NATIONAL Assessment Centr					-
Date In: NING-15'57	Jeb description	Date &	Time Completed	Don	e by
Ref No: Hally C 43 18 581 /24	SAS e-filing	i			
Veh No: MXIIIP	E-mail (within Shrs,	AIC 2hrs)			
D.O.A: polis/19-14:00	i-Motor Claim Fo	orm Mali	67889-001	20/10/19	18: T3
OD : TP: Reporting Only	i-Motor W/O (wit				
OB . (1) Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
	Ass't Report by Fax	x / Hand to Owner/	Wksp	VX	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	or extent libelions
TP Particulars: Veh No: 650	462	INC()/No	n-INC()	1911	
Owner / Driver: (San	Tel:	- A))	
Policy No: () Per	riod: () Cover 7	Гурс: ()	
Confirmed by : (Da	ite:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 2	1-79%. P: 80-10	00%]	(t
Year of Registration: () V	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$1,00	00()/\$2,000()			
General Remarks:	Mary States	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	48(44,44,52)	30 T. T.	M D
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() Walk-In Customer: Customer's infor		itial & Strictly NO	ester of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.				
					CONTRACTOR OF STREET
Drive-In ()/ Towed-In (); Invoice:	: YES() / NO(); Towing Co	o: (, , ,)
) ; Towing Co)
				Done	by
Remarks: (INC hotline: 6788 6616)				Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	21/10/2019 15:51
Date Of Accident	20/10/2019 14:00
Exact Location Of Accident	CTE TWDS PIE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE
PROBLEM SOUTH A SERVICE OF THE PROBLEM SOUTH SOU	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX5101P
Insured/Policyholder	
Name Of Registered Owner	KOH CHEE KAI DARYL
NRIC No	S8848530J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90049782
Alternative Phone No	OFFICE-90049782
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
Exact Purpose for which vehicle was being used at 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	5097930745-01
Cover Note Number	
Driver	
Name of Driver	KOH CHEE KAI, DARYL
NRIC No	S8848530J
Date Of Birth	26/11/1988
Occupation	INDOOR
Date Of Driving Pass	03/06/2007
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90049782
Fax Number	

OFFICE-90049782

NOEMAIL

BLK 897A TAMPINES STREET 81 Address

#05-706

521897 Postcode

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : TANG LIPING

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

YES

TAMPINES NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5871999 - FAX NO: 65871699 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191021/2046.

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

GBD46Z

Vehicle Make/Model/Colour

NISSAN NV200

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG6391X

Vehicle Make/Model/Colour

NISSAN NV200

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SDN80Y

Vehicle Make/Model/Colour

HONDA ODYSSEY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH CHEE KAI, DARYL

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJX5101P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

TANG LIPING

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SJX5101P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Page 3 of 16

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- Any false reporting may be referred to the Police for investigation:
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SHOOT THE IST IN DEC. OF

CTE towards pie before pie Exit

SKETCH PLAN	
	The state of the s
	- P-G-CDAC
-1-1-1-1-1	
ESCRIBE CIRCUMS	ANCES OF THE ACCIDENT
Refer to	stee 1927-1/2019/02/1246
SALLWA SAR AND CO.	
7	
-	
	A STATE OF THE STA
ARATION	
declare the foregoing p	articulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centry Fersonnel's Signature Name: NRIC/FIN No.:

SANCESSE ASSESSED.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material 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: 20/10/19	(DD/MM/YY) Time: 2:00 PM	(HH:MM)
Exact location of accident	CTE towards PIE	at before PIE exit.	

Details of vehicle

XC2

Vehicle registration number	567510	OIP.		7.11	
Vehicle make and model	Honda (iv.			
Type of vehicle	Saloon D	MPV =		Var	Others:
Vehicle category	Private a	Comm	ercial 🗆	Motorcy	rcle 🗆
Purpose of using at said time	Private u	æ		A Property of	
Are you claiming under your own insurance company?	Yes □ Third part cl	No a	if no, plea	se select: g only a	

Insurance information

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

Insured / Policy holder

PARYL KOH CHEE KAI Male o Female o
S8848530T
900497 12
BIK 847A TAMPINESE ST 81 #05 - 706 5(52)85

Driver

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

Name	Male Female	0
NRIC / Fin / Passport number		
Contact		
Address		
Email address	DURYLKUH @ notmail. seam	
Date of birth		
Occupation	Indoor D Outdoor D	
Driving date pass	0406/2408 3/6/2007.	

General information of the accident

Mandahara	Vac No -/
Was driver an employee of the insured's company?	Yes □ No □ If no, relationship of the driver and insured:
Accident captured by camera	
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	2 (Inclusive of driver)
Passenger 1	
Name	TANG LIPING
Gender	Male D Female D
Passenger 2	
Name	
Gender	Male Female
Name Gender	Male D Female D
Passenger 4	
Gender	Male Female
Passenger 5	
Name	
Gender	Male p Female a
Passenger 6	
Vame	
Gender	Male Female
Other information	
Was anybody injured?	Yes Ø No 🗆
Was other vehicle damaged?	Yes a No a
Details of police action	
Reported to police?	Yes No If yes, please state which police station.

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GBD 462	
Vehicle make model	MILLEN MY200	

Third party vehicle 2

Name	
Contact number	u.F
NRIC / Fin / Passport number	a colored to the colo
Vehicle registration number	MM G8C- 6391 X
Vehicle make model	Nissan William

Third party vehicle 3

Name		
Contact number	8	
NRIC / Fin / Passport number	No.	
Vehicle registration number	CDN 80Y	
Vehicle make model	Honda ODYGECGO	

Third party vehicle 4

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

Third party vehicle 5

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

Third party vehicle 6

Witness 1

Name		
Witness 2	1	
Name		

Injured person 1

Name	KOH CHEE KAI, DARYL
Injuries sustained	HECK, BOOK
Which vehicle person in?	STATION
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 2

Name	TANG LIPTING
Injuries sustained	ENECK
Which vehicle person in?	25x5(0)P
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes O No O

Injured person 4

Name			7-1-1
Injuries sustained			
Which vehicle person in?	/		 V-11-
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	



Date of Expiry:

ambulance:

No

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

Report No. T/20191021/2046

REPORT OF A TRAFFIC ACCIDENT

Between Moving Vehicles - Head To Rear

Station Diary No.: Date/Time Report Made: Vide Report No.: 44 21/10/2019 12:27 Informant's Particulars Name of Informant: Address: APT BLK 897A TAMPINES STREET 81 #05-706 SINGAPORE KOH CHEE KAI, DARYL 521897 ID Type / ID No.: Contact No.: NRIC NO / S8848530J Home/Office: Mobile: 90049782 Nationality: Email: SINGAPORE CITIZEN Age: 30 Sex: Date of Birth: Type of Informant: Male 26/11/1988 Driver Race: Language: Institution / School Name: Chinese Occupation: **Driving Licence Information:** SALES

Class:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Date/Time of Accident: No 20/10/2019 14:00		Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXI	PRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
vne of Collision		2000年10日日本日人国际中国		Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD46Z	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	Silver	Slightly Damaged	0.
GBG6391X	Van	NISSAN	NV200 DX 1.6 AT ABS AIRBAG 2WD 5DR LGV	Grey	Slightly Damaged	0



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

T/20191021/2046

Report No. T/20191021/2048

THE RESERVE THE PERSON NAMED IN COLUMN TWO	Vehicle Invo	Company of the Compan		Color	Condition	No of Passenger
Vehicle No.	Туре	Make.	Model	The second second	Clichtly	0
SDN80Y	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR NAVI RES	White	Slightly Damaged	
SJX5101P	Car	HONDA	CIVIC 1.6L 5AT	Silver	Slightly	

Details of V	ehicle Insurance		Service of the servic	Sales Sales
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative		22/06/2019	21/06/2020

Brief Details.

On the 20th of October 2019 at about 1400hrs, I was driving car bearing plate number SJX5101P, along Central Expressway exiting Pan Island Expressway.

The car in front of me applied emergency break however, I managed to stop in time. The car behind me could not stop in time hence colliding into my vehicle and causing a chain collision involving four vehicles (my vehicle, second vehicle - GBD46Z, third vehicle - GBG6391X and last vehicle - SDN80Y).

No one was injured at that point of time.

I do not have any in-car camera installed.

On the 21st of October 2019, I went to see the doctor as I felt neck pain and lower back pain. My wife also had neck pain. I was given 4 days MC (0000010986) from 21/10/2019 to 24/10/2019. My wife was given 3 days MC from 21/10/2019 to 23/10/2019 (0000010985).

SINGAPORE POLICE FORCE

Report No. T/20191021/2046

Police Station Of Origin; 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT / SSIZ YEO GEAK ENG CECILIA CONTENTS NO SESAT 6404

Authentication Stamp NP168

SIGNAT

Signature Of Informant:

Date/Time: 21/10/2019 12:27

Classification Of Case:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS A	ND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AI	ND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA	
MOTOR VEHICLES (THIRD PARTY RISKS) R	ULES, 1959 (MALAYSIA)

Ce	rtificate Number: 5097930745-01	Cover : drivo CLASSIC
1.	Index mark and Registration Number of Vehicle	: SJX5101P
	Chassis Number	: JHMFD46209S200705
2.	Name of Policyholder	: KOH CHEE KAI DARYL
3.	Effective Date of Insurance	: 22 Jun 2019
4.	Expiry Date of Insurance	: 21 Jun 2020
_	마브 (1988) (1981) 1일	

- 5. 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH CHEE KAI, DARYL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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)
A name and	

: CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068) Date of Issue : 19 Jun 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						> Chang	e Languag	e • Char	nge Password	· Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy !	No.				Date o	of Accident		20/10/2019	14:00	
	Vehicle	No.(For Motor)	SJX510	SJX5101P		Certificate Number					
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097930745- 01		KOH CHEE KAI DARYL	588485303	GPC	drivo CLASSIC	SJX5101		22/06/2019	21/06/2020
					C	ontinue					

♥ Poli	icy Information						
Policy No.	5097930745-01	Policyholder Name	KOH CHEE	KAI DARYL	Policyholder NRIC	S8848530J	
Certificate No.					11144		
Address	BLK 897A #05-706 TAMPINES S	TREET 81 SIN	GAPORE 52	1897			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/06/2019	Effective Date	22/06/201	9 00:00	Expiry Date	21/06/2020 2	3:59
Excess Type		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	/Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 897A #05-706	Addres	s 2	TAMPINES STREET	81	Address 3	SINGAPORE 521897
ddress 4		Addres	s Type	Singapore address		Post Code	521897
Jnit No.		Related		5097930745-01			S200007530
▶ Insured	Object: SJX5101P						
▽ Endorse	ements						

ccident HT/1067859	(2/21/29/00/00/00		HUNO WAS						
olicy No. ertificate No.	5097930745-01		Vehicle No.	51X5101	P	GST Registration	No.		
olicyholder Name	KOH CHEE KAI DARYL					Policyholder NR3	q	588485303	
roduct Code	PRIVATE CAR INSURANCE	E	Cover Type	drive Cu	ASSIC	Loading		0	
ontact No. (Mobile)	90049782		Contact No.(Office)	0		Contact No.(Horr	1e)	0	
nail Address			Special Remark			eCode		NOV	
-K	® No ○ Yes		TCA NCD Entitlement(%)	® No ○	Yes	eCode Reason		O. B. etc. etc.	
D Protection	No			10		eCode Reason Private Hire		No.	
P Accident Details								No	
port Date	21/10/2019 18:51		Accident Report Within 24 hrs	Ves		Accident Type		STATE OF THE STATE	
ite of Accident	20/10/2019		Time of Accident hhimm	14:00				Chain Collision	
porting Centre	40449000000		Orange Force	14.00		Country of Acade	ent	Singapore	
cident Location	CTE TWOS PIE BEFORE P	IF FAIT				ICM No.			
Excess									
n damage Excess		600.00		9					
named Driver Excess			Additional Excess	0		Windscreen Excer	44	100.00	
rd Party Excess		0.00	Outside Singapore OD Excess		600.00				
Benefits		0.00	Outside Singapore TP Excess		0.00				
GST Registered Inform	ation								
Registered	No			GS	ST Registration Date				
Registration No.				GS	ST Status Verified	Yes			
Incation History									
Policyholder Mailing Ad	The state of the s								
iress 1	BLK 897A #05-706		Address 2	TAMPINES	S STREET B1	Address 3		SINGAPORE 521897	
bress 4			Address Type	Singapore	eddress	Post Code		521897	
t No.			Related Policy Number	90979307	745-01			NATIONAL CONTRACTOR	
OI Driver Info									
er Name	KOH CHEE KAI, DARYL		Driver Type	Main Drive	er .				
amed driver Name			Driver NRIC	58848530	10	Driver DOS		26/11/1988	
ster Date of Driver License	03/06/2007		Driver Age	30		Driving Experience		12	
tact No.(Mobile)	90049782		Contact No.(Office)	0					
ress 1	BLK 897A				*******	Contact No. (Home		0	
ddress 1 BLK 897A			Address 2	TAMPINES	STREET 81	Address 3		SINGAPORE 521897	
rest 4			Address To	41.					
	020 2020		Address Type	Singapore	address	Post Code		521897	
l No.	05-706		Address Type	Singapore	address	Post Code		521897	
t No. Is he own a Singapore	05-706 ○ Yes ® No		Address Type Driver Vehicle No.	Singapore	address	Post Code Driver Insurer Cor	mpany	521897	
t No. is he own a Singapore littered car?				Singapore	address		mpany	521897	
t No. is he own a Singapore pittered car?				Singapore	address		mpany	521897	
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t No. Is ne own a Singapore pleased car? Iaration athalyser or Blood Test dding?	○ Yes ® No		Driver Vehicle No.	0.022000			mpany	521897	
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Video List	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:53 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:53		Photos		Normal	Photo	s 2019-10-21		
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