			IAIMIYN856		
Date In: 36/19/19-14:31	Job description	VI-II-	Date & Time Completed	Done	by by
Rel No: NA / INCIGAPIOIDA	SAS e-filing		i		
Veh No: 50 855X	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A 26/10/19-14:10	i-Motor Clain	n Form	m11068989-001	المالمالم	พเพ
	i-Motor W/O	(Within: OD 2hr.	THE RESERVE OF THE PARTY OF THE		
OD TP/ Reporting Only	i-Photo Uploa	ded	1		
TP Insurer:	Assessment/Sur	vey Report			
17 Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tol: F	ax:	
TP Particulars: Veh No:	Neoyas .	INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	-
Confirmed by : (	20-11	Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )		)/NO(	)		
	51,000 ( )/\$2,000 (	-			
		TO FLORIDA CHARGO ON LIBORUS			
Outral Remarks.				3000 33 5 5	
( ) Walk-In Customer : Customer's i		ridential & Str	nctly NO rater of repairer.		
( ) Total Loss Case : to e-mail Ins	The state of the s				
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / NO	O( );T	owing Co: (		)
Remarks: (INC hotline: 6788 6616	<b>1</b>	TO NOT RECE	Date&Time Completed	Done	by
	/ Courtesy Car ( )	ANATHUR SAME AND AND	1		
	( )				
2) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )				
2) QC Check / Post Repair Inspection	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )			Entropy .	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( )				Amu ()
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )		paration Checklist	Ant (5)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  HAI938217	( )	Invoice Prej	paration Checklist.	Anic (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  HAI938217:  daimant's Particulars:-	( )	Invoice Prep I) AR : Accident 2) DA : Damage /	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8	Anit (\$) fit Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MAI938217:  alimant's Particulars:-	( )	Invoice Prep 1) AR : Accident 2) DA : Damege A 3) TF : Towing Fo 4) FT : Follow-Th	naration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8  100 Storough Survey	Anic (\$) fst Bill 0) /\$45 5120	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MAI 198217  atimant's Particulars:- iver/Owner:	( )	Invoice Prep 1) AR: Accident 2) DA: Damege 3) TF: Towing Fo 4) FT: Follow-Th	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8  Grough Survey  Brough Survey (Resurvey)	Anic (\$)   fst Bill    0)  /\$45  5120  \$30	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MAI938217: aimant's Particulars:- iver/Owner:	( ) \$3000] ( )	Invoice Prep 1) AR: Accident 2) DA: Damege 3) TF: Towing Fo 4) FT: Follow-Th	Checklist:  Reporting (\$30);  Assessment (\$100); INC (\$8  Tough Survey  Trough Survey (Resurvey)  Tainst INC Only (wef 10 Jan 2005)	Anic (\$)   fst Bill    0)  /\$45  5120  \$30	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MAI 98217  alimant's Particulars:- iver/Owner:	( ) \$3000] ( )	Invoice Prep 1) AR: Accident 2) DA: Damege A 3) TF: Towing For 4) FT: Follow-Th 5) FT: Fullow-Th For claiming as 5) TR: Re-inspec 7) N1: Idae DA	Caration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8 to \$40	Ant (\$)  fit Bill  0) /\$45 \$120 \$30	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  MAI 1938217  daimant's Particulars:-  iver/Owner:  phact No:  maged Portion:	( ) \$3000] ( )	Invoice Preparents of the second of the seco	Caration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8 to \$40	Ant (\$)  fit Bill  0) /\$45 \$120 \$30 ) \$75	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  MAI 1938217  daimant's Particulars:-  iver/Owner:  phact No:  maged Portion:	( ) \$3000] ( )	Invoice Preparation of the control o	Car / Tpi Allowance	Anic (\$)  fit Bill  0) /545 5120 530 ) 575 5160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  MAI 1938217  daimant's Particulars:-  iver/Owner:  phact No:  maged Portion:	( ) \$3000] ( )	Invoice Prepared in Art : Accident 2) DA : Damage A 3) TF : Towing For : Follow-Th For claiming as (5) TR : Re-inspect) N1 : Idae DA + (5) NTUC Addition OD + (5) NS: Courtesy * N6: Repair Co	caration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8 to \$40	Anic (\$)  fit Bill  0) /545 5120 530 ) 575 5160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  MAI 1938217  Calimant's Particulars:-  iver/Owner:  Date No:  maged Portion:  Checked by (Engr-In-Charge):	( ) \$3000] ( )	Invoice Prepared in Art : Accident 2) DA : Damage A 3) TF : Towing For the control of the contro	caration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8 to \$40	Anic (\$)  fit Bill  0) /545 5120 530 ) 575 5160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MAI 938217  aimant's Particulars:  iver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):  Iditors! Comments:-	( ) \$3000] ( )	Invoice Preparation of the property of the pro	Reporting (\$30); Assessment (\$100); INC (\$8 is a S40 is a	Anic(s)  fix Bill  0)  7545 5120 530 )  \$75 5160  \$55 510 523 55 \$20	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( )	Invoice Prepared in Art : Accident 2) DA : Damage / B) TF : Towing For State of Tr : Follow-Tr For claiming at 5) TR : Re-inspect of Tr : Idae DA + B) NTUC Addition OD + NS : Courtesy • NS : Courtesy • NS : Courtesy • NS : Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 is a S40 is a	Anic (\$)  fit Bill  0) /545 5120 530 ) 575 5160  \$5 510 525 55 \$20 30	

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

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

	ACCIDENT STATEMENT
Date Of Report	29/10/2019 14:51
Date Of Accident	26/10/2019 14:10
Exact Location Of Accident	BRAS BASAH RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC853X
Insured/Policyholder	
Name Of Registered Owner	KOH BOK KWAN
NRIC No	S1500646C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98802693
Alternative Phone No	OFFICE-98802693
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X A
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096770889-01
Cover Note Number	
Driver	
Name of Driver	KOH BOK KWAN
NRIC No	S1500646C
Date Of Birth	24/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98802693
Fax Number	
	055105 00000000

OFFICE-98802693

NOEMAIL

Address 10 FLORA ROAD

#03-01

Postcode 509729

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

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? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

NO

2

NO

2

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

olice Station Address SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191029/2066.

Was there any video captured by Car Camera?

Attachment(s)

Are accident photos available for attachment? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN8049S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG KIM HOCK

NRIC/Passport Number S0021544I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAI	LS OF INJU	IRED I	PERSON 1

KOH BOK KWAN Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle?

SJC853X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
  - (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		
Reas Basch Red		A: DC853X B= SL N8049S
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
DECLARATION //We declare the foregoing par	ticulars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnell's Signature Name:

Date & Time:

NRIC/FIN No.:





1 of 4

Report No. T/20191029/2066

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 13:18	/lade:	Vide Report No.:	Station Diary No.: 56	
Informa	nt's Partic	ulars			
	f Informant: K KWAN		Address: 10 FLORA ROAD #03-01 SIN	IGAPORE 509729	
ID Type / ID No.: NRIC NO / S1500646C			Contact No.: Home/Office: Mobile: 98802693		
National SINGAP	ity: ORE CITIZ	ŒN.	Email:		
Sex: Male	Age: 58	Date of Birth: 24/08/1961	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation:			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2019 14:10	Type of Location Straight Road	
Location: BRAS BASAH	H ROAD		\$ O	Dood Coord Lines	
-13.6 (Fig. 1) (Fig.		Road Surface: Wet		Road Speed Limit:	
		Traffic Control: Traffic Light - Wo	COL	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear		To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SJC853X	Car	ТОУОТА	COROLLA AXIO 1.5X A	Grey	Slightly Damaged	1		
SLN8049S	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Black	Slightly Damaged	0		

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJC853X	NTUC Income Insurance Co-Operative Limited	5096770889-01	30/01/2019	29/01/2020		





T/20191029/2066

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 2 of 4 Report No. T/20191029/2066

CONTINUATION OF REPORT

Details of Person Any Pedestrian Ir						
				estrian	Cross	sing: NA
Passenger	o injurou: riie			2550		
Name	Zankan Chen			ID No.		NIL
Related Vehicle	SJC853X (Car)			Conta	ct No.	98977139
Hospital/Clinic	NIL ,			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	ted Medical Leave	NIL	Degree of		NIL	#X
Driver				H. Chill		
Name	KOH BOK KWAN			ID No.		S1500646C
Related Vehicle	SJC853X (Car)			Contact No.		98802693
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	26/10/2019		Date Disch			)/2019
	ted Medical Leave	04	Degree of		Sligh	
Driver						
Name	NG KIM HOCK	IM HOCK		ID No.		S0021544I
Related Vehicle	SLN8049S (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 26/10/2019 at about 2.10pm, I was driving along Bras Basah Road. After passing one traffic light, all the vehicles in front of me stopped. As such I braked as well. About a minute later after I stopped, a car behind hit onto the rear bumper of my vehicle. The rear bumper of my vehicle was dented and the rear lights came off as well.

After which We then alighted to make a check. During that point of time, I have a passenger with me. However no one was injured except me. The impact caused me to have a headache, back pain and pain on my right knee. I went to see a doctor and was given 04 days of MC.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 4 Report No. T/20191029/2066

CONTINUATION OF REPORT

No police or ambulance was at scene as well.





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4 Report No. T/20191029/2066

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Sgt 2 JOEL ZAI JUNJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2019 13:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE	

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	Languag	ge + Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	Vo.				Date o	f Accident		26/10/2019	14:10	
	Vehicle	No.(For Motor)	SJC853	х		Certific	cate Number				77
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096770889- 01		KOH BOK KWAN	S1500646C	GPC	drivo CLASSIC	SJC853X	SJC853X	30/01/2019	29/01/2020
					C	Continue					

Sequen	ce Date of Endorsemen	it 8	Endorsemen	Туре		Endorsement	Status	Endorsement Content
□ Endors	ements							
Insure	d Object: SJC853X							
Unit No.	03-01	Relate Numb	d Policy er	50967708	89-01			
Address 4		Addre	ss Type	Singapore	address		Post Code	509729
Address 1	10 FLORA ROAD	Addre	ss 2	#03-01 A	ZALEA PA	RK CONDOM	Address 3	SINGAPORE 509729
→ Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
insurance Flag	No							
Co-		The second	23.07217			33111111		
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119			GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500				Young	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0					
Third Party Excess	1500	Own damage Excess	2000			Windscreen Excess	100	
Excess Type		All Claims Excess						
Policy Issue Date	24/01/2019	Effective Date	30/01/201	9 00:00		Expiry Date	29/01/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan				Group Policy Flag	N	
Address	10 FLORA ROAD #03-01 AZALE	A PARK COND	OMINIUM SI	NGAPORE 5	09729			
Certificate No.		ne(\$761.79				I CANTER TO SERVICE OF THE SERVICE O		
Policy No.	5096770889-01	Policyholder Name	KOH BOK H	CWAN		Policyholder NRIC	S1500646C	

laim Handling								
ccident MT/1068989								
olicy No.	5096770889-01	Vehicle No.	\$3C8\$3X		GST Registration No			
ertificate No.								
olicyholder Name	KOH BOK KWAN			1	Policyholder NRIC		\$15006460	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	dnyo CLASSIC		Loading		0	
intact No.(Mobile)	98802693	Contact No.(Office)	0	- 8	Contact No. (Home)		0	
nali Address		Special Remark		10	eCode		W.Y	
K	® No. ○ Yes	TCA	® No ○Yes	32	eCode Reason			
D Protection	No	NCD Entitlement(%)	10	1	Private Hire		Yes	
Accident Details								
port Date	29/10/2019 21:20	Accident Report Within 24 hrs	Yes	3	Accident Type		Collision - Hea	d to Rear
se of Accident	26/10/2019	Time of Acodent hn:mm	14:10	- 33	Country of Accident		Singapore	
porting Centre		Orange Force			3CM No.			
odent Location	BRAS BASAH RD							
Eccess								
n damage Excess	2,000,00	Additional Excess	0		Windscreen Excess		100.00	
named Driver Excess	0.00	Outside Singapore OD Excess	2,000.00					
nd Party Excess	1,500.00	Duteide Singapore TP Excess	1,500.00					
Benefits								
GST Registered Informa	ation							
T Registered	No		GST Registration Date		Carpen			
T Registration No.			GST Status Verified		Yes			
dification History								
Policyholder Mailing Ad	dress							
Policyholder Mailing Ad	10 PLORA ROAD	Address 2	#03-01 AZALEA PARK CONDOM		Address 3		SINGAPORE S	09729
dress 4	and a second reserve	Address Type	Singapore address		Post Code		509729	
it No.	03-01	Related Policy Number	5096770889-01				July 188	
OI Driver Info	me Kit	mental conty matter.	and the same of th					
ver Name	KOH BOK KWAN	Driver Type	Main Driver					
named driver Name	National Property	Driver NRIC	\$1500646C		Driver DOB		24/08/1961	
gister Date of Driver License	27/12/1962	Driver Age	58		Driving Experience		36	
ntact No.(Mobile)	98802693	Contact No.(Office)	0		Contact No.(Home)		0	
					Address 3		SINGAPORE 5	09729
							DAMES OF STREET	
	10 FLORA ROAD	Address 2	AZALEA PARK CONDOMINIUM				800730	
tdress 4		Address Type	Singapore address		Post Code		509729	
dress 4 nit No.	03-01	Aggress Type			Post Code		509729	
ddress 4 init No. ipes he own a Singapore						pany	509729	
ddress I ddress 4 init No. loes he own a Singapore agistared car?	03-01	Aggress Type			Post Code	sany	509729	
ddress 4 nit No. pes he own a Singapore	03-01	Aggress Type			Post Code	pany	509729	
dress 4 at No. as he count a Singapore gistared car? claration cathalyser or blood Test ading? diffication History Claim 001 New	03-01 ○ Yes	Address Type Driver Vehicle No.	Singapore address		Post Code	any	\$1500646C	
dress 4 at No. as he comn a Singapore gistared car?  Claration carnatyser or Blood Test ading?  diffication History  Claim 001 New	03-01 ○ Yes  No	Address Type  Driver Vehicle No.  Any Injury?	Singapore address.  ® Yes ○ No		Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)	awny	\$15006490	
idesis 4  id No.  ist No count a Singapore gistared car?  claration carnalyser or Blood Test ading?  Claim 001 New  im Type * intact No.(Mobile)	03-03 ○ Yes  No 0 mg	Address Type  Driver Vehicle No.  Any Injury?  Insured Name	Singapore address  ® Yes ONS  KOH BOK KWAN  SX853X		Post Code  Driver Insurer Comp	a deny		
idesis 4  id No.  ist	D3-03  ○ Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ® Yes ○ No  KOH BOK KWAN		Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)	a deny	\$15006490	
dress 4 It No. I	03-03  ○ Yes	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number	Singapore address  ® Yes ONS  KOH BOK KWAN  SX853X		Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)	any.	\$15006490	
dress 4  it No.  ist	D3-03  O Yes ® No  D mg  OD-MX  98802693  MAXLIMO_EDWIN_KCH#HOTM  Please Select	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No. (Home)  Of Vehicle Number  Type of Benefit +	Singapore address  ® Yes ONS  KOH BOK KWAN  SX853X		Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)	any.	\$15006490	
dress 4  it No.  es he own a Singapore gatared car?  claration eathalyser or Blood Test ading?  dification History  Claim 001 New  Interpretable Claim of the Claim of the Care  interpretable Claim o	D3-03  O Yes ® No  D mg  OD-MX  98802693  MAXLIMO_EDWIN_KCH#HOTM  Please Select	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No. (Home)  Of Vehicle Number  Type of Benefit +	Singapore address  ® Yes ONS  KOH BOK KWAN  SX853X		Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)		\$15006490	
dress 4  at No.  as he own a Singapore gistared car?  Caration  carnatyser or Blood Test ading?  dification History  Claim 001 New  Am Type *  mict No.(Mobile)  hall Address  armant Name *  symant Admess  armant Adme	03-03	Address Type  Driver Vehicle No.  Any Injury?  Insured Name  Contact No. (Home)  Of Vehicle Number  Type of Benefit +	Singapore address  ® Yes ONS  KOH BOK KWAN  SX853X		Post Code  Driver Insurer Come Insured NRIC Contact No. (Office) TP Vehicle Number		\$15006490	
dress 4  it No.  ist	03-03	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contect No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIIC *	Singapore address  ® Yes O No  KOH BOK KWAN  SXC853X  Please Select		Post Code  Driver Insurer Come Insured NRIC Contact No. (Office) TP Vehicle Number		\$15006490	V
idrices 4 Nt No.  best he cown a Singapore grishared car?  claration earthalyser or Blood Test adding?  diffication History	03-03  ○ Yes  No  0 mg    DD-MX	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contect No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	Singapore address  ® Yes O No  KOH BOK KWAN  SXC853X  Please Select  Not at Fault		Post Code  Driver Insurer Come  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500646C \$LN8049S	
idesis 4  id No.  Jest he own a Singapore galaxed car?  Claration  eathalyser or Blood Test adding?  dification History  Claim 001 New  Immort ype *  Immort No. (Mobile)  Inall Address  Jest address	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Singapore address  ® Yes O No  KOH BOK KWAN  SXC853X  Please Select  Not at Fault		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4  it No.  est he own a Singapore galared car?  claration  eathalyser or Blood Test ading?  Claim 001 New  im Type * mact No. (Mobile) half Address immant Type Claimant Type * immant Name * immant Address imm Beneription  efferred Workshop Contact  guire Finalisation  ee Registered port Taken By	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Singapore address  ® Yes O No  KOH BOK KWAN  SXC853X  Please Select  Not at Fault		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4 It No. es he own a Singapore gatered car?  Claration  carration  catralyser or Blood Test ading?  Claim 001 New  If Type * Intact No. (Mobile) Intal Address  Emant Type Claimant Type * Internat Name	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Singapore address  ® Yes ONS  KOH BOK KWAN  SXC853X  Please Select  V  Preferred Workshop, Name unknow		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4 In No. I	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Singapore address  ® Yes O No  KOH BOK KWAN  SXC853X  Please Select  Not at Fault		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4 It No. es he own a Singapore gatared car?  claration intrinsipser or Blood Test adding?  Inflication History  Claim 001 New  Intrinsipser or Blood Test Inflication History  Claim 001 New  Intrinsipser or Blood Test Inflication History  Claim 001 New  Intrinsipser or Blood Test Inflication History  Claim 001 New  Intrinsipser or Blood Test Intrinsipser or Blood T	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Singapore address  ® Yes ONS  KOH BOK KWAN  SXC853X  Please Select  V  Preferred Workshop, Name unknow		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4  It No.  It No.  It No.  It has been a Singapore palared car?  Claration  Caration  Caration  Caration  Caration  Caration  Claim Oo1  New  Claim Oo1  New  Claim Oo1  C	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	Singapore address  ® Yes ONS  KOH BOK KWAN  SXC853X  Please Select  V  Preferred Workshop, Name unknow		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4 It No. es he com a Singapore galand car?  claration  caration  claim ool New  caration  caratical  carat	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Claim	Singapore address  ® Yes O No  KOH BOK KWAN  SXSS3X  Please Select  Not at Fault  Preferred Workshop, Name unknow		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred 1		\$1500649C \$1,N8049S	
dress 4 It No. es he com a Singapore galand car?  claration  caration  claim ool New  caration  caratical  carat	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Code Date	Singapore address  ® Yes O No  KOH BOK KWAN  SX853X  Please Select  V  Preferred Workshop, Name unknow  Save Submit  Dol  29/10/2019 21:22		Post Code  Driver Insurer Comp  Insured NRIC  Comtact No. (Office)  TP Vehicle Number  Name of Preferred I  GIA report  Date Received	Workshop .	\$1500649C \$1,N8049S Received 29/10/2019 0	0.00
dress 4 It No. es he com a Singapore galand car?  claration  caration  claim ool New  caration  caratical  carat	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Reper Option Claim Close Date  Claim No. Upload Date	Singapore address  W Yes O No  KOH BOK KWAN  SICESTA  Please Select  Not at Fault  Preferred Workshop, Name unknow  Save Submit  Category *		Post Code  Driver Insurer Comp  Insured NRIC  Comfact No. (Office)  TP Vehicle Number  Name of Preferred I  GIA report  Date Received	Workshop	\$15006490 \$1,N80495 Received 29/10/2019 0	0.00
stress 4  1 No.  85 he own a Singapore pipiared car?  Idention athalyser or Blood Test doing?  Infliction History  Infliction	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim So.  Upload Date  Browse	Singapore address  W Yes O No  KOH 90K KWAN  SIXS53X  Please Select  Preferred Workshop, Name unknow  Save Submit  Dol 29/10/2019 21:22  Category *		Post Code  Driver Insurer Comp  Insured NRIC  Comfact No. (Office)  TP Vehicle Number  Name of Preferred 1  GIA report  Date Received  Confidencial	Workshop	\$1500649C \$1N8049S Received 29/10/2019 0	0.00
stress 4  1 No.  85 he own a Singapore pipiared car?  Idention athalyser or Blood Test doing?  Infliction History  Infliction	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim So. Upload Date  Browse Browse	Singapore address  W Yes O No  KOH BOK KWAN  SXSS3X  Please Select  V  Not at Fault  Preferred Workshop, Name unknow  Save Submit  Dol 29/10/2019 21:22  Category *  Category *  Category *  Please Select  Please Select		Insured NRIC Comfact No. (Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received	Urgenc [normal [Repmal	\$1500649C \$1N8049S Received 29/10/2019 0	0.00
stress 4  1 No.  85 he own a Singapore pipiared car?  Idention athalyser or Blood Test doing?  Infliction History  Infliction	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim So.  Upload Date  Browse	Singapore address  ® Yes O No  KOH BOK KWAN  SXSS3X  Please Select  V  Not at Fault  Preferred Workshop, Name unknow  Save Submit  Dol  29/10/2019 21:22  Category *  Gear Please Select  Cear Please Select		Driver Insurer Comp  Insured NRIC Comfact No. (Office) TP Vehicle Number  Name of Preferred 1 GIA report Date Received  Confidencial  No. V NO. V	Urgenc Incompl Feormal	\$1500649C \$1N8049S Received 29/10/2019 0	0.00
dress 4 It No. es he com a Singapore galand car?  claration  caration  claim ool New  caration  caratical  carat	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim So. Upload Date  Browse Browse	Singapore address  ® Yes O No  KOH BOK KWAN  SXSS3X  Please Select  V  Not at Fault  Preferred Workshop, Name unknow  Save Submit  Dol  29/10/2019 21:22  Category *  Category *  Gear Please Select  Gear Please Select		Driver Insurer Comp  Insured NRIC Comfact No. (Office) TP Vehicle Number  Name of Preferred 1 GIA report Date Received  Confidencial  No. V NO. V	Urgenc [normal [Repmal	\$1500649C \$1N8049S Received 29/10/2019 0	0.00
dress 4  It No.  es he own a Singapore galared car?  Claration  cathalyser or Blood Test ading?  Claim 001 New  If Type *  Interface Claimant Type *  Interface Claimant Type *  Interface Claimant Type *  Interface Contact  Claim 001 Claimant Type *  Interface Contact  Claimant Address  Interface Contact  Claimant Address  Interface Contact  Claimant Address  Interface Contact  Claimant Address  Interface Contact	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Code Date  Browse Browse Browse	Singapore address  (iii) Yes (iii) No  KOH BOK KWAN  SICKSTAX  Please Select  V  Not at Fault  Preferred Workshop, Name unknow  Save Submit  Dol  29/10/2019 21:22  Category *  Gear Please Select  Gear Please Select  Gear Please Select  Gear Please Select  Open Please Select		Driver Insurer Comp  Insured NRIC Comfact No. (Office) TP Vehicle Number  Name of Preferred 1  GIA report Date Received  Confidencial  No. V.	Urgenc Incompl Feormal	\$1500649C \$LN8049S Received 29/10/2019 0	
idesis 4  id No.  Jest he own a Singapore gatared car?  Claration  eathalyser or Blood Test adding?  dification History  Claim 001 New  Image:	03-01	Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Claim Claim Code Date  Browse Browse Browse Browse	Singapore address  (In Yes O No  KOH BOK KWAN  SXSS3X  Please Select  Not at Fault  Preferred Workshop, Name unknow  Save Submit  Dol 29/10/2019 21:22  Category *  Category *  Gear Please Select  Please Select		Post Code  Driver Insurer Comp  Insured NRIC Comtact No. (Office) TP Vehicle Number  Name of Preferred 1  GIA report Date Received  Confidential  NG V  NG V  NG V	Urgenc [Normal [Normal [Normal	\$1500649C \$1N8049S Received 29/10/2019 0	0.00

			Display in New Window	1	Scan and uploading	ma .			
	Uploaded By/Date	Folder Date	File Name		Ŷ	Source		Act	
Video List	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Oct 2019 21:21		Photos Normal			Photo			
D-1 186	NAC_PAYA_UBI_B00601[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Dct 2019 21:21		Photos		Normal	Photo	Photos 2019-10-29		
	NAC_PAYA_UBI_800601( NATION CES) on 29 O	WAL ASSESSMENT CENTRE SERVI IX 2019 21:21	Photos		Normal	Photos 2019-10-29			
4	NAC_PAYA_UBI_B00601( NATION CES) on 29 D		Photos		Normal	Proces 2019-10-29			
	NAC_PAYA_UBI_800601[ NATION CES) on 29 O	NAL ASSESSMENT CENTRE SERVI 12 2019 21:21	Photos.		Normal	Photos 2019-10-29			
6	NAC_PAYA_UBI_B00601[ NATION CES] on 29 O		Photos.		Normal	Photos 2019-10-29			
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Oct 2019 21:22		Photos		Normal	Photos 2019-10-29			
13	NAC_PAYA_UBI_800601( NATION CES) on 29 Oc		Photos		Normal	Photo	s 2019-10-29		
	NAC_PAYA_UBI_800601( NATION CES) on 29 Or	VAL ASSESSMENT CENTRE SERVI LI 2019 21:22	Photos		Normal	Photo	s 2019-10-29		
	NAC_PAYA_UBI_B00601[ NATION CES] on 29 Oc		Photos		Normal	Photo	s 2019-10-29		
	NAC_PAYA_UBI_800601[ NATION CES] on 29 Or		Photos		Normal	Photos 2019-10-29			
	NAC_PAYA_UBI_E00601{ NATIONAL ASSESSMENT CENTRE SERVI CES} on 29 Oct 2019 21:22		Photos		Normal	Photos 2019-10-29			
2	NAC_PAYA_UB1_800601( NATION CES) on 29 O		Photos		Normal	Photo	s 2019-10-29		
463	NAC_PAYA_UBI_800601( NATION CES) on 29 Or	C_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Oct 3019 21:22			Normal	SAS	2019-10-29		
Mile Cross	NAC_PAYA_UBI_800601( NATION CES) on 29 O		NRIC/ Driving License	×	Normal	NRIE/ Driving	NRIE/ Driving License 2019-10-29		
		By/Date	Category	T	Urgency		escription		