|  | Jcb description  | Date & Time Completed   | Don   | e by                                    |
|--|--|---|---|---|
| Date In: 1/10 - 09:09  |  |   |   |   |
| Rel No: Hall New Jood Jalm   | SAS e-filing   |   |   | -                                       |
| Veh No: Cheory   | E-mail (within Shrs, AIC 2hrs)   |   | . 1   |   |
| D.O.A: 29/1/20- 14:20  | i-Motor Claim Form   | W7 1082464 - 00   | 1/2/20  | 09:4                                    |
| OD : (P)' Reporting Only   | i-Motor W/O (Within: OD 2hr  | s, 7'P 4hrs)  |   |   |
|  | i-Photo Uploaded   |   |   |   |
| TP Insurer:  | Assessment/Survey Report   | <u> </u>  |   |   |
|  | Ass't Report by Fax / Hand   | to Owner/Wksp   | ATT THE PERSON  |   |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tol: F  | ax:   |   |
| TP Particulars: Veh No: JW   | BUSYSP . INC (   | )/Non-INC( )  | #2  | ACUIT TO US                             |
| Owner / Driver: (  |  | Tel:  | )   |   |
| Policy No: ( )   | Period: ( )  | Cover Type: (   | )   |   |
| Confirmed by : (   | Date:  | Time:   | )   |   |
| Insured/Driver Liability: ( %)   | Note-Est. Status (WO): N: 0-2  | 0%; P: 21-79%. F: 80-1  | 00%]  |   |
| Year of Registration: ( )  | Warranty: YES ( )/NO(  | )   |   |   |
| Excess: (\$ ) Loading: \$  | 1,000 ( )/\$2,000 ( )  |   |   |   |
| General Remarks:-  |  |   | San Sirin   | 1 1                                     |
| ( ) Walk-In Customer : Customer's in   | The state of the s | manuality of the state of the s  |   |   |
| ( ) Total Loss Case : to e-mail Insu   |  | ncuy NO Islet of repailer.  |   |   |
|  |  |   |   |   |
| Drive-In ( )/ Towed-In ( ); Invo   | ice: YES ( ) / NO ( ); T   | owing Co: (   |   |   |
| Remarks:- (INC hotline: 6788 6616)   | Participation of the Contract of the   | Date & Time Completed   | Done  | by                                      |
| 1) Apply for Transport Allowance ( )   | / Courtesy Car ( )   |   | Tain the State of |   |
|  |  |   |   |   |
| 2) OC Check / Post Repair Inspection   | ( )  | V s   |   |   |
|  | ( )  |   |   |   |
|  | ( )  |   | Marine Company  |   |
|  | \$3000] ( )  |   |   |   |
| 3) Upload Resurvey Photo [Repair Cost >  | ( )  |   |   |   |
| 3) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |   |   |   |
| 3) Upload Resurvey Photo [Repair Cost >  | ( )  |   |   |   |
| 3) Upload Resurvey Photo [Repair Cost >  | \$3000] ( )  |   |   |   |
| 3) Upload Resurvey Photo [Repair Cost >  | ( )  |   |   |   |
|  | ( )  |   |   | X 10 |
| 3) Upload Resurvey Photo [Repair Cost >  | 1  |   | Ant(S)  | Amil                                    |
| 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time / Actions   | 1  | paration Checklist.   | And (5)   |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  | Invoice Pre  | Reporting (\$30);   | fú Bill   | 100                                     |
| Jacobs (Actions)  Jacobs (Actions)  Jacobs (Actions)   | Invoice Pre  | Reporting (\$30);<br>Assessment (\$100); INC (\$80  | f#Bill  |   |
| Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  Liminal Actions  sumant's Particulars :-  | Invoice Prej  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti   | Reporting (\$30); Assessment (\$100); INC (\$80); te \$400 arough Survey \$   | 754 Bill<br>7545  | 100                                     |
| 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  Actions  aimant's Particulars :- iver/Owner:   | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti   | Reporting (\$30); Assessment (\$100); INC (\$80); see \$400 arough Survey \$ arough Survey (Resurvey)   | fst Bill<br>0)<br>545<br>120<br>\$30  |   |
| July 2006  Actions  A | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti   | Reporting (\$30); Assessment (\$100); INC (\$80); se \$400 arough Survey \$ arough Survey (Resurvey) arough Survey (Resurvey)   | fst Bill<br>0)<br>545<br>120<br>\$30  |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  alimant's Particulars:- iver/Owner:   | Invoice Pres  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA:   | Reporting (\$30); Assessment (\$100); INC (\$8) to \$400 trough Survey \$ trough Survey (Resurvey) trainst INC Only (wef 10 Jan 2003) tion SMRT Survey \$   | 7st Bill<br>0)<br>545<br>120<br>530   | 100                                     |
| 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  aimant's Particulars :- iver/Owner:  ntact No:  maged Portion:   | Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio   | Reporting (\$30); Assessment (\$100); INC (\$8) to \$400 trough Survey \$ trough Survey (Resurvey) trainst INC Only (wef 10 Jan 2003) tion SMRT Survey \$   | 1st Bill<br>0)<br>345<br>120<br>530   | 100                                     |
| 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  aimant's Particulars :- iver/Owner:  ntact No:  maged Portion:   | Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy   | Reporting (\$30); Assessment (\$100); INC (\$80); ree \$400; arough Survey (Resurvey) rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2003) tion - SMRT Survey - \$500; and Services:-  | fst Bill  |   |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  aumant's Particulars:- iver/Owner: ontact No: maged Portion:  | Invoice Prej  1) AR: Accident  2) DA: Damege  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming as  6) TR: Re-inspec  7) N1: Idae DA:  8) NTUC Additio  OD:  *N5: Courtesy  *N6: Repair Co   | Reporting (\$30); Assessment (\$100); INC (\$80); ree \$400; arough Survey (Resurvey) rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005) tion - SMRT Survey \$ nel Services:- Car / Tpt Allowance  | fst Bill  | 100                                     |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  aumant's Particulars:- iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):   | Invoice Prej  1) AR: Accident  2) DA: Damege  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming as  6) TR: Re-inspec  7) N1: Idae DA:  8) NTUC Additio  OD:  *N5: Courtesy  *N6: Repair Ce  *N7: Fost Repr   | Reporting (\$30); Assessment (\$100); INC (\$80); ree \$400; arough Survey (Resurvey) rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005) tion - SMRT Survey \$ nel Services:- Car / Tpt Allowance  | fst Bill  | 100                                     |
| 3) Upload Resurvey Photo [Repair Cost > Injury :   | Invoice Pre  1) AR: Accident 2) DA: Darmage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: N5: Courtesy N6: Repeir Co N7: Fost Repeir Co   | Reporting (\$30); Assessment (\$100); INC (\$80); res \$400; reagh Survey (Resurvey); rainst INC Only (wef 10 Jan 2005); tion - SMRT Survey \$50; and Services:-  Car / Tpt Allowance   | \$15 Bill   | Amt (1                                  |
| 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):   | Invoice Pre  1) AR: Accident 2) DA: Darmage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: N5: Courtesy N6: Repeir Co N7: Fost Repeir Co   | Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); |   | 100                                     |

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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

| MARIE ALEMS AND A CONTRACTOR OF THE  | ACCIDENT STATEMENT                     |
|--|--|
| Date Of Report   | 01/02/2020 09:29                       |
| Date Of Accident   | 29/01/2020 14:20                       |
| Exact Location Of Accident   | SIGLAP RD BEFORE FIDELIO ST            |
| Country/State of Loss  | SINGAPORE                              |
| D  | ETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number  | CB8028Y                                |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | SOH HENG CHYE                          |
| NRIC No  | SXXXX154C                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-91082525                   |
| Alternative Phone No   | OFFICE-91082525                        |
| Vehicle Particulars  |  |
| Manufacturer   | ТОУОТА                                 |
| Model  | HIACE DX 3.0 AUTO                      |
| Exact Purpose for which vehicle was being used at<br>time of accident        | WORKING                                |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                     |
| If No, Please state action to be taken                                       | THIRD PARTY                            |
| Vehicle Category   | BUS                                    |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5096878068-02                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | SOH HENG CHYE                          |
| NRIC No  | SXXXX154C                              |
| Date Of Birth  | 23/10/1953                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 30/12/1976                             |
| Driving Experience   | 43 YEARS AND 0 MONTHS                  |
| Gender   | MALE                                   |
|  | # OOAL \ .CF 01092F2F                  |

(LOCAL) +65-91082525

OFFICE-91082525

NOEMAIL

BLK 811 FRENCH ROAD Address

#09-130

200811 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

YES

NO

11

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

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

NO 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 YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHB4848P Vehicle Registration Number

TOYOTA PRIUS Vehicle Make/Model/Colour

Details Of Properties

TAXI 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

JUDE TANG Name

Approximate Age

BODY Injuries Sustain

CB8028Y Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

JOSH TANG Name

Approximate Age

BODY Injuries Sustain CB8028Y Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

### 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 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.
- 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 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 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.
- 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

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

| 6        | ON THE STATISTO TIME, DATE and venue, I, was    |
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| Finero   | St. Suddenty, web 13 turn into EIDENIO GO       |
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| ellited  | one the Front 1861 of UBh B.                    |
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DECLARATION

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

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.:

attions Startiffications 193

| Date of Accident                 | 29 1/2323 Accident Time: (24-HR-Format)  |
|----------------------------------|--|
| Accident Place                   | SIGNAD Before FIDIZIOST  |
| Vehicle Reg. No. (Cor Plate No.) | 1.C13 8028 Y   |
| Vehicle Make/Model               | : TOYOTH HIPCE   |
| Insurance Company                | NTUL In Come Policy No.  |
| Owner or Company Name /IC No.    | SOH HING CHYIE   |
| Owner or Company Contact No.     | 910 8 2525 Owner's HpCompany Tel   |
| DRIVER'S Name / IC No.           | :50H HIENG CHY1 5 2013154C   |
| DRIVER'S Date Of Birth           | : 23/10/ (953 DRIVER'S License Pass Date 30 DEC 1976   |
| Relationship of Owner & Driver   | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: owner.   |
| DRIVER'S Address                 | : 15 LL 811 FRIGHCH RD #09-130 S (200810)  |
| DRIVER'S Contact No / Alt No.    | :1) (1108 2525 2)  |
| DRIVER'S Occupation              | : INDOOR \ OUTDOOR (e.g. working inside or outside office)   |
| Email Address                    | : AEMINEMY CAL SG.   |
| Weather & Road Surface           | : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET   |
| Reporting Type                   | : Reporting Only \ Claim Other Party \ Claim Own Insurance Jude 740  |
| Number of Passengers (Including  | Driver): 11 ALC MACE. JOSH 760   |
|                                  | has being used at the lime of accident. Fit and use the party of   |
|                                  | Party Driver's Particular (if any)   |
| Vehicle Reg. No: SHN 4848        | Vehicle Reg. No:   |
| Vehicle Make Wodel: To Yor 9     | PRIUS Vehicle Make Wodel:  |
| Name Driver:                     | 4959 VALMED VALM |
| IC No. Driver:                   |  |
| Driver's Contact & Add:          |  |

. . .

| eBaoTech               | 0601       |                  | 200                   | No. of Concession, Name of Street, or other Designation, Name of Street, Original Property and Name of Stree | CONTRACTOR OF STREET | AND DESCRIPTION OF THE PARTY OF | · Change La   | inguage        | + Chang           | e Password       | · Log Out   |
|------------------------|------------|------------------|-----------------------|--|----------------------|--|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601       |                  |                       |  |                      |  |               |                |                   |                  |             |
| My Desktop             | Policy     | Query            |                       |  |                      |  |               | 1000           |                   | 722              |             |
| Notice of Loss         | Policy No. |                  |                       |  |                      | Date o   | of Accident   | 29             | 01/2020 1         | 4:20             | _           |
|                        | Vehicle N  | o.(For Motor)    | CB8028                | CB8028Y  |                      | Certificate Number   |               |                |                   |                  |             |
|                        |            |                  |                       |  | 8                    | Search   |               |                |                   |                  |             |
|                        | Select     | Palicy No.       | Certificate<br>Number | Policyholder<br>Name   | Policyholder<br>NRIC | Product  | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0 5        | 096878068-<br>02 |                       | SOH HENG<br>CHYE   | S2013154C            | GBS  | Comprehensive | CB8028Y        | CB8028Y           | 27/12/2019       | 26/12/2020  |

| A Taranta                         | y Information             | 200 1200 1000                     | 000                   |                   | #100 F-10            |                 |                           |
|-----------------------------------|---------------------------|-----------------------------------|-----------------------|-------------------|----------------------|-----------------|---------------------------|
| olicy No.                         | 5096878068-02             | Policyholde<br>Name               | SOH HENG              | CHYE              | Policyholder<br>NRIC | S2013154C       |                           |
| ertificate<br>o.                  |                           |                                   |                       |                   |                      |                 |                           |
| ddress                            | BLK 811 #09-130 FRENCH RO | AD SINGAPOR                       | RE 200811             |                   | 1200 K-C             |                 |                           |
| roduct<br>lame                    | BUS INSURANCE             | Plan                              |                       |                   | Group<br>Policy Flag | N               |                           |
| olicy<br>ssue Date                | 22/10/2019                | Effective<br>Date                 | 27/12/2019            | 00:00             | Expiry Date          | 26/12/2020 23:5 | 19                        |
| xcess                             | Per Accident              | All Claims<br>Excess              |                       |                   |                      |                 |                           |
| Third Party<br>Excess             | 1500                      | Own<br>damage<br>Excess           | 2000                  |                   | Windscreen<br>Excess | 500             |                           |
| Additional<br>Excess              |                           | OS<br>Premium                     | 0                     |                   |                      |                 |                           |
| Outside<br>Singapore<br>OD Excess |                           | Outside<br>Singapore<br>TP Excess |                       |                   |                      | Young/I         | nexperience Driver Excess |
| Agent                             | S'PORE SCHAPTE HIRE BUS O | W Agent Tel                       | 67410788              |                   | GST Flag             | Y.              |                           |
| Co-<br>insurance<br>Flag          | No                        |                                   |                       |                   |                      |                 |                           |
| Open<br>Policy Info               |                           |                                   |                       |                   |                      |                 |                           |
| Certificate<br>Info               |                           |                                   |                       |                   |                      |                 |                           |
| Policy                            | holder Mailing Address    |                                   |                       |                   |                      |                 |                           |
| Address 1                         | BLK 811 #09-130           | Ad                                | dress 2               | FRENCH ROAD       |                      | Address 3       | SINGAPORE 200811          |
| Address 4                         |                           | Ad                                | dress Type            | Singapore address |                      | Post Code       | 200811                    |
|                                   |                           |                                   | lated Policy<br>imber | 5096878068-02     |                      |                 |                           |
| Unit No.                          |                           |                                   |                       |                   |                      |                 |                           |
|                                   | ed Object: CB8028Y        |                                   |                       |                   |                      |                 |                           |
|                                   |                           |                                   |                       |                   |                      |                 | Endorsement Content       |

| aim Handling   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
|--|----------------------------|----------------|--------------------------------|-----------|-----------|----------------------------------|-----|----------------------|---------|-----------------|----------------|
| cident MT/1082464  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| RCY NO.  | 5096878068-02              |                | Vehicle No.                    | CB8028    | 34        |                                  | GS  | T Registration No.   |         |                 |                |
| ertificate No.   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
|  | SOH HENG CHYE              |                |                                |           |           |                                  |     | icyholder NRIC       |         | 2013154C        |                |
|  | BUS INSURANCE              |                | Cover Type                     | Compre    | enersive  |                                  | Lo  | iding                | D       |                 |                |
| Carlotte and Control   | 91082529                   |                | Contact No (Office)            | 0         |           |                                  | Co  | ntact No. (Home)     | 0       | 1150            |                |
|  | athersen                   |                | Special Remark                 |           |           |                                  | eC  | ode                  | 1       | / V             |                |
| mail Address   | ® No ○Yes                  |                | TCA                            | ® No.     | ○ Yes     |                                  | #C  | ode Reason           |         |                 |                |
| rk .   | 223                        |                | NCD Excitement(%)              | 0         |           |                                  | Pri | vate Hinz            | N       | 0               |                |
| A STATE OF THE STA | No.                        |                |                                |           |           |                                  |     |                      |         |                 |                |
| Accident Details   |                            |                | Accident Report Within 24 hrs. | Yes       |           |                                  | Ac  | codent Type          | 30      | olision - Chang | e / Cross save |
| eport Date   | 01/02/2020 09:41           |                | Time of Accident hhimm         | 14:20     |           |                                  | 500 | untry of Accident    | 9       | ingapore        |                |
| ate of Accident  | 29/01/2020                 |                |                                | 271.00    |           |                                  |     | M No.                |         |                 |                |
| eporting Centre  |                            |                | Orange Force                   |           |           |                                  |     |                      |         |                 |                |
| crident Location   | SIGLAP RD BEFORE FIDE      | LID ST         |                                |           |           |                                  |     |                      |         |                 |                |
| Total Excess Applicable  |                            |                |                                |           |           | 500.00                           |     |                      |         |                 |                |
| xcess Type   | Per Accident               |                | Windscreen Excess              |           |           | 500.00                           |     |                      |         |                 |                |
|  |                            |                | and the second                 |           |           | 1,500.00                         |     |                      |         |                 |                |
| 00 Standard Excess   | 2,0                        | 000.00         | TP Standard Excess             |           |           | 2,000                            | D   | over is Covered?     |         |                 |                |
| TED OD Excess  |                            | 0.00           | VIED TP Excess                 |           |           |                                  |     |                      |         |                 |                |
| Additional Excess  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| Total OID Excess Applicable  | 2                          | 00,000         | Total TP Excess Applicable     |           |           |                                  |     |                      |         |                 |                |
| ♥ Benefits   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| □ GST Registered Informa   | ation                      |                |                                |           |           | CARLES SALE                      |     |                      |         |                 |                |
| 15T Registered   | No                         |                |                                |           |           | gistration Date<br>atus Verified |     | Yes                  |         |                 |                |
| GST Registration No.   |                            |                |                                |           | GoT St    | acus delines                     |     | 10.85V               |         |                 |                |
| Modification History   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
|  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| → Pelicyholder Hailing Ad  |                            |                |                                | pro par   | CH RDAD   |                                  | A   | uddress 3            |         | SINGAPORE 20    | 0811           |
| Address 1  | BLK 811 #09-130            |                | Address 2                      |           |           |                                  |     | rost Code            |         | 200811          |                |
| Address 4  |                            |                | Address Type                   |           | pare add  |                                  |     |                      |         |                 |                |
| Unit No.   |                            |                | Related Policy Number          | 5096      | 879068-   | 02                               |     |                      |         |                 |                |
| ⊕ OI Driver Info   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| Driver Name  | Unnamed Driver             |                | Driver Type                    |           | med Driv  | ver                              | 9   | Onver DOB            |         | 23/10/1953      |                |
| Linnamed driver Name   | SOH HENG CHYE              |                | Driver NRIC                    | 255       | O(154C    |                                  |     | Oriving Experience   |         | 43              |                |
| Register Date of Driver License  | 30/12/1976                 |                | Driver Age                     | 66        |           |                                  |     |                      |         | 0               |                |
| Contact No. (Mobile)   | 91082525                   |                | Contact No. (Office)           | 0         |           |                                  |     | Contact No.(Home)    |         | SINGAPORE 2     | 20011          |
| Address 1  | BLK 811                    |                | Address 2                      | FREN      | VOH ROA   | D                                |     | Address 3            |         |                 | V911           |
| Address 4  | E-426-96-01                |                | Address Type                   | Singe     | spore ad  | dress                            | 1   | Post Code            |         | 200811          |                |
| Unit No.   | 09-130                     |                |                                |           |           |                                  |     |                      |         |                 |                |
| Does he own a Singapore  | ○ Yes ® No                 |                | Driver Vehicle No.             |           |           |                                  | 9   | Oriver Insurer Compa | rry     |                 |                |
| Registered car?  | CHECK                      |                |                                |           |           |                                  |     |                      |         |                 |                |
| Declaration  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| Broathelyser or Blood Test   | 0 mg                       |                | Any injury?                    | (e) x     | es 🔾 No   |                                  |     |                      |         |                 |                |
| Reading?   | 1700000                    |                |                                |           |           |                                  |     |                      |         |                 |                |
|  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| Modification History   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| March 2018 March   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| Claim 001 New  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
|  |                            |                |                                | 11.       |           |                                  |     | 012101300            |         | C20171F4C       |                |
| Claim Type *   | 00-MX                      | V              | Insured Name                   | 504       | HENG C    | CHYE                             |     | Insured NRIC         |         | S2013154C       |                |
| Cornact No. (Mobile)   | 91082525                   |                | Contact No.(Home)              | NUL       |           | (A)                              |     | Contact No.(Office)  |         | ND.             |                |
| Email Address  | sandrasch@yahoo.com        | 1              | OI Venicle Number              | CBS       | 1028Y     |                                  |     | TP Vehicle Number    |         | SHB4848P        |                |
| Claimant Type Claimant Type  | production and analysis of | v              | Type of Benefit *              | Plea      | ase Selec | T                                |     |                      |         |                 |                |
| Claimant Name *  | 2)                         | 28             | Claimant NR1C *                |           |           |                                  |     |                      |         |                 |                |
| Claimant Address   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| Claim Description  | CB8028Y / SHB4848P         | ON 29 Jan 2020 |                                |           |           |                                  |     | Name of Preferred W  | orkshap | -               |                |
| Preferred Workshop Contact   |                            |                | Insured Liability *            | tvot      | at Foult  | v                                |     |                      |         |                 |                |
| No.  |                            | 777            | Preferend Repair Option        | 150000    |           | orkshop, Name unknown            | V   | GIA report           |         | Received        | 3              |
| Require Finalisation   | Yes                        |                |                                | 17.15     | -         |                                  | 1   | Date Received        |         | 01/02/2020      | 00.00          |
| Date Registered  | 01/02/2020 09:42           |                | Claim Close Date               |           |           |                                  |     |                      |         |                 |                |
| Report Taken by  | Seckson                    |                |                                |           |           |                                  |     |                      |         |                 |                |
| Print AK letter  |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| 4 March (March ( |                            |                |                                | Sam       | e Subr    | mit                              |     |                      |         |                 |                |
|  |                            |                |                                | 268       | -         | 1.00                             |     |                      |         |                 |                |
| Attachment   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| 12   |                            |                |                                |           |           |                                  |     |                      |         |                 |                |
| ▼  | Para Contraction           |                | Washed May 1                   |           |           | 001                              |     |                      |         |                 |                |
| Accident No.   | MT/1082464                 |                | Claim No.                      |           |           | 01/02/2020 09:43                 |     |                      |         |                 |                |
| Last Doc. Received   | Yes ○ No                   |                | upload Date                    |           |           |                                  |     | Confidential         | Urgen   | ncy *           | Description    |
|  |                            | Path. *        |                                | 1         | (Marcol ) | Category *                       |     |                      | Normal  | V               | 11.0000000     |
|  |                            |                | 70                             | wse       |           | Please Select                    | -   | -                    | Normal  | ×               |                |
|  |                            |                | Bro                            | wse       |           | Please Select                    |     |                      |         |                 |                |
|  |                            |                | Bro                            | wse       |           | Please Select                    |     |                      | Normal  | 9               |                |
|  |                            |                | Bro                            | wse       | Cear      | Please Select                    |     | Sylvia               | Normal  | V               |                |
|  |                            |                | Bro                            | wse       | Clear     | Please Select                    | - 2 | 2 (v) Y              | Normal  | V               |                |
|  |                            |                |                                | wse_      |           | Please Select                    | -   |                      | Normal  | v               |                |
|  |                            |                | Hr                             | - Western | 100000000 |                                  |     |                      |         |                 |                |

