			HANGIN 6553		
Date In: 5)11/19-15:16	Jeb description	ľ	Date & Time Completed	Done	by .
Rel No: NA/14/01/95/95/97/24	SAS e-filing				
Veh No: WYZUR	E-mail (within	Shrs, AIC 2hrs)	1000		
D.O.A : 4/11/19-14:00	i-Motor Clai	m Form	100- Stade 01/W	July 1	5:37
	i-Motor W/C	(Within: OD 2hr			
OD . TP ! Reporting Only	i-Photo Uplo	aded	1		7.0
TDI	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 50	uzel	INC ()/Non-INC()		Marie S
Owner / Driver: (4.00		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000	()			
General Remarks:-					
() Walk-In Customer : Customer's in	formation strictly Co.	-	H		
() Total Loss Case : to e-mail Insu		indendar a ou	Total (10 rate)		
		10/ "	· · · · · · · · · · · · · · · · · · ·		
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	10();1	owing Co: (
Remarks:- (INC hotline: 6788 6616)	No recommendado		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car (1	1		
	Courtesy Car ()		Karamana and a marin page	
	()	,	***************************************		
2) QC Check / Post Repair Inspection	())		***	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	())			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	())			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions	()	Invoice Pre	paration Checklist Reporting (\$30);	Tst Bill	0.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions alimant's Particulars :-	()	Invoice Pre	Daration Checklist Reporting (\$30); Assessment (\$100); INC (1st Bill 580) 40/545	0.0
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Pate/Time Actions alimant's Particulars :- iver/Owner:	()	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Daration Checklist Reporting (\$30); Assessment (\$100); INC (ce	1st Bill	0.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions alimant's Particulars:- iver/Owner: ntact No:	()	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Daration Checklist Reporting (\$30); Assessment (\$100); INC (see \$ brough Survey brough Survey (Resurvey) goinst INC Only (wef 10 Jan 20) stion	Tst Bill	0.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions alimant's Particulars:- iver/Owner: ntact No:	()	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	naration Checklist Reporting (530); Assessment (\$100); INC (ce	1st Bill 880) 40/545 5120 530 35) \$75	0.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions alimant's Particulars :- iver/Owner: nuact No: maged Portion:	()	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Daration Checklist Reporting (\$30); Assessment (\$100); INC (see \$ 5 to one of the control of t	1st Bill 880) 40/\$45 \$120 \$30 \$5) \$75 \$160	0.0
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions: aimant's Particulars :- iver/Owner: ontact No: amaged Portion:	()	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Daration Checklist Reporting (530); Assessment (\$100); INC (ce	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury: Date/Time Actions	()	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Paration Checklist: Reporting (530); Assessment (5100); INC (300); Reporting (5100); Reporting (530); Reporting (53	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160 \$25 \$30 \$20 30	0.0

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- you hereby consent to the archiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/11/2019 15:26
Date Of Accident	04/11/2019 14:00
Exact Location Of Accident	BLK 405 TAMPINES ST 41 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GY4711R
Insured/Policyholder	
Name Of Registered Owner	CENTRAL FUNERAL SERVICE
Co Reg No	53196714W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93801493
Alternative Phone No	OFFICE-93801493
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5072506476-04
Cover Note Number	
Driver	
Name of Driver	KOH HWEE MENG
NRIC No	S1801267G
Date Of Rirth	27/11/1967

Date Of Birth 27/11/1967 OUTDOOR Occupation 04/01/1989 Date Of Driving Pass 30 YEARS AND 10 MONTHS Driving Experience MALE Gender

(LOCAL) +65-86895575 Mobile Number

Fax Number

OFFICE-86895575 Contact Number

NOEMAIL EMail Address

Address BLK 31 LORONG 5 TOA PAYOH

#09-689

Postcode 310031

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

was there any video captured by Car Camera:

140

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS428G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD NASRULHAQ BIN ABDUL MUTALIB

1

NRIC/Passport Number

Contact Number 94883759

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4003133

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CENTRAL FUNERAL SERVICE

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:

On the above said date & time, I was driving my vehicle if (GY47-UR) traveling along 405 Tampines Street 41 OSCP, I was driving Straight to the entrance after I unloading. Out of sudden, vehicle CSTS 4289) which partial at Lot 170 drove his vehicle out withat noticed my vehicle. As a result, the front right portron of Vehicle B collided anto left fortran of my vehicle.			
Vehicle B: 3JS 4286 T I T BJT A05 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the above said date & time, I was driving my vehicle A (GY47-UR) traveling along 405 Tampines Street 41 OSCP. I was driving straight to the entrance after I unloading. Out of sudden, vehicle (SJS 4286) which partial at Lot 170 drove his vehicle out withan noticed my vehicle. As a result, the front right portion of	1 1 1 .	- + + + +	
Vehicle B: 3JS 4286 T I T B T A05 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the above said date of time, I was driving my vehicle A (GY47-11R) traveling along 405 Tampines Street 41 OSCP, I was driving straight to the entrance after I unloading. Out of sudden, vehicle CSTS 4289) which ported at Lot 170 drove his vehicle out without noticed my vehicle. As a result, the front right portion of vehicle B collided anto left portion of my vehicle.			Volacio A: GVA ZUD
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the above said chate of time, I was driving my vehicle of (GY4711R) traveling along 405 Tampines Street 41 OSCP, I was driving Straight to the entrance after I unloading. Out of sudden, vehicle (STS4289) which partied at Lot 170 drove his vehicle out withat noticed my vehicle. As a result, the front right portion of Vehicle B collided anto left forten of my vehicle.	The state of the s	A	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the above sound chate & time, I was driving my vehicle of (GY47-UR) traveling along 405 Tampines Street 41 OSCP, I was driving Straight to the entrance after I unloading. Out of sudden, vehicle (SJS 4286) which partial at Lot 170 drove his vehicle out without noticed my vehicle. As a result, the front right portron of Vehicle B collided onto left fortran of my vehicle.	- - - - - - - - -	1	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the above said date of time, I was driving my vehicle of (GY47IIR) traveling along to 5 Tamphies Street 41 OSCP, I was driving Straight to the entrance after I unloading. Out of sudden, vehicle (STS 4286) which partial at Lot to drove his vehicle out without noticed my vehicle. As a result, the front right portion of Vehicle B collided onto left portion of my vehicle.		B)	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the above said date & time, I was driving my vehicle of (GY4711R) traveling along 405 Tamphes Street 41 OSCP, I was driving straight to the entrance after I unloading. Out of sudden, vehicle (STS 4286) which partied at Lot 170 drove his vehicle out without noticed my rehicle. As a result, the front right portron of Vehicle B collided anto left portron of my vehicle.	173 172 171	70 169	
On the above said date & time, I was driving my vehicle if (GY4711R) traveling along 405 Tampines Street 41 OSCP, I was driving Straight to the entrance after I unloading. Out of sudden, vehicle (STS 4289) which partial at Lot 170 drove his vehicle out withat noticed my vehicle. As a result, the front right portron of Vehicle B collided onto left fortran of my vehicle.	405		
(GY47-11R) traveling along 405 Tamphes Street 4, OSCP, I was driven strongly to the entrance after I unloading. Out of sudden, vehicle CSTS (286) which partial at Lot 170 drove his vehicle out without noticed my vehicle. As a result, the front right portron of vehicle B collided onto left fortran of my vehicle.	DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Straight to the entrance after I unloading. Out of sudden, vehicle CSTS +286) which partial at Lot 170 drove his vehicle out withat noticed my vehicle. As a result, the front right portion of Vehicle B collided onto left fortran of my vehicle.	On the abou	ve sound dete & time, I	was driving my vehicle A
Straight to the entrance after I unloading. Out of sudden, vehicle CSTS +286) which partial at Lot 170 drove his vehicle out withat noticed my vehicle. As a result, the front right portion of Vehicle B collided onto left fortran of my vehicle.			
CSTS 4288) which partial at Lot 170 drove his vehicle out without noticed my rehicle. As a result, the front right portron of Vehicle B collided onto left fortran of my vehicle. DECLARATION We declare the foregoing particulars are true in every respect.	(GY4711R) trai	veling along 405 Tamphes	Street 41 OSCP, I was driving
CSTS 4288) which partial at Lot 170 drove his vehicle out without noticed my rehicle. As a result, the front right portron of Vehicle B collided onto left fortran of my vehicle. DECLARATION We declare the foregoing particulars are true in every respect.	charable to the	ustomore after I unload	ing Out of Outdoon which
Noticed my vehicle. As a result, the front right portron of Vehicle B collided onto left fortron of my vehicle. DECLARATION We declare the foregoing particulars are true in every respect.	STORING IN THE	ACTIVATE ROTTER 2 WORLD	ing. cut of should, volicie
Noticed my vehicle. As a result, the front right portron of Vehicle B collided onto left fortron of my vehicle. DECLARATION We declare the foregoing particulars are true in every respect.	(SJS 4286) Whi	ch parted at Lot 170 a	drove his vehicle out withou
Vehicle B collided onto left fortran of my vehicle. DECLARATION We declare the foregoing particulars are true in every respect.			
DECLARATION //We declare the foregoing particulars are true in every respect.	noticed my rel	ricle. As a result, th	ie thant right portron of
DECLARATION //We declare the foregoing particulars are true in every respect.	Welstelle B colle	led moto local and	st nort to book
/We declare the foregoing particulars are true in every respect.	ACMER B COM	and onto terr for then	or my volide.
/We declare the foregoing particulars are true in every respect.			
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THE RESERVE THE PARTY OF THE PA		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
H Z A A Y	Policyholder's Signature	Driver's Signature	Reporting Centre Personne V Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

/ehicle No.	GYATHIR Model/Make Togota Liteace
Pate of Accident	4/11/2019
ime of Accident	1400 HRS
ocation of Accident	Along 405 Tampines Street 41 OSCP Lot 170
xact purpose use during accid	
Name of Owner	Central Funeral Service
elephone No.	H/P: 9380 1403 Home: Office:
NRIC	53196714W
Address	20 Ang Mo Kio Industrial Park 2A #03-31 AMIC Techlink
Claim type	OD THIRD PARTY REPORTING ONLY S (567761)
nsurance Company	NTILC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5072506476-04
Name of Driver	As Above If No, Loh Hwee Meng
NRIC	S1801267G Any Passengers:
Date of birth	27/11/1967
Occupation	Outdoor / Indoor
Driving License Pass Date	4/1/1989
Gender	Male / Female
Contact No.	H/P: 8689 5575 Home: Office:
Address	BLK 31 Lorong 5 Toa Payoh #09-689 5 (310031)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
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.	8J\$+18G Any Passengers:
Name of Driver	Muhammad Nasrulhag, Contact No.: 9488 3759
Vehicle C No.	Bin Abdul Mutalib 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	Right portion
Camera Recorder	Yes / No
Email Address	sagon 15@gmail-com
ZITIGIT 7 (GG) CSS	
PARTICULAR WORKSHOP	N-51 Automotive Ate Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510



Certificate of Insurance

Certific	ate of modrance
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.	ALAYSIA)
Certificate Number : 5072506476-04	Cover : Third Party, Fire & Theft
Index mark and Registration Number of Vehicle	: GY4711R
Chassis Number	: JTFHS02P500013874
Name of Policyholder	CENTRAL FUNERAL SERVICE
Effective Date of Insurance	: 18 Oct 2019
4. Expiry Date of Insurance	: 17 Oct 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	
	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle.
6. Limitations as to Use#	
	and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in co	onnection with the Policyholder's business.
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or s	T 10 (10 T) (10 T)
(c) Use whilst drawing a trailer except the towing of	of any one disabled mechanically propelled vehicle.
Limitations rendered inoperative by Section 8 o Act (Chapter 189) and Section 95 of the Road Tr headings.	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) 2 N/A	
EXCESS (SECTION 2) : N/A	
INSURE WITH COE : YES	
	ERSEAS BANK LIMITED
SUM INSURED : MARKET VA	LUE OF INSURED VEHICLE AT TIME OF LOSS
	cate relates is issued in accordance with the provisions of the Motor opter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 100000614373) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By: Authorised Officer	Chief Executive

eBaoTech	GeneralCl							Claim			
Hello, NAC_PAYA_UBI_800601							+ Change	Languag	e + Char	ige Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date o	of Accident		04/11/2019	14:00	
	Vehicle	No.(For Motor)	GY4711	R		Certifi	cate Number				7.
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072506476- 04		CENTRAL FUNERAL SERVICE	53196714W	GCV	Third Party, Fire & Theft	GY4711R	GY4711R	18/10/2019	17/10/2020
					C	ontinue					

Sequen	ce Date of Endorsement	1	Endorsemen	t Type	Endorsement	Status	Endorsement Content
☑ Endors	ements						
> Insure	d Object: GY4711R						
Jnit No.	03-31	Relate Numb	d Policy er	5072506476-04			
Address 4		Addre:	ss Type	Singapore address		Post Code	567761
Address 1	20 ANG MO KIO INDUSTR	IAL P# Addre	ss 2	#03-31 AMK TECH	LINK	Address 3	SINGAPORE 567761
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	110						
Co- nsurance	No						
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0	damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess Own					
Policy ssue Date	03/10/2019	Effective Date	18/10/201	9 00:00	Expiry Date	17/10/2020 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAL				Group Policy Flag	N	
Address	20 ANG MO KIO INDUSTRIAL PA	RK 2A #03-3:	AMK TECH	LINK SINGAPORE 56			
Certificate No.							
Palicy No.	5072506476-04	Policyholder Name	CENTRAL F	UNERAL SERVICE	Policyholder NRIC	53196714W	

Claim Handling							
Accident MT/1070075							
Policy No.	5072506476-04	Vehicle No.	GY4711R			GST Registration No.	
Cartificate No.							
Policyholder Name	CENTRAL FUNERAL SERVICE					Policyholder NRIC	53196714W
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Par	ty, Fire & Theft.		Loading	o
Contact No.(Mobile)	93801493	Contact No.(Office)	o			Contact No.(Home)	9
Email Address		Special Remark				eCode	- Y
KFK	Ne ○ Yes	TCA	® No ○	Yes		eCode Reason	
NCD Protection	his	NCO Entitlement(%)	20			Private Hine	No
 Accident Details 							
Report Date	05/11/2019 15:35	Accident Report Within 24 hr	Yea			Accident Type	Collision - Major Minor Road
Date of Acodent	04/11/2019	Time of Accident his mm	14:00			Country of Acodent	Singapore
Reporting Centre		Drange Force				ICM No.	
Accident Location	BLK 405 TAMPINES ST 41 OPEN SPACE CAR	PARK					
Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		0.00			
OD Standard Excess	0.00	TP Standard Excess					
YIED OD Excess	0.00	VIED TP Excess		0.00		Driver is Covered?	
Additional Excess	0.00	TIED IF EXCESS				Driver is Covered?	
Total OD Excess Applicable	0.00	Total TP Excess Applicable					
▽ Benefits	3098	TOOLS IT EXCESS ADMICABLE					
GST Registered Informa	etion						
GST Registered	No.		GS	T Registration Date			
GST Registration No.			GE	IT Status Verified		Yes	
Modification History	05/11/2019 15:36:22 Syste	m changed GST Status venfied fr	om No to Yes				
	2500						
→ Policyholder Mailing Ad							
Address I	20 ANG MO KID INDUSTRIAL PA	Address 2	#03-31 A	MK TECHLINK		Address 3	SINGAPORE 567761
Address 4		Address Type	Singapore	address		Post Code	567761
Unit No.	03-31	Related Policy Number	50725064	76-04			
OI Driver Info							
Oriver Name	Unnamed Driver	Driver Type	Unnamed			2000	20000000
Unnamed driver Name	KOH HWEE MENG	Driver NRIC	51801267			Driver DOB	37/11/1967
Register Date of Driver License Cornact No. (Mobile)	04/01/1989 86895575	Driver Age Contact No.(Office)	51			Driving Experience Contact No.(Home)	30
Address 1	BLK 31	Address 2		5 TOA PAYOH		Address 3	0
Address 4	och 31	Address Type	Singapore			Post Code	\$1NGAPORE 310031 310031
Unit No.	09-689	назгина тури	amgapore	attoress		Post Cabe	310031
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.				Driver Insurer Company	
Registered car?	CHASA	Driver vertice no.				fourter turner Combank	
Declaration							
Breathalyser or Blood Test	0 mg	Any injury?	⊙ yes ⊛	No.			
Reading?	2028	(00,1969)	0.00	100			
Modification History							
Claim 001 New							
- A. C.							
2000000000			-				
Claim Type *	OD-MX	Insured Name	CENTRAL	FUNERAL SERVICE		Insured NRIC	53196714W
Contact No.(Mobile)		Contact No.(Home)				Contact No.(Office)	NSL
Email Address		Of Vehicle Number	G14711R			TP Vehicle Number	SX5428G
Claimant Type Claimant Type * Claimant Name *	0.110.00000	Type of Benefit * Claimant NR3C *	Picase Se	lect V			
Claimant Address	25	Scientific Misso.				ř.	
Claim Description	G#4711R / SIS428G ON 4 Nov 2019					Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fe	un 🔻		100	
No. Require Finelisation	Yes 💟	Preferend Repair Option		Workshop, Name unknown	-	GIA report	Received
Require Finalisation Date Registered	05/11/2019 15:37	Claim Close Date	- reversed	The same unknown	-	Date Received	05/11/2019 00:00
Report Taken By	Jackson		1			10000000000	2011/04/19 04/04
Print AK letter							
E) Print AC letter							
			Save Su	bmit			
Attachment							
w.							
Accident No.	MT/1070075	Claim No.		001			
Last Doc. Received	● Yes ○ No	Upload Date		05/11/2019 15:38			
	Path *			Category *			ncy * Description *
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