| Date In: 7,15L | 1.1.1 | 100 - 1 × 10 × 10 × 10 × 10 × 10 × 10 × | Date & Time Completed | Don | e by |
|--|--|---|--|---|--|
| Date In: 31/2/2 - 09:21 | Jeb description | | Date to Third Completion | | |
| Ref No: 49 HELD OUY 693 MY | SAS e-filing | | <u> </u> | | _ |
| Veh No: SUV 2484 R | E-mail (within Shrs, A | (C 2hrs) | | | • |
| D.O.A: 747/20-10:70 | i-Motor Claim Fo | rm | いのなりらりしているか | 21/3/20 | 19:36 |
| OD 'CD' Paparana Only | i-Motor W/O (With | in: OD 2hrs, | TP 4hrs) | | |
| OD / TP-)' Reporting Only | i-Photo Uploaded | | | | |
| Vanners | Assessment/Survey | Report | | | |
| TP Insurer: | Ass't Report by Fax | / Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: GBC V | 83h | INC (|)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Perio | od: (|) | Cover Type: (|) | |
| Confirmed by : (| Da | | Time: |) | |
| Insured/Driver Liability: (%) [No | te-Est. Status (WO): | N: 0-20 | %; P: 21-79%. F: 80 |)-100%] | |
| Year of Registration: () Wa | arranty: YES ()/ | NO(|) | | |
| Excess: (\$) Loading: \$1,000 |)()/\$2,000(|) | | | |
| General Remarks:- | | | | 1315 All 1811 | 4 |
| () Walk-In Customer: Customer's inform | ation strictly Confider | ntial & Stri | ctly NO refer of repaire | r | |
| () Total Loss Case : to e-mail Insurer | | <u> 2</u> 0, | | | |
| Drive-In ()/ Towed-In (); Invoice: | YES()/NO(|) ; To | wing Co: (| |) |
| Remarks:- (INC hotline: 6788 6616) | | 12.00 | Date&Time Completed | Do | is by |
| | urtesy Car () | 0.2003, 5.81 7.74 | | | |
| 2) QC Check / Post Repair Inspection | () | | | | 20 C C C C C C C C C C C C C C C C C C C |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] () | | | | |
| | | | | | |
| WEND AND AND AND AND AND AND AND AND AND A | WITH THE PARTY OF | | 4 | | |
| Injurý: | - No. T-101/2 | | | W. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12 | |
| | Secretary Secretary (Secretary Secretary Secre | | 7 - 7 - F (* 158) | NO ZANOAN | gur, 191, 27, |
| | Canada (Sec. 1998) Sec. 1998 (Sec. 1998) Sec | | | 37585042 | (a) |
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| | | | | | 1900 - C. (1911, 1922) |
| | 1 | riced I - 1 | | | (8° - 1° - 1° - 1° - 1° - 1° - 1° - 1° - |
| Date/Time Actions | 1 | P | paration Checklist | Anit (s | 9:1 |
| Onte/Time Actions | 2003 | The second second | paration Checklist | Anit (S | 9:1 |
| Parte Time Actions | 1) A ¹ 2) D | R : Accident | Reporting (\$30); Assessment (\$100); INC | (\$80) | 9:1 |
| Actions Actions Actions amant's Particulars: | 1) A) 2) D. 3) TI | R : Accident A : Damage F : Towing F T : Follow-T | Reporting (\$30); Assessment (\$100); INC | fu Bi | 9:1 |
| Actions Actions Analyy aimant's Particulars:- iver/Owner: | 1) A) 2) D. 3) TI 4) F1 | R : Accident A : Damage F : Towing F I : Follow-T T : Follow-T | Reporting (\$30); Assessment (\$100); INC ce brough Survey brough Survey (Resurvey) | (\$80) \$40/\$45 \$120 \$30 | 9:1 |
| Analyy : almant's Particulars :- iver/Owner: | 1) A 2) D 3) T 4) F 5) F Fs 6) T | R: Accident A: Damage F: Towing F T: Follow-Ti F: Follow-Ti prolaiming a: R: Re-inspec | Reporting (\$30); Assessment (\$100); INC ee brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2 | (\$80) \$40/\$45 \$120 \$30 \$905) \$75 | 9:1 |
| Actions Actions Analyy almant's Particulars:- river/Owner: ontact No: | 1) A 2) D 3) T 4) F 5) F Fs 6) T 7) N | R: Accident A: Damage F: Towing F I: Follow-Ti F: Follow-Ti r: claiming a: R: Re-inspect 1: Idac DA | Reporting (\$30); Assessment (\$100); INC ee brough Survey brough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2) tion SMRT Survey | (\$80) \$40/\$45 \$120 \$30 | 9:1 |
| Actions Act | 1) A/ 2) D/ 3) T/ 4) F/ 5) F/ F/s 6) T/ 7) N/ 8) N/ | R: Accident A: Damage F: Towing F I: Follow-TI F: Follow-TI C: Follow-TI R: Re-inspect I: Idae DA TUC Additio | Reporting (\$30); Assessment (\$100); INC one Arough Survey Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan 2 tion SMRT Survey anal Services:- | (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 | 9:1 |
| Actions Act | 1) Al 2) D 3) TI 4) F 5) F Es 6) TI 7) N 8) N Q | R: Accident A: Damage . F: Towing F T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Idac DA: TUC Addition D* NS: Courtesy | Reporting (\$30); Assessment (\$100); INC ce brough Survey Arough Survey (Resurvey) reinst INC Only (wef 10 Jan 2) ction SMRT Survey and Services:- | (\$80) \$40/\$45 \$120 \$30 \$905) \$75 | 9:1 |
| Date/Time Actions Actions January Laimant's Particulars: river/Owner: Ontact No: Inmaged Portion: C. Checked by (Engr-In-Charge): | 1) Al 2) D 3) TI 4) F 5) F Es 6) TI 7) N 8) N Q | R: Accident A: Damage F: Towing F T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Idae DA TUC Addition D NS: Courtesy N6: Repair C N7: Fost Rep | Reporting (\$30); Assessment (\$100); INC ce brough Survey Arough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2 tion SMRT Survey and Services:- Car / Tpt Allowance coordination air Inspection | (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$5 | 9:1 |
| Actions Actions Actions Laimant's Particulars: river/Owner: ontact No: nmaged Portion: C. Checked by (Engr-In-Charge): | 1) Al 2) D 3) TI 4) F 5) F Es 6) TI 7) N 8) N Q •1 | R: Accident A: Damage . F: Towing F T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Idac DA: TUC Addition D: N5: Courtesy N6: Repent C N7: Fost Rep N8: DV / Col | Reporting (\$30); Assessment (\$100); INC one arough Survey (Resurvey) rough Survey (Resurvey) rough Survey roug | (\$80) \$40/\$45 \$120 \$30 \$75 \$160 | 9:1 |
| Date/Time Actions | 1) Al 2) D 3) TI 4) FT 5) FT FS 6) TI 7) N 8) N Q 1) 11 11 11 11 11 11 11 11 11 | R: Accident A: Damage . F: Towing F T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Follow-Ti T: Idac DA: TUC Addition D: N5: Courtesy N6: Repent C N7: Fost Rep N8: DV / Col | Reporting (\$30); Assessment (\$100); INC ce brough Survey Resurvey) Rejinst INC Only (wef 10 Jan 3 stion SMRT Survey and Services: Car / Tpt Allowance a-ordination air Inspection lect Excess Coordination (Non INC) against INC | \$1005) \$1005) \$1005 \$100 \$1005 \$150 \$150 \$150 \$150 \$1 | 2:1 |

Francis to

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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. | y defined to the distinct of the report of t |
|--|--|
| A TOTAL TOTAL CONTRACTOR CONTRACTOR OF THE PARTY OF THE P | ACCIDENT STATEMENT |
| Date Of Report | 31/03/2020 09:21 |
| Date Of Accident | 30/03/2020 10:30 |
| Exact Location Of Accident | ALONG PIE |
| Country/State of Loss | SINGAPORE |
| PER LANGE CONTRACTOR | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLV2484R |
| Insured/Policyholder | |
| Name Of Registered Owner | KOK AIK SING |
| NRIC No | SXXXX515E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97660933 |
| Alternative Phone No | OFFICE-97660933 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | C-HR HYBRID 1.8S CVT |
| Exact Purpose for which vehicle was being use time of accident | ed at PRIVATE USE |
| Are you claiming under your own insurance po for repair to your vehicle? | olicy 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 | 5106467177-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KOK AIK SING |
| NRIC No | SXXXX515E |
| Date Of Birth | 24/01/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/06/1983 |
| Driving Experience | 36 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97660933 |

OFFICE-97660933

NOEMAIL

BLK 258C COMPASSVALE ROAD Address

#09-579

543258 Postcode

Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES

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.

Number of Passengers (Including Driver)

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

4

NO

NO

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBE283A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category TAN WEI CHIEH DANIEL Name of Driver

SXXXX052F NRIC/Passport Number 81393543 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLK3192J

Page 2 of 18

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 3

Vehicle Registration Number

GBC6018X

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

Name

KOK AIK SING

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLV2484R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN 00

> B GBE283A D: GBC 6018 X SLV2484R C: SLK 3192J

| DES | SCRIB | CIKC | OIVISI | ANCES | OF THE | ACCI | DENT | | | | | | | | |
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| | 1 | was | tra | vellin | g al | ong | PIE | at | sei | cond | lane | . Veh | ricle | in - | front |
| of m | e : | sudd | lenly | jan | n bro | ike | , 1 | foll | owed | to | stop | my | vehic | de n | ithou |
| any c | conta | ct | with | the | vet | nicle | ìn | front | of | me | . Out | t of | sudi | den, | 1 |
| Pelt | an | împ | act | from | my | rei | ar. | When | 1 | ali | ghted | to | ched | ek, | 1 |
| realise | ed | tha | + | 1 1 | Jas | invo | Ived | ĩn | a | 4 | cars | chai | 0 | ollisi | on. |
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DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

| Service of the last Property | ACCIDENT DETAILS | |
|------------------------------|------------------|------------|
| Date of accident | 30/03/2020. | (DD/MM/YY) |
| Time of accident | (0:30 | (HH:MM) |
| Exact location of accident | Along PIE | |

| | DETAILS OF VEHICLE | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Vehicle registration number | # SLV2484 R | | | | | | | |
| Vehicle make and model | Toyota CHR | | | | | | | |
| Type of vehicle | Saloon MPV CRV Van Lorry Bus Motorcycle Others: | | | | | | | |
| Vehicle category | Private Commercial Motorcycle | | | | | | | |
| Purpose of using at said time | | | | | | | | |
| Are you claiming under your own insurance company? | Yes No if no, please select: Third part claim Reporting only | | | | | | | |

| INSURANCE INFORMATION | | | | | | | | | |
|-----------------------|---------------|--------------------------|---------|--|--|--|--|--|--|
| Insurance company | NTUC | | 18 | | | | | | |
| Policy number | | | | | | | | | |
| Type of policy | Comprehensive | Third party fire & theft | TP only | | | | | | |

| INSURED / POLICY HOLDER | | | | | | | | | |
|------------------------------|--|----------|----------|--|--|--|--|--|--|
| Name | Koh Aik Sing | Male 🗆 | Female 🗆 | | | | | | |
| NRIC / Fin / Passport number | S1698515E | | | | | | | | |
| Contact | 9766 0933 | | | | | | | | |
| Address | BIK 258C Compassivale Road S(543 258) | # 09-579 | | | | | | | |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---------------------------------------|
| Name | Male Female |
| NRIC / Fin / Passport number | |
| Contact | |
| Address | |
| Email address | |
| Date of birth | 24/01/1965 |
| Occupation | Indoor Outdoor |
| Driving date pass | 07/06/1983 |

| | SENERAL INFO | RMATION C | F THE ACCIDENT | A STATE OF THE STA |
|--|--|------------|---------------------|--|
| Was driver an employee of | | | | |
| the insured's company? | | | river and insured: | Owner |
| | Yes D No | | inter and modred. | |
| Accident captured by camera? Weather condition | | Raining | Others: | |
| | - 0, | et 🗆 | Others. | |
| Road surface | Dry D W | et u | | (Inclusive of driver) |
| No of passenger | 0 / | | | (melasive of arriver) |
| | MADE | PASSENGER | 1 | |
| Name | | | | |
| Gender | Male 🗆 🕒 F | emale 🗆 | | |
| | | | | |
| | | PASSENGE | 12 | |
| Name | | | | |
| Gender | Male F | emale 🗆 | | |
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| Name | 7.00 | _/_ | | |
| Gender | Male 🗆 🛭 F | emale 🗆 | | |
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| 思和音樂學學學學 | SEE STATE | PASSENGE | 34 | |
| Name | | | | |
| Gender | Male □ F | emale 🗆 | | |
| / | | | | |
| | | PASSENGE | R5 COMMON | |
| Name | | | | |
| Gender | Male 🗆 🛚 l | emale 🗆 | | |
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| COMPANY A SECURE | ALL THE | PASSENGE | R 6 | |
| Name | | | | |
| Gender | Male 🗆 📗 | emale 🗆 | | |
| | | | | |
| | | HER INFORM | IATION | Was a state of the |
| Was anybody injured? | | lo 🗆 | | |
| Was other vehicle damaged? | Yes N | lo 🗆 | | |
| | | | | |
| THE RESERVE THE PROPERTY OF THE PERSON OF TH | DETAILS C | | ATION ACTION | an Rus a se |
| Reported to police? | Yes □ N | loุ□ If ye | es, please state wh | ich police station. |
| Police station name | | | | |
| | | | | |
| | | WITNESS | 1 | |
| Name | | | | |
| | | | | |
| | THE REAL PROPERTY. | WITNESS | 2 | |
| Name | | | | |

| Vehicle registration number | GBE 283 A |
|--|--|
| Vehicle make model | 966 285 11 |
| | Tan Wei Chieh Daniel |
| Name | 1001 1001 |
| NRIC / Fin / Passport number | \$ 8016052F 8139 3543 |
| Contact | 815 1 3543 |
| NAME OF THE OWNER O | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | SLK 3192J |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | GBC 6018 X |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| | |
| Contact | |
| Contact | |
| | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | THIRD PARTY VEHICLE 5 |
| | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | THIRD PARTY VEHICLE 5 |
| Vehicle registration number Vehicle make model | THIRD PARTY VEHICLE 5 |
| Vehicle registration number Vehicle make model Name | THIRD PARTY VEHICLE 5 |
| Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number | THIRD PARTY VEHICLE 5 |
| Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact | THIRD PARTY VEHICLE 5 THIRD PARTY VEHICLE 6 |
| Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact Vehicle registration number | |
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| Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number Contact Vehicle registration number | THIRD PARTY VEHICLE 6 |

Contact

| | | INJURED PER | RSON 1 |
|--|--|-------------|--------|
| Name | Koh | Ark 8ing | |
| Injuries sustained | B& | N | |
| Which vehicle person in? | SLV24 | 84 R | |
| Were seat belts worn? | Yes | No 🗆 | |
| Was injured conveyed to | Yes □ | No | |
| hospital by ambulance? | | | |
| | | | |
| | NE HOLE | INJURED PER | RSON 2 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | 1/200 | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | NO 🗆 | |
| nospital by ambulancer | | | |
| | | INJURED PER | RSON 3 |
| Name | | INJUNED PER | ISONS |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | 100000000000000000000000000000000000000 | | |
| | | | / |
| 建筑 (1955年) (1955年) | Mary 1 | INJURED PE | RSON 4 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | L , | | |
| | | | |
| Name | The same of the sa | INJURED PER | RSON 5 |
| Name Injuries sustained | / | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | | | |
| The second second second | STORE . | INJURED PER | RSON 6 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | 11 | 100 | |
| hospital by ambulance? | Yes 🗆 | No 🗆 | |

| eBao Tech | GeneralClaim | | | | | | | | | | |
|-------------------------|--------------|-------------------|--|----------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_800 | 0601 | 7.00000 | A CONTRACTOR OF THE PARTY OF TH | THE RESIDENCE | THE REAL PROPERTY. | | • Change | Language | • Chan | ge Password | · Log Out |
| My Desktop | Polic | cy Query | | | | | | | | | |
| | Policy N | ło. | | | | Date o | f Accident | 3 | 0/03/2020 1 | 0:30 | |
| | Vehicle | No.(For Motor) | SLV248 | 34R | | Certifi | cate Number | | | | |
| | | | | | 8 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5106467177- 01 | | KOH AIK SING | S1698515E | GPC | drivo CLASSIC | SLV2484R | SLV2484R | 26/12/2019 | 25/12/2020 |
| | | | | | C | Continue | | | | | |

| Policy No. | 5106467177-01 | Policyholder Name | KOH AIK | SING | Policyholder NRIC | S1698515E | |
|--|--|-----------------------------------|---------------------|-----------------------------------|----------------------|------------------------------|----------------------------|
| Certificate No. | | | | | | | |
| Address | BLK 258C #09-579 COMPASS | VALE ROAD SIN | GAPORE 54 | 3258 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy Issue Date | 29/11/2019 | Effective Date | 26/12/201 | 19 00:00 | Expiry Date | 25/12/2020 | 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Young/Inexperience Driver Ex | |
| Agent | MY INSURANCE AGENCY PTE. | L1 Agent Tel. | 63467588 | | GST Flag | Υ | |
| Co- insurance | No | | | | | | |
| Flag | | | | | | | |
| Flag Open | | | | | | | |
| | | | | | | | |
| Flag Open Policy Info Certificate Info | older Mailing Address | | | | | | |
| Flag Open Policy Info Certificate Info Policyh | older Mailing Address BLK 258C #09-579 | Addre | ss 2 | COMPASSVALE R | DAD | Address 3 | SINGAPORE 543258 |
| Flag Open Policy Info Certificate Info | Department of the second of the | 2,000,000 | ss 2 | COMPASSVALE R Singapore addres | | Address 3 | SINGAPORE 543258 543258 |
| Flag Open Policy Info Certificate Info Policyh Address 1 | Department of the second of the | Addre | ss Type d Policy | | | | |
| Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | BLK 258C #09-579 | Addre Relate | ss Type d Policy | Singapore addres | | | |
| Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | BLK 258C #09-579 09-579 d Object: SLV2484R | Addre Relate | ss Type d Policy | Singapore addres | | | |

| laim Handling | | | | | |
|--|--|-------------------------------|--|--|--|
| cident MT/1090122 | | | di U2484D | GST Registration No. | |
| cy No. | 5106467177-01 | Vehicle No. | SLV2484R | (35) Regulation No. | |
| tificate No. | PO PROFESSION | | | Policyholder NRIC | \$1698515E |
| cyholder Name | KOH AIK SING | | | Loading | 0 |
| duct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Contact No.(Home) | 0 |
| tact No.(Mobile) | 97660933 | Contact No (Office) | 0 | eCode | N: V |
| all Address | | Special Remark | ® No ○ Yes | eCode Reason | Access 1 |
| 6 | ® No ○ Yes | TCA | | Private Hire | Yes |
| Protection | No | NCD Entitlement(%) | 50 | Pillane Fire | |
| Accident Details | | | a book | Accident Type | Chain Collision |
| port Date | 31/03/2020 09:37 | Accident Report Within 24 hrs | Yes | | Singapore |
| se of Accident | 30/03/2020 | Time of Accident hh.mm | 10:30 | Country of Accident ICM No. | Singapore |
| porting Centre | | Orange Force | | ICA NO. | |
| cident Location | ALONG PEE | | | | |
| Total Excess Applicable | | | 100.00 | | |
| ess Type | Per Accident | Windscreen Excess | 100.00 | | |
| Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| D OD Excess | 0.00 | VIED TP Excess | 0.00 | Driver is Covered? | Covered |
| | 0 | | | | |
| ditional Excess tal OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | | |
| Benefits | 200.90 | Total IF Citation Paperson | | | |
| Language Marie Company | sellen. | | | | |
| GST Registered Informati Registered | No. | | GST Registration Date | | |
| T Registered T Registration No. | 200 H | | GST Status Ventied | Yes | |
| dification History | | | | | |
| | | | | | |
| Policyholder Hailing Ad | dress | | | | |
| idress 1 | BLX 258C #09-579 | Address 2 | COMPASSVALE ROAD | Address 3 | SINGAPORE 543258 |
| idress 4 | | Address Type | Singapore address | Post Code | 543258 |
| nit No. | 09-579 | Related Policy Number | 5106467177-01 | | |
| y OI Driver Info | | | | | |
| river Name | KOH AIK SING | Driver Type | Main Driver | | |
| mamed driver Name | | Driver NRIC | \$1698515E | Driver DOB | 24/01/1965 |
| gister Date of Driver License | 07/05/1983 | Driver Age | 55 | Driving Experience | 36 |
| ontact No.(Mobile) | 97660933 | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| idress 1 | BLK 258C | Address 2 | COMPASSVALE ROAD | Address 3 | SINGAPORE 543258 |
| daress 4 | | Address Type | Singapore address | Post Code | 543258 |
| ne No. | 09-579 | | | | |
| oes he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| egistered car? | | | | | |
| eclaration | | | 1, | | |
| reathalyser or Blood Test | 0 mg | Any injury? | ® Yes ○ No | | |
| sading? | | | | | |
| odification History | | | | | |
| odinication matory | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| | | Insured Name | KOH AIK SING | Insured NRIC | \$16965150 |
| aim Type * | OD-MX | | | Contact No.(Office) | |
| ontact No.(Mobile) | 97660933 | Contact No.(Home) | 68817807 | TP Vehicle Number | GBE283A |
| mail Address | | OI Vehicle Number | SLV2484R | IF VEHICLE NUMBER | GDCEO3A |
| aimant Type Claimant Type 9 | The state of the s | Type of Benefit * | Please Select | | |
| aimant Name * | >> | Claiment NRIC * | | Til Control | |
| aimant Address | | | | Name of Preferred Workshop | |
| aim Description | SLV2484R / GBE283A ON 30 Mar 2020 | g to the processing or | The same of the sa | The state of the s | |
| referred Workshop Contact o. | | Insured Liability • | Not at Fault | | Personal Control of the Control of t |
| equire Finalisation | Yes | Preferend Repair Option | Preferred Workshop, Name unknown | G3A report | Received 2 |
| ate Registered | 31/03/2020 09:38 | Claim Close Date | Victoria de la constitución de l | Date Received | 31/03/2020 00:00 |
| eport Taken By | Jackson | | | | |
| ₹ Print AK letter | | | | | |
| | | | Court County | | |
| 200 | | | Save Submit | | |
| Attachment | | | | | |
| • | | | | | |
| | ME WARRY TO | Claim No. | 001 | | |
| vecident No. | MT/1090122 | | 31/03/2020 09:40 | | |
| ast Doc. Received | ® Yes ○ No | uproad Date | | Cantalania | ency * Description |
| u | Path * | | Category * | Confidential Urg | CREATURE THE CREATURE OF THE C |
| | | Brows | | | - 100 |
| | | Brows | | No V Norma | |
| | | Brows | | ▼ Norma | |
| | | Brows | Clear Please Select | ▼ Norma | 1000 |
| | | Brows | Clear Please Select | V Norma | ¥ |
| | | 707-900 | a House Smart | V Norma | TO I |

| | Uploaded By/Date | Folder Date | | lie Name | Ţ. | 9 | Source | |
|------------|--|--|-----------------------|---------------|---------|--------------------|-----------------------|-------------------|
| Video List | | | | | | | | |
| | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 09:39 | | Photos | | Normal | Phy | otos 2020-3-31 | |
| 3 | NAC_PAYA_USL 800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 09:39 | | Photos | | Normal | Photos 2020-3-31 | | |
| V | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 09:39 | | Photos | | Normal | Priorios 2020-3-31 | | |
| | | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Phonos 2020-3-31 | | |
| 1 | | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Phy | otos 2020-3-33 | |
| | | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Phy | otos 2020-3-31 | |
| | | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Pin | otos 2020-3-31 | |
| 9 | NAC_PAYA_UBI_800601(NATI CES) on 31 | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Pro | otos 2020-3-31 | |
| 0 | NAC_PAYA_UBI_800601(NATI CES) on 31 | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Pho | otos 2020-3-31 | |
| | NAC_PAYA_UBI_B00601(NATI CES) on 31 | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Pho | ocos 2020-3-31 | |
| 1 | NAC_PAYA_UBI_B00601(NATI CES) on 31 | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:39 | Photos | | Normal | Pho | Photos 2020-3-31 | |
| O | | PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 09:39 | | Photos Normal | | Photos 2020-3-31 | | |
| 2.00 | NAC_PAYA_UBI_800601(NATIO CES) on 31 | ONAL ASSESSMENT CENTRE SERVI Mer 2020 09:40 | Photos | Photos Normal | | Photos 2020-3-31 | | |
| 1 | | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:40 | SAS | | Normal | SAS 2020-3-31 | | |
| MAN TOWN | NAC_PAYA_LIB1_800503(NATIO CE5) on 31 | ONAL ASSESSMENT CENTRE SERVI Mar 2020 09:40 | NRIC/ Driving License | ٧ | Normal | NRIC/ Driv | ing License 2020-3-31 | |
| Attachment | Uploade | ed By/Date | Cacegory | 9 | Urgency | | Description | Msg Sent? (CO) |