| Job description  SAS e-filing  E-mail (within Shrs, AIC 2hr i-Motor Claim Form i-Motor W/O (Within: OD i-Photo Uploaded  Assessment/Survey Report Ass't Report by Fax / Han | P 2hrs, TP 4hrs)  rt  nd to Owner/Wksp  Tel:  |   | e by<br>8'.49   |
|---|---|---|---|
| E-mail (within 8hrs, AIC 2hr i-Motor Claim Form i-Motor W/O (Within: OD i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Han                                 | of to Owner/Wksp  Tel:  |   | 8'.49   |
| i-Motor Claim Form i-Motor W/O (Within: OD i-Photo Uploaded Assessment/Survey Report Survey Report by Fax / Hand  | of to Owner/Wksp  Tel:  |   | 8'.49   |
| i-Motor Claim Form i-Motor W/O (Within: OD i-Photo Uploaded Assessment/Survey Report Survey Report by Fax / Hand  | of to Owner/Wksp  Tel:  |   | 8'.49   |
| i-Photo Uploaded  Assessment/Survey Report Ass't Report by Fax / Han  | o 2hrs, TP 4hrs)  rt  nd to Owner/Wksp  Tel:  |   |   |
| Assessment/Survey Report Ass't Report by Fax / Hai  | nd to Owner/Wksp<br>Tel: F  | ax:   |   |
| Ass't Report by Fax / Han   | nd to Owner/Wksp<br>Tel: F  | ax:   |   |
|   | Tel: F  | Fax:  |   |
| ios inc   |   | ax:   |   |
| 1015  | o( )/ Non-INC ( )   |   |   |
| Y III   | Tel:  | -   |   |
| d: (  | ) Cover Type: (   |   |   |
| Date:   | Time:   |   |   |
|   |   | 00021   |   |
|   |   | 00%]  |   |
|   |   |   |   |
| DON'TON' VIOLEN PROPERTY NO   | OLDA ARRAGANIS AL LA LACT   | 123 Y 17 THE  |   |
|   |   | 14,000 Fire - 5   |   |
|   | Strictly NO refer of repairer.  |   |   |
|   |   | (9)   |   |
| ES( )/NO( )   | ; Towing Co: (  |   | )   |
| -   | Date&Time Completed   | Done  | hv  |
| rtesy Car ( )   |   |   |   |
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|   |   | 32002 F. C. P. W.   | 3x 814 6x4  |
|   |   | <u>Barriouru</u>  |   |
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|   | N33   |   |   |
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|   |   |   | ALICO TO T  |
| Invoice Pi  | reparation Checklist  | Should be the Street Land   | Ant (1)   |
| 1) AR : Accide  | ent Reporting (\$30);   | in pin  | Aug Din   |
| 2) DA : Dame  | ge Assessment (\$100); INC (\$80  |   |   |
| 3) TF : Towing  |   |   |   |
|   | -Through Survey \$  | 1201  |   |
| 4) FT : Follow<br>5) FT : Follow  | -Through Survey (Resurvey)  | \$30  |   |
| 4) FT : Follow<br>5) FT : Follow<br>For claiming  | -Through Survey (Resurvey)<br>g against INC Only (wef 10 Jan 2005)  | \$30  |   |
| 4) FT : Follow 5) iFT : Follow For cleiming 6) TR : Re-ins  | -Through Survey (Resurvey)<br>g against INC Only (wef 10 Jan 2005)<br>pection   | \$30  |   |
| 4) FT : Follow 5) iFT : Follow For cleiming 6) TR : Re-ins 7) N1 : Idac D. 8) NTUC Addi   | -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection   | \$30  |   |
| 4) FT : Follow 5) iFT : Follow For cleiming 6) TR : Re-ins 7) N1 : Idao D. 8) NTUC Addi   | -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey 5 ilional Services  | \$30<br>\$75<br>160   |   |
| 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idac D. 8) NTUC Addi OD* *N5: Courte *N6: Repair  | -Through Survey (Resurvey) seginst INC Only (wef 10 Jan 2005) pection A + SMRT Survey Silional Services.  | \$30<br>\$75<br>160<br>\$3<br>\$10                                |   |
| 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idac D. 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Fost Re-  | -Through Survey (Resurvey) seginst INC Only (wef 10 Jan 2005) pection A + SMRT Survey Silional Services.  | \$30<br>\$75<br>160<br>\$5<br>\$10<br>\$25                        |   |
| 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idac D. 8) NTUC Addi OD* *N5: Courte *N6: Repeir *N7: Fost R. *N8: DV / C.                                | -Through Survey (Resurvey) e against INC Only (wef 10 Jan 2005) pection A + SMRT Survey Silional Services.  say Car / Tpt Allowance Co-ordination capair Inspection Collect Excess Coordination | \$30<br>\$75<br>160<br>\$3<br>\$10                                |   |
| 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idac D. 8) NTUC Addi OD* *N5: Courte *N6: Repeir *N7: Fost R. *N8: DV / C.                                | -Through Survey (Resurvey) e against INC Only (wef 10 Jan 2005) pection A + SMRT Survey Silional Services   | \$30<br>\$75<br>160<br>\$3<br>\$10<br>\$23<br>\$3<br>\$20<br>30   |   |
| 1 ( )   | rranty: YES ( ) / NO ( ( ) / \$2,000 ( ) )  Intion strictly Confidential & PRGENTLY.  ES ( ) / NO ( ) )  Inveice Pi   | Invoice Preparation Checklist.  I) AR: Accident Reporting (\$30); | Invoice Preparation Checklist  Invoice Preparation Checklist  Invoice Preparation (\$30); |

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Date Of Birth

Date Of Driving Pass

**Driving Experience** 

Mobile Number Fax Number

Contact Number EMail Address

Occupation

Gender

- 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.

| ACCIDENT STATEMENT                     |
|--|
| 07/01/2020 18:36                       |
| 06/01/2020 20:25                       |
| GEYLANG EAST AVE 2                     |
| SINGAPORE                              |
| DETAILS OF OWN VEHICLE                 |
| SDY7515G                               |
|  |
| TAN CHEE YEW                           |
| SXXXX633H                              |
| NOEMAIL                                |
| (LOCAL) +65-97201858                   |
| OFFICE-97201858                        |
|  |
| MERCEDES-BENZ                          |
| C 180 KOMPRESSOR                       |
| PRIVATE USE                            |
| NO                                     |
| THIRD PARTY                            |
| PRIVATE CAR                            |
|  |
| NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| COMPREHENSIVE                          |
| NO                                     |
| 5094590187-02                          |
|  |
|  |
| TAN CHEE YEW                           |
| SXXXX633H                              |
|  |

31/10/1960

15/07/1980

39 YEARS AND 5 MONTHS

(LOCAL) +65-97201858

OFFICE-97201858

INDOOR

MALE

NOEMAIL

Page 1 of 18

BLK 132 GEYLANG EAST AVENUE 1 Address

#04-233

2

NO

380132 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

NO Was the accident reported to the police?

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)

YES Are accident photos available for attachment? NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO DETAILS OF OTHER VEHICLE PROPERTY 1

SFW3440B

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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 the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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

Namer

NRIC/FIN No.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 3 topped | stationary | due to   | the traf     | the ligh | nt woo        |      |
|----------|------------|----------|--------------|----------|---------------|------|
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| by vel   | 3 ~        |          |              |          |               | 10.7 |
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| 111.200  |            |          | (1)          |          |               | -    |
|          |            |          | And a series |          |               |      |

DECLARATION

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

× X

Policyholder's Signature Date & Time: X

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

Name:

NRIC/FIN No.:

| Personal Particulars                    |  |  |
|---|--|--|
|   | Time of Accident: 8 · 28   |  |
| Exact Location of Accident: G           | eylong East Ave 2  |  |
| Owner's Name: In the                    | YEW NRICHO:  | HP No: 9720185   |
| Driver's Name:                          | WRIC No:   | HP No:   |
| Date of Birth: Driv ng L                | icence Passing Date: 15 7 1980 Occupa  | rtion: Indoor / Outdoor  |
| Address:                                | 0.226  |  |
| Relationship of Driver with Insured: _U | Address:   |  |
| Vehicle No:                             | Make & Model: Mercedu  |  |
| Insurance Co: NTu C                     | Coverage: Policy i   | lo:  |
| *Purpose of Reporting? Own              | n Damage Claim / 3rd Party Claim / Not Cla   | iming, Just Reporting Only   |
|   | Was Being Used At Time Of Accide   |  |
|   | Raining / Others:  |  |
|   |  |  |
|   | involved? (Yes / No) If yes, Vehicle   |  |
| A:B                                     | <u>[+0</u> <u>c-</u>   | D:   |
| *Was Anybody Injured ? (Yes /           | No If yes,   |  |
| Name / NRIC / In Vehicle:               |  |  |
| *Was The Accident Reported T            | o The Police ?   |  |
| No O Yes, Which Police Station?         | The state of the s | 1007   |
| *Does the Driver Own Any Oth            | er Vehicle?  |  |
| O No O Yes, Vehicle Registration No     | insurer:   |  |
|   | vad? (Yes / No) If yes, Vehicle No & Ca  |  |
| *Was there any video capture:           |  | RESPUBLICATION OF THE PROPERTY |
| Third Party Driver's Particulars        |  |  |
| Vehicle 5 No: SFW 34408                 | Wake & Model:  |  |
|   | NRIC No:   | UB No.   |
| Vehicle C No:                           |  |  |
|   | NRIC No:   |  |
| Witness Particulars                     | PARIO NO.  | OF NO:   |
|   | NRIC No:   | Ho Ma.   |
|   | 10000 1000   | 4.07 PHQS  |

| eBaoTech               |          |                   |                       |                      |                      |          |                    |                |                   | Genera           | lClaim      |  |
|------------------------|----------|-------------------|-----------------------|----------------------|----------------------|----------|--------------------|----------------|-------------------|------------------|-------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601     |                   |                       |                      |                      |          | • Chang            | je Languag     | e · Chan          | ge Password      | · Log Out   |  |
| My Desktop             | Polic    | cy Query          |                       |                      |                      |          |                    |                |                   |                  |             |  |
| Notice of Loss         | Policy N | lo.               |                       |                      |                      | Date     | of Accident        |                | 06/01/2020        | 20:25            |             |  |
|                        | Vehicle  | No.(For Motor)    | SDY75                 | SDY7515G             |                      |          | Certificate Number |                |                   |                  |             |  |
|                        |          |                   |                       |                      |                      | Search   |                    |                |                   |                  |             |  |
|                        | Select   | Policy No.        | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product  | Cover Type         | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |  |
|                        | 0        | 5094590187-<br>02 |                       | TAN CHEE<br>YEW      | S1411633H            | GPC      | driva<br>PREMIUM   | SDY7515G       | 5DY7515G          | 12/10/2019       | 11/10/2020  |  |
|                        |          |                   |                       |                      | 10                   | Continue | 1                  |                |                   |                  |             |  |

| Policy No.                        | 5094590187-02               | Policyholder<br>Name              | TAN CHEE    | YEW               | Policyholder<br>NRIC | S1411633H     |                             |
|-----------------------------------|-----------------------------|-----------------------------------|-------------|-------------------|----------------------|---------------|-----------------------------|
| Certificate                       |                             |                                   |             |                   |                      |               |                             |
| Address                           | BLK 132 #04-233 GEYLANG EAS | T AVENUE 1                        | SINGAPORE   | 380132            |                      |               |                             |
| Product<br>Name                   | PRIVATE CAR INSURANCE       | Plan                              |             |                   | Group<br>Policy Flag | N             |                             |
| Policy<br>ssue Date               | 09/09/2019                  | Effective<br>Date                 | 12/10/201   | 9 00:00           | Expiry Date          | 11/10/2020 23 | 3:59                        |
| xcess                             | Per Accident                | All Claims<br>Excess              |             |                   |                      |               |                             |
| Third Party<br>Excess             | 0                           | Own<br>damage<br>Excess           | 0.0         |                   | Windscreen<br>Excess | 100           |                             |
| Additional<br>Excess              | 0                           | OS<br>Premium                     | 0           |                   |                      |               |                             |
| Outside<br>Singapore<br>OD Excess | 0.0                         | Outside<br>Singapore<br>TP Excess | 0           |                   |                      | Young         | /Inexperience Driver Excess |
| Agent                             | ONG HUI SENG LIFE & GENERA  | Agent Tel.                        | 68410900    |                   | GST Flag             | Y             |                             |
| Co-<br>insurance<br>Flag          | No                          |                                   |             |                   |                      |               |                             |
| Open<br>Policy Info               |                             |                                   |             |                   |                      |               |                             |
| Certificate<br>Info               |                             |                                   |             |                   |                      |               |                             |
|                                   | older Mailing Address       |                                   |             |                   |                      |               |                             |
| Address 1                         | BLK 132 #04-233             | Addre                             | ss 2        | GEYLANG EAST AV   | ENUE 1               | Address 3     | SINGAPORE 380132            |
| Address 4                         |                             | Addre                             | ss Type     | Singapore address |                      | Post Code     | 380132                      |
| Unit No.                          |                             | Relate                            | ed Policy . | 5094590187-02     |                      |               |                             |
| ♪ Insure                          | d Object: SDY7515G          |                                   |             |                   |                      |               |                             |
| □ Endors                          | ements                      |                                   |             |                   |                      |               |                             |
|                                   | nce Date of Endorsemen      | 2.01                              | Endorsemen  |                   | Endorsement          | Ctabue        | Endorsement Content         |

| Claim Handling                       |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|--------------------------------------|---|--------|-----------|--------------------------|--------------|--|-------------------|-------------|----------|----------------------|--------------------|----------|-------------------|
| Accident MT/1079042                  |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| Policy No.                           | 5094590187-02   |        |           | Vehicle No.              |              | S0Y7519  | G.                |             | -        | GST Registration N   | 0.                 |          |                   |
| Certificace No.                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| alicyholder Name                     | TAN CHEE YEW  |        |           |                          |              |  |                   |             | ,        | Policyholder NRIC    |                    | 81411    | 633H              |
| roduct Code                          | PRIVATE CAR INSURANCE   | Ε      |           | Cover Type               |              | drivo PRE  | MIUM              |             |          | Loading              |                    | 0        |                   |
| ontact No.(Moorie)                   | 97201858  |        |           | Contact No. (Office)     |              | 0  |                   |             |          | Contact No.(Home)    | ,                  | 0        |                   |
| mail Address                         |   |        |           | Special Remark           |              |  |                   |             |          | eCode                |                    | 10.V     | S.                |
| PK                                   | ® No ○Yes   |        |           | TCA                      |              | ® No □   | Yes               |             |          | eCode Reason         |                    |          |                   |
| CD Protection                        | Yes   |        |           | NCD Entitlement(%)       | 8.7          | 50   |                   |             |          | Private Hire         |                    | No       |                   |
| Accident Details                     | 760   |        |           | ACD EMBERGAÇÃO           |              | 30   |                   |             |          | rrivate rete         |                    | NO       |                   |
|                                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| sport Date                           | 07/01/2020 18:48  |        |           | Academ Report We         | nin 24 hrs   | Yes  |                   |             | - 1      | Accident Type        |                    | Cortisio | in - Head to Kear |
| ate of Accident                      | 06/01/2020  |        |           | Time of Accident nh      | ::mm         | 20:25  |                   |             | - 3      | Country of Acciden   | t.                 | Singap   | gre               |
| eporting Centre                      |   |        |           | Orange Force             |              |  |                   |             | i        | ICM No.              |                    |          |                   |
| cident Location                      | GEYLANG EAST AVE 2  |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| Total Excess Applicable              |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|                                      | Per Acodent   |        |           | Windscreen Excess        |              |  |                   | 100.00      |          |                      |                    |          |                   |
| cess Type                            | Per Accident  |        |           | windstreen excess        |              |  |                   | 100.00      |          |                      |                    |          |                   |
| D Standard Excess                    |   | 0.00   | į.        | TP Standard Excess       |              |  |                   | 0.00        |          |                      |                    |          |                   |
| ED OD Excess                         |   |        |           | VIED TP Excess           |              |  |                   | 0.00        |          | Driver is Covered?   |                    | Charles  | SF SF             |
|                                      |   | 0.00   |           | THE R. P. CO. CO.        |              |  |                   | 4046        | -        | origer is covered?   |                    | Covere   |                   |
| iditional Excess                     |   | 0      |           | STATE AND STREET         |              |  |                   | 2000        |          |                      |                    |          |                   |
| otal OD Excess Applicable            |   | 0.00   |           | Total TP Excess App      | ncable       |  |                   | 0.00        |          |                      |                    |          |                   |
| ♥ Benefits                           |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| overage                              |   |        |           |                          |              |  | um Insured        |             |          |                      |                    |          |                   |
| cess Waiver                          |   |        |           |                          |              | 9  | 9999999.99        |             |          |                      |                    |          |                   |
| GST Registered Informa               | ation   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| ST Registered                        | No  |        |           |                          |              | GS   | ST Registration   | Date        |          |                      |                    |          |                   |
| ST Registration No.                  |   |        |           |                          |              |  | ST Status Ven     |             |          | Yes                  |                    |          |                   |
| dification History                   |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|                                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| Policyholder Mailing Ad              | Idress  |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| ddress 1                             | BUX 132 #04-233   |        |           | Address 2                |              | GEYLANG  | EAST AVENU        | 11          | - 3      | Address 3            |                    | SINGA    | PORE 380132       |
| adress 4                             | 172 171 177   |        |           | Address Type             |              | Singapore  |                   |             |          | Post Code            |                    | 38013    |                   |
|                                      |   |        |           |                          | 100 E        |  |                   |             |          | rust code            |                    | 38013    | E.                |
| nit No.                              |   |        |           | Related Policy Numb      | ber          | 50945901   | 187-02            |             |          |                      |                    |          |                   |
| OI Driver Info                       |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| tyer Name                            | TAN CHEE YEW  |        |           | Driver Type              |              | Main Drivi   |                   |             |          |                      |                    |          |                   |
| nnamed driver Name                   |   |        |           | Driver NRSC              |              | 5141163  | 3H                |             |          | Driver DDB           |                    | 31/10/   | 1960              |
| egister Date of Driver License       | 15/07/1980  |        |           | Driver Age               |              | 59   |                   |             | 9        | Driving Experience   |                    | 39       |                   |
| ortect No. (Mobile)                  | 97201858  |        |           | Contact No.(Office)      |              | 0  |                   |             | 0        | Contact No.(Home)    | į                  | 0        |                   |
| idress 1                             | BLK 132   |        |           | Address 2                |              | GEYLANG  | EAST AVENU        | E 1         | - 1      | Address 3            |                    | SINGA    | PORE 380132       |
| ddress 4                             |   |        |           | Address Type             |              | Singapore  | address           |             |          | Post Code            |                    | 38013    | 2                 |
| nit No.                              | 04-233  |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| oes he own a Singapore               |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| egistered car?                       | ☐ Yes ® No  |        |           | Driver Vehicle No.       |              |  |                   |             | - 5      | Oriver Insurer Com   | Section            |          |                   |
|                                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| eclaration                           |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| reathelyser or Blood Test<br>ending? | 0 mg  |        |           | Any injury?              |              | O Yes ®  | No                |             |          |                      |                    |          |                   |
|                                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| odification History                  |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|                                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| Claim 001 New                        |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| N2000000 - 200                       |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|                                      | A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1   |        |           |                          |              | _  |                   |             |          |                      |                    | . Inches |                   |
| em Type *                            | OD-MX   | -      |           | Insured Name             |              | TAN CHE  | 500               |             |          | Insured NRIC         |                    | \$1411   | 633H              |
| mact No (Mobile)                     | 97201858  |        |           | Contact No.(Home)        |              | 67477208   | 1                 |             | 9        | Contact No. (Office) | Į.                 |          |                   |
| nail Address                         |   |        | 1         | OI Vehicle Number        |              | 50Y7515  | G .               |             | 7        | TP Vehicle Number    |                    | 5FW34    | 40ti              |
| amant Type Claimant Type •           | Please Select   | V      |           | Type of Benefit +        |              | Please Se  | elect             | v           |          |                      |                    |          |                   |
| emant Name *                         |   |        | 22        | Claimant NRIC *          |              |  |                   |             |          |                      |                    |          |                   |
| aimant Address                       |   |        |           | - control of the control |              |  |                   |             |          |                      |                    |          |                   |
| em Description                       | SDY7515G / SFW14408 I   | ON F.  | an 2020   |                          |              |  |                   |             | -        | Name of Preferred    | Workshop           |          |                   |
| efferred Workshop Contact            | 2017 31 pa / 3r W 14408 1   | ON D 3 | au enele. | AUGUSTA AUGUSTA          |              |  |                   |             |          | and or presented     | - and and          |          |                   |
| pierreu worksnup Contact             |   |        |           | Insured Liability *      |              | Not at Fa  | uit.              | ×           | -        |                      |                    |          |                   |
| quire Finalisation                   | Yes   | ¥      |           | Preferend Repair Op      | ption        | Preferred  | Workshop, N       | ame unknown | V (      | SIA report           |                    | Receiv   | red s             |
| ete Registered                       | 07/01/2020 18:49  |        |           | Claim Close Date         |              |  |                   |             |          | Date Received        |                    | 07/01/   | 2020 00:00        |
| port Taken By                        | Jackson   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|                                      | CONTRACTOR OF THE PARTY OF THE |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| Print AK letter                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
|                                      |   |        |           |                          | 1            | Save Su  | hmit              |             |          |                      |                    |          |                   |
| Attachment                           |   |        |           |                          |              | The state of the s |                   |             |          |                      |                    |          |                   |
|                                      |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| 9                                    |   |        |           |                          |              |  |                   |             |          |                      |                    |          |                   |
| codent No.                           | MT/1079042  |        |           | Claim N                  | 10           |  | 001               |             |          |                      |                    |          |                   |
|                                      |   |        |           |                          |              |  |                   | 0000 1000   |          |                      |                    |          |                   |
| st Doc. Received                     | ● Yes ○ No  |        |           | Upload                   | Politic      |  | 07/01             | 2020 18:51  |          |                      |                    |          |                   |
|                                      | Pac   | m.+    |           |                          |              |  |                   | Category *  |          | Confidential         | Urgen              | icy *    | Description       |
|                                      |   |        |           | 1 1 1 1 1 1 1            | Browse.      | Clear  | Please Sel        | d           | V        | 10 V                 | Normal             | v        |                   |
|                                      |   |        |           |                          | Browse.      | Clear  | Please Sele       | α           | V        | To V                 | Normal             | v        |                   |
|                                      |   |        |           |                          | Browse.      |  | Please Sele       |             | V        | NO Y                 | Normal             | v        |                   |
|                                      |   |        |           |                          | STORES.      | Crear  | The season stell  |             | -        |                      | Lowering           | 121      |                   |
|                                      |   |        |           |                          | Charles with | PRINTED AND  | of Interior Water | - 4         | Challe . | Barrier A. C.        | - I telephone in F | 100      |                   |

