Date In: 13/1/0-12: 20			792ED 60
7.7.	Jeb description	Date & Time Completed	Done by
Ref No: Na H CW20 Stropy	SAS e-filing		
Veh No: 116 4 6039 C	E-mail (within 8hrs, AIC	2hrs)	
D.O.A: 10/1/20-19:25	i-Motor Claim Form	M7/1079904-001	13/1/20 22:17
	i-Motor W/O (Within:		
OD (TP): Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Re	port	
I P insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel:	Fax:
TP Particulars: Veh No: 6	1517602 I	NC( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	Note-Est Status (WO): 1	N: 0-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ( )	Warranty: YES ( ) / NO	)( )	
Excess: (\$ ) Loading: \$	31,000 ( )/\$2,000 ( )		
General Remarks;-			
( ) Walk-In Customer: Customer's i	HANGE TO THE PARTY OF THE PARTY	On the contract of the second	
( ) Total Loss Case : to e-mail Ins			
	pice: YES ( ) / NO (	); Towing Co: (	· )
			na deleti viri
Remarks: (INC hotline: 6788 6616	**************************************	Date&Time Completed	Done by
Apply for Transport Allowance ( )	/ Courtesy Car ( )	Section 1	
The state of the s		The second secon	
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >			
3) Upload Resurvey Photo [Repair Cost > Injury :			
3) Upload Resurvey Photo [Repair Cost >			en e
3) Upload Resurvey Photo [Repair Cost > Injury :			
3) Upload Resurvey Photo [Repair Cost > Injury :			
3) Upload Resurvey Photo [Repair Cost > Injury :			
3) Upload Resurvey Photo [Repair Cost > Injury :			
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	- \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	- \$3000] ( )	e Preparation Checklist	Am((S)) Amt (
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	- \$3000] ( )  Invoice  1) AR: A	ecident Reporting (\$30);	Ani((\$)) Ami (
3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  MANOGYN  Inimant's Particulars :-	Inveic 1) AR: A 2) DA: E	ecident Reporting (530); armage Assessment (5100); INC (5	Ani((\$)) Ami (
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	Invoic  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fe	ceident Reporting (\$30); terrange Assessment (\$100); INC (\$100); towing Fee \$40 tollow-Through Survey	Ani((\$)) Ami ( fit Bill Add E  30) 0/\$45 \$120
3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  MANOGYN  Inimant's Particulars :-	Invoic  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fe  5) FT: Fe	ceident Reporting (\$30); amage Assessment (\$100); INC (\$100); owing Fee \$40 flow-Through Survey follow-Through Survey (Resurvey)	Am((S), Am) ( Ist Bill Add E 30) 0/\$45 \$120 \$30
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Navocyve  Inimant's Particulars::  river/Owner:	Inveic 1) AR: A 2) DA: E 3) TF: To 4) FT: Fo Forels 6) TR: R	ceident Reporting (\$30); Parriage Assessment (\$100); INC (\$100); INC (\$100); Owing Fee \$40 Illow-Through Survey (Resurvey) Iming against INC Only (wef 10 Jan 200) e-inspection	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Add E
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Navocyve  Inimant's Particulars:	Invoic  1) AR: A  2) DA: E  3) TF: To  4) FT: Fo  Forels  6) TR: R  7) N1: Id	ceident Reporting (\$30); larrage Assessment (\$100); INC (\$100); IN	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Add E
3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  Marco 478  Inimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:	Inveic 1) AR: A 2) DA: E 3) TF: To 4) FT: Fo 5) FT: Fo Forels 6) TR: R 7) N1: Id 8) NTUC QIV	ceident Reporting (\$30); Parriage Assessment (\$100); INC (\$100); I	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Add E
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Navocyve  Inimant's Particulars::  river/Owner:	Invoic   1) AR: A   2) DA: E   3) TF: To   4) FT: Fo   5) FT: Fo   For else   6) TR: R   7) N1: Id   8) NTUC   QIV*   N5: C	ceident Reporting (\$30);  larrage Assessment (\$100); INC (\$100); INC (\$100);  lowing Fee \$4  lilow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 200)  e-inspection  late DA + SMRT Survey  Additional Services  ourlesy Car / Tpt Allowance	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Add E
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Navoo 47/8  Inimant's Particulars:  river/Owner:  ontact No:  maged Portion:  C Checked by (Engr-In-Charge):	Invoice   1) AR: A   2) DA: E   3) TF: To   4) FT: Fo   5) FT: Fo   Forels   6) TR: R   7) N1: Id   8) NTUC   QD*   *N5: C   *N6: R   *N7: F	ceident Reporting (\$30); Parrage Assessment (\$100); INC (\$100); Diving Fee \$4  State of the stat	Anit (\$) Amt (\$) Amt (\$) Amt (\$) Amt (\$) Add E
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAMOS UN  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  additors! Comments:	Invoic   1) AR: A   2) DA: E   3) TF: To   4) FT: Fo   5) FT: Fo   Forels   6) TR: R   7) N1: Id   8) NTUC   QIL*   N5: C   N6: R   N7: F	ceident Reporting (\$30);  larrage Assessment (\$100); INC (\$100); I	Anit (\$) Amt (\$) Amt (\$) Amt (\$) Amt (\$) Add E
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Navoo 47/8  Inimant's Particulars:  river/Owner:  ontact No:  maged Portion:  C Checked by (Engr-In-Charge):	Invoice   1) AR: A   2) DA: E   3) TF: To   4) FT: Fo   5) FT: Fo   Foreign   6) TR: R   7) N1: Id   5   N5: C   N6: R   N7: F   N8: D   TP (N)	ceident Reporting (\$30); larringe Assessment (\$100); INC (\$100); I	Anit (\$) Amit (\$) Amit (\$) Amit (\$) Amit (\$) Add E (\$) A

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as 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.
- 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.
- wing of this report at the centre and to copies of the report being made available

<ol><li>By the lodgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
State Series Militaria and American	ACCIDENT STATEMENT
Date Of Report	13/01/2020 10:20
Date Of Accident	10/01/2020 17:25
Exact Location Of Accident	QUEENSWAY TWDS PORTSDOWN AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH6039C
Insured/Policyholder	
Name Of Registered Owner	RAYMOND ISAIAH PHUA HWEE CHIEW (PAN HUIQIU)
NRIC No	SXXXX097A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96752722
Alternative Phone No	OFFICE-96752722
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623G5
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
general contracting the Managery	

### **Insurance Company**

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5101313914-01 Policy Number

Cover Note Number

### Driver

RAYMOND ISAIAH PHUA HWEE CHIEW (PAN HUIQIU) Name of Driver

SXXXX097A NRIC No 14/09/1979 Date Of Birth OUTDOOR Occupation 11/04/2002 Date Of Driving Pass

17 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

Mobile Number (LOCAL) +65-96752722

Fax Number

OFFICE-96752722 Contact Number

NOEMAIL EMail Address

29 FERNVALE ROAD Address

#13-37

797416 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 - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes.Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200110/7028.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBB2160Z Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 22

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

The state of the s	DETAILS OF INJURED PERSON 1
Name	RAYMOND ISAIAH PHUA HWEE CHIEW (PAN HUIQIU)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKH6039C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

### 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 aforesald.
- 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 dalms;
  - (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 sign

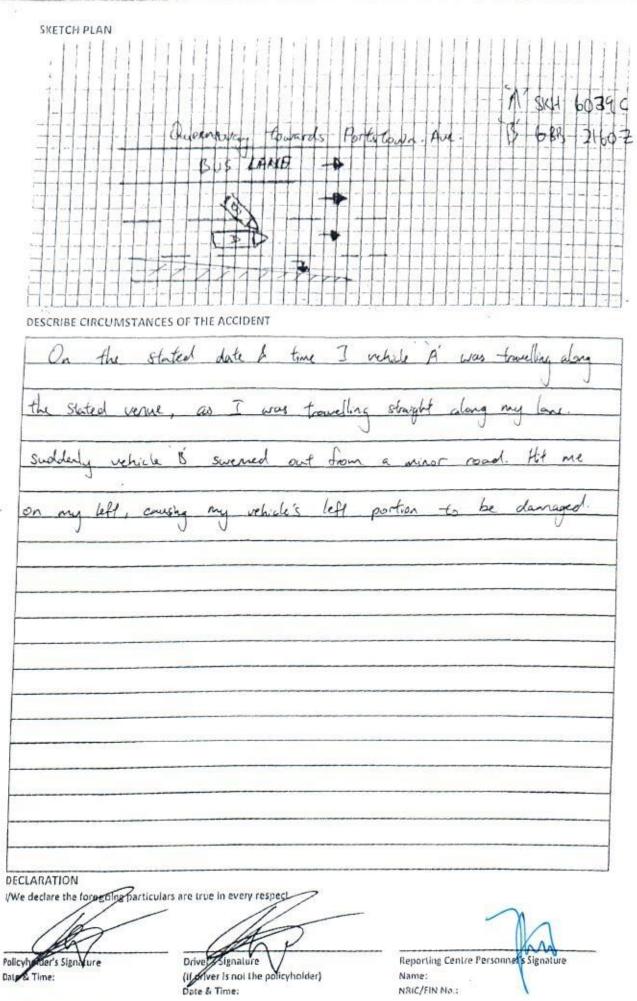
(Il driver is not the policyho

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :



WHAT STANDARD FROM VY

# VEHICLE NO: SICH 6039C

# MAKE & MODEL:

DATE OF ACCIDENT	10 / 01/ 2020
TIME OF ACCIDENT	5:25 AA+/ PA1
LOCATION OF ACCIDENT	AUEINNAY QUEENSWAY TOWARDS POPTSPOUN AUE
Exact Purpose use during accident	PERSONAL USE
NAME OF OWNER	RATMOND ISAIAH PHUA HWEE CHIEW
TELP NO	9675 2722
NRIC	57929047A
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	NES / NO 7
INSURANCE CO	INCOME
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5101313914-01
NAME OF DRIVER	As above / If No.
NRIC	Any passengers, * 0.
DATE OF BIRTH	14 1 09 1 1979
OCCUPATION	Outopor / Indoor
DATE OF DRIVING PASS	11 / 04 / 2002
GENDER	M@le / Female
CONTAC NO.	9645 2722 Office, Home,
ADDRESS	29 FERNVALE ROAD # 13-37 HIGH PARK RESIDENCES
DRIVER HAVE ANY OWN Vehicle	NO / If yes , Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	NO/If yes, Who? PAYMOND IS A IAH PHUA HUEG CHIEW
CONTAC NO.	THE PROPERTY OF THE PROPERTY O
POLICE REPORT	No / If yes , Where?
VEHICLE B NO.	GBB 2160 Z Any Passenger.
	90) Zibe z Any rassenger
VAME	
CONTAC NO.	A D.
VEHICLE C NO.	Any Passenger .
PHICLE D NO.	Any Passenger .
PHICLE E NO.	Any Passenger,
PHICLE F NO.	Any Passenger.
NY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES/NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
CENE ACCIDENT PHOTOS TAKEN?	Y#S / NO
lave you been approach by unknow	n person soliciting (s) /
ffering accident claims assistance?	YES / NO





1 of 3

Report No. T/20200110/7028

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

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 20:59	lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of Informant: RAYMOND ISAIAH PHUA HWEE CHIEW			Address: 29 FERNVALE ROAD #13-37 SINGAPORE 797416		
ID Type / ID No.: NRIC NO / S7929097A			Contact No.: Home/Office:	Mobile: 96752722	
Nationality: SINGAPORE CITIZEN			Email: raymondiphc@gmail.com		
Sex: Age: Date of Birth: Male 40 14/09/1979			Type of Informant: Driver	All	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Product Manager			Driving Licence Information: Class: 3	Date of Expiry:	

Type of	Injury	Drink Drive:	Date/Time of Accident:	Type of Location: Straight Road
Accident:	Others	No.	10/01/2020 17:25	Otraight Moad
Location:				
QUEENSWA	v			
QUELITOTYA				
			VII.	
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
		Traffic Control:		Traffic Volume:
Traffic Flow:		Not Controlled		Heavy
Traffic Flow: One Way		140t Contactica		

Details of V	ehicle Invo	lved		in the same		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2160Z	Lorry					0
SKH6039C	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623G5	Grey	Seriously Damaged	

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
		5101313914-01	27/06/2019	26/06/2020	





2 of 3

Report No. T/20200110/7028

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

### CONTINUATION OF REPORT

Details of Perso	No. of the last of					
Any Pedestrian Ir				1 11	0	·
No. of Pedestrian	is Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver					1/11/1	
Name	RAYMOND ISAIAH	PHUA HW	EE CHIEW	ID No		S7929097A
Related Vehicle	SKH6039C (Car)			Conta	ct No.	96752722
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	10/01/2020 Date Di			harge	10/01	/2020
No. of Days granted Medical Leave 05			Degree o	f Injury	Sligh	

### Brief Details.

On the stated date and time. My vehicle car plate bearing Skh6039c, was travelling straight along queensway towards portstown ave. Lorry plate bearing GBB2160Z swerved onto the main road abruptly from a minor road on the left.

Shortly after the accident I felt discomfort on my body, I seek medical attention at a 24hr clinic at hougang and was given 5 days of MC.





3 of 3

Report No. T/20200110/7028

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

### CONTINUATION OF REPORT

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2020 20:59
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENI	DUM			
4)	PARTICULARS OF PE	RSON MAKING THE AMENDMEN	ITS:			
	Original Report No	MNA120005127	Vehicle Registration No: SKH6039C			
			NRIC/FIN/Passport No : SXXXX097A			
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate					
	Address	§	Singapore(			
	Contact (Tel)		Mobile No.: 96752722			
	Email Address					
	Date of Accident	10/01/2020	Time of Accident : 17:25			
	Place of Accident	QUEENSWAY TWDS PORTS				
		NTUC Income Insurance C	Co-operative Ltd			
	Number of passen	ger: 1 driver only				
	Policyholder / Driver Date:	's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:			

Date:

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						• Chang	je Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy No	0.				Date	of Accident		10/01/2020 1	7:25	
	Vehicle No.(For Motor)		SKH6039C			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101313914- 01		RAYMOND ISAIAH PHUA HWEE CHIEW (PAN HUIQIU)	S7929097A	GPC	drivo CLASSIC	SKH60390	SKH6039C	27/06/2019	26/06/2020
					1	Continue	J				

Sequen	ce Date of Endorsemen	t	Endorsement Type			Status	Endorsement Content		
	ements								
) Insure	d Object: SKH6039C								
Unit No. 07-262		Related Policy Number		5101313914-01					
Address 4		Addre	ss Type	Singapore address		Post Code	797416		
Address 1	29 FERNVALE ROAD	Addre	ss 2	#13-37 HIGH PARK	RESIDENCE	Address 3	SINGAPORE 797416		
→ Policyh	older Mailing Address								
Certificate Info									
Open Policy Info									
Flag	NO								
Co- insurance	No								
Agent	WATERCOLOURS AUTOMOBILE	Agent Tel.	69085852		GST Flag	Y			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	Inexperience Driver Excess		
Additional Excess	0	OS Premium	0						
Third Party Excess	1500	damage Excess	2000		Excess	100			
Гуре	Per Accident	Excess			Windscreen				
Policy issue Date Excess	11/06/2019	Effective Date All Claims	27/06/2019 00:00		Expiry Date	26/06/2020 23:59			
Product Name	TIE PRIVATE CAR INSURANCE				Group Policy Flag	N			
Address	29 FERNVALE ROAD #13-37 HIG	SH PARK RESI	DENCES SIN	GAPORE 797416	C				
Certificate No.									
Policy No.	5101313914-01	Policyholder RAYMOND 15/		SAIAH PHUA HWEE	Policyholder NRIC	S7929097A			

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=510131391... 13/1/2020

ccident MT/1079909						
Rcy No.	5101313914-01	Vehicle No.	\$604603	ic.	GST Registration No.	
rtificate No.						
licyholder Name	BAYMOND ISAJAH PHUA HWEE CHIEW (PAN H	UIQIU)			Policyhalder NR3C	S7929097A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CL	ASSIC	Loading	0.
ontact No. (Mobile)	96752722	Contact No.(Office)	0		Contact No.(Home)	0
mail Address		Special Remark			eCode	To V
×	® No ○ Yes	TCA	No ○	Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50		Private Hire	Yes
Accident Details						
gort Date	13/01/2020 22:16	Accident Report Within 24 h	rs. Yes.		Acodent Type	Consion - Change / Cross sane
ste of Accident	10/01/2020	Time of Acodem finimm			Country of Accident	
	10/01/2020		17:25			Singapore
porting Centre		Orange Force			3CM No.	
cident Location	QUEENSWAY TWOS PORTSDOWN AVE					
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess		100.00		
Standard Excess	2,000.00	TP Standard Excess		1,500.00		
D OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
ditional Excess	0					
tal OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00		
Benefits						
GST Registered Informa	ation					
T Registered	No		8	ST Registration Date		
T Registration No.		QST Status Venfied		Yes		
dification History						
33						
Policyholder Halling Ad	dress					
idress 1	29 FERNVALE ROAD	Address 2	#(5.35	HIGH PARK RESIDENCE	Address 3	SINGAPORE 797416
	ET TEATHORE NOME					
dress 4		Address Type		e address	Post Code	797416
it No.	07-262	Relebed Policy Number	5101313	914-01		
Ol Driver Info						
iver Name	RAYMOND ISAIAH PHUA HWEE CHIEW (PAN HUSQUI)	Driver Type	Main Dri	rer		
named driver Name		Driver NRIC	5792901	7A	Driver DOB	14/09/1979
gister Date of Driver License	11/04/2002	Driver Age	40		Driving Experience	17
	96752722				Contact No. (Home)	0
ntact No.(Mobile)		Contact No.(Office)				
dress I	29 FERNVALE ROAD	Address 2		RK RESIDENCES	Address 3	SINGAPORE 797416
dress 4		Address Type	Singapor	e address	Post Code	797416
it No.	13-37					
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
gasergo carr						
claration						
eathalyser or Blood Test	0 mg	Any injury?	® Vest (	`No		
rading?	5.00	100	2144			
diffication History						
Claim 001 New						
im Type •	00-MX	Insured Name	RAVECE	D ISAIAH PHUA HWEE I	Insured NRIC	S7929097A
	96752722	Contact No.(Home)	Control of	The state of the s	Contact No.(Office)	
ntact No.(Mobile)			W. C. C.			CHROLICAY
ail Address	raymondiphc@gmail.com	OI Vehicle Number	SKH603		TP Vehicle Number	G882160Z
imant Type Claimant Type *	Please Splect	Type of Benefit +	Please 9	elect		
ument Name *	25	Claimant NRIC *				
imant Address					years and	P
im Description	SKH6039C / GBB2160Z ON 10 Jan 2020				Name of Preferred Works	Pop
ferred Workshop Contact		Insured Liability *	Not at F	aut v		
	N			The second second second	GIA STATE	[Baratina
quire Finalisation	Yes.	Preferend Repair Option	prreterre	d Workshop, Name unknown	GIA report	Received
te Registered	13/01/2020 22:17	Claim Close Date			Date Received	13/01/2020 00:00
port Taken By	Jackson					
Print AK letter						
			- Anna Anna Anna Anna Anna Anna Anna Ann	activities .		
			Save S	ubme		
Attachment						
cident No.	MT/1079909	Claim No.		001		
et Doc. Received	● Yes ○ No	Upload Date		13/01/2020 22:18		
NEW TOTAL	5367 40030 0000	0,000,000			Confidential	ment & Describer
	Path +	711-0		Category *		irgency • Description
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		100000000	-	MANUAL CONTROL	3 17 17 17 17 17 17 17 17 17 17 17 17 17	TOTAL MERCITS
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