| Date ID: White Activity | Jeb description | | Date & Time Completed | Done | ,, |
|---|--|---|--|---|--|
| Date in: vp 12 - og: Jy | SAS e-filing | | | | |
| Ref No: NA 146 12005783/14 | E-mail (within Shrs | AIC 2hrs) | | | • |
| Veh No: Skrznash | i-Motor Claim I | | m11086395-061 | 1/3/20 15 | 08 |
| D.O.A: 27/20-17:40 | i-Motor W/O (W | | And the second s | | |
| OD TP Reporting Only | i-Photo Uploade | | | | |
| | Assessment/Surve | ey Report | | | |
| TP Insurer: | Ass't Report by E | ax / Hand to | Owner/Wksp | <u> </u> | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: |) |
| TP Particulars: Veh No: Su | the state of the s | , INC (|)/Non-INC() | | |
| Owner / Driver: (| | 12 (1.) | Tel: | | |
| Policy No: () | Period: (|) | Cover Type: (| | |
| Confirmed by : (| | Date: | Time: | | |
| Insured/Driver Liability: (% |) [Note-Est. Status (WC |): N: 0-20 | %; P: 21-79%. F: 80 |)-100%] | |
| Year of Registration: () | Control of the Contro |)/NO(| | | |
| Excess: (\$) Loading: \$ | |) | | | |
| | THIRD IN DE ABBIT SAFACAACAA | G NASA S | | 33.600 3 3 | |
| General Remarks;- () Walk-In Customer : Customer's | -formation atsiatly Confi | | | | |
| () Walk-In Customer : Customers | INCENTIV | · | ** | | |
| () Total Loss Case : to e-mail Ins | |) · To | wing Co: (| |) |
| Drive-In ()/ Towed-In (); Invo | oice: YES () / NO | , , , , | 3. | Done | SECTION AND ADDRESS OF THE PERSON AND ADDRES |
| Remarks:- (INC hotline: 6788 6616 |))):::::::::::::::::::::::::::::::::::: | 1 | Date&Time Completer | Lione | ру |
| | / Courtesy Car () | | | 1 | |
| 1) Apply for Transfort Allowance (|)/ Courtesy Car () | Manager Street, 1986 | The same of the sa | | |
| 1/11ppi) 10. 11mil | () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: | () | | | | er og till skat |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: | () | | | a see oan | AT STEERS |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: | () | n Plane | | o serioni | W 1 2 700 FOT |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: | () | 1 7970 1253 | | 3 / 5 / CAN | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: | () | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: | () | Invoice Pre | paration Checklist. | Ant((s) | (t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions | () | Company of Association | paration Checklist. Reporting (\$30); | | ami(t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions | () | 1) AR : Acciden 2) DA : Damage | Reporting (\$30); Assessment (\$100); IN | And (5) fit Bill C (\$80) | (t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars: | () > \$3000] () | 1) AR : Acciden 2) DA : Damage 3) TF : Towing I | Reporting (\$30); Assessment (\$100); IN | And (S) | (t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Laimant's Particulars: river/Owner: | () | 1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T | Reporting (\$30); Assessment (\$100); IN ee hrough Survey | And (5) fit Bill C (580) 540/545 \$120 \$30 | (t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Laimant's Particulars: river/Owner: | () | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming | Reporting (\$30); Assessment (\$100); IN ce hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan | Amit (5) (58.Bill) C (580) \$40/\$45 \$120 \$30 2005) \$75 | (t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Latimant's Particulars:: ontact No: | () > \$3000] () | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming I 6) TR: Re-inspe 7) N1: Idac DA | Reporting (\$30); Assessment (\$100); IN fee through Survey through Survey (Resurvey) seinst INC Only (wef 10 Jan ction + SMRT Survey | Amit (5) (\$1.Bill) C (\$80) \$40/\$45 \$120 \$30 2005) | ami(t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: | () > \$3000] () | 1) AR: Accidea 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 1 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi | Reporting (\$30); Assessment (\$100); IN the second of the s | Ame(S) [\$1.Bill C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 | Ami (‡) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: amaged Portion: | () > \$3000] () | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes | Reporting (\$30); Assessment (\$100); IN ce hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan ction + SMRT Survey onal Services:- (Car / Tpt Allowance | Ame(s) [\$1.Bill C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 | Ami (‡) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Chairmant's Particulars: ontact No: amaged Portion: | () > \$3000] () | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair | Reporting (\$30); Assessment (\$100); IN ce hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan ction + SMRT Survey onal Services:- (Car / Tpt Allowance Co-ordination | Ame(S) [\$1.Bill C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 | (t) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions Character Particulars: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | () > \$3000] () | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Cc | Reporting (\$30); Assessment (\$100); IN ce hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan ction + SMRT Survey onal Services:- (Car / Tpt Allowance Co-ordination onir Inspection litect Excess Coordination | C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$53 \$510 \$25 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time / Actions | () > \$3000] () | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Cc | Reporting (\$30); Assessment (\$100); IN ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan ction + SMRT Survey onal Services:- r Car / Tpt Allowance Co-ordination onir Inspection litest Excess Coordination P (N: n INC) against INC | C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 | (t) |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 02/03/2020 09:54 |
| Date Of Accident | 28/02/2020 17:40 |
| Exact Location Of Accident | SLIP RD JALAN ANAK BUKIT TWDS PIE (CHANGI) |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKZ7293H |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM SOON HOE |
| NRIC No | SXXXX407F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92732696 |
| Alternative Phone No | OFFICE-92732696 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | COROLLA AXIO 1.5X A |
| 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 | 5078052502-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM SOON HOE |
| NRIC No | SXXXX407F |
| Date Of Birth | 23/05/1943 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/02/1961 |
| Driving Experience | 59 YEARS AND 0 MONTHS |
| | |

MALE

NOEMAIL

(LOCAL) +65-92732696

OFFICE-92732696

105 SUNBIRD ROAD Address

Postcode 487181

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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.

NO 1

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)

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

Vehicle Registration Number

SLE2993C

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

SBS3728R

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)

BUS

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 tirms, 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 S

gnature

NRIC/FIN No.:

SKETCH PLAN:

| | Jalan Amak Bus + Sty Road Towards |
|---------------|-----------------------------------|
| | PIE CIVE IST |
| | |
| | |
| | |
| | AK BKC |
| A : SKZ-1293H | |
| E:5462993C | |
| C- 985371284 | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I WAS TRAVELLING ALONG JALAN ANAK BUKIT SLIP ROAD TOWARDS PIE |
|--|
| CHANGI. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR ENDED MY VEHICLE. THERE WERE A TOTAL |
| OF 3 VEHICLES INVOLVED IN THIS CHAIN COLLISION. |
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DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No .:

Accident Reporting Draft

VEHICLE NO: SKZ7293H

MODEL: COROLLA AXIO 1.5X A

| DATE OF ACCIDENT | 28/2/2020 | | | | | | |
|-----------------------------------|---|--|--|--|--|--|--|
| TIME OF ACCIDENT | 1740 HRS AM/PM | | | | | | |
| LOCATION OF ACCIDENT | JALAN ANAK BUKIT SLIP ROAD TOWARDS PIE CHANG | | | | | | |
| EXACT PURPOSE USE DURING ACCIDENT | | | | | | | |
| NAME OF OWNER | LIM SOON HOE | | | | | | |
| CONTACT NO. | 92732696 | | | | | | |
| NRIC | S0613407F | | | | | | |
| CLAIM TYPE | OD (THIRD PARTY / REPORTING ONLY THIRD PARTY | | | | | | |
| INSURANCE CO. | NTUC | | | | | | |
| TYPE OF COVERAGE | COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT | | | | | | |
| POLICY NO. | | | | | | | |
| NAME OF DRIVER | AS ABOVE / IF NO: SAME AS ABOVE | | | | | | |
| NRIC | ANY PASSENGER: 0 | | | | | | |
| DATE OF BIRTH | | | | | | | |
| OCCUPATION | OUTDOOR/ INDOOR | | | | | | |
| DATE OF DRIVING PASS | | | | | | | |
| GENDER | (MALE) FEMALE | | | | | | |
| CONTACT NO. | 92732696 OFFICE: HOME: | | | | | | |
| ADDRESS | 105 SUNBIRD ROAD S(1648) | | | | | | |
| DRIVER HAVE ANY OWN VEHICLE | NO/ IF YES: REG NO. | | | | | | |
| RELATIONSHIP | EMPLOYEE/ IF NO: | | | | | | |
| WEATHER CONDITION | CLEAR RAINY OTHER: CLEAR | | | | | | |
| ROAD SURFACE | (DRY) WET/ OTHER: DRY | | | | | | |
| ANY INJURIES | NOV IF YES: | | | | | | |
| CONTACT NO. | 0 | | | | | | |
| POLICE REPORT | NO / IF YES: | | | | | | |
| VIDEO RECORDING | NO / YES | | | | | | |
| VEHICLE B NO. | SLE2993C ANY PASSENGER: | | | | | | |
| NAME | THE TRACETORY | | | | | | |
| CONTACT NO. | | | | | | | |
| VEHICLE C NO. | SBS3728R ANY PASSENGER: | | | | | | |
| VEHICLE D NO. | ANY PASSENGER: | | | | | | |
| VEHICLE E NO. | ANY PASSENGER: | | | | | | |
| VEHICLE F NO. | ANY PASSENGER: | | | | | | |
| ANY WITNESS | | | | | | | |
| WITNESS CONTACT NO. | | | | | | | |
| PARTICULAR WORKSHOP | | | | | | | |
| MOBILE NO. | Dudor | | | | | | |
| CONTACT PERSON | Ryder Auto Pte Ltd | | | | | | |
| FAX NO. | 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 | | | | | | |



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5078052502-03

The Policyholder

: LIM SOON HOE 105 SUNBIRD ROAD

SINGAPORE 487181

Period of Insurance

04 Jun 2019 To 03 Jun 2020

Sum Insured

Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 5\$934.76

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: Lim Soon Hoe

Named Driver (1)

N/A

Named Driver (2)

N/A : TOYOTA/COROLLA AXIO

Capacity

: 1500cc

Make/Model Registration Number

: SKZ7293H

Registration Year

: 2009

Chassis Number

Off-peak Car

: No

Repair at Owner's Preferred Workshop : No

: NZE1416103695

Insure with COE

: \$\$600

NCD Entitlement : 50%

: Yes

Excess (Section 1)

: N/A

NCD Protection

: Yes(Free)

Excess (Section 2) Windscreen Excess

: \$\$100

Loyalty Discount : 5%

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

Transport Allowance

Excess Waiver

: Yes : No

Memo A: N/A

Endorsement Operative: M4, M9

Agency

: ST INSURANCE AGENCY PTE. LTD. (00000573223)

Date of Issue

: 06 May 2019 21:11 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

| eBaoTech | 601 | 111111111111111111111111111111111111111 | | E LY S | | The state of | , Chang | e Languag | e + Chan | ge Password | · Log Ou |
|----------------|--------------|---|-----------------------|----------------------|----------------------|---------------------------------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop | Policy Query | | | | | Change Language Change / Salary | | | | | |
| Notice of Loss | Policy N | ło. | | | | Date | of Accident | [| 28/02/2020 1 | 7:40 | |
| | Vehicle | No.(For Motor) | SK2729 | Э3Н | | | icate Number | | - | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Search Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5078052502- 03 | | LIM SOON HOE | S0613407F | GPC | drivo CLASSIC | SKZ7293H | SKZ7293H | 04/06/2019 | 03/06/2020 |

| Policy No. | 5078052502-03 | Policyholder Name | LIM SOON | HOE | Policyholder NRIC | S0613407F | |
|-----------------------------------|--------------------------|-----------------------------------|-----------|---------------------------|----------------------|---------------|-----------------------------|
| Certificate No. | | | | | | | |
| Address | 105 SUNBIRD ROAD SINGAPO | RE 487181 | | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 06/05/2019 | Effective Date | 04/06/201 | 9 00:00 | Expiry Date | 03/06/2020 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 | ST INSURANCE AGENCY PTE. | LT Agent Tel. | 64649098 | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| ▽ Policyl | holder Mailing Address | | | | | | |
| Address 1 | 105 SUNBIRD ROAD | Addre | ss 2 | SINGAPORE 48718 | 1 | Address 3 | |
| | | Addre | ss Type | Singapore address | | Post Code | 487181 |
| Address 4 | | Delet | ed Policy | 5078052502-03 | | | |
| (0)19/15(0) | | Numb | er | | | | |
| Unit No. | ed Object: SKZ7293H | | er | 0.049 -0.01990-000306,000 | | | |
| Unit No. | | | er | | | | |

| Claim Handling | | | | | | |
|--|--|------------------------------|--|--|---|-------------------|
| cident MT/1086395 | ********** | Linkinto No. | ENTERNA | | GST Begintration No. | |
| Rcy No. | 5078052502-03 | Vehicle No. | SKZ7293H | | GST Registration No. | |
| ertificate No. | U. 2019-2019-2019 | | | | Belle better MBD | F04134035 |
| olicyholder Name | LIM SOON HOE | G | | | Policyholder NRIC | 50513407F |
| educt Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | | Loading | ō |
| ontact No.(Mobile) | 92732696 | Contact No.(Office) | 0 | | Contact No.(Home) | 0 |
| mail Address | | Special Remark | | | eCode | No V |
| rk. | ® No ○ Yes | TEA | ® No ○ Yes | | eCode Reason | |
| CD Protection | Yes | NCD Entitlement(%) | 50 | | Private Hire | No |
| S Accident Details | | | | | | |
| eport Date | 02/03/2020 09:56 | Acadent Report Within 24 hrs | Yes | | Accident Type | Chain Collision |
| ate of Accident | 28/02/2020 | Time of Accident hh:mm | 17:40 | | Country of Accident | Singapore |
| eporting Centre | | Orange Force | | | ICM No. | |
| ccident Location | SLIP RO JALAN ANAK BUKIT TWDS PIE (CHA | ANDRESSEE | | | | |
| ♥ Total Excess Applicable | | -101 | | | | |
| | | | | 100.00 | | |
| cess Type | Per Accident | Windscreen Excess | | 100.00 | | |
| D Standard Excess | 600.00 | TP Standard Excess | | 0.00 | | |
| | | | | 0.00 | Driver is Covered? | Covered |
| ED OD Excess | 0.00 | VIED TP Excess | | 0.00 | Driver is Covered? | Covered |
| dditional Excess | 0 | | | 0.00 | | |
| cal OD Excess Applicable | 600.00 | Total TP Excess Applicable | | 0.00 | | |
| ♥ Benefits | | | - COUR | 0.00 | | |
| overage | | | Sum In | | | |
| ansport Allowance | 12 | | 999999 | ory.99 | | |
| ♥ GST Registered Informa | | | TO SERVICE OF THE PERSON OF TH | A-market persons | | |
| ST Registered | No | | | gistration Date | 170 | |
| ST Registration No. | | | GST Sta | itus Verified | Yes | |
| lodification History | | | | | | |
| | | | | | | |
| Policyholder Mailing Ad | THE PROPERTY OF THE PARTY OF TH | | 422 | | 22,000 | |
| ddress 3 | 105 SUNBIRD ROAD | Address 2 | SINGAPORE 48 | | Address 3 | |
| odress 4 | | Address Type | Singspore addr | | Post Code | 487181 |
| mit No. | | Related Policy Number | 5078052502-0 | 3 | | |
| ♥ OI Driver Info | | | | | | |
| nver Name | Lim Soon Hoe | Driver Type | Main Driver | | | |
| nnamed driver Name | | Driver NRIC | S0613407F | | Driver DOB | 23/05/1943 |
| agister Date of Driver License | 09/02/1961 | Driver Age | 76 | | Driving Experience | 59 |
| ontact No.(Mobile) | 92732696 | Contact No.(Office) | 0 | | Contact No.(Home) | o . |
| ddress 1 | 105 SUNBIRD ROAD | Address 2 | SUNGAPORE 48 | (7181 | Address 3 | |
| | 105 SONBIAD ROAD | | Singapore addr | | Post Code | 487181 |
| ddress 4 | | Address Type | Suidehing annu | 933 | Post Code | 407202 |
| Jnit No. | | | | | | |
| loes he own a Singapore legistered car? | ○ Yes 	No | Driver Vehicle No. | | | Driver Insurer Company | |
| | | | | | | |
| eclaration | | | | | | |
| reathalyser or Blood Test eading? | 0 mg | Any injury? | ○ Yes ® No | | | |
| | | | | | | |
| odification History | | | | | | |
| Control of the Name of the Control o | | | | | | |
| Claim 001 New | | | | | | |
| 7 No. 2 No. | | 1945-000-0 | | | 100.057,650.00 | |
| laim Type * | 00-MX | Insured Name | LIM SOON HOE | | Insured NRIC | S0613407F |
| ontact No.(Mobile) | 92732696 | Contact No.(Home) | 55450268 | | Contact No.(Office) | |
| mai Address | | 03 Vehicle Number | SKZ7293H | | TP Vehicle Number | SLE2993C |
| laimant Type Claimant Type • | Mease Select | Type of Benefit. * | Please Select | V | | |
| laimant Name • | 22 | Claimant NRIC * | | | | |
| aimant Address | | | STORE II | THE THE PARTY OF T | (2) | |
| aim Description | SKZ7293H / SLE2993C ON 28 Feb 2020 | | | | Name of Preferred Worksho | ap qu |
| referred Workshop Contact | 1 | 2303024722360 | The same of the sa | Troil | West Williams | 807575 |
| 0. | | Insured Liability * | Not at Fault | V | | |
| equire Finalisation | Yes 🗸 | Preferend Repair Option | Preferred Work | kshop, Name unknown | 25 35 TO 07 | Received |
| ate Registered | 02/03/2020 10:08 | Claim Close Date | | | Date Received | 02/03/2020 00:00 |
| eport Taken By | Jackson | | | | | |
| Print AK letter | "Antopory (i) ii (A | | | | | |
| or rise on letter | | | entered in | | | |
| | | | Save Submit | | | |
| Attachment | | | | | | |
| | | | | | | |
| ocident No. | MT/1086395 | Claim No. | | 001 | | |
| | | Upload Date | | 02/03/2020 10:09 | | |
| ast Doc. Received | ● Yes ○ No | upidad pate | | | | |
| | Path * | | | Category * | 0.55.0000000000000000000000000000000000 | gency • Descripti |
| | | Biowse | | | V Norm | |
| | | Browse | e Cear Pr | ease Select | Norm | al V |
| | | Browse | e Cear Px | ease Select | NO Y Norm | H 🗸 |
| | | | . I Secure Co | non-Calant | Tel fee se fee | u 101 |

