Date In: 11/1/19- 12:20				L.
	Jcb description	Date &Time Completed	Done	pi.
Ref No. Maj 11/c/goz/810/24	SAS e-filing			
Veh No: SABZGOOK	E-mail (within Shrs, AIC 2	hrs)		
D.O.A: 10/14/19-7:30	i-Motor Claim Form	My 1075232-01	11/11/19 12	131
OD : Reporting Only	i-Motor W/O (Within: C	D 2hrs, TP 4hrs)		
OB TO Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Rep	ort		
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 57	15607 II	NC()/Non-INC()	mw-t-wor	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO): N	: 0-20%; P: 21-79%. P: 80-	-100%]	
Year of Registration: ()	Warranty: YES ()/NO	()		
	000()/\$2,000()			
General Remarks:-	15.11			
() Walk-In Customer: Customer's inf				
() Total Loss Case : to e-mail Insur	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoice	:e: YES() / NO(); Towing Co: ()
D. Charles and Carlo		1. In	Done	257
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	T SEE TO LONG	бу
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2)000 110 2 11	2 8		1	
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:				
3) Upload Resurvey Photo [Repair Cost > \$ Injury:				
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			S. James	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:				
3) Upload Resurvey Photo [Repair Cost > \$ Injury:			N. S. C. C. S. F.	
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions			Anit (5)	Amt(\$)
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions.	Invoice	Preparation Checklist		Ant(\$) Add Bill
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Invoice 1) AR: Ac 2) DA: Da	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$	Anit (5) [91.B3]]	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions.	1 Invoice 1) AR: Ac 2) DA: Da 3) TF: Tov	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (\$200); ving Fee \$400	Anit (5)	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions LLAGARY cuimant's Particulars:- iver/Owner:	Invoice 1) AR: Ac 2) DA: Da 3) TF: To 4) FT: Foi 5) FT: Foi	Preparation Checklist: cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey low-Through Survey (Resurvey)	Anit (5) fst Bill 880) 40/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions LLAG-93-9 cumant's Particulars:- iver/Owner:	Invoice 1) AR: Ac 2) DA: Da 3) TF: Tov 4) FT: Fol 5) FT: Fol Forclair	Preparation Checklist: cident Reporting (\$30); rmage Assessment (\$100); INC (\$200); ving Fee \$2000. Controlly Survey low-Through Survey (Resurvey) controlly Survey (West 10 Jan 200)	Anit (5) fst Bill 880) 40/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions LLAGARY cuimant's Particulars:- iver/Owner:	Invoice 1) AR: Ac 2) DA: Da 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re- 7) N1: Ida	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection b DA + SMRT Survey	Anit (5) 19t Bill 580) 40/545 5120 530 5)	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laumant's Particulars:- iver/Owner: ontact No: amaged Portion:	Invoice 1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC A	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee \$4 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection	Anit (5) [5:Bill \$80) \$40/\$45 \$120 \$30 \$5) \$75	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions LLAG-93-9 cumant's Particulars:- iver/Owner:	Invoice 1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC A QIV* *N5: Co	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee Se low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection b DA + SMRT Survey additional Services	Anit (5) 19t Bill 580) 40/\$45 \$120 \$30 35) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- iver/Owner: ontact No: imaged Portion: Checked by (Engr-In-Charge):	Invoice 1) AR : Ac 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 2	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee Se low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection to DA + SMRT Survey additional Services - urtesy Car / Tpt Allowance mair Co-ordination	Anit (5) Ist Bill S80) 60/545 \$120 \$30 \$35 \$75 \$5160	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laumant's Particulars:- iver/Owner: ontact No: amaged Portion:	Invoice 1) AR : Ae 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC A QD' *N5: Co *N6: Re *N7: Fol *N8: DV	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee Se low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection b DA + SMRT Survey additional Services - urlesy Car / Tpt Allowance pair Co-ordination st Repair Inspection / Collect Excess Coordination	\$80) \$190, Bill \$100, \$40, \$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$35	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- iver/Owner: ontact No: imaged Portion: Checked by (Engr-In-Charge):	Invoice 1) AR : Ae 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re- 7) N1 : Ida 8) NTUC A QD' *N5: Co *N6: Re *N7: Fol *N8: DV	Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$ ving Fee Se low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 200 inspection DA + SMRT Survey additional Services urlesy Car / Tpt Allowance pair Co-ordination at Repair Inspection / Collect Excess Coordination): TP (Non INC) against INC	Anit (5) fstBill 580) 40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.	
TREE CONTRACTOR SERVICES AND ASSESSMENT OF THE SERVICES AND AS	ACCIDENT STATEMENT
Date Of Report	11/12/2019 12:20
Date Of Accident	10/12/2019 20:30
Exact Location Of Accident	BLK 520 WEST COAST RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGB3500K
Insured/Policyholder	
Name Of Registered Owner	TAN WEE TECK
NRIC No	S7926084C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81125435
Alternative Phone No	OFFICE-81125435
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
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	5092412868-02
Cover Note Number	
Driver	
Name of Driver	TAN WEE TECK
NRIC No	S7926084C

 Name of Driver
 TAN WEE TEC

 NRIC No
 \$7926084C

 Date Of Birth
 29/08/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 21/10/2002

Driving Experience 17 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81125435

Fax Number

Contact Number OFFICE-81125435

EMail Address NOEMAIL

Address

BLK 520 WEST COAST ROAD

#09-655

Postcode

120520

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

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

WET

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

Number of Passengers (Including Driver)

0

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 Witness 1

Name

AW WEN YONG

Phone Number

91999690

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJL560T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

AMRAN BIN ARMAN

NRIC/Passport Number

Contact Number

88923948

Address

Postcode

Page 2 of 12

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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.
- 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

Name:

NRIC/FIN No .:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/2019 time around 1900hr, I parked my vehicle A
(SGB3500K) at BUK 520 West Coast Road Open Space car park
Lot No. 10, then I leaved my vehicle. After a while, around 2030HR,
I was been told by my neighbour that my vehicle was been collided
by vehicle B(SJL560T) SO I came down to the car part. We exchanged
both parties partreular and decided to report to insurance.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Vehicle No.	SGB3500K Model/Make Honda Stream
Date of Accident	10/12/2019
Time of Accident	2030 HRS
Location of Accident	Along 520 West Coast Rd OSCP Lot No 10
Exact purpose use during ac	
Name of Owner	Tan Wee Teck
Telephone No.	H/P: 8112 5435 Home: Office:
NRIC	S7926084C
Address	BLK 520 West Coast Road #09-655 S (120520)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5092412868-02
Tolley No.	301-11-006
Name of Driver	As Above If No,
NRIC	Any Passengers : —
Date of birth	29/8/1979
Occupation	Outdoor / Indoor
Driving License Pass Date	21 10 2002
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	No. If Yes, Where?
Police Report	SJL 560T Any Passengers : -
Vehicle B No.	3-10
Name of Driver	
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: Aw Wen Yong Witness Contact: 9199 9690
Witness Name	
Accident Portion	Right portion
Camera Recorder	Yes / No
Email Address	Johntanut 35 K @ yahoo.com.sg
PARTICULAR WORKSHOP	Twincar Automotive Pte Upol
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL APDRES	s sales @ n51. com. sg



Certificate of Insurance

Cover : drivo CLASSIC

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: 5092412868-02

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

SGB3500K

: RN61045120

: 24 Sep 2019

: 23 Sep 2020

: TAN WEE TECK

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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.

: \$\$600 EXCESS (SECTION 1) EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 55100 ADDITIONAL EXCESS : S\$500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : TAN WEE TECK NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : KENSO LEASING PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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 : IVAN INSURANCE AGENCY PTE, LTD: (00000614519)

Date of Issue : 29 Jul 2019 15:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

eBaoTech Hello, NAC_PAYA_UBI_800601										Genera	alClaim
							• Chang	e Languaç	ge • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date	of Accident		10/12/2019	20:30	
	Vehicle	No.(For Motor)	SGB35	оок		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092412868- 02		TAN WEE	57926084C	GPC	drivo CLASSIC	SGB35009	SGB3500K	24/09/2019	23/09/2020
						Continue	1				

Policy No.	5092412868-02	Policyholder Name	TAN WEE T	ECK	Policyholder NRIC	S7926084C	
Certificate No.		20023104760					
Address	BLK 520 #09-655 WEST COAST	ROAD SINGA	PORE 12052	0			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/07/2019	Effective Date	24/09/2019	9 00:00	Expiry Date	23/09/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 520 #09-655	Addre	ss 2	WEST COAST ROAD	100	Address 3	SINGAPORE 120520
Address 4		Addre	ss Type	Singapore address		Post Code	120520
Unit No.		Relate Numb	ed Policy er	5092412868-02			
) Insure	d Object: SGB3500K	10					
□ Endors	ements						
Sequen	nce Date of Endorsemen	t	Endorsemen	it Type	Endorsement	t Status	Endorsement Content

Claim Handling									
Accident MT/1075232									
folicy No.	5092412868-02		Vehicle No.	9G83500K			GST Registration No.		
Certificate No.									
Policyholder Name	TAN WEE TECK						Policyholder NRIC	579	26084C
Product Code	PRIVATE CAR INSUR	ANCE	Cover Type	drivo CLASS	IC .		Loading	0	
Contact No.(Mobile)	81125435		Contact No.(Office)	0			Contact No.(Home)	0	
mai Address			Special Remark				eCode		V
CFIC.	® No ○Yes		TCA	® No ○Yes	i.		eCode Reason		
VCD Protection	Yes		NCD Entitlement(%)	50			Private Hire	No.	
Accident Details									
leport Date	11/12/2019 12:29		Accident Report Within 24 hrs	. Marco			A conductor Transact	. Proce	concernation washing
Pate of Accident							Academ Type		naged whilst parked
	10/12/2019		Time of Accident fin:mm	20:30			Country of Accident	Sing	papore
teporting Centre			Drange Force				ICM No.		
ccident Location	BLK 520 WEST COAS	T RD OPEN SPACE C	ARPARK						
Total Excess Applicable	0)								
tacess Type	Per Accident		Windscreen Excess		100.00				
00 Standard Excess		600.00	TP Standard Excess		0.00				
IED OD Excess		0.00	YIED TP Excess		0.00		Onver is Covered?	Cov	ered
Additional Excess		500							
fotal OD Excess Applicable		1100.00	Total TP Excess Applicable		0.00				
T Benefits									
GST Registered Informa	etion								
SST Registered	No			GST	Registration Date				
SST Registration No.					Status Vented		Yes		
Hodification History							200 PACE 1		
⇒ Policyholder Mailing Ad	dress								
Address 1	BUK 520 #09-655		Address 2	WEST COAS	T ROAD		Address 3	SIN	GAPORE 120520
Vodress 4			Address Type				Post Code		520
				Singapore ac			Post Code	120	520
Int No.			Related Policy Number	5092412868	-02				
⊕ OI Driver Info									
Inver Name	TAN WEE TECK		Driver Type	Main Driver					
Innamed driver Name			Driver MRIC	57926084C			Driver DOB	29/	08/1979
egister Date of Driver License	21/10/2002		Driver Age	40			Driving Experience	17	
Contact No. (Motive)	81125435		Contact No. (Office)	0			Contact No.(Home)	0	
oddress 1	BLK 520		Address 2	WEST COAS	RDAD		Address 3	SIN	GAPORE 120520
iddress 4			Address Type	Singapore ad	dress		Post Code	120	520
Jint No.	09-655								
loes he own a Singapore	C Yes (® No		Driver Vehicle No.				Driver Insurer Company		
legistered car?	C) real (g) no		Driver yenice no.				Driver treater Company		
ectaration									
Preathalyser or Blood Test				40.20					
eading?	0 mg		Any injury?	☐ Yes ® No					
fodification History									
STATE OF THE STATE									
Claim 001 New									
2012/2019	Total visco		\$150000000000	B. V.			715000000000000000000000000000000000000	Taxas	10000
Jaim Type *	ор-мх		Insured Name	TAN WEE TO	DK .		Insured NRIC	579	26084C
ontact No.(Mobile)	81125435		Comact No.(Home)	67743550			Contact No.(Office)		
mail Address	johntanwt35k@yahoo	a.com.sg	Of Vehicle Number	SGB3500K			TP Vehicle Number	SJL	560T
laimant Type Claimant Type *	Please Select	¥	Type of Benefit *	Please Selec					
Islmant Name *		28	Claimant NRIC *						
leiment Address									
laim Description	SG83500K / S3LS60T	ON 10 Dec 2019					Name of Preferred Works	hop	
referred Workshop Contact			Insured Liability *	Not at Fault	~				
o.	[Van	[au]				-	CTI man-t	Fa.	alone d
equire Finalisation	Yes		Preference Repair Option	breamed W	orkshop, Name unknown	Y	GIA report	2000	eived
Tate Registered	11/12/2019 12:31		Claim Close Date				Date Received	117	12/2019 00:00
eport Taken By	Jackson								
Print AK letter									
				Save Subm	4				
Attachment									
22.14									
9									
Accident No.	MT/1075232		Claim No.		001				
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