Date In: 16/1/19-17:30	Jeb description	ON	Date & Time Completed	Don	ie by
Ref No: UA HUGGO 2776/24	SAS e-filing	g			i livente
Veh No: SMETIGNE	E-mail (with	in Shrs, AIC 2hrs)			
D.O.A: 15/1/19- 41:30	i-Motor Cla	aim Form	M11077377-001	26/11/19	18:35
	i-Motor W/	O (Within: OD 2hr			
OD / TP/ Reporting Only	i-Photo Upl		1		- 111 +
TD I	Assessment/S	Survey Report	i		
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (				Fax:	
TP Particulars: Veh Noul	956K	INC (			¥1100
Owner / Driver: (			Tel:	)	
Policy No: ( ) F	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	W. 100.
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (		)		
Excess: (\$ ) Loading: \$1			<u> </u>		
General Remarks:-	TENTOCKE A CHI LIVETY			1725 17. 17	-
( ) Walk-In Customer : Customer's inf	formation strictly Co	onfidential & Str	ictly NO rafer of repairer	2500 C	
( ) Total Loss Case : to e-mail Insu	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IN COLUMN		icuy NO rater di repairer.		
			30 No. 1		
Drive-In ( ) / Towed-In ( ) · Invoid	ce VESI	NO ( ) T	wing Co. (		300
Remarks: (INC hotline: 6788 6616)		NO( );To	Date & Time Completed	Done	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car (	NO( ); To		Done	) by
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	26/12/2019 17:30
Date Of Accident	25/12/2019 04:30
Exact Location Of Accident	BLK 119 POTONG PASIR AVE 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SME5392E
Insured/Policyholder	
Name Of Registered Owner	PNG JOO SIANG (FANG YUXIANG)
NRIC No	SXXXX162D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94898686
Alternative Phone No	OFFICE-94898686
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS PREMIUM 2.4 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	5106670307
Cover Note Number	
Driver	
Name of Driver	PNG JOO SIANG (FANG YUXIANG)
NRIC No	SXXXX162D
Date Of Birth	09/12/1975
Occupation	INDOOR
Date Of Driving Pass	22/11/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94898686
Fax Number	
Contact Number	OFFICE-94898686

NOEMAIL

Address

BLK 119 POTONG PASIR AVENUE 1

#08-1002

Postcode

350119

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

OWNER

982

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

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

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/20191225/7007.

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

SH6956K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

# SKETCH PLAN

### **IMPORTANT NOTICE**

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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.
- 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.
- 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 the [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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

A : SME 5392E

B : SH6956K

# Refer to police report

# DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS					
Date of accident	25/12/2019	(DD/MM/YY			
Time of accident	0430	(HH:MM)			
Exact location of accident	At the open space carpark of Bik 119 Pote Ave I	ong Pasir			

	DETAILS OF VEHICLE			
Vehicle registration number	SME 5391E			
Vehicle make and model	Toyota Estima			
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:			
Vehicle category	Private Commercial Motorcycle			
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only			

Manager House	INSURANCE IN	FORMATION	<b>建设学性温度设置</b>
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

<b>2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</b>	INSURED / POLICY HOLDER		
Name	Png Joo Siana	Male	Female
NRIC / Fin / Passport number	S7537162 D	/	
Contact	9489 8686		
Address		#08-1002	

DRIVER	SAME	AS INSURED A	BOVE 🗆 (SKIP	TO D.O.B)	division of
Name				Male 🗆	Female □
NRIC / Fin / Passport number					
Contact					
Address					
Email address					
Date of birth	09/12/1975	•			
Occupation		Outdoor 🗆			
Driving date pass	22/11/1996				

CASSED CONTRACTOR	GENERAL	INFORMATION	OF THE ACCIDENT	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,
Was driver an employee of	Yes 🗆	No		<b>网络罗马克尔 对自己的 经</b>
the insured's company?	If no, rel		driver and insured: _	Owner
Accident captured by camera?	Yes	No 🗆	_	
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	0			(Inclusive of driver)
				(meidsive of driver)
		PASSENGE	D 1	
Name	BOUND FOREST	INSSERIGE		
Gender	Male 🗆	Female		
		PASSENGE	R2	CARLES BOOK STATE
Name		The second section of the last of		30年10月15日中国中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国
Gender	Male 🗆	Female □		
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Markey Mark School Spring Co. Company	Stories office	PASSENGE	0.2	
Name	COMMISSION OF THE PARTY	PASSIANCE	N. S. SHANKS AND SHANKS AND SHANKS	等的问题的关系。 第15章
Gender	Male 🗆	Female 🗆		
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Name		PASSENGE	K4	
Gender	Mala -	rl.		
Gender	Male 🗆	Female		
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	种当外种种系统	PASSENGE	R 5	<b>《海州号》</b> "成为》(《西西)
Name				
Gender	Male 🗆	Female		
A CAN STATE OF THE STATE OF THE		PASSENGE	R 6	<b>阿拉克斯里尔纳</b> 克斯克斯
Name				
Gender	Male 🗆	Female 🗆		
		OTHER INFORM	MATION	<b>特上</b> 的2000年1月1日 1895
Was anybody injured?	Yes 🗆	No		
Was other vehicle damaged?	Yes	Nó 🗆		
	1250			
<b>对于第二人的第三人称单数</b>	DETAIL	S OF POLICE STA	ATION ACTION	2000年 1900年
Reported to police?	Yes	Ng BP If ye	s, please state which	police station.
Police station name	1			38
100 - 100 -	Haras and a second	2.85		
<b>经过程</b> 是不是一个人,但是一个人的		WITNESS	1	THE PROPERTY OF THE PARTY OF TH
Name				
<b>计标识器的 第二次通过</b>	A DOWNS	WITNESS	2	Promoting South Constraints
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Mary mineral transactions and the second	THIRD PARTY VEHICLE 1
Vehicle registration number	
Vehicle registration number Vehicle make model	3H6956K
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
<b>医生产工具的社会的现在分词</b>	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>电影中国人名英格兰人名英格兰人名</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>新发展的</b>	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	/
Name	
NRIC / Fin / Passport number	
Contact	
	TURN DARTY VEHICLE
V. I.	THIRD PARTY VEHICLE 6
Vehicle registration number	
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Name / Fix /	
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	THE PARTY VEHICLE
A STATE OF THE STA	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

SETTING TO A SECURITY OF SECUR	<b>建</b> 电影 (1)	INJURED	PERSON 1
Name	ANIMALS ELICITIES		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
<b>数区域的</b>		INJURED	PERSON 2
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No □	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
Name of the last o			
		INJURED	PERSON 3
Name			
Injuries sustained			
Which vehicle person in?	1000 CCCCC	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
No. of the last of	Andrew Control		
CONTRACTOR OF THE PROPERTY OF		TOTAL PARTY OF THE	
Name		INJURED	PERSON 4
Name Injuries sustained		INJURED	PERSON 4
Injuries sustained		INJURED	PERSON 4
Injuries sustained Which vehicle person in?	Ves		PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆		PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	150001	No 🗆	PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	150001	No 🗆 No 🗈	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	150001	No 🗆 No 🗈	PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	150001	No 🗆 No 🗈	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	150001	No 🗆 No 🗈	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	150001	No 🗆 No 🗈	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes	No 🗆 No 🗈	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆  No 🗅  INJURED	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆  No 🗅  INJURED	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆  No 🗅  INJURED	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No ::  No ::  No ::  No ::  No ::  No ::	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No ::  No ::  No ::  No ::  No ::  No ::	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No ::  No ::  No ::  No ::  No ::  No ::	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?  Was injured conveyed to hospital by ambulance?	Yes  Yes  Yes  Yes  Yes	No ::  No ::  No ::  No ::  No ::  No ::	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D Yes D	No   No   No   No   No   No	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes	No   INJURED   No   INJURED   No   INJURED	PERSON 5





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191225/7007

# REPORT OF A TRAFFIC ACCIDENT

Date/Tir 25/12/20	Date/Time Report Made: 25/12/2019 13:34		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: O SIANG		Address: APT BLK 119 POTONG PASIR AVENUE 1 #08-1002 SINGAPORE 350119			
ID Type NRIC N	Type / ID No.: RIC NO / S7537162D		Contact No.: Home/Office: Mobile: 94898686			
National SINGAP	ity: ORE CITIZ	EN	Email: seatore@gmail.com			
Sex: Male	Age:	Date of Birth: 09/12/1975	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Ship agent			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/12/2019 04:00	Type of Location Car Park	
Location: POTONG PA Weather: Clear	SIR AVENUE 1	Road Surface: Dry		Road Speed Limit:	
Troffic Claus		Traffic Control:		Traffic Volume: No Traffic	
Traffic Flow: One Way		Not Controlled	10.00	NO Franc	

Details of V	ehicle Involved		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SME5392E	Car	TOYOTA	Estima	Blue	Slightly Damaged	7

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME5392E	NTUC Income Insurance Co-Operative Limited	Ntuc income	25/12/2019	24/01/2020





2 of 3

Report No. T/20191225/7007

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

### **CONTINUATION OF REPORT**

Any Pedestrian In	nvolved: No								
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA					
Vehicle Owner	Bertalia (Company)			100					
Name	PNG JOO SIANG		ID No		S7537162D				
Related Vehicle	NIL		Conta	ct No.	94898686				
Hospital/Clinic			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL				
Date Treatment	NIL		Date Disc	harge	NIL				
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL				

# Brief Details.

This morning I saw my front bumper got damaged and I try to retrieve my in-vehicle cam to look for the culprit. Attached my video clip link which is more exceeding 2MB to you for the reference. https://1drv.ms/u/s!AqJO9gso4CrHq0JxwQf\_Y7cXIMpP?e=axg52Q





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191225/7007

### **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: 25/12/2019 13:34
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_80	00601						+ Chang	ge Languag	je + Chan	ge Password	· Log Ou	
My Desktop Notice of Loss	Policy Query											
	Policy N	io.				Date	of Accident		25/12/2019	04:30		
	Vehicle	No.(For Motor)	SMES3	SME5392E		Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5106670307		PNG JOO SJANG (FANG YUXIANG)	S7537162D	GPC	drivo CLASSIC	SME5392E	SME5392E	04/01/2019	24/01/2020	

Policy No.	5106670307	Policyholder Name	PNG 100 S	IANG (FANG YUXIAN	Policyholder	S7537162D	
Certificate No.		Name			NRIC		
Address	BLK 119 #08-1002 POTONG PAS	SIR AVENUE 1	SINGAPORE	350119			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/01/2019	Effective Date	04/01/2019	00:00	Expiry Date	24/01/2020	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	WINNER INSURANCE AGENCIES	Agent Tel.	62838611	null	GST Flag	Υ	
Co- nsurance	No						
Flag							
Flag Open							
Flag Open Policy Info Certificate Info	older Mailing Address						
Flag Open Policy Info Certificate Info	older Mailing Address BLK 119 #08-1002	Addres	ss 2	POTONG PASIR AVE	NUE 1	Address 3	SINGAPORE 350119
Flag Open Policy Info Certificate Info Policyh	pedant recuperate account	1000000	ss Z	POTONG PASIR AVE		Address 3	SINGAPORE 350119 350119
Flag Open Policy Info Certificate Info Policyh Address 1	pedant recuperate account	Addres	ss Type d Policy				
Plag Dpen Policy Info Certificate (info  Policyh Address 1 Address 4 Jnit No.	pedant recuperate account	Addres	ss Type d Policy	Singapore address			
Plag Dpen Policy Info Certificate (info  Policyh Address 1 Address 4 Jnit No.	BLK 119 #08-1002	Addres	ss Type d Policy	Singapore address			
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No. Insured	8LK 119 #08-1002 d Object: SME5392E ements	Addres Relate Numbe	ss Type d Policy	Singapore address 5106670307		Post Code	

Accident MT/1077327 Pulicy No. Gertificace No.										
Certificate No.		2000								
	5106670307	Vehicle No.	SME5392E			GST Registration	n No.			
Policyholder Name	PNG 100 SIANG (FANG YUKIANG)					Policyholder NRI	in		575371620	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive QLAS	die			Mar.		0	
Contact No.(Mobile)	94898686	Contact No.(DMice)	0	1276		Contact No.(Hon	200		0	
Email Address	34030000	Special Remark				eCode	mej		-	
KFK	® No ○ Yes	TCA:	® No OY							
NCD Protection				**		eCode Reason			V	
	No	NCD Entitlement(%)	50			Private Hire			No	
Accident Details		6.70400427077443204464044								
Report Date	26/12/2019 18:33	Accident Report Within 24 hrs	Yes			Academ Type			18	whilst parked
Date of Accident	25/12/2019	Time of Accident hhimm	04:30			Country of Accid	No. of		Singapore	
Reporting Centre		Orange Force				ICM No.				
Accident Location  © Excess	BLK 119 POTONG PASIK AVE 1 OPEN SPACE	CARPARK								
	600.00	PO1000000000000000000000000000000000000	122						02040	
Own damage Excess Unnamed Driver Excess	0.00	Additional Excess	0	600.00		Windscreen Exce	ess		100,00	
		Outside Singapore OD Excess								
Third Party Excess  Benefits	0.00	Dutside Singapore TP Excess		0.00						
	1295									
☑ GST Registered Informa			, , , , , , , , , , , , , , , , , , , ,	early control and the control						
GST Registered GST Registration No.	No			Registration Date Status Verified		1920				
GST Registration No. Modification History			us	siatus verned		Yes				
Commence Commence										
□ Policyholder Mailing Ade										
Address 1	BLK 119 #08-1002	Address 2		ASIR AVENUE 1		Address 3			SINGAPORI	550119
Address 4		Address Type	Singapore			Post Code			350119	
Unit No.		Related Policy Number	51066703	07						
□ OI Driver Info	DO BOOK OF THE PARTY OF THE PAR	DOWNERS:								
Driver Name	PNG 300 SIANG (FANG YUXIANG)	Driver Type	Main Drive			D				
Unnamed driver Name	220.022	Driver NRIC	57537162			Driver DOB			09/12/1975	
Register Date of Oriver License		Driver Age	44			Driving Experien			23	
Contact No.(Mobile)	94898686	Contact No.(Office)	0			Contact No.(Hon	me)		0	
Address 1	BLK 119	Address 2		ASIR AVENUE 1		Address 3			SINGAPORI	2 350119
Address 4		Address Type	Singepore	address		Post Code			350119	
Unit No.	08-1902									
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer C	ompan	Y		
Declaration										
Declaration Streathalyser or Blood Test	0 mg	Ank injury?	○ Yes ®	No						
	0 mg	Any injury?	○Yes ®	NO.						
Breathalysier or Blood Test Reading?	0 mg	Ank injury?	○Yes ®	NO						
Breathalysier or Blood Test Reading? Modification History	0 mg	Any Injury?	⊖Yes ®	No.						
Breatharyser or Blood Test Reading?	0 mg	Anir Injury?	○ Yes ®	No.						
Breathalyser or Blood Test Reading? Hodification History Claim 001 New	S20150			6.5					-	
Breathalyser or Blood Test Reading *  Modification History  Claim 001 New  Claim Type *	OD-MX 💌	Insured Name	PNG 300 S	no Lang [pang yuxian)		Insured NRIC			575371620	
Breathalyser or Blood Test Reading*  Modification History  Claim 001 New  Claim Type *  Contact No. (Modile)	S20150	Insured Name Consect No.(Home)	PNG 300 S	6.5		Contact No. (Office				1
Breathalyser or Blood Test Reading?  Hodification History  Claim 901 New  Claim Type *  Contact No. (Mobile)  Email Address	OD-MX V 94898685	Insured Name Consect No. (Home) Of Vehicle Number	PNG 300 S 6266648 SMES392E	iang (Fang Yuxian)					\$75371620 \$H6956K	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Cornect No. (Mobile)  Email Address  Claimant Type Claimant Type *	OD-MIX V 94698685 Please Select V	Insured Name Consect No. (Home) Of Vehicle Number Type of Benefit +	PNG 300 S	iang (Fang Yuxian)		Contact No. (Office				
Breathalyser or Blood Test Reading*  Hodification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Dolmant Type Claimant Type *  Claims Name *	OD-MX V 94898685	Insured Name Consect No. (Home) Of Vehicle Number	PNG 300 S 6266648 SMES392E	iang (Fang Yuxian)		Contact No. (Office				
Greathalyser or Blood Test Reading*  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address	OD-MIX 94898686  Please Select  >>>	Insured Name Consect No. (Home) Of Vehicle Number Type of Benefit +	PNG 300 S 6266648 SMES392E	iang (Fang Yuxian)		Contact No. (Office TP Vehicle Numb	er			
treathalyser or blood Test Reading?  fodification History  Claim 001 New  Claim 1ype *  Cornect No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claim Description	OD-MIX V 94698685 Please Select V	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	PNG 300 S 6266648 SMES392E Please Sel	IANG (FANG YUXIAN)		Contact No. (Office	er			
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treathalyser or Blood Test Reading?  Hodification History  Claim 001 New  Claim 109e *  Cornact No.(Hoole)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claim Description  inclering Workshop Contact No.  Require Pinelisation	OD-MIX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebtity * Preference Repair Option	PNG 300 S 6266648 SMES392E Please Sel	IANG (FANG YUXIAN)		Contact No. (Office Number of Preferred StA report	er		SH6956K	V
treathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 109e *  Cornact No.(Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claim Description  preferred Workshop Contact  No.  Require Pivalisation  Date Registered	OD-MIX 94898085  Please Select   SMES393E / SH6956K ON 25 Oec 2019  Ves  26/12/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	PNG 300 S 6266648 SMES392E Please Sel	IANG (PANG YUXIAN)		Contact No.(Officer) TP Vehicle Numb Name of Preferre	er		SH6956X	V
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treathalpser or Blood Test Reading!  Modification History  Claim 001 New  Claim 10pe *  Cornact No. (Mobile)  Email Address  Claim 1 Name *  Claimant Type Claimant Type *  Claimant Address  Claim Description  Preferred Workshop Cornact No.  Require Pinalisation  Data Registered  Report Taken By	OD-MIX 94898085  Please Select   SMES393E / SH6956K ON 25 Oec 2019  Ves  26/12/2019 18:35	Insured Name Coresct No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Labrity * Preference Repair Option Claim Close Date	PNG 300 S 6266648 SMES392E Please Sel	IANG (FANG YUXIAN)  ect  Foreshoo, Name unknow		Contact No. (Office Number of Preferred StA report	er		SH6956K	V
treathalyser or Blood Test Reading?  Hodification History  Claim 001 New  Claim 109e * Cornact No. (Hoolie)  Email Address  Claim 1 Name * Claimant Type Claimant Type * Claimant Address  Claim Description Preferred Workshop Cornact No.  Require Pinelisation  Data Registered  Report Taken By	OD-MIX 94898085  Please Select   SMES393E / SH6956K ON 25 Oec 2019  Ves  26/12/2019 18:35	Insured Name Coresct No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Labrity * Preference Repair Option Claim Close Date	PNG 300 5 6266648 SMIS392E Please Sei Not at Fau	IANG (FANG YUXIAN)  ect  Foreshoo, Name unknow		Contact No. (Office Number of Preferred StA report	er		SH6956K	V
creathalyser or Blood Test Reading?  fodification History  Claim 001 New  Claim 109 *  Contact No. (Mobile)  Email Address  Downant Type Claiment Type *  Downant Name *  Olemant Address  Claim Description  Preferred Workshop Contact No.  Require Pinalisation  Data Registered  Report Taken By  Print AK letter	OD-MIX 94898085  Please Select   SMES393E / SH6956K ON 25 Oec 2019  Ves  26/12/2019 18:35	Insured Name Coresct No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Labrity * Preference Repair Option Claim Close Date	PNG 300 5 6266648 SMIS392E Please Sei Not at Fau	IANG (FANG YUXIAN)  ect  Foreshoo, Name unknow		Contact No. (Office Number of Preferred StA report	er		SH6956K	V
treathelyser or blood Test Reading?  fodification History  Claim 001 New  Claim 109 *  Commit No. (Mobile)  Final Address  Claim Description Preferred Workshop Contact  No.  Regular Pinalisation  Data Registered  Report Taken By  Print AK letter  Attachment	OD-MIX 94898085  Please Select   SMES393E / SH6956K ON 25 Oec 2019  Ves  26/12/2019 18:35	Insured Name Coresct No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Labrity * Preference Repair Option Claim Close Date	PNG 300 5 6266648 SMIS392E Please Sei Not at Fau	IANG (FANG YUXIAN)  ect  Foreshoo, Name unknow		Contact No. (Office Number of Preferred StA report	er		SH6956K	V
treathelyser or blood Test Reading?  fodification History  Claim 001 New  Claim 109 *  Commit Type *  Comment No. (Mobile)  Claim 1 Address  Claim Description Preferred workshop Comtet  No.  Regular Pinelisation  Data Registered  Report Taken By  Print AK letter  Attachment  Type  Accident No.	OD-MIX 94898086  Please Select  22  SMES392E / SH6966K ON 25 Oec 2019  Ves 26/12/2019 18:35  Jackson	Insured Name Contect No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preferend Repair Option Claim Close Date	PNG 300 5 6266648 SMIS392E Please Sei Not at Fau	IANG (PANG YUXIAN)  ect  E  Workshop, Name Unknow		Contact No. (Office Number of Preferred StA report	er		SH6956K	V
treathelyser or blood Test Reading?  fodification History  Claim 001 New  Claim 109 *  Commit Type *  Comment No. (Mobile)  Claim 1 Address  Claim Description Preferred workshop Comtet  No.  Regular Pinelisation  Data Registered  Report Taken By  Print AK letter  Attachment  Type  Accident No.	OD-MIX 94898085  Please Select  ≥≥  SMES393E / SH6966K ON 25 Oec 2019  Ves  26/12/2019 18:35  Jackson  MT/1077327  ▼ Yes ○ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preferend Repair Option Claim Close Date	PNG 300 5 6266648 SMIS392E Please Sei Not at Fau	ER STATE UNION STA		Contact No.(Offi TP Vehicle Numb Name of Preferre GSA report Date Received	per war	kshop	SH6956K SH6956K Received 26/12/2014	9 00:00
treathelyser or blood Test Reading?  fodification History  Claim 001 New  Claim 109 *  Commit Type *  Comment No. (Mobile)  Claim 1 Address  Claim Description Preferred workshop Comtet  No.  Regular Pinelisation  Data Registered  Report Taken By  Print AK letter  Attachment  Type  Accident No.	OD-MIX 94898086  Please Select  22  SMES392E / SH6966K ON 25 Oec 2019  Ves 26/12/2019 18:35  Jackson	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preferend Repair Option Claim Close Date	Preg 300 S 6266648 SMES392E Please Sell Not et Fau Preforred V	IANG (FANG YUXIAN)  E  ** ** ** ** ** ** ** ** ** ** ** **		Confidential	ed Wor	Urgency	SH6956K Received 26/12/2019	V
treathelyser or blood Test Reading?  fodification History  Claim 001 New  Claim 109 *  Commit Type *  Comment No. (Mobile)  Claim 1 Address  Claim Description Preferred workshop Comtet  No.  Regular Pinelisation  Data Registered  Report Taken By  Print AK letter  Attachment  Type  Accident No.	OD-MIX 94898085  Please Select  ≥≥  SMES393E / SH6966K ON 25 Oec 2019  Ves  26/12/2019 18:35  Jackson  MT/1077327  ▼ Yes ○ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liebtity + Preferend Repair Option Claim Close Date  Option Date  Browse.	Preg 300 S 6266648 SMES392E Prease Sel Not et Fau Preforred V	IANG (FANG YUXIAN)  Et  Workshop, Name unknow  28/12/2019 18:36  Category *	V	Confidential	ed Wor	Urgency	SH6956K Received 26/12/2015	9 00:00
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