	Services		Date & Time Completed	Done by	
Date In:(G/Y2-1):YY	Jeb description		Date & Time Completed		
Ref No: 40/146 200 2845/24	SAS e-filing	1			
Veh No: 139209	E-mail (within Shrs, A	IC 2hrs)			
D.O.A: 87/12-12:55	i-Motor Claim Fo	rm	M7 1084976-001	19 M2 13: J	1
	i-Motor W/O (with	nin: OD 2hrs, 7	P 4hrs)		
OD (7) / Reporting Only	i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 349	XXIS E.	INC()/Non-INC().	+	1100 1000
Owner / Driver: () P		Tel:)	
	iod: ()	Cover Type: ()	-
Confirmed by : (5500	ate:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO):	N: 0-20	%; P: 21-79%. P: 80	-100%]	
		NO()			
	00 ()/\$2,000 ()		THE REAL PROPERTY.	
General Remarks:-			San Barrer	S (100)	3 10
() Walk-In Customer: Customer's infor	mation strictly Confide	ntial & Stri	ctly NO refer of repaire	т	
() Total Loss Case : to e-mail Insure	r URGENTLY.	-	· ** * d		
Drive-In ()/ Towed-In (); Invoice) ; To	wing Co: ()
			Date& Time Completed	Done l	y ·
Remarks:- (INC hotline: 6788 6616)	5 ()	130000	Datte	1000	
1) Apply for Transport Allowance ()/C	100			-	
2) QC Check / Post Repair Inspection	()	100			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()				
Injurý:		-			
				and the second second	T. M. P. T.
Date/Time Actions		1000	7 - F 34	N 58 Otore.	CONTRACT
Date/Time Actions	Angelogia (1)		and the second) reselvance.	1, 201, p.5
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Date/Time / Actions	1			Xnt (\$)	Adults
	1 In	voice Pre	paration Checklist	Anit (S)	
NA1001366	1)	AR : Accident	Reporting (530);	fáBill	
NA1001366	1) /	AR : Accident DA : Damage	Reporting (530); Assessment (5100); INC	CONTRACTOR CONTRACTOR CONTRACTOR	
Laimant's Particulars :-	1) / 2) 1 3) '	AR : Accident DA : Damage TF : Towing F	Reporting (\$30); Assessment (\$100); INC.	(\$80) \$40/\$45 \$120	
Claimant's Particulars:	1) / 2) 1 3) 4)	AR : Accident DA : Damage TF : Towing F FT : Follow-T	Reporting (\$30); Assessment (\$100); ING ee hrough Survey hrough Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30 200\$)	
Contact No:	1). (2). (3). (4). (5). (6).	AR: Accident DA: Darnage TF: Towing F FT: Follow-T FT: Follow-T For claiming a TR: Re-inspe	Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan etion	(\$80) \$40/\$45 \$120 \$30	
Contact No:	1). (2). (3). (4). (5). (6). (7).	AR: Accident DA: Darnage TF: Towing F FT: Follow-T FT: Follow-T For claiming a TR: Re-inspe	Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan	\$40/545 \$40/545 \$120 \$30 \$2005) \$75	
Claimant's Particulars: Oriver/Owner: Contact No: Darnaged Portion:	1). 2). 3). 4). 5). 6). 7). 3 8).	AR: Accident DA: Darnage TF: Towing F FT: Follow-T FT: Follow-T For elsiming a TR: Re-inspe N1: Idae DA NTUC Additi OD*	Reporting (\$30); Assessment (\$100); ING ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan chion + SMRT Survey onal Services:-	\$40/545 \$40/545 \$120 \$30 \$2005) \$75	
Claimant's Particulars: Oriver/Owner: Contact No: Darnaged Portion:	1)/2)/ 3) '4)/ 5)/ 6)/ 7)/ 3 8)	AR: Accident DA: Damage TF: Towing F FT: Follow-T FT: Follow-T For claiming a TR: Re-inspe N1: Idac DA NTUC Additi OD* *N5: Courtes) *N6: Repair C	Reporting (\$30); Assessment (\$100); ING ee hrough Survey hrough Survey (Resurvey) seinst INC Only (wef 10 Jan chion + SMRT Survey onal Services:- Car/Tpt Allowance	\$40/\$45 \$40/\$45 \$120 \$30 2005) \$75 \$160	
Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1). 2)1 3)' 4). 5) 6)' 7)	AR: Accident DA: Darmage TF: Towing F FT: Follow-T FT: Follow-T For claiming a TR: Re-inspe N1: Idac DA NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Re;	Reporting (\$30); Assessment (\$100); ING ee hrough Survey hrough Survey (Resurvey) geinst JNC Only (wef 10 Jan thon + SMRT Survey onal Services: Car/Tpt Allowance co-ordination mair Inspection	\$40/\$45 \$40/\$45 \$120 \$30 2005) \$75 \$160	
Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1)/ 2)] 3)' 4) 5) 6)' 7)	AR: Accident DA: Damage TF: Towing F FT: Follow-T FT: Follow-T For claiming a TR: Re-inspe N1: Idac DA NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Re; *N8: DV / Co	Reporting (\$30); Assessment (\$100); ING ee hrough Survey hrough Survey (Resurvey) soinst INC Only (wef 10 Jan ction + SMRT Survey onal Services:- Car/Tpt Allowance co-ordination mit Inspection Heet Excess Coordination	\$40/\$45 \$40/\$45 \$120 \$30 2005) \$75 \$160 \$55 \$510 \$25 \$525	
	1)/ (2)1 (3) (4) (5) (6) (7) (8) (8)	AR: Accident DA: Damage TF: Towing F FT: Follow-T FT: Follow-T For claiming a TR: Re-inspe N1: Idac DA NTUC Additi OD* *N5: Courtes) *N6: Repair C *N7: Fost Re; *N8: DV / Co	Reporting (\$30); Assessment (\$100); ING ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan etion + SMRT Survey onal Services: Co-ordination hir Inspection liect Excess Coordination P (N-in INC) against INC	\$10 \$10 \$25 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Amt (\$)

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,	randometria en estado en entre en entre en estador en entre en entre en entre en entre en entre en entre en en En entre en entre entre entre entre en
	ACCIDENT STATEMENT
Date Of Report	19/02/2020 13:48
Date Of Accident	18/02/2020 12:55
Exact Location Of Accident	NEWTON CIRCUS TWDS NEWTON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ920A
Insured/Policyholder	
Name Of Registered Owner	GJALTEMA SYMEN BENJAMIN
NRIC No	SXXXX736F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98747474
Alternative Phone No	OFFICE-98747474
Vehicle Particulars	
Manufacturer	SUZUKI
Model	VITARA 1.6 GLX 6AT 2WD
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111589528
Cover Note Number	
Driver	
Name of Driver	GJALTEMA SYMEN BENJAMIN
NRIC No	SXXXX736F
Date Of Birth	24/08/1953

 NRIC No
 SXXXX736F

 Date Of Birth
 24/08/1953

 Occupation
 INDOOR

 Date Of Driving Pass
 16/05/1983

Driving Experience 36 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98747474

Fax Number

Contact Number OFFICE-98747474

EMail Address NOEMAIL

BLK 534 WOODLANDS DRIVE 14 Address

#12-591

730534 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

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJN9798E Vehicle Registration Number MAZDA Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

ALBERT TAN TEE LEONG Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willful 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.
- 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 opies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

eston.	TOTAL O	DUNEARN R			
	BALL		elida A	13LT 9201	Contract to
	I HAUL I		-	STN 9748E	-
		Ex + 40	11-1-1-6		Meuto.
1-6-Kg	STANCES OF THE ACCIDENT		la die	a Muneiga	RJ.
-	Stated date & time	, I vehick	'A' was -	travelling	
along the	stated venue. As	I was K	ceping in	my lare	
goldy sta	ight. Vehicle is s	versed about	ptly into	my lane	
tried	to avoid but a	vehicle B's	till collided	onto	
ne left c	de of my vehicle	e. From the	Stront Lest	till the	
er left	postici				8
					1
		Trace and the second new			

Policyholder's Signature Date & Time:

 $S(A)e^{i\theta} + S(\theta)(A) = (\delta g_{i\theta} + \frac{1}{2}\theta_{i\theta})$

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.
- Please report correctly on the declars of the accurate to speed up the country 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: 18/02/20	(DD/MM/VV) Tim	01 1250	(1111.3.33.4)
	The state of the s		
	Newton Circus	100	Newton Circus towards Newton Rd at

Details of vehicle

Vehicle registration number	SLJ 920	AC	
Vehicle make and model	SUZUKI	VITARA	
Type of vehicle	Saloon D	MPV Bus	Vall L
Vehicle category	Private Ø		
Purpose of using at said time	Personal	COMMI	ercial Motorcycle
Are you claiming under your own insurance company?	Yes Third part o	No di	if no, please select: Reporting only

Insurance information

Insurance company	INOME		
Policy number	SIU589528		
Type of policy	Comprehensive 🗷	Third party fire & theft a	TO 1
A STATE OF THE PARTY OF THE PAR		Timu party fire & thert	TP only

Insured / Policy holder

Name	GIALTEMA SYMEN RENJAMIN Male & Female
NRIC / Fin / Passport number	S2203736 F SYMEN BENJAMIN Malex Female
Contact	98747474
Address	APT BLK 534 WOODLANDS DRIVE 14
	#12-591 5(730534)

Driver

Name			14-1	- 1
NRIC / Fin / Passport number			Male 🗆	Female
Contact				
Address				District Control
Email address				
Date of birth	24-08-195	(2		
Occupation	Indoor	Outdoor		
Driving date pass	1	1983		

General information of the accident

Was driver an employee of the insured's company?	Yes or	No er ationship of the	driver and insured	d: Owner.
Accident captured by camera?	Yes	Noo		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	01			(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female	

Passenger 2

Name			
Gender	Male 🗆	Female	

Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female a	

Passenger 6

Name		Vertical designation of the second se	
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes 🗆	No.	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	ALBERT TAN THE LEONG
Contact number	100 0000
NRIC / Fin / Passport number	
Vehicle registration number	STN 9748E
Vehicle make model	MAZDA

Third party vehicle 2

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

Third party vehicle 3

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	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

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

11000			100
W	ITH	ess	-7
4 4			-

Name	
Tauric	

Witness 2

Name	
the same of the sa	

Injured person 1

Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No 🗆

Injured person 2

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

Injured person 3

Name		- Committee of the comm	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	No a	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 4

Name			
Injuries sustained		The same of the sa	
Which vehicle person in?			
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

Original Repo	ort No : MNA120022348	Vehicle Registration No. SLJ920A
		17.
		10 95 50 NOV
Address	BLK 534 WOODLANDS	DRIVE 14 #12-591Singapore(730534
Contact (Tel)		Mobile No.: 98747474
Email Addres	s :	
Date of Accid	ent : 18/02/2020	Time of Accident : 12:55
Contact (Tel) :Mobile No.: 98747474 Email Address :		
Insurance Cor	mpany: NTUC Income Insuranc	e Co-operative Ltd
ADDITIONAL	INFORMATION / AMENDMENTS	
	10.73	
S. Carlotte		
3		
10 		
(J		-Ma
Policyholder / Date:	Driver's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5111589528

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLJ920A

Chassis Number

: TSMLYD21S00274676

2. Name of Policyholder

: GJALTEMA SYMEN BENJAMIN

3. Effective Date of Insurance

: 02 Aug 2019

4. Expiry Date of Insurance

: 01 Aug 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

6. Limitations as to Use#

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

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : GJALTEMA SYMEN BENJAMIN NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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

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

Agency

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

: 02 Aug 2019 08:53 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

HUA YANG CREDIT PTE LTD Authorised Officer

Chief Executive

159 SIN MING ROAD #04-04

AMTECH BUILDING SINGAPORE 575825 TEL: 64586111 FAX: 64896111

ACRA: 198404112G

Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e + Chai	nge Password	· Log Ou
My Desktop Notice of Lass	Poli	cy Query								100 CONTRACTOR OF THE PARTY OF	0.37-0.4
	Policy N	io.				Date o	of Accident	- A	18/02/2020	12:55	
	Vehicle	No.(For Motor)	SL)920.	Ą		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	5111589528		GJALTEMA SYMEN BENJAMIN	S2203736F	GPC	drivo CLASSIC	SL)920A	SL)920A	02/08/2019	01/08/2020

Policy No.	5111589528	Policyholder Name	GJALTEMA	SYMEN BENJAMIN	Policyholder NRIC	S2203736F	
Certificate No.		A-16161			THE STATE OF		
Address	BLK 534 #12-591 WOODLANDS	DRIVE 14 WO	ODLANDS V	ISTA SINGAPORE 7	30534		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/08/2019	Effective Date	02/08/2019	9 00:00	Expiry Date	01/08/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 534 #12-591	Addres	is 2	WOODLANDS DRIV	/E 14	Address 3	WOODLANDS VISTA
Address 4	SINGAPORE 730534	Address Type		Singapore address		Post Code	730534
Jnit No.		Related Policy Number		5111589528	111589528		
▶ Insured	d Object: SLJ920A						
♥ Endorse	ements						

Continue Cancel

Claim Handling							
Accident MT/1084976							
olicy No.	5111589528	Vehicle No.	SU920A	GST Registration No.			
ertificate No.							
olicyholder Name	GJALTEMA SYMEN BENJAMIN			Policyholder NRIC	52203736F		
roduct Code	PRIVATE CAR INSURANCE	Cover Type	privo CLASSIC	Loading	0		
ontact No.(Mobile)	98747474	Contact No.(Office)	0	Contact No.(Home)	0 N∈ ♥		
mail Address		Special Remark		eCode			
nc.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason			
CD Protection	Yes	NCO Entitlement(%)	50	Private Hire	No		
Accident Details							
eport Date	19/02/2020 13:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane		
ate of Accident	18/02/2020	Time of Accident hh:mm	12:55	Country of Academ	Singapore		
eporting Centre	10,000	Orange Force		ICM No.			
ccident Location	NEWTON CIRCUS TWOS NEWTON RD	100 Mar		11 TST NOTE:			
✓ Total Excess Applicable	NEW YOR CIRCUS THOS NEW YOR NO						
icess Type	Per Accident	Windscreen Excess	100.00				
icess type	rei accide a	Wedschell Licess	,200.00				
D Standard Excess	600.00	TP Standard Excess	0.00				
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
iditional Excess	0	021200000000000000000000000000000000000	277		CT.10711		
ital OD Excess Applicable	600.00	Total TP Excess Applicable	0.00				
F Benefits	100,00		2.75				
GST Registered Informa			ART BASINGS BASINGS				
ST Registered	No		GST Registration Date GST Status Verified	Yes			
ST Registration No.			GS1 Status venned	144			
odification History							
Policyholder Malling Ad	dens.						
			WOODLANDS DRIVE 14	Address 3	WOODLANDS VISTA		
ddress 1	BLK 534 #12-591	Address 2					
ddress 4	SINGAPORE 730534	Address Type	Singapore address	Post Code	730534		
nit No.		Related Policy Number	5111589528				
OI Driver Info	April 1997 Control of the Control of						
iver Name	GJALTEMA SYMEN BENJAMIN	Driver Type	Main Driver		24.000.000		
named driver Name		Oriver NRIC	S2203736F	Driver DOB Driving Experience	24/08/1953		
gister Date of Driver License	16/05/1983	Driver Age	66		36		
ontact No. (Mobile)	98747474	Contact No.(Office) 0		Contact No. (Home)	0 WOODS AND SUITE		
Idress 1	BLK 534	Address 2	WOODLANDS DRIVE 14	Address 3	WOODLANDS VISTA		
tdress 4	SINGAPORE 730534	Address Type	Singapore address	Post Code	730534		
nit No.	12-591						
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
egistered car?							
sclaration							
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No				
eading?	0.00	10000					
odification History							
Claim 001 New							
Claim DOI MEN							
			And the second s		VOCUSION AND THE RESERVE TO THE RESE		
arm Type *	OD-MX	Insured Name	GIALTEMA SYMEN BENJAMIN	Insured NRIC	52203736F		
ontact No.(Mobile)	98747474	Contact No.(Home)	65269268	Contact No.(Office)	63909324		
mail Address	SYMENG)@GMAIL.COM	OI Vehicle Number	SLI920A	TP Vehicle Number	SJN9798E		
amant Type Claimant Type *		Type of Benefit *	Please Select				
armant Name +	22	Claimant NRIC *					
aimant Address				1			
laim Description	SLJ920A / SJN9798E ON 18 Feb 2020			Name of Preferred Workshop			
referred Workshop Contact	2000 2000	Assessed Control of	Not at Fault		1,5		
		Insured Liability *		***			
equire Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received V		
ate Registered	19/02/2020 13:57	Claim Close Date		Date Received	19/02/2020 00:00		
eport Taken By	Jackson						
Print AK letter							
			NAMES OF TAXABLE PARTY.				
			Save Submit				
Attachment							
•							
codent No.	MT/1084976	Claim No.	001				
est Doc. Received	Yes ○ No	Upload Date	19/02/2020 13:58				
	Path *		Category *	Confidential Urgen	cy * Description		
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	Uploaded By/Date	Folder Date	Fin	Name		9	Source	A	ď
Video List									
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3			Photos		Normal	Phot	os 2020-2-19		
			Photos		Normal	Phot	106 2020-2-19		
フレジング	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SERV] CES) on 19 Feb 2020 13:57		Photos		Normal	Pho	tos 2020-2·19		
	NAC_PAYA_UBI_800601(NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 9 Feb 2020 13:57	Photos		Normal	Pho	tos 2020-2-19		
	NAC_PAYA_UB1_800601(NAT CES) on 1	FIONAL ASSESSMENT CENTRE SERVE 9 Feb 2020 13:57	Photos		Normal	Pho	tos 2020-2-19		
9	NAC_PAYA_UBI_BOOKO1[NA CES] on 1	TIONAL ASSESSMENT CENTRE SERVI 9 Feb 2020 13:58	Photos		Normal	Pho	tos 2020-2-19		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Feb 2020 13:58		Photos		Normal	Pho	tos 2020-2-19		
8	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Feb 2020 13:58		Photos		Normal	Pho	tos 2020-2-19		
	NAC_PAYA_UBI_B00601(NA CES) on 1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Feb 2020 13:58			Normal	Pho	nos 2020-2-19		
6	NAC_PAYA_UB1_800603(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 9 Feb 2020 13:58	Photos		Normal	Pho	otos 2020-2-19		
はあずるす	NAC_PAYA_UBI_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 19 Feb 2020 13:58	Photos		Normal	Pho	otos 2020-2-19		
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1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 13158		SAS		Normal	6	AS 2020-2-19		
5	NAC_PAYA_UBI_800601(N/ CES) on	ATIONAL ASSESSMENT CENTRE SERVE 19 Feb 2020 13:58	NRIC/ Driving License	Y	Normal	NRIC/ DVI	ring License 2020-2-19	1,11000	
tachment	Uplo	aded By/Date	Category	9	Urgency		Description	Msg Sent? (CO)	