Date In: 75/12- H:M	Jeb description		Date &Time Comp.	eted	Done	py
Ref No: HA/INC2004497/24	SAS e-filing					
Veh No: JEWYJTYC	E-mail (within Shrs,	AIC 2hrs)				
D.O.A: 24/20-20:05	i-Motor Claim F	orm	M1 1289566-00	1 70	13/20	N:18
	i-Motor W/O (Wi	thin: OD 2)trs,				
OD : (P)! Reporting Only	i-Photo Uploadeo		!			77
	Assessment/Survey	Report				27/10
TP Insurer:	Ass't Report by Fa	x / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	ozi ileli	
TP Particulars: Veh No:		. INC()/Non-INC().	e/eperene	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (D	ate:	Time:)	(1,500)
Insured/Driver Liability: (%	(WO):	: N: 0-20	%; P: 21-79%. F	: 80-100%	6]	S -cosmu
		/NO()				
	\$1,000 ()/\$2,000 ()			Antonia de la composición della composición dell	
General Remarks:-		\$ 74.5.72 FE		19203		
and the second of the second o	The state of the s		A			-
() Walk-In Customer: Customer's		ential & Stri	City NO 131er of 7ep			-
() Total Loss Case : to e-mail In	surer URGENTLY.					
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO () ; To	wing Co: (
1) Apply for Transport Allowance (Date&Time Compl	201	NIXONE	by
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()		Date& lime Comple	303	vypone	ру
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()		Date& Lime Comple	305	99-12-	The free like.
) / Courtesy Car ()				99-12-	The free like.
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()				99-12-	- 1 - N - W.
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()				99-12-	The Market
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()				99-12-	The Market
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()				Some	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	() () > \$3000] ()				Ant (S)	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate Time Actions)/Courtesy Car ()	voice Prep	aration Checklist		Some	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions)/Courtesy Car ()	voice Prep AR: Accident I DA: Damage A	aration Checklist Reporting (\$30); Reporting (\$100);	INC (\$80)	Ant (S)	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions Actions aimant's Particulars :-)/Courtesy Car ()	voice Prep AR: Accident I DA: Damage A	aration Checklist Reporting (\$30); ssessment (\$100);	INC (580) \$40/\$45	Ant (S)	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions Actions aimant's Particulars :-	Courtesy Car ()	voice Prep AR: Accident I DA: Damage A F: Towing Fe T: Follow-Th	ar ation Checklist Reporting (\$30); ssessment (\$100); cough Survey	INC (\$80) \$40/\$45 \$120	Ant (S)	Ami
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions Alpovns almant's Particulars :- iver/Owner:)/Courtesy Car () () > \$3000] () In: () 2) E 3) T 4) F E	voice Prep AR: Accident I DA: Darnage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming as	aration Checklist Reporting (\$30); ssessment (\$100); erough Survey rough Survey (Resurvey) sinst INC Only (wef 10.	INC (\$80) \$40/\$45 \$120 \$30 lan 2005)	Ant (S)	Ami
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions aimant's Particulars :- iver/Owner: ntact No:	Courtesy Car ()	voice Prep AR: Accident I DA: Damage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming as R: Re-inspect	ar ation Checklist Reporting (\$30); ssessment (\$100); cough Survey rough Survey (Resurvey) sinst INC Only (wef 10.	INC (\$80) \$40/\$45 \$120 \$30	Ant (S)	Ami
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time Actions aimant's Particulars :- iver/Owner: ntact No:	Courtesy Car ()	voice Prep AR: Accident I DA: Damage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming as R: Re-inspect	ar ation Checklist Reporting (\$30); ssessment (\$100); cough Survey rough Survey (Resurvey) sinst INC Only (wef 10.) ion SMRT Survey	INC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75	Ant (S)	Ami
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate Time Actions aimant's Particulars :- iver/Owner: intact No: imaged Portion:	Courtesy Car ()	voice Prep AR: Accident I DA: Damage A F: Towing Fe T: Follow-Th or claiming as R: Re-inspect V1: Idao DA + NTUC Addition	ar ation Checklist Reporting (\$30); ssessment (\$100); cough Survey rough Survey (Resurvey) sinst INC Only (wef 10. ion SMRT Survey al Services:-	INC (\$80) \$40/\$45 \$120 \$30 an 2005) \$75 \$160	Ant (S)	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date Time Actions aimant's Particulars :- iver/Owner: intact No: imaged Portion:	Courtesy Car ()	Voice Prep AR: Accident I DA: Darnage A F: Towing Fe T: Follow-Th for claiming as TR: Re-inspect N1: Idao DA + WTUC Addition DD* N5: Courtesy	aration Checklist Reporting (\$30); ssessment (\$100); erough Survey rough Survey (Resurvey) ainst INC Only (wef 10, ion SMRT Survey al Services:- Cer / Tpt Allowance	INC (\$80) \$40/\$45 \$120 \$30 len 2005) \$75 \$160	Ant (S)	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date Time Actions aimant's Particulars :- iver/Owner: intact No: imaged Portion:	Courtesy Car ()	Voice Prep AR: Accident I DA: Darnage A F: Towing Fe T: Follow-Th for claiming as TR: Re-inspect VI: Idao DA + VTUC Addition DA: NS: Courtesy (N6: Repair Co	aration Checklist Reporting (\$30); ssessment (\$100); erough Survey rough Survey (Resurvey) ainst INC Only (wef 10, ion SMRT Survey al Services: Cer / Tpt Allowance - ordination	INC (\$80) \$40/\$45 \$120 \$30 an 2005) \$75 \$160	Ant (S)	AM
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury : Date/Time Actions aimant's Particulars :- iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Courtesy Car ()	voice Prep AR: Accident I DA: Damage A F: Towing Fe T: Follow-Th or claiming as R: Re-inspect N1: Idao DA + NTUC Addition DA N5: Courtesy N6: Repair Co N7: Fost Repair	aration Checklist Reporting (\$30); ssessment (\$100); erough Survey rough Survey (Resurvey) ainst INC Only (wef 10, ion SMRT Survey al Services: Cer / Tpt Allowance - ordination	INC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75 \$160 \$55 \$100 \$255	Ant (S)	Abu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Laimant's Particulars :- river/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors' Comments :-	Courtesy Car (Voice Prep AR: Accident I DA: Darnage A F: Towing Fe T: Follow-Th or claiming as TR: Re-inspect N1: Idao DA + VTUC Addition DE N5: Courtesy N6: Repair Co N7: Post Repair N8: DV / Coll P(N11): TP	aration Checklist Reporting (\$30); ssessment (\$100); erough Survey (Resurvey) ainst INC Only (wef 10, ion SMRT Survey al Services: Cer / Tpt Allowance ordination ir Inspection set Excess Coordination Non INC) against INC	INC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75 \$160 \$55 \$510 \$525 \$53	Ant (S)	The free like.
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost : Injury : Date/Time Actions aimant's Particulars :- iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Courtesy Car ()	Voice Prep AR: Accident I DA: Darnage A F: Towing Fe T: Follow-Th or claiming as R: Re-inspect VI : Idao DA + VTUC Addition DE N5: Courtesy N6: Repair Co N7: Post Repair N8: DV / Coll	aration Checklist Reporting (\$30); ssessment (\$100); erough Survey (Resurvey) sinst INC Only (wef 10. ion SMRT Survey al Services: car / Tpt Allowance ordination ir Inspection set Excess Coordination Non INC) against INC ide	INC (\$80) \$40/\$45 \$120 \$30 lan 2005) \$75 \$160 \$55 \$100 \$255	Ant (S)	AM

Figure 18 1 mg

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT	
Date Of Report	25/03/2020 15:21	
Date Of Accident	24/03/2020 20:05	
Exact Location Of Accident	JURONG WEST AVE 5	
Country/State of Loss	SINGAPORE	
C	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW4752K	
Insured/Policyholder		
Name Of Registered Owner	NG SENG BOON	
NRIC No	SXXXX643F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90534988	
Alternative Phone No	OFFICE-90534988	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL 1.5X CVT	
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	5099893432-01	
Cover Note Number		
Driver		Time!
Name of Driver	NG TECK SOON	
NRIC No	SXXXX333J	
Date Of Birth	18/09/1983	
Occupation	OUTDOOR	
Date Of Driving Pass	16/11/2007	
Driving Experience	12 YEARS AND 4 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90534988	
Fax Number		
Contact Number	OFFICE-90534988	
EMail Address	NOEMAIL	

Address BLK 864 JURONG WEST STREET 81

#12-519

Postcode 640864

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200325/7012.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP9492B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHANDARASEKARAN S/O GOPAL

NRIC/Passport Number SXXXX446H
Contact Number 96958751

Address Postcode

Page 2 of 18

No. Of Passenger (Including Driver)

1

		PERSON 1
	INTEREST	PERSONA

Name NG TECK SOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKW4752K

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 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 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN mong west shell DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 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 .:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200325/7012

REPURT OF A TRAFFIC ACCIDEN	OF A TRAFFIC ACCIDE	NT
-----------------------------	---------------------	----

Details of Person Involved Any Pedestrian Involved: No No. of Pedestrians Injured: NIL

Date/Time F	Report M	Made:	Vide R	eport No.:				Station Diary No.:	
25/03/2020	14:46		1,001,	opon no			1	Station Diary No	
Informant's	Particu	ulars							
Name of Info NG TECK S			Addres APT BI SINGA		RONG WES	STREE	ET 81	#12-519	
ID Type / ID NRIC NO / S	No.: 5832933	33J	Contac Home/	t No.:		Mobile	: 8414	11450	
Nationality: SINGAPOR	E CITIZ	EN	Email: peterno	g300@gma	il.com				
Sex: Male	Age: 36	Date of Birth: 18/09/1983	Type o Driver	f Informant:					
Race: Chinese			English				ion / S	School Name:	
Occupation: Working proprietor (transport, storage and courier)			Driving Licence Information: Class: Date of Expression				f Expir	Expiry:	
General Info		of the Accident							
Type of Accident:		njury Others		Drink Drive: No	Date/Tim Accident: 24/03/20	janaraanaan. Maaraanaan		Type of Location Petrol Station	
Location: JURONG W	EST AV	ENUE 5							
Weather: Clear			Road S Dry	Gurface:			Road	Speed Limit:	
Traffic Flow:	Flow: Traffic Control:								
One Way							Traffi Light	c Volume:	
One Way Type of Colli	sion:	hicles - Head To Si	Not Co				Light		
One Way Type of Colli	sion: ving Vel		Not Co				Anyo ambu	ne conveyed by	
One Way Type of Colli Between Mo Details of Ve	sion: ving Vel		Not Co		Color	Cor	Anyo ambu	ne conveyed by llance:	
One Way Type of Colli Between Mo	sion: ving Vel	nvolved	Not Co	ntrolled	Color	Cor	Anyo ambu No	ne conveyed by llance:	

Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200325/7012

CONTINUATION OF REPORT

Driver	NEW TOWN				IL ALERS	White the	Chip Irwa Testing Little
Name	CHANDARASEKARA	AN S/O G	OPAL	ID No		S261	2446H
Related Vehicle	SJP9492B (Car)			Contact No.		96958	8751
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class Date	: NIL of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		
Driver					2010		
Name	NG TECK SOON			ID No		S8329	9333J
Related Vehicle	SKW4752K (Car)			Conta	ct No.	84141	1450
Hospital/Clinic	UNITED HEALTH FA SURGERY	MILY CLI	NIC &	Class Drivin Licent Expiry	g	Class Date	: NIL of Expiry: NIL
Date Treatment	25/03/2020		Date Disc	harge	25/03	/2020	1000
No. of Days gran	ted Medical Leave	03	Degree of		Serio	-	

Brief Details.

I was at the exit area of the Shell Petrol Station along Jurong West Ave 5 and my vehicle was stopped while waiting for traffic along the main road to clear. Suddenly, I felt a big bang on the driver side of my car and I realised that a vehicle SJP9492B which was stationary on the right side on my car suddenly swerved left and hit me. After the impact, i felt pain and numbness on my right shoulder and arm area and subsequently went to see a doctor. I have video evidence.





3 of 3

Report No. T/20200325/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

C	VO	ch	DI	an
0		1.0		a 11

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 14:46
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

eBao Tech		- 3388	22/00/50	A SUBSTITUTE OF THE SUBSTITUTE			States and		型 以思	Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Chan	ge Languag	e + Chan	ge Password	· Log Ou
My Desktop Notice of Loss	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		24/03/2020	20:05	
	Vehicle	No.(For Motor)	SKW47	52K		Certi	ficate Number	n (
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099893432- 01		NG SENG BOON	S0214643F	GPC	drivo CLASSIC	SKW4752K		30/04/2019	29/04/2020
					8	Continue					

Sequenc	e Date of Endorsement	E	ndorsemer	ot Tyne	Endorsement	Ctatus		ement Content
♥ Endorse	ments							
Insured	Object: SKW4752K							
nit No.		Related Numbe		5099893432-01				
ddress 4		Addres	s Type	Singapore address	9	Post Code	640864	
ddress 1	BLK 864 #12-519	Addres	s 2	JURONG WEST STR	EET 81	Address 3	SINGAPOR	RE 640864
	older Mailing Address							
nfo	There are no section for the section of							
elicy Info								
pen								
o- nsurance lag	No							
Agent	TEO YEOW CHONG (ZHANG YAC	Agent Tel.			GST Flag	Υ		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience	Driver Excess
xcess	0	OS Premium	0					
Excess Additional	75-77	Excess	2000		Excess	100		
Third Party	1500	Own damage	2000		Windscreen			
Excess Type	Per Accident	All Claims Excess						
Policy Issue Date	29/04/2019	Effective Date	30/04/20	19 00:00	Expiry Date	29/04/2020 23	:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 864 #12-519 JURONG WES	ST STREET 81	SINGAPOR	RE 640864				
Certificate No.					Mile			
Policy No.	5099893432-01	Policyholder Name	NG SENG	BOON	Policyholder NRIC	50214643F		

Continue Cancel

coldent MT/1089566 Colley No. Certificate No.					
ertificate No.	5099893432-01	Vehicle No.	SKW4752K	GST Registration No.	
blicyholder Name	NG SENS BOON			Policyholder NR3C	S0214643F
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	90534988	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	the V
*	® No ⊜Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	so	Private Hire	Yes
Accident Details					
port Date	25/03/2020 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
ite of Accident	24/03/2020	Time of Accident hh:mm	20:05	Country of Accident	The second second
porting Centre	20000000		20.03		Singapore
cident Location	JURIONG WEST AVE 5	Drange Force		ICM No.	
P Total Excess Applicable					
		50			
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2 000 00	TH STREET, ST.	1 500 00		
D OD Excess	2,000.00	TP Standard Excess	1,500.00		
	500.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0				
al OD Excess Applicable	2500.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	stion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
	8				
Policyholder Hailing Ad					
dress 1	BLK 864 #12-519	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640864
dress 4		Address Type	Singapore address	Post Code	640864
t No.		Related Policy Number	5099893432-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	NG TECK SOON	Driver NRIC	50000(333)	Driver DD8	18/09/1983
pister Date of Driver License	16/11/2007	Driver Age	36	Driving Experience	12
ntact No.(Hobile)	90534988	Contact No.(Office)	0	Contact No.(Home)	0
dress 1					1
	BLK 864	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640864
dress 4		Address Type	Singapore address	Post Code	640864
it No.	12-519				
es he own a Singapore gistered car?	O Yes ® No	Onver Vehicle No.		Driver Insurer Company	
deration					
eathalyser or Blood Test acing?	Omg	Any injury?	Yes ○ No		
Sification History					
annauan nostary					
Claim 001 New					
laim 001 New					
laim 001 New					
	ор-их 🔻	Insured Name	NG SENG BOON	Insured NRIC	S0214643F
m Type •	ОD-MX 91995525	Insured Name Contact No.(Home)	printed by the second s		
im Type * rract No.(Mobile)		Contact No.(Home)	67912234	Contact No. (Office)	NIL,
m Type • Mact. No. (Mobile) all Address	91995525	Contact No.(Home) Of Vehicle Number	67912234 SKW4752K		
im Type * mact No.(Mobile) all Address mant Type Claimant Type *	91995525 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	67912234	Contact No. (Office)	NIL,
im Type * ntact No.(Mobile) all Address mant Type Claimant Type * mant Name *	91995525	Contact No.(Home) Of Vehicle Number	67912234 SKW4752K	Contact No. (Office)	NIL,
im Type * imact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address	91995525	Contact No.(Home) Of Vehicle Number Type of Benefit *	67912234 SKW4752K	Contact No. (Office) TP Venicle Number	NIL,
m Type • mact No.(Mobile) all Address mant Type Claimant Type • mant Name • mant Address m Description	91995525 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NR3C *	67912234 SKW4752K Please Select	Contact No. (Office)	NIL,
im Type * viact No.(Mobile) all Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact	91995525	Contact No.(Home) Of Vehicle Number Type of Benefit *	87912234 SKW4752K Please Select Not at Fault	Contact No. (Office) TP Venicle Number	NIL,
im Type * viact No.(Mobile) all Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact	91995525	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NR3C *	67912234 SKW4752K Please Select	Contact No. (Office) TP Venicle Number	NIL,
im Type * mact No. (Mobile) air Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact uure Finalisation	91995525	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	87912234 SKW4752K Please Select Not at Fault	Contact No. (Office) TP Vehicle Number	NII,
im Type * mact No. (Mobile) air Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact pure Finalisation a Registered	91995525 Please Select ≥≥ SKW4752K / 52P94928 GN 24 Mar 2020 Ves	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option	87912234 SKW4752K Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
im Type * wact No. (Mobile) all Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact suire Finalisation a Registered sort Taken By	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option	87912234 SKW4752K Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
im Type * mact No. (Mobile) all Address main Type Claimant Type * main Name * main Address m Description ferred Workshop Contact uite Finalisation a Registered oot Taken Sy	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option	87912234 SKW4752K Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
im Type * mact No. (Mobile) all Address main Type Claimant Type * main Name * main Address m Description ferred Workshop Contact uite Finalisation a Registered oot Taken Sy	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant KR3C * Insured Liability * Preference Repair Option Claim Close Date	87912234 SKW4752K Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
m Type * flact. No. (Mobile) air Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact ture Finalisation a Registeres ort Taken Sy Print AX letter	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant KR3C * Insured Liability * Preference Repair Option Claim Close Date	8791,2234 SKW4752K Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
im Type * mac. No. (Mobile) air Adoress imant Type Cleimant Type * imant Appress im Description ferred Workshop Contact sure Finalisation is Registered soot Taken By Print AK lietter	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant KR3C * Insured Liability * Preference Repair Option Claim Close Date	8791,2234 SKW4752K Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
irm Type * mact. No. (Mobile) hall Address hall Description ferred Workshop Contact hall Address	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant KR3C * Insured Liability * Preference Repair Option Claim Close Date	8791,2234 SKW4752K Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP9492B
in Type * mact No. (Mobie) hall Address hall Address himant type Claimant Type * limant Address himant Address him Description derred Workshop Contact quire Finalisation te Registered port Taken By Prink AK letter	91995525 Please Select >>> SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant KR3C * Insured Liability * Preference Repair Option Claim Close Date	8791,2234 SKW4752K Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP94928
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact user Finalisation e Registered oort Taken By Print AK lietter Attachment	91995525 Please Select Please Select SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38 Jackson MT/1089566	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	87912234 SKW4752K Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SJP94928
m Type * mact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact uine Finalisation a Registered out Taken By Print AK letter ttachment dent No.	91995525 Please Select V	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preference Repair Option Claim Close Date	S7912234 SKW4752K Please Select Prot at Fault Preferred workshop, Name unknown O01 15/03/2020 15:39	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NIL SJP94928 SJP94
in Type * Mact. No. (Mobile) all Address Imani Type Claimant Type * Imani Name * Imani Address Im Description Herred Workshop Contact Live Finalisation e Registered oot Taken By Print AK letter Ittachment dent No.	91995525 Please Select Please Select SKW4752K / 53P94928 ON 24 Mar 2020 Yes 25/03/2020 15:38 Jackson MT/1089566	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	87912234 SKW4752K Please Select Not at Fault Preferred Workshop, Name unknown C01 15/03/2020 15:39 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgence	NIL
in Type * Mact. No. (Mobile) all Address Imani Type Claimant Type * Imani Name * Imani Address Im Description Herred Workshop Contact Live Finalisation e Registered oot Taken By Print AK letter Ittachment dent No.	91995525 Please Select V	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	STATE Submit CO1 15/03/2020 15:39 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NII,
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact user Finalisation e Registered oort Taken By Print AK lietter Attachment	91995525 Please Select V	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	STATE Submit Save Submit Col 15/03/2020 15:39 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgence	NIL S1P9492B Paccived Pacci
ion Type * mact. No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact quire Finalisation te Registered soct Taken By Print AK letter Mtachment	91995525 Please Select V	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Save Submit Col 15/03/2020 15:39 Cargory * Clear Please Select Market Submit Col 1 Co	Confidencial Urgenc	NIL
em Type * mact No.(Mobile) hall Address limant Type Claimant Type * limant Address limant Address lim Description referred Workshop Contact quire Finalisation te Registeres port Taken By Print AK letter Attachment P cident No.	91995525 Please Select V	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Save Submit Cos Please Select	Confidential Urgenc Confidential Urgenc Vormal	NIL
im Type * Image: Mew Image: Modele) Image: Modele Image: Model	91995525 Please Select V	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Gleim No. Upload Date Browse. Browse. Browse.	Save Submit Cos Please Select	Confidencial Urgenc Confidencial Urgenc [No V Normal No V Normal No V Normal No V Normal	NIL

Attachment	Uplo	aded By/Date	Category	9	Urgency		Description	Msg Sent?
CO AND	NAC_PAYA_UB1_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:39	NRIC/ Driving License	٧	Normal	NRIC/ Dr	ving License 2020-3-25	(00)
1	NAC_PAYA_UBI_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:39	SAS		Normal		AS 2020-3-25	
	NAC_PAYA_UBI_800601(NA: CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 5 May 2020 15:39	Photos		Normal	Pro	otos 2020-3-25	
	NAC_PAYA_UB1_800601(NAT CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:39	Photos		Normal	Ph	otos 2020-3-25	
A.	NAC_PAYA_UBI_800601(NAT CES) on 2:	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:39	Photos		Normal	Pfi	otos 2020-3-25	
	NAC_PAYA_UBI_600601(NAT CES) on 2:	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:39	Photos		Normal	Ph	otos 2020-3-25	
0	NAC_PAYA_UB1_800601(NAT CES) on 25	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15: 38	Photos		Normai	Ph	0000 2020-3-25	
4		TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:38	Photos		Normal	Ph	otos 2020-3-25	
4	NAC_PAYA_UBI_B00601[NAT CES) on 25	TIONAL ASSESSMENT CENTRE SERVI 5 Mar 2020 15:38	Photos		Normal	Phy	otos 2020-3-25	
		IONAL ASSESSMENT CENTRE SERVI Mar 2020 15:38	Photos		Normai	Phy	otos 2020-3-25	
	NAC_PAYA_UBI_800601(NAT CES) on 25	IONAL ASSESSMENT CENTRE SERVI Mar 2020 15:38	Photos		Normal	Pho	Nos 2020-3-25	
	NAC_PAYA_UBI_600601(NAT CES) on 25	IONAL ASSESSMENT CENTRE SERVI Mar 2020 15:38	Photos		Normal	Pho	ntos 2020-3-25	
Video List	and the second second	V 100 100 100 100 100 100 100 100 100 10				9		