Date In: 9/1/19-14:48	Jeb description	1	Date & Time Completed		
Res No: HA INC 19 0 7645/24	SAS e-filing	/			
Veh No: SMF288VC	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 81M19-17:55	i-Motor Clai	m Form	m11074897-001	10/10/19 19	5:06
	i-Motor W/C	) (Within: OD 2hr	s, TP 4hrs)		
OD / TP Reporting Only	i-Photo Uplo	aded			
	Assessment/St	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 60	1143210	. INC(	)/Non-INC( )	- 12	
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. P: 30	-100%]	17/
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000	( )			120000000000000000000000000000000000000
General Remarks:-				30.00	
( ) Walk-In Customer : Customer's in	nformation strictly Co	1771 15 1771 1771	Market Market All Market Marke		
	urer URGENTLY.				
	ice: YES ( ) / N	VO ( ) . T	owing Co: (		)
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / I	10( ),1	owing co. (	450 25.3 (page 28*W)	, , , , , , , , , , , , , , , , , , ,
Remarks:- (INC hotline: 6788 6616)	)``Salaa (1964)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car (	)			
2) OC Charle / Done 2 main to market	,	)		1	
2) QC Check / Post Repair Inspection	( .	)			
Upload Resurvey Photo [Repair Cost >		)			
3) Upload Resurvey Photo [Repair Cost >		)			
		)			
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Upload Resurvey Photo [Repair Cost >      Injury:				(F)	
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3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions		Invoice Pre	paration Checklist t Reporting (\$30);	Ant (\$)	100 mm m
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3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA 190000  Islimant's Particulars: river/Owner: ontact No:		Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$60 \$1) brough Survey brough Survey (Resurvey) teainst INC Only (wef 10 Jan 20	(\$80) (\$40/\$45 \$120 \$30 (\$5) \$75	*Control 10
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3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions		Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming I 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist:  t Reporting (\$30);  Assessment (\$100); INC ( Fee Some survey (\$100);  Assessment (\$100); INC (\$100);  Assessment (\$100); INC (\$100);  Assessment (\$100); INC (\$100);  Assessment (\$100); INC (\$100);  Assessment (\$100);  Assessm	\$80) \$40/\$45 \$120 \$30 \$55 \$160 \$55 \$10 \$25 \$5	100 mm m
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	09/12/2019 14:48
Date Of Accident	08/12/2019 17:55
Exact Location Of Accident	GRANGE RD
Country/State of Loss	SINGAPORE
- Commence of the second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF8884C
Insured/Policyholder	
Name Of Registered Owner	8226 TRADING ENTERPRISE
Co Reg No	53101822M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	VELLFIRE 2.5 CVT S/R
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105957163-01
Cover Note Number	
Driver	
Name of Driver	OR CHEE KOON (HU ZHIKUN)
NRIC No	S7603995Z
Date Of Birth	12/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93904023
Fau Number	

OFFICE-93904023

NOEMAIL

BLK 14B LORONG 7 TOA PAYOH Address

#19-243

312014 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR DRY Road Surface

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

YES Was any other material or property damaged?

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?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191209/7032.

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

SMK9321C

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

OR CHEE KOON (HU ZHIKUN)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMF8884C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.:

1	(	1 (			
	ì	1	5	DOA: 8	12/19
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\	1 1/2	, ,	,	100	IK 9321C
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# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WOO	drivio	ng a	long	\ <u>E</u> _F	Grange	Rd,	Sudden	ly v	1eh
Ba	+ ,	oto	My	lav	d	collided	orto	my	**
veh -	Rt	RM	Certa	· .	iii ii				
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DECLARATE PROJECT OF THE LEGISLAND PROJECT OF

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

Name: NRIC/FIN No.:

Personal Particulars	
	Time of Accident: 5 - 55 pm
Exact Location of Accident:	Grange Rel
Owner's Name: 8226 Trading Enter	on se NRIC NO: HP NO:
Driver's Name: Or Chee Koon	NRIC No: 87693995 ZHP No: 93904023
Date of Birth: 10/0/19 T6 Driving Licence Passing	Date: 298 1994 Occupation: Indoor / Outloor
Address: 148 Lor 7 Toa Payo	h # 19-243 (312014)
- Las de Continue de la marenda Hi (1) Ema	il Address ·
Vehicle No: SM F 8884C Mak	& Model: Sayota
Insurance Co: NTU C Covera	ge:Policy No:S105957163-01
*Exact Purpose of The Vehicle Was Being	Used At Time Of Accident: Private Use Work
	thers: Wet / Dry/ Others:
* Any passenger inside vehicle involved?	Yes / No) If yes, Vehicle No & How many pax:
A: Driver only B.	C:D:
*Was Anybody Injured ? (Yes) / No) If yes,	
Name / NRIC / In Vehicle: Or Chee	
*Was The Accident Reported To The Police	re ?
O No O Yes, Which Police Station?	
*Does the Driver Own Any Other Vehicle	
Perfection and the control of the co	insurer:
	( No ) If yes, Vehicle No & Category:
MARKAN BERGOOM ACCURE CHOOL WINN HEN YORK HE TO THE BERGOOD TO THE STORY	^
*Was there any video captured by Car Ca	mera? (Yes/No)
Third Party Driver's Particulars	
Vehicle & No: SMK 9321 C Ma	ike & Model:
Driver's Name:	NRIC No: HP No:
Vehicle C No: Ma	ke & Model:
Driver's Name:	NRIC No: HP No:
Witness Particulars	9 M
Name:	NRIC No: HP No:

.





1 of 3 Report No. T/20191209/7032

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 23:58		fade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		THE RESERVE AND ADDRESS OF THE PARTY OF THE		
Name of Informant: OR CHEE KOON			Address: APT BLK 14B LORONG 7 TOA PAYOH #19-243 SINGAPORE 312014			
ID Type / ID No.: NRIC NO / S7603995Z			Contact No.: Home/Office: Mobile: 93904023			
National SINGAP	ity: ORE CITIZ	EN	Email: PHILIPORCK@GMAIL.COM			
Sex: Age: Date of Birth: 12/02/1976			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Property Agent			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

General Infor	mation of the Acci	dent				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 08/12/2019 17:55	Type of Location. Straight Road	
Location: GRANGE RC	)AD					
Weather: Clear		Road Dry	Surface:		Road Speed Limit: 50 Km/h	
			c Control: controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ving Vehicles - Side	Swipe - Sam	e Direction		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMK9321C	Car					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/20191209/7032

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

### CONTINUATION OF REPORT

Driver		Signature 1				
Name	OR CHEE KOON			ID No		S7603995Z
Related Vehicle	SMK9321C (Car)			SMK9321C (Car) Contact		93904023
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL				of g ce & y Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/12/2019 Date I			charge	09/12	2/2019
No. of Days granted Medical Leave 05		05	Degree o	f Injury	Sligh	t

#### Brief Details.

I was driving my vehicle SMF8884C, Toyota Vellfire along grange rd towards holland rd at about 5.55pm.

The accident took place near cineleisure before the junction of orchard boulevard. 1st lane from left is bus lane, I was travelling on the 2nd lane while SMK9321C was on the 3rd lane.

The traffic was heavy, weather is clear.i was traveling along the straight road, SMK9321C suddenly cut into 2nd lane and stop when he noticed my vehicle. I have tried to brake but the distant is too near between both vehicle and i collided with SMK9321C on his left front and my right front.

The following day i had a bad ache on my neck, shoulder and lower back. I visited the doctor at MT Alvenia hospital and was given 5 days medical leave.

I have file an insurance claim against SMK9321C for the damages to vehicle SMF8884C and my injury. I have informed SMK9321C driver and his rental company boss who called me that i will be filing for insurance claims.

Video and photo has been submitted to workshop.







Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191209/7032

## CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	pla

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: 09/12/2019 23:58
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp NP168





## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	DENDUM								
(A)	PARTICULARS OF PE	RSON MAKING THE AMEND	MENTS:								
	Original Report No	MNA119161892	Vehicle Registration No: SMF8884C								
			PRISE_NRIC/FIN/Passport No : 53101822M								
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate										
	Address	:	Singapore(	)							
	Contact (Tel)	;	Mobile No. :	n:							
	Email Address	:									
	Date of Accident	. 08/12/2019	Time of Accident : 17:55	ne of Accident : 17:55							
	Place of Accident	GRANGE RD									
	Insurance Company	NTUC Income Insurance	Co-operative Ltd								
		t - T/20191209/7032		_							
	PC-										
	8										
	Policyholder / Driver Date:	's Signature	Reporting Centre Personne's Signature Name: NRIC/FIN No.: Date:								

<b>eBao</b> Tech								Gener	alClaim		
Hello, NAC_PAYA_UBI_800601						· Chang	e Languag	e • Chan	ge Password	· Log Out	
My Desktop	Policy Query										
Natice of Loss	Policy N	No.				Date of Accident			08/12/2019 17:55		
	Vehicle	Vehicle No.(For Motor)		SMF8884C		Certificate Number					
						Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NR3C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105957163- 01		8226 TRADING ENTERPRISE	53101822M	GPC	drivo CLASSIC	5MF88840	SMF8884C	30/11/2019	10/11/2020
					8	Continue					

Sequen	ce Date of Endorsem	ent	Endorsemen	Туре	Endorsement	Status	Endorsement Content
♥ Endors	ements			1-100-2	400 M C C C C V C C		16 CHE DOWN PROBABILITY REPORTS
♪ Insure	d Object: SMF8884C						
Unit No.		Relate Numb	lated Policy 5105957163-01 imber				
ddress 4					Singapore address		150036
ddress 1	BLK 36 #13-447 Address 2 JALAN RUMAH TII		GGI	Address 3	SINGAPORE 150036		
Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
nsurance lag	NO						
0-	No						
gent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
dditional xcess	0	OS Premium	0				
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
ype	Per Accident	All Claims Excess					
olicy ssue Date	22/10/2019	Effective Date	30/11/2019	00:00	Expiry Date	10/11/2020 2	3:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 36 #13-447 JALAN RUMA	H TINGGI SING	APORE 1500	36			
Certificate							
olicy No.	5105957163-01	Policyholder Name	8226 TRAD	ING ENTERPRISE	Policyholder NRIC	53101822M	

Claim Handling							
Accident MT/1074897							
Policy No.	5105957163-01	Vehicle No.	SMF8884	c		GST Registration No.	
Certificate No.							
Policyholder Name	8226 TRADING ENTERPRISE					Policyholder NRIC	53101822M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLA	SSIC		Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0			Contact No.(Home)	0
Email Address		Special Remark				eCode	11.00
KPK	® No ⊜ Yes	TCA	(€) No ()	Yes		eCode Reason	
NCO Protection	No	NCD Entitlement(%)	10			Private Hire	Yes
Accident Details						A 1000 100 100	755
Report Date	09/12/2019 15:02	Accident Report Within 24 hr	20170000			-2010-000-000-000000	wooden in the same as well as the same in
						Accident Type	Collision - Change / Cross lane
Date of Accident	08/12/2019	Time of Accident his mm	17:55			Country of Accident	Singapore
Reporting Centre	and the second second	Orange Force				JCM No.	
Accident Location	GRANGE RD						
Total Excess Applicable							
Excess Type	Per Accident	Windscreen Eccess		100.00			
OD Standard Excess	2,000.00	TP Standard Excess		2 700 del			
VIED OD Excess				1,500.00		works and the same	
	0.00	YIED TP Excess				Driver is Covered?	
Additional Excess	0						
Total OD Excess Applicable	2000.00	Total TP Excess Applicable					
♥ Benefits							
⊕ GST Registered Informa							
GST Registered	No			T Registration Date			
GST Registration No.	487 2 487 2 487 2 487		GST Status Ventied				
Modification History	D9V12/2019 15:05:26 Syste	m changed GST Status Verified fr	om No to Yes				
The Bullion Labor Marillon And	1200						
→ Policyholder Mailing Ad Address 1		11000100007	9419000000				
	BLK 36 #13-447	Address 2		MAH TINGGI		Address 3	SINGAPORE 150036
Address 4		Address Type	Singapore			Post Code	150036
unit No.		Related Policy Number	51059571	63-01			
□ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed				
Unnamed driver Name	OR CHEE KOON (HU ZHIKUN)	Driver NRIC	NRIC \$76039952			Driver DOB	12/02/1976
Register Date of Driver License		Driver Age	43			Driving Experience	25
Contact No.(Mobile)	93904023	Cornect No. (Officer)	0 0			Contact No.(Home)	0
Address 1	BLK 148	Address 2	LORDING 7 TOA PAYON			Address 3	TOA PAYON COURT
Address 4	SINGAPORE 312014	Address Type	Singapore address			Post Code	312014
Unit No.	19-243						
Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.				Driver Insurer Company	
magazin sur care						DESTRUCTED CONTRACTOR	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes 〇	No			
neaung:	50.55	337340050808	0.090.007.090				
Modification History							
Claim 001 New							
Claim Type *	Ор-мк 👻	Insured Name	8226 TRAC	DING ENTERPRISE		Insured NRIC	53101822M
Contact No.(Mobile)	97333486	Contact No.(Home)	-			Contact No. (Office)	
Email Address		Of Vehicle Number	SMF88840	8		TP Vehicle Number:	SMK9321C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Pisase Sei	en v			
Claimant Name *	>>	Owmant NR3C *					
Claimant Address							
Claim Description	SMF8884C / SMK9321C ON 8 Dec 2019					Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Dability *	Not at Fau	at V			100
Require Finalisation	Yes	Preference Repair Option		Workshop, Name unknown	[V]	GIA report	Received
Date Registered	09/12/2019 15:06	Claim Close Date	In terms of a	moresoup, resure precipien	-	Date Received	09/12/2019 00:00
Report Taken By	Jackson	Claim Cross Care				Date Received	08/12/20/19 00:00
	Jackson						
Print AK letter							
			Save Sub	amit 1			
Attachment			SECTION SECTION	7			
1.000000000							
♥							
Accident No.	MT/1074697	Claim No.		001			
Last Doc. Received							
	● Yes ○ No	Upload Date		09/12/2019 15:07			
	Path. *		Laginore	Category *		The state of the s	ency * Description *
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		Browse	Cwar	Please Select	V	V Normal	V
		Browse	Cear	Please Select	v	Normal	V
		Browse	Cear	Please Select	V	V   Normal	V
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