Date In: 121.1			1911910165		
Date In: 17/11/19 - 15: V9	Jeb description	1	Date &Time Completed	Don	е Бу
Ref No: Wallycig of 161/24	SAS e-filing				
Veh No: FBG7113	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 10/11/19-11:37	i-Motor Clai	m Form	M71107M9-001	12/11/19	e1 416
OD / P Reporting Only	i-Motor W/C	(Within: OD 2hrs	No.	1	7: 44
OD / Proporting Only	i-Photo Uplo	aded	1		
TP Insurer:	Assessment/Su	irvey Report	i		10 mm
Transacci.	Ass't Report b	y Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JKV	91464	INC ()/Non-INC()	*	4:
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. F: SO-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	000 ()/\$2,000		<u></u>		-
The Control of the Party Total State of the Control	COLUMN TO THE REAL PROPERTY OF THE PERSON OF			1911	-
4. A 10.		Service broaden		A-2010	-
() Walk-In Customer: Customers info	ormation strictly Cor	ntidential & Str	ctly NO rater of repairer.		-
() Total Loss Case : to e-mail Insur	er URGENTLY.	-		*	
Drive-In ()/ Towed-In (); Invoice	e: YES () / N	IO(); To	wing Co: ()
			•	**************************************	CP TO
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/(Courtesy Car ()			
QC Check / Post Repair Inspection	()				
		Company of the compan	A STATE OF THE PARTY OF THE PAR		
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ())			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ())			
3) Upload Resurvey Photo [Repair Cost > \$: Injury:	3000] ())			
Injury:	3000] ())			
Injury:	3000] (Mass of the	
Injury:	3000] (
Injury:	3000] ()		Marson st	
Injury:	3000] (
Injury:	3000] ()				
Injury : ———————————————————————————————————	3000] ()		Antifs	AMI
Injury: Date/Time Actions	3000] (Invoice Prep	aration Checklist	Anit (5)	
Injury: Date/Time Actions	3000] (Invoice Prep	teporting (\$30);	fit Bill	est a land
Injury: Date/Time Actions AP 160864) Latimant's Particulars:	1	1) AR : Accident F 2) DA : Damage A	Reporting (\$30); ssessment (\$100); INC (\$8	fút Bill 80)	
Injury: Date/Time Actions IA [40864] atimant's Particulars:	1	1) AR : Accident F 2) DA : Damage A 3) TF : Towing Fe	teporting (530); ssessment (5100); INC (58	fit Bill	est a land
Injury: Date/Time Actions A	-1	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Thr 5) FT: Follow-Thr	teporting (\$30); ssessment (\$100); INC (\$8 tough Survey rough Survey (Resurvey)	fit Bill 50) 5/\$45 \$120 \$30	
Injury: Date/Time Actions Actions Actions In [40864] atimant's Particulars: iver/Owner:		1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming age	teporting (\$30); ssessment (\$100); INC (\$8 cough Survey ough Survey (Resurvey) sinst JNC Only (wef 10 Jan 2005)	fit Bill 30) 30/545 \$120 \$30)	1
Injury: Date/Time Actions Actions Actions In [40864] atimant's Particulars: iver/Owner:		1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Thr 5) FT: Follow-Thr	Reporting (\$30); ssessment (\$100); INC (\$8 cough Survey rough Survey (Resurvey) sinst JNC Only (wef 10 Jan 2005)	fit Bill 50) 5/\$45 \$120 \$30	1
Injury: Date/Time Actions A place Action A	1	1) AR: Accident F 2) DA: Darmage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition	teporting (\$30); ssessment (\$100); INC (\$8 sough Survey rough Survey (Resurvey) sinst JNC Only (wef 10 Jan 2005) son SMRT Survey	f#Bill 80) 1/545 \$120 \$30) \$75	1
Date/Time Actions A	1	1) AR: Accident F 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD.*	Reporting (\$30); ssessment (\$100); INC (\$8 s	f#Bill 500) 0/545 \$120 \$30) \$75 \$160	1
Injury: Date/Time Actions AP 1608645 Laimant's Particulars: river/Owner: Datact No: Lamaged Portion:	1	1) AR: Accident F 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C	Reporting (\$30); ssessment (\$100); INC (\$8 s	f#Bill 80) 1/545 \$120 \$30) \$75	1
Injury: Date/Time Actions A Plant Style Checked by (Engr-In-Charge):	1	1) AR: Accident F 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Follow-Thi For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair	teporting (\$30); ssessment (\$100); INC (\$8 s	fit Bill 500 0/545 5120 530) 575 5160 55 510 525	Amu Add E
Injury: Date/Time Actions Ap 160864) Raimant's Particulars: iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Iditors! Comments:-	1	1) AR: Accident F 2) DA: Darmage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$8 s	14 Bill (16	1
Injury: Date/Time Actions Ap 1608645 Laimant's Particulars:: Enter/Owner: Date Time Actions Checked by (Engr-In-Charge): Iditors! Comments:-		1) AR: Accident F 2) DA: Darmage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repeir Co *N7: Fost Repair *N8: DV / Colle TP (N11): TP (Reporting (\$30); ssessment (\$100); INC (\$8 s	fit Bill 500 0/545 5120 530) 575 5160 55 510 525	1
Injury: Date/Time Actions		1) AR: Accident F 2) DA: Darmage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$8 s	14 Bill 500 0/545 5120 530) 575 5160 55 510 525 55 520 30	ent of the same

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	13/11/2019 15:29
Date Of Accident	10/11/2019 21:00
Exact Location Of Accident	COMMONWEALTH AVE AFTER COMMONWEALTH DR
Country/State of Loss	SINGAPORE
Les virtues automobiles de Sanction de D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG7110J
Insured/Policyholder	
Name Of Registered Owner	JAYREN KAM CHOON MENG
NRIC No	S9447397G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83327818
Alternative Phone No	OFFICE-83327818
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
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	MOTORCYCLE
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	5112487961
Cover Note Number	
Driver	
Name of Driver	JAYREN KAM CHOON MENG

 Name of Driver
 JAYREN KAM CHOON MENG

 NRIC No
 \$9447397G

 Date Of Birth
 18/12/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/03/2015

 Driving Experience
 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83327818

Fax Number

Contact Number OFFICE-83327818

EMail Address NOEMAIL

BLK 450D BUKIT BATOK WEST AVENUE 6 Address

#13-661

Postcode 654450

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 - MAJOR/MINOR RD Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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

YES

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? YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191112/2103.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV9146H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JAYREN KAM CHOON MENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBG7110J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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

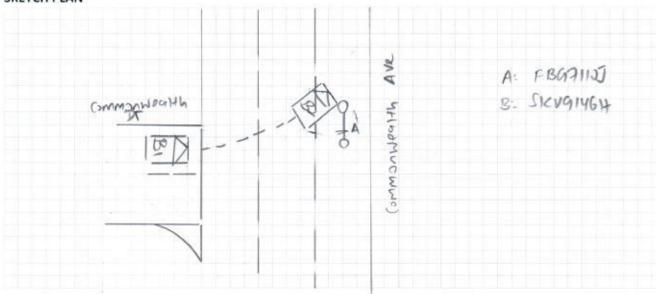
I understand, acknowledge, agree and consent that:

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

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

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

efer to potice report-thospills mos-	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20191112/2103

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 15:59	Made:	Vide Report No.:	Station Diary No.			
Informa	nt's Partic	ulars					
	Informant: KAM CHO	OON MENG	Address: 450D BUKIT BATOK WEST AVENUE 6 #13-661 WEST TERRA @ BUKIT BATOK SINGAPORE 654450				
ID Type / ID No.: NRIC NO / S9447397G			Contact No.: Home/Office:	Mobile: 83327818			
National SINGAP	ity: ORE CITIZ	'EN	Email:				
Sex: Male	Age:	Date of Birth: 18/12/1994	Type of Informant: Rider				
Race:			Language:	Institution / School Name:			
Occupation: GRABFOOD			Driving Licence Information: Class: 2B,3 Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 10/11/2019 21:00	Type of Location: Straight Road	
	EALTH AVENUE				
Weather: Clear	F	Road Surface: Ory		Road Speed Limit:	
Traffic Flow: One Way	170	raffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	ion:			Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBG7110J	Motorcycle	YAMAHA	FZ 16	Red	Slightly Damaged	0		

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
FBG7110J	NTUC Income Insurance Co-Operative Limited	5112487961	06/09/2019	05/09/2020				





2 of 3

Report No. T/20191112/2103

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

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No			107		
No. of Pedestriar	ns Injured: NIL	Use of Pe	Pedestrian Crossing: NA			
Rider					1	
Name	JAYREN KAM CHOON MENG					S9447397G
Related Vehicle	NIL				ct No.	83327818
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

At the above mention date time and location,

I was travelling along the straight road on my way to collect food for customers. When suddenly I was hit by a car. I then blackout for a few seconds. After I was conscious the driver told me that he was sorry and also told me that he saw me but he then accelerated as he thought that he could make the turn in time but then still collided with me. I also was hospitalize from 10/11/2019 till 12/11/2019 at about 1130hrs. I was given a total 23 days of mc.





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

3 of 3 Report No. T/20191112/2103

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: TP / SM NAYKIB SYAWAL BIN NAZMUL HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2019 15:59
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SI THABAGESH JEYATHESH	NGAPORE WICE FORCE
Authentication Stamp	SENSON STREET

Hello, NAC_PAYA_UBI_80	0601						· Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss						Date o	of Accident	[1	0/11/2019	21:00	
	Vehicle	No.(For Motor)	FBG71	103		Certific	cate Number	E			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112487961		JAYREN KAM CHOON MENG	59447397G	GMC	Third Party, Fire & Theft	FBG71103	FBG71103	06/09/2019	05/09/2020

Policy No.	5112487961	Policyholder Name	JAYREN KA	M CHOON MENG	Policyholder NRIC	S9447397G	
Certificate No.		warne.s			NKIC		
Address	BLK 450D #13-661 BUKIT BATO	K WEST AVE	NUE 6 WEST	TERRA @ BUKIT B	ATOK SINGAPOR	RE 654450	
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/09/2019	Effective Date	06/09/2019	00:00	Expiry Date	05/09/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Υ	
Co- nsurance Flag	No						
Open							
Policy Info Certificate Info							
Policy Info Certificate Info	older Mailing Address						
Policy Info Certificate Info Policyh	oolder Mailing Address BLK 450D #13-661	Addre	ss 2	BUKIT BATOK WE	EST AVENUE 6	Address 3	WEST TERRA @ BUKIT BATOK
Policy Info Certificate Info	SUCCESSION OF THE SECURITY		ss 2 ss Type	BUKIT BATOK WE		Address 3 Post Code	WEST TERRA @ BUKIT BATOK 654450
Policy Info Certificate Info Policyh Address 1 Address 4	BLK 450D #13-661	Addre	ss Type ed Policy				Account of the Color Board Color Color Color
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 450D #13-661 SINGAPORE 654450	Addre Relate	ss Type ed Policy	Singapore addres			Account of the Color Board Color Color Color
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 450D #13-661 SINGAPORE 654450 13-661 d Object: FBG7110J	Addre Relate	ss Type ed Policy	Singapore addres			Account of the Color Board Color Color Color
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 450D #13-661 SINGAPORE 654450 13-661 d Object: FBG7110)	Addre Relate Numb	ss Type ed Policy	Singapore addres 5112487961		Post Code	ACCIONE CARROLL MONEY CONTRACTOR (CONTRACTOR)
Policy Info Certificate Info Policyh Address 1 Address 4 Juit No. Insured Endors	BLK 450D #13-661 SINGAPORE 654450 13-661 d Object: FBG7110)	Addre Relate Numb	ed Policy er	Singapore addres 5112487961 Type	\$	Post Code Status	654450

Continue Cancel

Claim Handling						
Accident MT/1071219						
Policy No.	5112497961	Vehicle No.	FBG71503		GST Registration No.	
Certificate No.						
Policyholder Name	JAYREN KAM CHOON MENG				Policyholder NR3C	59447397G
Product Code Contact No.(Mobile)	MOTORCYCLE INSURANCE 83327818	Cover Type		v, Fire & Treft	Loading	0
Email Address	6332/618	Contact No.(Office)	ō.		Contact No. (Home)	0
KFK	® No ○ Yes	Special Remark TCA		101	eCode	1.0
NCD Protection	No. Yes		® No □ 1	es.	eCode Reason	
	140	NCD Entitlement(%)	0		Private Hire	No
	1344600000000000000000000000000000000000					
Report Date	13/11/2019 15:47	Accident Report Within 24 hrs	Yes		Acadent Type	Collision - Major Minor Road
Date of Accident	10/11/2019	Time of Accident hh;mm	57:00		Country of Accident	Singapore
Reporting Centre		Orange Force			JCM No.	
Accident Location Total Excess Applicable	COMMONWEALTH AVE AFTER COMMONWEA	LTH DR				
Excess Type		20020000				
Chicas Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TP Standard Excess		0.00		
VIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered?	Not Covered
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
→ Benefits						
□ GST Registered Inform	ation					
GST Registered	No			Registration Date		
GST Registration No. Modification History			GS1	Status Verified	Yes	
Prodricación Pratary						
Policyholder Mailing Ad	dress					
Address 1	BUK 4500 #13-661	Address 2	BUKIT BAT	OK WEST AVENUE 6	Address 3	WEST TERRA @ BUKIT BATOK
Address 4	SINGAPORE 554450	Address Type	Singapore		Post Code	654450
Unit No.	13-661	Related Policy Number	511248796		7.744.0040	547730
○ OI Driver Info				321		
Onver Name	JAYREN KAM CHOON MENG	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	594473970		Driver DOB	18/12/1994
Register Date of Driver License	24/03/2015	Driver Age	24		Driving Experience	4
Contact No.(Mobile)	63327618	Contact No.(Office)	0		Contact No.(Home)	0
Address 1	BLK 450D	Address 2	BUKIT BAT	CK WEST AVENUE 6	Address 3	WEST TERRA @ BUKIT BATCK
Address 4	SINGAPORE 654450	Address Type	Singapore a	oddress	Post Code	654450
Unit No.	13-661					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
Declaration Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	⊕ Yes ()1	vo-		
Modification History						
Cl-1- 201						
Claim 001 New						
Oam Type *	ОВ-МК	Insured Name	JAYREN KA	M CHOON MENG	Insured NRDC	994473976
Contact No. (Mobile)	83327818	Contact No.(Home)			Contact No.(Office)	
Email Address	JAYRENKAMPA (I) GMAIL.COM	DI Vehicle Number	FBG71103		TP Vehicle Number	SKV9146H
Claimant Type Claimant Type *	Please Scrott	Type of Benefit *	Please Sele	et 💟		
□aimant Name +	>>	Claimant NRIC *			17	
Claimant Address	F-10-10-10-10-10-10-10-10-10-10-10-10-10-					520
Claim Description Preferred Workshop Contact	FBG71103 / SKV9146H ON 10 Nov 2019	0.7 1000.2 4000.0 1000.0	-		Name of Preferred Worksho	
No.		Insured Liability *	Not at Faul	· •		
Require Finalisation	Yes	Preferered Repair Option	Preferred V	Vorkshop, Name unknown	G1A report	Received
Date Registered	13/11/2019 15:49	Claim Close Date			Date Received	13/11/2019 00:00
Report Taken By	Jackson					
Print AK letter						
		- 1	Save Sub	mit		
Attachment			Control of the last	control ()		
WANTE AND DE						
9						
Accident No.	MT/1071219	Claim No.		001		
Last Doc. Received	● Yes ○ No	Upload Date		13/11/2019 15:50		
	Patri *			Category *	Confidential Urg	ency * Description *
		Browse.	Clear		▼ Norma	A Country of the Coun
	and the same of th	Browse.	Clear	Please Select	V Norma	for a state of the
		Browse.			V Norma	
		Browse			Y Norma	
		Browse		and the same of th	V Norma	
		Browse.	-		V Norma	
		and the same of th	4000000	100000000000000000000000000000000000000	- I married	

