C.							
Policy Info Certificate							
Policy Info Certificate info	older Mailing Address						
Policy Info Certificate Info Policyho	older Mailing Address 238 TEMBELING ROAD	Addres	s 2	#02-06 TEMBELING	GROVE /	Address 3	SINGAPORE 423722
Policy Info Certificate Info Policyho	20110-2013-0119-01001-01011-01	Addres:	NGS3	#02-06 TEMBELING Singapore address		Address 3	SINGAPORE 423722 423722
Policy Info Certificate Info Policyho Address 1	20110-2013-0119-01001-01011-01		Type Policy			NO.TO TATIONS	
Policy Info Certificate info Policyho Address 1 Address 4 Juit No.	20110-2013-0119-01001-01011-01	Address Related	Type Policy	Singapore address		NO.TO TATIONS	
Address 1 Address 4 Unit No.	238 TEMBELING ROAD  Object: SMD2402K	Address Related	Type Policy	Singapore address		NO.TO TATIONS	

Continue Cancel

Claim Handling					
ccident HT/1067007	Z. INCOURIDATION				
olicy No.	5104712679-01	Vehicle No.	SMD2402K	GST Registration No.	
Certificate No.					
Policyholder Name	SIM YEOW SENG CHRISTOPHER			Policyholder NRIC	50085646)
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90309023	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark	8).	eCode	THE VI
(FK	® No ○Yes	TCA	® No ○Yes		1111.0
ICD Protection	Yes			eCode Reason	
	168	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
seport Date	15/10/2019 16:00	Accident Report Within 24 hrs	Ves	Academt Type	Collision - Head to Rear
late of Accident	14/10/2019	Time of Accident hitcmm	18:10	Country of Accident	Singapore
deporting Centre		Orange Force		3CM No.	
ocident Location	STILL RD BEFORE EAST COAST RD				
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	0.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ddeional Excess	0				
nel OO Excess Applicable	0.00	Total TP Excess Applicable	2.00		
P Benefits		- CALLES Approprie	0.00		
verage			Sum Insured		
cess Walver			99999999.99		
arsport Allowance					
P GST Registered Inform	atine		99999999.99		
T Registered	No		CET Services		
ST Registration No.	NO.		GST Registration Date GST Status Verified		
odification History			Mail status venned	Yes	
The second secon					
Policyholder Mailing Ac	Idress				
idress 1	238 TEMBELING ROAD	Address 2	#02-06 TEMBELING GROVE	Address 3	Emitabone Assess
dciress 4	Control of the Contro				SINGAPORE 423722
		Address Type	Singapore address	Post Code	423722
nit No.		Related Policy Number	5104712679-01		
OI Driver Info		19701111			
iver Name	SIM YEOW SENG CHRISTOPHER	Driver Type	Hain Driver		
named driver Name		Driver NR3C	SD065646J	Driver DOB	03/08/1953
gister Date of Driver License	29/11/1974	Driver Age	66	Driving Experience	44
ntact No.(Mobile)	90309023	Contact No.(Office)	0	Contact No.(Home)	0
dress I	238 TEMBELING ROAD	Address 2	TEMBELING GROVE	Address 3	SINGAPORE 423722
idress 4		Address Type	Singapore address	Post Code	
nt No.	02-06	Commence of the Co	Singapore accesses	Post Code	423722
oes he own a Singapore	32 37 San and				
egistered car?	○ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
diaration					
eathalyser or Blood Test	NOTICE!	W.Codenida			
ading?	0 mg	Any injury?	○ Yes ® No		
diflication History					
0.00					
Claim 001 New					
A LINE WELL					
im Type •	OD-MX 💟	Innual terms	Iron years are a second		
Watt No. (Mobile)	90309023	Insured Name	SIM YEOW SENG CHRISTOPHER	Insured NRIC	\$00856463
	The second secon	Contact No.(Home)	62447717	Contact No.(Office)	
al Address	christys@singnet.com.sg	OI Vehicle Number	SMD2402K	TP Vehicle Number	GBH2575D
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC *			
ment Address					
m Description	SMD2402K / G8H2S75D ON 14 Oct 2019			Name of Preferred Worksho	9
ferred Workshop Contact		Insured Liability +	Not at Fault	-3	- 50
juire Finalisation	Yes	Preferend Repair Option		GIA report	December 4
e Registered	15/10/2019 16:02		The state of the s		Received S
1223		Claim Close Date		Date Received	15/10/2019 00:00
ort Taken By	Jackson				
Print AK letter					
			ford from		
			Save Submit		
Attachment					
<b>1</b> 00					
	(LANGE AND ACCOUNTS)	ALL PARTY AND	LIDA		
odent No.	MT/1067007	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	15/10/2019 16:02		
	Path •		Category *	Confidential Urge	ncy * Description
		Browse	The second secon	V NO V Normal	ACCUSE TO A CONTROL OF THE PARTY OF THE PART
		Browse	Ocar Please Select		
		an arration.	The second	▼ Normal	
		Beruma	1 Delayed Desays Calcar	1884 1896 1997 1997 1997 1997 1997 1997 1997 19	200

