Date In: 141/10 15:18	Jeb descript		Date & Time Completed	I De	ne by
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Ref No: NA INC 2000874 Pry	SAS e-filir		1		
Vch No: JMG32 533		hin 8hrs, AIC 2hrs)			
D.O.A: 10/1 /20 1250	i-Motor C	laim Form	WJ 1088021-04	14/1/20	15:40
OD (TP) Reporting Only	i-Motor W	O (Within: OD 2hrs	, TP 4brs)	(company	
	i-Photo Up	oloaded			
TP Insurer:	Assessment	Survey Report	İ		
	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: FE8	218 pm	INC ()/Non-INC()	- 3	
Owner / Driver: (7/11/2007	Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
The second secon	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,00	0()			
General Remarks:					
The state of the s					
		or to read or over the control of the late of the			
			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/C	Courtesy Car ()	Date & Time Completed	Don	e by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()	Date& Lime Completed	Don	e by
1) Apply for Transport Allowance ()/C	()))	Date&Turie Completed	Don	e by
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	()))	Date&Turie Completed	Don	e by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	()	Date&Time Completed®	Don	èby
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions aimant's Particulars:	(1) AR : Accident Re 2) DA : Damage Ass	ration Checklist porting (\$30);	Anic (s)	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Limant's Particulars:	(1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Thro	ration Checklist: porting (\$30); tessment (\$100); INC (\$86 \$400	Anic (\$) 7st Bill 0) 545 120	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	(1) AR: Accident Re 2) DA: Damage Ass 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist porting (\$30); lessment (\$100); INC (\$80); agh Survey \$ agh Survey (Resurvey)	Ant (\$) Ist Bill (\$45 120 \$330	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions dimant's Particulars::	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection	ration Checklist porting (\$30); lessment (\$100); INC (\$80) study Survey (\$100); agh Survey (Resurvey) ast INC Only (wef 10 Jan 2005)	Anit (\$) 1st Bill 545 120 530	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Limant's Particulars: ver/Owner:	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idac DA + S1	ration Checklist: porting (\$30); lessment (\$100); INC (\$80) agh Survey \$ agh Survey (Resurvey) ast INC Only (wef 10 Jan 2003) MMRT Survey \$	Anic(\$) 1st Bill 1) 545 120 \$30	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Liminat's Particulars: ver/Owner: Intact No: maged Portion:	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional	ration Checklist porting (\$30); lessment (\$100); INC (\$80 \$40/ ligh Survey (\$200) list INC Only (wef 10 Jan 2005) limits MRT Survey \$200 Services:-	Ante(\$) 1st Bill 0) 545 120 530 575	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Liminal Actions Liminal Serviculars: Liver/Owner: Intact No:	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional OD* *N5: Courtesy Ca:	ration Checklist porting (\$30); lessment (\$100); INC (\$80 \$40/ ligh Survey (\$2005) list INC Only (wef 10 Jan 2005) limits MRT Survey \$2005) Services:-	Anic(s) Tst.Bill 0) \$45 120 \$30 \$75 160	Amt
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Mimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional OD* *N5: Courtesy Ca: *N6: Repair Co-on *N7: Fost Repair Ca-on	ration Checklist porting (\$30); lessment (\$100); INC (\$80) agh Survey (Resurvey) ast INC Only (wef 10 Jan 2005) MRT Survey S Services:- '/ Tpt Allowance dination aspection	Ante(\$) 1st Bill 0) 545 120 530 575	Amt ()
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions dimant's Particulars:: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional OD: *N5: Courtesy Ca: *N6: Repair Co-or *N7: Fost Repair 1 *N8: DV / Collect	ration Checklist: porting (\$30); lessment (\$100); INC (\$80) agh Survey (\$20) ast INC Only (wef 10 Jan 2005) MRT Survey \$20 Services: If Tpt Allowance dination aspection Excess Coordination	Anic(s) Tst.Bill 0) S45 120 \$30 \$75 160 \$5 50 525 55	Amil
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Mimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspection 7) N1: Idae DA + S) 8) NTUC Additional OD: *N5: Courtesy Ca: *N6: Repair Co-or *N7: Fost Repair 1 *N8: DV / Collect	ration Checklist: porting (\$30); lessment (\$100); INC (\$80) agh Survey (Resurvey) ast INC Only (wef 10 Jan 2005) MRT Survey Services: 7 Tpt Allowance dination aspection Excess Coordination	Anit (\$) Ist Bill 345 120 \$330 \$75 160 \$55 \$50 \$225 \$55 \$20 30	Amil

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
- 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 PERSON NAMED IN STREET, SAID OF THE PERSON NAMED IN	ACCIDENT STATEMENT
Date Of Report	14/01/2020 15:28
Date Of Accident	10/01/2020 20:50
Exact Location Of Accident	JALAN BESAR TWDS ROCHOR CANAL RD
Country/State of Loss	SINGAPORE
A STATE OF THE STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG3233J
Insured/Policyholder	
Name Of Registered Owner	CHUN DENIS CAROL
NRIC No	SXXXX774D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85184659
Alternative Phone No	OFFICE-85184659
/ehicle Particulars	5.1.62 65.64665
Manufacturer	MITSUBISHI
fodel	TOWN BEE
xact Purpose for which vehicle was being used a me of accident	
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
surance Company	
ame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
/pe Of Coverage	THIRD PARTY
eet Policy	NO
olicy Number	5107938817-01
over Note Number	SOMEONI TOTAL COLUMN A
river	
ame of Driver	CHUN DENIS CAROL
RIC No	SXXXX774D

NRIC No. SXXXX774D Date Of Birth 27/07/1990 Occupation INDOOR Date Of Driving Pass 21/02/2019

Driving Experience 0 YEAR AND 10 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-85184659

Fax Number

Contact Number OFFICE-85184659

EMail Address NOEMAIL

BLK 2 LORONG 7 TOA PAYOH Address

#04-05

Postcode 310002

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

2

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200111/7022.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FE8180M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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.
- 3 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 flability.
- 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 losurers 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 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, 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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DESCRIBE CIRCUN	ASTANCES OF THE ACCIDENT	
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KENT 10	Puliu Report	
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	The state of the s	
CLARATION		
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	articulars are true in every respect.	
	irticulars are true in every respect.	- M
ann		M
	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

Date of Accident	10/1/2020 Accident Time: 20 50 (24-HR-Format)
Accident Place	: Julian Besur Koud before Rucher (and Road
Vehicle Reg. No. (Cer Plate No.)	
Vehicle Make/Model	: Mitsubishi - Town Bec
Insurance Company	NTU C Policy No.
Owner or Company Name /IC No.	2 2
Owner or Company Contact No.	: 8518 4659 Owner's Hp Company Tel
DRIVER'S Name / IC No.	Chun Dans (and 54026774 D
DRIVER'S Date Of Birth	:DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OW no
DRIVER'S Address	: Blk 2 Lorung 7 Tou Payor # 04-05. 3/00
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	(: INDOOR)OUTDOOR (e.g. working inside or outside office)
Email Address	: ADmin e my car. sq
Weather & Road Surface	CLEAR & DRY TRAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 0/ No in ycy
Was there any video Captured by ca Exact purpose for which vehicle was	
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: FE8/80 M	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle MakeWodel:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	





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

1 of 3 Report No. T/20200111/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 11/01/202	e Report N 20 19:38	Made:	Vide Report No.:	Station Diary No.:			
Informan	t's Partic	ulars	The second of the second of the second				
	Informant: ENIS CAR		Address: APT BLK 2 LORONG 7 TOA PAYOH #04-05 SINGAPORE 310002				
ID Type / ID No.: NRIC NO / S9026774D			Contact No.: Home/Office: Mobile: 85184659				
Nationality: SINGAPORE CITIZEN			Email: deniscarolc@gmail.com				
Sex: Female	Age: 29	Date of Birth: 27/07/1990	Type of Informant: Driver				
Race; Chinese			Language: English	Institution / School Name:			
Occupation SELF EM			Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2020 20:50	Type of Location X-Junction
Location: JALAN BESA	IR.			
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled	The state of the s	Traffic Volume: Light
	ion:		Anyone conveyed by	

Details of V	ehicle Involve	n .	A SHAPLESTA			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FE8180M	Motorcycle				Slightly Damaged	0
SMG3233J	Car	MITSUBISHI	TOWN BEE	Black		0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SMG3233J	NTUC Income Insurance Co-Operative Limited	5107938817-01	24/12/2019	23/12/2020			





2 of 3

Report No. T/20200111/7022

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

CONTINUATION OF REPORT

Details of Pers	the first of the second of the	15 10 10	1 7a	F#	
Any Pedestrian		And the second second second	1		777.49
No. of Pedestria	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Rider Address	AZIM	1.2. Shoulderen x	300	0 0.00	ming. NA
Name	AZIM		ID No.		NIL
Related Vehicle	FE8180M (Motorcycle)	Contact No.		83337454	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Date Discharge NIL Degree of Injury Slight			
Driver	A SCHOOL STREET HOUSE, CARLON	Degree 0	injury	Slight	
Name	CHUN DENIS CAROL	LOS CHE CONTRACTOR	ID No		S9026774D
Related Vehicle	SMG3233J (Car)			ct No.	85184659
Hospital/Clinic	NIL			of e & Date	Class: 3 Date of Expiry: NIL
ate Treatment	NIL	Date Disch	narge I	NIL	
lo. of Days grant	ed Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

I was travelling along Jalan Besar Road turning right into rochor canal road in my vehicle SMG3233J. It I was travelling along Jalan Besar Road turning right into rocnor canal road in my venicle SMG3233J. It was green light throughout the time i was driving straight then making a turn to rochor canal road. I was on the 2nd lane which can either go straight or turn right, but when i make the right turn i felt a impact on my right door and realise that a motorbike bearing FE8180M has collided onto my car. The motorbike is on a turn right only lane but i think he is actually trying to go straight. We shifted our vehicles to the side of the road as not to block the traffic and i check if he is injured. I ask if he needs an ambulance but the rider to the side of the road as not to block the traffic and he does not have a deah company. told me that he is fine and not injured, and he does not have a dash camera. I mention that i do have a in car camera and we exchange contacts and left. When I was driving back he text me and claims that he fracture his arms and he only mention that he felt giddy at 2300 after he went to the hospital for medical examination. I am lodging this report as the rider told me that he is given 3days and above MC by the





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

3 of 3 Report No. T/20200111/7022

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	nla

NP168

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: 11/01/2020 19:38
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

eBaoTech	2279.01		1000			E TOTAL				Gener	alClaim
Hello, NAC_PAYA_UBI_80		cy Query					· Chang	e Languag	e · Char	ge Password	800,410
	Policy Vehicle	No. (Far Motor)	SMG32	33)			of Accident		10/01/2020	20:50	
	Select Policy No.				Search						
		Policy No. 5107938817-	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	01		CHUN DENIS CAROL	S9026774D	GPC	Third Party	SMG3233	5MG3233)	24/12/2019	23/12/2020

Sequence	Date of Endorsement	En	dorsement	Type	Indorsement S		Endorsement Content
Endorse	ments						
Insured	Object: SMG32333	Hollinger					
nit No.	04-05	Related Number	Policy	5107938817-01	,	ost Code	310002
ddress 4	SINGAPORE 310002	Address	Туре	Singapore address		ost Code	KIM KEAT COURT
ddress 1	BLK 2 #04-05	Address	2	LORONG 7 TOA PAY	OH A	ddress 3	and the second of the second
Policyho	older Mailing Address						
ertificate nfo							
pen olicy Info							
lo- nsurance lag	No						
lgent	JG MOTOR AGENCY	Agent Tel.	63440727	•	GST Flag	Y	
Singapore OD Excess		Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Additional Excess Outside		OS Premium	0				
Third Party Excess	٥	Own damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	24/12/2019	Effective Date	24/12/20	119 00:00	Policy Flag Expiry Date	23/12/2020 23:59	
Product Name	PRIVATE CAR INSURANCE	Plan		J10002	Group	N	
Address	BLK 2 #04-05 LORONG 7 TOA	РАҮОН КІМ КЕ	AT COURT	SINGAPORE 310002			
Certificate No.		Name	CHON D	ENIS CAROL	NRIC	590267740	
Policy No.	5107938817-01	Policyholder	CHURCO	ENIS CAROL	Policyholder		

Accident MT/1080035 Policy No.						
Policy No.						
Certificate No.	5107938817-01	Vehicle No.	\$MG32333		GST Registration No.	
Policyholder Name	CHUN DENIS CAROL					
Product Code	PRIVATE CAR INSURANCE	Cover Type			Policyhalder NRSC	590267740
Contact No (Mobile)	85184659	Contact No. (Office)	Third Party		Loading	0
Email Address		Special Remark	0		Contact No. (Home)	0
KFK	® No O Yes	TCA	00		eCode	- ×
NCD Protection	No	NCO Entitlement(%)	® No ⊜ Yes		eCode Reason	
Accident Details		Linde Comment (46)	10		Private Hire	No
Report Date	14/01/2020 15:38	Accident Report Within 24 h	and of the Late			
Date of Accident	19/01/2020	Time of Accident titl min			Acodem Type	Collision - Cross Junction
Reporting Centre			20:50		Country of Academ	Singapore
Accident cocation	JALAN BESAR TWOS ROCHOR CANAL RD	Grange Force			ICM No.	
▼ Total Excess Applica	ble					
Excess Type	Per Accident	Windscreen Excess		0.00		
00 Standard Excess				0.00		
VIED OD Excess	0.00	TP Standard Excess		0.00		
Additional Excess	0.00	YIED TH Harmes		0.00	Driver is Covered?	SOURCE TO SERVICE TO S
Total OD Excess Applicable					55.512.75.8500.000	Covered
♥ Genefits	0.00	Total TP Excess Applicable		0.00		
GST Registered Infor	mation					
GST Registeres	No					
GST Registration No.	200 H		GST Registration			
Modification History			GST Status Verifi	hd .	Yes	
22 Bollechard	1927					
Policyholder Mailing A	Address RK 2 #04-05					
Address 4		Address 2	LORDING 7 TOA PAYOH		Address 3	KIM KEAT COURT
Unit No.	SINGAPORE 330002 04-05	Address Type	Singapore address		Post Code	NIM KEAT COURT
OI Driver Info	VF-90	Related Policy Number	5107938817-01		10 10 10 10 10 TO	ALVANA.
Driver Name	CHEN DENIS CARD					
Unnamed driver Name	CHUN DENIS CAROL	Driver Type	Main Driver			
Register Date of Driver License	■ 21/02/2019	Driver NRIC	590267740		Driver DOB	27/07/1990
Contact No.(Mobile)	85184659	Driver Age	29		Driving Experience	0
Address 1	BLK 2	Contact No.(Office)	0		Contact No.(Home)	0
Address 4	SINGAPORE 310002	Address 2	LORONG 7 TOA PAYON		Address 3	KIM KEAT COURT
Init No.	04-05	Address Type	Singapore address		Post Code	310002
Does he own a Singapore Registered car?	○ Yes ® No	Driver Valuele No.				\$51304W601
		DUACT ABUILDING MO.				
		Driver versele No.			Driver Insurer Company	
eclaration		Driver varietie No.			Driver Insurer Company	
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