| Date In: 1/10/19-14:0)   | Jeb description  | Date &Time Completed   | Done by   | V           |
|--|--|--|---|-------------|
| D. CALL  | SAS e-filing   |  |   |             |
| - willacid didition  |  |  |   | - 1         |
| Vch No: GMANTHE  | E-mail (within Shrs, AIC 2hrs)   |  | 104 1   |             |
| D.O.A: A/10/19-71: VS  | i-Motor Claim Form   | m/106747201  | 18/17/19/14:1   | 1           |
| OD : (P) Reporting Only  | i-Motor W/O (Within: OD 2  | thrs, TP 4brs)   |   |             |
|  | <del></del>  |  |   |             |
| TP Insurer:  | Assessment/Survey Report Ass't Report by Fax / Han   |  |   |             |
| Preferred Wksp / INC Assign Wksp / QW: (   |  |  | Fax:  |             |
| TP Particulars: Veh No: 502  | 49(1) INC  | ( )/Non-INC( )   |   |             |
| Owner / Driver: (  | 10370  | Tel:   | )   |             |
|  | Period: (  | Cover Type: (  | )   |             |
| Confirmed by : (   | Date:  | Time:  | )   |             |
|  | [Note-Est. Status (WO): N: 0   | -20% P: 21-79% F: 80-  | 190%]   | 3 = 7 t = 3 |
|  |  | )  |   |             |
| Year of Registration: ( )  |  |  |   |             |
| Excess: (\$ ) Loading: \$1   | ,000 ( )/\$2,000 ( )   | of arts accommoded to 1.50° 1.70° at 1.50° 1.  | magazini maka   |             |
| General Remarks:-  |  |  | Story Serve   |             |
| ( ) Walk-In Customer: Customer's in  | formation strictly Confidential &  | Strictly NO refer of repairer.   |   |             |
| ( ) Total Loss Case : to e-mail Insu   |  | ·  |   |             |
|  |  | Towing Co: (   |   | 1           |
| Drive-In ( )/ Towed-In ( ); Invoi  | ce: YES( ) / NO( );  | Towing Co: (   |   |             |
| Cemarks: (INC hotline: 6788 6616)  | No. of the second secon | Date&Time Completed  | Done hy   |             |
| Notified Bases (11812:11011111C2:0700:0010)  | SECURE SELECTION OF THE SECURE SECURITIES OF THE | Transportation confider on   | The state of the state of the ?   | 7           |
|  |  | Latex Hine Couple 34   | The state of the s  | ,           |
| 1) Apply for Transport Allowance ( )/  | Courtesy Car ( )   | Date of the Court of   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection   | Courtesy Car ( )   | Datex in its country say   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection   | Courtesy Car ( )   | Datex in its country say   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection   | Courtesy Car ( )   | Datex in its contract of   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:   | Courtesy Car ( )   | Datex in its country as  |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:  | Courtesy Car ( )   | Datex in its contract  |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:   | Courtesy Car ( )   | Datex in its contract  |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:   | Courtesy Car ( )   | Datex in its contract of   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:   | Courtesy Car ( )   | Datex in its contract of   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:   | Courtesy Car ( )   | Datex in its contract  |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:   | Courtesy Car ( )   | Datex in its contract of   |   |             |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury: Date/Time Actions   | Courtesy Car ( )   |  | Ant (S)   | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  | Courtesy Car ( )   | eparation Checklist.   | Ant (5)   | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury: Date/Time Actions   | Courtesy Car ( )   | reparation Checklist.  | Ant (S)   | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  alimant's Particulars:-  | Courtesy Car ( )   | cparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4  | Ant (\$).  (\$ | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Onic/Time Actions  alimant's Particulars:-   | Courtesy Car ( )   | cparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey  | Ant (\$).  75.Bill  80)  10/\$45  \$120   | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  slimant's Particulars:- iver/Owner:  | Courtesy Car ( )   | cparation Checklist.  ent Reporting (\$30);  ge Assessment (\$100); INC (\$  g Fee \$4  -Through Survey  -Through Survey (Resurvey)  | And (S)<br>(St. Bill<br>80)<br>10/545<br>5120<br>530  | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  alimant's Particulars:- iver/Owner:  ntact No:  | Courtesy Car ( )   | cparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee  | Anet (\$). (\$\fit\text{Bill}  80) (0/\$45 \$120 \$30 \$) \$75  | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  atimant's Particulars: iver/Owner: intact No:   | Courtesy Car ( )   | cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey   | Ant (\$). (i) Bill (80) (0/\$45 5120 \$30 5)  | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  alimant's Particulars: iver/Owner:  | Courtesy Car (   | cparation Checklist entReporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection  | Anet (\$). (\$\fit\text{Bill}  80) (0/\$45 \$120 \$30 \$) \$75  | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  aumant's Particulars: iver/Owner: intact No: imaged Portion:  | Courtesy Car ( )   | cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey   | Ant (S).  (Ant (S).  (  | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  aimant's Particulars: iver/Owner:  ontact No:  amaged Portion:  | Courtesy Car ( )  ( )  \$3000] ( )  \$1  Invoice P  1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idao D  2  8) NTUC Add OD.*  *N6: Repair  | reparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4  -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:  csy Car / Tpt Allowance r Co-ordination   | Ant (\$).  (\$ | Am          |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions  Liminant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):                      | Courtesy Car ( )   | cparation Checklist.  ent Reporting (\$30); ge Assessment (\$100); INC (\$5 g Fee \$54  -Through Survey -Through Survey (Resurvey) gegainst INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:-  csy Car / Tpt Allowance r Co-ordination Repair Inspection   | Ant (S).  (Ant (S).  (  | Ahn (       |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Liminant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  anditors' Comments: | Courtesy Car (   | cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4  -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:  csy Car / Tpt Allowance tr Co-ordination Repair Inspection Collect Excess Coordination  | Anet (\$).  (\$it.Bill.  80)  80/\$45  \$120  \$30  \$)  \$75  \$160  \$5  \$100  \$25  | Ami         |
| 1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time   Actions  | Courtesy Car (   | contraction Checklist: contraporting (\$30); ge Assessment (\$100); INC (\$ ge Assessment (\$ ge Assessment (\$100); INC (\$ ge Assessment | Anc (S) The Bill  80) 50/S 45 S 120 S 30 S) S 75 S 160  S 5 S 10 S 25 S 30   | - Am. (     |

### 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| aloresalo,   |  |
|--|--|
| AND THE PROPERTY OF THE PARTY O | ACCIDENT STATEMENT                     |
| Date Of Report   | 18/10/2019 14:03                       |
| Date Of Accident   | 17/10/2019 21:25                       |
| Exact Location Of Accident   | RIVERVALE DR TWDS PUNGGOL RD           |
| Country/State of Loss  | SINGAPORE                              |
| D  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SMA2525E                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | ELEANOR ANG PEI LING                   |
| NRIC No  | S9220015I                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-92761333                   |
| Alternative Phone No   | OFFICE-92761333                        |
| Vehicle Particulars  |  |
| Manufacturer   | PEUGEOT                                |
| Model  | 308 1.6 A TURBO GLASS ROOF             |
| Exact Purpose for which vehicle was being used at<br>time of accident  | 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  | 5111173422                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | DARREN ANG WEI LUN                     |
|  |  |

| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
|---------------------------|--|
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5111173422                             |
| Cover Note Number         |  |
| Driver                    |  |
| Name of Driver            | DARREN ANG WEI LUN                     |
| NRIC No                   | S9714698E                              |
| Date Of Birth             | 06/05/1997                             |
| Occupation                | INDOOR                                 |
| Date Of Driving Pass      | 31/08/2017                             |
| Driving Experience        | 2 YEARS AND 1 MONTH                    |
| Gender                    | MALE                                   |
| Mobile Number             | (LOCAL) +65-92761333                   |
| Fax Number                |  |
| Contact Number            | OFFICE-92761333                        |
| EMail Address             | NOEMAIL                                |
|                           | Page 1 of                              |

Address BLK 662 HOUGANG AVENUE 4

#09-409

Postcode 530662

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

Police Station Address

Circumstances of Accident

REFER TO POLICE REPORT - T/20191017/2197.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJZ4853Z

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)

| DETAIL | COE  | IN HIDER | PERSON 1 |
|--------|------|----------|----------|
| DETAI  | LOUF | INJUREL  | PERSON   |

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DARREN ANG WEI LUN

NECK & BACK

SMA2525E

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- 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:
- 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 copies of
  the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) earrying 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;
  - (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.

Policyholder's Signature Date & Time:

arm history

Driver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time:

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

## **Accident details**

| Date and time of accident  | Date: / | 7 Oct 2019 | (DD/N | M/YY) Time: | 2115  | (HH:MM) |
|----------------------------|---------|------------|-------|-------------|-------|---------|
| Exact location of accident | Alony   | Rerevale   | Dire  | downords    | Angol | Road    |

## Details of vehicle

| Vehicle registration number                        |   | PMA 352 | SE                       |         |         |
|--|---|---------|--------------------------|---------|---------|
| Vehicle make and model                             | 4.4.                                    | busent  |                          | 28      |         |
| Type of vehicle                                    | Saloon D                                | MPV a   | CRV 🗆                    |         | Others: |
| Vehicle category                                   | Private p                               | Commer  |                          | Motorcy |         |
| Purpose of using at said time                      | 12                                      | Livate  |                          |         |         |
| Are you claiming under your own insurance company? | 132001111111111111111111111111111111111 | Nga     | if no, plea<br>Reporting |         |         |

### Insurance information

| Insurance company | MTUC          |                            |           |
|-------------------|---------------|----------------------------|-----------|
| Policy number     | 51111734      | 22                         |           |
| Type of policy    | Comprehensive | Third party fire & theft p | TP only 🗆 |

## Insured / Policy holder

| Name                         | Eleanor 1 | Jup Pei | 1Pul | Male 🗆 | Female-a |
|------------------------------|-----------|---------|------|--------|----------|
| NRIC / Fin / Passport number | 59220015  | T       | )    |        |          |
| Contact                      |           |         |      |        |          |
| Address                      | A         |         |      |        |          |

### Driver

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

| Name                         | Oarren Auf Wei Lun Males Female 0  |
|------------------------------|------------------------------------|
| NRIC / Fin / Passport number | \$ 97146986                        |
| Contact                      | 9276 1333                          |
| Address                      | Stock 663 Hougard Avenue 4 #09-409 |
| Email address                | 777                                |
| Date of birth                | 06 May 1997                        |
| Occupation                   | Indoor D Outdoor D                 |
| Driving date pass            | 31 Au 2017                         |

# General information of the accident

| Was driver an employee of                           | Yes D No D  | Septemps            |
|---|---|---------------------|
| the insured's company? Accident captured by camera? | If no, relationship of the driver and insured: Yes No D | 710111              |
| Weather condition                                   | Cleare Raining Others:                                  |                     |
| Road surface  | Dry a Wet a   |                     |
| No of passenger                                     | l wetu  | (Inclusive of drive |
| Passenger 1   |   | Ţ.i.i.              |
| Name  |   |                     |
| Gender  | Male D Female D   |                     |
| Passenger 2   |   |                     |
| Name  |   |                     |
| Gender  | Male   Female   |                     |
| Passenger 3   |   |                     |
| Name  |   |                     |
| Gender  | Male   Female   |                     |
| Passenger 4   |   |                     |
| Name<br>Gender                                      | Male D Femalé D   |                     |
| Passenger 5   |   |                     |
| Name  |   |                     |
|   | Male   Female   |                     |
| Passenger 6   |   |                     |
| Name  |   |                     |
| Gender N  | Male D Female D   |                     |
| Other information                                   |   |                     |
| Was anybody injured?                                | es p No p   |                     |
| Was other vehicle damaged? Y                        | es D No D   |                     |
| Details of police action                            |   |                     |
|   |   |                     |
| Reported to police?                                 | es No lifyes, please state which police                 | e station.          |

# Third party vehicle 1

| Name  |          |
|---|----------|
| Contact number  |          |
| NRIC / Fin / Passport number  |          |
| Vehicle registration number   | SJZ4853Z |
| Vehicle make model  | 05646556 |
| Third party vehicle 2   |          |
| Name  | 1        |
| Contact number  |          |
| NRIC / Fin / Passport number  |          |
| Vehicle registration number   |          |
|   |          |
| Vehicle make model  Third party vehicle 3   |          |
| Vehicle make model  |          |
| Third party vehicle 3   |          |
| Third party vehicle 3  Name Contact number  |          |
| Name Contact number NRIC / Fin / Passport number  |          |
| Name Contact number NRIC / Fin / Passport number Vehicle registration number  |          |
| Name Contact number NRIC / Fin / Passport number  |          |
| Name Contact number NRIC / Fin / Passport number Vehicle registration number  |          |
| Name Contact number NRIC / Fin / Passport number Vehicle registration number Vehicle make model   |          |
| Name Contact number Vehicle registration number Vehicle make model  Third party vehicle 4  Vame Contact number  |          |
| Name Contact number Vehicle registration number Vehicle make model  Third party vehicle 4  Vame Contact number Vehicle registration number Vehicle make model |          |
| Name Contact number NRIC / Fin / Passport number Vehicle registration number Vehicle make model  Third party vehicle 4  |          |

# Third party vehicle 5

| Name                         |  |
|------------------------------|--|
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| 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 Darren Lun Injuries sustained Neck Bock Which vehicle person in? SMA2525E Were seat belts worn? Yes No b Was injured conveyed to Yes a No-er hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No. Was injured conveyed to Yes a No a hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No o Was injured conveyed to Yes a Nod hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in?

Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes 🗆

No a

No a





Police Station Of Origin:

Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

1 of 3 Report No. T/20191017/2197

| REPORT                 | OF A TRAFF               | IC ACCIDENT               |   |                            |  |  |  |  |
|------------------------|--------------------------|---------------------------|---|----------------------------|--|--|--|--|
|                        | me Report I<br>019 23:47 | Made:                     | Vide Report No.:                              | Station Diary No.:         |  |  |  |  |
| Informa                | nt's Partic              | ulars                     |   | Zone Carrie and a second   |  |  |  |  |
|                        | f Informant:<br>N ANG WE |                           | Address:<br>APT BLK 662 HOUGANG AT<br>530662  | VENUE 4 #09-409 SINGAPORE  |  |  |  |  |
|                        | / ID No.:<br>O / S97146  | 98E                       | Contact No.:<br>Home/Office: Mobile: 92761333 |                            |  |  |  |  |
| National<br>SINGAR     | ity:<br>PORE CITIZ       | EN                        | Email:  |                            |  |  |  |  |
| Sex:<br>Male           | Age:                     | Date of Birth: 06/05/1997 | Type of Informant:                            |                            |  |  |  |  |
| Race:<br>Chinese       |                          |                           | Language:<br>English                          | Institution / School Name: |  |  |  |  |
| Occupation:<br>Student |                          |                           | Driving Licence Information:<br>Class: 3A     | Date of Expiry:            |  |  |  |  |

| General Infor                            | mation of the Accider          | nt                                      | ARTHUR DESIGNATION OF THE PARTY | STATISTICS CONTRACTORS IN     |
|--|--------------------------------|---|--|-------------------------------|
| Type of Accident:                        | Non-Injury<br>Hit and Run      | Drink<br>Drive:<br>No                   | Date/Time of<br>Accident:<br>17/10/2019 21:25  | Type of Location X-Junction   |
| Location:<br>Along Road 1<br>RIVERVALE I | DRIVE<br>le Dr towards Punggol |   |  |                               |
| Weather:<br>Clear                        | a a signal do l'aliggor        | Road Surface:<br>Dry                    |  | Road Speed Limit:             |
| Traffic Flow:<br>Two Way                 |                                | Traffic Control:<br>Traffic Light - Wor | rking  | Traffic Volume:<br>Light      |
| Type of Collisi<br>Between Movi          | on:<br>ng Vehicles - Head To   | Rear                                    |  | Anyone conveyed by ambulance: |

| Details of V | ehicle Invo | lved |       |         |           |                 |
|--------------|-------------|------|-------|---------|-----------|-----------------|
| Vehicle No.  | Туре        | Make | Model | Color   | Condition | No of Passenger |
| SJZ4853Z     | Car         |      |       |         | gonaldon  | 0               |
| SMA2525E     | Car         |      |       |         | Slightly  | 0               |
|              |             |      |       | Damaged | 0         |                 |

| Details of Person Involved      | William Co. C. |
|---------------------------------|--|
| Any Pedestrian Involved: No     |  |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA                     |





T/20191017/2197

2 of 3

Report No. T/20191017/2197

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

| Driver           | A Company of the Company |         |           | 20.014                            | del Fest |                                  |
|------------------|--------------------------|---------|-----------|-----------------------------------|----------|----------------------------------|
| Name             | DARREN ANG WE            | LUN     |           | ID No                             | ).       | S9714698E                        |
| Related Vehicle  | SMA2525E (Car)           | en mete |           | Conta                             | act No.  | 92761333                         |
| Hospital/Clinic  | NIL                      |         |           | Class<br>Drivin<br>Licen<br>Expir | g        | Class: 3A<br>Date of Expiry: NIL |
| Date Treatment   | NIL                      | (to     | Date Disc | harge                             | NIL      |                                  |
| No. of Days gran | ted Medical Leave        | NIL     | Degree of | Injury                            | NIL      |                                  |

### Brief Details.

On 17/10/2019 at about 2125hrs, I was driving along Rivervale Dr. At that point of time, I was waiting to make a right turn to Punggol Rd and I'm at the lane 2 of Rivervale Dr. While waiting, I felt an impact and realized the rear vehicle hit onto the rear of my vehicle. I alighted and the vehicle behind me make a lane change to lane 3 before driving off. I did not manage to take down the registration plate number however I managed to retrieve the registration plate from my in car camera footage and the footage show that the said vehicle SJZ4853Z did hit onto the rear of my vehicle.

I would like to state that the driver of SJZ4853Z did not alight at all and I will be visit a doctor as I'm uncomfortable after the accident. I would like to state that I also have the footage downloaded and willing to provide if needed for investigation.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 3 of 3 Report No. T/20191017/2197

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 Reco<br>J /<br>Sgt 3 CHIN ZHIHUI, AND                                   |             |     | Signature Of Informant:        |
|--|-------------|-----|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  | 7           |     | Date/Time:<br>17/10/2019 23:47 |
| Officer In Charge Of Case<br>TP / HRT /<br>Sr Staff Sgt IRMAN BIN M<br>Contact No.: 65476145 |             | · · | Classification Of Case:        |
| Authentication Stamp<br>NP168  | Singapore 1 |     |                                |



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111173422

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMA2525E

Chassis Number

: VF34C5FTF9S148969

2. Name of Policyholder

: ELEANOR ANG PEI LING

3. Effective Date of Insurance

: 18 Jul 2019

4. Expiry Date of Insurance

: 17 Jul 2020

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : ELEANOR ANG PEI LING NAMED DRIVER (1) : ANG CHIOK CHIEW

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: THIS MARKETING INSURANCE AGENCY (00000572208)

Date of Issue

: 16 Jul 2019 17:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

| <b>eBao</b> Tech       | GeneralC   |                |                       |                         |                      |          |                  | alClaim        |                   |                  |             |
|------------------------|------------|----------------|-----------------------|-------------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601       |                |                       |                         |                      |          | • Chang          | je Languag     | e • Chan          | ge Password      | · Log Out   |
| My Desktop             | Poli       | cy Query       |                       |                         |                      |          |                  |                |                   |                  |             |
| Notice of Loss         | Policy No. |                |                       |                         |                      | Date     | of Accident      | [              | 17/10/2019 2      | 21:25            |             |
|                        | Vehicle    | No.(For Motor) | SMA25                 | 25E                     |                      | Certif   | icate Number     | [              |                   |                  |             |
|                        |            |                |                       |                         | 1                    | Search   |                  |                |                   |                  |             |
|                        | Select     | Policy No.     | Certificate<br>Number | Policyholder<br>Name    | Policyholder<br>NRIC | Product  | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0          | 5111173422     |                       | ELEANOR ANG<br>PEI LING | 592200151            | GPC      | drivo<br>CLASSIC | SMA2525E       | SMA2525E          | 18/07/2019       | 17/07/2020  |
|                        | -          |                |                       |                         | E                    | Continue | ĺ                |                |                   |                  |             |

| Policy No.                                     | 5111173422                                     | Policyholder<br>Name              | ELEANOR             | ANG PEI LING                    | Policyholder<br>NRIC        | S9220015I              |  |
|--|--|-----------------------------------|---------------------|---------------------------------|-----------------------------|------------------------|--|
| Certificate<br>No.                             |  |                                   |                     |                                 |                             |                        |  |
| Address  | BLK 662 #09-409 HOUGANG                        | AVENUE 4 SING                     | APORE 5306          | 62                              |                             |                        |  |
| roduct<br>Vame                                 | PRIVATE CAR INSURANCE                          | Plan                              |                     |                                 | Group<br>Policy Flag        | N                      |  |
| Policy<br>ssue Date                            | 16/07/2019                                     | Effective<br>Date                 | 18/07/201           | 9 00:00                         | Expiry Date                 | 17/07/2020 23          | 3:59                                   |
| Excess<br>Type                                 | Per Accident                                   | All Claims<br>Excess              |                     |                                 |                             |                        |  |
| Third Party<br>Excess                          | 0  | Own<br>damage<br>Excess           | 600                 |                                 | Windscreen<br>Excess        | 100                    |  |
| Additional<br>Excess                           | 0  | OS<br>Premium                     | 0                   |                                 |                             |                        |  |
| Outside<br>Singapore<br>OD Excess              | 600  | Outside<br>Singapore<br>TP Excess | 0                   |                                 |                             | Young                  | /Inexperience Driver Excess            |
| Agent  | THIS MARKETING INSURANCE                       | E A Agent Tel.                    | 63444479            |                                 | GST Flag                    | Υ                      |  |
| Co-<br>nsurance<br>Flag<br>Open<br>Policy Info | No   |                                   |                     |                                 |                             |                        |  |
|  |  |                                   |                     |                                 |                             |                        |  |
| Certificate<br>Info                            |  |                                   |                     |                                 |                             |                        |  |
| info   | nolder Mailing Address                         |                                   |                     |                                 |                             |                        |  |
| info   | nolder Mailing Address BLK 460D #19-85         | Addre                             | ss 2                | BUKIT BATOK WEST                | r avenue 9                  | Address 3              | SINGAPORE 654460                       |
| Info Policy                                    | mossilicano alema di coucció                   | 0.07.00.0                         | ss 2<br>ss Type     | BUKIT BATOK WEST                | MATERIAL PROPERTY OF STREET | Address 3<br>Post Code | SINGAPORE 654460<br>654460             |
| info Policyt Address 1                         | mossilicano alema di coucció                   | Addre                             | ss Type<br>d Policy | an and the and the angle of the | MATERIAL PROPERTY OF STREET |                        | ###################################### |
| Info Policyt Address 1 Address 4 Unit No.      | BLK 460D #19-85                                | Addre<br>Relate                   | ss Type<br>d Policy | Singapore address               | MATERIAL PROPERTY OF STREET |                        |  |
| Info Policyt Address 1 Address 4 Unit No.      | BLK 460D #19-85<br>19-85<br>d Object: SMA2525E | Addre<br>Relate                   | ss Type<br>d Policy | Singapore address               | MATERIAL PROPERTY OF STREET |                        | 7717702 TJ 47 TT (1075)                |

| March   Marc  | laim Handling  |  |  |           |               |  |         |               |          |             |              |
|---|--|--|--|-----------|---------------|--|---------|---------------|----------|-------------|--------------|
| Microphoton Amount  | cident MT/1067452  | 120022702  | Transaction (  | 0.221     |               |  | 222     | 10200000      | 29       |             |              |
| Changer   Chan  |  | 5111173422   | Vehicle No.  | SMA       | A2525E        |  | GST R   | egistration N | io.      |             |              |
| MICHANE LONG MISSIAN MICHANNE (OWEN 1994 ON CARRIEL)  STATISTICS (SING 1994 ON 1994 O   |  |  |  |           |               |  | Date of | uld bear      |          |             |              |
| Marche Name   | 24300.24   |  | 1211111111   | 70230     |               |  | 200     |               |          |             |              |
| Second France   Second France   Comment   |  |  | POSSESSES AND ADMINISTRATION OF THE PERSON O |           | e CLASS       |  |         |               | eri i    |             |              |
|   |  | 92761333   |  | 0         |               |  |         |               | 2        |             |              |
| Marcal Name   |  |  |  | 17750     |               |  |         |               |          | IN V        |              |
| March   Marc  |  |  |  | 7.333     | No () Yes     |  |         |               |          |             |              |
| Marche   M  | D Protection   | No.  | NCD Entitlement(%)   | 10        |               |  | Private | i Hire        |          | No          |              |
| The control of the   | Accident Details   |  |  |           |               |  |         |               |          |             |              |
| Control   Cont  | ort Date   | 18/10/2019 14:13   | Academt Report Within 24   | hrs. Yes  |               |  | Accide  | nt Type       |          | Collision - | Head to Rear |
| March Country   March Countr  | e of Accident  | 17/10/2019   | Time of Accident hhomm   | 21:3      | 25            |  | Countr  | ry of Acciden |          | Singapore   |              |
| The Part Account  | orting Centre  |  | Orange Force   |           |               |  | ICM N   | D.            |          |             |              |
| The Part Account  | ident Location   | RIVERVALE DR TWDS PUNGGOL RD   |  |           |               |  |         |               |          |             |              |
| Standard Faces  | Total Excess Applicable  |  |  |           |               |  |         |               |          |             |              |
| Marchael Faces   \$0.00   The Standard Exces   \$0.00   |  |  | Windscreen Excess  |           |               | 100.00                                   |         |               |          |             |              |
| 200   100   | 823  |  |  |           |               |  |         |               |          |             |              |
| Trained Forcests   D  | Standard Excess  | 600.00   | TP Standard Excess   |           |               | 0,00                                     |         |               |          |             |              |
| Marie   Mari  | D OD Excess  | 2500.00  | YIED TP Excess   |           |               |  | Driver  | is Covered?   |          |             |              |
| Part   | Itional Excess   | 0  |  |           |               |  |         |               |          |             |              |
| Part   | al OD Excess Applicable  | 3100.00  | Total TP Excess Applicable   |           |               |  |         |               |          |             |              |
| Page   |  |  |  |           |               |  |         |               |          |             |              |
| Registration   Regi  |  | ation  |  |           |               |  |         |               |          |             |              |
| Marche   M  |  | ACCURATE AND ADDRESS OF THE AC |  |           | GST           | Registration Date                        |         |               |          |             |              |
| Pulsy   Puls  |  |  |  |           |               |  |         | Yes           |          |             |              |
| Michael   Mich  | Incation History   |  |  |           |               |  |         |               |          |             |              |
| Micro   Micr  |  |  |  |           |               |  |         |               |          |             |              |
| ABOVE NO. 19-55   | Policyholder Hailing Ad  | dress  |  |           |               |  |         |               |          |             |              |
| Address Type  | fress 1  | BLK 4600 #19-85  | Address 2  | BUK       | CIT BATO      | K WEST AVENUE 9                          | Addres  | sc 3          |          | SINGAPOR    | E 654460     |
| The Fire Policy Number   S111779422   S111794223   S11179423  |  |  |  |           |               |  |         |               |          |             |              |
| ### Park ###   Unitaries Driver   |  | 10.65  |  | RVI       |               |  | 10000   |               |          |             |              |
| Any Indignate   Dever   Dev   |  | 19-03  | Related Forcy resiliate  | 24.4      | 2173422       |  |         |               |          |             |              |
| Second Plance   Debug Medical Mode   Debug Medic   | 1000   | Househalt Dates  | Driver Tune  | Line      | amed Dr       | uer .                                    |         |               |          |             |              |
| Table of Driver Learne   21,004,2017   Driver Age   22   Driving Expensance   2   Table No.   \$27,01333   Contact No. (Office)   D   Contact No. (Office)   D   Table No.   \$27,01333   Contact No. (Office)   D   Table No.   \$27,01333   Contact No. (Office)   Driver No.   Singapore address   Past Code   \$30,662   Table No.   \$30,409   Driver Vehicle No.   Driver Vehicle No.   Driver Insurer Company   Table No.   \$30,409   Driver Vehicle No.   Driver Insurer Company   Table No.   \$30,409   Driver Vehicle No.   Driver Insurer Company   Table No.   \$40,409   Driver Insurer Company   Tabl |  |  |  |           |               | 100                                      | Driver  | 005           |          | 05/05/19    | 17           |
| Contact No. (Monie)   0   |  |  |  |           | 270200        |  |         |               |          |             |              |
| Page   |  |  |  |           |               |  |         |               |          |             |              |
| Address Type Singspore address Plate Code \$30662  END. 09-409  Diver Vehicle No. Diver Vehicle No. Diver Teacher Company  Serious Singspore address Diver Teacher Company  Serious Singspore Singspore Singspore address Diver Teacher Singspore address Diver Teacher Singspore Singspore Any Singspore address Diver Teacher Singspore Si                                       |  |  |  | Director. | oranie a      | oracior a                                |         |               | 501      |             | e sanden     |
| En to ean a Singapore sine on a Singapore sine  |  | BUX 602  |  |           |               |  |         |               |          |             | E 330002     |
| Est the case Singapore gard 247  Oracle Singapor  |  |  | Address Type   | Sing      | gapore ac     | dress                                    | Post C  | ode           |          | 530662      |              |
| Size and Carlo Size a  | 200  | 09-409   |  |           |               |  |         |               |          |             |              |
| Any injury?  Any injury?  Yes No  Secure No.  Any injury?  Yes No  Any injury  Yes No  Any injury?  Yes No  Name of Preferred Werkshop  Any injury?  Yes No   | es he own a Singapore<br>gistered car?   | ○ Yes ® No   | Driver Vehicle No.   |           |               |  | Driver  | Insurer Con   | pany     |             |              |
| Any injury?  Any injury?  Yes No  Secure No.  Any injury?  Yes No  Any injury  Yes No  Any injury?  Yes No  Name of Preferred Werkshop  Any injury?  Yes No   |  |  |  |           |               |  |         |               |          |             |              |
| discasion Heatony  Claim 603 New  Insured Name RLEANCR ANG PEL LING Insured NRIC 592200151  Aman Type * OO-MX Insured Name RLEANCR ANG PEL LING Contact No. (Office) Name of Preferred Workshop Contact No. (Office) Name of Preferred Workshop Contact No. (Office) Name of Preferred Workshop Name unknown V GIA report Received Receive  | Name and Address of the Owner o |  |  |           | 11157967      |  |         |               |          |             |              |
| Insured Name  In  | rethelyser or Blood Test<br>ading?   | 0 mg   | Any injury?  | ⊕ 1       | Yes () No     |  |         |               |          |             |              |
| Am Type * OD-MX   | 2-1  |  |  |           |               |  |         |               |          |             |              |
| Altischment  Attachment  Attac  | dification History   |  |  |           |               |  |         |               |          |             |              |
| Insured Name    Contact No.(Hobide)   |  |  |  |           |               |  |         |               |          |             |              |
| Contact No. (Mobile)  Contact No. (Hobile)  Contact No. (Hobile)  Contact No. (Office)  Di Vehicle Number  SMA2525E  TP Vehicle Number  S1248532  TP Vehicle Numb  | Claim 001 New  |  |  |           |               |  |         |               |          |             |              |
| Contact No.(Mobile)  Contact No.(Hoome)  Contact No.(Office)  Di Vehicle Number  OI Vehicle Number  SMA2525E  TP Vehicle Number  S1248532  TP Vehicle Number  S12  |  |  |  |           |               |  |         |               |          |             |              |
| Contact No. (Mobile)  all Address  OI Vehicle Number  SMA2525E  TP Vehicle Number  S1248532  TP Vehicle  | m Tons 4   | on w   | Secured Warra  | -         | AMOR A        | of per inc                               | for m   | d NRTC        |          | 9922004     | 1            |
| Address Of Vehicle Number SHAZSSE TP Vehicle Number S1248512  Imare Type Claimant Type * Please Select  |  | lon-wir  |  | ELE.      | ANUR AI       | A PEI LING                               |         |               |          | 59220015    |              |
| mart Type Clarmant Type * Please Select   |  |  |  |           |               |  |         |               |          |             |              |
| Calmark NRIC *  Imark Address  Imark  |  |  |  | *******   |               |  | TP Vet  | nicle Number  |          | \$1248532   | <u>_</u>     |
| mark Address    m Description   SMA2525E / S124853Z ON 17 Oct 2019   Name of Preferred Workshop   |  | Please Select  |  | Plies     | ase Selec     | 1 -                                      |         |               |          |             |              |
| Martin Description  SMA2525E / \$13248532 ON 17 Oct 2019  Incured Workshop Correct  Incured Workshop  I                                       |  | 2.2  | Cleimant NRIC *  | 9         | 100           |  | -       |               |          |             |              |
| Terred Workshop Contact  Insured Liability * Not at Fault  Line Finalisation  Preferred Repair Option  Preferred Workshop, Name unknown    GIA report  Received  18/10/2019 14:15  Claim Close Date  Date Received  18/10/2019 00:00  Print AK letter  Seve Submit  Ittachment  Doc Received  No. MT/1067452  Claim No. 001  LiDoc Received  Path * Category * Confidential Urgency * Des Browse  Browse Dear Please Select    Received    Received    Urgency * Normal    Des Please Select    No. Normal    Browse Dear Please Select    Received    Re   | mant Address   |  |  | 45000     |               |  |         |               |          |             |              |
| Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received Requision Requisi  |  | SMA2525E / S3Z4853Z ON 17 Oct 2019   |  |           |               |  | Name    | of Preferred  | Workshop |             |              |
| Exegratered   IA/10/2019 34:15   Claim Close Date   Date Received   18/10/2019 00:00  | ferred Workshop Contact  |  | Insured Liability •  | Not       | t at Fault    | V  |         |               |          |             |              |
| Registered   IA/10/2019 34:15   Claim Close Date   Date Received   18/10/2019 00:00   | puire Finalisation   | Yes  | Preferend Repair Option  | Pre       | ferred W      | orkshop, Name unknown                    | GIA re  | sport         |          | Received    | v            |
| Seve   Submit    Sev   Submit  |  |  |  |           |               |  | Date R  | Received      |          | 18/10/201   | 9 00:00      |
| Save   Signit   |  |  |  | 1,5       |               |  |         |               |          | 0.000       |              |
| Save   Submit   Save   Sa  |  |  |  |           |               |  |         |               |          |             |              |
| Claim No.   MT/1067452   Claim No.   001  | PION PAR SELDER  |  |  |           |               |  |         |               |          |             |              |
| Description   |  |  |  | Save      | Subn          | st                                       |         |               |          |             |              |
| Description   MT/1067452   Claim No.   001  | ttachment  |  |  |           |               |  |         |               |          |             |              |
| Description   MT/1067452   Claim No.   001  | STATE OF THE PARTY |  |  |           |               |  |         |               |          |             |              |
| t Doc. Received    Path *    Category *   Confidential   Urgency *   Des.   |  |  |  |           |               |  |         |               |          |             |              |
| t Doc. Received Pers No Upload Date 10/10/2019 14:15  Path * Category * Confidential Urgency * Des  Browse Cest Please Select V No V Normal V  Browse Cest Please Select V No V Normal V  Browse Cest Please Select V No V Normal V   | cident No.   | MT/1067452   | Claim No.  |           |               | 001                                      |         |               |          |             |              |
| Path * Category * Confidential Urgency * Des Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V   |  |  | Upload Date  |           |               | 18/10/2019 14:15                         |         |               |          |             |              |
| Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V Normal V  |  |  | aposto solle   |           |               |  |         | antident at   | 1        | nov t       | Description  |
| Browse Cear Please Select V NO V Normal V  Browse Cear Please Select V NO V Normal V  |  | Path *   | 100  |           | Concession of | \$15000000000000000000000000000000000000 | 0352    |               |          |             | Description  |
| Browse   Cear   Please Select   V   NC   V   Normal   V   |  |  |  |           |               |  |         |               |          |             |              |
|   |  |  | Bro  |           |               |  |         |               |          |             |              |
|   |  |  | Bro  | owse      | Clear         | Please Select                            | Y NO    | ¥             | Normal   | V           |              |
| Browse Cear Please Select V Normal V  |  |  | Bro  | owse      | Clear         | Please Select                            | V RO    | V             | Normal   | U           |              |
| Browse Clear Please Select V NO V Normal V  |  |  | Bro  | owse.     | Cear          | Please Select                            | V No    | -             | Normal   | V           |              |

