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C)	i-Motor W/O (wi				2457537 N - 1552
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	Assessment/Survey	Report			
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh Noulcze	1600X	INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: () (over Type: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%	; P: 21-79%. P: 80-	100%]	
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Drive-In ()/ Towed-In (); Invoice	e: YES () / NO () ; Tow	ing Co: ()
Remarks: (INC hotline: 6788 6616)		- · · · · I	Date&Time Completed	Done	by
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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.
- 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.	3 - The report of the series and to depict of the report being made available
Managha and American Company States	ACCIDENT STATEMENT
Date Of Report	22/05/2020 16:01
Date Of Accident	16/05/2020 18:30
Exact Location Of Accident	SENGKANG EAST WAY
Country/State of Loss	SINGAPORE
PARTY PARTY OF THE PROPERTY OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBP6660Y
Insured/Policyholder	
Name Of Registered Owner	BOOMERANG MOTORWORKS PTE LTD
Co Reg No	2XXXXX474G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7(A) DIESEL SUNROOF
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	5116879876
Cover Note Number	
Driver	
Name of Driver	TAN MENG YOUNG, CHARLES (CHEN MINGYANG)
NRIC No	SXXXX151H
Date Of Birth	04/02/1988
Occupation	INDOOR

Occupation INDOOR Date Of Driving Pass 31/07/2008

Driving Experience 11 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86886381

Fax Number

Contact Number OFFICE-86886381

EMail Address NOEMAIL Address

BLK 105B EDGEFIELD PLAINS

#14-11

Postcode

822105

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

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.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200517/7016.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKZ9600X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

DETAILS OF INJURED PERSON 1

Name

TAN MENG YOUNG, CHARLES (CHEN MINGYANG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode **NECK & BACK**

SBP6660Y

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to reguldete 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.
- 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 (POPA)

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 dalms;
 - (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, involces, 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.

BOOMERANG MOTORWORK\$ PTE LTD

Policyholder's Signature Data & Time: Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signat

NRIC/FIN NO.

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SKETCH PLAN			·		·	-
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DECLARATION						
DECLARATION I/We declare the foregoing ba	inticulars are true in every resi					
DECLARATION			Report	ing Centre Per	sonnel's Signature	

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.

Accident details

Date: 16 MAY 2020	(DD/MM/YY) Time:	18:30	(HH:MM)
SENGKANG EAST WAY			
	The second secon	(Control of the control of the contr	(22) Milly 11) Timer 10.00

Details of vehicle

Are you claiming under your own insurance company?	Yes Third part c	No.	if no, plea Reporting		
Purpose of using at said time	PRIVATE				
Vehicle category	Private 🗆	Comm	ercial 🗸	Motorcy	cle 🗆
Type of vehicle	Saloon Lorry	MPV Bus	CRV Motor	Van cycle □	Others:
Vehicle make and model					
Vehicle registration number	SBP6660Y				

Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	BOOMERANG MOTORWORKS PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			

Driver

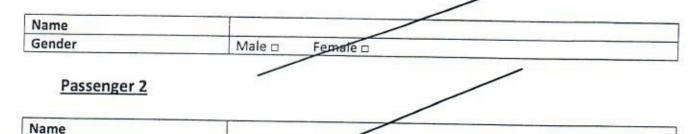
Same as insured above □ (skip to D.O.B)

Name	TAN MENG YOUNG CHARLES	Male	Female	
NRIC / Fin / Passport number	151H			
Contact	86886381	y		
Address	BLOCK 105B EDGEFIELD PLAINS #14-11 SINGAPORE 822105			
Email address				
Date of birth	04 FEB 1988			
Occupation	Indoor Outdoor			
Driving date pass	31 JULY 2008			

General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rela	No √ ationship of the	driver and insured	: HIRER
Accident captured by camera?	Yes	No		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	1			(Inclusive of driver)

Passenger 1



Pa	CC	P	n	O	P	r	3

Gender

Name		
Gender	Male D Female D	

Female 🗆

Male 🗆

Passenger 4

Name		
Gender	Male D Female D	

Passenger 5

Name		
Gender	Male	
Centre	Ividie L. Perridie L.	

Passenger 6

Name		
Gender	Male	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes	No 🗆	If yes, please state which police station.
Police station name	TP HQ		

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SKZ9600X	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 Name TAN MENG YOUNG CHARLES Injuries sustained NECK & BACK Which vehicle person in? SBP6660Y Were seat belts worn? Yes 🗸 No a Was injured conveyed to Yes 🗆 No. hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No D hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No 🗆 Was injured conveyed to Yes a No a hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to No a Yes 🗆 hospital by ambulance?





1 of 3 Report No. T/20200517/7016

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

			. COIDELIE
REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 17/05/2020 21:11		fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: NG YOUN	G, CHARLES	Address: APT BLK 105B EDGEFIELD I 822105	PLAINS #14-11 SINGAPORE	
ID Type / ID No.: NRIC NO / S8804151H		51H	Contact No.: Home/Office:	Mobile: 86886381	
National SINGAP	ity: ORE CITIZ	EN	Email: exoclesiates@gmail.com		
Sex: Age: Date of Birth: Male 32 04/02/1988			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OPERATION MANAGER		AGER	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Inform	nation of the Acci	dent	NAME OF TAXABLE PARTY.	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2020 18:30	Type of Location: X-Junction
Location:				
SENGKANG	EAST WAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	· Way	Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SBP6660Y	Car					1
SKZ6900X	Car					0

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





2 of 3

Report No. T/20200517/7016

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

CONTINUATION OF REPORT

Driver			The state of	4134	1000	NORTH THE STATE OF
Name	TAN MENG YOUNG	G, CHARLE	ID No		S8804151H	
Related Vehicle	SBP6660Y (Car)		Conta	ct No.	86886381	
Hospital/Clinic	24 HOUR WALK-IN	CLINIC	Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days gran	ted Medical Leave	03	Degree o			us

Brief Details.

On the mentioned date and time, I was travelling on Sengkang East Way heading towards selatar mall and stopped at the junction between Sengkang East Way and Anchorvale Rd the traffic light is red. Moments later, I felt an huge impact coming my rear. I got out of my vehicle and realize that vehicle bearing SKZ6900X has hit onto my vehicle.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200517/7016

CONTINUATION OF REPORT

Sketch Plan				
Informant is not	able to	provide	sketch	nla

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: 17/05/2020 21:11
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp

NP168



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116879876

Cover : drivo CLASSIC : SBP6660Y

1. Index mark and Registration Number of Vehicle

. 30100001

Chassis Number

: KNAHU815VG7164251

2. Name of Policyholder

: BOOMERANG MOTORWORKS PTE. LTD.

3. Effective Date of Insurance

: 23 Mar 2020

4. Expiry Date of Insurance

: 22 Mar 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is 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 behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP · NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : AMS MOTORS PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: AUTOSHIELD PTE, LTD. (00000573469)

Date of Issue

: 24 Mar 2020 10:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_80	00601						· Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Natice of Loss	Policy N	Vo.	51168	79876		Date o	of Accident	[1	6/05/2020	18:30	
	Vehicle	No.(For Motor)	S8P66	60Y		Certifi	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116879876		BOOMERANG MOTORWORKS PTE, LTD.	202009474G	GPC	drivo CLASSIC	SBP6660Y	SBP6660Y	23/03/2020	22/03/2021

Policy No.	5116879876	Policyholde Name	BOOMERA	ANG MOTORWORKS PT	Policyholder NRIC	202009474	4G
Certificate No.		Name			NRIC		NEW
Address	60 PAYA LEBAR ROAD PAYA L	EBAR SQUARE	SINGAPORE	409051			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/03/2020	Effective Date	23/03/20	20 00:00	Expiry Date	22/03/202	1 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			You	ung/Inexperience Driver Excess
Agent Co- insurance Flag	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Open Policy Info Certificate							
Open Policy Info Certificate Info Policyh	older Mailing Address					Character and	
Open Policy Info Certificate Info Policyh Iddress 1	older Mailing Address 17 PUNGGOL FIELD W	788 J.	20.00	#01-07 WATERWOO	DDS A	Address 3	SINGAPORE 828747
Open Policy Info Certificate Info Policyh Iddress 1		Addre	ess Type	#01-07 WATERWOO Singapore address		Address 3	SINGAPORE 828747 828747
Open olicy Info Certificate info Policyh ddress 1 ddress 4 Init No.	17 PUNGGOL FIELD WA	Addre	ess Type ed Policy			SCHOOL SECTION	
Open olicy Info Certificate info Policyh ddress 1 ddress 4 Init No.	17 PUNGGOL FIELD WA	Addre Relat	ess Type ed Policy	Singapore address		SCHOOL SECTION	
open folicy Info certificate info Policyh ddress 1 ddress 4 Init No. Insured	17 PUNGGOL FIELD WA 01-07 1 Object: SBP6660Y	Addre Relat	ess Type ed Policy	Singapore address		SCHOOL SECTION	
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	17 PUNGGOL FIELD WA 01-07 9 Object: SBP6660Y	Addre Relat Numb	ess Type ed Policy	Singapore address 5116899163		Post Code	

Claim Handling Accident MT/1093095					
Contract Con					
Vicy No.	5116879876	Vehicle No.	58P6460Y	GST Registration No.	
ertificate No.					
olicyholder Name	BOOMERANG MOTORWORKS PTE, LTD.			Policyholder NR3C	202009474G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark	-	eCode	
FIC	® No ⊜ Yes	TCA	8		N V
			® No ○ Yes	eCode Reason	
ID Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
sport Date	22/05/2020 (6:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	16/05/2020	Time of Accident hhumm	18:30	Country of Accident	Singapore
eporting Centre		Orange Force			angeper c
ocident Location		Grange Force		ICM No.	
	SENGKANG EAST WAY				
Total Excess Applicable	•8				
cess Type	Per Accident	Windscreen Excess	100,00		
Standard Excess	2,000.00	TP Standard Excess	1,500,00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
P Benefits					
GST Registered Inform	ation				
T Registered Inform.	No No		GST Registration Date		
T Registration No.	80			1600	
dification History	23/05/2020 16:32:03 5-44	am changed GST Status Venified fro	GST Status Verified	Yes	
A COLORED TO SERVICE	22/03/2020 10:22 02 398	em changes Gal acades vernies no	m neo co res		
Policyholder Mallia - 1	Ideas				
Policyholder Mailing Ad					
dress 1	17 FUNGGOL FIELD WALK	Address 2	#01-07 WATERWOODS	Address 3	SINGAPORE 828747
dress 4		Address Type	Singapore address	Post Code	828747
rt No.	01-07	Related Policy Number	5116899163		
OI Driver Info	01.07	resident reacy number	3110033103		
The second second second second	Name to the Paris of the Paris	P. (1 W W.)	Voltage State of the State of t		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TAN MENG YOUNG, CHARLES (C	Driver NRJC	SXXXX151H	Driver DOB	04/02/1988
gister Date of Driver License	31/07/2006	Driver Age	32	Driving Experience	11
ntact No.(Mobile)	96866381	Contact No. (Office)	O.	Contact No.(Home)	0
dress 1	BLK 105B	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 822105
dress 4	7.00290000				
		Address Type	Singapore address	Post Code	822105
sé No.	14-11				
ses he own a Singapore egistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
12/20					
dification History					
Claim 001 New					
330					2
im Type •	00-MX	Insured Name	BOOMERANG MOTORWORKS PT	Insured NRIC	202009474G
ntact No.(Mobile)		Contact No. (Home)	NOL	Contact No.(Office)	NIL
ail Address		OI Vehicle Number	SBP6660Y	TP Vehicle Number	SKZ9600X
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
mant Name *	Lancata Land	Claimant NRIC *	[2]		
	25	Comes Mill -			
mant Address					
im Description	S8P6660Y / SKZ9600X ON 16 May 2020			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
guire Finalisation	Yes V	Preferered Repair Option		Gla mana	Francisco -
	*27		Preferred Workshop, Name unknown	GIA report	Received
e Registered	22/05/2020 16:22	Claim Close Date		Date Received	22/05/2020 00:00
ort Taken By	Jackson				
Print AK letter					
nautre continue (
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ttachment			4- ACC (1924 - ACC) 23		
ideal No.	MTCLDOSDOR	100 mm	441		
ident No.	MT/1093095	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	22/05/2020 16:23		
	Path *		Category •	Confidential Urger	ncy * Descriptio
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		Browse.	Clear Please Select	V Normal	V

