Date in: whether the next	104514 10 02 02	Jan'05 MN A19 137970	atad D	ne by
Date In: 17 1914 - 19:24	Jeb description	Date &Time Compl	eted Doi	ie py.
Res No: UAJINE 19018386 24	SAS e-filing	i		
Voli No: SKSBTUR	E-mail (within Shrs, A	IC 2hrs)		
D.O.A: plolg 19:4	i-Motor Claim Fo	m M7/1067366-00	1 / 10/19	17:37
	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)		
OD / Peporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey	Report		
IP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: V	2859×	INC()/Non-INC()	E280 9 1 C328
Owner / Driver: (· · · · · · · · · · · · · · · · · · ·	Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Da	te: Time:)	
Insured/Driver Liability: (%	(WO):	N: 0-20%; P: 21-79%. P	30-100%]	
Year of Registration: (Warranty: YES ()/1	NO()	Mark that the same of the same	
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()		
General Remarks:-				, ;
() Walk-In Customer : Customer's		C. Am. aminumation to a do and a		
() Total Loss Case : to e-mail In:		*		
	oice: YES () / NO (); Towing Co: ()
			(Simple 2000)	expression on the
Remarks:- (INC horline: 6788 661		Date & Time Comple	od Dor	leby
) / Courtesy Car ()			
QC Check / Post Repair Inspection	()			<u> </u>
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
3) Upload Resurvey Photo [Repair Cost:	>\$3000] ()			
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Injury:	> \$3000] ()			god to god one pro-
Injury:	> \$3000] ()			gga
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Injury: Date/Time Actions Actions	linve 1) AR	: Accident Reporting (\$30);	Ant (5)	Amu(3)
Injury: Pate/Time Actions Actions Amagental Sections Actions:	1 i) AR 2) DA	: Accident Reporting (\$30);	Ant (5)	Amu(3)
Injury: Date Time Actions Actions Amongo b Almant's Particulars:-	1) AR 2) DA 3) TF 4) FT	: Accident Reporting (\$30); : Darmage Assessment (\$100); I : Towing Fee : Follow-Through Survey	Amt (5) fit Bill NC (580) \$40/\$45 \$120	(\$)
Injury: Outs/Time Actions Actions Simant's Particulars:- iver/Owner:	1) AR 2) DA 3) TF 4) FT 5) FT	: Accident Reporting (\$30); : Damage Assessment (\$100); I : Towing Fee	Anit (5) fie Bill NC (580) \$40/\$45 \$120 \$30	(\$)
Injury: Pate/Time Actions Actions Amant's Particulars: iver/Owner: intact No:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR	: Accident Reporting (\$30); : Darrage Assessment (\$100); I Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Is: : Re-inspection	Amt (5) 75 Bill NC (580) \$40/\$45 \$120 \$30 in 2005) \$75	Amu(3)
Injury: Date/Time Actions Actions Amant's Particulars: iver/Owner: ntact No:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1	: Accident Reporting (\$30); : Darriege Assessment (\$100); I Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Je : Re-inspection : Idao DA + SMRT Survey	Amt (5) 75 Bill NC (580) \$40/\$45 \$120 \$30 in 2005)	Amu(3)
Injury: Date/Time Actions Lamant's Particulars: iver/Owner: ntact No: maged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT	: Accident Reporting (\$30); : Darmage Assessment (\$100); I Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Is : Re-inspection : Idac DA + SMRT Survey UC Additional Services:-	Anic (5) The Bill NC (580) \$40/\$45 \$120 \$30 in 2005) \$75 \$160	(\$)
Injury: Date/Time Actions Actions aumant's Particulars: iver/Owner: intact No: maged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT	: Accident Reporting (\$30); : Darmage Assessment (\$100); : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 July) : Re-inspection : Idao DA + SMRT Survey UC Additional Services:-	Amt (5) fis Bill NC (\$80) \$40/\$45 \$120 \$30 in 2005) \$75 \$160 \$5 \$10	(\$)
Injury: Onter Time Actions Actions Actions alimant's Particulars: iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	1 Inve 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT OD *N5	: Accident Reporting (\$30); : Darriege Assessment (\$100); I Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Je : Re-inspection : Idao DA + SMRT Survey UC Additional Services: : Courtesy Car / Tpt Allowance i: Repair Co-ordination : Fost Repair Inspection	Amt (5) //st Bill NC (\$80) \$40/\$45 \$120 \$30 in 2005) \$75 \$160 \$55 \$510 \$25	(\$)
Injury: Date/Time Actions Ac	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT OD *N3 *N6	: Accident Reporting (\$30); : Darriage Assessment (\$100); I Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Ist. : Re-inspection : Idac DA + SMRT Survey UC Additional Services: : Courtesy Car / Tpt Allowance : Repair Co-ordination : Fost Repair Inspection 3: DV / Collect Excess Coordination	Amt (5) fis Bill NC (\$80) \$40/\$45 \$120 \$30 in 2005) \$75 \$160 \$5 \$10	(\$)
Injury:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT OD 1 N5 1 N6	: Accident Reporting (\$30); : Darriege Assessment (\$100); I Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Je : Re-inspection : Idao DA + SMRT Survey UC Additional Services: : Courtesy Car / Tpt Allowance i: Repair Co-ordination : Fost Repair Inspection	Story (\$) Stant (\$)	(\$)

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number

EMail Address

Fax Number

- 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.

	ACCIDENT STATEMENT
Date Of Report	17/10/2019 17:24
Date Of Accident	17/10/2019 07:45
Exact Location Of Accident	TUAS AVE 3
Country/State of Loss	SINGAPORE
数据的序数主要与《音乐》的《音乐》	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS6522R
Insured/Policyholder	
Name Of Registered Owner	KAAN LING YIN, DAVE
NRIC No	S1735543J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96169638
Alternative Phone No	OFFICE-96169638
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE USE
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	5107330455
Cover Note Number	
Driver	
Name of Driver	KAAN LING YIN, DAVE
NRIC No	S1735543J
Date Of Birth	23/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1988
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-96169638

OFFICE-96169638

NOEMAIL

Address BLK 180 PASIR RIS STREET 11

#12-10

Postcode 510180

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

ambulance?

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? YES

Was any injured conveyed to hospital by

an:

Was any other material or property damaged?

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

NO

1

NO

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191017/7014.

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 YP6359X

Vehicle Make/Model/Colour MITSUBISHI CANTER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver KARAJAN TAMILVANAN

NRIC/Passport Number 036075228 Contact Number 97760597

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name KAAN LING YIN, DAVE

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SKS6522R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
- 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.
- E 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 dalms;
 - (HI) 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.:

SKETCH PLAN		
	NCES OF THE ACCIDENT	Veh Algrical
Property and the Parket of the		1/63
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THE STATE OF THE STATE OF		
	The complete of the complete o	
LARATION		
Devel Pregoing partie	culars are true in every respect.	
holder's Signature & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ather Gardeladorn Vi

Date of Accident	: 17 011 1019 Accident Time: 07.45 (24-HR-Format)
Accident Place	TUOS AVEZ
Vehicle Reg. No. (Car Plate No.)	: SKS 6772R
Vehicle Make/Model	: Toyota gamey
bisurance Company	: NTUC Policy No
Owner or Company Name /IC No.	S17355437
Owner or Company Contact No.	. 96169638 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: KAW LING YN, DAVE
DRIVER'S Date Of Birth	: 23 MARLY ALL DRIVER'S License Pass Date 9-Sep - 1988
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 180 PASIR RIS STREET 11 #412-10 S510180
DRIVER'S Contact No / Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR (GUTDOOR (e.g. working inside or outside office)
Email Address	: DAVIDKARN @ ME. COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Da	river):
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES (NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehiclo Reg. No: YP6359 X	Vehicle Reg. No:
Vehicle Make Wodel: MISSISHI	CANTER Vehicle Make\Model:
Name Driver: KARWAN TAMILVAN	AN Name Driver:
IC No. Driver: 0 3607522	8 IC No. Driver:
Driver's Contact & Add: 97760	Driver's Contact & Add:

. .





1 of 3

Report No. T/20191017/7014

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

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:01	Aade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partici	ulars				
KAAN L	Informant: ING YIN, D	AVE	Address: APT BLK 180 PASIR RIS STI 510180	REET 11 #12-10 SINGAPORE		
ID Type NRIC N	/ ID No.: D / S173554	43J	Contact No.: Home/Office: Mobile: 96169638			
Nationality: SINGAPORE CITIZEN		EN	Email: davidkaan@me.com			
Sex: Male	Age: 53	Date of Birth: 23/03/1966	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Sales supervisor			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2019 07:45	Type of Location X-Junction	
Location: TUAS AVENUE 3 Weather: Clear		Road Surface:		Road Speed Limit: 50 Km/h	
		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKS6522R	Car	TOYOTA	CAMRY+2.0 +AUTO+AB S+AIRBAG	Silver		0
YP6359X	Lorry	MITSUBISHI	canter	Silver	Slightly Damaged	2

Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
	NTUC Income Insurance Co-Operative	5107330455	31/01/2019	30/01/2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 4

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191017/7014

CONTINUATION OF REPORT

Details of Perso								
Any Pedestrian I								
	No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA					
Driver		THE REPORT OF THE PARTY OF THE	200					
Name	KAAN LING YIN, DAVE		ID No.		S1735543J			
Related Vehicle	SKS6522R (Car)	Contact No.		96169638				
Hospital/Clinic	NIL		Class of Driving Licence Expiry I	8	Class: NIL Date of Expiry: NIL			
Date Treatment	17/10/2019	Date Disch	narge	17/10	/2019			
No. of Days gran	ted Medical Leave 05	Degree of		Slight	The state of the s			

Brief Details.

At the above mention date and time, i was driving my vehicle bearing vehicle number SKS6522R along tuas ave 3. i came to a total stop at the traffic light juction when suddently a lorry bearing vehicle number YP6359X came and hit my vehicle from the rear end right side. I felt pain at the back of my shoulder and neck which i proceeded to a 24hrs clinic for medical attention.





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

3 of 3 Report No. T/20191017/7014

CONTINUATION OF REPORT

Sketch Plan		
informant is not a	ble to provide sketch p	lar

NP168

:01
Of Case:
-

eBao Tech							A Property		明的基	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	· Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	1	7/10/2019 0	7:45	
	Vehicle	No.(For Motor)	SKS652	2R		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	5107330455		KAAN LING YIN, DAVE	\$1735543)	GPC	drivo CLASSIC	SKS6522R	SKS6522R	31/01/2019	30/01/2020
				I provide secretaria	C	ontinue	10.10-11-20.00-1				

Policy No.	5107330455	Policyholder Name	KAAN LING	YIN, DAVE	Policyholder NRIC	\$17355433	
Certificate No.		Name			NRIC		
Address	BLK 180 #12-10 PASIR RIS STR	EET 11 SING	PORE 5101	80			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/01/2019	Effective Date	31/01/2019	9 00:00	Expiry Date	30/01/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- Insurance Flag	No						
insurance Flag Open Policy Info	No						
Insurance Flag Open	No						
Insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addres	ss 2	PASIR RIS STREET	11	Address 3	SINGAPORE 510180
Insurance Flag Open Policy Info Certificate Info	older Mailing Address		ss 2 ss Type	PASIR RIS STREET Singapore address		Address 3	SINGAPORE 510180 510180
Insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addres	s Type d Policy				3000 000 000 000 000 000 000 000 000 00
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres Relate	s Type d Policy	Singapore address			30000000000000000000000000000000000000
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Jnit No.	older Mailing Address BLK 180 #12-10 Object: SKS6522R	Addres Relate	s Type d Policy	Singapore address			3000 000 000 000 000 000 000 000 000 00
nsurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 180 #12-10 I Object: SKS6522R	Addres Relate Numbe	s Type d Policy	Singapore address 5107330455		Post Code	

Claim Handling					
Accident HT/1067366					
Policy No.	5107330455	Vehicle No.	SKS6522R	GST Registration No.	
Certificate No.					
Policyholder Name	KAAN LING YIN, DAVE			Policyholder NR3C	\$17355430
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96169638	Contact No.(Office)	0	Contact No.(Home)	a
Email Address		Special Remark		eCode	N: V
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	No.
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details		NO CONTRACTOR OF THE PARTY OF T	177	rrivate rare	inco in the second
Report Date	17/10/2019 17:35	Acadent Report Within 24 hrs.	Yes	Sandard Trees	Market State of the State of th
Page of Accident	17/10/2019			Acadent Type	Collision - Head to Rear
Reporting Centre	17/1/0/2019	Time of Accident his min	07:45	Country of Accident	Singapore
		Orange Force		ICM No.	
codent Location	TUAS AVE 3				
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
0D Standard Excess	2012	1,529,000,000,000			
	600.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
V Benefits					
GST Registered Inform			2.0000000000000000000000000000000000000		
ST Registered	No		GST Registration Date		
ST Registration No. lodification History			GST Status Venfled	Yes	
A STATE OF THE STATE OF T					
Policyholder Mailing Ad	dia				
		79/20/20			
ddress 1	BLK 180 #12-10	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE S10180
ddress 4		Address Type	Singapore address	Post Code	510180
init No.		Related Policy Number	5107330455		
OI Driver Info					
river Name	KAAN LING YIN, DAVE	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	517358433	Driver DOB	23/03/1966
egister Date of Driver License	09/09/1988	Driver Age	53	Driving Experience	31
oritact No.(Mobile)	96169638	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 180	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510180
ddress 4		Address Type	Singapore address	Post Code	510180
init No.	12-10				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?		MARKET CHANGE THE		Driver tribules company	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
tading?		erry industry	B-166 O 460		
odification History					
Claim 001 New					
Claim GOT REW					
aim Type *	OD-MX	Insured Name	KAAN LING YIN, DAVE	Insured NRIC	\$17355433
intact No.(Hobile)	Belleville Britania	Contact No.(Home)	54750458	Contact No.(Office)	NIL
nati Address	DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Of Vehicle Number	SKS6522R	TP Vehicle Number	VP6359X
	Please Select	Type of Benefit. •	Please Select	The second manual of	- Production
simant Name. *	>>	Claimant NRIC •			
Nimant Address					
aim Description	SKS6522R / YP6359X ON 17 Oct 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault	The state of the state of	
guire Finalisation	[Van			•	
	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	SAN SERVICE CO.	Received
ce Registered	17/10/2019 17:37	Claim Close Date		Date Received	17/10/2019 00:00
port Taken By	Jackson				
Print AK letter					
		12			
PROGRAM IN			Save Submit		
Attachment					
cident No.	MT/1067366	Claim No.	001		
at Doc. Received	● Yes ○ No	Upload Date	17/10/2019 17:37		
	Path *		Category *	Confidential Urgen	cy * Description
		Browse	10000000000000000000000000000000000000	▼ Normal	V
		Browse_		V NO V Normal	- I
		Browse		V № V Normal	<u> </u>
				And the second s	100
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		Browse	Clear Please Select	Normal V	×
The last of the la		-	1 species (Communication)		

