The second second is the second secon			Account to the second of the s		Done by	
Date In. 916/20 11:03	Jeb description		Date & Time Com	detect		
Ref Her MAI INC 2000 6399144	SAS c-filing					
Ven No SMM 8649 D	E-mull (within t	Ohrs, AIC 2hrs)				
11/1 × 16/20 12:30	I-Meter Chi	n Form	MT11094015.	001		per transport de la constant
	I-Motor W/O	(Within: OD 2hrs	THE RESERVE THE PROPERTY OF THE PARTY OF THE			1
OD - O' Reporting Only	i-Photo Uplos	nded			•	
	Assessment/Su	rvey Report				-
"H' Insurer:	Ass't Report by	y Fax / Hand to	Owner/Whan			MINNEY P
Proformi Wkap / INC Assign Wkap / QW: (Tol:	Fax:)
TP Particulars: Veh No: 5K6	2 7472E	. INC()/Non-INC(·)		
Owner / Driver: (Tel:	1)	
Policy No: () Period	:()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note	e-Est. Status (V)%; P: 21-79%.	P; 80-100%	·]	
	ranty; YES ()/NO()			
Excess: (\$) Loading: \$1,000 (SHEET STREET	TEXASTRUMENT CONTRACTOR	Comprehens Tay 1.1	Sees Free		
Conclud Kenth Face 5 Charles A. P. C.		All and the state of the state	aranga ang an		11,	Letter -
() Walk-In Customer's Information		ntidential & Str	ictly NO refer of re	poirer.		
() Total Loss Case : to e-mall Insurer U			7 5- (·)
Drive-In () / Towed-In (); Invoice: Y	ES()/N	(0)	owing Co: (🕟 🚜			
interest ()//dived-in(), interest 1.				Les en contraction de la contr	CONTRACTOR	
transmetar, 1200 (use months no 100 de con 100	or presume a control of		Dieselmezeig	Harry Ta	Collions by	
The first control of the control of)	DELECTION OF THE PARTY.		To hone by	. ,
(Converge) (INC horning 6708 Co16) (1) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection	tesy Car ())	DELECTION OF THE PARTY.	Le sale y sour	Palifone by	
(Control of the Canonine's 6748 4616))	tesy Car ())	DELECTION OF THE PARTY.	Let all with	All burby	
(Cantille) (INC hothing 6708 Colon) (Cantille) / Cour 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection	tesy Car ())	DELECTION OF THE PARTY.		Sell broken	
Renewels (INCatodines 6718 4616). 1) Apply for Transport Allowance ()/ Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury:	tesy Car ())	DELECTION OF THE PARTY.		Course	
Rennicles (INCatodines 6718 4616). 1) Apply for Transport Allowance ()/ Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury:	tesy Car ())	DELECTION OF THE PARTY.		Courses	
Renearlis): (INCatodines:67084616); (1) Apply for Transport Allowance ()/ Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury;	tesy Car ())	DELECTION OF THE PARTY.		CHEAT.	
Renewels (INCatodines 6718 4616). 1) Apply for Transport Allowance ()/ Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury:	tesy Car ())	DELECTOR OF THE PARTY.		Entire to	
(INCanon) (1862) (1862) (1864) (1864) (1862) (1864)	tesy Car ())	DELECTOR OF THE PARTY.		South Services	
Rentification (INCatorlines 6718 4646). 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury; Determine of Photo (Repair Cost > \$3000)	tesy Car (Die Similyery		CHANGE IN A	inutes)
(Consultation (INCatorlines 6748 de 16)) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury; Date Transport Allowance () / Cour	tesy Car (Think! In	in (cs)
(Incapality (Incapality 6708 Colors) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury : Determine (Neurolasses)	tesy Car (Involce III	Ditte Cum Sopy	Inc (550)	Amoust Va.	in (23)
Renewers: (INCatodines 6708 4646): 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury : Decorption Officialism MA 2 C	tesy Car () (Involve Life 1) All: Accident 2) DA: Dameye 3) TF: Towing I	Dite cum sopy	Inc (390) \$40/\$43 \$120	Think! In	ia(ks)
(In Canoning Colors (In Canoning Colors) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury : Distribute (Section) And 2 of the content of the	tesy Car (Involve J. F. Sollow-T. S. Pr. Follow-T.	Ditte Carrier Copy of the Copy	\$40/\$43 \$120 () \$30	Think! In	in (t)
Renewels (INC nonlines 6708 4646). 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury : Decertion of Yellans Entirent's Particular re- river/Owner: ontact No:	tesy Car (Involve I. L. Involve I. L. Involve I. L. I) AR; Accident I) DA; Dameye I) TI; Follow-T For plaining 2 6) TR; Re-inspe	Dite Ciam Sopy	\$40/543 \$120) \$310 Jan 2093) \$75	30.00	inu(t)
Renewels (INC nonlines 6708 4646). 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury : Decertion of Yellans Entirent's Particular re- river/Owner: ontact No:	tesy Car (Involve I to a series of the s	Dite Ciam Soly. Appering (330); Appering (310); cough Survey arough Survey (Resurve) align INC Only (wef 10 only);	\$40/\$43 \$120) \$30 Jan 2003)	Think! In	aripin
(In Catorina 19 de 10) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury ; Distribute Particular : river/Owner: ontact No: amaged Portion:	tesy Car () Invoice fig. I) AR; Accident 2) DA; Dameyo 3) FF; Fellow-T 5) FF; Follow-T Forolaiming a 6) TR; Re-inspe 7) N1; Ideo DA 3) NTUC Addition	Ditte Claim Solving In rection Gircuillis Reporting (330); Assessment (5100); inough Survey arough Survey (Resurvey albsting Only (well) alon + SMRT Survey and Sorvices;	\$40/\$43 \$120 () \$30 Jen 2003) \$73 -, \$160	30.00	in (ds)
(In Canonings of 18 do 10) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury : Distribute () Yellands Entirently Particular () Priver/Owner: ontact No: armäged Portion:	tesy Car (involve I to a second of the s	Ditticum Solution Christian Gliculus Reporting (330); Ameriment (5100); India of the Control India of the	\$40/\$43 \$120 () \$310 Jen 2005) \$73 \$160	30.00	inq(3)
Renticles (INCanor) (18 (18 (19 (18 (19 (18 (19 (18 (19 (18 (19 (18 (18 (19 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18	tesy Car (Involce Page 1) AR; Accident 2) DA; Dameya 3) TF; Follow-T 5) FT; Follow-T Forelaining a 6) TR; Re-ind 7) N1; Ideo DA 3) NTUC Addition OD: •N5; Courtasy •N6; Rapeir C •N5; Fost Repeir C	Intercular Solution (a) The Color of the City of the	\$40/\$43 \$120 () \$30 Jen 2005) \$75 -, \$160 \$30 \$310 \$25	30.00	in(X3)
Contact No: analysis of the Charge of the Contact No: analysis of the Charge of the Contact No: analysis of the Charge of the Charge of the Contact No: analysis of the Charge of th	tesy Car (Involle Tite I) AR; Accident 2) DA; Dameya 3) TF; Follow-T 5) FT; Follow-T Forelaining A 6) TR; Re-inpa 7) N1; Ideo DA a) NTUC Addition On: *N5; Courtasy *N6; Repeir C *N7; Fost Rep *N6; Repeir C *N7; Fost Rep *N8; DV / Co TP (N11); TV	Distriction Christian (North Control of Control (North Contr	\$40/\$43 \$120) \$30 Jen 2005) - \$160 \$3 \$10 \$25 \$25 \$20	30.00	
[Renameles 2009] (IN/2 morthless of UR do 1010) 23 1) Apply for Transport Allowance ()/ Cour 2) QC Check/ Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3000 Injury; Daterrinos of Schulls and Arthress (Astronomy) Daterrinos of Schulls (Astronomy) Daterrinos of Schull (Astronomy) Daterrino	tesy Car (Involle Tite I) AR; Accident 2) DA; Dameya 3) TF; Follow-T 5) FT; Follow-T Forelaining a 6) TR; Re-ind 7) N1; Ideo DA 3) NTUC Addition On: *N5; Courtasy *N6; Repair C *N7; Fost Rep *N8; DV / Co *N8; DV / Co	Electrical Poly II Carrier of Carry Control Carry Tpt Allowance - redination in Transcotton income Survey control Carry Tpt Allowance - redination income Excess Coordination (Can INC) against INC bile	\$40/\$43 \$120 () \$310 Jen 2005) \$75 -, \$160 \$310 \$25 \$35	30.00	inu(s)

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.

- 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.

aforesaid.	
建筑和建筑和政策的企业,以及其实的	ACCIDENT STATEMENT
Date Of Report	09/06/2020 11:03
Date Of Accident	08/06/2020 12:30
Exact Location Of Accident	NO 1 BUILDING 1 UBI CRESCENT CARPARK
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM8649D
Insured/Policyholder	
Name Of Registered Owner	WONG HONG FA
NRIC No	SXXXX327H
Email Address	EXODUS2388@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87006756
Alternative Phone No	OFFICE-87006756
Vehicle Particulars	
Manufacturer	KIA
Model	K3 CERATO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111735888
Cover Note Number	
Driver	
Name of Driver	WONG HONG FA
NRIC No	SXXXX327H
Date Of Birth	05/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87006756

OFFICE-87006756

EXODUS2388@GMAIL.COM

BLK 178A RIVERVALE CRESCENT #10-449 Address

541178 Postcode

Was driver an employee of the Insured's Company NO

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident? 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)

YES

NO

YES

NO

0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address

545025 , COUNTRY: SINGAPORE

TEL NO: 1800 - 3438999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200608/2075

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons:

WITH DRIVER

SKQ7472E

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

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 22

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

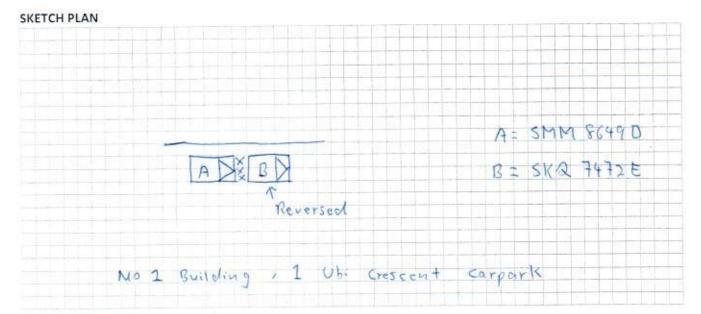
I understand, acknowledge, agree and consent that:

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

The

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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Police	report	T/20200608	12075
					A STATE OF THE STA
			*1		
	-				
				Si .	

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: M

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20200608/2075

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 18:44	lade:	Vide Report No.: Station Diary 87		
Informa	nt's Particu	ulars	MERCENT THE TAX AND ADDRESS.		
	Informant: HONG FA		Address: APT BLK 178A RIVER SINGAPORE 541178	RVALE CRESCENT #10-449	
ID Type / ID No.: NRIC NO / S8815327H			Contact No.: Home/Office: Mobile: 87006756		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 32	Date of Birth: 05/05/1988	Type of Informant:		
Race: Chinese	1.1		Language:	Institution / School Name:	
Occupation: SALES REPRESENTATIVE		NTATIVE	Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/06/2020 12:30	Type of Location Carpark
Location: Along Road 1 UBI CRESCE 1 Ubi Cresce Weather:		building Road Surface:		Road Speed Limit:
Clear		Dry		
		Traffic Control:		Traffic Volume:
Traffic Flow:		Not Controlled		Traffic volume.

Details of Vo	Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SKQ7472E	Car	AUDI	Audi A4	Blue		0	
SMM8649D	Car	KIA	CERATO K3 1.6A SUNROOF	Blue	Slightly Damaged	0	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20200608/2075

2 of 3

Report No. T/20200608/2075

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

	ehicle Insurance		Fr. N.	Evniny Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8649D	NTUC Income Insurance Co-Operative Limited	5111735888	08/08/2019	08/10/2020

Details of Perso	n Involved					and the same of th
Any Pedestrian Ir	volved: No					
No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
Driver						
Name	WONG HONG FA		ID No.		S8815327H	
Related Vehicle	SMM8649D (Car)		Conta	ct No.	87006756	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 08/06/2020 at about 0850hrs, I parked my vehicle bearing SMM 8649D at 1 Ubi Crescrent at No.1 Building open space carpark. At the point in time, my vehicle is all intact and nothing was amiss.

On 08/06/2020 at about 1700hrs, when I went to the carpark to retrieve my vehicle, something was amiss and I went to checked on it and realized that there are some scratches and dent marks at the front of my vehicle. I went to check on my in-car camera and realized that there was a car that knocked onto my vehicle.

I went to check on the in-car camera and realized that there was a blue Audi A4 vehicle bearing SKQ7472E that knocked onto my vehicle while trying to do a parallel parking at about 1233hrs. The driver came out of his vehicle and checked on it and subsequently left the said location. At this point in time, I do not know the exact amount that is needed for the car to be repaired.

That is all.





3 of 3

Report No. T/20200608/2075

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

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: F / Sgt 2 TAN BING REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 08/06/2020 18:44
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE	Classification Of Case:
Authentication Stamp Signature Signature Signature	SN 085

GeneralClaim **eBao**Tech · Change Password Log Out · Change Language Hello, NAC_PAYA_UBI_800601 **Policy Query** My Desktop Notice of Loss Date of Accident 08/06/2020 10:46 Policy No. Certificate Number SMM8649D Vehicle No.(For Motor) Search Insured Object Commence Date Policyholder NRIC Policyholder Name Certificate Number Expiry Date Product Cover Type Vehicle No. Select Policy No. WONG HONG FA drīvo CLASSIC SMM8649D SMM8649D 08/08/2019 08/10/2020 GPC 58815327H 5111735888 0 Continue

ACCIDENT STATEMENT

	ENT DATE: 08 / 06 / 20)(DD/MM/	
LOCA	TON: No-1 building Tenby Cre	SURAT
227	THE STATE OF METHODS	
1.	alvehicle NUMBER: SMM 8644)
**	a) VEHICLE NUMBER:	
	DINSURANCE COMPANY: NILC	
	c)POLICY NUMBER:	THE STREET
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY FIRE & THEFT)
	e)MAKE & MODEL: KIA K3 C	THE PROPERTY OF LOTHERS
	F)TYPE: (ALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE/ OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COM	MERCIAL / MOTORCTCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME	AND THE PARTY OF T
	IJARE YOU CLAIMING UNDER YOUR OWN	NINSURANCE (TES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAI	MY REPORTING UNLT
2.	INSURED / POLICY HOLDER	(MALE) / FEMALE)
	AINAME: WONG HONG FA	MALEY FEMALES
	DINRIC/FIN/PASSPORT: S8815327 C) ADDRESS: USA REGUALE CON	EACH # 100 HUG SCHITS
	C) ADDRESS: LIGHT KENERVALE CR	55001 1110 177 3-11110
88 15 E		CYLICIDER
n n	* CONTINUE TO 3.d IF DRIVER ALSO POLI	CTHOLDER
No of passenger	DRIVER	(MALE / FEMALE)
Including driver)	a)NAME:	CONTACT:
(0)	DJIRKIC/I III/I ASSI OKI.	COMMON
2	c)ADDRESS:	
	*d) DATE OF BIRTH: (05/05/1988	I(DD/MM/YYYY)
100	e OCCUPATION: (INDOOR / OUTDOOR	1
	f) YEARS OF DRIVING EXPRERIENCE:	112/2010
1	WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANY? (YES / NO)
- Tr.	IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED: Owner
5	a) WEATHER CONDITION: (CLEAR / RAIN	ING / OTHERS
J.	b)ROAD SURFACE: (DRY) / WET / OTHERS	5
6.	WAS ANYBODY INJURED (YES / (10)	
	SUPEROPTED TO POLICE YES! NO!	0
	IF YES, PLEASE STATE WHICH POLICE ST	ATION: Seryking NYC
8.	THIRD PARTY VEHICLE	New York
Ho of passenger	a) VEHICLE NUMBER: SKQ 7472 6	MODEL: Audi Ait
had all a land	b) DRIVER'S NAME:	
2000 CO	c) NRIC/FIN/PASSPORT:	CONTACT:
() 9.	THIRD PARTY VEHICLE	
Α	AL VEHICLE MUMBER	MODEL:
the of passenger	el DRIVER'S NAME:	# 72
Induding drive	f) NRIC/FIN/PASSPORT:	CONTACT:
()		
(## Description 1997	TI 1954 191 50
\$0.00		
		2388 @ gmail . Com
	or all avadue	2388 @ gmail. com
30	email = 600000	**************************************

Claim Handling

ccident MT/1094015			Ten Tentes		GCT Depletor
olicy No.	5111735888	Vehicle No.	SMM8649D		GST Registral
ertificate No.					Language and the
olicyholder Name	WONG HONG FA				Policyholder I
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
ontact No.(Mobile)	87006756	Contact No.(Office)			Contact No.(I
	67440730	Special Remark			eCode
mail Address	No Yes	TCA	No Yes		eCode Reaso
FK		NCD Entitlement(%)	20		Private Hire
ICD Protection	No		855		
Accident Details		And does Board Within 24 hrs	Yes		Accident Type
teport Date	09/06/2020 14:32	Accident Report Within 24 hrs			Country of A
Date of Accident	08/06/2020	Time of Accident hh:mm	12:30		ICM No.
teporting Centre		Orange Force			ILM NO.
Accident Location	NO 1 BUILDING 1 UBI CRESCENT CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
KINDE SAISE					
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00	25
/IED OD Excess	0.00	YIED TP Excess		0.00	Driver is Cov
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00	
♥ Benefits					
	ien				
GST Registered	No		GST Registra	ation Date	
GST Registration No.			GST Status	verified	Y
Modification History					
Hodineaudit filistory					
	rees				
	BLK 178A #10-449	Address 2	RIVERVALE CRESCE	NT	Address 3
Address 1	BLK 178A #10-449	Address Type	Singapore address		Post Code
Address 4		Related Policy Number	5111735888		
Unit No.		Related Policy Number	311733000		
♥ OI Driver Info			Main Driver		
Driver Name	WONG HONG FA	Driver Type Driver NRIC	S8815327H		Driver DOB
Unnamed driver Name					Driving Exp
Register Date of Driver License	18/12/2010	Driver Age	32		Contact No.
Contact No.(Mobile)	87006756	Contact No.(Office)	1.400 (150 5) (150 apr 130 pp 140 pp	222	Address 3
Address 1	BLK 178A #10-449	Address 2	RIVERVALE CRESCE	NT	
Address 4		Address Type	Singapore address		Post Code
Unit No.					
Does he own a Singapore	Yes 6 No	Driver Vehicle No.			Driver Insu
Registered car?	0.00				
en contra de la facilità della facilità de la facilità de la facilità della facil					
Declaration		A section Association Associat	() Yes (No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	C) les ill no		
Modification History					
Claim 001 New					
Claim 001 New					
Claim 001 New				OD-MX	Insured
Claim 001 New Claim Type •		The second of the second		OD-MX	Name
Claim Type •		The second of th			Name Contact No.
				OD-MX 87006756	Contact No. (Home)
Claim Type * Contact No.(Mobile)				87006756	Name Contact No. (Home) OI Vehicle
Claim Type •					Contact No. (Home)
Claim Type • Contact No.(Mobile) Email Address				87006756	Name Contact No. (Home) OI Vehicle Number
Claim Type * Contact No.(Mobile)				87006756 hf-jt@hotmail.com	Name Contact No. (Home) OI Vehicle Number
Claim Type Contact No.(Mobile) Email Address Claim Description Preferred	Insured Liability Not at Faul	it V		87006756 hf-jt@hotmail.com SMM8649D / SKQ7472E	Name Contact No. (Home) OI Vehicle Number
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Rontiker No. (Mage)	Preferered ✓ Repair Preferred Workshop, N	GIA I	ed 🔻	87006756 hf-jt@hotmail.com SMM8649D / SKQ7472E	Name Contact No. (Home) OI Vehicle Number ON 8 Jun 2020
Claim Type • Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bontilisk No. Finalisation	Preferered	GIA Pareix	ed 🗸	87006756 hf-jt@hotmail.com SMM8649D / SKQ7472E	Name Contact No. (Home) OI Vehicle Number ON 8 Jun 2020 Claim Close
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Rontiker No. (Mage)	Preferered ✓ Repair Preferred Workshop, N	GIA Pareix	ed 🗸	87006756 hf-jt@hotmail.com SMM8649D / SKQ7472E	Name Contact No. (Home) OI Vehicle Number ON 8 Jun 2020
Claim Type • Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bontilisk No. Finalisation	Preferered ✓ Repair Preferred Workshop, N	GIA Pareix	ed 🗸	87006756 hf-jt@hotmail.com SMM8649D / SKQ7472E	Name Contact No. (Home) OI Vehicle Number ON 8 Jun 2020 Claim Close
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Ronkiek No. Finalisation Date Registered	Preferered ✓ Repair Preferred Workshop, N	GIA Pareix	ed 🗸	87006756 hf-jt@hotmail.com SMM8649D / SKQ7472E	Name Contact No. (Home) OI Vehicle Number ON 8 Jun 2020 Claim Close

Save Submit

Attachment 001 Claim No. MT/1094015 Accident No. 09/06/2020 14:36 Upload Date ● Yes ○ No Last Doc. Received Confider Category * Path * Please Select v NO Clear Choose File No file chosen NO Clear Please Select Choose File No file chosen Please Select Clear Choose File No file chosen NO Please Select Clear Choose File No file chosen Please Select * NO Clear Choose File No file chosen NO Clear Please Select Choose File No file chosen Attachment List P Urgency Uploaded By/Date Category Attachment NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Normal SAS 09 Jun 2020 14:36 - BEN NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o NRIC/ Dri Normal NRIC/ Driving License 09 Jun 2020 14:36 · 100 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Pt Photos Normal 09 Jun 2020 14:36 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Normal Photos 09 Jun 2020 14:36 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Normal Photos NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 09 Jun 2020 14:35 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Normal Photos 09 Jun 2020 14:35 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 09 Jun 2020 14:35 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Normal Photos 09 Jun 2020 14:35 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 09 Jun 2020 14:35 Normal Photos NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 09 Jun 2020 14:35 ▼ Video List P File Name Folder Date Uploaded By/Date

Display in New Window Scan and uploading