TARKETHE ALMAN TO THE TARKET OF THE TARKET O	Jeb description	Date & Time Completed	Done	o'i.		
Date In: (14)20-11:35						
Ref No: NAJINC 2004 758/24	SAS e-filing	- 10/04 10/04 W				
Veh No: GREIVEIX	E-mail (within Shrs, AIC 2hrs		1 1 1			
D.O.A: 1/4/2-07:3	i-Motor Claim Form	100-402061 LW	114/20 11	46		
OD / TP Y Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD / 10 reporting only	i-Photo Uploaded					
TD	Assessment/Survey Repor	t j				
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp	<u> </u>			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:			
TP Particulars: Veh No: smf	9397K INC	C(,)/Non-INC().	je je			
Owner / Driver: (Tel:)			
Policy No: () Pe	eriod: () Cover Type: ()			
Confirmed by : (Date:	Time:)			
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80)-100%]			
Year of Registration: ()	Warranty: YES () / NO ()				
	000()/\$2,000()					
General Remarks:						
() Walk-In Customer: Customer's info	ormation strictly Confidential &	Strictly NO refer of repaire	ır.			
() Total Luss Case : to e-mail Insur			,			
Drive-In ()/Towed-In (); Invoic		; Towing Co: ()		
V =11.		Date&Time Completed	Done	by		
Remarks: (INC horline: 6788 6616)	Courtesy Car ()		A Division of			
1) Apply for Transport Allowance ()/6	Courtesy Car (I Co			
77.77	()					
2) QC Check / Post Repair Inspection	()			ensuntes a		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	()					
2) QC Check / Post Repair Inspection	()					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		Property and the			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		Person of the			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() 3000] () Invoice	Preparation Checklist.	Anit (S)	Amt (3		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() 3000] () Invoice 1) AR: Acc 2) DA: Da	Preparation Checklist: ident Reporting (\$30); mage Assessment (\$100); INC	Anit (S)	Amt (3		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:-	Invoice	Preparation Checklist, ident Reporting (530); mage Assessment (5100); INC ing Fee ow-Through Survey	Xnif (S) 731.Bill (\$80) \$40/\$45 \$120	Ami (S		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- river/Owner:	() 3000] () Invoice 1) AR: Acc 2) DA: Da 4) FT: Foil 5) FT: Foil	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey ow-Through Survey (Resurvey)	Anit (S) /fit.Bill (\$80) \$40/\$45 \$120 \$30	Ami (S		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions claimant's Particulars:- river/Owner: ontact No:	Invoice	Preparation Checklist: ident Reporting (\$30); mage Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan. inspection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 2005)	Ami (S		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions laimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice	Preparation Checklist. ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan. inspection DA + SMRT Survey dditional Services:	Ant (S) (\$1.84 C) (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Amu(S		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions laimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice 1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idam 8) NTUC A OD'* *N5: Co	Preparation Checklist. ident Reporting (\$30); mage Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan inspection DA + SMRT Survey idditional Services:-	\$\xample \xample	Ami (S		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	Invoice	Preparation Checklist. ident Reporting (\$30); image Assessment (\$100); INC image Fee ow-Through Survey ow-Through Survey (Resurvey) image against INC Only (wef 10 Jan inspection DA + SMRT Survey additional Services: urtesy Cer / Tpt Allowance pair Co-ordination at Repair Inspection	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Amt (3		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date Time Actions Lumant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice	Preparation Checklist. ident Reporting (\$30); mage Assessment (\$100); INC ming Fes ow-Through Survey ow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan inspection DA + SMRT Survey dditional Services: urlesy Car / Tpt Allowanus pair Co-ordination of Repair Inspection // Collect Excess Coordination): TP (Non INC) against INC	\$ Ant (\$) 151.Bill (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$25 \$510 \$25 \$55 \$20 \$30	Amt (5		

1 , 3-11 41

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.	
Mark Mark Control of the Control of	ACCIDENT STATEMENT
Date Of Report	01/04/2020 11:35
Date Of Accident	01/04/2020 07:30
Exact Location Of Accident	TOH TUCK FLYOVER TWDS TOH TUCK AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE1461X
Insured/Policyholder	
Name Of Registered Owner	INTERNATIONAL BEARINGS PTE LTD
Co Reg No	1XXXXX138N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91001215
Alternative Phone No	OFFICE-91001215
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109737167
Cover Note Number	
Driver	
Name of Driver	CHUA THIAM HOW
NRIC No	SXXXX447J
Date Of Birth	27/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1983

36 YEARS AND 9 MONTHS

(LOCAL) +65-91001215

OFFICE-91001215

MALE

NOEMAIL

Address BLK 609 ANG MO KIO AVENUE 4

#05-1165

2

NO

YES

NO

1

NO

NO

YES

NO NO

Postcode 560609

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

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?

Was there any video captured by Car Camera?

was there any video captured by Car Camera.

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SMF9397K

Vehicle Registration Number Vehicle Make/Model/Colour

Verlicle Make/Model/Co

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 INJURED PERSON 1

Name CHUA THIAM HOW

Page 2 of 16

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBE1461X

YES

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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law 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)

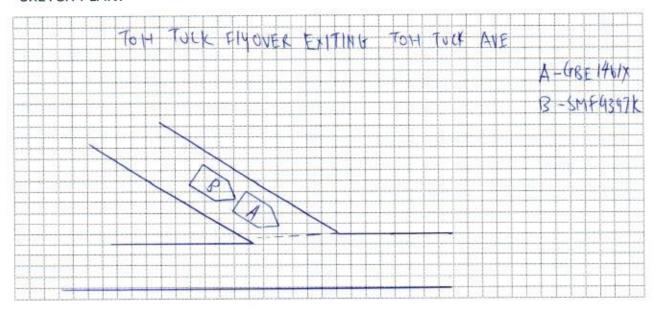
Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG TOH TUCK FLYOVER EXITING TOH TUCK AVE. I STOP AT THE GIVE WAY LINE AND CHECK FOR ONCOMING VEHICLE. SUDDENLY VEHICLE B REAR ENDED MY VEHICLE.
VEHICLE & REAR ENDED WY VEHICLE.

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:

NRIC / FIN No.:

Reporting Centre Personnel's Signature Name:

Accident Reporting Draft

VEHICLE NO: GBE1461X

MODEL: FLAT DOBLO

DATE OF ACCIDENT	1/4/2020			
TIME OF ACCIDENT	0730 HRS AM/PM			
LOCATION OF ACCIDENT	TOH TUCK FLYOVER EXITING TOH TUCK AVE			
EXACT PURPOSE USE DURING ACCIDENT				
NAME OF OWNER	INTERNATIONAL BEARING PTE LTD			
CONTACT NO.	91001215			
NRIC	197600138N			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P			
INSURANCE CO.	NTUE			
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT			
POLICY NO.				
NAME OF DRIVER	AS ABOVE / IF NO: CHUA THIAM HOW			
NRIC	S1592447J ANY PASSENGER: 0			
DATE OF BIRTH				
OCCUPATION	OUTDOOR / INDOOR			
DATE OF DRIVING PASS				
GENDER	MALE / FEMALE			
CONTACT NO.	91001215 OFFICE: HOME:			
ADDRESS	1A TOH TUCK LINK S(596223)			
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.			
RELATIONSHIP	EMPLOYEE/ IF NO:			
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR			
ROAD SURFACE	DRY/WET/OTHER: DRY			
ANY INJURIES	NO / IF YES:			
CONTACT NO.				
POLICE REPORT	NO / IF YES:			
VIDEO RECORDING	NO / YES			
VEHICLE B NO.	SMF9397K ANY PASSENGER:			
NAME				
CONTACT NO.				
VEHICLE C NO.	ANY PASSENGER:			
VEHICLE D NO.	ANY PASSENGER:			
VEHICLE E NO.	ANY PASSENGER:			
VEHICLE F NO.	ANY PASSENGER:			
ANY WITNESS				
WITNESS CONTACT NO.				
PARTICULAR WORKSHOP				
MOBILE NO.	Dudor			
CONTACT PERSON	Ryder Auto Pte Ltd			
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com			
	Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277			



Certificate of Insurance

	Certificate of mountaines
MOTOR VEHICLES (THIRD PARTY RISKS AN	D COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AN	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RU	
Certificate Number : 5109737167-000001	
Index mark and Registration Number of	The state of the s
Chassis Number	: ZFA26300006A87873
Name of Policyholder	: INTERNATIONAL BEARINGS PTE LTD
Effective Date of Insurance	: 10 Jun 2019
Expiry Date of Insurance	: 09 Jun 2020
Persons or Classes of Persons entitled	
(a) The Policyholder.	to differ
	n the Policyholder's order or with his/her permission.
Provided that the person driving in	s permitted in accordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so	permitted and is not disqualified by order of a Court of Law or by reason of any
enactment or regulation in that be	ehalf from driving the Motor Vehicle.
6. Limitations as to Use#	
	ure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers	or goods in connection with the Policyholder's business.
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, relial	bility trial or speed-testing.
(c) Use whilst drawing a trailer excep	t the towing of any one disabled mechanically propelled vehicle.
headings.	of the Road Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	\$\$600
EXCESS (SECTION 2) :	N/A
	S\$100
The state of the control of the cont	YES
	N/A
SUM INSURED :	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compensa	ch this Certificate relates is issued in accordance with the provisions of the Motor tion) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) RANCE AGENCY (00000572596) 23:55 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	7



Policy No.	5109737167	Policyholder Name	INTERNAT	TIONAL BEARINGS PTE	Policyholder NRIC	197600138N	
Certificate No.	5109737167-000001	2000000			190000000		
Address	1A TOH TUCK LINK SINGAPORE	596223					
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	20/05/2019	Effective Date	10/06/20	19 00:00	Expiry Date	09/06/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	209.14				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Accet	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118		GST Flag	Y	
Agent			COSECULA	,	GS1 Flag	-1	
Co- insurance	No		03320111		GS1 Flag	1	
Co- insurance Flag Open			0332011		UST Flag	,	
Co- insurance Flag Open Policy Info Certificate			0332011	•	usi rag		
Co- insurance Flag Open Policy Info Certificate Info				,	GST Flag		
Co- insurance Flag Open Policy Info Certificate Info	No	Addre		SINGAPORE 596223		Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre			3		596223
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address	Addre Addre	ss 2 ss Type	SINGAPORE 596223	3	Address 3	596223
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address	Addre Addre Relate Numb	ss 2 ss Type	SINGAPORE 596223 Singapore address	3	Address 3	596223
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 1A TOH TUCK LINK d Object: 5109737167-00000	Addre Addre Relate Numb	ss 2 ss Type	SINGAPORE 596223 Singapore address	3	Address 3	596223
Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	nolder Mailing Address 1A TOH TUCK LINK d Object: 5109737167-00000	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	SINGAPORE 596223 Singapore address	3	Address 3	596223 Endorsement Content
Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address 1A TOH TUCK LINK d Object: 5109737167-00000	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	SINGAPORE 596223 Singapore address 5109737167	3	Address 3 Post Code	

laim Handling					
ccident MT/1090304					
oncy No.	5109737167	Vehicle No.	GBE1461X	GST Registration No.	M200232925
ertificate No.	\$109737167-000001				
sicyholder Name	INTERNATIONAL BEARINGS PTE LTD			Policyholder NR3C	197600138N
oduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	91001215	Contact No.(Office)	0	Contact No (Home)	0
nell Address		Special Remark		eCode	No.
×	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
O Protection	No	NCD Entitlement(%)	0	Private Hire	Nó
Accident Details					
port Date	01/04/2020 11:44	Accident Report Within 24 hirs	Ves	Acadent Type	Collision - Head to Rear
te of Accident	01/04/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
	01/04/2020			ICM No.	11.000000000
porting Centre		Orange Force		i de la companya de l	
odent Location	TOH TUCK PLYOVER TWOS TOH TUCK AVE				
Total Excess Applicable			100.00		
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0.00	And the Course		ALL VALUE AND THE REAL PROPERTY.	
	500 OD	Total TR Forest Assistable			
al OO Excess Applicable	600.00	Total TP Excess Applicable			
Benefits GST Registered Informs	ation				
GST Registered Informs Registered	Yes		GST Registration Date	01/04/1994	-
T Registration No.	M200232925		GST Status Verified	Yes	
dification Pistory					
Policyholder Mailing Ad	dress				
dress 1	SA TOH TUCK LINK	Address 2	SINGAPORE 596223	Address 3	
	IN TON TOUR LINE		Singapore address	Post Code	596223
dress 4		Address Type		Plac Code	330223
E No.		Related Policy Number	5109737167		
OI Driver Info			Unnamed Driver		
ver Name	Onlia THIAM HOW	Driver Type Driver NRIC	\$1000447I	Driver DDB	27/03/1963
named driver Name			57	Oriving Experience	36
gister Date of Driver License		Driver Age	0	Contact No.(Home)	0
ntact No.(Mobile)	91001215	Contact No.(Office)	ANG MO KIO AVENUE 4	Address 3	SINGAPORE \$60609
dress 1	BLX 609	Address 2			560609
dress 4		Address Type	Singapore address	Post Code	South
Ht No.	05-1165				
ses he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration eathalyser or Blood Test	Solve	Albania Sci VATS	III-COO-SINO		
ading?	0 mg	Any injury?	⊕ Yes ○ No		
dification History					
5.00 %					
Claim 001 New					
em Type *	OD-MX	Insured Name	INTERNATIONAL BEARINGS PTE	Insured NRIC	197600138N
mact No. (Mobile)	93895337	Contact No. (Home)		Contact No. (Office)	64616666
nali Address	2207227	Of Vehicle Number	GBE1461X	TP Vehicle Number	SMF9397K
imant Type Claimant Type+	Please Select	Type of Benefit *	Please Select		
smant Name *	22	Claimant NR3C *	E CONTROL CONT		
smant Address	- 2				
	GBE1461X / SMP9397K ON 1 Apr 2020			Name of Preferred Workshop	W
efected Workshop Contact	AMERICAN / ACTIVISION ON 1 Apr 2020	S. 2000 M	F	H. T. S.	
eferred Workshop Contact x.		Insured Liability *	Not at Fault		
quiré Finalisation	yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ete Registered	01/04/2020 11:46	Claim Close Date		Date Received	01/04/2020 00:00
port Taken By	Jackson				
Print AK letter	7-1				
			Services Representative		
			Save Submit		
Attachment					
,					
			-		
cident No.	MT/1090304	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	01/04/2020 11:48		
	Path *		Category *		ncy * Descriptio
		Browse	Clear Please Select	V № V Normal	<u> </u>
		Browse	Dear Please Select	NO V Normal	<u> </u>
		Browse	Clear Please Select	Normal	V
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