Date Hillard V. I.	Jeb description	Date &Ti	no Completed	Done	py
Pate In: 20/4/20 - 14:00 Ref No: 601115222 50012.4	SAS e-filing				-5. eu
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Veh No: 5m 72074			100 100 17	0/1/20	11/.31
D.O.A: 91/22- 23:30	i-Motor Claim Fo		15gy-001 2	7770	14.21
OD / (P)! Reporting Only	i-Motor W/O (with	in: OD 2hrs, TP 4hrs)			
A CONTROL OF THE CONT	i-Photo Uploaded				
TP Insurer:	Assessment/Survey				
	Ass't Report by Fax	/ Hand to Owner/W			-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
TP Particulars: Veh No:	c15262	INC()/Non-	NC()		
Owner / Driver: (W.W. (1994)	Tel:)	-
Policy No: ()	Period: () Cover Ty			
Confirmed by : (Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO):		79%. F: 80-100)%]	-
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	3079 J. Competer		
General Remarks:-		1000	Salar Salar	on Province	
() Walk-In Customer : Customer's in					
() Total Loss Case : to e-mail Ins					
	ice: YES () / NO () ; Towing Co:	(', ')
		W The	is Completed	Done	hv
Remarks: (INC hotline: 6788 6616		Latex 111.	io scottipat out	The Parket	3-3
 Apply for Transport Allowance () 	/ Courtesy Car ()				
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2) QC Check / Post Repair Inspection	()				
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions:	liny	oice Preparation G	hecklist		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Ins	R : Accident Reporting (A : Damage Assessment (hecklist 330); \$100); INC (\$80)	Ant (5).	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Augustus Inimant's Particulars:	1 Ins	R: Accident Reporting (A: Darmage Assessment (F: Towing Fee	h÷cklist 330); 5100); INC (\$80) \$40/5	Ant (5).	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	1 Iny 1) A 2) D 3) T 4) F 5) F	R: Accident Reporting (A: Damage Assessment (F: Towing Fee F: Follow-Through Survey F: Follow-Through Survey F: Claiming against INC On	hecklist 530); 5100); INC (\$80) \$40/5 \$1 (Resurvey) \$ y (wef 10 Jan 2005)	Ant (5). 16 Bill 45	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Injury: Injury: Particulars:- river/Owner:	1 Ins 1) A 2) D 3) T 4) F 5) F 6) T 7) N	R: Accident Reporting (A: Damage Assessment (F: Towing Fee F: Follow-Through Survey F: Follow-Through Survey F: Claiming assinst JNC On R: Re-inspection 1: Idae DA + SMRT Survey	hecklist. \$30); \$100); INC (\$80) \$40/5 \$1 (Resurvey) \$ (y (wef 10 Jan 2005)	Ant (5) 16 Bill 45 20 30	100
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Injury: Injury: Particulars:- river/Owner:	1 Inv 1) A 2) D 3) T 4) F 5) F 6) T 7) N 3 8) N	R: Accident Reporting (A: Damage Assessment (F: Towing Fee F: Follow-Through Surveyor claiming against INC On R: Re-inspection 1: Idae DA + SMRT Surve TUC Additional Services:	hecklist. \$30); \$100); INC (\$80) \$40/5 \$1 (Resurvey) \$ (y (wef 10 Jan 2005)	Ant (5). 76 Bill 45 20 30	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	1 Iny 1) A 2) D 3) T 4) F 5) F 6) T 7) N 8) N	R: Accident Reporting (A: Damage Assessment (F: Towing Fee F: Follow-Through Surveyor claiming assinst INC On R: Re-inspection 1: Idae DA + SMRT Survey TUC Additional Services:- 1: Courtesy Car / Tpt Allo	hecklist. \$30); \$100); INC (\$80) \$40/\$ \$1 (Resurvey) \$ (y (wef 10 Jan 2005) \$ y \$1	Ant (5) 74 Bill 45 20 30 75 60	1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	1 Iny 1) A 2) D 3) T 4) F 5) F 6) T 7) N 8) N	R: Accident Reporting A: Damage Assessment (F: Towing Fee F: Follow-Through Survey It claiming assinst INC On R: Re-inspection 1: Idae DA + SMRT Surve TUC Additional Services:- D* VS: Courlesy Car / Tpt Alle VS: Repair Co-ordination	hecklist. \$30); \$100); INC (\$80) \$40/5 \$1 (Resurvey) \$ [y (wef 10 Jan 2005) \$ y \$1	Ant (5). 76 Bill 45 20 30 75	Am. (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Plaimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1 Install 1 Install 2 Inst	R: Accident Reporting A: Damage Assessment (F: Towing Fee F: Follow-Through Survey It claiming assinst INC On R: Re-inspection 1: Idae DA + SMRT Surve TUC Additional Services:- D* V5: Courtesy Car / Tpt Alle V6: Repair Co-ordination V7: Fost Repair Inspection V8: DV / Collect Excess Co	hecklist. \$30); \$100); INC (\$80) \$40/\$ \$1 (Resurvey) \$ (y (wef 10 Jan 2005) y warde sordination	Ant (S). 74 Bill 45 20 30 75 60 \$5 110 25 \$5	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	1 Inv 1) A 2) D 3) T 4) F 5) F 60 T 7) N 8) N 0	R: Accident Reporting A: Damage Assessment (F: Towing Fee T: Follow-Through Survey T: Follow-Through Survey T: Claiming assinst INC On R: Re-inspection 1: Idae DA + SMRT Surve TUC Additional Services:- D* VS: Courtesy Car / Tpt Alle N6: Repair Co-ordination V7: Fost Repair Inspection	hecklist. \$30); \$100); INC (\$80) \$40/\$ \$1 (Resurvey) \$ (y (wef 10 Jan 2005) y \$1 warne sordination ainst INC \$	Ant (S). 74 Bill 45 20 30 75 60 \$55 110 25	

in paid the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

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

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经制度的证明,但是是是是是一种的	ACCIDENT STATEMENT
Date Of Report	20/04/2020 14:00
Date Of Accident	19/04/2020 20:30
Exact Location Of Accident	PASIR RIS DR 1 TWDS PASIR RIS DR 6
Country/State of Loss	SINGAPORE
Para di Para d	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM7307H
Insured/Policyholder	
Name Of Registered Owner	TOH LAY HUA
NRIC No	SXXXX634J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92346660
Alternative Phone No	OFFICE-92346660
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107004389-01
Cover Note Number	
Driver	
Name of Driver	TAN AIK LENG
NRIC No	SXXXX149F
Date Of Birth	06/12/1992
Occupation	INDOOR
Date Of Driving Pass	22/07/2014
Supervisors - Heavy respectively	ENEADS AND SHONTHS

5 YEARS AND 8 MONTHS

(LOCAL) +65-96669415

OFFICE-96669415

MALE

NOEMAIL

BLK 126 ANG MO KIO AVENUE 3 Address

#03-1905

560126 Postcode

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

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

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO

YES

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : AMANDA NG SIEW PENG

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

PASIR RIS NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200419/2031.

Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMC1526Z

TOYOTA SIENTA HYBRID 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)

1

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode AMANDA NG SIEW PENG

BODY

SJM7307H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding 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. 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.
- 7. 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:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Reporting Centre Personnel's Signature

SKETCH PLAN A. SJM7307H B. SMC 1526 Z Robestrain -(1095)19 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to palie Report	
ECLARATION	

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 Personne's Signature Name: NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 04 / 2000) (DD/MA	A/YYYY), TIME:(20 : 29)(HH:MM
- LOCATION: Pasir Ris Del towards Pasir Ris	
Towards regards	N. U.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: STM 7307 H	
b)INSURANCE COMPANY: NITUC *	
CIPOLICY NUMBER: 5/07004389	
d)POLICY TYPE: (COMPREHENSIVE / THIP e)MAKE & MODEL:	
F)TYPE: (SALOON / COUPE / MPV /VAN /	ALCORDY AMOTORCYCLE ACTUERS
g) VEHICLE CATEGORY: (PRIVATE / COM. h) PURPOSE OF USING AT ACCIDENT TIM	MERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OW	N INSURANCE (APRINO)
IF NO, PLEASE STATE (THIRD PARTY CLA	IM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
A)NAME: Tot lay tua	(MATE / FEMALE)
b)NRIC/FIN/PASSPORT: 36101(345	CONTACT: 92346660
CIADDRESS: B/K 126 Anglokio tue 3 #	03-195
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
The of passengs DRIVER	
(Induding diam)	(MALE / FEMALE)
CO 3	CONTACT: 1669415
Claddress: BIK 126 Ang Moko Are:	3 #03-1905
monda Ng Siew Peng *d) DATE OF BIRTH: (06/12/1992)	1/00/444 00000
eloccupation: (INDOOR COUTDOOR)	(DD/MM/TTTT)
(Female) f)YEARS OF DRIVING EXPRERIENCE:	5
THE WAS OF BRITING EXTREMELY	ICUDEDIC COMPANIE OFFICE
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER	
5. a) WEATHER CONDITION: (CLEAR / RAINING	NG / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS_	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	Pai 0: NOC
IF YES, PLEASE STATE WHICH POLICE STA	TION: TASIF NS NPC
8. THIRD PARTY VEHICLE	T = T TITLE
the of passenger a) VEHICLE NUMBER: SMC1526Z	MODEL: loyota Sienta Itybird
(Including driver) b) DRIVER'S NAME:	
() NRIC/FIN/PASSPORT:	CONTACT:
THE TANKS THE TELESCE	
No of passenger of DRIVER'S NAME:	MODEL:
Industrial delical	4 1
(Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:
	, maketing to a to take the first of the fir
E 18 //	

email = fax =





1 of 4

Report No. T/20200419/2031

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 020 22:00	Made:	Vide Report No.:	Station Diary No.: 64		
Informa	nt's Partic	ulars				
	f Informant:		Address: APT BLK 126 ANG MO KIO A SINGAPORE 560126	AVENUE 3 #03-1905		
ID Type / ID No.: NRIC NO / S9245149F			Contact No.: Home/Office: Mobile: 96669415			
National SINGAR	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age: 27	Date of Birth: 06/12/1992	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupat SELF EI	ion: MPLOYED		Driving Licence Information: Class: 3A	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location X-Junction
Location:		No	19/04/2020 20:2	5
Along Road 1 PASIR RIS D Pasir Ris Dr 1 Weather: Clear		Road Surface:		Road Speed Limit:
200 200 200		Dry		
Traffic Flow:		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate
	F-2-826		William T.	1277
Type of Collis	ion:			Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJM7307H	Car	HYUNDAI	HD AVANTE 1.6 A	Maroon		0
SMC1526Z	Car	ТОУОТА	SIENTA HYBRID 1.5X CVT	White		0

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





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

2 of 4 Report No. T/20200419/2031

CONTINUATION OF REPORT

Passenger						
Name	Amada Ng Siew Peng		ID No).	S9319415B	
Related Vehicle	SJM7307H (Car)			act No.	87522294	
Hospital/Clinic	NIL			of g ce & y Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc					
No. of Days gran	ted Medical Leave NIL Degree of			Slight		
Driver				A P IN	A CONTRACTOR OF THE PARTY OF TH	
Name	TAN AIK LENG				S9245149F	
Related Vehicle	SJM7307H (Car)			ct No.	96669415	
Hospital/Clinic	NIL			of g ce &	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
	ted Medical Leave NIL	Degree of				
Driver		O LEGIC DESI	POLICE S			
Name	Chng Zheng Chang		ID No		S7908456E	
Related Vehicle	SMC1526Z (Car)			ct No.	90629008	
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
Date Treatment NIL Date Disch No. of Days granted Medical Leave NIL Degree of				4 4 4 4 4		

Brief Details.

On 19/04/2020 at about 8.29pm, I (SJM7307H) was travelling on Pasir Ris Dr 1 and I was turning into Pasir Ris Dr 6 with 1 passenger on board. I stopped in front of the traffic light for the pedestrian to cross suddenly, I felt a bang behind me. I immediately came out from my car and I discovered a car (SMC1526Z) hit my rear. I made a checked on the other driver if he is injured and he told me that he was fine.

I then went back to my car to check if my girlfriend was injured and she told me that she felt pain on her back, her right side of her ribs and her neck due to the impact. I did not called for ambulance as she informed me that she will seek her own medical assistance.

I took some photos of the scene and the vehicles. Subsequently. We exchanged particulars and we left





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

3 of 4 Report No. T/20200419/2031

CONTINUATION OF REPORT

the scene. The other driver particulars: Chng Zheng Chang, S7908456E, 90629008.

My vehicle suffered damaged on my rear bumper which were scratched and dislodged. I wish to state that I have in car camera pointing in front. I was unsure if there is any CCTV around the vicinity. I was no injured and no pedestrian injured.





4 of 4

Report No. T/20200419/2031

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 JOHNNY TAN KOK JOO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2020 22:00
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date o	f Accident	1	9/04/2020 2	0:30	
	Vehicle	No.(For Motor)	SJM73	07H		Certific	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5107004389- 01		TOH LAY HUA	S6901634)	GPC	drivo CLASSIC	SJM7307H		16/01/2020	15/01/2021
					C	ontinue					

) Insure	d Object: SJM7307H						
Unit No.		Numb Numb	d Policy er	5107004389-01			
Address 4			ss Type	Singapore address		Post Code	560126
Address 1	BLK 126 #03-1905	Addre		ANG MO KIO AVE	ATT - TO	Address 3	SINGAPORE 560126
Will be with	31 July 200 A Co. 10 July 200 A South		2003				
Info	older Mailing Address						
Policy Info Certificate							
insurance Flag Open	No						
Co-	envelocities to describe						
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Singapore OD Excess	2000	Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Excess Outside	0	Premium	0				
Additional	0	Excess OS					
Third Party Excess	1500	Own damage	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	26/12/2019	Effective Date	16/01/202	0 00:00	Expiry Date	15/01/2021 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 126 #03-1905 ANG MO K	IO AVENUE 3 SI	NGAPORE 5	60126			
Certificate No.							
Policy No.	5107004389-01	Policyholder Name	TOH LAY H	UA	Policyholder NRIC	569016343	

Continue Cancel

Claim Handling					
Accident MT/1091594					
Policy No.	5107004389-01	Vehicle No.	SIM7307H	GST Registration No.	
Certificate No.					
Policyholder Name	TOH LAY HUA			Policyholder NR3C	56901634)
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92346660	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N. V
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
♥ Accident Details			10752		1824
Report Date	20/04/2020 14:29	Academ Report Within 24 hrs	Nan	Accident Type	******
					Collision - Head to Rear
Date of Accident	19/04/2020	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS OR 1 TWDS PASIR RIS DR 6				
Total Excess Applicable	· .				
Excess Type	Per Accident	Windscreen Excess	1,00.00		
	200220	222			
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	٥				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
♥ Benefits					
♥ GST Registered Inform					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
The second second second					
▽ Policyholder Mailing Ad					
Address 1	BLK 126 #03-1905	Address 2	ANG MO KID AVENUE 3	Address 3	SINGAPORE 560126
Address 4		Address Type	Singapore address	Post Code	560126
Unit No.		Related Policy Number	5107004389-01		
♥ Of Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	JOHN COMM	(C.170.000.00)
Unnamed driver Name	TAN AIK LENG	Driver NRIC	SXXXX149F	Driver DOB	06/12/1992
Register Date of Driver License	22/07/2014	Driver Age	27	Driving Experience	5
Contact No.(Mobile)	92346660	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 126	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560126
Address 4		Address Type	Singapore address	Post Code	560126
Unit No.	03-1905				
Does he own a Singapore	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?				Control of the Contro	
Declaration					
Breathalyser or Blood Test	0 mg	Andrews A	S O		
Reading?	o mg	Any injury?	® Yes ○ No		
Modification History					
Claim 001 New					
Claim 001 New					
Claim Type *	OO-MX	Insured Name	TOH LAY HUA	Insured NRIC	56901634)
Contact No.(Mobile)	92346660	Contact No.(Home)	62887353	Contact No. (Office)	SECTION AND DESCRIPTION OF THE PERSON OF THE
Email Address	amyline69@hotmail.com	Ol Vehicle Number	S3M7307H	TP Vehicle Number	SMC1526Z
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name +	>>	Claimant NRJC •			
Claimant Address					
Claim Description	S3M7307H / SMC1526Z ON 19 Apr 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Interest Continues	Not at East		
No.		Insured Liability *	Not at Fault	-	-
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown		Received
Date Registered	20/04/2020 14:31	Claim Close Date		Date Received	20/04/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			with the second		
W 16			Seve Submit		
Attachment					
9					
Accident No.	MENDOSEPA	eur v	100		
Accident No.	MT/1091594	Claim No.	001		
Last Doc. Received	® Yes ○ No	Uplead Date	20/04/2020 14:32		
	Path *	187	Category •	Confidential Urgen	cy * Description *
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