Date In: 13 11/9-16:13	Jeb description	n	Date &Time Completed	Don	e by
Rel'No: Ma INC lystalte by	SAS e-filing				
Veh No: CBAYNYT	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A : MILLIA- 17:05	i-Motor Cla		וספיענעו במו ורא	13/11/19	160.7
OD / TP / Reporting Only	i-Motor W/0	O (Within: OD 2hr		13/1/1/14	· 0. v 1
OB : IF . Reporting City	i-Photo Uple	oaded		V	
TP Insurer:	Assessment/S	urvey Report			
11 Milator	Ass't Report I	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	NOTYSOS .	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	10000
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks:-	re la regional	2004087472.VV0V5		19212	
() Walk-In Customer : Customer's in	oformation strictly Co.			S. 67 . 1. 1. 1. 1.	-
	urer URGENTLY.	inidential & Str	icuy NO Tsier di Jepailer.		
		70 / > 70			
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	(O (); To	owing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
Apply for Transport Allowance ().	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
	()		Name of the last o		
	\$3000])			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] (
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] (on of the state of	
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] (Paragraph Arm	
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] (žvešcinse	
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] (Tract Tract	
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] (
Date/Time Actions	\$3000] (Invoice Pren	aration Checklist	Anit (S)	
Injury: Actions Apple 10867	\$3000] (Invoice Prep		fu Bill	
Oute/Time Actions Actions Actions Actions Actions	\$3000] (1) AR : Accident I 2) DA : Damage A	Reporting (\$30); ssessment (\$100); INC (\$80	fa Bill	
Oute/Time Actions Actions Actions Actions Actions	\$3000] (1) AR : Accident I 2) DA : Damege A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); ssessment (\$100); INC (\$80 e \$40 rough Survey \$	fst Bill 0) 545 120	
Oute/Time Actions Actions Manual Particulars:	\$3000] (1) AR : Accident I 2) DA : Damege A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); ssessment (\$100); INC (\$80 sough Survey \$ rough Survey (Resurvey)	754 Bill 545 120 \$30	
Onte/Time Actions MA Modern Ciminant's Particulars:- iver/Owner:	\$3000] (1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect	Reporting (\$30); ssessment (\$100); INC (\$86 sough Survey \$ sough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) son	for Bill)) \$45 120 \$30 \$75	
Onte/Time Actions MA Modern Ciminant's Particulars:- iver/Owner:	\$3000] (1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA +	Reporting (\$30); ssessment (\$100); INC (\$86 sough Survey \$ sough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) son SMRT Survey \$	for Bill)) \$45 120 \$30	
Oute/Time Actions Mannat's Particulars:- iver/Owner: intact No: maged Portion:	\$3000] (1) AR: Accident I 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect	Reporting (\$30); ssessment (\$100); INC (\$86 sough Survey \$ sough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) son SMRT Survey \$	for Bill)) \$45 120 \$30 \$75	
Oute/Time Actions Mannat's Particulars:- iver/Owner: intact No: maged Portion:	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition QD* *N5: Courtesy C	Reporting (\$30); ssessment (\$100); INC (\$86 cough Survey \$ cough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ at Services:-	fat Bill (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Onte/Time Actions MA Modern Sumant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idag DA + 8) NTUC Addition OD*	Reporting (\$30); ssessment (\$100); INC (\$86 sough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ al Services:-	fit Bill)) \$45 120 \$30 \$75	Amt (J
Oute/Time Actions Ma Modern Manual Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments :-	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$86 sough Survey \$ cough Survey (Resurvey) cough Survey \$ cough	\$100 \$300 \$300 \$300 \$300 \$300 \$515 \$300 \$55 \$300 \$55 \$55 \$55	
Onte/Time Actions MA Most > Injury: Date/Time Actions sumant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	\$3000] (1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC (\$86 \$400 rough Survey (\$5 rough Survey (Resurvey) binst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ al Services. Car / Tpt Allowance ordination or Inspection ot Excess Coordination Non INC) against INC	54.Bill (1988) (

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.
- 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.

 By the lodgement of this report to the insurers, you aforesaid. 	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
AND THE SERVICE OF STREET	ACCIDENT STATEMENT
Date Of Report	13/11/2019 16:13
Date Of Accident	12/11/2019 15:05
Exact Location Of Accident	BRADDELL RD TWDS MARYMOUNT
Country/State of Loss	SINGAPORE
金色层 经保险的的实验	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB7424T
Insured/Policyholder	
Name Of Registered Owner	TOH YEW GUAN
NRIC No	S7004704G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98175092

Alternative Phone No Vehicle Particulars

Manufacturer NISSAN Model URVAN 3.0 M WORKING

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

OFFICE-98175092

Vehicle Category

BUS

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5112398290

Cover Note Number

Driver

Name of Driver TANG YEW CHONG

NRIC No S1662277Z Date Of Birth 31/03/1964 Occupation OUTDOOR Date Of Driving Pass 05/10/2010

9 YEARS AND 1 MONTH **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-84975151

Fax Number

OFFICE-84975151 Contact Number

EMail Address NOEMAIL

BLK 77 LORONG LIMAU Address

#06-39

Postcode 320077

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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 audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM5480S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR Name of Driver LEOW WEN QIN

NRIC/Passport Number S9135092J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

2/11/19 3.05 pm

Driver's Signature

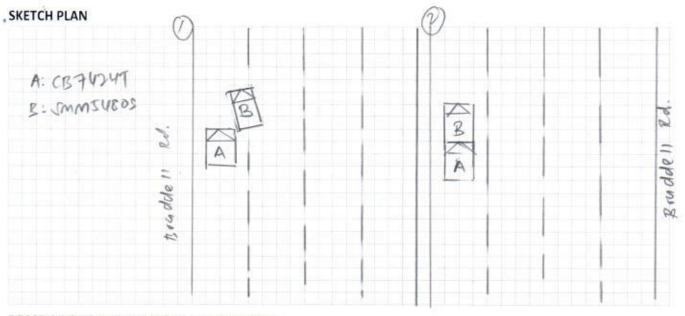
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	Hatement.	
	10.	

DECLARATION

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

Policyholder's Signature

Date & Time:

3.05 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre-Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG 3RD LANE SUDDENLY SWERVE ONTO MY LANE. AFTER VEHICLE B SWERVE ONTO MY LANE SUDDENLY JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 17/1 /0)(DD/MM	/YYYY), TIME:(_\(\sum_{\text{:}} \sum_{\text{:}} \sum_{:
LOCATION: Read lan 2-1	mary mount.
1. DETAILS OF VEHICLE	J
a) VEHICLE NUMBER: CB 74 24T.	19
DINSURANCE COMPANY: HTUC	
CIPOLICY NUMBER	
CIPOLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRE e)MAKE & MODEL:	PARTY / THIRD BARTY FIRE ATTURE
F)TYPE: (SALOON / COUPE / MPV /VAN / L	OPPOVINGE
g) VEHICLE CATEGORY: (PRIVATE / COMM	PRRY / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIME:	ERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN	and long
IF NO, PLEASE STATE (THIRD PARTY CLAIM	INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	/ REPORTING ONLY)
A)NAME:	
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	CONTACT: 987509~
C/ADDRESS:	
* CONTINUE TO 2 112	
*CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
1 1-132011 SEE DICIVER	
(Including driver) a)NAME: Tan kw chong	(MAE / FEMALE)
(1.) b) NRIC/FIN/PASSPORT: S166M	372CONTACT: 84975101.
CIADORESS: 10k 77 brong may	406-39 (3vo)77)
talibate occurry. It a	the state of the s
*d)DATE OF BIRTH: (3) /3 /1964)(D	D/MM/YYYY)
OF ALLON: (INDOOR / OUTDOOR)	The state of the s
f) YEARS OF DRIVING EXPRERIENCE: 3110/2	0 ().
4. WAS DRIVER AN EMPLOYEE OF THE TAIC	DED (#
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSUPED:
THAD A DAINING	/ OTHERS
DINOND SURFACE: (DRY) WET / OTHERS	, omeno
o. WAS ANYBODY INJURED LYES / NO	
/. GIREPORTED TO POLICE (YES / NO	
IF TES, PLEASE STATE WHICH POLICE STATIO	Ν-
8. THIRD PARTY VEHICLE	
His of passonger a) VEHICLE NUMBER: JMM54805 Including driver b) DRIVER'S NAME: LOW LINE AND	MODEL:
	MODEL:
The state of the s	CONTACT
Y. THIRD PARTY VEHICLE	CONTACT:
Ho of passanger of VEHICLE NUMBER:	110000
Induding driver (a) DRIVER'S NAME:	MODEL:
MRIC/FIN/PASSPORT	<u> </u>
Induding driver f) DRIVER'S NAME:	CONTACT:

email =

fax =

VIDEO =X



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112398290-000001 Cover: Third Party, Fire & Theft

Index mark and Registration Number of Vehicle : CB7424T

 Chassis Number
 : JN1TG4E25Z0702013

 2. Name of Policyholder
 : TOH YEW GUAN

 3. Effective Date of Insurance
 : 04 Sep 2019

4. Expiry Date of Insurance : 03 Sep 2020

- 5. Persons or Classes of Persons entitled to drive*
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use*
 - (a) Use for the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 11 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
 - Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

 EXCESS (SECTION I)
 : N/A

 EXCESS (SECTION II)
 : S\$1,500

 INSURE WITH COE
 : NO

 HIRE PURCHASE COMPANY
 : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF

LOSS

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

Agency

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 03 Sep 2019 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech Hello, NAC_PAYA_UBI_800601										Gener	alClaim
							• Change	e Langua	ge • Cha	nge Password	• Log Out
My Desktop	Poli	cy Query									35
Notice of Loss	Policy f	Vo.	511239	8290		Date of Accident Certificate Number			12/11/2019		
	Vehicle	No.(For Motor)	CB7424	T							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112398290	5112398290- 000001	TOH YEW GUAN	57004704G	GFM	Third Party, Fire & Theft	CB7424T	CB7424T	04/09/2019	03/09/2020
					(Continue					

Policy No.	5112398290	Policyholder Name	TOH YEW	GUAN	Policyholder NRIC	S7004704G	
Certificate	5112398290-000001						
Address	BLK 243 #05-34 BUKIT BATOK E	AST AVE 5 SI	NGAPORE 6	50243			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/09/2019	Effective Date	04/09/201	9 00:00	Expiry Date	03/09/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	1398.92				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	Inexperience Driver Excess
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080		GST Flag	Υ	
Co-							
insurance Flag	No						
insurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addres	s 2	BUKIT BATOK EAST	AVE 5	Address 3	SINGAPORE 650243
insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	A650 #600	is 2 is Type	BUKIT BATOK EAST Singapore address	18000000	Address 3	SINGAPORE 650243 650243
insurance Flag Open Policy Info Certificate Info	older Mailing Address	Addres	s Type d Policy		18000000	127.G*155.07.47	30.30.0 ± 30.0 ± 0.0 ± 0.0 ± 0.0 ±
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres Relate	s Type d Policy	Singapore address	18000000	127.G*155.07.47	NAME OF TAXABLE
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 243 #05-34 d Object: 5112398290-000001	Addres Relate	s Type d Policy	Singapore address	18000000	127.G*155.07.47	NAME OF TAXABLE
Insurance Flag Open Policy Info Certificate Info Policyth Address 1 Address 4 Unit No. Insured	older Mailing Address BLK 243 #05-34 1 Object: 5112398290-000001	Addres Relate	s Type d Policy er	Singapore address		127.G*155.07.47	NAME OF TAXABLE
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	older Mailing Address BLK 243 #05-34 1 Object: 5112398290-000001	Addres Relate Numbe	s Type d Policy er	Singapore address 5112396778		Post Code	650243

Claim Handling										
The premium on this policy has Accident MT/1071232	s not been collected.									
Policy No.	5112398290	venicle No.		CB7424T			GST Registration No.			
Certificate No.	\$112398290-000001	1.957,86		-			dor negatiation no.			
Policyholder Name	TOH YEW GUAN						Policyholder NR3C		\$7004	MAG.
Product Code	PLEET MASTER INSURANCE	Cover Type		Third Part	y, Fire 5 Theft.		Loading		0	1000
Contact No.(Mobile)	98175092	Contact No. (Office	î	0			Contact No.(Home)		0	
Email Address		Special Remark					eCode			
KFK	® No ○ Yes	TCA		® No ○	Yes		eCode Reason			
NCD Protection	Ng	NCD Entitlement(1)	4)	0			Private Hire		No	
Accident Details									100	
Report Debe	13/11/2019 16:29	Accident Report W	ithin 24 hrs	Yes			Accident Type		Cortisio	n - Head to Rear
Date of Accident	12/11/2019	Time of Accident h	h:mm	15:05			Country of Accident		Singapi	are:
Reporting Centre		Orange Force					1CM No.			
Accident Location	BRADDELL RD TWOS MARYMOUNT									
Total Excess Applicable	•									
Excess Type	Per Accident	Windscreen Excess	ř.							
LANGE OF COLUMN										
OD Standard Excess		TP Standard Excess	9		1,500.00					
VIED OD Excess	0.00	YIED TP Excess					Driver is Covered?			
Additional Excess										
Total OD Excess Applicable	0.00	Total TP Excess Ap	plicable							
W Benefits	700									
▼ GST Registered Inform GST Registered										
SST Registration No.	No				T Registration Date T Status Verified		Yes			
Modification History				-90	7 Stolius vernieu		res			
 Policyholder Mailing Ac 	ddress									
Address 1	BLK 243 #05-34	Address 2		BUKIT BA	TOK EAST AVE 5		Adoress 3		SINGAR	PORE 650243
Address 4		Address Type		Singapore	address		Post Code		650243	į.
Unit No.		Related Policy Num	rber	51123967	78.					
□ OI Driver Info										
Driver Name	unnamed Driver	Driver Type		Unnamed	Driver					
Unnamed driver Name	TANG YEW CHONG	Driver NRIC		51662277	Z		Driver DOB		31/03/	964
Register Date of Driver License		Driver Age		55			Driving Experience		9	
Contact No.(Mobile)	84975151	Contact No.(Office)	6	0			Contact No.(Home)		0	
Address 1	BLX 77	Address 2		LORONG L	JMAU		Address 3		WHAME	OA SPRING
Address 4	SINGAPORE 320077	Address Type		Singapore	address		Past Code		320077	
Unit No. Does he own a Singapore	06-39									
Registered car?	○ Yes ® No	Driver Vehicle No.					Driver Insurer Company			
Peclaration										
Breathalyser or Blood Test	200	(Charling		40.2						
Reading?	0 mg	Any injury?		O Yes ®	No					
fodification History										
Claim 001 New										
Siem sor Hen										
Daim Type *	00-MX	Indured Name		TOH YEW	GUAN		Insured NRIC	1	\$70047	046
Contact No. (Mobile)	98175092	Contact No.(Home)	i j	65661345			Contact No.(Office)	1		
Email Address		01 Vehicle Number		CB7424T			TP Vehicle Number	1	SMM54	908
Daimant Type Clemant Type *		Type of Benefit +	9	Please Sel	ect 💟					
Darmant Name *	25	Claimant NRIC +				-				
Taimant Address										
Claim Description Preferred Workshop Contact	C87424T / SMM5480S ON 12 Nov 2019	Was a superior transfer	- 7				Name of Preferred Workst	hop	-	
io.		Insured Liability *	- 10	Fully at Fa				0.8		
lequire Finalisation	Yes	Preference Repair D	gtion	Preferred	Workshop, Name unknown	v	SIA report	ı	Receive	a 💟
late Registered	13/11/2019 16:27	Claim Close Date				1/1	Date Received		13/11/2	019 00:00
Seport Taken By	Jackson									
of Print AK letter										
			s	ave Sut	imit					
Attachment			1,16	-						
9										
Accident No.	MT/1071232	Claim N	io.		001					
ast Doc. Received	● Yes ○ No	Upload	Date		13/11/2019 16:28					
	Path *				Category *		Confidential U	rgency	50	Description *
			Browse	Clear	Please Select	¥	Norm	nail	V	
		30	Browse	Chiar	Please Select	V	Norm	nai	V	
		- 3	Browse	Clear	Please Select	v	₩ Norm	nat.	V	
			Browse	Clear	Please Salect	v	□ V Norm	nai	V	
			Browse	Cest	Please Select	V	S V Norm	nel	TOT I	

