Date In: VS 1ho-14:VS	tre Services wet a samosing	MAINOUN 79		
Date III. VSI I/W 215: VS	Jeb description	Date &Time Completed	Done by	Y
Ref No: NA INCLOSIYUIZY	SAS e-filing			
Veh No: JKprzzy	E-mail (within Shrs, AIC 2hrs)	=======================================		
D.O.A: Milw-10:42	i-Motor Claim Form	M7/108/59/-001	23/1/20 16	:74
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD TP)' Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No.		(,)/Non-INC()		
Owner / Driver: (Tel:)	
555/15 (446-4400) 155-460 (456-460)	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-	V. CONTROLLED TO THE CONTROL OF THE	THE SECOND SECOND	17 and 18 and 18	- TO
() Walk-In Customar : Customer's in	CANADA SALAMAN AND AND AND AND AND AND AND AND AND A			
		Outday 110 1010		
() Total Loss Case : to e-mail Ins		Towing Co. ()
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO()	, Towing Co. (47-721-X 19 20-25	70.
Remarks: (INC horline: 6788 6616)	Date&Time Completed	Done	y
	/ Courtesy Car ()	*		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >				
31 Obload Resulvey Photo Repair Cost	\$3000]			-
	\$3000]			
Injury:	\$3000]		· · · · · · · · · · · · · · · · · · ·	
Injury:	\$3000]		11854 Oct 11	
Injury:	\$3000]		(
Injury:	\$3000]			
Injury:	\$3000j			
Injury:	\$3000j		\$255000.3F-	
Injury:	\$ \$3000j			akeyt
Injury: Date/Time Actions	•	Preparation Checklist.	Ant (S)	Commission.
Injury: Date/Time Actions New 0084~	Invoice I	dent Reporting (\$30);	Ant (S)	Commission.
Injury: Date/Time Actions New 0084~	Invoice I 1) AR : Acci 2) DA : Dan	dent Reporting (\$30); age Assessment (\$100); INC	Ant (S)	Commission.
Injury: Date/Time Actions New 0084~ Liumant's Particulars:-	1 Invoice I 1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo	dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey	Ant (5) fit Bill (\$80) 540/\$45 \$120	Commission
Injury: Date/Time Actions Naw 0084~ Inimant's Particulars:- Driver/Owner:	1) AR: Acci 2) DA: Dar 3) TF: Tolle 5) FT: Fulle	dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey)	(\$90) 540/\$45 \$120 \$30	Commission
Injury: Date/Time Actions Naw 0084~ Claimant's Particulars:- Oriver/Owner: Contact No:	Invoice I 1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-i	dent Reporting (\$30); lage Assessment (\$100); INC (lage Assessment (\$100); INC (\$100); INC (\$100); lage Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); lage Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); lage Assessment (\$100); lage Assessment (\$100); INC (\$100); lage Assessment (\$100); lage Assessment (\$100); INC (\$10	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75	Commission
Injury: Date/Time Actions New 0084~ Claimant's Particulars:- Oriver/Owner: Contact No:	1 Invoice I 1) AR : Acci 2) DA : Dan 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-i 7) N1 : Idao	dent Reporting (\$30); age Assessment (\$100); INC (ng Fee (\$100); INC (w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 2) aspection DA + SMRT Survey	SS0) (\$40/\$45 \$120 \$30	Control (September 1988)
Date/Time Actions Navosy Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	1) AR: Acci 2) DA: Dan 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idao 8) NTUC Accord OD.	dent Reporting (\$30); age Assessment (\$100); INC (ng Fee (\$100); INC (ng Assessment	SS0) (\$40/\$45 \$120 \$30 (95) \$75 \$160	Control (September 1988)
Date/Time Actions Naw 0084~ Claimant's Particulars:- Oriver/Owner: Contact No: Date/Time Actions	Invoice I 1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folle 5) FT: Folle 6) TR: Re-i 7) N1: Idao 8) NTUC Ac OD.* * N5: Cou	dent Reporting (\$30); lage Assessment (\$100); INC (lage Assessmen	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75	Continues.
Date/Time Actions Navosy Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Invoice I 1) AR : Acci 2) DA : Dan 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-i 7) N1 : Idao 8) NTUC A QD.* *N5: Cou *N6: Rep *N7: Fos	dent Reporting (\$30); age Assessment (\$100); INC (age Assessment (\$100);	(\$80) \$40/\$45 \$120 \$30 \$05) \$75 \$160	Commission
Date/Time Actions Nav wsv Laumant's Particulars: Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	1) AR: Acci 2) DA: Dan 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idac 8) NTUC Ac OD.* *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30); age Assessment (\$100); INC (age Assessment (\$100);	\$40/\$45 \$120 \$30 \$005) \$75 \$160 \$55 \$10 \$25 \$5	Commission
Injury: Date/Time Actions	1) AR: Acci 2) DA: Dan 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idac 8) NTUC Ac OD.* *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30); age Assessment (\$100); INC (age Assessment (\$100);	\$40/\$45 \$120 \$30 \$20/\$5 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$25 \$25 \$20 30	Amt (3) Add Bil

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.
- 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 hains made available.

	ACCIDENT STATEMENT
	Watcherson comparative published that
Date Of Report	23/01/2020 16:25
Date Of Accident	22/01/2020 20:40
Exact Location Of Accident	15 WHITE HOUSE PARK
Country/State of Loss	SINGAPORE
ELIVATIVE PER DICE CONT. NAME OF STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP2774Y
Insured/Policyholder	
Name Of Registered Owner	NG SOO HON
NRIC No	SXXXX179I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98177775
Alternative Phone No	OFFICE-98177775
Vehicle Particulars	
Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
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
f 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	5109105245
Cover Note Number	
Driver	
Name of Driver	KNG WEE BIN
NRIC No	SXXXX461G
Date Of Birth	18/07/1950

Date Of Birth 18/07/1950 Occupation INDOOR Date Of Driving Pass 18/06/1980

Driving Experience 39 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98177775

Fax Number

OFFICE-98177775 Contact Number

EMail Address NOEMAIL Address 178 LORNIE ROAD

Postcode 298715

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Briver's Own

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

Was any injured conveyed to hospital to ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver)

0

Details of Police Action

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

Vehicle Registration Number

SLA5656C

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)

1

MY VEH WAS STATIONARY AT THE GIVEWAY LINE TO GIVE WAY FOR ONCOMING VEH AT PIE EXIT SLIP RD INTO PAYA LEBAR RD.SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

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 <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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted
 to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	House	House			
	13	15			
	/ WV	chicle			7
		5LA5656C			The second
	11 1 1 1 1 1				
	-				
White House	Park \		7-1	, ,	
		1 St	mcle B7774Y		
		70	7		
111111111111111111111111111111111111111					

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCON	ISTANCES OF THE ACCIDENT
We vis	sited our friend of house no. 15 White House Park
at eve	ring time on 22 Jan. 2020. We parked our
vehick	e no SKP2774 Y along the roadside of
White	House Park apposite the gate of the
house	no. 15.
	2010, we were informed by Ms. Rachita Joi
	was from house no. 13 White House Park
	ng her vehicle no . SLA 5656C and hit
110%	our vehicle front portion. We then to
	tour vehicle with her and realized that
there is	was serious damages on the front partion
07 OUT 1	vehicle.
0	
The state of the s	
	_

DECLARATION

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

Policyfolder's Signature Date & Time:

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

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0204461G





KNG WEE BIN

康偉民

CHINESE Date of birth

18-07-1950 Country/Pixes of birth SINGAPORE 802044610



NRC No S0204461G

29-10-2018

Address.

178 LORNIE ROAD SINGAPORE 298715

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS()

PASS DATE 18 Jun 1980

6055301

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: 50204461G

Vehicle No.	SKP27144 Model/Make BMW 5231
Date of Accident	22/01/2020
Time of Accident	20HO HRS
Location of Accident	15. White house Park
Exact purpose use during	
Name of Owner	Na Seo Hon
Telephone No.	H/P:98197775 Home: Office:
NRIC	314221791
Address	178, Lornie Road Stasapore 298715
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
	5109105245
Policy No.	7101105245
Name of Driver	As Above If No, KNG WEE BIN
NRIC	S 02044619 Any Passengers:
Date of birth	18/07/1950
Occupation	Outdoor / (Indoor)
Driving License Pass Date	1817un11980
Gender	(Male) / Female
Contact No.	H/P: 90085718 Home: Office:
Address	178, Lornie Rd Singapore 278715
Driver have any own vehi	
Relationship	Employee, If no, state Husland
Weather condition	Clear Raining Other
Road Surface	(Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	(NO) II 103) WHO.
Name And Contact No.	
Police Report	(No,) If Yes, Where?
Vehicle B No.	SLA 5656C Any Passengers: O
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Witness Contact :
Witness Name	RH Front portion.
Accident Portion	
Camera Recorder	Yes / No
Email Address	19500 hon @ yahoo. com. 89
PARTICULAR WORKSHO	P TWINCAR AUTOMOTIVE PTZZTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510
WORKSHOP EMAIL ADDRE	ess sales @ n51. com. sg



Certificate of Insurance

Cover : drivo CLASSIC

: WBAFP32020C257726

MOTOR VEHICLES (T)	IIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (TH	HRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT AC	T, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5109105245 1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SKP2774Y

: NG SOO HON

: 19 May 2019

: 18 May 2020

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) WINDSCREEN EXCESS - N/A

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION ± YES TRANSPORT ALLOWANCE EXCESS WAIVER : NO PRIMARY DRIVER : NG SOO HON NAMED DRIVER (1) : KNG WEE BIN NAMED DRIVER (2) - N/A

HIRE PURCHASE COMPANY

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: JIN-SHI (HOLDINGS) PTE LTD (00000614399)

Date of Issue

: 26 Apr 2019 11:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					THE RESIDENCE OF THE PERSON OF	• Change	Language	e + Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.	7.			Date o	of Accident	- 1	22/01/2020	20:40	
	Vehicle No.(Far Motor)			SKP2774Y			Certificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5109105245		NG SOO HON	\$14321791	GPC	drivo CLASSIC	SKP2774)	SKP2774Y	19/05/2019	18/05/2020
					10	Continue					

Policy No.	5109105245	Name	NG SOO HO	JIV.	Policyholder NRIC	S1432179I	
Certificate No.							
Address	178 LORNIE ROAD CALDECOTT	HILL ESTATE S	SINGAPORE	298715			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/04/2019	Effective Date	19/05/2019	00:00	Expiry Date	18/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
	178 LORNIE ROAD	Addres	s 2	CALDECOTT HILL E	STATE	Address 3	SINGAPORE 298715
Address 1		Addres	s Type	Singapore address	- 1	Post Code	298715
Address 1 Address 4			A to Warr	######################################			
		Relate Number		5109105245			
Address 4 Unit No.	d Object: SKP2774Y			5109105245			
Address 4 Jnit No.				5109105245			

Claim Handling							
cident MT/1081591							
icy No.	5109105245		Vehicle No.	5KP2774Y		GST Registration No.	
rtificate No							
ikçyholder Name	NG SOO HON					Policyholder NRIC	514321790
oduct Code	PRIVATE CAR INSURAN	CE	Cover Type	drive CLAS	SIC	Loading	0
ontact No.(Mobile)	98177775		Corract Na.(Office)	D		Contact No.(Home)	0
mail Address			Special Remark			eCode	
FK.	® No ○ Yes		TCA	® No ○Y	es	eCode Reason	
CD Protection	Yes		NCD Entitlement(%)	90		Private Hire	No
Accident Details							
eport Date	23/01/2020 16:32		Accident Report Within 24 hrs	Yes		Accident Type	Damaged whilst parked
ate of Accidem	22/01/2020		Time of Accident hhimm	20:40		Country of Accident	Singapore
porting Centre	2012232333		Orange Force	0.0000000		ICM No.	0.000M85303.41
	Parks of the Colonia and the		Change rance			101 110	
cident Location	15 WHITE HOUSE PARK	-					
F Total Excess Applicable	6						
cess Type	Per Accident		Windscreen Excess		100.00		
					602		
Standard Excess		600.00	TP Standard Excess		0.00		
D OD Excuss		0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
ditional Excess		0					
tal OD Excess Applicable		600.00	Total TP Excess Applicable		0.00		
Benefits							
verage				Sur	n Insured		
insport Allowance				99	999999 39		
GST Registered Informa	ation						
T Registered	No			GST	Registration Date		
T Registration No.					Status Verified	Yes	
dification History							
Policyholder Mailing Ad	Idress						
idress 3	178 LORNIE ROAD		Address 2	CALDECOT	T HILL ESTATE	Address 3	SINGAPORE 298715
kiress 4			Address Type	Singapore	address	Post Code	298715
						7 001 0000	3.4007.10.
it No.			Related Policy Number	510910524			
OI Driver Info							
iver Name	KNG WEE BIN		Oriver Type	Names Dri			
named driver Name			Onver NR3C	50204461	5	Driver OOS	18/07/1950
gister Date of Driver License	18/06/1980		Onver Age	69		Driving Experience	39
mact No.(Mobile)	96177775		Contact No. (Office)	0		Contact No.(Home)	0
idress 1	178 LORNIE ROAD		Address 2	CALDECOT	T HILL ESTATE	Address 3	SINGAPORE 298715
idress 4			Address Type	Singapore	address	Post Code	298715
VE No.							
ses he own a Singapore	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
gistered car?	The section was		DOTE VENDERO			section state at conspany	
claration							
eathelyser or Blood Test							
ading?	0 mg		Any injury?	○ Yes ®	No		
diffication History							
SOURCE STATE OF THE CASE OF							
Claim 001 New							
im Type *	ОВ-ИК	TOT	Insured Name	NG SOO H	ON	Insured NRJC	514321791
Maria Salaman	V5.70016	2		714 SOU H	7.11		#47-46-4791
ntect No.(Mobile)	95444479		Contact No.(Home)			Contact No.(Office)	
ail Address	production and the same of the	- Second	Of Vehicle Number	BKF2774Y	1000	TP Vehicle Number	SLASSSSC
smant Type Claimant Type *	Please Select		Type of Benefit +	Please Sel	ect		
imant Name *		>>	Claimant NRIC *				
imant Address							
sm Description	SRP2774Y / SLAS656C	DN 22 Jan 2020				Name of Preferred Workshop	
eferred Workshop Contact	Alexander Victorial III	10091101000000	Insured Liability +	Not at Fau	e v		
on the Wardingston	Texas .	162			-	WI GIA COLOR	Received
quire Finalisation	Yes	y	Preferend Repair Option	Incloved	Workshop, Name unknown	GIA report	Received
se Registered	23/01/2020 16:34		Claim Close Date			Date Received	23/01/2020 00:00
port Taken By	Jackson						
Print AK lether							
H45-1072000 00000							
				Save Sub	imit		
Attachment							
electrons.							
odent No.	MT/1081591		Claim No.		100		
R Doc. Received	● Yes ○ No		Upload Date		23/01/2020 16:34		
	W.	fach *			Category *	Confidential Urgs	ency + Descripti
		-	Browse	Gear	Please Select	V Normal	The second secon
					Please Select		
and the same			Browse				
			Browse	Clear	Please Select	▼ Normal	Y
			Browse	Clear	Please Select	V Normal	v

