A SILILA M. IV	Jeb description	Date &Time Completed	Don	o by
Date In: 15 olig - 19:30		Date & Time Completed	1000	c o'i
Ref No: Wallucias 20847/24	SAS e-filing			1100
Veh No: JR2859m	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 22/11/19-12:50	i-Motor Claim Form	morgraposi	25/11/19 1	9:49
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Tr insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	Maria Salahari
TP Particulars: Veh No:	FISKTS854 . INC ()/Non-INC().	*	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	W-12-0
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		162 1/2
Excess: (\$) Loading: \$				
General Remarks;-				
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer		-
() Total Loss Case : to e-mail Ins	The state of the s	Total or reporter.		
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO(); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)	Yes	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	- t	0.007.4	-
	/ COURTESV Lar L			
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] ()	paration Checklist	Ant (5)	Ami (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	() \$3000] () Invoice Pre	paration Checklist Reporting (\$30);	Ant (5)	Ami (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() \$3000] () Invoice Pre 1) AR : Accident 2) DA : Damage	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ant (5) (5) Bill	Ami (\$
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] () Invoice Pre	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80);	Ant (5) (5) Bill	Ami (\$
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); tee \$40/ arough Survey \$ arough Survey (Resurvey)	Ant (5) 15t Bill)) 545	Ami (S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pro Invoice Pro 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/ brough Survey \$ brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2003)	Anii (5) fst.Biil 545 120 530	Ami (S
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pres Invoice Pres 1) AR: Accident 2) DA: Darriage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); arough Survey \$ arough Survey (Resurvey); arough Survey (Resurvey); arough Survey (Wef 10 Jan 2003); tion SMRT Survey \$	Anit (5) 15t Bill 0) 545 120 530	Ami (\$
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Present Invoice Pr	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/2000) Frough Survey (Resurvey) Foinst INC Only (wef 10 Jan 2003) Ition SMRT Survey \$ Inal Services: Cer / Tpt Allowance Fordination for Inspection foet Excess Coordination	Anit (5) 15t Bill) 545 120 530 \$75 160	Amt (3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Present Invoice Pr	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$86) see \$40/ arough Survey (Resurvey) sainst INC Only (wef 10 Jan 2003) tion SMRT Survey \$ nal Services:- Car / Tpt Allowance sordination in Inspection set Excess Coordination (Non INC) against INC	\$75 160 \$55	Amt (3

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.
- 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.	
Market State of the State of the State of	ACCIDENT STATEMENT
Date Of Report	25/11/2019 19:32
Date Of Accident	22/11/2019 12:50
Exact Location Of Accident	PIE (TUAS) AFTER KPE (ECP)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2859M
Insured/Policyholder	
Name Of Registered Owner	CHUA SHAN AN
NRIC No	S9105231H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92719306
Alternative Phone No	OFFICE-92719306
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109245931
Cover Note Number	
Driver	
Name of Driver	CHUA SHAN AN
NRIC No	S9105231H
Date Of Birth	08/02/1991
Occupation	OUTDOOR

Occupation Date Of Driving Pass 12/08/2010 9 YEARS AND 3 MONTHS **Driving Experience** MALE Gender

Mobile Number

(LOCAL) +65-92719306

Fax Number

OFFICE-92719306 Contact Number

EMail Address NOEMAIL

BLK 811 TAMPINES AVENUE 4 Address

#08-199

520811 Postcode

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 - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO 1

Number of Passengers (Including Driver)

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

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191125/7025.

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

FBK5385A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

1

DETAILS OF INJURED PERSON 1

Name

CHUA SHAN AN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJR2859M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 7 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.
- 5 Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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)
 - (i) 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")
- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso

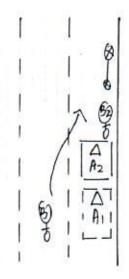
NRIC/FIN No.:

el's Signature

Vehicle A. SJR 2859M

Vehice B: FBK 5385A.

& : cyclist.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		2 (2 2 2 2					J		ddeiat.	
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abru	upt .	brate	caus	ing n	ny vek	nice to	o colli	de ont	o Nis .	It
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any	for	m ct	indu	cation	that	the	said	motora	list	was
Conv	MINA	cut	WDY	r.4	any	form.				
	32 0 9 9	12								

DECLARATION

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

Policybolder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

ACCIDENT STATEMENT

ACC	IDENT DATE: Jay II) 2	019 1(DD/MM/YYYY), TIME:(1) : 5	<u>O_)</u> (HH:MM)
LOCA	ATION: PIE (TUAS),	ATTEN EPECECP) ·	
1.	DETAILS OF VEHICLE a)VEHICLE NUMBER:	MUC :		3341
	b)INSURANCE COMPANY: c)POLICY NUMBER: d)POLICY TYPE: (COMPRE		TY / THÍRD PARTY	FIRE &THEFT)
	TITYPE: (SALOON / COUPE)	NATE / COMMERCE	PYNOTORCYCL PYNOTORCYCL	.E)
	h) PURPOSE OF USING AT A i) ARE YOU CLAIMING UND IF NO, PLEASE STATE (THIR	ED AUTIK MAIN INZON	ANCE (YES/10)	
2.	INSUPED / POLICY HOLDER	a shan An-	(MDE	FEMALE)
	- THORE / FINI/P & SSPORT	99105231H pines Avenue 4	_CONIACI	8(570811).
, a	• CONTINUE TO 3.d IF DRIVE			
18110 of passonga	DRIVER .			FEMALE)
(Induding driver)	a)NAME:		CONTACT:	
<u>⊂0</u> 1⊃	b) NRIC/FIN/PASSPORT: c) ADDRESS:		**	
	d)DATE OF BIRTH: (00/	N/DD) 1991 (CD)	M/YYYY)	
	eJOCCUPATION: (INDOOR	OUTDOOR)	./B	٠.٨.
4.		E OF THE INSURE	D'S COMPANY?	(YES / NO)
	IF NO, RELATIONSHIP OF	THE DRIVER WITH	THERE	
5.	a) WEATHER CONDITION: (C	EAR / KAINING / O	THENS	+
	b)ROAD SURFACE: (DRY / W	ET / STHERS		
6.	WAS ANYBODY INJURED (YE	S/ND)		10
7.	a) REPORTED TO POLICE (YE) IF YES, PLEASE STATE WHICH	H POLICE STATION:_		
8.	THIRD PARTY VEHICLE	5.400	CONTRACTOR OF THE PARTY OF THE	
No of passenger	a) VEHICLE NUMBER:	FBK 5385 A.	_MODEL:	
Induding driver)	b) DRIVER'S NAME:			
The state of the s	c) NRIC/FIN/PASSPORT:		_CONTACT:	
	HIRD PARTY VEHICLE			190
	d) VEHICLE NUMBER:		_MODEL:	
	e) DRIVER'S NAME:		COLUTICATION	
Including driver)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:		_CONTACT:	

· email =

fax =





1/20191125/7025

1 of 3 Report No. T/20191125/7025

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2019 15:13		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: CHUA SHAN AN			Address: APT BLK 811 TAMPINES AVENUE 4 #08-199 SINGAPORE 520811			
ID Type / ID No.: NRIC NO / S9105231H		31H	Contact No.: Home/Office:	Mobile: 92719306		
National SINGAP	Nationality: SINGAPORE CITIZEN		Email: stefan.x.chua@gmail.com			
Sex: Age: Date of Birth: Male 28 08/02/1991			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Sales and related associate		ssociate	Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2019 00:50	Type of Location Straight Road	
Location:			1221172010 00.00), —),	
PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBK5385A	Motorcycle				Slightly Damaged	0		
SJR2859M	Car	HONDA	VEZEL		Slightly Damaged	0		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191125/7025

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

CONTINUATION OF REPORT

Driver	The state of the s		7 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in march		THE REAL PROPERTY.
Name	CHUA SHAN AN					S9105231H
Related Vehicle	SJR2859M (Car)				ct No.	92719306
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	25/11/2019	Date Dis	charge 25/1		1/2019	
No. of Days granted Medical Leave 03		03	Degree o	Degree of Injury Sligh		t

Brief Details.

ON 22/11/2019 AT ABOUT 12:50HR, I WAS DRIVING MY VEHICLE - SJR2859M, ALONG PIE IN THE DIRECTION OF TUAS. AFTER THE EXIT TO KPE(ECP), VEHICLE NUMBER - FBK5385A, FILTERED INTO MY LANE AND MADE AN ABRUPT BRAKE, CAUSING MY VEHICLE TO COLLIDE ONTO HIS. I WAS THEN TOLD THAT HE BRAKED DUE TO A CYCLIST ON LANE 1. I WISH TO STATE THAT THERE WAS NO SIREN NOR INDICATION THAT THE SAID MOTORBIKE WAS CARRYING OUT WORK OF ANY FORM.

IT CAUSED MY VEHICLE'S CTBA TO ACTIVATE AND AUTO BRAKE - CAUSING ME TO SUSTAIN INJURY ON MY NECK & SHOULDER. I THEN SEEK MEDICAL ATTENTION AT CHANGI GENERAL HOSPITAL & Amp; WAS GIVEN 3 DAYS MC.





3 of 3 Report No. T/20191125/7025

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 plan

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: 25/11/2019 15:13
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident	1	2/11/2019 1	2:50	
	Vehicle No.(For Motor)		SJR285	9M		Certifi	cate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109245931		CHUA SHAN AN	S9105231H	GPC	drivo CLASSIC	SJR2859M	SJR2859M	02/05/2019	18/08/2020
					C	Continue					

Sequen	Sequence Date of Endorsement		ndorsemen	t Tyne	Endorsement	Status	Endorsement Content	
□ Endors	ements							
) Insure	d Object: SJR2859M							
Init No. 08-199		Related Policy Number		5109245931				
Address 4	SINGAPORE 520811 Addres		s Type	Singapore address		Post Code	520811	
Address 1	BLK 811 #08-199	Addres	ss 2	TAMPINES AVENUE	4	Address 3	TAMPINES POLYVIEW	
→ Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
Co- nsurance Flag	No							
Agent	YONG LEE SENG MOTOR PTE LT	Agent Tel.	68440123		GST Flag	Y		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Ir	experience Driver Excess	
Additional Excess	0	OS Premium	0					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Excess Type	Per Accident	All Claims Excess						
Policy issue Date	02/05/2019	Effective Date	02/05/201	9 00:00	Expiry Date	18/08/2020 23:5	9	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	99999							
Certificate No.								
Policy No.	5109245931	Policyholder Name	CHUA SHA	N AN	Policyholder NRIC	S9105231H		

Continue Cancel

Claim Handling												
Accident MT/1072927												
Policy No.	5109245931		Vehicle No.		51A2859A	8		GST Registration f	40.			
Certificate No.												
Policyholder Name	CHUA SHAN AN							Policyholder NRIC		5910523	DC:	
Product Code	PRIVATE CAR INSURANCE		Cover Type		drivo CLA	SSIC		Loading		0		
Contact No.(Mobile)	92719306		Contact No.(Office))	0			Contact No. (Home)	0		
imail Address			Special Remark					eCode		11.9		
FK	® No ○ Yes		TCA		®.No. ○	Yes		eCode Reason				
ICD Protection	No		NCD Entitlement(%	6)	0			Private Hire		No		
 Accident Details 												
teport Data	25/11/2019 19:48		Accident Report Wi	thin 24 hrs	Yes			Accident Type		Calision -	Change / Cross lane	
Pate of Accident	22/11/2019		Time of Accident N	h:mm	12:50			Country of Acader	rt.	Singapore		
teporting Centre			Grange Force					ICM No.				
codent Location	PIE (TUAS) AFTER KPE (ECP)											
Total Excess Applicable												
xcess Type	Per Accident		Windscreen Excess			100.00						
P. Paragonal Property	2000		122200000000000000000000000000000000000			5000						
D Standard Excess	500.0		TP Standard Excess	5.		0.00						
ED OD Escess	0.0		YIED TP Excess			0.00		Driver is Covered?		Covered		
dditional Excess		0										
otal OD Excess Applicable	0.008	00:	Total TP Excess App	picable		0.00						
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 GST Registered Inform. ST Registered 	ation No				20							
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odification History						T STOCKS WETTING						
⇒ Policyholder Mailing Ad	Idress											
ddress 1	BUK 811 #08-199		Address 2		TAMPINES	AVENUE 4		Address 3		TAMPINE	5 POLYVIEW	
ddress 4	SINGAPORE 520811		Address Type	dress Type Singapore address				Post Code			520811	
nit No.	08-199		Related Policy Num	DEF	51092459	31						
OI Driver Info												
river Name	CHUA SHAN AN		Driver Type		Main Drive	r						
innamed driver Name			Driver NRIC		59105231	+		Driver DOB		08/02/19	91.	
egister Date of Driver License	15/08/5010		Driver Age		28			Driving Experience		9		
omect No.(Mobile)	92719306		Contact No.(Office)		O O			Contact No. (Home		0		
ddress t	BLK 811		Address 2		TAMPINES	AVENUE 4		Address 3		TAMPINES	POLYVIEW	
ddress 4	SINGAPORE 520811		Address Type		Singapore	address		Post Code		520811		
init No.	08-199											
pes he own a Singapore	○ Yes ® No		Onver Vehicle No.					Driver Insurer Com	DATE			
legistered car?												
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reathalyser or Blood Test leading?	0 mg		Any injury?		® Yes O	No						
was in												
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laim Type •			Insured Name		CHUA SHA	N AN		Insured NRIC		\$9105231	Н	
ontact No.(Mobile)	92719306	4	Contact No.(Home)		NIL			Contact No. (Office)	i.			
mail Address	stefan.x.chua@gmail.com	2	Of Vehicle Number		SJR2859M			TP Vehicle Number		FBKS385A	6	
aimant Type Claimant Type *	Please Select		Type of Benefit *		Please Sel	ect v						
almant Name *		22	Clamant NRIC +									
aimant Address	AND THE PARTY OF T	Land Water Mark						le Disconnection				
referred Workshop Contact	S3R2859M / FBK5385A ON 22	Nov 2019						Name of Preferred	Workshop			
			Insured Liability *		Not at Fau	No. of the last of	2001			-	and the same of the same of	
equire Finalisation	Yes -	4	Preferend Repair O	gtion	Preferred	Workshop, Name uniin	nown 🔍	GIA report		Received	V	
ate Registered	25/11/2019 19:49		Claim Cose Date					Date Received		25/11/201	9 00:00	
eport Taken By	Jackson											
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