NATIONAL Assessment Centre Services. | WHI 1 Jan 151 MNA 19 14 600 Date In: 4/1/19-16.34 Date & Time Completed Done by Jeb description SAS e-filing Veh No: 12 99701 E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form m/1069876001 4/11/19 16:50 D.O.A i-Motor W/O (Within: OD 2hrs, TP 4hrs) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: JLM31009. INC ()/Non-INC (Owner / Driver: (Tel: Cover Type: (Policy No: (Period: () Confirmed by: (Date: Time: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-in (); Invoice: YES () / NO (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amit (1) Anit (S) Invoice Preparation Checklist Ist Bill Add Bill MA1908711 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination \$25 *N7; Fost Repair Inspection Auditors! Comments :-\$5 *N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC Cat. 1; 9) N12: Idac Mobile **动的孩子**类 2at 2/3; Invoice dated Fee Charged Invoice dated -

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number EMail Address

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 aforesaid.

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	04/11/2019 16:34
Date Of Accident	03/11/2019 19:00
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ9970L
Insured/Policyholder	
Name Of Registered Owner	PANG WEI KEONG STEVE
NRIC No	S8610852F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97593986
Alternative Phone No	OFFICE-97593986
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106630358
Cover Note Number	
Driver	
Name of Driver	PANG WEI KEONG, STEVE (PENG WEIQIANG)
NRIC No	S8610852F
Date Of Birth	04/05/1986
Occupation	INDOOR
Date Of Driving Pass	14/04/2011

8 YEARS AND 6 MONTHS

(LOCAL) +65-97593986

OFFICE-97593986

MALE

NOEMAIL

BLK 830 HOUGANG CENTRAL Address

#04-524

Postcode 530830

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

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

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

: PANG WENG PIEW

Passenger 2 : LIEW SWEE KHENG NAME:

> GENDER: : FEMALE

Passenger 3 NAME: : SUMITA GUNASEHARAN

> GENDER: : FEMALE

Details of Police Action

YES Was the accident reported to the police?

If Yes.Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191104/7019.

Attachment(s)

Remarks/ Reasons:

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM3100P

Vehicle Make/Model/Colour

HONDA VEZEL

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)

DETAILS OF INJURED PERSON 1

Name

PANG WEI KEONG, STEVE (PENG WEIQIANG)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLZ9970L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PANG WENG PIEW

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLZ9970L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

LIEW SWEE KHENG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLZ9970L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

SUMITA GUNASEHARAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLZ9970L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

....

ambulance?

NO

Address

Postcode

Page 3 of 18

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

	Refer to police report	
/		
/		
/		

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	03/11/2019	(DD/MM/YY)
Time of accident	1900	(HH:MM)
Exact location of accident	Along Ang Mo Kro Ave 1	

	DETAILS OF VEHICLE
Vehicle registration number	SLZ 9970 L
Vehicle make and model	Toyota Axio
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

INSURANCE INFORMATION			
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

	INSURED / POLICY HOLDER	111	Free Service 17
Name	Pang Wei Keong Steve	Male	Female \square
NRIC / Fin / Passport number	88610852F		
Contact	9759 3986		
Address	BIK 830 Hougang Central # 04-524	S(530 830)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	30 min		
Name	Male Fem	ale 🗆		
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth	04/05/1986			
Occupation	Indoor Outdoor			
Driving date pass	14/04/2011			

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No Z
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes A No a
Weather condition	
Road surface	
	· ·
No of passenger	04 (Inclusive of driver)
Name	PASSENGER 1
Gender	Pang Weng #F Piew Male Female
Gender	Male Female
Water Transfer Same Same Same Same	PASSENGER 2
Name	Liew Swee Kheng
Gender	Male Female
Gender	Male D Female 2
	PASSENCED 2
Name	PASSENGER 3
Gender	Sumita Gunase haran Male Female
Gender	Male Female Female
	PASSENGER 4
Name	
Gender	Male Female
图	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
等外最后不是完成的特别的	OTHER INFORMATION
Was anybody injured?	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes, Ø No a
	DETAILS OF DOLLOS OF LETING AND ADDRESS.
物学的 医二苯基甲基甲基苯基苯甲基甲基	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
SOUTH THE RESERVE OF	
ECONOCIONA DE LA COMPANION DEL COMPANION DE LA	WITNESS 1
Name	
是为4000年的高级的企业(1901年)。 1900年	WITNESS 2
Name	

经济的 的证据。	THIRD PARTY VEHICLE 1
Vehicle registration number	SLM 3100 P
Vehicle make model	Honda Vezel
Name	
NRIC / Fin / Passport number	
Contact	
The state of the s	THIRD PARTY VEHICLE 2
Vehicle registration number	A STATE OF THE STA
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND THE PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4.
Vehicle registration number	THE PART VEHICLE T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	1
	THIRD PARTY VEHICLE 5
Vehicle registration number/	THIRD PARTY VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Charles Control of the Control	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC //Fin / Passport number	
Contact	
7	
A PART OF THE PART	THIRD PARTY VEHICLE 7
Vohicle registration number	THIND PARTY VEHICLE
Vehicle registration number Vehicle make model	
A CONTRACTOR OF THE PROPERTY O	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	Pang Wei Keong Stere
Injuries sustained	Back and neck
Which vehicle person in?	SLZ 9970 L
Were seat belts worn?	Yes p No a
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗹

	INJURED PERSON 2
Name	Pang Weng Piew
Injuries sustained	Back and neck
Which vehicle person in?	SLZ 9970 L
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

INJURED PERSON 3	
Name	Liew Swee Kheng
Injuries sustained	Back and neck
Which vehicle person in?	SLZ 9970 L
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to hospital by ambulance?	Yes - No z

	INJURED PERSON 4
Name	Sumita Gunaseharan
Injuries sustained	Back and neck
Which vehicle person in?	SLZ 9970L
Were seat belts worn?	Yes 🔎 No 🗆
Was injured conveyed to hospital by ambulance?	Yes - No -

		INJURED	PERSON 5
Name	# 10 H = 11 1 1 1 1 1 1 1 1		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

14年 14年 18年 18年 18年 18年 18年 18年 18年 18年 18年 18	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D





1 of 4

Report No. T/20191104/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 15:03	Made:	Vide Report No.: F/20191103/0211	Station Diary No.:
Informa	nt's Particu	ulars	of the Park Indian	ALCOHOLOGY TO A CONTRACTOR
	Informant: VEI KEONG		Address: APT BLK 830 HOUGANG CE 530830	NTRAL #04-524 SINGAPORE
ID Type NRIC N	/ ID No.: O / S86108	52F	Contact No.: Home/Office:	Mobile: 97593986
National SINGAP	ity: ORE CITIZ	EN	Email: stevepangwk@gmail.com	
Sex: Male	Age:	Date of Birth: 04/05/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Petrol st	ion: ation attend	dant	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2019 19:00	Type of Location Straight Road
Location: ANG MO KIO	AVENUE 1			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way				Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM3100P	Car		0		Seriously Damaged	
SLZ9970L	Car	TOYOTA	COROLLA+ AXIO+1.5X+		Seriously Damaged	3

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ9970L	NTUC Income Insurance Co-Operative Limited	5106630358	27/12/2018	26/12/2019





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20191104/7019

CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved					
No. of Pedestrian			Use of Ped	laetrian	Cross	ing: NA
Driver	s injured. INIL		Ose of Fed	estriai	Closs	ing. NA
	DANIC WELKEONO	CTEVE		ID No	I DIQUIS	S8610852F
Name	PANG WEI KEONG	, SIEVE		ID No.		300 10032F
Related Vehicle	SLZ9970L (Car)		Contact No.		97593986	
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	-
	ted Medical Leave	03	Degree of		Slight	
Passenger		SERVICE SERVICE		SAN DE	3.1	NAME OF THE PARTY
Name	LIEW SWEE KHENG		ID No.		S1202179H	
Related Vehicle	SLZ9970L (Car)			Contact No.		86923828
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
	ted Medical Leave	NIL	Degree of			
Passenger	ica ilicaldar Edavo	1112	100000000000000000000000000000000000000	TOTAL PROPERTY.		Company of the little of the last
Name	PANG WENG PIEV	V		ID No		S0139156I
Related Vehicle	SLZ9970L (Car)			Contact No.		91234112
Hospital/Clinic	TAN TOCK SENGI	HOSPITAL		Class Drivin Licend Expin	g	Class; NIL Date of Expiry; NIL
Date Treatment	NIL		Date Disch	narge	NIL	
	ted Medical Leave	NIL	Degree of		Sligh	





3 of 4

Report No. T/20191104/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Passenger	SUBJETA SUBJEST	IADANI		LIDAL		C0400000D
Name	SUMITA GUNASEH	IARAN		ID No		S9182636D
Related Vehicle	SLZ9970L (Car)			Conta	ct No.	88686446
Hospital/Clinic	MOUNT ELIZABET	H HOSPIT	AL	Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	es e	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Sligh	t

Brief Details.

On 3 November 2019 at about 1900 hrs I was driving my vehicle SLZ9970L along Ang Mo Kio Ave 1. The front vehicle slow down and I follow suit , suddenly I felt an huge impact coming from the rear of my vehicle. I got down my vehicle and I realised that SLM3100P had collided onto the rear of my vehicle.

I sustained injuries from the mentioned accident and was given 3 days of MC.





4 of 4

Report No. T/20191104/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch	plar

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2019 15:03
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI	04/11/2019 15:03



MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	ATION) RULES, 1960
Certificate Number: 5106630358	Cover : drivo CLASSIC
Index mark and Registration Number of Vehicle	: SLZ9970L
Chassis Number	: NZE1416099602
2. Name of Policyholder	: PANG WEI KEONG STEVE
Effective Date of Insurance	: 27 Dec 2018
Expiry Date of Insurance	: 26 Dec 2019
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	NATION OF THE PROPERTY OF U.S.
(b) Any other person who is driving on the Policyho	older's order or with his/her permission.
the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv 6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes a	and in connection with the Policyholder's or Hirer's business.
This Policy does not cover	
(a) Use for racing, pace-making, reliability trial or sp	peed-testing.
(b) Use for the carriage of goods (other than sample	es) in connection with any trade or business.
(c) Use for any purpose in connection with the Mot	for Trade.
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Tr headings.	f the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: 5\$1,500
580 (1900) 147 (1906) 167 (1900) 174 st	: S\$100
WINDSCREEN EXCESS	
	: N/A
WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS	: N/A : PLEASE REFER OVERLEAF
ADDITIONAL EXCESS	The Control of the Co
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP	: PLEASE REFER OVERLEAF : NO
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE	: PLEASE REFER OVERLEAF : NO : YES
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION	: PLEASE REFER OVERLEAF : NO : YES : NO
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE	: PLEASE REFER OVERLEAF : NO : YES : NO : NO
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : PANG WEI KEONG STEVE : N/A : N/A
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)	: PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : PANG WEI KEONG STEVE : N/A

eBaoTech	GeneralCla												
Hello, NAC_PAYA_UBI_80	0601						Change	Languag	e • Chan	ge Password	· Log Out		
My Desktop Notice of Loss	Polic	Policy Query											
	Policy N	io.				Date of Accident			03/11/2019				
	Vehicle	No.(For Motor)	SLZ9970L			Certificate Number							
					1	Search							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5106630358		PANG WEI KEONG STEVE	S8610852F	GPC	drivo CLASSIC	SLZ9970	SLZ9970L	27/12/2018	26/12/2019		
					(Continue							

Sequen	ce Date of Endorsem	ent	Endorsement	Type	Endorsement	Status	Endorsement Content	
	ements							
♪ Insure	d Object: SLZ9970L							
Jnit No.	04-524	Related Pol Number						
Address 4			ss Type	Singapore address		Post Code	530830	
Address 1	BLK 830 #04-524	Addre	ss 2	HOUGANG CENTRA	4	Address 3	SINGAPORE 530830	
Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
nsurance lag	No							
Co-	MOTOR INSURE	Agent ret.	004112/9		G31 Flag	110		
Agent	IMOTOR INSURE	TP Excess Agent Tel.	68411279		GST Flag	Υ		
Additional Excess Outside Singapore 2000 OD Excess		Outside Singapore	1500			Young/Inexperience Driver Excess		
		OS Premium	0					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Excess Type		All Claims Excess						
Policy issue Date 27/12/2018		Effective Date	27/12/2018	7/12/2018 00:00		26/12/2019 23:59		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 830 #04-524 HOUGANG	CENTRAL SINGA	PORE 53083	0				
Certificate		3.1. W. 1. W						
blicy No. 5106630358		Policyholder Name	PANG WEI	KEONG STEVE	Policyholder NRIC	S8610852F		

Claim Handling														
Accident MT/1069876														
Policy No.	5106630358		Vehicle No.		SLZ9970L				GST Registration	No.				
Certificate No.														
Policyholder Name	PANG WEI KEDNG ST	EVE	Cover Type		drive CLASSIC				Policyholder NRIC Loading			S8610852F		
Product Code	PRIVATE CAR INSURA	ANCE										0		
Contact No. (Mobile)	97593986		Contact No.(Office	1	0				Contact No (Hon	ne)		0		
Email Address KFK	® No. ○ Yes		Special Remark TCA		® № ()				eCode Reason			Y .		
NCD Protection	No.		NCD Entitlement(5	4.00	0	E.			Private ture			Yes		
Accident Details	140		NCD Encounters		0.				Private rere			141		
Report Date	04/11/2019 16:48		Accident Report W	enin 24 nrs	yes				Acodent Type			Collision -	Head to Rear	
Date of Accident	03/11/2019		Time of Accident h		19:00				Country of Acos	and:		Singapore		
Reporting Centre	***********		Grange Force		13.00				ICM No.	-		21 gapun		
Accident Location	AMK AVE I								1011101					
₩ Excess														
Dwn damage Excess		2,000.00	Additional Excess		0				Windscreen Exce	155		100.00		
Unnamed Driver Excess		0.00	Outside Singapore	OD Excess			2,000.00							
Third Party Excess		1,500.00	Outside Singapore	TP Excess			1,500.00							
▽ Benefits														
GST Registered Inform	ation													
GST Registered	No					T Registratio								
GST Registration No.					GS	T Status Ver	rified		Yes					
Modification History														
Policyholder Mailing Ad	dress													
Address 1	BLK 830 #04-524		Address 2		HOUGANG	CENTRAL		- 6	Address 3			SINGAPOR	E 530830	
Address 4			Address Type		Singapore				Post Code			530830		
Unit No.			Related Policy Number		5106630358									
OI Driver Info			300000000000000000000000000000000000000											
Driver Name	PANG WEI KEONG ST	EVE	Driver Type		Main Drive									
Unnamed driver Name			Driver NRIC		58610852	F			Driver DOS			04/05/198	16	
Register Date of Driver License	14/04/2011		Driver Age		33			1	Oriving Experien	ce		8		
Contact No.(Mobile)	97593986		Contact No. (Office))	D			è	Contact No. (Hon	ne)		0		
Address 3	BUK 830		Address 2		HOUGANG	CENTRAL			Adoress 3			SINGAPOR	te 530830	
Address 4			Address Type		Singapore	address			Post Code			530830		
Unit No. Does he own a Singapore	04-524													
Registered car?	○ Yes ® No		Driver Vehicle No.					1	Driver Insurer C	ompany				
Declaration														
Breathalyser or Blood Test	D mg		Any injury?		® Yes ○	No								
Reading?	bing		any equity		ap res Co	neg.								
Modification History														
Claim 001 New														
Section 1997														
Claim Type *	DD-MX	V	Insured Name		BANK WELL	KEONG ST	D/E		Insured NRIC			58610852		
Contact No.(Mobile)	97593986		Contact No.(Home		PANG HEL	ACURG 31	LAE		Contact No. (Office	w)		30010037		
Email Address	100000		OI Vehicle Number		SLZ9970L				TP Venicle Number			SUM0100P		
Claimant Type Claimant Type *	Prease Select	~	Type of Benefit *		Please Sei	ect	v					10.0100		
Claimant Name *		22	Claiment NRIC +			278								
Claimant Address		- Andr												
Claim Description	SL29970L / SLM3100	P ON 3 Nov 2019							Name of Preferre	o Works	shop	5	24	
Preferred Workshop Contact No.			Insured Liability +		Not at Fau	it	V							
Require Finalisation	Yes	-	Preferered Repair (Option	Preferred	Workshop, 1	Name unknown	V	GIA report			Received	v	
Date Registered	04/11/2019 16:50		Claim Close Date					3	Date Received			04/11/201	9 00:00	
Report Taken By	Jackson													
Print AK letter														
				8	Save Sut	orie								
Attachment					3414 341									
Attachment .														
9														
Accident No.	MT/1069876		Claim	149.		001								
Last Doc. Received	⊕ Yes □ No.		Upload	Date		04/1	1/2019 16:51							
	9	Path +		-000			Category *		Confidential	Lie was	Urgency	-	Description *	
Ji.				Browse	AVAILURE	Please Se	A1	¥	80	∨ Nor		<u> </u>		
<u> </u>				Browse	100	Please Se		V	HD CH	V Nor	mai.	V		
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				Browse	Clear	Please Se	lect	V	100	Nor	mal	V		
- 10 (Rec -)													Send Message	

	Uploaded By/Date	Folder Date	File Name			P	Source	Ac	
Video List									
	NAC_PAYA_UBI_800801(NATI CES) on 04	SERVI Photos Normal			Prioto				
1	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 New 2019 16:50		Photos		Normal	Photo	Photos 2019-15-4		
-	NAC_PAYA_UBI_ECOSO1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2019 16:50		Photos		Normal	Photo	s 2019-11-4		
~	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on Q4 Nov 2019 16:50		Photos		Normal	Photo	s 2019-11-4		
4	NAC_PAYA_UBI_600601; NATIONAL ASSESSMENT CENTRE SERVI CIS) on 04 Nov 2019 16:50		Photos		Normal		s 2019-11-4		
4	NAC_PAYA_UBI_800601; NATIONAL ASSESSMENT CENTRE SERVI. CES) on 04 Nov 2019 16:50		Photos		Normat	Photo	s 2019-11-4		
1		NAC_PAYA_UBI_BOOBO1{ NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov.2019 18:50			Normal	Photo			
I	NAC_PAYA_UBI_BOOGO1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2019 16:50		Protos		Normal	Photo			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2019 16:50		Photos		Normal	Photo			
45		IONAL ASSESSMENT CENTRE SERVE Nov 2019 16:50	SAS		Normal.	SAS	2019-11-4		
- NA	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Nov 2019 16:51		NRJC/ Driving License	Υ.	Normal	NRIC/ Driving License 2019-11-4			
Attachment	Uploaded By/Date		Category	?	Urgency	De	escription	(CD)	