| 1 1/410 111 11100 - 11.440 | Late dans de la lace | Date & Time Completed | Done by |
|---|--|---|--|
| Date In: 13/120-15:45 | Jeb description | Date & Time Completed | Done oy |
| Ref No: Ma INC WOUSENMY | SAS e-filing | 1 | |
| Veh No: 51877 61c | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A : 11/10 1155 | i-Motor Claim Form | M7 1079910-031 | 13/1/20 W:31 |
| OD P ! Reporting Only | i-Motor W/O (Within: OD 2h | rs, 7P 4hrs) | |
| ob to haparing only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| 11 mater. | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: Veh No: PBG | WWI INC |)/Non-INC() | 9 |
| Owner / Driver: (| | Tel: |) |
| Policy No: () Perio | od: () | Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| | ote-Est. Status (WO): N: 0-2 | 20%; P: 21-79%. P: 80- | 100%] |
| The state of the s | arranty: YES ()/NO (|) | |
| Excess: (\$) Loading: \$1,000 | 0()/\$2,000() | | |
| General Remarks;- | | | wet Street |
| () Walk-In Customer: Customer's inform | nation strictly Confidential & S | trictly NO refer of repairer. | The state of the s |
| () Total Loss Case : to e-mail Insurer | URGENTLY. | | 53 |
| Drive-In ()/ Towed-In (); Invoice: | YES()/NO(); | Towing Co: (| .) |
| Remarks; (INC hotline: 6788 6616) | | Date&Time Completed | Done by |
| | urtesy Car () | | X |
| -, pp. o. Timble it in mance () Co. | urics) car (| CONTRACTOR CONTRACTOR PROPERTY OF CONTRACTOR | |
| | () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300] | () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | | - | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | | | 78.08.C.3.33. |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions | | paration Chrckdist | Amt (5) Amt (|
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions | | paration Chrcklist Reporting (\$30); | Amt (5) Amt (fit Bill Add B |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions Actions | Invoice Pre 1) AR: Acciden 2) DA: Damage | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$ | Anit (5) Anit (1) 1 Bill Add B |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions January: | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I | paration Checklist: tReporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 | Amt (5) Amt (fst.Bill Add B 80) 0/\$45 \$120 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions Actions January's Particulars's- iver/Owner: | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 | paration Chrcklist tReporting (\$30); Assessment (\$100); INC (\$170); Fee \$40 through Survey Through Survey (Resurvey) | Amt (5) Amt (19t Bill Add B 80) 0/545 5120 530 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions alimant's Particulars:- iver/Owner: | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe | paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Fee \$44 Prough Survey Prough Survey (Resurvey) Resinst INC Only (wef 10 Jan 200); Chion | Amt (5) Amt (fit Bill Add B 80) 0/\$45 \$120 \$30 5) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions alimant's Particulars:- iver/Owner: | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA | paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Fee \$40 Prough Survey Prough Survey (Resurvey) Resinst INC Only (wef 10 Jan 200); Chion + SMRT Survey | Amt (5) Amt (1) Bill Add B 80) 0/\$45 \$120 \$30 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions dimant's Particulars: iver/Owner: ontact No: amaged Portion: | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD* | paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Ree \$40 Prough Survey Prough Survey (Resurvey) Resinst INC Only (wef 10 Jan 200); Chion + SMRT Survey Onal Services. | Amt (5) Amt (f)t Bill Add B 80) 0/\$45 \$120 \$30 5) \$75 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions January: Janua | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD.* *N5: Courtes) | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Fee \$40 Prough Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services:- Car/Tpt Allowance | Amt (5) Amt (fit Bill Add B 80) 0/\$45 \$120 \$30 5) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Liminant's Particulars: inter/Owner: Inter No: Inter | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 3 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD* *N5: Courtesy *N6: Repair C *N7: Fost Rep | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); Prough Survey (Resurvey) Rejinst INC Only (wef 10 Jan 200); Chion + SMRT Survey Conal Services: Confort Allowance Conordination Contribution | Amt (5) Amt (1) Bill Add B 30) 0/545 5120 530 5) 575 \$160 \$5 \$10 \$25 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions Actions Injury: Injury: Checked by (Engr-In-Charge): Injury: Injury: Checked by (Engr-In-Charge): | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For elairing s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD.* *N5: Courtes) *N6: Repair C *N7: Fost Res *N8: DV / Co | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100); Prough Survey Prough Survey (Resurvey) Resinst INC Only (wef 10 Jan 200); Chion + SMRT Survey Resurvey | Amt (5) Amt (1) Bill Add B 80) 0/\$45 \$120 \$30 5) \$75 \$160 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions Injury: Injury: Date/Time Actions Injury: Injury: | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For elairing s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD.* *N5: Courtes) *N6: Repair C *N7: Fost Res *N8: DV / Co | paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Prough Survey Prough Survey (Resurvey) Igainst INC Only (wef 10 Jan 200); Ction + SMRT Survey Onal Services: Cer / Tpt Allowance In-ordination Inspection Rect Excess Coordination (Non INC) against INC | Amt (5) Amt (1) Bill Add B 80) 0/\$45 \$120 \$30 5) \$75 \$160 \$5 \$10 \$25 \$30 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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

| THE RESIDENCE OF THE PARTY OF T | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 13/01/2020 15:45 |
| Date Of Accident | 11/01/2020 11:55 |
| | BEDOK NORTH RD |
| Exact Location Of Accident | SINGAPORE |
| Country/State of Loss | |
| | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJL8776K |
| Insured/Policyholder | |
| Name Of Registered Owner | PANG LAI HOCK |
| NRIC No | SXXXX135A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96697146 |
| Alternative Phone No | OFFICE-96697146 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH 1.8 AUTO |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5096343202-02 |
| Cover Note Number | |
| Driver | |

Driver

PANG LAI HOCK Name of Driver SXXXX135A NRIC No 03/04/1962 Date Of Birth OUTDOOR Occupation 12/10/1982 Date Of Driving Pass 37 YEARS AND 2 MONTHS Driving Experience MALE Gender (LOCAL) +65-96697146 Mobile Number Fax Number OFFICE-96697146 Contact Number

NOEMAIL EMail Address

BLK 496D TAMPINES AVENUE 9 Address

#10-542

520496 Postcode

Was driver an employee of the Insured's Company

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 DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

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)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

1

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FBG2621J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

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

Page 2 of 16

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

PANG LAI HOCK

BODY

SJL8776K

YES

NO

Page 3 of 16

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the 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)

Lunderstand, 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, involces, 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.

Policyhorder's Signature

Date & Mme:

Orlver's Signature

(If driver is not the policyholder)

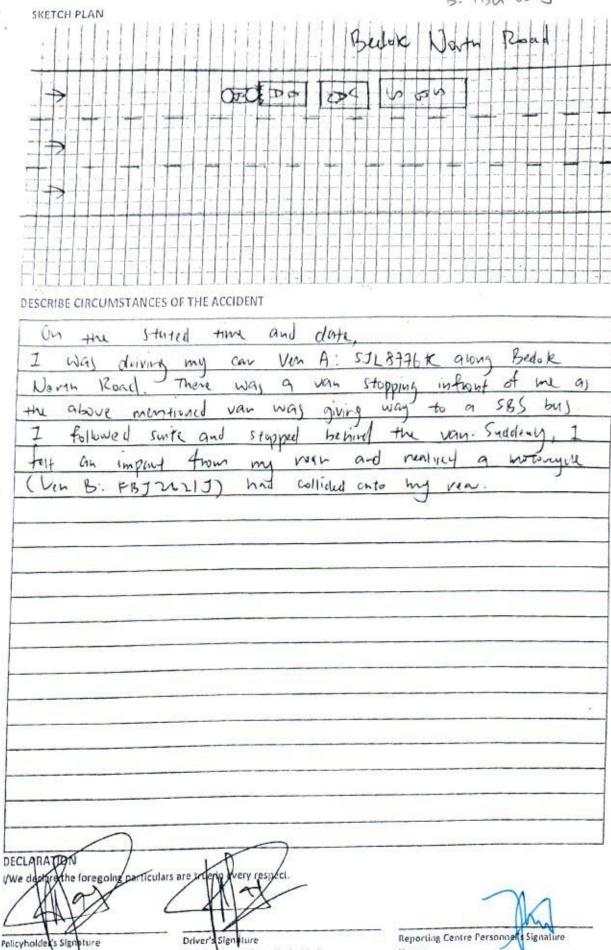
Date & time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

A: SJL8776K B: FBG2621J



(If drive is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

anima Standalanian VS

Date & Time:

| Date of Accident | 11 01 2020 Accident Time: 1155 (24-HR-Format) |
|--|---|
| Accident Place | Bedok Novth Road |
| Vehicle Reg. No. (Car Plate No.) | SJL 8776K |
| Vehicle Make/Model | TOYOTA WISH |
| Insurance Company | : NTUC Policy No. 5096343202-02 |
| Owner or Company Name /IC No | o. : PANY LAL HOCK S1545135A |
| Owner or Company Contact No. | : 9669 7146 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | · · · · · · · · · · · · · · · · · · · |
| DRIVER'S Date Of Birth | : 03/04/1962 DRIVER'S License Pass Date 12/10/1982 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: |
| DRIVER'S Address | : BLK 496D TAMPINES AVE 9 # 10-542 (5204 |
| DRIVER'S Contact No./ Alt No. | :1)2) |
| DRIVER'S Occupation | : INDOOR (OUTDOOR & g. working inside or outside office) |
| Email Address | : WILLIAMPLH & @ GMAZL. COM |
| Weather & Road Surface | :CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET |
| Reporting Type | : Reporting Only Claim Other Party Claim Own Insurance |
| Number of Passengers (Including | g Driver): 01 (1 Day MC) |
| Was there any video Captured by Exact purpose for which vehicle | y car camera: (ES) NO was being used at the time of accident Private use) Work purpose |
| Othe | er Party Driver's Particular (if anv) |
| Vehicle Reg. No: FBG | 2621J Vehicle Reg. No: |
| Vehicle Make\Model: | |
| Name Driver: | N. Dilam |
| IC No. Driver: | ICM D. |
| Driver's Contact & Add: | Division Contract & Add: |

* * * * * *

| eBaoTech | General | | | | | | | lClaim | | | |
|------------------------|----------|-------------------|-----------------------|----------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | · Change | Languag | • Chan | ge Password | Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | io. | | | | Date o | f Accident | | 1/01/2020 1 | 11:55 | |
| | Vehicle | No.(For Matar) | SJL8776 | 5K | | Certific | cate Number | | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5096343202- 02 | | PANG LAI HOCK | S1545135A | GPC | drivo CLASSIC | SJL8776K | SJL8776K | 15/12/2019 | 14/12/2020 |
| | | | | | C | Continue | | | | | |

| Sequer | nce Date of Endorsem | ent | Endorsemer | nt Type | Endorsement | Status | Endorsement Content |
|-----------------------------------|----------------------------|-----------------------------------|-----------------|-------------------|-------------------------|-----------------|-----------------------------|
| ♥ Endors | sements | | | | | | |
| ♠ Insure | d Object: SJL8776K | | | | | | |
| Jnit No. | | Relate Numb | ed Policy er | 5096343202-02 | | | |
| Address 4 | | | ss Type | Singapore address | | Post Code | 520496 |
| Address 1 | BLK 496-D #10-542 | Addre | ss 2 | TAMPINES AVENUE | 9 | Address 3 | SINGAPORE 520496 |
| Policy! | nolder Mailing Address | | | | | | |
| Certificate Info | | | | | | | |
| Open Policy Info | | | | | | | |
| nsurance Flag | No | | | | | | |
| Σο- | | 128/12/12/12 | | | | | |
| Agent | META AGENCY PTE, LTD. | Agent Tel. | 98585076 | | GST Flag | Y | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | | Young | /Inexperience Driver Excess |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Third Party Excess | 0 | damage Excess | 600 | | Excess | 100 | |
| Type | Per Accident | Own | | | Windscreen | | |
| ssue Date excess | | Date All Claims | 21/21/21/21 | | | 500,000,000,000 | |
| lame Policy | 19/11/2019 | Effective | 15/12/201 | 9.00:00 | Policy Flag Expiry Date | 14/12/2020 2 | 3:59 |
| roduct | PRIVATE CAR INSURANCE | Plan | | | Group | N | |
| Certificate No. Address | BLK 496-D #10-542 TAMPINE: | S AVENUE 9 STA | IGAPORE 52 | 0496 | | | |
| olicy No. | 5096343202-02 | Policyholder Name | PANG LAI | HOCK | Policyholder NRIC | S1545135A | |

| Claim Handling | | | | | |
|---|-------------------------------|----------------------------------|---|--|--------------------------|
| Accident MT/1079910 | | | | | |
| Policy No. | 5096343202-02 | Vehicle No. | SILA776K | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | PANG LATHOCK | | | Policyholder MRIC | S1545135A |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | grave CLASSIC | Loading | 0 |
| Comact No.(Mobile) | 95697146 | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| KFK . | ® No. ◯ Yes | TCA | ® No ○ Yes | eCode Reason | |
| | | NCD Entitlement(%) | 50 | Private Hire | No |
| NCD Protection | Yes | MCD Challeng (N) | | 1000000000 | 0.500 |
| Accident Details | PSPOR REVISERANCES | NY CORPORATO DE CONTRACTO DE CAL | 13020 | Acceptant from | Collision - Head to Rear |
| Report Date | 13/01/2020 22:29 | Accident Report Within 24 hrs | Yes | Academ Type | |
| Date of Accident | 11/01/2020 | Time of Accident nh:mm | 11:55 | Country of Accident | Singapore |
| Reporting Centre | | Grange Force | | TCM No. | |
| Accident Location | BEDOK NORTH RD | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | | | | | |
| OD Standard Excess | 600,00 | TP Standard Excess | 0.00 | | V1520000000 |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |
| ▽ Benefits | | | | | |
| ⇒ GST Registered Inform | ation | | | | |
| SST Registered | No. | | GST Registration Date | | |
| GST Registration No. | | | GST Status Verified | Yes | |
| Modification History | | | | | |
| | | | | | |
| Policyholder Mailing Ac | ldress | | | | Literative Congression |
| Address 1 | SLK 496-D #10-542 | Address 2 | TAMPINES AVENUE 9 | Address 3 | SINGAPORE 520496 |
| Address 4 | | Address Type | Singapore address | Post Code | 520496 |
| Unit No. | | Related Policy Number | 5096343202-02 | | |
| G OI Driver Info | | | | | |
| Driver Name | PANG LAI HOCK | Driver Type | Main Driver | | |
| unnamed driver Name | | Driver NRIC | S154S135A | Driver DOB | 03/04/1962 |
| Register Date of Driver License | 12/10/1982 | Driver Age | 57 | Driving Expenence | 37 |
| Contact No.(Mobile) | 96897146 | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| Address 1 | BLK 496-0 | Address 2 | TAMPINES AVENUE 9 | Address 3 | SINGAPORE 520496 |
| | 965 795 9 | Appress Type | Singapore address | Post Code | 520496 |
| Address 4 | 10-542 | Addition (fpc | CAPITATION OF THE PROPERTY OF | | |
| Unit No. Does he own a Singapore | | | | Driver Insurar Company | |
| Registered car? | ○ Yes ® No | Driver Vehicle No. | | Univer traurar company | |
| | | | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ® Yes ○ No | | |
| | | | | | |
| Modification History | | | | | |
| Life and the same of the same | | | | | |
| Claim 001 New | | | | | |
| ALCO CONCERNO | | | | | |
| | | | 1 | \$65 A \$272 | Average age |
| Claim Type * | OD-MX | Insured Name | PANG LAI HOOK | Insured NRIC | \$1545135A |
| Contact No.(Mobile) | 96597146 | Contact No.(Home) | 96697146 | Contact No.(Office) | |
| Email Address | | Ol vehicle Number. | 53L8776K | TP Vehicle Number | FBG26213 |
| Claimant Type Claimant Type | Please Select Y | Type of Benefit * | Please Select. | | |
| Claimant Name * | 2 | ≥ Claimant NRIC * | | - Fg | |
| Claimant Address | | 2501 | | TO COMPANY OF THE PARK THE TO SEE | |
| Claim Description | SJL8776K / FBG2621J ON 11 Jan | 2020 | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| No. Require Finalisation | Yes V | Preferend Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 13/01/2020 22:31 | Claim Close Date | | Date Received | 13/01/2020 00:00 |
| Report Taken By | Jackson | PARTICIPATION (TRESTOR | ** | | |
| | pull November | | | | |
| Print AK letter | | | | | |
| | | | Save Submit | | |
| Attachment | | | | | |
| - comment that | | | | | |
| v | | | | | |
| Accident No. | MT/1079910 | Claim No. | 901 | | |
| Last Doc. Received | ® Yes ○ No | Upload Date | 13/01/2020 22:33 | | |
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| | Path * | 119070 | Category * | The second second | garley someone |
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