| Date In: JA/20-16:27 Jc | b description | Date &Time Completed | Done | pi. |
|---|--|--|---|-----------|
| | SAS e-filing | | | |
| 3/12/200030 10/19 | E-mail (within Shrs, AIC 2hrs) | | | |
| | -Motor Claim Form | 10al 1000 000 | <i>a</i> 1. | Was . |
| 1777 | | W1 108 202 1001 | 175/20- | 16:40 |
| OD :/TP:/ Reporting Only | -Motor W/O (Within: OD 2h | rs, TP 4hrs) | | |
| | -Photo Uploaded | | | |
| TP Insurer: | Assessment/Survey Report | J | | |
| | Ass't Report by Fax / Hand | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Fax: | |
| TP Particulars: Veh No: 6BC1150 | A . INC (| | - | |
| Owner / Driver: (| , | Tel: | | |
| Policy No: () Period: (| | Cover Type: (| | |
| Confirmed by : (| Date: | Time: |) | |
| | nty: YES ()/NO (| 0%; P: 21-79%. P: 80-1 | 100%) | |
| Excess: (\$) Loading: \$1,000 (| | | | |
| General Remarks: | The state of the s | AND RESERVED TO SERVED TO | nga na m | |
| () Walk-In Customer : Customer's informatio | | | | - |
| () Total Loss Case : to e-mail Insurer UR | | nedy NO Taler of Tepaner. | | 20-5 |
| Drive-In ()/ Towed-In (); Invoice: YES | | owing Co: (| | <u>`</u> |
| | | | | |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection | | Date& Rime Completed | Done | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courtes | | | Done | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | | | | by . |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] | | | Done | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | | | | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | | | | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | | | | by |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | | | | 1, 112, 2 |
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Plaimant's Particulars:- Driver/Owner: Ontact No: | Invoice Pre Invoice Pre I) AR: Accidea 2) DA: Damege 3) TF: Towing I 4) FT: Follow-T 5) FT: Fellow-T For cleiming 8 6) TR: Re-impe | Date& Firrit Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) goinst JNC Only (wef 10 Jan 2005 | Ant (\$) If Bill 50) 0/\$45 \$120 \$30) \$75 | Ami |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: | Invoice Pro Invoice Pro I) AR: Acciden 2) DA: Darwage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a | Date& Firrit Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Arough Survey Arough Survey (Resurvey) Beginst JNC Only (wef 10 Jan 2005) Stion SMRT Survey | Ant (\$) 18 Bill 30) 0/\$45 \$120 \$330 | Ami |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NATAOGO Injury: Contact No: Contact No: | Invoice Pro Invoice Pro I) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi QD.* | Date & First Completed, paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 through Survey (Resurvey) geinst INC Only (wef 10 Jan 2005 thion + SMRT Survey onal Services:- | Ant (\$) Ant | Amil |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions NAT20(46) Claimant's Particulars:- ontact No: amaged Portion: | Invoice Pro Invoice Pro I) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair O | Date & First Completed, Date & First Completed, Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005 thion + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination | Ant (S) Tri Bill 30) 0/545 5120 530)) 575 5160 | Am |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: | Invoice Pro Invoice Pro I) AR: Acciden I) DA: Darnage I) FT: Follow-I For claiming s I) TR: Re-inspe I) NI: Idao DA III Idao DA | Date & First Completed, Date & First Completed, Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005 thion + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination | An((\$)) 16(Bill) 30) 305 5120 530 5) \$75 \$160 | Amil |
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtes 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Charact No: Carraged Portion: C Checked by (Engr-In-Charge): | Invoice Pro Invoice Pro I) AR: Acciden 2) DA: Darnage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming s 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD.* *N5: Courtesy *N6: Repsir C *N7: Fost Rep *N8: DV / Co | Date & Birrie Completed, Date & Birrie Completed, Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); See \$40 Arough Survey (Resurvey) Seinst INC Only (wef 10 Jan 2005); Stion + SMRT Survey Small Services: Car / Tpt Allowanne Co-ordination air Inspection lect Excess Coordination (Non INC) against INC | Anit (S) Fit Bill 80) 0/545 5120 530 0) 575 5160 55 510 525 53 520 30 | Ami |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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 | 05/03/2020 16:27 |
| Date Of Accident | 05/03/2020 11:40 |
| Exact Location Of Accident | KALLANG AIRPORT FOOD CENTRE CARPARK |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLB5441A |
| Insured/Policyholder | |
| Name Of Registered Owner | CHENG YAN JIN |
| NRIC No | SXXXX736I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97482372 |
| Alternative Phone No | OFFICE-97482372 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A5 SPORTBACK 2.0 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 | 5112706970 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHENG YAN JIN |
| NRIC No | SXXXX736I |
| Date Of Birth | 07/09/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/09/2014 |
| Driving Experience | 5 YEARS AND 6 MONTHS |
| Gender | MALE |
| | |

(LOCAL) +65-97482372

OFFICE-97482372

NOEMAIL

BLK 137 SIMEI STREET 1 Address

#09-98

520137 Postcode

Was driver an employee of the Insured's Company

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 - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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)

Passenger 1

NAME:

2

NO

NO

2

NO

NO

: YEO XONG SEAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

GBC2167A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

CHENG YAN JIN Name

Approximate Age

BODY Injuries Sustain SLB5441A Injured person in which vehicle? YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

YEO XONG SEAN Name

Approximate Age

BODY Injuries Sustain SLB5441A Injured person in which vehicle?

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.
- 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.
- 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:

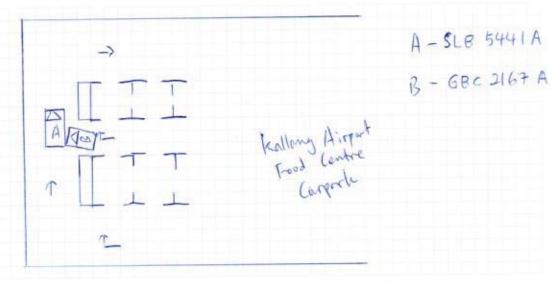
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident 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:
 - (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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| ON MY | stated time & date, I was travelling on my vehille A, |
|---------|--|
| bearing | (SLB 5441 A). When I suddenly felt an impact from the |
| rear v | right. I alighted from my behille and then realisted vehille B |
| bearing | (GBC 2167 A), turned out from small road had coilided on |
| to My | vehicle. We exchanged particulars and decided to proceed with |
| insuran | 6 classes |
| | ix Capatras. |
| | CLATTIS. |
| | C COMMS. |
| | |
| | |

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 STATEMENT

| A.C | CIDENT DATE: 05 /03 / 2020 (DD/MM/YY | (YY), TIME: (11:40) (AH:MM |
|--|--|--|
| | CATION: Kallang Airport Food Centi | re Carpark |
| LO | CAHON | |
| | 1. DETAILS OF VEHICLE | |
| | DIVEHICLE NUMBER: SLB 5441 A | |
| | LUNCTIDANCE COMPANY IN WE | |
| | The second secon | |
| | - IDOLOV TVPE- / COMPREHENSIVE / IHIKU F | ARTY / THIRD PARTY FIRE &THEFT) |
| | AWAL TO | The state of the s |
| | DEVOE 15 A TOOK / COURSE / MEY / VAN / LO | RRY / MOTORCYCLE / OTHERS] |
| | g) VEHICLE CATEGORY: (PRIVATE / COMMER | RCIAL / MOTORCYCLE) |
| | h) PURPOSE OF USING AT ACCIDENT TIME: | private |
| | I) ARE YOU CLAIMING UNDER YOUR OWN IN | ISURANCE (YES/NO) |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM / | REPORTING ONLY) |
| | IF NO. PLEASE STATE (THIRD FAME) | |
| | 2. INSURED / POLICY HOLDER | (MADE / FEMALE) |
| | AINAME: Cheng Yan Jin DINRIC/FIN/PASSPORT: S8932736 I | CONTACT: 9748 2372 |
| | CIADDRESS: APT BIK 137 SIME Street | 1 #09-98 |
| | Singapore 520137 | |
| | * CONTINUE TO 3.d IF DRIVER ALSO POLICY | HOLDER |
| | | |
| 19 No of passenge | 3. DRIVER Chans You Jin | (MALE / FEMALE) |
| Cladedina deix | a) NAME: Cheng Yan Jin b) NRIC/FIN/PASSPORT: | CONTACT: |
| ~(2) [*] | | |
| The state of the s | c) ADDRESS: | |
| nate | *d) DATE OF BIRTH: (07 / 09 / 1989)(DI | D/MM/YYYY) |
| yeo xong sean, | eJOCCUPATION: (INDOOR / OUTDOOR) | |
| sean | The second of th | |
| 253 | WAS DRIVED AN EMPLOYEE OF THE INSU | RED'S COMPANY? (YES / NO) |
| | TE NO RELATIONSHIP OF THE DRIVER W. | TH INSURCE: |
| | DI WEATHER CONDITION: (CLEAR / RAINING | / OTHERS |
| | LICOLD SUBSLACE: HMAY / WET / OTHERS | |
| 4 | WAS ANYBODY INJURED THE / NO) - 2 do | ys mc |
| 7 | a) REPORTED TO POLICE (YES / NO) | |
| | IF YES, PLEASE STATE WHICH POLICE STATIC | N: |
| 9 | | |
| 4 Ho of passenger | O) VEHICLE NUMBER: GBC 2167 A | MODEL: |
| | b) DRIVER'S NAME: | |
| (Including driver | A NRIC/FIN/PASSPORT: | CONTACT: |
| (1) 9 | THIRD PARTY VEHICLE | |
| | AL VEHICLE NUMBER | MODEL: |
| + No of passanger | (e) DRIVER'S NAME: | |
| (Induding drive | f) NRIC/FIN/PASSPORT: | CONTACT: |
| () | | |
| | | |

email = fax =

| eBao Tech | | | | | GeneralClain | | | | | |
|------------------|------------------------|--|--|---|--|--|--|--|--|---|
| | | | | | | + Change | Language | • Chang | ge Password | · Log Out |
| Polic | y Query | | | | | | | | | |
| Policy No | K. | | | | Date o | f Accident | 0: | 5/03/2020 1 | 1:40 | |
| /ehicle N | io.(For Motor) | SLB544 | 1A | | Certific | ate Number | | | | |
| | | | | 8 | Search | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| 0 | 5112706970 | | CHENG YAN | \$89327361 | GPC | drivo CLASSIC | SLB5441A | SLB5441A | 18/09/2019 | 17/09/2020 |
| 7 | Policy No Vehicle N | Policy Query olicy No. rehicle No.(For Motor) Select Policy No. | Policy Query Folicy No. SLB544: Select Policy No. Certificate Number | Policy Query Folicy No. Fehicle No.(For Motor) SLB5441A Select Policy No. Certificate Number Name CHENG YAN CHENG YAN | Policy Query Policy No. SLB5441A Select Policy No. Certificate Number Name NRIC CHENG YAN 589327361 | Policy Query Policy No. Pehicle No.(For Motor) SLB5441A Certific Search Select Policy No. Certificate Policyholder Name NRIC Number Name NRIC CHENG YAN \$88327361 GPC | Policy Query Tolicy No. SLB5441A Date of Accident Certificate Number Search Select Policy No. Certificate Policyholder Number Name NRIC CHENGYAN \$89327361 GPC drivo | Policy Query Colicy No. Date of Accident Certificate Number Select Policy No. Certificate Policyholder Number Number Name NRIC CHENGYAN \$29327361 GPC drivo SLB5441A | Policy Query Policy No. Date of Accident O5/03/2020 1 Certificate No.(For Motor) SLB5441A Certificate Number Search Select Policy No. Certificate Policyholder Number Name NRIC Number Name NRIC CHENG YAN \$89327361 GPC drive SLB5441A SLB5441A | Policy Query Tolicy No. Date of Accident Certificate Number Search Select Policy No. Certificate Policyholder Name NRIC Number Name NRIC CHENGYAN \$89327361 GPC drivo SLB5441A SLB5441A 18/09/2019 |

| ♥ Endor | | | | | Endorsemen | | Endorsement Content |
|------------------------|-----------------------------|------------------------|------------------|-------------------|----------------------|---------------|-----------------------------|
| - | sements | | | | | | |
|) Insure | ed Object: SLB5441A | | | | | | |
| Unit No. | | Relat Num | ed Policy ber | 5077894819-04 | | | |
| Address 4 | | | ess Type | Singapore address | | Post Code | 520137 |
| Address 1 | BLK 137 #09-98 | Addr | ess 2 | SIMEI STREET 1 | | Address 3 | SINGAPORE 520137 |
| ▽ Policy | holder Mailing Address | | | | | | |
| Certificate Info | | | | | | | |
| Open Policy Info | | | | | | | |
| Flag | 1000 | | | | | | |
| Co- | No | | | | | | |
| Agent | DICKSON INSURANCE AGENCY | Agent Tel. | 63447667 | | GST Flag | Y | |
| Singapore OD Excess | 600 | Singapore TP Excess | 0 | | | Young | /Inexperience Driver Excess |
| Excess | 0 | Premium Outside | 0 | | | | |
| Excess Additional | | Excess | | | | | |
| Third Party | 0 | Own damage | 600 | | Windscreen Excess | 100 | |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Policy ssue Date | 18/09/2019 | Effective Date | 18/09/2019 | 9 00:00 | Expiry Date | 17/09/2020 23 | :59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Policy Flag | N | |
| Address | BLK 137 #09-98 SIMEI STREET | 1 SINGAPORE | 520137 | | Group | | |
| Certificate No. | | | | | | | |
| ALCOHOL: NAME OF | 5112706970 | Policyholder Name | CHENG YAN | NII N | Policyholder NRIC | S8932736I | |

| laim Handling | | | | | |
|--|--|--|--|--|------------------------------|
| cident MT/1087057 | | | Transition and the second | GCT Sanistration 21- | |
| cy No. | 5112706970 | Vehicle No. | SLB5441A | GST Registration No. | |
| tificate No. | | | | Policyholder NRIC | S8932736I |
| icyholder Name | CHENG YAN JIN | N 1257 | | S. S | 0 |
| duct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading Consect No.(Home) | 0 |
| nact No.(Mobile) | 97482372 | Contact No.(Office) | 0 | eCode | No. V |
| ail Address | Control of the Contro | Special Remark | | eCode Reason | 122.23 |
| C. | ® No ○ Yes | TCA | ® No ○ Yes | | No |
| D Protection | No | NCD Entitlement(%) | 0 | Private Hire | no. |
| Accident Details | | | | (A. 8) | Collision - Major Minor Road |
| port Date | 05/03/2020 16:39 | Accident Report Within 24 hrs | Yes | Accident Type | |
| te of Accident | 05/03/2020 | Time of Accident hh:mm | 11:40 | Country of Acadent | Singapore |
| porting Centre | | Grange Force | | SCM No. | |
| cident Location | KALLANG AJRPORT FOOD CENTRE CARPARK | | | | |
| Total Excess Applicable | | AUG-MANAGED MANAGED IN | 7242.44 | | |
| cess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | 600.00 | TP Standard Excess | 0.00 | | |
| Standard Excess | | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| ED OD Excess | 0.00 | TIED IF ENCESS | | /OT8031907000480081100 | |
| dditional Excess | 0 | | 0.00 | | |
| cal OO Excess Applicable | 600.00 | Total TP Excess Applicable | 4.00 | | |
| P Benefits | | | | | |
| GST Registered Informa | | | GST Registration Date | | F-121 |
| ET Registered ET Registration No. | No | | GST Status Verified | Yes | |
| odification History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| ddress 1 | BLK 137 #09-98 | Address 2 | SIMEI STREET 1 | Address 3 | SINGAPORE 520137 |
| ddress 4 | | Address Type | Singapore address | Post Code | 520137 |
| nit No. | | Related Policy Number | 5077894819-04 | | |
| ♥ OI Driver Info | | | | | |
| nver Name | CHENG YAN JIN | Driver Type | Main Driver | | |
| nnamed driver Name | | Driver NRIC | 589327361 | Driver DOB | 07/09/1989 |
| egister Date of Driver License | 05/09/2014 | Driver Age | 30 | Orlving Experience | 5 |
| ontact No.(Mobile) | 97482372 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ddress 1 | BLK 137 | Address 2 | SIMEI STREET 1 | Address 3 | SINGAPORE \$20137 |
| ddress 4 | | Address Type | Singapore address | Post Code | 520137 |
| init No. | 09-98 | | | | |
| oces he own a Singapore registered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| egiste eu carr | | | | | |
| eclaration | | | 100000000000000000000000000000000000000 | | |
| ireathalyser or Blood Test leading? | 0 mg | Any injury? | Yes ○ No | | |
| | | | | | |
| lodification History | | | | | |
| | | | | | |
| Claim 001 NEW | | | | | |
| | | | | | |
| | OD-MX | Insured Name | CHENG YAN JIN | Insured NRIC | S8932736I |
| Jaim Type * | 97482372 | Contact No.(Home) | 67865132 | Contact No. (Office) | |
| Contact No.(Mobile) | | Oi Vehicle Number | SLB5441A | TP Vehicle Number | GBC2167A |
| mail Address | desmond_cheng889@hotmail.co | Type of Benefit * | Please Select | | Berchington 5 |
| Claimant Type Claimant Type * | Please Select >> | Claimant NRIC + | | | |
| Sament Address | 22 | | | | |
| Claim Description | SLB5441A / GBC2167A ON 5 Mar 2020 | | | Name of Preferred Workshop | 9. |
| Preferred Workshop Contact | BEDTHIN GOODS OF STREET | Insured Liability * | Not at Fault | | |
| wo, | | 180 | Preferred Workshop, Name unknown | GIA report | Received |
| Require Finalisation | Yes V | Preference Repair Option Claim Close Date | A STATE OF THE PARTY OF THE PAR | Date Received | 05/03/2020 00:00 |
| Date Registered | 05/03/2020 16:40 | Cam Cose Date | | erate o Million State. | |
| Leport Taken By | Jackson | | | | |
| Print AK letter | | | | | |
| | | | Save Submit | | |
| L b | | | | | |
| Attachment | | | | | |
| • | | | | | |
| Accident No. | MT/1087057 | Claim No. | 901 | | |
| Last Doc. Received | ® Yes ○ No | Upload Date | 05/03/2020 16:41 | | |
| | Path • | | Category * | Confidential Urg | ency * Description |
| | - Facility | Brows | The second secon | V Norma | · • |
| | | | | NO V Norma | <u> </u> |
| | | Brows | se Clear Please Select | | |
| | | Brows | | V No ∨ Norma | |
| | | Brows | Se Clear Please Select | | |
| | | The state of the s | Se Clear Please Select Please Select | No. V Norma | |

