and the fall of the state of th	Job description	[wef 1 Jamos] Mi	Date & Time Completed	Done	e by
Date In: 11/19-16-36			Date & Time Completed	Don	
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Veh No: Slavigzzz	E-mail (within	Shrs, AIC 2hrs)			•
D.O.A: 15/19-07:15	i-Motor Cla	im Form	m7/1068608 001	x n q r	7:01
OD (TP) ! Reporting Only	i-Motor W/	O (Within: OD 2hr:	s, TP 4brs)		
OD . [11] A reporting Only	i-Photo Upl	paded			
TP Insurer:	Assessment/S	urvey Report			
11 1134101.	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (For State of the S	Tel:	Fax:)
TP Particulars: Veh No: PS	19340	, INC()/Non-INC()	48	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	Sin Estivers - Society
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000)()			
General Remarks:-					
() Walk-In Customer's in	nformation strictly Co	nfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	rer URGENTLY.	10			
Drive-In ()/Towed-In (); Invo	ice: YES() / I	NO () ; To	owing Co: ()
Remarks:- (INC hotline: 6788 6616)	Carry and an area of the		Date&Time Completed	Done	Shu .
1) Apply for Transport Allowance ()	services and selected rest screen personal control	New College College	Datese Inflo Comple Su	A STATE OF THE PARTY OF THE PAR	, J. y
2) QC Check / Post Repair Inspection	Courtesy Car (,	-		
3) Upload Resurvey Photo [Repair Cost>	\$30007 (,	 		
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Date/Time Actions		Invoice Prep	aration Checklist.	Anit (S)	Amt (\$) Add Bill
Date/Time Actions Algorean laimant's Particulars:	1	Inveice Prep 1) AR: Accident 2) DA: Damage A	ar ation Checklist; Reporting (\$30); Assessment (\$100); INC (\$	Anit (S) (ist Bill	Birth A. S. Carlotte
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Date/Time Actions PAPORON Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-impec 7) N1: Idae DA + 8) NTUC Addition OIL* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Coll	aration Checklist. Reporting (530); Assessment (5100); INC (5 The Standard Survey Tough Survey (Resurvey) The Standard Survey (Resurvey) The Standard Survey The Sta	\$30 \$100 \$30 \$30 \$30 \$5 \$160 \$5 \$10 \$25 \$33 \$20 \$33	Birth A. S. Carlotte

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	25/10/2019 16:36
Date Of Accident	25/10/2019 07:15
Exact Location Of Accident	SIMEIRD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW1977Z
Insured/Policyholder	
Name Of Registered Owner	WONG KOK HENG
NRIC No	S7342485B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97699877
Alternative Phone No	OFFICE-97699877
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112910849
Cover Note Number	
Driver	
Name of Driver	WONG KOK HENG (HUANG GUOXING)
NRIC No	S7342485B
Date Of Birth	17/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699877
Fax Number	

OFFICE-97699877

NOEMAIL

Address BLK 162 SIMEI ROAD

#10-306

Postcode 520162

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

verlicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

35 32

General Information of the Accident

Type Of Accident SIDE SWIPE
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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

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?

YES

If Yes, Please state which Police Station

Police Station Name CHANGI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5872999 - FAX NO: 65872900

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191025/2064.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FS1934C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD YURIHAN BIN JOHARI

NRIC/Passport Number S8709404I Contact Number 91379714

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN A: SKW 19772 B: FS 19346

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

leter to pitce apoq-1/20191025 2069.	

DECLARATION

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

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.:





1 of 4

Report No. T/20191025/2064

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.
25/10/2019 12:32	G/20191025/0053	49

25/10/2019 12.32			0/20191023/0033		
Informa	nt's Partice	ulars			
Name of Informant: WONG KOK HENG			Address: APT BLK 162 SIMEI ROAD #10-306 SINGAPORE 520162		
ID Type NRIC NO	/ ID No.: 0 / S73424	85B	Contact No.: Home/Office:	Mobile: 97699877	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth: 17/11/1973	Type of Informant: Driver		
Race: Chinese		Language: Institution / School			
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/10/2019 07:15	Type of Location T-Junction	
Location: Along Road 1 SIMEI ROAD SIMEI ROAD, Weather: Clear	YELLOW BOX JUNCTION TU Roa Dry	JRNING INT d Surface:	O BLK 166 SIMIE ROAI	O OPEN CARPARK Road Speed Limit:	
Traffic Flow: Traffi		affic Control:		Fraffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d			PROPERTY AND ADDRESS.	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS1934C	Motorcycle	KAWASAKI		Black	Slightly Damaged	1
SKW1977Z	Car	HONDA	VEZEL 1.5X	White	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
The second secon	NTUC Income Insurance Co-Operative Limited	5112910849	21/10/2019	20/10/2020





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 2 of 4 Report No. T/20191025/2064

CONTINUATION OF REPORT

Any Dodontoine I	waluad: Na	-			-	
Any Pedestrian Ir	Printerior Distriction and Association and Ass		111- 65		^	
No. of Pedestrian	s injured: NIL		Use of F	edestriar	Cross	sing: NA
Pillion						
Name	NUR RASHIDAH BTE A RASHID			ID No	•	S89173874A
Related Vehicle	FS1934C (Motorcyc	cle)		Conta	ct No.	96446664
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2019		Date Di	scharge		0/2019
	ted Medical Leave	02		of Injury	Sligh	
Rider				, ,	3	
Name	MUHAMMAD YURIHAN BIN JOHARI			ID No		S8709404I
Related Vehicle	FS1934C (Motorcyc	ile)		Conta	ct No.	91379714
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	scharge	NIL	
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ted Medical Leave	NIL	THE RESERVE AND ADDRESS OF THE PARTY OF THE	of Injury	NIL	
Driver			THE RESERVE		AND DESCRIPTION OF THE PERSON	
Name	WONG KOK HENG			ID No.		S7342485B
Related Vehicle	SKW1977Z (Car)			Conta	ct No.	97699877
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class; 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
	ed Medical Leave	NIL		Degree of Injury NIL		

Brief Details.

On 25/10/2019 at around 0715hrs. I was driving my white colored Honda Vezel car bearing registration plate nuber SKW1977Z along Simei Road and was making a right turn past the yellow box into Blk 166 Simei road open carpark. Suddenly, there was a black Kawasaki motorcycle bearing registration plate number FS1934C that was riding towards my car direction and did not managed to stop on time and collided onto my car left front portion with his motorcycle front portion. This resulted in the motorcycle to fall onto the left side. The pillion who was the motorcyclist's wife was injured and conveyed to Changi General Hospital via ambulance.





3 of 4

Report No. T/20191025/2064

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

All the vehicles have stopped as it was red light hence I proceeded to make a right turn after ensuring that the traffic is clear.

Traffic police also came to the accident area and view my in car camera recording which was recording at that point of time.

Due to the collision, my left front bumper came off slightly and suffered slight dent.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 4 of 4 Report No. T/20191025/2064

CONTINUATION OF REPORT

Sketch Plan

NP168

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: G / Sgt 2 ALVIN TAY MING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2019 12:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of	The second second	CONTRACTOR OF THE PARTY OF THE	· Chang	e Languag	e 'Chan	ge Password	· Log Out
My Desktop	Police	y Query									,
Notice of Loss	Policy No	1,				Date	of Accident		25/10/2019 0	7:15	
	Vehicle N	Vo.(For Motor)	SKW19	772		Certif	licate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 !	5112910849		WONG KOK HENG	\$73424858	GPC	drivo CLASSIC	SKW19772	SKW1977Z	21/10/2019	20/10/2020
					1	Continue					

Sequen	ce Date of Endorsem	ent 1	Endorsemen	nt Type	Endorsement	Status	Endorsement Content
	ements						
▶ Insure	d Object: SKW1977Z						
Jnit No.		Relate Numb	d Policy er	5112910849			
Address 4			ss Type	Singapore address		Post Code	520162
Address 1	BLK 162 #10-306	Addre	ss 2	SIMEI ROAD		Address 3	SINGAPORE 520162
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- nsurance	No						
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Υ	
Singapore OD Excess	0	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess Outside	0	OS Premium Outside	0				
excess	0	damage Excess	0		Excess	100	
Type Third Party		Excess Own			Windscreen	200	
xcess	Per Accident	All Claims					
Policy ssue Date	25/09/2019	Effective Date	21/10/201	9 00:00	Expiry Date	20/10/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 162 #10-306 SIMEI ROA	D SINGAPORE 52	20162				
Certificate No.							
Policy No.	5112910849	Policyholder Name	WONG KO	K HENG	Policyholder NRIC	S7342485B	

ist Doc. Received	● Yes ○ No Path		Browse		Category *	Confidential Urger	ncy • Description
						Confidential Linsen	ncy * Description
	Yes No		organization treated				
	⊕ Yes ○ No		Upload Date	25/10/2019 17:01			
oddent No.	MT/1068608		Claim No.	001			
Attachment				DATE DAVING			
				Save Submit			
Print AK letter							
sport Taken By	Jackson				17		
ate Registered	25/10/2019 17:01		Claim Close Date		3	Date Received	25/10/2019 00:00
equire Finalisation	ves	V	Preference Repair Option	Preferred Workshop, N	łame unknown 💟	GIA report	Received V
referred Workshop Contact o.			Insured Debisty •	Not at Fault	~		
aim Description	SKW1977Z / FS1934C ON	25 Det 201	.9	100		Name of Preferred Workshop	
aimant Address							
aimant Name *		>>	Claimant NR3C *		-		
armant Type Claimant Type *	Please Select	v	Type of Benefit *	Please Select			
mail Address	darren3229@yahoo.com.s	_	Of Vehicle Number	SKW1977Z		TP Vehicle Number	FS1934C
ontact No.(Mobile)	97699877		Contact No.(Home)	64499232		Contact No.(Dffice)	
aim Type +	ОБ-МХ	V	Insured Name	WONG KOK HENG		Insured NRIC	573424858
Claim 001 New							
odification History							
reachalyser or Blood Test eading?	0 mg		Any injury?	○ Yes ® No			
eclaration reathelyser or Blood Test							
oes he own a Singapore egistered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
nit No.	10-306						
ddress 4			Address Type	Singapore address		Post Code	520162
ddress 1	BLK 162		Address 2	SIMEL ROAD		Address 3	SINGAPORE 520162
ontact No.(Mobile)			Contact No.(Office)			Contact No. (Home)	200000
egister Date of Driver License	01/10/1997		Driver Age	45		Driving Experience	22
innamed driver Name	Late Av Jere Con-		Driver NRIC	S7342485B		Driver DOS	17/11/1973
river Name	WONG KOK HENG		Driver Type	Main Driver			
OI Driver Info			Related Policy Number	5112910649			
nit No.			Address Type	Singapore address		Post Code	520162
ddress 1 ddress 4	BFK 165 \$10-306		Address 2	SIMEI ROAD		Address 3	SINGAPORE \$20162
Policyholder Mailing Ad							
	Material Park						
odification History				Sal atend (4)	875	163	
ST Registration No.	180			GST Status Ver		Yes	
ST Registered	No			GST Registratio	on Date		
ransport Anowance.	ition			99999999.99			
ransport Allowance				99999999.99			
Coverage Excess Warver				Sum Insured			
♥ Benefits				200000000			
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
Additional Excess		D					
TEO OO Excess		0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
00 Standard Excess		0.00	TP Standard Excess		0.00		
acess Type	- M. ACCIGENT		Windstreen Excess		100.00		
▼ Total Excess Applicable areas Type	Per Accident		Windson V. W.		0.00		
Accident Location	SIMEI RD						
Reporting Central	énuer ne		Orange Force			1CM No.	
Date of Accident	25/10/2019		Time of Accident hh:mm	07:15		Country of Academ	Singapore
Report Date	25/10/2019 16:49		Accident Report Within 24 hrs	s Yes		Accident Type	Side Swipe
→ Accident Details Output Details Output Det	220000000000000000000000000000000000000		White Control of the				
VCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	No
OF K	⊗ No ○ Yes		TCA	No ○ Yes		eCode Reason	
mail Address			Special Remark			eCode	W.Y
	97699877		Contact No.(Office)	0		Contact No. (Home)	6
Contact No.(Mobile)			THE PART OF PERSONS	GUAG PENSOIF		Loading	11 M 12
roduct Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC			0
	WONG KOK HENG PRIVATE CAR INSURANCE		Cover Type			Policyholder NR3C	\$7342485B

