	111111		Date & Time Completed	Done	by
Date In: 13/1/20-19:3V	Job description		Date & Time Completed	Done	U.S
Ref No: HAJINGOODSIYINY	SAS e-filing		1	i i	
Veh No: 5K237612	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 11/1 /2- 23:32	i-Motor Clai	m Form	M7/1079906001	13/1/20 21	:45
OD : P Reporting Only	i-Motor W/C	(Within: OD 2hrs	, TP 4hrs)		
OB . It streeting only	i-Photo Uplo	aded			
TP Insurer:	Assessment/St	uvey Report	İ		
11 1134101	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: S	US 65097	. INC()/Non-INC()		17
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		WIS-POSS
Excess: (\$) Loading: 5	\$1,000 ()/\$2,000	()		THE LEE STREET HOME THE	este para se inc
General Remarks;-				TOUR TOUR	
() Walk-In Customer: Customer's	information strictly Co				
() Total Loss Case : to e-mail In		-			
	oice: YES () / I	VO () : T	owing Co: ()
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Remarks:- (INC hodine: 6788 6610	The state of the s		Date&Time Completed	Done	by -
1) Apply for Transport Allowance () / Courtesy Car ()			V
2) QC Check / Post Repair Inspection	()			- 10-2-4
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
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Date/Time Actions Ngvooyy	1	Invoice Pre	paration Checklist Reporting (\$30); Assessment (\$100); INC (Anit (\$)	1
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Date/Time Actions Navooyy Laimant's Particulars :- river/Owner:		Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper	paration Checklist Reporting (\$30); Assessment (\$100); INC (ice S through Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 20) ction	Anit (\$) \$80) 40/\$45 \$120 \$30 25) \$75	1.00
Date/Time Actions Universe Actions Liaimant's Particulars :- river/Owner: ontact No:		Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idau DA	paration Checklist Reporting (\$30); Assessment (\$100); INC (lee	Anit (\$) \$80) 40/\$45 \$120 \$30 25)	1.00
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

 By the lodgement of this report to the insurers, you hereby consideresaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/01/2020 19:32
Date Of Accident	11/01/2020 23:30
Exact Location Of Accident	LENTOR AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ7761Z
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE HIANG
NRIC No	SXXXX665C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97678289
Alternative Phone No	OFFICE-97678289
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098963202-01
Cover Note Number	
Driver	
Name of Driver	TAN CHEE HIANG

Name of Driver	TAN CHEE HIANG
NRIC No	SXXXX665C
Date Of Birth	26/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	12/12/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97678289
Fax Number	
Contact Number	OFFICE-97678289

NOEMAIL

EMail Address

BLK 2 DELTA AVENUE Address

#16-42

Postcode 161002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

4

NO

NO

4

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

.

GENDER: MALE

Passenger 3 NAME:

> GENDER: : FEMALE

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)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLS6509T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 17

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGY749J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLF8983L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN CHEE HIANG

Name

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SKZ7761Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

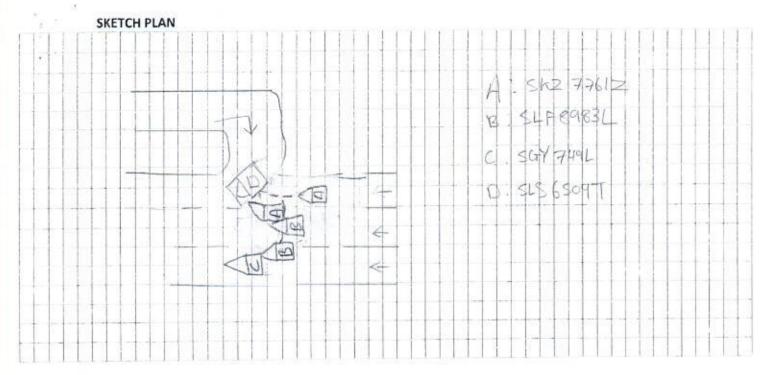
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) 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:



		travelli					towards	SLE, O	n Lane 1	. Suddenly
rehicle	D	made	a U	l-turn	and	collided	onto No	enicle	causing	my
vehicle	to	swerve	lett	onto	Lane	2 thus	olliding	onto	venicle	В-
MH =										

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.

Date of accident	11-01-2026	(DD/MM/YY)
Time of accident	2330HRS	(HH:MM)
Exact location of accident	Lentor Avenue	

Complete Com		DETAILS OF	VEHICLE
Vehicle registration number	Stz 7761:	2	
Vehicle make and model	Toyota Har	rier	
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗅	
Vehicle category	Private □	Comm	nercial Motorcycle
Purpose of using at said time	Driving Grat	,	
Are you claiming under your own insurance company?	Yes Third part	No □	if no, please select: Reporting only □

The second second	INSURANCE IN	FORMATION	
Insurance company	NTOC		
Policy number	5098963202-01		
Type of policy	Comprehensive 🛭	Third party fire & theft □	TP only 🗆

Name	Tan Chee Hung	Male o	Female
NRIC / Fin / Passport number	S1600665C		
Contact	9767 8289		
Address	Blk 2 Delta Ave #16-42 S(161002)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female 1
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	26-07-1963
Occupation	Indoor Outdoor Outdoor
Driving date pass	(2-12-1980

2007年上海大学的	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured: Owner
Accident captured by camera?	Yes D No Ø
Weather condition	Clear A Raining Others:
Road surface	Dry. Wet 🗆
No of passenger	04 (Inclusive of driver)
和	PASSENGER 1
Name	
Gender	Male Female a
全国的大学研究中的人们的成功的中央	PASSENGER 2
Name	
Gender	Male Female
200	
	PASSENGER 3
Name	
Gender	Male D Female Ø
Mary Change Control of Control of Control	PASSENGER 4
Name	
Gender	Male Female
建设设置的设计。 建设设设置	PASSENGER 5
Name	
Gender	Male Female
AND HALLS STORY OF THE STORY	PASSENGER 6
Name	
Gender	Male Female
美国的特别的	OTHER INFORMATION
Was anybody injured?	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes p No 🗆
建设在内部的	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No of If yes, please state which police station.
Police station name	
to a	
发展的影响,但不是是是一种影响	WITNESS 1
Name	
	1700 CC - 171 CO - 171 CC - 17
本国际共享工作。 第二人的特殊	WITNESS 2
Name	
1.441114	

4	
A TANGE OF THE PARTY OF	THIRD PARTY VEHICLE 1
Vehicle registration number	SLS 6509T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND THE PARTY OF THE PARTY OF	THIRD PARTY VEHICLE 2
Vehicle registration number	SGY 749 J
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
经 转366.500000000000000000000000000000000000	THIRD PARTY VEHICLE 3
Vehicle registration number	SLF983L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Valida registration number	IMIND PARTI VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIS SARTY VEHICLE E
	THIRD PARTY VEHICLE 5
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
	THIRD PARTY VEHICLE 0
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	TURD DADTY VEHICLE 7
国际的社会社会社会社会社会	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	

NRIC / Fin / Passport number

Contact

1. 100 mm (1) 100 mm	INJURED PERSON 1	120
Name	Tan Chee Hiana	
Injuries sustained	84 N	ны
Which vehicle person in?	SKZ 7761Z	
Were seat belts worn?	Yes 🗷 No 🗆	
Was injured conveyed to	Yes No p	
hospital by ambulance?		
	INJURED PERSON 2	G G
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	_
Was injured conveyed to	Yes D No D	
hospital by ambulance?		
		Cas
	INJURED PERSON 3	1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		_
	NUMBER RESIDENCE	25121
	INJURED PERSON 4	
Name	INJURED PERSON 4	
Injuries sustained	INJURED PERSON 4	
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No No No No No No No No No N	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D No D	
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 No No No N	
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 No No No N	
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 No No No N	
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 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	Yes No No No No No No 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 No No No No 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? Was injured conveyed to	Yes No Yes No INJURED PERSON 5 Yes No Yes No	
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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 Yes No INJURED PERSON 5 Yes No Yes 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? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No Yes No INJURED PERSON 5 Yes No Yes 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? Was injured conveyed to hospital by ambulance? Name	Yes No Yes No INJURED PERSON 5 Yes No Yes 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? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 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? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No Yes No INJURED PERSON 5 Yes No Yes No INJURED PERSON 6	



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC income insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of insurance are to be read together as one document GST Reg No. M4-0003030-8

Policy Number The Policyholder 5098963202-01 TAN CHEE HIANG BLK 2 #16-42 **DELTA AVENUE** SINGAPORE 161002

Period of Insurance

27 Mar 2019 To 01 Feb 2020

Sum Insured

Market Value of Insured Vehicle at Time of Loss

5%

Loyalty Discount

Premium (inclusive GST)

551,083.30

Interest Insured

drivo CLASSIC Cover Type TAN CHEE HIANG Primary Driver

N/A Named Oriver (1) Named Driver (2) N/A

2000cc Capacity TOYOTA/HARRIER Make/Model 2016 Registration Year SKZ7761Z Registration Number No Off-peak Car ZSU600062208 Chassis Number Yes Insure with COE Repair at Owner's Preferred Workshop : 50% NCD Entitlement \$\$2,000 Excess (Section 1) : Yes(Free) NCD Protection \$\$1,500 Excess (Section 2)

55100 Windscreen Excess : N/A Additional Excess

Please refer to Terms and Conditions **Unnamed Driver Excess**

. N/A Hire Purchase Company

Optional Cover

Transport Allowance Excess Waiver : No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. 2) Section 1 clause 8 on Unnamed driver excess will not apply

Endorsement Operative : M4, M4 No-claim discount protection

INCOME-BRANCH SERVICES (00000000738) Agency

21 Jan 2019 13:14 hrs Date of Issue

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				COLUMN TO SERVICE AND ADDRESS OF THE PARTY O	CONTRACTOR AND	• Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query						38450 (494505050505)			
Notice of Loss	Policy !	Va.	13			Date o	of Accident	8	1/01/2020 2	3:30	
	Vehicle	No.(For Motor)	SKZ776	iz		Certifi	cate Number	[
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098963202- 01		TAN CHEE HIANG	51600665C	GPC	drivo CLASSIC	5KZ77612	5KZ7761Z	27/03/2019	01/02/2020
						Continue					

Certificate No.							
Address	BLK 2 #16-42 DELTA AVENUE	SINGAPORE 16	1002				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/01/2019	Effective Date	27/03/201	9 00:00	Expiry Date	01/02/2020 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 2 #16-42	Addre	ss 2	DELTA AVENUE		Address 3	SINGAPORE 161002
Address 4		Addre	ss Type	Singapore address		Post Code	161002
		Relate Numb	d Policy er	5115428937			
Unit No.	NOT AND THE PROPERTY OF THE STREET, AND THE						
Unit No.	d Object: SKZ7761Z						
T10711100							

ocident MT/1079906									
olicy No.	5098963202-01	Vehicle No.	SKZ7761Z			GST Registration N			
ertificate No.	3039303605-05	Vende no.	SHETTHE			ogi keyonanini	•••		
olicyholder Name	TAN CHEE HIANG					Policyholder NRIC		\$1600665C	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLAS	sic		Loading		0	
ontact No.(Mobile)	97678269	Contact No. (Office)	0			Contact No.(Home	0	0	
mail Address		Special Remark				eCode		T-V	
rk	® No ○ Yes	TCA	® No ○Y	01		eCode Reason		A. C. L. DALLA	
CD Protection	Yes	NCD Emplement(%)	50			Private Hire		Yes	
Accident Details									
eport Date	13/01/2020 21:44	Academ Report Within 24 hrs	Yes			Accident Type		Side Swipe	
ate of Accident	11/01/2020	Time of Accident hhimm-	23:30			Country of Acciden	vt.	Singapore	
eporting Centre		Grange Force				ICM No.			
coident Location	LENTOR AVE								
₩ fxcess									
Wn damage Excess	2,000.00	Additional Excess	0			Windscreen Excess		100.00	
Innamed Driver Excess	0.00	Outside Singapore OD Excess		2,000.00					
herd Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00					
⇒ Benefits									
GST Registered Inform	ation								
ST Registered	No		GST	Registration Date					
ST Registration No. odification History			ast	Status Verified		Yes			
Policyholder Hailing Ad						40.00000000			
address 1	BUK 5 #10-42	Address 2	DELTA AVE			Address 3		SUNGAPORE	161002
ddress 4		Address Type	Singapore a			Post Code		161002	
nit No.		Related Policy Number	511542893	7					
₩ OI Driver Info									
river Name	TAN CHEE HIANG	Onver Type	Main Driver			D 000		Newsynes	
nnamed driver Name	100000000	Driver NRIC	516006650			Driver DOB		26/07/1963	
egister Date of Driver License		Onver Age	56			Driving Experience		29	
ontact No. (Mobile)	97670289	Contact No. (Office)	0			Contact No.(Home	J	0	
odress 1 ddress 4	BLK 2	Address 2 Address Type	Singapore a			Address 3 Post Code		SINGAPORE 161002	161002
mit No.	Children	Address type	Singapore a	doress		Post Code		101002	
loes he own a Singapore legistered car?	16:42 ○ Yes ® No	Driver Vehicle No.				Oriver Insurer Con	npany		
eclaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ○)	io					
ireathalyser or Blood Test	0 mg	Any Inbay?	® Yes ⊜ t	10					
reathalyser or Blood Test eading?	0 mg	Any Induty?	® Yes ○ M	ie .					
ireathalyser or Blood Test seading? localification History Claim 001 New			Yes ○ h TAN CHEE			Invaried NRXC		\$1000655	
resthalyzer or Blood Test sading? odification History Claim 001 New	ор-мх 💌	Insured Name	TAN CHEE				5	\$1e00e65C	
iresthalyser or Blood Test seading? Claim 001 New Claim Type *	ОС-МX 97678289	Insured Name Contact No.(Home)	TAN CHEE 62756185			Contact No. (Office			
resthalyzer or Blood Test seating? Claim 001 New Laim Type * Laim Type *	OC-MX 97678289 albertat @singnet.com.sg	Insured Name Contact No.(Home) Of Vehicle Number	TAN CHEE 62756185 SKZ7761Z	HIANG				\$1e00e65C	
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reathslyser or Blood Test sading? Claim 001 New Llasm Type * sentact No.[Mobile] mail Address lasmant Type Claimant Type * lasmant Name *	OC-MX 97678289 albertat @singnet.com.sg	Insured Name Contact No.(Home) Of Vehicle Number	TAN CHEE 62756185 SKZ7761Z	HIANG		Contact No. (Office			
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reathelyser or Blood Test eacing? Claim 001 New Leim Type * contact No.[Mobile] mail Address Larmant Name * Larmant Name * Larmant Name * Larmant Name * Larmant Name contact no. Larmant Name * Larmant Name contact no. Larmant Name * Larmant Nam	GID-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmare NEIC *	TAN CHEE 62756185 SKZ7763Z Please Sele Not at Faul	HIANG		Contact No. (Office TP Vehicle Number Name of Preferred		\$1585097	Section 1997
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