	Jeb descriptio	n .	Date &Time Completed	Do	ne by
Date In: 5/2/20 - 17:5~ Ref No: 4/4/14(20 00 20 44/14)	SAS e-filing		1	—	
Veh No: A DEC 4				-	
Veh No: JMRTVB		Shrs, AIC 2hrs)	1	The L	
D.O.A: 5/1/20-09:05	i-Motor Cla		100- ESI (801 LW	The	18:00
OD (TP)' Reporting Only		O (Within: OD 2hr:	s, 7P 4hrs)		
<u> </u>	i-Photo Upl			ļ	
TP Insurer:	I	urvey Report	<u> </u>	ļ	
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report	by Fax / Hand t	o Owner/Wksp	<u></u>	
TP Particulars: Veh No:Jew	Lesen	INC (Tel:)/Non-INC()	Fax:	
Owner / Driver: (, vog • 7.	, met	Tel:	1	
	eriod: (Cover Type: (
Confirmed by : (criod. (Date:	Time:		
	Diote Est Status ()%; P: 21-79%. F: 30-	1609/1	
Year of Registration: ()			790, P. 21-7990. P. 50-	10070]	
	Warranty: YES ()/NO()		
	000()/\$2,000			CARREST OF THE OWNER	
General Remarks:					s <u>. </u>
() Walk-In Customer: Customer's info	ormation strictly Co	nfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	e: YES () / N	NO () ; To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)			A STATE OF THE PARTY OF THE PAR	C745383#3**	Sp. 10
			Date&Time Completed	Don	epy
	Courtesy Car ()			
7) OC Charle / Part Camain Institute					
2) QC Check / Post Repair Inspection	()				1000
Upload Resurvey Photo [Repair Cost > 5:	3000] ()			
	3000] ()			
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	()	Invoire Pren	pration Checklist	Ant: (5)	
3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Navocional	()		aration Checklist	Ant (S)	
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions Laimant's Particulars:-	()	1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee	reporting (\$30); ssessment (\$100); INC (\$3 \$40	fat Ball (0) (7\$45	
3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions Laimant's Particulars:	()	1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee 4) FT : Follow-Thr 5) FT : Follow-Thr	seporting (530); ssessment (5100); INC (58 cough Survey ough Survey (Resurvey)	191 Bill 10) 1/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions	()	1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age	seporting (530); ssessment (5100); INC (58 cough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005	(56 Bij) (10) (7545 (5120 (530)	
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions	()	1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + 3 8) NTUC Addition	Leporting (\$30); ssessment (\$100); INC (\$8 cough Survey cough Survey (Resurvey) instJNC Only (wef 10 Jan 2005 on SMRT Survey		
3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Laumant's Particulars: iver/Owner: ontact No: amaged Portion:	3000] (1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + 3 8) NTUC Additions OD*	Leporting (\$30); ssessment (\$100); INC (\$8 cough Survey cough Survey (Resurvey) instUNC Only (wef 10 Jan 2005 on SMRT Survey al Services.		
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3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	()	1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA + : 8) NTUC Addition: QD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	seporting (\$30); ssessment (\$100); INC (\$8 cough Survey cough Survey (Resurvey) instINC Only (wef 10 Jan 2005 on SMRT Survey al Services or / Tpt Allowance ordination Inspection	\$4.Bill \$100 \$7545 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	
3) Upload Resurvey Photo [Repair Cost > S: Injury: Date/Time Actions Laumant's Particulars: civer/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Iditors! Comments::	()	1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA+ 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	Leporting (\$30); ssessment (\$100); INC (\$8 cough Survey cough Survey (Resurvey) instINC Only (wef 10 Jan 2005 on SMRT Survey al Services cordination	FA Bill 100 1/545 5120 530) 575 5160 55 510	Ami (\$)
3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions	()	1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idac DA+ 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	Leporting (\$30); ssessment (\$100); INC (\$8 tough Survey ough Survey (Resurvey) just INC Only (wef 10 Jan 2005 on SMRT Survey al Services or / Tpt Allowance ordination Inspection at Excess Coordination Nun INC) against INC	\$4.Bill \$100 \$7545 \$1120 \$30 \$30 \$30 \$160 \$55 \$510 \$25 \$55	

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.	THE CONTROL OF THE SECRET OF THE SECRET OF THE SECRET CONTROL OF THE SECRET OF THE SECRET SECRET SECRET SECRET.
	ACCIDENT STATEMENT
Date Of Report	05/02/2020 17:52
Date Of Accident	05/02/2020 09:05
Exact Location Of Accident	HILLVIEW FLYOVER TWDS BUKIT TIMAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR52B
Insured/Policyholder	
Name Of Registered Owner	CHRISTINA GOH
NRIC No	SXXXX408I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96155756

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model C-HR HYBRID 1.8S CVT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-96155756

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5114939324

Cover Note Number

Driver

Name of Driver CHRISTINA GOH

 NRIC No
 SXXXX408I

 Date Of Birth
 08/07/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 25/04/1997

Driving Experience 22 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96155756

Fax Number

Contact Number OFFICE-96155756

EMail Address NOEMAIL

BLK 767 YISHUN AVENUE 3

#01-307 760767

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

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Address

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

NO

1

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?

NO

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)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKW6888P Vehicle Registration Number **MERCEDES** Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SCG5558C

Page 2 of 16

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CIVIC

PRIVATE CAR

DETAILS OF INJURED PERSON 1

Name

CHRISTINA GOH

Approximate Age

Injuries Sustain

NECK & SHOULDER

Injured person in which vehicle?

SMR52B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accorate as possible. Any wilful misrepresentation or withholding 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
- 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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)
 - (i) 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
- (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
- my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents [including their lawyers/law firms], which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

stance for the ballion of

Date & Time:

							avelling . I Suddenly
the f	rant V	ehide	Stopped	, I M	anageo	x to	stopped in
time	Without	any	contact	with	the	fiont	Vehicle.
the	Car beh	ind m	e could	not	Stop	in +1	me and
nit on	to the	rear y			is car	.I h	vent down
of my	Cox -	to che	ck and	found out	thaf	there	was
3 cor	involve	in.	the ac	cident.			
							At.
							M

DECLARATION

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

Policyholder's Signature Date & Time:

Substitution of the Park Contract of the

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 5/02/2020 (DD/MM/YY) Time: 9:05AM (HH:MM)
Exact location of accident	HillView Flyorer towards Bukit timah

Details of vehicle

Vehicle registration number	SMR52	2 B
Vehicle make and model	TOYOTA	CHR
Type of vehicle	Saloon Lorry	MPV
Vehicle category	Private	Commercial Motorcycle
Purpose of using at said time	Private u	Le Motorcycle
Are you claiming under your own insurance company?	Yes Third part cla	No if no, please select:

Insurance information

HTUC		
Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	CHRISTING GOH	Male o	Female &
NRIC / Fin / Passport number	SUGTHURI	Tridie d	Temare E
Contact	96155756		
Address	BIK 767 Yishun Ave 3 HO1-30=	F S(760767)

Same as insured above (skip to D.O.B) Driver

Name				-2/ 1/1	City College (V.City	Male 🗆	Female d
NRIC / Fin / Passport number						Widle (I CITIBLE D
Contact				25-115		E-0.20-20-20-20-20-20-20-20-20-20-20-20-20-2	10
Address		E - 100	-				
Email address	1				-		
Date of birth	08-0	77 -	1956				
Occupation	Indoor		Outdoor		- 100		
Driving date pass			2003				

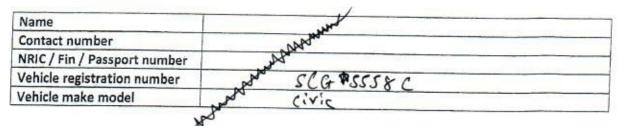
General information of the accident

Was driver an employee of the insured's company?	Yes □ No d If no, relationship of the driver and insured:
Accident captured by camera	? Yes D No D
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	
tto or passenger	(Inclusive of driver)
Passenger 1	50 50
Name	
Gender	Male Female
Passenger 2	
Name	
Gender	Male Female
Passenger 3	
Name	
Gender	Male Female
Passenger 4	
Name	
Gender	Male D Female D
Passenger 5	
Name	
Gender	Male Female
Passenger 6	
Name	
Gender	Male D Female D
Other information	
Was anybody injured?	Yes d No a
-	Yes No 🗆
Details of police action	
Reported to police?	/es □ No ✓ If yes, please state which police station.
Police station name	11 Jes, piedse state which police station.

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SKW 688FP	
Vehicle make model	Wercs	

Third party vehicle 2



Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number		
Vehicle make model	/	

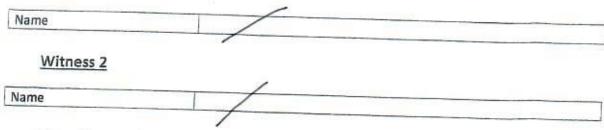
Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	The state of the s
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	1

Witness 1



Injured person 1

Name	CHRISTIND GOH
Injuries sustained	Neck and shoulder
Which vehicle person in?	SMR52B
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No D

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No No
Was injured conveyed to hospital by ambulance?	Yes D Mo D

eBao Tech				19 99						Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			10000			• Change	Languag	e • Char	nge Password	· Log Out
My Desktop	Polic	cy Query									
Natice of Lass	Policy N	lo.				Date o	f Accident		05/02/2020	09:05	
	Vehicle	No.(For Motor)	SMR528	3		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114939324		CHRISTINA GOH	511674081	GPC	drivo CLASSIC	SMR528	SMR52B	17/12/2019	16/12/2020
					C	Continue					

Policy No.	5114939324	Policyholder Name	CHRISTINA	A GOH	Policyholder NRIC	S11674081	
Certificate		Number 1					
Address	NIL						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/12/2019	Effective Date	17/12/201	9 00:00	Expiry Date	16/12/202	0 23:59
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			Yo	ung/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ	
	No						
Flag							
Flag Open Policy Info							
Open							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policyh	older Mailing Address	Addre	ess 2		10	Address 3	
Open Policy Info Certificate Info			ess 2 ess Type	Singapore address		Address 3	999999
Open Policy Info Certificate Info Policyh Address 1		Addre	ess Type ed Policy	Singapore address 5114939324			999999
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.		Addre	ess Type ed Policy	S. Xex			999999
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	NIL d Object: SMR52B	Addre	ess Type ed Policy	S. Xex			999999
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	NIL d Object: SMR52B ements	Addre Relat Numb	ess Type ed Policy	5114939324		Post Code	999999 Endorsement Content

aim Handling					
cident MT/1083127				COT A COLUMN TO THE	
ley No.	5114939324	Vehicle No.	SMR528	GST Registration No.	
rtificate No.				10.000.000.000.000.000.000.000.000.000.	20020231
icyholder Name	CHRISTINA GOH			Policyholder NRIC	S1167488I
duct Code	PRIVATE CAR INSURANCE	Cover Type	sinve CLASSIC	Leading	O.
rtact No.(Mobile)	96155756	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Rémark		eCode	19.00
К	® No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Sntitlement(%)	50	Private Hire	No
Accident Details					
port Date	05/02/2020 18:00	Accident Report Within 24 hrs	Yes	Acodent Type	Chain Collision
ite of Accident	05/02/2020	Time of Accident hhomm	09-05	Country of Academ	Singapore
porting Centre		Orange Force		IOM No.	
cident Location	HILLVIEW FLYOVER TWDS BUKI				
V Total Excess Applicable	7.50-14-2-4-15				
cess Type	Per Accident	Windscreen Excess	100.00		
cess type	res reparent	77710001000100000			
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
		17.5% SXTS E.S.		STATE AND STATE OF ST	2000
Iditional Excess	0	The state of the s	CONTRACT.		
tal OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
₹ Benefits					
7 GST Registered Informa					
ST Registered	No.		GST Registration Date	17620	
61 Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dream				
		Address 2		Address 3	
ddress 1	NIL		Signature address	Post Code	999999
ddress 4		Address Type	Singapore address	Publicade	272077
Nt Ns.		Related Policy Number	5114939324		
OI Driver Info					
nver Name	CHRISTINA GOH	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	511674080	Driver DDS	08/07/1955
egister Date of Driver License	25/04/1997	Driver Age	63	Driving Experience	22
ontact No.(Mobile)	96155756	Contact No.(Office)	0	Contact No.(Home)	0
ddress 3	BLK 767	Address 2	YISHUN AVENUE 3	Address 3	SINGAPORE 260767
ddress 4		Address Type	Singapore address	Post Code	760767
nit No.	01-307				
oes he own a Singapore				Driver Insurer Company	
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ederation					
reathalyser or Blood Test eading?	0 mg	Any injury?	⊕ Yes ○ No		
lodification History					
Number (tally)					
Claim 001 New					
	The second secon	3	1-1/100		
am Type *	DD-MX	Insured Name	CHRISTINA GOH	Insured NRIC	511674081
ontact No.(Mobile)	96155756	Contact No.(Home)		Contact No. (Office)	65577188
mail Address	chriss0807@hotmail.com	Ot Vehicle Number	SMR528	TP Versicle Number	SKW6888P
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