NATIONAL Assessment Centre		Date &Time Completed	Done by	
Date In: 21/2/2-17:4~	Jeb description	Date & Time completed		
Rel No: da linera star 24	SAS e-filing			•
Veh No: 574 39KS	E-mail (withia Shrs, AIC 2hrs)			-
D.O.A: Wy20-16.05	i-Motor Claim Form	my 11082624-201	zylo 18	:06
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD TPY Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JEST	NO. INC	()/Non-INC().		
Owner / Driver: (Tel:		
	od: () Cover Type: (
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]	
	'arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()		THE WORLD	
General Remarks:-				1
() Walk-In Customer: Customer's inform	nation strictly Confidential &	Strictly NO refer of repairer	<u></u>	
() Total Loss Case : to e-mail Insurer		* : :		
Drive-In ()/ Towed-In (); Invoice:		; Towing Co: ()
		Dates: Time Completed	Done	y
Remarks: (INC hotline: 6788 6616)		Dacatra de la		
. /	ourtesy Car ()		1	
2) QC Check / Post Repair Inspection	()		 	-
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			Allega Co.
Injury:				ng New State
Date/Time Actions			PER CALL	
		AND ADDRESS AND AD		
	3		THE HEAD OF THE RESERVE	
			Ant (S)	Amt (\$
Manager 1	Invoice	Preparation Checklist	Tit Bill	Add B
NAMONAS .	1) AR : Ac	cident Reporting (\$30);	(\$80)	
laimant's Particulars:-	2) DA : Da 3) TF : Tov	Ilia Re Vraecassus /	\$40/\$45	
river/Owner:	4) FT : Foll	low-Through Survey	\$120 \$30	
Contact No:	5) FT : Fol	low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 2	(105)	
	6) TR : Re-	-inspection	\$75	
amaged Portion:	7) N1 : Ida 8) NTUC	o DA + SMRT Survey Additional Services:-	Silverine	
	OD.		\$5	
C Checked by (Engr-In-Charge):	*N5: Co	pair Co-ordination	510	
	• N7: Fc	st Repair Inspection	\$25	349 - 3V
TERRESIDENCE CONTRACTOR CONTRACTO	P. 16 3 Ch 26 3 Th 18 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	the state of the s	231	
Anditors' Comments::-	*N8: D	V / Collect Excess Coordination 1): TP (Non INC) against INC	\$5 \$20	
Auditors' Comments::-	*N8: D	1) : TP (Nun INC) against INC inc Mobile	\$20 30	e de la la companya de la companya d

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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.	
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	24/02/2020 17:42
Date Of Accident	22/02/2020 16:05
Exact Location Of Accident	BALAM RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA3915S
Insured/Policyholder	
Name Of Registered Owner	CARADISE RENTAL
Co Reg No	5XXXX344W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
Exact Purpose for which vehicle was being used at 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112800384
Cover Note Number	
Driver	
Name of Driver	KOH JUN XIAN
NRIC No	SXXXX999C
Date Of Birth	28/11/1995

OUTDOOR

02/09/2017

MALE

NOEMAIL

2 YEARS AND 5 MONTHS

(LOCAL) +65-81189543

OFFICE-81189543

BLK 899C WOODLANDS DRIVE 50 Address

#09-292

732899 Postcode

Was driver an employee of the Insured's Company

OTHER - HIRER If No, Relationship of the Driver with the Insured

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

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

ambulance?

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

NO

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200222/2112.

Attachment(s)

YES Are accident photos available for attachment? NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKJ5136B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name KOH JUN XIAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJA3915S

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.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate</u> as <u>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.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
 - 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

(ii) for complying with requirements under any regulations, laws or court orders.

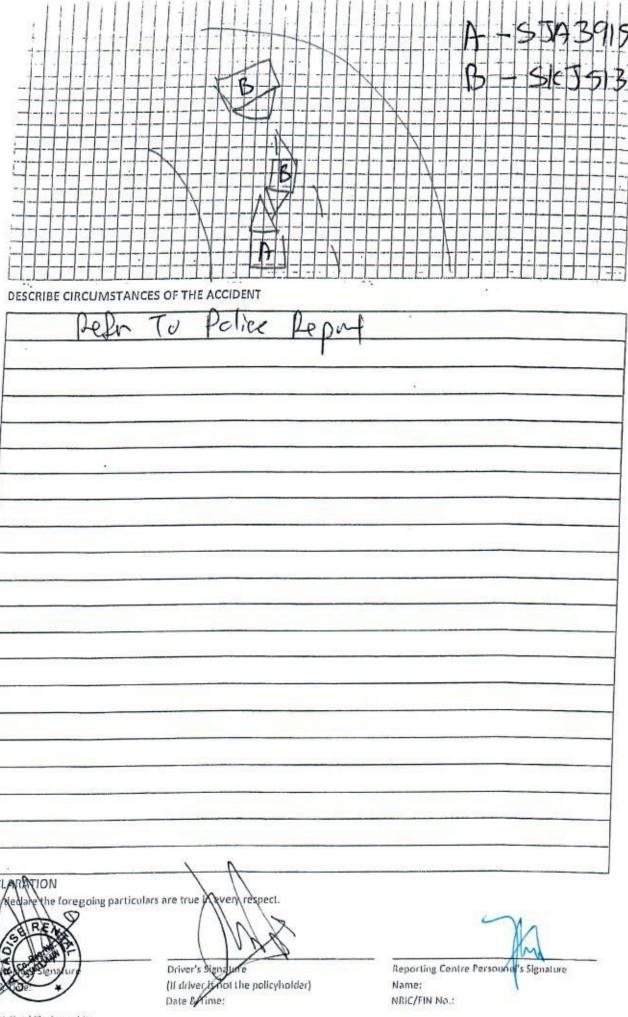
Policyholder's signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



	155 MAKE & MODEL: Hunch Civic
DATE OF ACCIDENT	22/2/2020
TIME OF ACCIDENT	10:05 AM/PM
LOCATION OF ACCIDENT	Balann Rosel
Exact Purpose use during accident	
NAME OF OWNER	Caradise Rantal
TELP NO	(53403344W)
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES/NO ?
INSURANCE CO.	NITA
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
	As above / If No. 160 / Son Ylan
NAME OF DRIVER	
NRIC	5954 3909C Any passengers, —
DATE OF BIRTH	28/11/1995
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	21017017
GENDER	Male / Female
CONTAC NO.	6118 954 3 Office, Home,
ADDRESS	BIK 8896 Wordlands Orive 50 \$09-291
DRIVER HAVE ANY OWN Vehicle	(732690) If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Raining / Other.
ROAD SURFACE	Ory Wet Other.
The second secon	ar and last o
ANY INJURIES	No / Hyes. Who?
CONTAC NO.	
CONTAC NO.	No/If(yes). Where? Maxparson NPD
CONTAC NO. POLICE REPORT	
POLICE REPORT VEHICLE B NO.	No/If(yes). Where? Maxparson NPD
POLICE REPORT VEHICLE B NO. NAME	No/If(yes). Where? Maxparson NPD
CONTAC NO. POLICE REPORT VEHICLE B NO. NAME CONTAC NO.	No/If(yes). Where? Maxparson NPD
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ANY INJURIES CONTAC NO. POLICE REPORT VEHICLE B NO. NAME CONTAC NO. VEHICLE C NO. VEHICLE D NO. VEHICLE E NO. VEHICLE F NO. NY WITNESS WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	No / If(yes). Where? Mox parson NPD GCJ 5136B Any Passenger. Any Passenger. Any Passenger. Any Passenger. Any Passenger. Any Passenger.
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CONTAC NO. POLICE REPORT VEHICLE B NO. NAME CONTAC NO. VEHICLE C NO. VEHICLE D NO. VEHICLE E NO. VEHICLE F NO. NY WITNESS WITNESS CONTACT NO. VAS THERE ANY VIDEO CAPTURE? VAS THERE ANY AUDIO CAPTURE?	No/If(yes). Where? Morpers of NPD Any Passenger. Any Passenger. Any Passenger. Any Passenger. Any Passenger. YES / NO YES / NO YES / NO
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1 of 3

Report No. T/20200222/2112

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT	OF A TRAFFIC	ACCIDENT		15. 7. 5. 11			
Date/Time Report Made: 22/02/2020 17:26		fade:	Vide Report No.:	Station Diary No. 37			
Informa	nt's Particu	ulars		在周光时的被数时间 第11章			
Name of Informant: KOH JUN XIAN			Address: APT BLK 899C WOODLANDS DRIVE 50 #09-292 SINGAPORE 732899				
ID Type / ID No.: NRIC NO / S9543999C		99C	Contact No.: Home/Office:	Mobile: 81189543			
National SINGAF	lity: PORE CITIZ	EN .	Email:				
Sex: Male	Age: 24	Date of Birth: 28/11/1995	Type of Informant: Driver				
Race: Chinese		3	Language:	Institution / School Name:			
Occupation: GRAB DRIVER		25 W	Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/02/2020 16:05	Type of Location	
Location: BALAM ROA	D		a 2		
ALMOST COMMUNICACIONE	Block 20 Balam Road	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Between Mov	Anyone conveyed by ambulance:				

Details of V	enicie invo	ived	Children of the Control of the Contr	***	ALCOHOLOGICA CONTRACTOR	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA3915S	Car			Ť.	Slightly Damaged	0
SKJ5136B	Car		-			0





2 of 3

Report No. T/20200222/2112

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Brief Details.

On 22/2/2020 at about 4:08pm, I was entering the carpark of Block 20 Balam Road, when there is a Green Pigeot Vehicle (Vehicle Registration Number: SKJ5136B) which was coming out of the carpark.

The accident happened along the bend of the carpark, when I stopped my vehicle to allow the Pigeot vehicle to turn out. However when the Pigeot Vehicle was turning he over steered and collided into the front right of my vehicle bumper.

I immediately alighted my vehicle wanting to get the other driver's particulars, however when I alighted my vehicle, the other party sped off. I want to state that the collision resulted in dent and scratches on my vehicle's bumper and caused the bumper to be out of alignment. My neck is also injured due to the collision, however I had yet to visit the doctor.





3 of 3

Report No. T/20200222/2112

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

7

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

Signature Of Officer Recording The Report:

Signature Of Informant:

Signature Of Informant:

Date/Time:
22/02/2029 17:26

Officer In Charge Of Case:
TP / HRT /

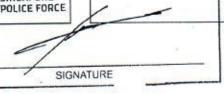
SINGAPORE

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

Authentication Stamp NP168

Insp GOH GEOK LYE

Contact No.: 65476148





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

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 same Authorised Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA120024521 Vehicle Registration No: SJA3915S Name(as shownin NRIC) : CARADISE RENTAL NRIC/FIN/Passport No : 5XXXX344W (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate) Singapore(Address Mobile No.:____ Contact (Tel) **Email Address** ____Time of Accident : 16:05 22/02/2020 Date of Accident BALAM RD Place of Accident Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend relationship with owner and driver - hirer

Policyholder / Driver's Signature Date: 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)	
MACTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Cover : drivo CLASSIC Certificate Number: 5112800384

1. Index mark and Registration Number of Vehicle

: SJA3915S

Chassis Number

: JHMFD46208S200331

2. Name of Policyholder

: CARADISE RENTAL : 04 Oct 2019

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 03 Oct 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : SPEEDO CAPITAL PTE. LTD. HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: SPEEDO CAPITAL PTE. LTD. (00000615301)

Date of Issue

: 03 Oct 2019 15:48 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech		VALUE OF THE PARTY								Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601		A TOP STATE OF THE PARTY OF THE	A STATE OF THE PARTY OF THE PAR			• Change	Language	• Chan	ge Password	· Log Out
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	Policy N	0.				Date o	f Accident	2	2/02/2020 1	6:05	
	Vehicle	No.(For Motor)	S)A3915	5S		Certific	cate Number				
					10	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112800384		CARADISE RENTAL	53403344W	GPC	drivo CLASSIC	SJA3915S	SJA3915S	04/10/2019	03/10/2020
					V.C	ontinue					

	ed Object: SJA3915S sements				Endorsemen		Endorsement Content
	ed Object: SJA3915S						
Jnit No.							
	Unit No. 09-292		Related Policy Number		5112800384		
Address 4			ess Type	Singapore address	ss	Post Code	732899
Address 1	BLK 899C #09-292	Addre	ess 2	WOODLANDS DR	RIVE 50	Address 3	SINGAPORE 732899
Policy!	holder Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
0-							
gent	SPEEDO CAPITAL PTE. LTD.	Agent Tel.	66847757		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Inexperience Driver Excess	
dditional xcess	0	OS Premium					
hird Party 1500 xcess		damage Excess	2000		Windscreen Excess	100	
ype	Per Accident	Excess			Winderson		
ssue Date	03/10/2019	Date All Claims	04/10/201	9 00:00	Expiry Date	03/10/2020 2	2122
lame olicy	PRIVATE CAR INSURANCE	Plan			Policy Flag	N 03/10/2020 2	2.50
ddress roduct	BLK 899C #09-292 WOODLAN		INGAPORE 7	34077	Group		
0.			was none	22000			
a interest filtrans	5112800384	Policyholder Name			Policyholder NRIC	53403344W	

aim Handling					
ident HT/1085634		Vehicle No.	SJA39155	GST Registration No.	
	5112800384	Venicle No.	31437130	02 5844.045.4455 V660 L.C	
ificate No.	98989000004000			Policyholder NRIC	53403344W
	CARADISE RENYAL		40-0 45510	Loading	a
duct Code PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Contact No.(Home)	0
tact No.(Mobile)	0	Contact No.(Office)	0	eCode	THE V
sil Address		Special Remark	20.2	eCode Reason	125.33
	® No ○ Yes	TCA	® No ○Yes		Yes
Protection	No	NCD Entitlement(%)	0	Private Hire	163
Accident Details					
ort Date	24/02/2020 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	22/02/2020	Time of Accident hhumm	16:05	Country of Academt	Singapore
orting Centre	1444	Orange Force		DOM No.	
ident Location	BALAM RD				
Total Excess Applicable					
		Windscreen Excess	100.00		
ess Type	Per Accident	WHIQUEEN CALERS	/ / / / / / / / / / / / / / / / / / / /		
Principles Books	2,000.00	TP Standard Excess	1,500.00		
Standard Excess		YIED TP Excess		Driver is Covered?	
D OD Excess	0.00	THE IN CALCUS			
ditional Excess	0	The second secon			
al OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	Alon				
Registered	No		GST Registration Date	Yes	
F Registration No.			GST Status Verified	7.85	
incation History	24/02/2020 18:05:58 Sys	stem changed GST Status Verified fro	m no of res		
Policyholder Mailing Ad			DESCRIPTION OF THE SECOND	Address 7	SINGAPORE 732899
dress 1	BLK 899C #09-292	Address 2	WOODLANDS DRIVE 50	Address 3	
dress 4		Address Type	Singapore address	Post Code	732899
NE No.	09-292	Related Policy Number	5112800384		
OI Driver Info					
	Unnamed Driver	Driver Type	Unnamed Driver		
iver Name		Driver NRIC	\$xxxx999C	Driver DDB	28/11/1995
named driver Name	KOH JUN KIAN		24	Driving Experience	2
egister Date of Driver Licensia		Driver Age		Contact No.(Home)	0
intact No. (Mobile)	81189543	Contact No. (Office)	0	Address 3	SUNGAPORE 732899
idress 1	BLK 899C	Address 2	WOODLANDS DRIVE 50		
idress 4		Address Type	Singapore address	Post Code	732899
nit No.	09-292				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
ciaration					
reathalyser or Blood Test	Omg	Any injury?	Yes ○ No		
eading?	o mg				
odification History					
CONTRACTOR OF THE PARTY					
Claim 001 New					
-					
10H 22V HS NO	Top line:	Innered Name	CARADISE RENTAL	Insured NRIC	53403344W
aim Type *	OD-MX	Insured Name	PARAMISE WILLIAM		
ontact No.(Mobile)	81189543	Contact No.(Home)	N .	Contact No.(Office)	ENVIRONE SEE
nail Address		Oli Vehicle Number	SJAJ918S	TP vericle Number	5K35136B
simant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
aimant Name *	22	Claimant NRIC *			
laimant Address					
aim Description	SJA39155 / SKJ51368 ON 22 Feb 2020			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
0,				GIA report	Received
equire Finalisation	Yes 🔻	Preferend Repair Option	referred morkarop, name distributi	C-017- 7077	24/02/2020 00:00
ate Registered	24/02/2020 18:06	Claim Close Date	1	Date Received	E-HOLLOWS GRAVE
eport Taken By	Jackson				
Print AK letter					
and the same of th			STATE OF THE PARTY		
			Save Submit		
Attachment					
massilentin.					
9					
ocident No.	MT/1085634	Claim No.	00t		
ast Doc. Received	® Yes ○ No	Upload Date	24/02/2020 18:07		
		100	Category *	Confidential Urg	ency * Descripti
	Path *	Brows	Lamonton Processing	V Norma	Service Service
		Brown		Norma	
		Brown	Se Clear Please Select	V Norma	
		Brown	Se Clear Please Select	NO V Norma	
		Brown		V NO V Norma	V
		Brows	The state of the s		

Attachment	List						20 10 10	Msg Sent?	-
Attachment	Uploade	s By/Date	Category	9	Urgency		Description	(00)	
2	NAC_PAYA_UBI_800601(NATIO CES) on 24 F	NAL ASSESSMENT CENTRE SERVI eb 2020 18:07	NRIC/ Driving License	×	Normal	NRIC/ Dri	ving License 2020-2-24		
1	NAC_PAYA_UB1_800601(NATIO CES) on 24 F	NAL ASSESSMENT CENTRE SERVI eb 2020 18:07	SAS		Normal	S	AS 2020-2-24		
6	NAC_PAYA_UBI_800601(NATIO CES) on 24 F	NAL ASSESSMENT CENTRE SERVI eb 2020 18:07	Photos		Normal	Ph	otos 2020-2-24		
		NAL ASSESSMENT CENTRE SERVI vb 2020 18:07	Photos		Normal	Pr	otos 2020-2-24		
,	NAC_PAYA_UB1_800601(NATIO CES) on 24 F	NÁL ASSESSMENT CENTRE SERVI eb 2020 18:07	Photos		Normal	Pt	otos 2020-2-24		
赤	NAC_PAYA_UB1_800601(NATIO CES) on 24 f	INAL ASSESSMENT CENTRE SERVI (eb 2020 18:07	Photos		Normal	Ph	otos 2020-2-24		
	NAC_PAVA_UBI_B00601(NATIO CES) on 24 f	NAL ASSESSMENT CENTRE SERVI eb 2020 18:06	Photos		Normal	PT	occos 2020-2-24		
3	NAC_PAYA_UBI_B00601(NATIO CES) on 24 I	ONAL ASSESSMENT CENTRE SERVI Neb 2020 18:06	Photos		Normal	pe	notos 2020-2-24		
	NAC_PAYA_UB1_800601(NATIO CES) on 24 (ONAL ASSESSMENT CENTRE SERVI Peb 2020 18:06	Photos		Normal	Pr	notos 2020-2-24		
9	NAC_PAYA_UB1_800601(NATIO CES) on 24	ONAL ASSESSMENT CENTRE SERVI Feb 2020 18:06	Photos		Normal	Pf	notos 2020-2-24		
	NAC_PAYA_UBI_B00601(NATIO CES) on 24	ONAL ASSESSMENT CENTRE SERVI Peb 2020 18:06	Photos		Normal	P	notos 2020-2-24		
		ONAL ASSESSMENT CENTRE SERVI Feb 2020 18:06	Photos		Normal	P	notos 2020-2-24		
y Video List						?	Source		AC