	Jeb description	Date & Time Completed	Done	by.
Ref No: HA 14 C/G 0 /8689/24	SAS e-filing			
Veh No: GROGIVE	E-mail (within Shrs, AIC 2hrs)			
D.O.A: W/0/19-13:75	i-Motor Claim Form	M-1 10 6805 6-001	20/10/19	7:06
	i-Motor W/O (Within: OD 2)	irs, TP 4hrs)		
OD / TP Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	ale - Pak
TP Particulars: Veh No:5	458764 . INC)/Non-INC()	¥2:	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks:-			1000	
() Walk-In Customer : Customer's	information strictly Confidential & S	1 minum 500, 30 to 40 - 31 M - 6-14		
() Total Loss Case : to e-mail Ins		*		
		Towing Co: (1
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();			
temarks:- (INC hotline: 6788 6616		Date&Time Completed	Done	by ·
1) Apply for Transport Allowance ()	/ Courtesy Car ()			sse executives
2) QC Check / Post Repair Inspection	()	The second secon	NI STANSON AND SOME STANSON	2115-2116
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			7 ()
	\$3000] ()		Abrios N.	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			7,791,7
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		STARTON SE	7, 49, 3
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		*1083C4.33	7,772,7
Date/Time Actions			Ant (s)	Amu
Onte/Time Actions	Invoice Pr	eparation Checklist		to the same
Onte/Time Actions	Invoice Pro	paration Checklist:	Anit (5)	to the same
Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions Actions aimant's Particulars:	Invoice Profile 1) AR: Accider 2) DA: Damag 3) TF: Towing	paration Checklist: at Reporting (530); Assessment (5100); INC (5	Anit (5) (1st Bill 80) (0/\$45	to the same
Onte/Time Actions	Inverce Pro 1) AR: Accident 2) DA: Darrag 3) TF: Towing 4) FT: Follow-	eparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey	Ant (5) (5) (80) (0/\$45 \$120	B
Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions Actions aimant's Particulars:	Invoice Pro 1) AR: Accident 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming	eparation Checklist: at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200	Anit (5) (1)(Bill) 80) 0/545 \$120 \$30 5)	to the same
Upload Resurvey Photo [Repair Cost > Injury: Pate/Time Actions Main 57677 mimant's Particulars: iver/Owner: mtact No:	Invoice Pri 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	eparation Checklist: at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection	Anit (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)	to the same
Onte/Time Actions Actions Actions Actions Aimant's Particulars:	Invoice Pro 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	eparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action c+ SMRT Survey	Anit (5) (1)(Bill) 80) 0/545 \$120 \$30 5)	to the same
Date/Time Actions MAIN 34434 Actions Main ant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice Pri 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD.*	eparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey ional Services:-	80) 0/\$45 \$120 \$30 \$75 \$160	B
Onte/Time Actions Actions	Invoice Pri 1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courles	eparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cetion cetion + SMRT Survey ional Services.	80) 0/\$45 \$120 \$30 \$75 \$160	B
Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions MAIN 37677 Autimant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Inveice Pro 1) AR: Accider 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 3) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re- *N7: Fost Re-	eparation Checklist: at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cotion + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection	\$00 0/\$45 \$120 \$30 \$75 \$160	
Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions Checked by (Engr-In-Charge): Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accider 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3 8) NTUC Addit OD* *N5: Courles *N6: Repair *N7: Fost Re *N8: DV/C	paration Checklist: at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection olicet Excess Coordination	\$00 0/\$45 \$120 \$30 \$5 \$160 \$5 \$10 \$25 \$5	Ant (
Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions MAIN 37677 Autimant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accider 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3 8) NTUC Addit OD* *N5: Courles *N6: Repair *N7: Fost Re *N8: DV/C	eparation Checklist: at Reporting (\$30); c Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 cetion a + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$00 0/\$45 \$120 \$30 \$5 \$160 \$5 \$10 \$25 \$5 \$20 30	to the same

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

atoresaid,		
建设	ACCIDENT STATEMENT	
Date Of Report	22/10/2019 16:48	
Date Of Accident	22/10/2019 13:55	
Exact Location Of Accident	HOLLAND RD TWDS QUEENSWAY	
Country/State of Loss	SINGAPORE	
D. C.	ETAILS OF OWN VEHICLE	The second
Vehicle Registration Number	GBJ9322K	
Insured/Policyholder		
Name Of Registered Owner	HUA GUO SHAN	
Co Reg No	53402745L	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE SUPER GL DARK PRIME II 2.8 AUTO	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5112894064	
Cover Note Number		
Driver		
Name of Driver	TAY FRENDY	
NRIC No	S8010891E	
Date Of Birth	07/04/1980	
Occupation	OUTDOOR	
Date Of Driving Pass	21/11/2000	
Driving Experience	18 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-84848684	
Fax Number		
NAME OF THE PARTY	0.0000	

OFFICE-84848684

NOEMAIL

Address

BLK 157 MEI LING STREET

#03-628

Postcode

140157

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

33

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

NO

ambulance?

YES

Was any other material or property damaged?

.....

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH5876Y

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KARDACHI KATE VICTORIA

NRIC/Passport Number

G5978523R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 14

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAY FRENDY

NECK & BACK

GBJ9322K

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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 milerial 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 issurance 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to opies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 irms, 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 enquices by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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 Reisonal Information may/can be displosed by any of the insurers and/or GIA to their third party service providers in 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:

HUA GUO SHAN 53402745L

Policynolder'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 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was frome, h Holland alou Koco 40 Jarols Sudden a Sugart great How vebicle whon my Darson rear gret down Paw relacle (6) collictor onto we. DECLARATION I/We declare the foregoing particulars are true in every respect. **HUA GUO SHAN** 53402745L Policyholder's Signature Oriver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: NRIC/FIN No.:

Date & Time:

Saker Calebra Wooding - Ma

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: 22 (ct 2018	(DD/MM/YY)	Time:	1253	(HH:MM)
Exact location of accident	Holland	Local	towards		ensway	

Details of vehicle

Vehicle registration number	GBJ	9322 K
Vehicle make and model		a Hoce.
Type of vehicle	Saloon M	PV CRV Van Others:
Vehicle category	Private D Co	ommercial Motorcycle
Purpose of using at said time	Worfer	
Are you claiming under your own insurance company?	Yes No.e	picase selecti

Insurance information

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

Insured / Policy holder

Name	Hua Guo Shan	Male o	Female 🗆
NRIC / Fin / Passport number	534027456	Tridic D	T CITICILE L
Contact			
Address			

Driver

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

Name	Tay Frenchs	Male o Female o
NRIC / Fin / Passport number	880108916	Major Telliare
Contact	8484 8684.	
Address	Block 157 Nei lang Street #03-62 Senjapare 140157	
Email address	1) / (14013)	
Date of birth	07 Am 1920	
Occupation	Indoor D Outdoor D	
Driving date pass	21 NOV 2000	

General information of the accident

Was driver an employee of the insured's company?	Yes No If no, relationship of the driver and insured:	
Accident captured by camera?	Yes B No D	
Weather condition	Clearer Raining Others:	
Road surface	Dry a Wet	
No of passenger		(Inclusive of driver)

Name			
Gender	Male 🗆	Female p	

Passenger 2

Name			
Gender	Male 🗆	Female o	

Passenger 3

Name			
Gender	Male 🗆	Female D	

Passenger 4

Name			
Gender	Male 🗆	Female o	

Passenger 5

Name	The state of the s		
Gender	Male 🗆	Female 🗆	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yese	No D
Was other vehicle damaged?	Yes	No o

Details of police action

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

Third party vehicle 1

Name	rordochi Rate Victoria
Contact number	A STATE VICTORIO
NRIC / Fin / Passport number	G 5978523R.
Vehicle registration number	9LH 5 8 7 6 4
Vehicle make model	Hyunday

Third party vehicle 2

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

Third party vehicle 3

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

Nama	
Name	
Witness 2	
Name	
Injured person 1	
Name	Tay French,
Injuries sustained	11.
Which vehicle person in?	GBJ 9332K
Were seat belts worn?	Yes a No p
Was injured conveyed to	Yes O No D
hospital by ambulance?	
Injured person 2	
Injured person 2 Name Injuries sustained	
Injured person 2 Name Injuries sustained Which vehicle person in?	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No.D
Injured person 2 Name Injuries sustained	
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3	Yes D No.D
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3	Yes D No.D
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained	Yes D No.D
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in?	Yes D No.D
Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Injured person 3 Name Injuries sustained	Yes D No.D

/

Hello, NAC_PAYA_UBI_80	00601						· Change L	anguage	· Chang	e Password	· Log Ou				
My Desktop	Policy Query						A change reserved to Log t								
Notice of Loss	Policy N	lo.				Date	of Accident	22/	10/2019 13	3:55					
	Vehicle	No.(For Motor)	GB3932	2K		Certif	cate Number								
					E	Search									
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date				
	0	5112894064		HUA GUO SHAN	53402745L	GCV	Comprehensive	GBJ9322K	G839322K		07/10/2020				

5112894064	Policyholder Name	HUA GUO	SHAN		53402745L		211
BLK 157 #03-62 MEI LING ST	TREET MEI LING	HEIGHTS SI	NGAPORE 140157				
COMMERCIAL VEHICLE INSUI	RAI Plan			Group Policy Flag	N		
08/10/2019	Effective Date	08/10/201	9 00:00	Expiry Date	07/10/2020	23:59	
Per Accident	All Claims Excess						
0	Own damage Excess	600		Windscreen Excess	100		
	OS Premium	1816.87					
	Outside Singapore TP Excess				You	ng/Inexperience	Driver Excess
No solder Mailing Address BLK 157 #03-62 SINGAPORE 140157	Addre	ss 2	MEI LING STREET Singapore address			MEI LING 140157	HEIGHTS
03-62			5112894064				
d Object: GBJ9322K	Wallion	Har.					
d Object: GBJ9322K ements	Wallion	eles					211
	BLK 157 #03-62 MEI LING S' COMMERCIAL VEHICLE INSUI 08/10/2019 Per Accident 0 THINK ONE AUTOMOBILE & T No older Mailing Address BLK 157 #03-62 SINGAPORE 140157	BLK 157 #03-62 MEI LING STREET MEI LING COMMERCIAL VEHICLE INSURAI Plan OB/10/2019 Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess THINK ONE AUTOMOBILE & TRA Agent Tel. No older Mailing Address BLK 157 #03-62 Address O3-62 Relate	BLK 157 #03-62 MEI LING STREET MEI LING HEIGHTS SI COMMERCIAL VEHICLE INSURAI Plan 08/10/2019 Effective Date 08/10/2019 Per Accident All Claims Excess Own damage 600 Excess OS Premium Outside Singapore TP Excess THINK ONE AUTOMOBILE & TRA Agent Tel. 65553300 No older Mailing Address BLK 157 #03-62 Address 2 SINGAPORE 140157 Address Type	BLK 157 #03-62 MEI LING STREET MEI LING HEIGHTS SINGAPORE 140157	BLK 157 #03-62 MEI LING STREET MEI LING HEIGHTS SINGAPORE 140157 COMMERCIAL VEHICLE INSURAI Plan OB/10/2019 Per Accident All Claims Excess Own O damage 600 Excess OS Premium Outside Singapore TP Excess THINK ONE AUTOMOBILE & TRA Agent Tel. 65553300 Older Mailing Address BLK 157 #03-62 Address 2 MEI LING STREET Address Type Singapore address Related Policy S112894064	Name	Name

The premium on this policy ha Accident MT/1068056	s not been collected.										
Policy No.	5112894064		and the second		-410-200			SSERVICE VIII			
Certificate No.	5112094064		Vehicle No.		GB19322	K		GST Registration I	NO.		
Policyholder Name	HUA GUO SHAN										
Product Code	COMMERCIAL VEHICLE		1/22/1/2015		72840388			Policyholder NRIC		53402745	A.
		PASURAL	Cover Type		Compreh	ensive		Loading		0	
Contact No. (Mobile)	0		Contact No.(Office)		0			Contact No.(Home	3	0	
tmail Address CPIC			Special Remark					eCode		No V	
	® No ○Yes		TCA		® No ○	Yes		eCode Reason			
VCD Protection	No		NCD Entitlement(%)	0			Private Hire		No	
Accident Details											
report Date	22/10/2019 17:04		Accident Report Wit	hin 24 hrs	Ves			Accident Type		Collision -	Head to Rear
Date of Accident	22/10/2019		Time of Academ hh	:mm	13:55			Country of Acader			
eporting Centre			Orange Force		*****				16.	Singapore	
coident Location	HOLLAND RD TWDS QU	IEENEWS.	Crange raite					ICM No.			
Total Excess Applicable		JEDISHNI .									
xcess Type	Per Accident		Windscreen Excess			100.00		_			
Source Career.	Car considering		WINDSCIPEN EXCESS			100.00					
D Standard Excess		600.00	TP Standard Excess			0.00					
ED OD Excess		0.00	VIED TP Excess			0.00		Marianta Marianta Assessa			
Mittorial Excess		200	THE IT LEADED					Driver is Covered?			
tal OD Excess Applicable		500.00		enneen 17							
		600.00	Total TP Excess App	licable							
P Benefits	DW445										
P GST Registered Inform T Registered											
A CONTRACTOR AND A CONTRACTOR	No					T Registration Date					
T Registration No.			ALIEN AND PROPERTY OF THE PARTY			T Status Verified		Yes			
dification History	22/10/2	2019 17:06:06 Sy	stem changed GST Status V	renified from	No to Yes						
	1200000										
P Policyholder Mailing Ad											
idress 1	BLK 157 #03-62		Address 2		MEI LING	STREET		Address 3		MEI LING	HEIGHTS
dress 4	SINGAPORE 140157		Address Type		Singapore	address		Post Code		140157	
it No.	03-62		Related Policy Numb	er	51128940	64					
OI Driver Info											
ver Name	Unnamed Driver		Driver Type	3	Unnamed	Driver					
named driver Name	TAY PRENDY		Driver NRIC		58010891			Driver DOB		07/04/100	
gister Date of Driver License			Driver Age		39					07/04/198	
ntact No.(Mobile)	84848684							Driving Expenence		18	
dress 1			Centact No.(Office)		0			Contact No.(Home)		0	
	BLK 157		Address 2		MEI LING	STREET		Address 3		MEI LING H	HEIGHTS
dress 4	SINGAPORE 140157		Address Type	5	Singapore	address		Post Code		140157	
nt No.	03-628										
es he own a Singapore gistered car?	O Yes ® No		Driver Vehicle No.					Driver Insurer Com	pany		
2-10/90X12-140V									10000		
deration											
tathalyser or Blood Test ading?	ô mg		Any injury?	1	@ Yes ()	No					11.7
and the second			100000000000000000000000000000000000000			325					
LIZ WAS CONTO											
dification History											
Claim 001 New											
m Type *	OD-MX	v	Insured Name	9	HUA GUO	SHAN	3	Insured NRIC		53402745L	
réact No.(Mobile)			Contact No.(Home)		MIL			Contact No.(Office)		NBL	No.
al Address			Of Vehicle Number		38J9322K			TP Vehicle Number		SLHS876Y	
mant Type Claimant Type +	Please Select	- V	Type of Benefit *		Please Sel	ect V		To the municer		- Paris 2010 1	
mant Name *			Claimant NRIC *								
mant Address		>>	THE PERSON NAMED IN	L			_				
	CONTRACTOR OF THE PROPERTY OF						_				
m Description Ferred Workshop Contact	G839322K / SLH5876Y 0	JN 22 Oct 2019						Name of Preferred V	Vorkshop		
- To the caret Contact			Insured Liability *	F	Not at Fau	t v					
guire Finalisation	Yes	v	Preferered Repair Opt	tion [Preferred	Workshop, Name unknown	v	SIA report		Received	-
e Registered	22/10/2019 17:06	T-	Claim Close Date	Ē			- 33	Date Received		22/10/2019	W. C.
ort Taken By	Jackson			-			8	129446		ME THEN I	
Print AK letter											
STONE											
				54	we Sub	mt					
ttachment				-	-						
-											
ident No.	MT/1068056		Claim No.			001					
Doc. Received	® Yes ○ No		Upload D								
		IDG.	Opioad D	4.0		22/10/2019 17:07					
	Pai	th •			1.00	Category *	_	Confidential	Urgen	CV .*	Description
				Browse	Clear	Please Select	V	NO V	Normal	V	
				Browse	Clear	Please Select	V	NO V	Normal	V	
		E CERTIFIE		Browse		Please Select	V		Normal	9	
		I SALE		Browse		Please Select	100		17.	300	
			17-77-11-11-11		-		Y	10.00	Normal	V	
				Browse	Clear	Please Select	V	NO VI	Normal.	V	

