Date in: 16 11/19-14:11	Job descripti		Date &Time Comp	leted	Don	ie by
Rel No: Malmano ma 18/14	SAS e-filin	g				
Veh No: 3k75805 B		ia 8hrs, AIC 2hrs)	1	i	- September 11	
D.O.A : 25/14/19-06:00	i-Motor Cl			.		
	-	O (Within: OD 2hrs	- אנו הר מון האו	001	76/14/19	19:17
OD (TP) ' Reporting Only	i-Photo Up		, 11° 4hrs)			
		Survey Report		-		
TP Insurer:	-	by Fax / Hand to	Owner/Wksn			
Preferred Wksp / INC Assign Wksp / QW: (		o) zmy xmid	Tel:	Fa		
TP Particulars: Veh No: JAC	360100	INC (	)/Non-INC(	100	×.	
Owner / Driver: (	2-16 IVV	· mot	Tel:	).	1	
Policy No: ( ) P	eriod: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	%; P: 21-79%. F:	80-10	0%1	-
Year of Registration: ( )	Warranty: YES (		)	-		
Excess: (\$ ) Loading: \$1,	000 ( )/\$2,000			- 10 Hz	20.12889272	
General Remarks:-	C781018748888988	5 3 3 Y 5 S	STATE OF THE STATE OF	15,571	45 (5 T)	
( ) Walk-In Customer: Customer's info	ormation strictly Co	onfidential & Stri	ethy NO rafar of ran	iror		
( ) Total Loss Case : to e-mail Insur	the same of the sa		ony 110 Total of Tapa			-
Drive-In ( )/ Towed-In ( ); Invoic	e: YES ( ) / :	NO ( ); To	wing Co: (			)
Remarks;- (INC hotline: 6788 6616)	1		Date&Turie Comple	£4867	Done	h.
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1) Apply for Transport Allowance ( )/(	Courtesy Car (	)			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.
- 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.	
Application of the second	ACCIDENT STATEMENT
Date Of Report	26/12/2019 19:11
Date Of Accident	25/12/2019 06:00
Exact Location Of Accident	BLK 288 PUNGGOL PLACE MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT5805B
Insured/Policyholder	
Name Of Registered Owner	LTS CAPITAL
Co Reg No	5XXXX135C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97356567
Alternative Phone No	OFFICE-97356567
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107851575
Cover Note Number	
Driver	
Name of Driver	HNG KIAN ANN (FANG JIAN'AN)
NRIC No	SXXXX302B
Date Of Birth	11/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87800618
Fax Number	
Contact Number	OFFICE-87800618
	V.C.T.V.V.

NOEMAIL

BLK 288B PUNGGOL PLACE Address

#04-813

822288 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

YES

NO 0

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

PUNGGOL N.P.C Police Station Name

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191225/2101.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC3981M

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKV5309G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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		The second of th
	101	
	B	
Ц		ILI N. Critains
П	A	Uh A. SKT5805B
	C	Veh B: SHC3981M
- 11	<u> </u>	Veh C: SKV53096
	1 1000	
DESCRIBE CIRCLIMST	ANCES OF THE ACCIDENT	
DESCRIBE CIRCUMST	THE ACCIDENT	
	Refor to po	lice rejoint
	P 22.00	+ No. T/20191225/2101
	Trice	1 100: 1/223 9
DECLARATION		
	ng particulars are true in every respe	ect.
Co Or Reg. No. 7	la	
53345135C	A	
Policyholder's Stepature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the po	licyholder) Name:

Date & Time:

NRIC/FIN No.:

/ehicle No.	SKT5805B Model/Make NTSon Syphy
Date of Accident	25/12/2019
ime of Accident	O GOO HP HRS
ocation of Accident	Along BUK 288 Purepol Place MSCP lot number 72
xact purpose use during accid	
Name of Owner	LTS Capital
Telephone No.	H/P: 9735 6567 Home: Office:
VRIC	\$334\$135C
Address	60 Paya Lebar Road #05-41 8(409051)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
	5107851575-00007
Policy No.	310 16313 (3 000004
Name of Driver	As Above If No, Hug Kian Ann
NRIC	S7340302B Any Passengers: —
Date of birth	11/10/1973
Occupation	Outdoor / Indoor
Driving License Pass Date	16/8/1995
Gender	Male / Female
Contact No.	H/P: 87800618 Home: Office:
Address	BLE 288B Ringgol Place
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Hive
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	Tree, tries.
Name And Contact No.	
Police Report	No, If Yes; Where? Purgol N.P.C
Vehicle B No.	SHC3981M Any Passengers:
Name of Driver	Contact No. :
	SKV 5309G Any Passengers :
Vehicle C No. 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	Front left portion & under carriage
Camera Recorder	Yes / No
Email Address	dennis 3979 @ icloud.com
Linai Address	
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	





1 of 3

Report No. T/20191225/2101

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 22:06	Made:	Vide Report No.: F/20191225/0085	Station Diary No.: 134	
Informa	nt's Partic	ulars			
Name of Informant: HNG KIAN ANN			Address: APT BLK 288B PUNGG 822288	3 SINGAPORE	
THE RESERVE OF THE PARTY OF THE	/ ID No.: O / S73403	02B	Contact No.: Home/Office:	800618	
National SINGAP	ity: ORE CITIZ	ĽEN	Email:		
Sex: Male	Age: 46	Date of Birth: 11/10/1973	Type of Informant: Driver		
Race: Chinese		Language: English	Institution	School Name:	
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 3 Date of Exp		piry;	

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/12/2019 06:00	Type of Location: Car Park	
Location: Along Road 1 PUNGGOL P					
		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Moving Vehic		Anyone conveyed by ambulance: No			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3981M	Taxi					0
SKT5805B	Car				Seriously Damaged	NO-21121
SKV5309G	Car				Seriously Damaged	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2053

Report No. T/20191225/2101

Police Station Of Origin: Punggol N.P.C 21A Tehing Lane SINGAPORE 828837 Tel No: 1800-6049999

### CONTINUATION OF REPORT

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SKT5805B	NTUC Income Insurance Co-Operative Limited	5107851575- 000007	11/06/2019	10/06/2020				
SKV5309G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100429919-04	22/09/2019	21/09/2020				

<b>Details of Perso</b>	n Involved		I and the second of the second		17.		
Any Pedestrian I	nvolved: No	CONTRACTOR CONT		Tex-W-1-1	04102		
No. of Pedestrian	No. of Pedestrians Injured: NIL			edestriar	Cross	ing: NA	
Driver			Verification of the second		CE CHILDRY	and the second s	
Name	HNG KIAN ANN				ID No. S7340302		
Related Vehicle	SKT5805B (Car)			Contact No.		87800618	
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Service Colombia Adeland	Date Disc	charge	NIL		
No. of Days granted Medical Leave			Degree o	f Injury	NIL		

#### Brief Details.

On the 24th December 2019 at about 2330hrs, I parked my vehicle SKT 5805B at the MSCP of Blk 288 Punggol Place lot number 72.

On the 25th December 2019 at about 0600hrs, when I returned back to my vehicle, I discovered that my vehicle was found to be over the stopping kerb at the parking lot. The front left portion of my vehicle was damaged. I also found a piece of note written by Traffic Police. It was written 'Dear car owner. Vehicle SHC 3981M was involved accident with your vehicle. Traffic Police was at scene to investigate the accident case. Kindly lodge accident report vide case number F/20191225/0085. Thank you'.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20191225/2101

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F /	Signature Of Informant:	
Staff Sgt ZAKI FAHMY RAZALI	My	
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2019 22:06	
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL	Classification Of Case:	
Contact No.: 65476246	SNY	
Authentication Stamp	7	



## 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: 5107851575-000007

Comment of

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKT5805B

Chassis Number

: JN1BAAG11Z0107559

2. Name of Policyholder

LTS CAPITAL

3. Effective Date of Insurance

: LIS CAPITAL

3. Effective Date of mourant

: 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)

: S\$1,500

WINDSCREEN EXCESS

: \$\$100

ADDITIONAL EXCESS

: N/A : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS
REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 (Maiaysia)

Agency

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 27 Feb 2019 16:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech								Genera	GeneralClaim		
Hello, NAC_PAYA_UBI_800	0601					10.	, Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	510785	1575		Date o	r Accident	2	5/12/2019 0	8:00	
	Vehicle No. (For Motor)		SKT58D	SKT58D5B Certificate Number		E					
					60	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107851575	5107851575- 000007	LTS CAPITAL	53345135C	GFM	drivo CLASSIC	SKT5805B	SKT5805B	11/06/2019	26/02/2020
					C	Continue					

Sequenc	e Date of Endorsement	Endorsemen		Endorsement Number	2.0	ent Status	Endorsement Content		
	ate Endorsements	Lindorsemen	Туре	Endulsement Number	Endorsem	ent Status	Endorsement Content		
Sequence		Endorsemen	t Type	Endorsement Number	Endo				
	Object: 5107851575-000007								
Jnit No.	05/41	Numbe	d Policy er	5084216923-03					
Address 4			s Type	Singapore address	P	ost Code	409051		
Address 1	60 PAYA LEBAR ROAD	Addres	s 2	#05/41 PAYA LEBAR	R SQUARE A	ddress 3	SINGAPORE 409051		
Policyh	older Mailing Address								
Certificate Info									
Open Policy Info									
Co- insurance Flag	No								
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	2	GST Flag	Υ			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess		
Additional Excess		OS Premium	0						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100			
Excess Type	Per Accident	All Claims Excess							
Policy Issue Date	27/02/2019	Effective Date	27/02/20	19 00:00	Expiry Date	26/02/2020 2	3:59		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N			
Address	60 PAYA LEBAR ROAD #05/41 PAYA LEBAR SQUARE SINGAPORE 409051								
Certificate No.	5107851575-000007				2000m5				
Policy No.	5107851575	Policyholder Name	LTS CAPI	TAL	Policyholder NRIC	53345135C			

Claim Handling					
ocident MT/1077335					
holicy No.	5107851575	vehicle No.	SKTSBOSB	GST Registration No.	
emificate No.	5107851575-000007				
olicyholder Name	LTS CAPITAL			Policyholder NRIC	53345135C
roduct Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	o .
ontact No. (Mobile)	97356567	Contact No.(Office)	0	Contact No.[Home]	0
mail Address		Special Remark		eCode	75 V
nc .	® No ○Yes	TCA		eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
					B
port Date	26/12/2019 t9:20	Accident Report Within 24 hrs.	Yes	Accident Type :	Damaged whist parked
te of Accident 25/12/2019		Time of Accident hh:mm	06:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM NO.	
oident Location	BLK 288 PUNGGOL PLACE MULTISTORY CAR	PARK			
Total Excess Applicable					
севя Туре	Per Appldent	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D CD Excess	0.00	YIED TP E∗cess		Oriver is Covered?	
ditional Excess					
al OO Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.	1972		GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	60 PAYA LEBAR ROAD	Address 2	#05/41 PAYA LEBAR SQUARE	Address 3	SINGAPORE 409051
dress 4		Address Type Singapore address		Post Code	409051
	05/41	Related Policy Number 5084216923-03		(5)(3)(3)(4)	0.1567577
it No.	05/41	Related Posts Number	5006210923-01		
OI Driver Info	The state of the s		Maria de la companya del companya de la companya del companya de la companya de l		
ver Name	Unnamed Driver	Oriver Type	Unnamed Driver SXXXX3028	Driver 008	11/10/1973
named driver Name	HNG KIAN ANN (PANG IIAN'AN)	Driver NR3C			
gister Date of Driver License		Oriver Age	46	Driving Experience	24
ntact No.(Mobile)	87800618	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 2888	Address 2	PUNGGOL PLACE	Address 2	PUNGGOL ARCADIA
dress 4	SINGAPORE B32288	Address Type	Singapore address	Post Code	822288
et No.	04-813				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	110000000000				
claration					
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dification History					
Compact Barrie					
Claim 001 New					
im Type *	OD-MX	Insured Name	LTS CAPITAL	Insured NRIC	53345135C
stact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	
all Address		OI Venicle Number	SKTSBOSB	TP Vahicle Number	SHC3981M
	Please Select	Type of Benefit +	Please Select	11 11 11 11 11 11 11 11 11 11 11 11	No.
imant Type Claimant Type * imant Name *		Oalmant NRIC *	The second		
	22	Sement and		HT.	
imant Address				1	
im Description	SKT5805B / SHC3981M ON 25 Dec 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes 🔻	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	26/12/2019 19:22	Claim Close Date		Date Received	26/12/2019 00:00
port Taken By	Jackson				personal votation and a second
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cident No.	MT/1077335	Claim No.	100		
st. Doc. Received	● Yes ○ No	Upload Date	26/12/2019 19:23		
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