NATIONAL Assessment Centre Services. part 1 Jan'05] MHANG TO 761 Date In: 20 19 - 19:11 Date & Time Completed Done by Jeb description SAS e-filing Res No: HA | INC 19 3 1860 124 E-mail (within Shrs, AIC 2hrs) Veh No: 127697 16 04:25 i-Motor Claim Form 1002882001 m D.O.A : M 10/19- 4:00 i-Motor W/O (Within: OD 2hrs, TP 4hrs) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Yeh No: MICAYGOY)/Non-INC (INC (TP Particulars:) Owner / Driver: (Tel:) Period: (Cover Type: (Policy No: (Date: Time: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES (Year of Registration: ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Invoice: YES () / NO (); Towing Co: (Drive-In ()/ Towed-In (Date&Time Completed Done by Remarks:- (INC hotline: 6788 6616)) / Courtesy Car (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Anit (5) Amit (3) Invoice Preparation Checklist HAIGOTAGE . fit Bill Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against JNC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments : *N8: DV / Collect Excess Coordination 55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idac Mobile **动的在了201** Fee Charged Invoice dated Cat. 2/3; 经的特别 Fee Charged Involce dated

Figure 1 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 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 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

| A STATE OF THE PARTY OF THE PAR | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 22/10/2019 09:11 |
| Date Of Accident | 21/10/2019 14:00 |
| Exact Location Of Accident | PIE (CHANGI) BEFORE EUNOS FLYOVER |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJQ7697K |
| Insured/Policyholder | |
| Name Of Registered Owner | LEONG SOON MENG (LIANG SHUNMING) |
| NRIC No | S7103203E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92352922 |
| Alternative Phone No | OFFICE-92352922 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | STREAM 1.8 A |
| 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 | 5112737233 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEONG SOON MENG (LIANG SHUNMING) |
| NRIC No | S7103203E |
| Date Of Birth | 24/01/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/07/2009 |

10 YEARS AND 3 MONTHS

(LOCAL) +65-92352922

OFFICE-92352922

MALE

NOEMAIL

Address

BLK 120A EDGEDALE PLAINS

#10-269

Postcode

821120

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

.

Insurance Company of Driver's Own Vehicle

-

-

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: LOW MUI CHENG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMK9490Y

Vehicle Make/Model/Colour

Details Of Properties

Details Of Froperties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC8179E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

SHD4418L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

LEONG SOON MENG (LIANG SHUNMING)

Approximate Age

Injuries Sustain

NECK, HEAD & KNEE

Injured person in which vehicle?

SJQ7697K

Were seat belts worn?

YES

were seat beits worn?

NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

LOW MUI CHENG

Approximate Age

Injuries Sustain

NECK & HEAD

Injured person in which vehicle?

SJQ7697K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 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 fincluding 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| SKETCH PLAN | LANES LANEZ LA | IVE I | | |
|--|---|---------------------------------------|------------|------------------|
| | | | T Vel | nicle A STQ 769k |
| | | | | |
| | | 211-1-1- | LILIVIN | cle 18-SMK 9490 |
| | | 5 | Littuen | dec 51/6817 |
| | | | THE VEY | |
| | | | | LLA V SELVET |
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| | <u> </u> | | 111111 | |
| DESCRIBE CIRCUMSTANC | ES OF THE ACCIDENT | | | |
| I was | travelling on | the first | lang of | PIE towards |
| | he face Inla | n Eynos | | induly the |
| vehicle in | | while is | Vehicle D | braked and |
| | in stop, | here I fell on h | - tollined | suit. Out |
| the rear | of my va | | 1 | t on hit the |
| While is | afont dt | me. I | got down | and realised |
| 7 uns | moled in | 0 4 | Car Chain | collision. |
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| CLARATION | | | | |
| | | | | |

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

Policyholder's Signature

Subdefor the second second $\phi_{\rm B}$

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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 flability 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: 2 | 1/10/19 | (DD/MM/ | YY) Time: | 4:00 | (HH:MM) |
|----------------------------|---------|---------|---------|-----------|-------|---------|
| Exact location of accident | DE | TOWARE | (MANGE | BEFORE | Eyrus | +14000 |

Details of vehicle

| Vehicle registration number | STATI | 9716 | | |
|--|-------------------|-------|---|---------|
| Vehicle make and model | HONDA | STKE | An | |
| Type of vehicle | Saloon Lorry | MPV a | CRV U Van | Others: |
| Vehicle category | Private | Comme | ercial Motorcyc | |
| Purpose of using at said time | 16154 | RÉ | | |
| Are you claiming under your own insurance company? | Yes Third part c | No 🗆 | if no, please select: Reporting only | |

Insurance information

| Insurance company | NTUL | | |
|-------------------|---------------|--------------------------|---------|
| Policy number | 5112 + 372 | 5.7 | |
| Type of policy | Comprehensive | Third party fire & theft | TP only |

Insured / Policy holder

| Name | LEUNH SOON MENLY | Male o | Female |
|------------------------------|--------------------------|--------|--------|
| NRIC / Fin / Passport number | 57103203E | | |
| Contact | 92352922 | | |
| Address | BUC 1201 EDGIPALE PLAINS | #10-2 | 69 |

Driver

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

| Name | | Male 🗆 | Female |
|------------------------------|-------------------------------|------------|--------|
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | N== | |
| Email address | leangsoon meng Q Jahoo (om sa | | |
| Date of birth | 24/01/1971 | -308-1111- | |
| Occupation | Indoor D Outdoor D | | |
| Driving date pass | 07/07/2009 | | |

General information of the accident

| Was driver an employee of the insured's company? | Yes No No If no, relationship of the driver and insured: |
|--|---|
| Accident captured by camera? | Yes D No Z |
| Weather condition | Clear Raining Others: |
| Road surface | Dry.ø Wet 🗆 |
| No of passenger | 2 (Inclusive of driver) |

Passenger 1

| Name | LEONE SHOW MENG | |
|--------|-----------------|--|
| Gender | Male o Female o | |

Passenger 2

| Name | LOW MUZ (HENY) |
|--------|------------------------|
| Gender | Male Female Female |

Passenger 3

| Name | | | |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female □ | |

Passenger 4

| Name | | |
|--------|--------|--------|
| Gender | Male 🗆 | Female |

Passenger 5

| Name | | | |
|--------|--------|--------|--|
| Gender | Male 🗆 | Female | |

Passenger 6

| Name | | | |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female 🗆 | |

Other information

| Was anybody injured? | Yes 🗆 | No 🗆 |
|----------------------------|-------|------|
| Was other vehicle damaged? | Yes 🗆 | No 🗆 |

Details of police action

| Reported to police? | Yes 🗆 | No 🗆 | If yes, please state which police station. |
|---------------------|-------|------|--|
| Police station name | | | |

Third party vehicle 1

| Name | |
|------------------------------|---------------|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SHD 4418L (D) |
| Vehicle make model | |

Third party vehicle 2

| Name | | | |
|------------------------------|-----------|-----|--|
| Contact number | | | |
| NRIC / Fin / Passport number | | * | |
| Vehicle registration number | Smk 94904 | (3) | |
| Vehicle make model | | | |

Third party vehicle 3

| Name | | | |
|------------------------------|----------|-------|--|
| Contact number | 1-m-pa | 23.55 | |
| NRIC / Fin / Passport number | | | |
| Vehicle registration number | SHC8179E | (4) | |
| Vehicle make model | | | |

Third party vehicle 4

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

Third party vehicle 5

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| 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

| Marian | |
|--|--|
| Name | |
| 1101110 | |
| Control of the Contro | |

Injured person 1

| Name | LEON F SOON MENLY |
|--|--------------------|
| Injuries sustained | NECK & HEAD & KNED |
| Which vehicle person in? | PRIVER |
| Were seat belts worn? | Yes, O No D |
| Was injured conveyed to hospital by ambulance? | Yes D No Z |

Injured person 2

| Name | LOW MUI CHENH |
|--|---------------|
| Injuries sustained | NECK & HEAD |
| Which vehicle person in? | PASSEMIEK |
| Were seat belts worn? | Yes Ø No 🗆 |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 No 🗷 |

Injured person 3

| Name | | | |
|--|-------|------|--|
| Injuries sustained | | (27) | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 | |

Injured person 4

| Name | | |
|--|------------|------------|
| Injuries sustained | | |
| Which vehicle person in? | | 200 - 4100 |
| Were seat belts worn? | Yes 🗆 No 🗅 | |
| Was injured conveyed to hospital by ambulance? | Yes D No D | |



Certificate of Insurance

| MOTOR VEHICLES (T | HIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) |
|-------------------|--|
| MOTOR VEHICLES (T | HIRD PARTY RISKS AND COMPENSATION) RULES, 1960 |
| ROAD TRANSPORT A | CT, 1987 (MALAYSIA) |
| MOTOR VEHICLES (T | HIRD PARTY RISKS) RULES, 1959 (MALAYSIA) |

| Certificate Number: 5112737233 | Cover : | drivo CLASSIC |
|--------------------------------|---------|---------------|

1. Index mark and Registration Number of Vehicle : SJQ7697K

Chassis Number : RN61025535

2. Name of Policyholder : LEONG SOON MENG (LIANG SHUNMING)

3. Effective Date of Insurance : 24 Sep 2019 4. Expiry Date of Insurance : 23 Aug 2020

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$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 : LEONG SOON MENG

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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)

: AUTOSHIELD PTE. LTD. (00000573469)

: 18 Sep 2019 11:55 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Authorised Officer

Chief Executive

| eBao Tech | | | | | | | | | | Genera | alClaim |
|------------------------|----------|----------------|-----------------------|--|----------------------|----------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | Control Mesons | • Change | Language | + Chan | ge Password | · Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | , |
| Notice of Loss | Policy N | lo. | 9 | | | Date o | f Accident | 2 | 1/10/2019 1 | 4:00 | |
| | Vehicle | No.(For Motor) | SJQ769 | 77K | | Certific | ate Number | | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5112737233 | | LEONG SOON MENG (LIANG SHUNMING) | S7103203E | GPC | drivo CLASSIC | 5JQ7697K | S3Q7697K | 24/09/2019 | 23/08/2020 |
| | - | | | | C | continue | | | | | |

| ▽ Endors | ements | | | | | | |
|------------------------|---------------------------|------------------------|----------------|--------------------|----------------------|-------------------|-----------------------------|
|) Insure | d Object: SJQ7697K | | | | | | |
| Jnit No. | | Relate Numb | d Policy er | 5112737233 | | | |
| Address 4 | SINGAPORE 821120 | | ss Type | Singapore address | | Post Code | 821120 |
| Address 1 | BLK 120A #10-269 | Addre | ss 2 | EDGEDALE PLAINS | | Address 3 | PUNGGOL EDGE |
| WHO CHARLES | older Mailing Address | - Upo 000e | 20021 | 2002223002200020 | | ungaga kan sa uga | |
| Info | | | | | | | |
| Policy Info | | | | | | | |
| Flag Open | | | | | | | |
| Co- nsurance | No | | | | | | |
| Agent | AUTOSHIELD PTE. LTD. | Agent Tel. | 63850777 | | GST Flag | Υ | |
| Singapore DD Excess | 2000 | Singapore TP Excess | 1500 | | | Young | /Inexperience Driver Excess |
| Excess Outside | 0 | Premium Outside | 0 | | | | |
| Additional | | OS | • | | | | |
| Third Party Excess | 1500 | Own damage | 2000 | | Windscreen Excess | 100 | |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Policy ssue Date | 18/09/2019 | Effective Date | 24/09/201 | 9 00:00 | Expiry Date | 23/08/2020 23 | 3:59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Address | BLK 120A #10-269 EDGEDALI | E PLAINS PUNGO | OL EDGE S | SINGAPORE 821120 | | | |
| Certificate No. | | | | | | | |
| Policy No. | 5112737233 | Policyholder Name | LEONG SC | ON MENG (LIANG SHI | Policyholder NRIC | S7103203E | |

| olicy No. | | | | | | | |
|--|--|------------------------|---|---|---|--------------------------------------|--|
| icy No. | 0200500000 | | A 400 (000) | \$1000000000 | N. S. | | |
| | 5112737233 | | Vehicle No. | SJQ7697K | GST Registration No. | | |
| tificate No. | | | | | | | |
| icyholder Name | LEONG SOON MENG (L | JANG SHUNMING) | | | Policyholder NRIC | 57103203E | |
| duct Code | PRIVATE CAR INSURAN | NCE | Cover Type | drive CLASSIC | Loading | 0 | |
| stact No.(Mobile) | 92352922 | | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| ail Address | | | Special Remark | 0.50 | eCode | 0 | |
| | | | | | | 14. V | |
| Company | ® No ○ Yes | | TCA | ® No ○Yes | eCode Reason | | |
| D Protection | No | | NCD Entitlement(%) | 20 | Private Hire | No | |
| Accident Details | | | | | | | |
| ort Date | 22/10/2019 09:24 | | Accident Report Within 24 hrs | Ves | Accident Type | Chain Collision | |
| e of Accident | | | Time of Accident Inform | | | | |
| | 21/10/2019 | | | 14:00 | Country of Accident | Singapore | |
| orting Centre | | | Orange Force | | 3CM No. | | |
| ident Location | PIE (CHANGI) BEFORE | EUNOS FLYOVER | | | | | |
| Total Excess Applicable | | | | | | | |
| ess Type | Per Accident | | Windscreen Excess | 100.00 | | | |
| ATR (153) | | | | - | | | |
| Standard Excess | | 2,000.00 | TP Standard Excess | 1,500.00 | | | |
| | | 1000000 | | | | | |
| D OD Excess | | 0.00 | VIED TP Excess | 0.00 | Driver is Covered? | Covered | |
| Stional Excess | | 0 | | | | | |
| al OD Excess Applicable | | 2000.00 | Total TP Excess Applicable | 1,500.00 | | | |
| Benefits | | | | 531-02055-0 | | | |
| | ation | | | | | | |
| GST Registered Inform | 916.5 | | | | | | |
| Registered | No | | | GST Registration Date | Mad. | | |
| Registration No. | | | | GST Status Verified | Yes | | |
| sification History | | | | | | | |
| | | | | | | | |
| Policyholder Mailing Ac | idress | | | | | | |
| tiress 1 | BLK 120A #10-269 | | Address 2 | EDGEDALE PLAINS | Address 3 | PUNGGOL EDGE | |
| dress 4 | SINGAPORE 821120 | | Address Type | Singapore address | Post Code | 821120 | |
| | SIMUAPURE 021120 | | | | Post Code | 021120 | |
| t No. | | | Related Policy Number | 5112737233 | | | |
| OI Driver Info | | | | | | | |
| iver Name | LEONG SOON MENG | | Driver Type | Main Driver | | | |
| named driver Name | | | Driver NR3C | \$7103203E | Driver DOB | 24/01/1971 | |
| pister Date of Driver License | 07/07/2009 | | Driver Age | 48 | | 10 | |
| | | | 0.50 | | Driving Experience | | |
| ntact No. (Mobile) | 92352922 | | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| ovess 1 | BLK 120A | | Address 2 | EDGEDALE PLAINS | Address 3 | PUNGGOL EDGE | |
| oress 4 | SINGAPORE 821120 | | Address Type | Singapore address | Post Code | 821120 | |
| ft No. | 10-269 | | 188 | | | | |
| es he own a Singapore | | | | | | | |
| gistered car? | ○ Yes ® No | | Driver Vehicle No. | | Driver Insurer Company | | |
| | | | | | | | |
| | | | | | | | |
| deration | | | | | | | |
| sathalyser or Blood Test | 0 mg | | Any injury? | ® Yes ○ No | | | |
| eathalyser or Blood Test | 0 mg | | Any injury? | ® Yes ○ No | | | |
| eathalyser or Blood Test | 0 mg | | Any injury? | ® Yes ○ No | | | |
| eathelyser or Blood Test lading? | 0 mg | | Any injury? | ● Yes ○ No | | | |
| eathelyser or Blood Test ading? dification History | 0 mg | | Any injury? | ® Yes ○ No | | | |
| eathslyser or Blood Test ading? dification History | 0 mg | | Any injury? | ® Yes ○ No | | | |
| rathalyser or Blood Test ading? Brication History | 0 mg | | Any ingury? | ® Yes ○ No | | | |
| athalyser or Blood Test ading? Affication History | 0 mg | | Any ingury? | ® Yes ○ No | | | |
| athalyser or Blood Test uding? Affication History Claims 001 New | 0 mg | V | Any injury? | ® YES ○ No | Insured NRIC | \$7103203E | |
| schalyser or fillood Test uding? Affication History Stales 001 New | No. | V | Insured Name | LEONG SOON NENG (LIANG SH | | \$7103203E | |
| schalyser or fillood Test uding? Affication History Claims 001 New In Type * Nact No. (Mobile) | GO-MX 91772039 | a a constant | Insured Name Contact No.(Home) | LEONG SOON MENG (LIANG SH | Contact No.(Office) | | |
| schalyser or Blood Test iding? Infication History Italian GO1 New Im Type * Nact No. (Mobile) 81 Address | OO-MX 91772039 leongtoonmeng@yaho | a.com.sg | Insured Name Contact No.(Home) OI Vehicle Number | LEONG SOON MENG (LIANG SH 69012925 52Q7697K | | S7103203E SMK9490Y | |
| athelyser or Blood Test ding? Ification History Italian 001 New Type * Ract No.(Motrie) st Address mant Type Oalmant Type * | OO-MX 91772039 leongtoonmeng@yaho | a a constant | Insured Name Contact No.(Home) OI Venicle Number Type of Benefit * | LEONG SOON MENG (LIANG SH | Contact No.(Office) | | |
| athalyser or fillood Test uding? Effication History Talim 001 New Im Type * Heart No. (Mobile) all Address Imark Type Cairmant Type * | OO-MX 91772039 leongtoonmeng@yaho | a.com.sg | Insured Name Contact No.(Home) OI Vehicle Number | LEONG SOON MENG (LIANG SH 69012925 52Q7697K | Contact No.(Office) | | |
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| athalyser or Blood Test ding? Incation History Islam 001 New Type * tact No. (Mobile) ss Address mark Type Oaimant Type * mark Name * mark Address | OO-MX 91772039 leongtoonmeng@yaho | a.com.sg ✓ | Insured Name Contact No.(Home) OI Venicle Number Type of Benefit * | LEONG SOON MENG (LIANG SH 69012925 52Q7697K | Contact No.(Office) | | |
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| Attachment | List | | | | | | | |
|------------|--|--|----------|--------|----------|--------------------------|------------------|-----------|
| Attachment | 27/07 | sed By/Date | Category | 9 | Urgency | | Description | Msg Sent? |
| 100 100 | NAC_PAYA_UBI_800601(NAT) CES) on 22 | NRIC/ Driving License | ٧ | Normal | NRIC/ Dr | lving License 2019-10-22 | (00) | |
| 1 | NAC_PAYA_UBI_B00601(NATI CES) on 22 | SAS | | Normal | | SAS 2019-10-22 | | |
| | NAC_PAYA_UBI_800601(NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | P | hotos 2019-10-22 | |
| P. | NAC_PAYA_UB1_800601(NAT: CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | pi | hotos 2019-10-22 | |
| 1 | NAC_PAYA_UB1_800601(NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | P | hotos 2019-10-22 | |
| | NAC_PAYA_U61_800601(NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 D9:26 | Photos | | Normal | P | hotos 2019-10-22 | |
| | NAC_PAYA_UB1_800601(NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | Pf | hotos 2019-10-22 | |
| | NAC_PAYA_UB1_800603(NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | P | hotos 2019-10-22 | |
| ME | NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 09:26 | | Photos | | Normal | PI | hotos 2019-10-22 | |
| | NAC_PAYA_UBI_BD0601[NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | 81 | hotos 2019-10-22 | |
| | NAC_PAYA_UBI_800601[NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | Pr | hotas 2019-10-22 | |
| 4 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 09:26 | | Photos | | Normal | P | notos 2019-10-22 | |
| 4 | NAC_PAYA_UBI_800601[NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | 22 | notos 2019-10-22 | |
| 9 | NAC_PAYA_UBI_800601(NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | Pr | hotos 2019-10-22 | |
| | NAC_PAYA_UBI_B00601[NATI CES) on 22 | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | Pr | notos 2019-10-22 | |
| 1 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 09:26 | | Photos | | Normal | pe | hotos 2019-10-22 | |
| | NAC_PAYA_UBI_BOOGO1[NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 09:26 | | Photos | | Normal | 19 | notos 2019-10-22 | |
| | | ONAL ASSESSMENT CENTRE SERVI Oct 2019 09:26 | Photos | | Normal | Pe | notos 2019-10-22 | |
| Video List | | | | | | 9 | | |