| NATIONAL Assessment (  | Jeb description                        |                                      | Date & Time Completed  | Den  | e by     |
|--|--|--------------------------------------|--|--|----------|
| Date In:5 Mig-12.04  |  |                                      | Date to timo ocimpiotos  | 201  |          |
| Rel No: Na INCIGONAROM   | SAS e-filing                           |                                      |  |  |          |
| Veh No: Stwagigy   | E-mail (within                         | Shrs, AIC 2hrs)                      |  |  |          |
| D.O.A: 4/1/19-20:30  | i-Motor Clai                           | m Form                               | M7/157-4441-001  | 5/11/19  | nya      |
| OD TP ! Reporting Only   | i-Motor W/C                            | (Within: OD 2hr                      | s, TP 4hrs)  |  |          |
|  | i-Photo Uplo                           | aded                                 | 1  |  |          |
| TP Insurer:  | Assessment/St                          | irvey Report                         |  |  |          |
|  | Ass't Report b                         | y Fax / Hand                         | o Owner/Wksp   |  |          |
| Preferred Wksp / INC Assign Wksp / Q   | W: (                                   |                                      | Tel:   | Fax:   | )        |
| TP Particulars: Veh No   | McMyp.                                 | . INC(                               | )/Non-INC( )   | - 1  |          |
| Owner / Driver: (  |  |                                      | Tel:   | )  |          |
| Policy No: (   | Period: (                              | )                                    | Cover Type: (  | )  |          |
| Confirmed by : (   |  | Date:                                | Time:  | )  |          |
| Insured/Driver Liability: (  |  | Oliver Action                        | 0%; P: 21-79%. P: 80-  | 100%]  |          |
| Year of Registration: (  | ) Warranty: YES (                      | )/NO(                                | )  | 31 30  |          |
|  | g: \$1,000 ( )/\$2,000                 |                                      | and the second of the second o | म्बर्ग स्थापा <i>राज</i>   |          |
| General Remarks:-  |  |                                      | TOTAL CONTRACTOR   | 13.0H 3.   |          |
| ( ) Walk-In Customer : Custome   | r's information strictly Co            | nfidential & St                      | rictly NO refer of repairer.   |  |          |
| ( ) Total Luss Case : to e-mail  | Insurer URGENTLY.                      |                                      |  |  |          |
| Drive-In ( )/ Towed-In ( ); I  | nvoice: YES ( ) / N                    | Ю( );T                               | owing Co: (  | - 1  | )        |
| Remarks:- (INC hotline: 6788 6)  | 616)                                   |                                      | Date&Time Completed  | Don  | e by     |
| 1) Apply for Transport Allowance (   | AND ADMINISTRATION OF SECURIOR SECTION | )                                    | -  | A. 157 - 1 A   |          |
| 2) QC Check / Post Repair Inspection   | ( )                                    |                                      |  | X - X - X  | - 1X     |
| 3) Upload Resurvey Photo [Repair Co  | st>\$3000] (                           | )                                    | T  |  |          |
| Injury:  |  |                                      |  |  |          |
| Tigury:  |  |                                      | 1  | Paragraphic Area   |          |
| Date/Time Actions  |  |                                      |  | PERIODA ROVERS   |          |
|  |  |                                      |  | 10<br>000 Miles  |          |
|  |  |                                      |  |  |          |
|  |  |                                      |  |  |          |
| -  | 1                                      |                                      |  |  | -        |
| . Y-A:   |  |                                      | paration Checklist   | Anit (S)   | Amt (3)  |
| 11A 1909124  |  |                                      |  | The Bill   | Add Bill |
| aimant's Particulars :-  |  | 1) AR : Accident<br>2) DA : Damage   | Assessment (\$100); INC (\$  | Marine Control of the |          |
| iver/Owner:  |  | 3) TF : Towing F<br>4) FT : Follow-T |  | \$120  | -        |
| ntact No:  |  | 5) FT : Follow-T                     | hrough Survey (Resurvey)   | \$30   |          |
|  |  | 6) TR : Re-insper                    | eainst INC Only (wef 10 Jan 200  | \$75   |          |
| maged Portion:   |  | 7) N1 : Idac DA                      | SMRT Survey  | \$160  |          |
|  | 3                                      | 8) NTUC Addition                     | nal Services:-   |  |          |
| Checked by (Engr-In-Charge):   |  | *N5: Courtesy                        | Car / Tpt Allowands  | \$5  |          |
| CONTRACTOR CONTRACTOR OF THE STATE OF THE ST | SS CONTRACT                            | *N6: Repair C<br>*N7: Fost Rep       |  | \$10   |          |
| iditors' Comments :-   |  | +N8: DV / Col                        | lect Excess Coordination   | 55   |          |
| 1:   |  | TP (N11): TP<br>9) N12: Idac Mo      | (Non INC) against INC  | 30   | 1.       |
|  |  | DITTE TORE IND                       | /1/-   |  | -        |
| 2/3:   |  | Invoice dated                        | Fee Charged  |  |          |

1 per at 1.20

#### 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.
- 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.

|  | ACCIDENT STATEMENT                     |
|--|--|
| Date Of Report   | 05/12/2019 12:04                       |
| Date Of Accident   | 04/12/2019 20:30                       |
| Exact Location Of Accident   | JUNC JALAN KEMBANGAN & SIMS AVE EAST   |
| Country/State of Loss  | SINGAPORE                              |
| Control of the Contro | ETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number  | SFW2919U                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | CHANG POO HWEE DERRICK (ZENG BUWEI)    |
| NRIC No  | S7343737G                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-91556259                   |
| Alternative Phone No   | OFFICE-91556259                        |
| Vehicle Particulars  |  |
| Manufacturer   | KIA                                    |
| Model  | FORTE K3 1.6A                          |
| Exact Purpose for which vehicle was being used at<br>time of accident  | PRIVATE USE                            |
| Are you claiming under your own insurance policy for repair to your vehicle?   | NO                                     |
| If No, Please state action to be taken   | THIRD PARTY                            |
| Vehicle Category   | PRIVATE HIRE                           |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5100868474-01                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | CHANG POO HWEE DERRICK (ZENG BUWEI)    |
| NRIC No.   | \$7343737G                             |

 NRIC No
 \$7343737G

 Date Of Birth
 04/12/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/10/1996

Driving Experience 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91556259

Fax Number

Contact Number OFFICE-91556259

EMail Address NOEMAIL

BLK 184A RIVERVALE CRESCENT Address

#04-163

541184 Postcode

Was driver an employee of the Insured's Company

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 - CROSS JUNCTION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

Passenger 2

NAME:

: IVIN LEE

GENDER: : FEMALE

Passenger 3

NAME:

: DARIUS CHANG

: CHUA SIEW DEE

GENDER:

: MALE

Passenger 4

NAME:

: IVORY CHANG

GENDER:

: FEMALE

**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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC1241D

Vehicle Make/Model/Colour

Page 2 of 14

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

MOHAMED NOOR BIN WAGIO

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

- 1

### **DETAILS OF INJURED PERSON 1**

Name

CHANG POO HWEE DERRICK (ZENG BUWEI)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SFW2919U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

CHUA SIEW DEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SFW2919U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 3**

Name

IVIN LEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SFW2919U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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)

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) 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

Name:

NRIC/FIN No.:

|  | E CO   |                             |                       |
|--|--|-----------------------------|-----------------------|
| 8  | Edera Carbriga   |                             |                       |
| SKETCH PLAN                              | i Sui i I I  |                             |                       |
|  | The state of the s |                             |                       |
| 1  | 1,10 4 1 1   |                             |                       |
|  |  |                             |                       |
| Sim Ale E                                | AMB  | Can Aum F                   | Ubiliae A: SAW2019    |
|  |  |                             | Vehide B: SHC12419    |
|  | 5  |                             |                       |
|  | \$   | <- ! ! ! ! ! ! ! ! ! !      |                       |
|  | 3  |                             |                       |
|  |  |                             |                       |
| 1/4                                      | A V V  | Kembangan MRT               |                       |
| DESCRIBE CIRCUMSTANCE                    | S OF THE ACCIDENT  |                             |                       |
| On the above                             | said date & time, I 1  | veis driving my vel         | ride A (SFW29194)     |
|  |  | 33                          |                       |
| traveling along i                        | taion Kembangan truds  | Frankel Ave on the          | . first lane of       |
| 0 0                                      |  |                             |                       |
| a 2-lanes, vond                          | 1. Somewhere at the  | Junction of Sim A           | tre E, the            |
|  |  |                             |                       |
| traffic light was                        | s green, so I continu  | ic my Jaumey to             | cross the junction.   |
| 0.0                                      | tolet b (our see a)  | <u> </u>                    |                       |
| Cut of sudden,                           | Vehide B (SHC1241D)  | from opposite direc         | tron made his         |
| du d los ses                             | - A  | N                           | rat ta                |
| July 18 Wiz will                         | T. As a result, the-   | thant portion of h          | is vehicle            |
| collida Londo -                          | the right portion of   | na valenda                  |                       |
| Collided CVITO                           | the helpin portion of  | my venice.                  |                       |
|  |  |                             |                       |
|  |  |                             |                       |
|  |  |                             |                       |
|  |  |                             |                       |
|  |  |                             |                       |
|  |  |                             |                       |
|  |  |                             |                       |
| DECLARATION                              | ticulars are true in every respect.  |                             |                       |
| , its secure the foregoing part          | ACOUST SIZE THE WELF TESPECE.  | _                           |                       |
|  |  |                             | this                  |
| Policyholder's Signature<br>Date & Time: | Driver's Signature (<br>(If driver is not the policyholder)  | Reporting Centre P<br>Name: | 'ersonnel's Signature |
|  | Date & Time:   | NRIC/FIN No.:               |                       |

| Vehicle No.                 | SFW2919U Model/Make CIA Granto                      |  |  |  |  |  |  |  |  |
|-----------------------------|---|--|--|--|--|--|--|--|--|
| Date of Accident            | 4/12/2019   |  |  |  |  |  |  |  |  |
| Time of Accident            | 2.6.30 HRS  |  |  |  |  |  |  |  |  |
| Location of Accident        | Along Jalan Kembangan / Sime Ale E                  |  |  |  |  |  |  |  |  |
| Exact purpose use during ac |   |  |  |  |  |  |  |  |  |
| Name of Owner               | Chang Poo Huer Derrick                              |  |  |  |  |  |  |  |  |
| Telephone No.               | H/P: 9155 6259 Home: Office:                        |  |  |  |  |  |  |  |  |
| NRIC                        | S73437376   |  |  |  |  |  |  |  |  |
| Address                     | BLK 184 A RIVERIAL (PRISCENT #04-163 S(54184)       |  |  |  |  |  |  |  |  |
| Claim type                  | OD THIRD PARTY REPORTING ONLY                       |  |  |  |  |  |  |  |  |
| Insurance Company           | NTUC  |  |  |  |  |  |  |  |  |
| Type of Coverage            | Comprehensive Third Party Third Party / Fire /Theft |  |  |  |  |  |  |  |  |
| Policy No.                  | 5100868474-01                                       |  |  |  |  |  |  |  |  |
| Name of Driver              | As Above If No,                                     |  |  |  |  |  |  |  |  |
| NRIC                        | Any Passengers : 4                                  |  |  |  |  |  |  |  |  |
| Date of birth               | 4 (12   1973 CHUA SIEW DER (F)                      |  |  |  |  |  |  |  |  |
| Occupation                  | Quidoor / Indoor IVIN LEE (F)                       |  |  |  |  |  |  |  |  |
| Driving License Pass Date   | 14/10/1996 DARIUS CHANG (M)                         |  |  |  |  |  |  |  |  |
| Gender                      | Male / Female IVORY CHANG (F)                       |  |  |  |  |  |  |  |  |
| Contact No.                 | H/P: Home: Office:                                  |  |  |  |  |  |  |  |  |
| Address                     |   |  |  |  |  |  |  |  |  |
| Driver have any own vehicle | e (No, ) If yes, Reg No.                            |  |  |  |  |  |  |  |  |
| Relationship                | Employee, If no, state Owner                        |  |  |  |  |  |  |  |  |
| Weather condition           | (Clear) Raining Other                               |  |  |  |  |  |  |  |  |
| Road Surface                | Dry Wet Other                                       |  |  |  |  |  |  |  |  |
| Any Injuries                | No, If Yes, Who?                                    |  |  |  |  |  |  |  |  |
| Name And Contact No.        | Chang Poo Hwee Perrick 91556259                     |  |  |  |  |  |  |  |  |
| Name And Contact No.        | Chur STEN DER IVIN LER                              |  |  |  |  |  |  |  |  |
| Police Report               | (No.) If Yes, Where?                                |  |  |  |  |  |  |  |  |
| Vehicle B No.               | SHC 1241D Any Passengers : —                        |  |  |  |  |  |  |  |  |
| Name of Driver              | Mohamed Noor Bin Wago Contact No.:                  |  |  |  |  |  |  |  |  |
| Vehicle C No.               | 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 portron                                       |  |  |  |  |  |  |  |  |
| Camera Recorder             | Ves No  |  |  |  |  |  |  |  |  |
| Email Address               | otaki 88 & yahoo.com                                |  |  |  |  |  |  |  |  |
|                             |   |  |  |  |  |  |  |  |  |
| PARTICULAR WORKSHOP         | Twinar Actanothy Pte Hel                            |  |  |  |  |  |  |  |  |
| CONTACT NO.                 | 6842 0051 / 6744 0510                               |  |  |  |  |  |  |  |  |
| CONTACT PERSON              | Zi Ting   |  |  |  |  |  |  |  |  |
| FAX NO                      | 6741 0510   |  |  |  |  |  |  |  |  |
| WORKSHOP EMAIL ADDRES       | s sales @ n51. com. sg                              |  |  |  |  |  |  |  |  |



# 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: 5100868474-01

1. Index mark and Registration Number of Vehicle Chassis Number

: SFW2919U

: KNAFZ411MF5337240

2. Name of Policyholder

: CHANG POO HWEE DERRICK (ZENG BUWEI)

Cover : drivo CLASSIC

3. Effective Date of Insurance

: 11 Jun 2019

4. Expiry Date of Insurance

: 10 Jun 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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# 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.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : CHANG POO HWEE DERRICK

NAMED DRIVER (1) NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: DBS BANK LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE 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)

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 14 May 2019 11:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBaoTech               |          |                    |                       |   |  |              | 100              |                |                   | Gener            | alClaim     |
|------------------------|----------|--------------------|-----------------------|---|--|--------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                    |                       |   | THE RESERVE OF THE PERSON NAMED IN     | Name and Add | · Chan           | ge Languag     | e + Chan          | ge Password      | · Log Out   |
| My Desktop             | Poli     | cy Query           |                       |   |  |              |                  |                |                   |                  |             |
| Notice of Lass         | Policy f | No.<br>(For Motor) | SFW2919U              |   | Date of Accident<br>Certificate Number |              | 04/12/2019 20:30 |                | _                 |                  |             |
|                        |          |                    |                       |   | H                                      | Search       |                  |                |                   |                  |             |
|                        | Select   | Policy No.         | Certificate<br>Number | Policyholder<br>Name                            | Policyholder<br>NRIC                   | Product      | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0        | 5100868474-<br>01  |                       | CHANG POO<br>HWEE<br>DERRICK<br>(ZENG<br>BUWEI) | 57343737G                              | GPC          | drivo<br>CLASSIC |                | SFW2919U          | 11/06/2019       | 10/06/2020  |
|                        |          |                    |                       |   | 100                                    | Continue     | I                |                |                   |                  |             |

| Address                           | BLK 184A #04-163 RIVERVALE  | CRESCENT SI                       | NGAPORE 5 | 41184             |                      |            |                              |
|-----------------------------------|---|-----------------------------------|-----------|-------------------|----------------------|------------|------------------------------|
| Product                           | BLK 184A #04-163 RIVERVALE PRIVATE CAR INSURANCE  | CRESCENT SI                       | NGAPORE 5 | 41184             | Group                |            |                              |
| Vame<br>Policy                    | TO THE RESERVE OF THE PARTY OF | 2,010,000,000                     |           |                   | Policy Flag          | N          |                              |
| ssue Date                         | 14/05/2019  | Effective<br>Date                 | 11/06/201 | 9 00:00           | Expiry Date          | 10/06/2020 | 23:59                        |
| excess<br>Type                    | Per Accident  | All Claims<br>Excess              |           |                   |                      |            |                              |
| Third Party<br>Excess             | 1500  | Own<br>damage<br>Excess           | 2000      |                   | Windscreen<br>Excess | 100        |                              |
| Additional<br>Excess              | 0   | OS<br>Premium                     | 0         |                   |                      |            |                              |
| Outside<br>Singapore<br>OD Excess | 2000  | Outside<br>Singapore<br>TP Excess | 1500      |                   |                      | Youn       | g/Inexperience Driver Excess |
| Agent                             | AUTOSHIELD PTE. LTD.  | Agent Tel.                        | 63850777  |                   | GST Flag             | Y          |                              |
| Co-<br>nsurance<br>Flag           | No  |                                   |           |                   |                      |            |                              |
| Open<br>Policy Info               |   |                                   |           |                   |                      |            |                              |
| Certificate<br>nfo                |   |                                   |           |                   |                      |            |                              |
| → Policyh                         | older Mailing Address   |                                   |           |                   |                      |            |                              |
| ddress 1                          | BLK 184A #04-163  | Addres                            | s 2       | RIVERVALE CRESCE  | NT ,                 | Address 3  | SINGAPORE 541184             |
| ddress 4                          |   | Addres                            | s Type    | Singapore address |                      | Post Code  | 541184                       |
| Init No.                          |   | Related<br>Numbe                  |           | 5100868474-01     |                      |            |                              |
|                                   | Object: SFW2919U  |                                   |           |                   |                      |            |                              |
| Insured                           |   |                                   |           |                   |                      |            |                              |
| ♪ Insured                         | ements  |                                   |           |                   |                      |            |                              |

| Claim Handling   |  |                             |               |                      |                           |  |
|--|--|-----------------------------|---------------|----------------------|---------------------------|--|
| Accident MT/1074441  |  |                             |               |                      |                           |  |
| Policy No.   | 5100868474-01  | Vehicle No.                 | SFW2919U      |                      | GST Registration No.      |  |
| Certificate No.  |  |                             |               |                      |                           |  |
| Policyholder Name  | CHANG POO HWEE DERRICK (ZENG BLIWEI)   |                             |               |                      | Policyholder NR3C         | 57343737G  |
| Freduct Code   | PRIVATE CAR INSURANCE  | Cover Type                  | drive CLASS   | SIC                  | Loading                   | 0  |
| Cornact No (Mobile)  | 91556259   | Consust No.(Office)         | 0             |                      | Contact No.(Home)         | 0  |
| Email Address  |  | Special Remark              |               |                      | eCode                     | (p), (g)   |
| KFK  | ® No ○Yes  | TCA                         | ® No ⊜Ye      | 16                   | eCode Reason              | 10:  |
| NCD Protection   | Yes  | NCD Entitlement(%)          | 50            |                      | Private Hire              | Yes  |
| Accident Details   |  |                             |               |                      |                           |  |
| Report Date  | 05/12/2019 12:17   | Academ Report Within 24 hrs | . Yes         |                      | Accident Type             | Collision - Cross Junction   |
| late of Accident   | 04/12/2019   | Time of Accident nh:mm      | 20:30         |                      | Country of Academs        | Singapore  |
| leporting Cerem  |  | Orange Force                |               |                      | ICM No.                   | 351384800.40   |
| codent Location  | JUNC JALAN KEMBANDAN & SINS AVE EAST   |                             |               |                      |                           |  |
| Total Excess Applicable  | 6  |                             |               |                      |                           |  |
| scess Type   | Per Accident   | Windscreen Excess           |               | 100.00               |                           |  |
| O Standard Excess  | 2,000.00   | The distance of the court   |               | STATE WATER Y        |                           |  |
| IED OD Excess  |  | TP Standard Excess          |               | 1,500.00             |                           |  |
| drillonal Excess   | 0.00   | VIED TP EXCESS              |               | 0.00                 | Driver is Covered?        | Covered  |
| otal OD Excess Applicable  | 2000.00  |                             |               |                      |                           |  |
| ♥ Benefits   | 2000.00  | Total TP Excess Applicable  |               | 1,500.00             |                           |  |
|  |  |                             |               |                      |                           |  |
| GST Registered Inform<br>ST Registered   |  |                             |               |                      |                           |  |
| ST Registration No.  | No   |                             |               | Registration Date    |                           |  |
| odification History  |  |                             | GST:          | Status Verified      | Yes                       |  |
|  |  |                             |               |                      |                           |  |
| Policyholder Mailing Ad  | Idress   |                             |               |                      |                           |  |
| ddress 1   | BLK 184A #04-163   | Address 2                   | RIVERVALE     | CRESCENT             | Address 3                 | PROTESTAN COLUMN   |
| doress 4   |  | Address Type                | Singapore ad  |                      | Post Code                 | SINGAPORE S41184   |
| nit No.  |  | Related Policy Number       | 5100868474    |                      | Post Code                 | 54)184   |
| OI Driver Info   |  |                             |               |                      |                           |  |
| river Name   | CHANG POO HWEE DERRICK   | Driver Type                 | Main Driver   |                      |                           |  |
| nnamed driver Name   |  | Oriver MRIC                 | S7343737G     |                      | Driver DOB                | 04/12/1973   |
| gister Date of Driver License.   | 14/10/1996   | Onver Age                   | 45            |                      | Driving Expenence         | 23   |
| intact No.(Mobile)   | 91556259   | Contact No.(Office)         | 0             |                      | Contact No.(Home)         | D  |
| Wess 1   | BLK 1844   | Address 2                   | RIVERVALE C   | RESCENT              | Address 3                 | SINGAPORE 541184   |
| dress 4  |  | Address Type                | Singapore ad  |                      | Post Code                 |  |
| nit No.  | 04-163   |                             | 3710          |                      | - Park Code               | 541184   |
| oes he own a Singapore   | ○ Yes ® No.  | Driver Vehicle No.          |               |                      | 74-14000-1-19             |  |
| egistered car7   | and the same of th | biller versue no.           |               |                      | Driver Insurer Company    |  |
| claration  |  |                             |               |                      |                           |  |
| reathalyser or Blood Text<br>rading?   | 0 mg   | Any injury?                 | ∰ Yes ○ No    |                      |                           |  |
| and the same of th |  | 255,5256                    | S. Les Own    |                      |                           |  |
| diffication History  |  |                             |               |                      |                           |  |
| torreactor restory   |  |                             |               |                      |                           |  |
| Claim 001 New  |  |                             |               |                      |                           |  |
| The second secon |  |                             |               |                      |                           |  |
| 0.0  |  |                             |               |                      |                           |  |
| im Type +  | Principality   | Insured Name                | CHANG POO     | HWEE DERRICK (2)     | Insured NRIC              | \$7343737G   |
| Tact No. (Mobile)  | production of the same of the  | Contact No.(Home)           | 64560729      |                      | Contact No.(Office)       | NIL  |
| air Address  |  | Of Vehicle Number           | SFW2919U      |                      | TP Vehicle Number         | SHC1241D   |
|  |  | Type of Benefit *           | Please Select | v                    |                           |  |
| ment Name +  | >>   | Claimant NRIC +             |               |                      |                           |  |
| imant Address  |  |                             |               |                      |                           |  |
| m Description  | SPW2919U / SHC1241D ON 4 Dec 2019  |                             |               |                      | Name of Preferred Workshi | àp .   |
| ferred Workshop Contact  | The state of the s | Insured Liability +         | Not at Fault  | v                    |                           |  |
| puire Finalisation   | and the same of th | Preferered Repair Option    | Preferred Wor | rkshop, Name unknown | GIA report                | Received   |
| e Registered   | 05/12/2019 12:19   | Claim Close Date            |               |                      | Date Received             | 05/12/2019 00:00   |
| oort Taken By  | Jackson  |                             |               |                      |                           | Andrew Control of the |
| Print AK letter  |  |                             |               |                      |                           |  |
|  |  | 64                          |               |                      |                           |  |
|  |  | 3                           | Save Submit   | SI .                 |                           |  |
| ttachment  |  |                             |               |                      |                           |  |
|  |  |                             |               |                      |                           |  |
| dent No.   | MT/1074441   | Marine No.                  |               | ***                  |                           |  |
|  |  | Claim No.                   |               | 001                  |                           |  |
| Dac Received   | Yes ○ No   | Upload Date                 |               | 05/12/2019 12:20     |                           |  |
|  | Path *   |                             | 9             | Category *           | Confidențiai urg          | gency * Descripcion  |
|  |  | Browse                      | Clear Pi      | ease Select          | ✓ Norma                   | N V  |
|  |  | Browse                      | Clear Pi      | ease Select          | V Norma                   | II V   |
|  |  | Browse                      | Ocar Pi       | oase Select          | ▼ Norma                   |  |
|  |  | Browse                      | Oear Pr       | ease Select          | ○ Norma                   |  |
|  |  | Browse                      | Clear Pi      | -                    | □ Norma                   |  |
|  |  | Browse                      |               |                      | V Norma                   |  |
|  |  |                             |               |                      |                           |  |

