Date In: 4/1/20-17:40	Job descripti	OII	Date & Time Completed	Done	by
	SAS e-filin				
Veh No: Share 10 H					
	i-Motor CI	iu Shrs, AIC 2hrs)			
D.O.A: 4/2/20-17:00			m 1082940-001	4/2	17:50
OD (TP) Reporting Only		O (Within: OD 2hr	s, TP 4brs)		
	i-Photo Up				
TP Insurer:		Survey Report	<u>i</u>		
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (100000	ax:	
TP Particulars: Veh No: SMO	93970	. INC()/Non-INC()	12	
Owner / Driver: (Tel:)	-
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
The state of the s	[Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]	-
Year of Registration: ()	Warranty: YES ()/NO()	White Controlled	SPESIMES:
Excess: (\$) Loading: \$1,	000()/\$2,00	0()			
General Remarks:-				.0%	
() Walk-In Customer: Customer's info					
() Total Loss Case : to e-mail Insur			4		
Drive-In ()/ Towed-In (); Invoice	e: YES () /	NO (); To	owing Co: (i.)
				15 AD-108 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	William III
			Date&Time Completed	Done	by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
			al football a complete and the fact that the first of the first		
 Upload Resurvey Photo [Repair Cost > \$. 	3000] ()			
3) Upload Resurvey Photo [Repair Cost > \$. Injury:	3000] ()			
Injury:	3000] ()		Total resident - 15 - con-	7,791,911
	3000] (Staffices at	15 May 201
Injury:	3000] (Statistics at a	3/4/3/
Injury:	3000] ()			
Injury:	3000] ()		en de la companya de	
Injury:	3000] ()		Statistical are	
Injury:	3000] ()		en de la companya de	
Injury: Actions	3000] (Invoice Prep	aration Checklist;	Ant (S)	Amt (3)
Injury: Date/Time Actions	3000] (7.0		Anit (S)	Amt (\$)
Injury: Date/Time Actions Apalai Amant's Particulars:	3000] (1) AR : Accident R 2) DA : Damage A	Reporting (\$30); ssessment (\$100); INC (\$80	fst Bill	4 4 7 7 7
Injury: Date/Time Actions	3000] (1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee 4) FT : Follow-Thr	teporting (\$30); ssessment (\$100); INC (\$80 s \$40/ ough Survey \$	fst Bill	4 4 7 7 7
Injury: Date/Time Actions Apalai Amant's Particulars:	3000] (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	teporting (\$30); ssessment (\$100); INC (\$80 5 540/ ough Survey \$ ough Survey (Resurvey)	fse Bill) S45	4 4 7 7 7
Injury: Date/Time Actions Actions Limant's Particulars:	3000] (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga	teporting (\$30); ssessment (\$100); INC (\$80) sough Survey \$ sough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005)	fst Bill) 545 120	A
Injury: Date/Time Actions Actions Limant's Particulars:	3000] (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA +	teporting (\$30); ssessment (\$100); INC (\$80) supply the session of	fst Bill) 545 120 530	A
Injury: Date/Time Actions Liminat's Particulars:- ver/Owner: ntact No: maged Portion:	3000] (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA+ 8) NTUC Addition	teporting (\$30); ssessment (\$100); INC (\$80) supply the session of	fst Bill)) \$45 120 \$30	A
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Actions Date/Time Actions Lamant's Particulars: Ever/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	3000] (1) AR: Accident R 2) DA: Darmage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collection	teporting (\$30); ssessment (\$100); INC (\$80) ssessment (\$100); INC (\$80) ough Survey (\$20) ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ al Services:- car / Tpt Allowance ordination r Inspection et Excess Coordination	fst Bill) 545 120 530 575 160 525 555	A
Injury: Date/Time Actions Actions Lamant's Particulars:	3000] (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N11): TP (N11)	teporting (\$30); ssessment (\$100); INC (\$80) ssessment (\$100); INC (\$80) ough Survey (\$20) ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005) on SMRT Survey \$ al Services: ar / Tpl Allowance ordination r Inspection et Excess Coordination Non INC) against INC	55 Bill 7) 545 120 530 575 160 55 510 525 53 520	A 15 Table 2 15
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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 being made available

aforesaid.	
And the second of the second of the	ACCIDENT STATEMENT
Date Of Report	04/02/2020 17:40
Date Of Accident	04/02/2020 12:00
Exact Location Of Accident	HILLVIEW RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT5810H
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	2XXXXX137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991331
Alternative Phone No	OFFICE-90991331
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114511988

-	_			
u	п	IV	е	г

Cover Note Number

Name of Driver LOONG TING YI SXXXX714E NRIC No Date Of Birth 28/05/1982 OUTDOOR Occupation Date Of Driving Pass 14/05/2003 Driving Experience 16 YEARS AND 8 MONTHS MALE

Gender

Mobile Number (LOCAL) +65-96464493

Fax Number

OFFICE-96464493 Contact Number

EMail Address NOEMAIL

BLK 780D WOODLANDS CRESCENT Address

#13-67

Postcode 734780

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

3

NO

YES

NO

1

General Information of the Accident

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Was notice of intended Prosecution given? NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

REFER TO POLICE REPORT - T/20200204/7016.

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

TEL NO: 65470000 - FAX NO:

Vehicle Registration Number

SMQ9397C

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLA7909K

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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGT5810H

LOONG TING YI

Were seat belts worn?

YES

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
- By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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.
- 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.

NEW AUTODRIVE CREDIT(S) PTE LTD 210 Furt Club Road, Lot B40 Singapore 28 7995

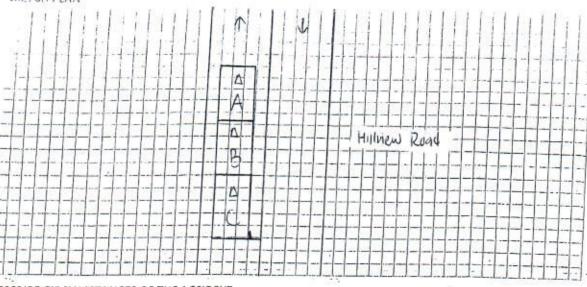
Policyholder's Signature

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

MRIC/FIN No .:

GRADING BEST OF ST

Veh A: SGT5810T VEN B: SAN 9397C VEN C: SLA 7907K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my can (Ven A: SGT 581UH) glory Hillwew Road. I was Stationary as the traffic was jammed. Suddenly I heard a loud being followed by an impart on my rear I realised that Ven C: SLA 7907K had collided ento Ven B: SMO 9397C, thus causing Ven B to Surge forward and colliding onto me.						1 date				1/27	
I heard a loud boing followed by an impart on my rear I realised that Ven C: SLA 7907K had collided ento Ven B: SMO 9397C, thus causing Ven B to Surge forward	L	was	du	ing n	my car	(Ven A	SGT 5	HUH)	94	ony Hi	Ilview
I heard a loud boing followed by an impart on my rear I realised that Ven C: SLA 7907K had collided ento Ven B: SMO 9397C, thus causing Ven B to Surge forward	Roa	d. I	was	Stati	onary	as the	traffic	was	jam	med . S	nddenly
Ven B: SMQ 9397C, thus causing Ven B to Surge forward	1	heard	9	loud	bang	followed	by a	n imi	aut	on m	y rear
Ven B: SMV 9397 C, thus causing Ven B to Surge forward and colliding onto me.											
and colliding onto me.	Ven	B: 3	6 M	9397	C, thu	s causin	Ven	B	to	Sume	burd
	and	coli	iding	onto	me.	-			HAXCH TIMES	3	
			J								
						-					
			200							Million Section	
	-				THE RESERVE						
										500 - 31 F- 50	

	-										
										LOUIS AND T	
				TO BE THE			7500				
			-								

DECLARATION

VWe declare the foregoing particulars are true in every respect.

NEW AUTODRIVE CREDIT(S) PTE LTD 210 Turf Club Road, Lot B40

Singapore 287995 17

Date & Time:

Driver's Signature

(If driver is not the policyholder). Date & Time: Reporting Centre Personnel's Signature Name: MRIC/FIN No.:

and the differences

Date of Accident	: 04/02 2020 Accident Time: 1200 (24-HR-Format)
Accident Place	: Hillview Road
Vehicle Reg. No. (Car Plate No.)	SGT 5810H
Vehicle Make/Model	: Tayora Picnic
Insurance Company	: NTUC Policy No. 5114511988
Owner or Company Name /IC No.	: NEW AMTODRIVE CREDITUS) PTE LTD 201223137E
Owner or Company Contact No.	9099 133 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: LOUNG TING YI S82/67/4 E
DRIVER'S Date Of Birth	: 28/05/1982 DRIVER'S License Pass Date 14/05/2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Renta
DRIVER'S Address	: BLK 7800 WOODLANDS CRESCENT #13-67 (734789)
DRIVER'S Contact No./ Alt No.	:1) 96464493 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: LOUNGTY @GMALL.COM
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): O
Was there any video Captured by car Exact purpose for which vehicle was	r camera: YES NO
Other P	'arty Driver's Particular (if any)
Vehicle Reg. No: SMQ 9397C	Vehicle Reg. No: SLA 7909 K
Vehicle Make\Model:	
Name Driver:	Name Driver:
IC No. Driver:	15.00 No. 12. V
Driver's Contact & Add:	Driver's Contact & Add:
	Vehicle Reg. No. (Car Plate No.) Vehicle Make/Model Insurance Company Owner or Company Name /IC No. Owner or Company Contact No. DRIVER'S Name / IC No. DRIVER'S Date Of Birth Relationship of Owner & Driver DRIVER'S Address DRIVER'S Contact No./ Alt No. DRIVER'S Occupation Email Address Weather & Road Surface Reporting Type Number of Passengers (Including Dr. Was there any video Captured by car Exact purpose for which vehicle was Other P. Vehicle Reg. No: SMO 93 93 C. Vehicle Make Wodel: Name Driver: IC No. Driver:

(9 (MAG)





1 of 3

Report No. T/20200204/7016

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 15:50		/lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	THE PERSON OF TH			
Name of Informant: LOONG TING YI			Address: APT BLK 780D WOODLANDS CRESCENT #13-67 SINGAPORE 734780			
ID Type / ID No.: NRIC NO / S8216714E			Contact No.: Home/Office: Mobile: 96464493			
National SINGAP	ity: PORE CITIZ	EN	Email: loongty@gmail.com			
Sex: Age: Date of Birth: Male 37 28/05/1982			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class: Date of Expiry:			

General Infor	nation of the Acci	dent			
Type of Accident:	Injury Others	Drir Driv No	ve:	Date/Time of Accident: 04/02/2020 12:00	Type of Location: Straight Road
Location:				2010/20 8 2 00	
HILLVIEW RO	DAD				
Weather: Clear		Road Surfa Dry	ace:		Road Speed Limit: 50 Km/h
Traffic Flow: Traffic Control Two Way Not Controlled					Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear					Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SGT5810H	Car					0	
SLA7907K	Car	ТОУОТА			Seriously Damaged	1	
SMQ9397C	Car	HONDA	Jazz		Seriously Damaged	1	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

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

Report No. T/20200204/7016

CONTINUATION OF REPORT

Driver			AND DESCRIPTION		T. Table	
Name	LOONG TING YI					S8216714E
Related Vehicle	SGT5810H (Car)				ct No.	96464493
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL				of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2020	Date Dis	charge	04/02	2/2020	
No. of Days granted Medical Leave 04			Degree o	of Injury	Sligh	t

Brief Details.

On the stated time and date, I was driving my car (veh A: SGT5810H) along Hillview Road. I was stationary as the traffic was jammed. Suddenly I heard a loud bang followed by an impact on my rear. I realised that veh C: SLA7907K had collided onto veh B:SMQ9397C, thus causing veh B to surge forward and colliding onto me.





3 of 3

Report No. T/20200204/7016

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

CONTINUATION OF REPORT

Sketch Plan								
Informant	is	not	able	to	provide	sketch	pla	

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: 04/02/2020 15:50
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	THE RESERVE OF THE PARTY OF THE	THE RESERVE	Chang	e Languag	e + Chan	ge Password	, Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	1	04/02/2020 1	2:00	
	Vehicle	No.(For Motor)	5GT58	10H		Certif	icate Number	1	1		
					1	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114511988		NEW AUTODRIVE CREDIT (S) PTE. LTD.	201223137E	GPC	drivo CLASSIC	SGT5810H	SGT5810H	30/11/2019	29/11/2020
					100	Continue	1				

Sequen	ce Date of Endorsement		Endorsement	Туре	Endorsement	Status	Endorsement Content
▼ Endors	ements						
▶ Insure	d Object: SGT5810H	0.400030					
Unit No.		Relate Numb	d Policy er	5115425070			
Address 4		Addre	ss Type	Singapore address		Post Code	437191
Address 1	6B SWANAGE ROAD	Addre	ss 2	DUNMAN GARDEN	8	Address 3	SINGAPORE 437191
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Υ	
Dutside Singapore DD Excess	2000	Outside Singapore TP Excess	1500			Young/In	experience Driver Excess
Additional Excess	1500	OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy ssue Date	30/11/2019	Effective Date	30/11/2019	00:00	Expiry Date	29/11/2020 23:5	9
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	6B SWANAGE ROAD DUNMAN GA	ARDEN SINGA	PORE 43719	1			
Certificate No.		MINORS.			1000000		
Policy No.	5114511988	Policyholder Name	NEW AUTO	DRIVE CREDIT (S) PT	Policyholder NRIC	201223137E	

ocident MT/1082940 Volcy No.					
	5114511988	Vehicle No.	SGTS810H	GST Registration No.	
rificate No.	2114211200	* SENSON THE	00100001	3501.500	
				Patcyholder NRIC	201223137E
Acynoider Name	NEW AUTODRINE CREDIT (5) PTE. LTD.	May 200 Carrier S	Planting water		0
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
mtact No.(Mobile)	90991331	Contact No.(Office)	0	Contact No.(Home)	0
nail Address	an agree of the design	Special Remark	H Patricipal of Co.	eCode	I way
W.	® No ○Yes	TCA	® No ○Yes	eCode Reason	
22 Protection	No .	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	04/02/2020 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ite of Accident	04/02/2020	Time of Accident hh:mm	12:00	Country of Acodent	Singapore
sporting Centre		Orange Force		ICM No.	
cident Location	HILLVIEW RD				
Total Excess Applicable	A				
cess Type	Per Accident	Windscreen Excess	100.00		
27.55.2867					
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP EXCESS		Driver is Covered?	
ditional Excess	1500				
		Total TP Excess Applicable			
tal OD Excess Applicable	3500.00	Total in Excess Athlicanic			
Benefits					
GST Registered Informa					
T Registered	Yes		GST Registration Date	01/09/2017	
T Registration No.	201223137E	stem changed GST Registered from N	GST Status Verified	V4s.	
idification History	04/02/2020 17:51:24 Sy	stem changes GST Registered from No. fr stem changed GST Registration No. fr stem changed GST Registration Date:	om null to 201223137E		
Policyholder Mailing Ad		stern changed GST Registration Date	main hair to d L/d3/2017		
W 25		Addison A	CONTRACT CARREST	Administ 3	SINGAPORE 437191
idress 1	6B SWANAGE ROAD	Address 2	DUNMAN GARDEN	Adoress 3	
idress 4		Address Type	Singapore address	Post Code	437191
nit Ng		Related Policy Number	5115425070		
OI Driver Info					
river Name	Unnamed Driver	Onver Type	Unnamed Driver		
named driver Name	LOONG TING YI	Driver NRIC	SXXXX714E	Oriver DOB	28/05/1982
gater Date of Driver License	14/05/2003	Driver Age	37	Driving Experience	10
ontact No.(Mobile)	96464493	Contact No.(Office)	0	Contact No.(Home)	0
idress i	BLK 7800	Address 2	WOODLANDS CRESCENT	Address 3	WOODLANDS DEW
ddress 4	SINGAPORE 734780	Address Type	Singapore address	Post Code	734780
nit Na.	13-67				
oes he own a Singapore ogistered car?	C) Yes (iii) No	Driver Vehicle No.		Driver Insurer Company	
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
claration reathalyser or Blood Test auding? odification History Claim 001 New	0 mg	Any injury?	Yes ○ No		
eethalyser or Blood Test ading? adification History	0 mg	Any injury?	Yes ○ No		
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eathalyser or Blood Test lading? odification History Claim 001 New	0 mg	Insured Name	Yes No New Autodrive Credit (S) P	Insured NRIC	2012231376
reathalyser or Blood Test lading? odification History Claim 001 New laim Type * ontact No.(Mobile)		Insured Name Contact No.(Home)	NEW AUTODRIVE CREDIT (S) P	Contact No.(Office)	+
reathalyser or Blood Test lading? Claim 001 New wm Type * mail Address	ор-мх 🔻	Insured Name Contact No.(Home) G9 Vehicle Number	NEW AUTODRIVE CREDIT (S) P		201223137E + 5MQ9397C
eathalyser or Blood Text lading? Claim 001 New arm Type * Imact No (Mobile) Inail Address ormant Type Claimant Type *	ор-мх 🔻	Insured Name Contact No.(Home) G8 Vehicle Number Type of Benefit *	NEW AUTODRIVE CREDIT (S) P	Contact No.(Office)	+
eathalyser or Blood Text lading? Claim 001 New arm Type * Imact No (Mobile) Inail Address ormant Type Claimant Type *	ор-мх 🔻	Insured Name Contact No.(Home) G9 Vehicle Number	NEW AUTODRIVE CREDIT (S) P	Contact No.(Office)	+
reathalyser or Blood Test lading? Claim 901 New laim Type * omact No (Mobile) mail Address ormant Type Claimant Type * amant Name *	OD-MX V	Insured Name Contact No.(Home) G8 Vehicle Number Type of Benefit *	NEW AUTODRIVE CREDIT (S) P	Contact No.(Office) TP Vehicle Number	+
eathalyser or Blood Test sading? dification History Claim 001 New arm Type * smart No (Mobile) nail Address armant Name * armant Name * armant Address arm Description	OD-MX V	Insured Name Contact No.(Home) G8 Vehicle Number Type of Benefit *	NEW AUTODRIVE CREDIT (S) P	Contact No.(Office)	+
reathalyser or Blood Test lading? odification History Claim 001 New aim Type * portlact No (Mobile) mail Address eimant Type Claimant Type * aimant Name * aimant Address eimant Address	OD-MX V Please Select V	Insured Name Contact No.(Home) G8 Vehicle Number Type of Benefit *	NEW AUTODRIVE CREDIT (S) P	Contact No.(Office) TP Vehicle Number	+
eathalyser or Blood Test lading? discation History Claim 001 New arm Type * Intract No.(Mobile) Intel Address Intel Addr	OD-MX V Please Select V	Insured Name Contact No.(Home) GS Vehicle Number Type of Benefit + Clement NRIC *	NEW AUTODRIVE CREDIT (S) P SGT5810H Picase Select	Correct No.(Office) TP Vehicle Number Name of Preferred Workshop	± 5м29397C
eathslyser or Blood Test sading? dification History Claim 001 New am Type * mact No.(Mobile) nail Address almant Type Claimant Type * amant Name * amant Address am Description eferred Workshop Contact bourse Finalisation	OD-MX V	Insured Name Contact No.(Home) GS Vehicle Number Type of Benefit + Cleament NRIC * Insured Liability *	NEW AUTODRIVE CREDIT (S) P SGT5810H Please Select	Correct No.(Office) TP Vehicle Number Name of Preferred Workshop	± 5м29397C
eathslyser or Blood Test sading? dification History Claim 001 New am Type * Imact No (Mobile) Insel Address Insel Addres	OD-MX V Please Select V	Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit + Cleament NRIC + Insured Liability + Preferend Repair Option	NEW AUTODRIVE CREDIT (S) P SGT5810H Please Select	Correct No. (Office) TP trehicle Number Name of Preferred Workshop G(A report	+ SMQ9397C
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reaths/seer or Blood Test adding? Claim OD1 New am Type * amart No (Mobile) mail Address amart Type Claimant Type * amart Name * amart Address am Description referred Workshop Contact by Registered aport Taken By Print AK letter Attachment	OD-MX V Please Select V	Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit + Cleament NRIC + Insured Liability + Preferend Repair Option	NEW AUTODRIVE CREDIT (S) P SGT5810H Please Select Not at Fault Preferred Workshop, Name unknown	Correct No. (Office) TP trehicle Number Name of Preferred Workshop G(A report	+ SMQ9397C
resthalyser or Blood Test adding? Claim 001 New laim Type * ornact No (Mobile) mail Address armant Name * armant Name * armant Address arm Description referred Workshop Contact or Departs Finalisation othe Registered aport Taken By Print AK letter Attachment	OD-MX Please Select SGT5810H / SMQ9397C ON 4 Feb 2020 Ves 04/02/2020 17:52 Jackson	Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit + Cleament NRIC + Insured Liability + Preferend Repair Option	NEW AUTODRIVE CREDIT (S) P SGT5810H Please Select Not at Fault Preferred Workshop, Name unknown	Correct No. (Office) TP trehicle Number Name of Preferred Workshop G(A report	+ SMQ9397C
resthalyser or fillood Test anding? Claim 001 New laim Type * ornact No (Mobile) mail Address formant Type Claimant Type * formant Address formant Addre	OD-MX	Insured Name Contact No. (Home) GS Vehicle Number Type of Benefit + Clement NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	NEW AUTOORIVE CREDIT (S) P SGT5810H Picase Select Not at Fault Preferred Workshop, Name unknown Save Submit	Correct No. (Office) TP trehicle Number Name of Preferred Workshop G(A report	+ SMQ9397C
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