Date in the			NAMO033478	1	
Date In: 17/12 11:48	Jcb descript	но	Date & Time Completed	Done	py.
Ref No: NAJINICIOSOYIOS 24	SAS e-filir	ig		Control lines of Control In	
Veh No: 6x50097	E-mail (with	hin Shrs, AIC 2hrs)			-
D.O.A: 13/2/20- 08:35	i-Motor C	laim Form	m) 1088 521-001	17/2/14 1	2:1
OD (TP)' Reporting Only	i-Motor W	/O (Within: OD 2hr			
	i-Photo Up	loaded			
TP Insurer:	Assessment	Survey Report			
	Ass't Repor	t by Fax / Hand t	o Owner/Wksp		1000
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	-
TP Particulars: Veh No:	CYY6IA	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()		_
Excess: (\$) Loading: \$1			/		SETTION.
General Remarks:	En Harage Tocharoes	10000000000000000000000000000000000000	Commission of the Commission o	925 77 7 7 7	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				Lore A. C.	1
() Walk-In Customer: Customer's inf	formation strictly C	onfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	61 51	No. of the second		
Drive-In ()/ Towed-In (); Invoid	ce: YES()/	NO(); To	wing Co: (7
obnovina –					/
Remarks: (INC hodine: 6788 6616)			Date&Time Completed	Done b	y
1) Apply for Transport Allowance ()/	Courtesy Car ()		WWW.WV-00-02-11-10-0-	
The state of the s	,				
2) QC Check / Post Repair Inspection	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		Section 11	No. 1
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
Date/Time Actions	(Invoice Prena	ration Checklist	5 To 19 To 1	
Opload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions Actions	(ration Checklist	S. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 122
Oute/Time Actions Actions	(1) AR : Accident Re	porting (\$30);	76 Bill 7	0 122
Onie/Time Actions Aquant's Particulars:	(1) AR : Accident Ro 2) DA : Damage As 3) TF : Towing Fee	eporting (\$30); sessment (\$100); INC (\$80) \$40/3	The Bill o	
Onie/Time Actions Alabara 19 Umant's Particulars:- ver/Owner:	(1) AR : Accident Ro 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thro	porting (\$30); seasment (\$100); INC (\$80) \$40/3 augh Survey \$1	7ñ.Biji 4) 145 120	
Onie/Time Actions Alabara 19 Umant's Particulars:- ver/Owner:	(1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	porting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey \$1 sugh Survey (Resurvey) \$	76 Biji - 4	0.12
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions	(1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio	porting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey \$1 sugh Survey (Resurvey) \$3 stJNC Only (wef 10 Jan 2005) on \$	79EBill 4	
Ontertime Actions Alabara 19 Umant's Particulars:- ver/Owner:	(1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S	porting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey \$1 sugh Survey (Resurvey) \$3 sst INC Only (wef 10 Jan 2005) sn \$4000 MRT Survey \$1	79EBill 4	0.12
Alagariant's Particulars: ver/Owner: maged Portion:	(1) AR: Accident Ri 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additional	porting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey \$1 sugh Survey (Resurvey) \$3 sst INC Only (wef 10 Jan 2005) sn \$4000 MRT Survey \$1	79EBill 4	0.12
Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions Apony [9] Umant's Particulars:- ver/Owner:	(1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additiona QD* *N5: Courtesy Co	sporting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey \$1 sugh Survey (Resurvey) \$3 sat INC Only (wef 10 Jan 2005) sat Survey \$1 MRT Survey \$1 I Services:-	79 Bill 7	
Onie/Time Actions Actions Date/Time Actions Limant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-o	sporting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey \$1 sugh Survey (Resurvey) \$3 sat INC Only (wef 10 Jan 2005) sat Survey \$1 Services:- r/Tpt Allowance rdination \$5	79EBIII 7	
Date/Time Actions Alagary (9 Limant's Particulars: ver/Owner: ntact No: maged Portion:	(1) AR: Accident Ri 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additiona OD' *N5: Courtesy Ce *N6: Repair Co-o *N7: Fost Repair	sporting (\$30); seasment (\$100); INC (\$80) \$40/3 sugh Survey (\$100); INC (\$80) sugh Survey (Resurvey) sugh Survey (Resurvey) stUNC Only (wef 10 Jan 2005) summary (\$100) MRT Survey \$100 In Services:- str/Tpt Allowance (stination) \$100 Inspection \$100	79 Bill 7	Amil (1
Onie/Time Actions Actions Date/Time Actions Limant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident Ri 2) DA: Darmage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agoi 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	sporting (\$30); sessment (\$100); INC (\$80) \$40/5 augh Survey \$1 augh Survey (Resurvey) \$3 augh Survey (Resurvey) \$3 augh Survey (Resurvey) \$3 MRT Survey \$1 Services:- r/Tpt Allowance rdination \$5 Inspection \$5	79EBIII 7	0.000
Onte/Time Actions Actions Actions Actions Actions Checked by (Engr-In-Charge): Actions Checked by (Engr-In-Charge):	(1) AR: Accident Ri 2) DA: Darmage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agoi 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	sporting (\$30); sessment (\$100); INC (\$80) \$40/3 augh Survey \$1 augh Survey (Resurvey) \$3 augh Survey (Resurvey) \$3 augh Survey (Resurvey) \$3 MRT Survey \$1 Services:- r/Tpt Allowance rdination \$5 Inspection \$5 t Excess Coordination an INC) against INC \$5	745 Bill 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	17/03/2020 11:48
Date Of Accident	17/03/2020 08:35
Exact Location Of Accident	KJE TWDS PIE BEFORE SUNGEI TENGAH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX5009J
Insured/Policyholder	
Name Of Registered Owner	CHWEE NURSERY PTE LTD
Co Reg No	1XXXXX661M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97662190
Alternative Phone No	OFFICE-97662190
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used a ime of accident	t working
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5072001047-04
Cover Note Number	
Driver	
Name of Driver	ANG KOK TIONG

Driver	
Name of Driver	ANG KOK TIONG
NRIC No	SXXXX351B
Date Of Birth	17/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1981
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97662190
Fax Number	
Contact Number	OFFICE-97662190

NOEMAIL

BLK 548 HOUGANG STREET 51 Address

#05-238

Postcode 530548

NO 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

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

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

NO YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

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

SJK4461A 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

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBF5223K

Page 2 of 13

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

ANG KOK TIONG Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? GX5009J Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode NO

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 and accurate as 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 insurers) 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.

水花園(私人)有限公司 CHWEE NURSERY PTE LTD

Policeholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

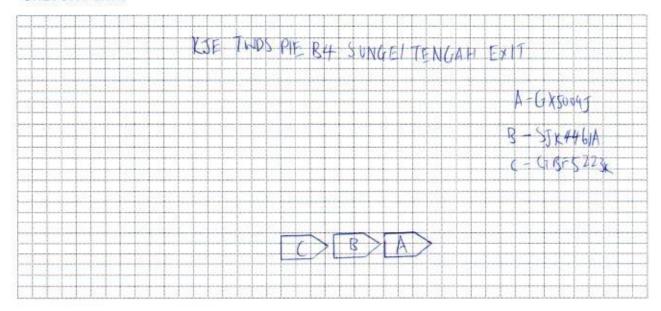
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS TRAVE	LLING ALONG KJE TOWARDS PIE BEFORE SUNGEI TENGAH EXIT.
	AD SLOWED DOWN AND STOP, I FOLLOWED SUIT. MOMENT LATE
EH B REAR-	ENDED MY VEHICLE.

DECLARATION

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

不花園(私人)有限公司 CHWEE NURSERY PTE LTD

Policyholder's Signature Date & Time:

(if driver is not the policyholder)

Oriver's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.:

Accident Reporting Draft

VEHICLE NO: GX5009J

MODEL: NISSAN CABSTAR

DATE OF ACCIDENT	17/3/2020
TIME OF ACCIDENT	0835 HRS AM/PM
LOCATION OF ACCIDENT	KJE TOWARDS PIE BEFORE SUNGEI TENGAH EXIT
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	CHWEE NURSERY PTE TD
CONTACT NO.	97662190
NRIC	198303661M
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	COMM RETIRESTS
POLICY NO.	Time
NAME OF DRIVER	AS ABOVE / IF NO: ANG KOK THIONG
NRIC OF BRIVER	S1456351B ANY PASSENGER: 0
DATE OF BIRTH	O ITOUGOTO CHIT I POSITIONICO
	OUTDOOR / INDOOR
OCCUPATION DATE OF DRIVING PASS	OUTDOOK/ INDOOK
DATE OF DRIVING PASS	MALE (FEMALE
GENDER	MALE / FEMALE 97662190 OFFICE: HOME:
CONTACT NO.	0,002,00
ADDRESS	9 SELETAR WEST FARMWAY 7 S(798017)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: NMPP
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	ORY) WET/ OTHER: DRY
ANY INJURIES	NOTIFYES: Driver
CONTACT NO.	
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SJK4461A ANY PASSENGER:
NAME	
CONTACT NO.	ANY PASSENCE
VEHICLE C NO.	GBF5223K 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.	Rudor
CONTACT PERSON	Ryder
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
LOGARANT DE MINISTER	Singapore 417921
	Email: ryderautoworkshop@gmail.com
	Tel: 67418277 Fax: 67468277

Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e · Char	nge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date of Accident				7/03/2020 08:35	
	Vehicle	No.(For Motor)	GX500	93		Certific	cate Number				
					19	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072001047- 04		CHWEE NURSERY PTE LTD	198303661M	GCV	Third Party	GX50093	GX50093	14/05/2019	13/06/2020

Policy No.	5072001047-04	Policyholder Name	CHWEE NUI	RSERY PTE LTD	Policyholder NRIC	198303661M	
Certificate							
Address	9 SELETAR WEST FARMWAY 7 S	INGAPORE 79	8017				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	15/05/2019	Effective Date	14/06/2019	00:00	Expiry Date	13/06/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	9 SELETAR WEST FARMW	AY 7 Addre	ss 2	SINGAPORE 7980	17	Address 3	
		Addre	ss Type	Singapore address		Post Code	798017
Address 4		Dalah	ed Policy	5016981477-13			
Address 4 Unit No.		Numb					
Unit No.	d Object: GX5009J			7.0.000.000.000.000			
Unit No.							

## WINDOWS STOCK	laim Handling								
Married Marr	ccident MT/1088521								
Control Con	olicy No.	5072001047-04	Vehicle No.		GX50091			GST Registration No.	
Comment Comm	ertificate No.								
March No. March 1962 Marc	olicyholder Name	CHWEE NURSERY PTE LTD						Policyholder NRIC	198303661M
Specimen	oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type		Third Party			Loading	0
March Marc	intact No. (Mobile)	97662190	Contact No.(Office)		0			Contact No.(Home)	0
Marches Marc	nali Address		Special Remark					eCode	No V
Marches Marc	K.	■ Np () Yes	TCA		® No ○Y	es		eCode Reason	
## PARTITION OF THE PAR	D Protection			a a					No
Marchane 1980 2023 Marchane Marchan		137.5			400			73144	02
March Marc		17/03/2010 13:09	Accident Report Will	thin 24 his	Vec			Acodem Tune	Chain Colorina
Part									
Control Control Control Fire Ministry Part Accounts Control Fire Part Accounts Cont		17/03/2020		scorn.	08:35				Singapore
Productor supplicable			Grange Force					ICM No.	
Standard Colores									
Section Final Section	Total Excess Applicable	b							
100 Defence	cess Type	Per Acodent	Windscreen Excess			0.00			
Control Cont		323				2.22			
100 Content April 100						0.00		2010/02/2010/02	
Monteman		0.00	VIED TP Excess					Oriver is Covered?	
Part									
Post processor		0.00	Total TP Excess App	plicable					
Registration No. GRIT Apparation No. Park Registration No.									
Margination Name	CONTROL OF THE PARTY OF THE PAR	The state of the s							
Public P		No							
Part P	44,44,50,000,000	22 W2 W2 22 22 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25				Status Verified		Yes	
Part	ancation History	17/03/2020 12:11:03 System	changed Gail Status	venned from	n No to Yes				
Part		2000							
Agricat Fine Agricat Fine Singapore address Fine Code 799017									
## Special Policy Suffice Contract No. Contrac		9 SELETAR WEST FARMWAY 7			SINGAPOR	E 796017			
### DEVISION DEVISIO	dress 4		Address Type		Singepore	eddress		Post Code	798017
Direct Type	it No.		Related Policy Numb	ber	50169814	77-13			
Married Private Plants Married Marce Mar	OI Driver Info								
Driver Age Special Content No. Content	iver Name	Unnamed Driver	Driver Type		Unnamed 2	river			
Part	named driver Name	ANG KOK TIONG	Driver NR3C		SXXXX351	1		Driver DOB	17/11/1960
Test 1	gister Date of Driver License	15/01/1981	Driver Age		59			Driving Experience	39
Address Type Singapore address No. 05-238 O'tes ® No Direct Vehicle No. Direct Vehicle No. Direct Planuer Company Service Service Service Service O'tes ® No Direct Vehicle No. Direct Vehicle No. Direct Planuer Company Service Service Service Service O'tes ® No Direct Planuer Company Direct Planuer Company Service Service	ntact No.(Mobile)	97662190	Contact No.(Office)		0			Contact No.(Home)	0
No. 05-238 Over ® No. Driver Vehicle No. Driver Vehicle No. Driver Impure Company Streeter Streeter Streeter Over ® No. Driver Vehicle No. Driver Vehicle No. Driver Impure Company Streeter Streeter Streeter Over ® No. Driver Impure Company Over ® No. Driver Impure Company Streeter Over RURSERY FFE LTD Insured Name Over RURSERY FFE LTD Insured NamE Insured No. [Office) Over Streeter Over RURSERY FFE LTD Insured NamE Over RURSERY FFE LTD Insured NamE Over Streeter	dress 1	BLK 548	Address 2		HOUGANG	STREET 51		Address 3	SINGAPORE 530548
Servicion Stration Strat	dress 4		Address Type		Singapore	address		Post Code	530548
Claim #01 Any Injury @ Yes No	et No.	05-238							
Claim 801 Next Claim 801 Next Same Type * OD-MIX		○ Yes ® No	Driver Vehicle No.					Driver Insurer Company	
Any injury? Any i	gistered carr	(Table 1 1 1 1 1 1 1 1 1 1							
Claim 001 New Insured Name Criwee Nunder's PTE_LTD Insured NBJC 198303661M Sem Type * CD-MX Insured Name Criwee Nunder's PTE_LTD Insured NBJC 198303661M Contact No (Mobile) Contact No (Motine) C	claration								
Claim 001 Next Meximate Mexi	eathelyser or Blood Test	0 ma	Any injury?		® Yes ○	No.			
Insured Name CHWE NURSERY FTE LTD Insured NAID 1883/03661M Contact No. (Mobile) Contact No. (
Insured Name CHWEE NURSERY PTE LTD Insured MRJC ISSUED SO (Mobile) Cotact No (Mobile) The Vehicle Number SX6461A These Select Type of Beards * Type of T	diffication History								
Contact No. (Mooile) Type of Borefit *	Claim 001 New								
Insured No (Moolie) Contact N	100								
all Address OI Vehicle Number GX5093 TP Vehicle Number SX4461A ment Type Claimant Type * Please Select Y Type of Benefit * Please Select Y mant Name *	m Type *	OD-MX	Insured Name		CHWEE NU	RSERY PTE LTD		Insured NR3C	198303661M
all Address OI Vehicle Number	ntact No.(Mobile)		Contact No.(Home)			AUDIE LINE TO		Contact No.(Office)	64810833
smant Type Claimant Type * Please Select ▼ Type of Benefit * Type of Be					GX50093				percentage of the second
Claimant Name *		Please Select			-	nct 🔻			
mant Address im Description GX50093 / SIK4461A ON 17 Mar 2020 Insured Liability * Not at Fault June Finalisation Yes		CONTROL OF THE PARTY OF THE PAR							
In Description Gx50093 / SIX6461A ON 17 Mar 2020 Name of Preferred Workshop ferred Workshop Contact Insured Liability * Not at Fault quire Finalisation Yes Yes Preferered Repair Option Preferred Workshop, Name unknown GIA report Received Value Valu				The same	107 0				
Insured Liability * Not at Fault Julie Finalisation Yes Preference Repair Option Preferred Workshop, Name unknown GIA report Received V # Registered 17/03/2020 12:13 Claim Close Date Date Received 17/03/2020 00:00 III ### Date Received 17/03/2020 00:00 III #### Date Received 17/03/2020 00:00 III ##############################		GX50093 / SJK4461A ON 17 Mar 2020					1	Name of Preferred Workshop	
Preference Repair Option Preferred Workshop, Name unknown V GIA report Received V Roomal V Save Submit	ferred Workshop Contact		Insured Liability 4		Not at San	101		553000000000000000000000000000000000000	50-
Registered 17/03/2020 12:13 Carm Close Date Date Received 17/03/2020 00:00 Don't Taken By Date Received 17/03/2020 00:00 Don't Taken By Date Received 17/03/2020 00:00 Don't Taken By Date Received				-22-00-			200		
				ption	Preferred (workshop, Name unknown	~		And the second s
Save Submit Save Save Submit Save S	e Registered	0.41	Claim Close Date			Aut V. C. St. Communication		Date Received	17/03/2020 00:00
Save Submit Attachment Solen No. MT/1088521 Claim No. 001 It Doc. Received	port Taken By	Jackson							
	Print AK letter								
				10.0	****	55011			
Stock MT/1088521 Claim No. 001	160			1.0	Save Sub	me			
Doc. Received ● Yes ○ No Upload Date 17/03/2020 12:14 Path • Category • Confidencial Urgency • Description Browse Clear Please Select ♥ № ♥ Normal ♥ Browse Clear Please Select ♥ № ♥ Normal ♥ Browse Clear Please Select ♥ № ♥ Normal ♥ Browse Clear Please Select ♥ № ♥ Normal ♥	ttachment								
t Doc. Received									
Path • Upload Date 17/03/2020 12:14 Path • Category • Confidential Urgency • Description Browse Cest Please Select	tidant No.	MENICODES:	23000	in.		001			
Path • Category • Confidential Lingency • Description Browse Cear Please Select									
Browse Cear Please Select	II DOC. Received		Upload	Date					
Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V		Path *		Contraction of the Contraction o	1	The same of the sa	11000	The second secon	The state of the s
Browse Cear Please Select V No V Normal V Browse Cear Please Select V No V Normal V				Browse.					National Control
Browse Ceer Please Select V Romai V	Marie Control			Browse.	Cear	Please Select	~	NO Y Normal	<u> </u>
				Browse	Clear	Please Select	V	NO V Normal	•
Browse Calart (V fut) V Normal (V	- 14-14-14-1			Browse.	Clear	Please Select	V	NO V Normal	V
			-						

