		40119145107	
Date In: 29/0/9-16-TV	Job description	Date & Time Completed	Done by
Res No: 4a) INC 1979 9575/74	SAS e-filing		
Veh No: Umusign	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 28/2/19-16:17	i-Motor Claim Form	M1668986-001	24/10/1920:57
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h	THE RESIDENCE OF THE PARTY OF T	L'-LE
OD Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
Transucci.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 50	RY858D. INC	)/Non-INC( )	4
Owner / Driver: (		Tel:	)
Policy No: ( ) F	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )		
General Remarks:			
		owing Co: (	TE-Seas at the season
		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )	Date&Time Completed	Done by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done by
	Courtesy Car ( )	Date&Time Completed	Done by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( ) ( ) ( ) ( ) ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( ) ( ) ( ) ( ) ( )		Done by
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( ) ( ) ( ) ( ) ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( ) ( ) ( ) ( ) ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( ) ( ) ( ) ( ) ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( ) ( ) ( ) ( ) ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( )		Ant (S) Aft (S)
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	paration Checklist Reporting (\$30);	Anit (\$) Arit (\$) Thi Bill Add Bill
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Malaona ?	Courtesy Car ( )	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ani((S) Ami (S) Thi Bill Add Bill
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Malaona ?	Courtesy Car ( )	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$86); te \$40/ through Survey \$	Ani((\$)) Anit (\$)  Thi Bill Add Bill  )  \$45 120
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Malga 22 2  aimant's Particulars:- iver/Owner:	Courtesy Car ( )	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80); be \$40/ brough Survey \$ brough Survey (Resurvey)	Ant (\$) Ant (\$)  Tit Bill Add Bill  )  \$45 120 \$30
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Malgary ?  aumant's Particulars:-  iver/Owner:	Invoice Pre	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80); See \$400 Abrough Survey \$50 Abrough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005)	Anit (\$) Amt (\$)  The Bill Add Bill  545 120 530
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Malgary ?  aimant's Particulars:- iver/Owner:	Invoice Pre	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$	Am((\$) Am((\$))  Th Bill Add Bill  )  \$45 120 \$330
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Malgary 3  aumant's Particulars:- iver/Owner: intact No: imaged Portion;	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Addition	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$86); Frough Survey  Spainst INC Only (wef 10 Jan 2005); Stion  SMRT Survey  Smal Services:	Ami((\$)) Ami((\$))  Thi Bill Add Bill  9)  \$45  120  \$390  \$75
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Addition	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80); he \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) clion + SMRT Survey \$ onal Services  Car / Tpi Allowance o-ordination	Ant (\$) Amt (\$)  Tst Bill Add Bill  20  \$30  \$75  160  \$53  \$10
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Malgary ?  cuimant's Particulars:- iver/Owner: ontact No: cmaged Portion;  Checked by (Engr-In-Charge):	Invoice Pre  Invoice Pre  I) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-T  For claiming a  6) TR: Re-insper  7) N1: Idao DA  8) NTUC Addition  OD*  N5: Courtesy  N6: Repair C  N7: Fost Rep	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80); be \$40/ brough Survey \$ brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ conal Services  Car / Tpt Allowance condination air Inspection	Ant (\$) Aint (\$)  The Bill Add Bill  20  \$39  \$75  160  \$51  \$510  \$525
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Malgary ?  cumant's Particulars:- iver/Owner: ontact No: imaged Portion;	Invoice Pre	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/ Arough Survey \$5/ Arough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005) Stion SMRT Survey \$5/ Smal Services:- Cer / Tpt Allowance Dendination air Inspection lect Excess Coordination	Ant (\$) Amt (\$)  Tst Bill Add Bill  20  \$30  \$75  160  \$53  \$10
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Malaona ?  mimant's Particulars:-  iver/Owner:  maged Portion;  Checked by (Engr-In-Charge):	Invoice Pre	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80 to \$40) brough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2003) stion + SMRT Survey \$ onal Services  Cer / Tpt Allowance o-ordination nir Inspection lect Excess Coordination (Non INC) against INC	Ami((\$)) Ami((\$))  Thi Bill Add Bill  75 120  \$330  \$75  160  \$53  \$510  \$525  \$53

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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	29/10/2019 16:52	
Date Of Accident	28/10/2019 16:15	
Exact Location Of Accident	SIMS WAY TWDS PIE	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN687R	
Insured/Policyholder		
Name Of Registered Owner	SOH JIN LI	
NRIC No	S8844523F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-88111178	
Alternative Phone No	OFFICE-88111178	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C180K	
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	5112899443	
Cover Note Number		
Driver		
Name of Driver	GOH MENG LEONG	
NRIC No	S7311229Z	
Date Of Birth	31/03/1973	
Occupation	INDOOR	
Date Of Driving Pass	05/01/2015	
Driving Experience	4 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-84575695	
Fax Number		
Contact Number	OFFICE-84575695	

NOEMAIL

BLK 2 LORONG LEW LIAN Address

#07-42

Postcode 531002

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

NO

2

NO

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLR4858D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 aforesald.
- 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	Esims was _	> L L V	VV	1 1	Tunan
Jehicle A	-7				1 =>
- SMN G87R	7		N Let		11 >
Vehicle B				_/:::	
- SLR 4858D			\ 7		
	V 1/2-	- 1, - 1 - 1			7
	J [8] A				
					1-6
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT	+11-	V 50	ns ave	11
I was sea	tianny stapped at	the took	fie 1.5/A	Junction	before
moting a right		ins Ave.	1 m	s on the	
extreme right	bne.				
While wasting of	for the traffic light	1	your Lich .	on Menty	7
The state of the s	Ten de 1	7-1)	7 170		
Alighed fam in		lized it us	7.7	hide with	
my vehicle.	( 2rk HALA D)	that colli	led to .	the Rest	of
the other por	rty Mr Abdul Roz	sk Bin Idris	s had he	and written	and
. 1 11	net selmetted it was	s his few	la of h	itting unto	The
J					
	SMN 687 R				
Jehile B -	SLR 4858D				
					1 1 1
DECLARATION					

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Vehicle No.	SMN 687R Model/Make MERC C180
Date of Accident	28/10/2019
Time of Accident	1615 HRS
ocation of Accident	Sims way, toward PIR (KAR) direction.
Exact purpose use during acci	dent private use
Name of Owner	SOM JIN LI
Telephone No.	H/P: 3511 1178 Home: Office:
NRIC	575445235
Address	BLK 86 WHAMPON DRIVE # 16-937 5 (320086)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5112899443
Name of Driver	As Above If No. GOH MENT LEONLY
NRIC	S 73 11 229 7 Any Passengers: (1 Mark)
Date of birth	31 MAR 1973
Occupation	Outdoor / Indoor
Driving License Pass Date	05 JAN 2015
Gender	Male / Female
Contact No.	H/P: 8457 5695 Home: Office:
Address	BIK 2 LORUNG LEW LIAN # 07-42 S(\$31002)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state OWN FRIEND
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SLR 4858 D Any Passengers:
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RâAR
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIUS PER LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51·com·s9



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COM	ADENISATION) ACT (CHARTER AND
MOTOR VEHICLES (THIRD BARTY DIEVE AND COL	TENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND CON	MPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MAI AVSIA)

Certificate Number: 5112899443	Cover : drivo CLASSIC
<ol> <li>Index mark and Registration Number of Vehicle Chassis Number</li> </ol>	SMN687R WDD2040452A337754
Name of Policyholder     Effective Date of Insurance	: SOH JIN LI
Expiry Date of Insurance	: 25 Sep 2019 : 24 Sep 2020
<ol> <li>Persons or Classes of Persons entitled to drive#</li> <li>(a) The Policyholder.</li> </ol>	2 - 3 dp 2 d 2 d

- (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	: \$\$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	A LA STELL AND THE ANALYSIS AND
NAMED DRIVER (1)	: WONG PUI FONG ELISA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: RICARDO CARS PTE LTD
ANN INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 25 Sep 2019 10:19 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Languag	e + Chan	ge Password	) Log Out
My Desktop	Poli	cy Query									29
Notice of Loss Policy No.					Date o	f Accident	1	28/10/2019	16:15		
	Vehicle	No.(For Motor)	5MN68	7R		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112899443		SOH JIN LI	S8844523F	GPC	drivo CLASSIC	SMN687R	SMN687R	25/09/2019	24/09/2020
					C	Continue					

Sequen	ce Date of Endorsem	ent	Endorsemer	nt Type	Endorsement	Status	Endorsement	Content
□ Endors	ements							
♪ Insure	d Object: SMN687R							
Unit No.		Relate Numb	d Policy er	5112899443				
Address 4	SINGAPORE 320086		ss Type	Singapore address		Post Code	320086	
Address 1	BLK 86 #16-937	Addre	ss 2	WHAMPOA DRIVE		Address 3	WHAMPOA SPRII	VG
Policyh	nolder Mailing Address							
Certificate Info								
Policy Info								
Flag Open								
Co- insurance	No							
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Y		
Singapore OD Excess	600	Singapore TP Excess	0			Young	J/Inexperience Driver	Excess
Excess Outside	NE .	Premium Outside	255			400		
Additional	0	os	0					
Third Party Excess	0	damage Excess	600		Windscreen Excess	100		
Туре	Per Accident	Excess Own						
issue Date Excess	25/09/2019	Date All Claims	25/09/201	9 00:00	Expiry Date	24/09/2020 2	3:59	
Name Policy	PRIVATE CAR INSURANCE	Plan Effective			Policy Flag	N		
Address Product	BLK 86 #16-937 WHAMPOA D		SPRING SI	NGAPORE 320086	Group			
Certificate No.								
Policy No.	5112899443	Policyholder Name	SOH JIN L	I	Policyholder NRIC	S8844523F		

laim Handling								
cident MT/1068986					200	ANAMESTIC		
licy No.	5112899443	Vehicle No.	SMN687R		GST I	Registration No.		
ertificate No.							VVVVV V	
olicyholder Name	SOH 38N 13					yholder NR3C	S8844523F	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	envo CLASSIC		Load		9	
antect No.(Mobile)	68111178	Contact No.(Office)	0		Conta	act No.(Home)	0	
nel Address		Special Remark			eCod		10000	
FK	® No ○ Yes	TCA			eCod	le Reason		
CD Protection	No	NCD Entitlement(%)	0		Privat	de Hire	No	
Accident Details								
sport Date	29/10/2019 20:55	Accident Report Within 24 hrs	Yes		Accid	tent Type	Collision - Hea	d to Rear
ate of Acodem	28/10/2019	Time of Accident hhimm	16:15		Coun	try of Accident	Singapore	
sporting Centre		Grange Force			ICM I			
coident Location	SIMS WAY TWOS PIE	808966008						
Total Excess Applicable	and initiative							
		Windscreen Excess		100.00				
cess Type	Per Accident	Windscreen Excess		100.00				
5 Standard Excess	600.00	TP Standard Excess		0.00				
					Delug	er is Covered?		
ED OD Extens	500.00	VIED TP EXCess			Drive	ins covered.		
dditional Excess	0							
rtal OD Excess Applicable	1100.00	Total TP Excess Applicable						
V Benefits								
GST Registered Informa	ition							
ST Registered	No .			stration Date				
ST Registration No.			GST State	us Verified		Ves		
odification History								
Policyholder Hailing Ad	dress							
ddress 1	BLK 86 #16-937	Address 2	WHAMPOA DRIV	6	Addr	ess 3	WHAMPOA SP	RING
doress 4	SINGAPORE 320086	Address Type	Singapore addre	55	Post	Code	320086	
nit No.		Related Policy Number	5112899443					
OI Driver Info								
river Name	Unnamed Driver	Driver Type	Unnamed Driver					
nnamed driver Name	GOH MENG LEONG	Driver NRIC	573112292		Drive	er DOB	31/03/1973	
			46			ing Experience	4	
egister Date of Driver License		Driver Age						
ontact No.(Mobile)	84575695	Contact No.(Office)	0			act No.(Home)	0	
ddress 1	BLK 2	Address 2	LORONG LEW LE	AN	Ador	ess 3	LEW LIAN GA	RDENS.
doress 4	SINGAPORE \$31002	Address Type	Singapore addre	55	Post	Code	531002	
init No.	07-42							
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.			Drive	er Insurer Company		
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reathelyser or Blood Test	0 mg	Any injury?	☐ Yes ® No					
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laim Type *	190000		Contract to the second to the			red No.(Office)		
ontact No.[Mobile]	86111178	Contact No.(Home)	MIL				di manifesta	
mail Address	jinlandy8844@gmail.com	Of Vehicle Number	SMN687R		TP V	ehicle Number	SLR4658D	
laimant Type Claimant Type •	1000	Type of Benefit *	Please Select	~				
larmant Name *	22	Claimant NR3C *			100			
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laim Description	SMN687R / SLR4858D ON 28 Oct 2019				Nam	e of Preferred Workshop		
referred Workshop Contact		Insured Liability *	Not at Fault	V				
o. equire finalisation	Yes V	Preferered Repair Option	-		♥ GIA	report	Received	15
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