Date In: 126 Lat	Services	Date & Time Completed	Done b	ì.
Date In: 113/12-11VI	SAS e-filing			
Net No: Apply Changes Byry	E-mail (within Shrs, AIC 2hrs)			•
Veh No: JANJIP.	i-Motor Claim Form	m/1095778-24	1 निक	Lo: 1
D.O.A: 117/2-9:2	i-Motor W/O (Within: OD 2h			
OD TP ! Reporting Only	i-Photo Uploaded	1		3 7
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	00.00
TP Particulars: Veh No: VV 678	NC ()/Non-INC().	W. W.	
Owner / Driver: (1	Tel:)	
Policy No: () Period	d: ()	Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
	rranty: YES ()/NO ()		
Excess: (S) Loading: \$1,000	()/\$2,000()			
General Remarks:				
() Walk-In Customer : Customer's inform	ation strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer				
Drive-In ()/ Towed-In (); Invoice: Y		Towing Co: ()
The second secon		Date&Time Completed	Done	oy ·
Remarks: (INC hodine: 6788 6616)	-tCor (200010	
1) Apply for Transport Allowance ()/ Cou	irtesy Car ()	*		SSECTION A
2) QC Check / Post Repair Inspection	()			91-
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()			
Injury:				
Date/Time Actions		The of the second	PRESIDENT	A 10 A 1
JAMES AND THE COURSE OF THE PROPERTY OF THE PR	The second secon		Sec. Whitehold a beautiful days in	
			47.007	100,000
•	1			
	1 Invoice Pi	eparation Checklist.	Ant((5))	Amt (\$
	(Co.) 1 (Co.) 1 (Co.)	eparation Checklist		
NAZOOSYEG	1) AR : Accid- 2) DA : Dame	ent Reporting (\$30); ge Assessment (\$100); INC	Ant (5) (\$Bill (\$80)	
aimant's Particulars:	1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow	ont Reporting (\$30); go Assessment (\$100); INC g Fee -Through Survey	Anit (\$). f§t Bill (\$80) \$40/\$45 \$120	
aimant's Particulars:	1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey)	(\$80) 540/\$45 \$120 \$30	
aimant's Particulars:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) i-T : Follow For claimin 6) TR : Re-ins	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75	
Alanant's Particulars:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) i*T : Follow For claimin 6) TR : Re-ins 7) N1 : Idao D	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey	(\$80) (\$40/\$45 \$120 \$30	
Nanmant's Particulars:- river/Owner: ontact No:	1) AR : Accide 2) DA : Darns 3) TF : Towin 4) FT : Follow 5) iFT : Follow For claimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	
Alamant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Accide 2) DA : Darna 3) TF : Towin 4) FT : Follow 5) iFT : Follow For elsimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add OD!* *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey illional Services:- csy Car / Tpl Allowance	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	
NATABLE STATE OF THE PROPERTY	1) AR : Accide 2) DA : Darna 3) TF : Towin 4) FT : Follow 5) if T : Follow For elaimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add OD!* *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey illional Services:- csy Car / Tpt Allowance r Co-ordination	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	
Inimant's Particulars':- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darna 3) TF : Towin 4) FT : Follow 5) iFT : Follow For elsimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add OD!* *N5: Court *N6: Repair *N7: Fost I *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee -Through Survey -Through Survey (Resurvey) g against JNC Only (wef 10 Jan 20 pection A + SMRT Survey illional Services:- csy Car / Tpt Allowance r Co-ordination Repnir Inspection Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$5 \$10 \$25 \$5	
Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darns 3) TF : Towin 4) FT : Follow 5) iFT : Follow For claimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add QD1* *N5: Court *N6: Repai *N7: Fost I *N8: DV / TP (N11):	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	Add Bi
•	1) AR : Accide 2) DA : Darna 3) TF : Towin 4) FT : Follow 5) iFT : Follow For elsimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add OD!* *N5: Court *N6: Repair *N7: Fost I *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey litional Services:- csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (N:n INC) against INC Mobile	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$25 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Addib

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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.
- 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
Mark Street Street Street	ACCIDENT STATEMENT
Date Of Report	01/07/2020 11:55
Date Of Accident	01/07/2020 07:20
Exact Location Of Accident	SLIP RD AIRPORT RD TWDS EUNOS LINK
Country/State of Loss	SINGAPORE
美国 1000年 1000年 1000年 1000年	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2531P
Insured/Policyholder	
Name Of Registered Owner	TAN HERNG YIH
NRIC No	SXXXX182I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81393149
Alternative Phone No	OFFICE-81393149

Vehicle Particulars

Manufacturer HONDA

VEZEL 1.5X CVT Model

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

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5092048395-03

Cover Note Number

Driver

PAUL TAN HERNG YIH (CHEN HENGYI) Name of Driver

SXXXX182I NRIC No 21/02/1988 Date Of Birth INDOOR Occupation Date Of Driving Pass 13/02/2009

Driving Experience 11 YEARS AND 4 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-81393149

Fax Number

Contact Number OFFICE-81393149

EMail Address NOEMAIL Address

1 RIVERVALE LINK

#15-09

Postcode

545118

...

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV6787C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KONG JRUNN WOEL

NRIC/Passport Number

Contact Number

96848363

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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>.
- 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.:

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

ehicle No.	SLQ 25349 Model/Make Honda Vezel
ate of Accident	1 7 2020
ime of Accident	O72D HRS
ocation of Accident	Along Amport Road Slip road Euros Link
xact purpose use during accid	dent Private use
Name of Owner	Tan Henry Yith
elephone No.	H/P: 8139 3149 Home: Office:
NRIC	S8806182L
Address	1 Rivervale Link #15-09 \$ (545118)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5092048395-03
Name of Driver	As Above If No,
VRIC	Any Passengers :
Date of birth	21 2 1988
Occupation	Outdoor / Indoor
Driving License Pass Date	13/2/2009
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SKV 6787C Any Passengers : -
Name of Driver	Kong Jeunn Wolf Contact No.: 2684 8363
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Racir portrug
Camera Recorder	Yes / No
Email Address	tan hongyin @ gmail.com
Elitali Address	1 1001
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
ET VICE DE LE DE LE CONTROL DE	
CONTACT PERSON	6741 0510



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: 5092048395-03

1. Index mark and Registration Number of Vehicle

SLO2531P

Chassis Number

: RU11205378

2. Name of Policyholder

: TAN HERNG YIH

Cover : drivo CLASSIC

3. Effective Date of Insurance

: 30 Jun 2020

4. Expiry Date of Insurance

: 29 Jun 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.

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

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$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 : TAN HERNG YIH

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

: UNITED OVERSEAS BANK LIMITED HIRE PURCHASE COMPANY

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

: ABWIN PTE LTD (00000614234)

Date of Issue

: 12 Jun 2020 14:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_8006	01						Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query					Notice Co.				
Notice of Loss	No.				Date o	of Accident	0	1/07/2020 0	7:20		
	Vehicle	No.(For Motor)	SLQ253	1P		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5092048395- 03		TAN HERNG YIH	\$88061821	GPC	drivo CLASSIC	SLQ2531P	SLQ2531P	30/06/2020	29/06/2021

Policy No.	5092048395-03	Policyholder Name	TAN HERN	G YIH	Policyholder NRIC	S8806182I	
Certificate No.							
Address	1 RIVERVALE LINK #15-09 TH	HE RIVERVALE SI	INGAPORE 5	45118			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/06/2020	Effective Date	30/06/202	0 00:00	Expiry Date	29/06/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address		2423				
Address 1	1 RIVERVALE LINK	Addre	ss 2	#15-09 THE RIVER	RVALE	Address 3	SINGAPORE 545118
Address 4		Addre	ss Type	Singapore address		Post Code	545118
Unit No.	15-09	Relate Numb	d Policy er	5092048395-03			
	d Object: SLQ2531P						
▶ Insure							
▶ Insured ♥ Endors	ements						

Accident MT/1095778 Policy No. Certificate No. Posicyholder Name Product Code Contact No. (Mobile) Email Address KFK NCD Protection Accident Details Report Date	S092048395-03 TAN HERNG YIH PRIVATE CAR INSURANCE B1393149	Vehicle No.	SLQ2531P		GST Registration No.		
Centificate No. Policyholder Name Product Code Contact No.(Mobile) Email Address KFK NCD Protection Accident Detailis	TAN HERNG YIH PRIVATE CAR INSURANCE	Vehicle No.	SLQ2531P		GST Registration No.		
Policyholder Name Product Code Contact No. (Mobile) Email Address KFK NCD Protection Accident Details	PRIVATE CAR INSURANCE						
Product Code Contact No. (Mobile) Email Address KFK NCD Protection Accident Details	PRIVATE CAR INSURANCE						
Contact No. (Mobile) Email Address KFK NCD Protection Accident Details					Policyholder NRJC	588061821	
Email Address KFK NCD Protection P Accident Details	81393149	Cover Type	drivo CLASSIC		Loading	0	
KFK NCD Protection Accident Details		Centact No.(Office)	0		Contact No.(mome)	0	
NCD Protection Accident Details		Special Remark			eCode	be V	
 Accident Details 	K ® No ○ Yes		® No ○ Yes		eCode Reason		
- 100	No	NCD Entitlement(%)	30		Private Hire	No	
Report Date							
	01/07/2020 12:06	Accident Report Within 24 hrs	Yes		Academt Type	Collision + Head to Rear	
Date of Accident	01/07/2020	Time of Accident hh:mm	07:20		Country of Accident	Singapore	
Reporting Centre		Orange Porce			ICM No.		
Acodent Excation	SLIP RD AIRPORT RD TWDS ELWOS LINK						
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
OD Standard Excess	400.00			7000			
VIED OD Excess	600.00	TP Standard Excess VIEO TP Excess		0.00	200000000000000000000000000000000000000	WHENT!	
Additional Excess		VIEW IN EXCESS		0.00	Driver is Covered?	Covered	
Total OD Excess Applicable				2.00			
♥ Benefits	600.00	Total TP Excess Applicable		0.00			
♥ GST Registered Inform	ation						
GST Registered	No		GST Res	istration Date		2.21	
GST Registration No.			GST Star	tus Verified	Yes		
Modification History							
→ Policyholder Mailing Ar							
Address 1	1 RIVERVALE LINK	Address 2	#15-09 THE RIV	PERVALE	Address 3	SINGAPORE 545118	
Address 4		Address Type	Singapore addre	155	Post Code	545118	
Unit No.	15-09	Related Policy Number	5092048395-03				
♥ OI Driver Info							
Oriver Name	TAN HERNG YIH	Driver Type	Main Driver				
Unnamed driver Name Register Date of Driver License	13/02/2009	Driver NRIC	58806182[Driver DOB	21/02/1988	
Contact No.(Mobile)	81793149	Driver Age	32		Driving Experience	11	
Address 1	1 RIVERVALE LINK	Contact No.(Office) Address 2	0 THE RIVERVALE		Contact No.(Home)	0	
Address 4	I REVERVALE LINK	Address Type	Singapore addre		Address 3 Post Code	SINGAPORE 545118	
Unit No.	15-09	House and Table	arrigapore acure		Post Code	545118	
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company		
Registered car?	0.000	Ditter verice no.			Driver Insurer Company		
Declaration							
Breathalyser or Blood Test	0 mg	Any injury?	☐ Yes ® No				
Reading?	7687E.	5,000,00000000	0.00				
Modification History							
Claim 001 New							
Claim Type +	00-MX	Insured Name	TAN HERNG YIH		Insured NRIC	S8806182I	
Contact No.(Mobile)	81393149	Contact No.(Home)	IAN PICKNIG TOP			588061821	
Email Address	TAN.HERNGYIH&GMAIL.COM	Ol Vehicle Number	SLQ2531P		Contact No.(Office)	SKV6787C	
Claimant Type Claimant Type *		Type of Benefit *	Please Select	V	TP Vehicle Number	SKAR481/C	
Claimant Name *	>>	Claimant NR3C *					
Claiment Address			100				
Claim Description	SLQ2531P / SKV67E7C ON 1 Jul 2020				Name of Preferred Workshop		
Preferred Workshop Contact		Insured Liability *	Not at Fault	V		12	
No. Reguire Finalisation	ves 🔍	Preference Repair Option		thop, Name unknown	GIA report	Received	
Date Registered	01/07/2020 12:07	Claim Close Date:	1	The second second	Date Received	4.000.000.00	
Report Taken By	Jackson Jackson				Carlo Management	01/07/2020 00:00	
	packaon						
Print AK letter							
		9	Save Submit				
Attachment							
(a.0)							
7							
Accident No.	MT/1095778	Claim No.		001			
Last Doc. Received	● Yes ○ No	Upload Date		01/07/2020 12:08			
	Path *	and stated street	1	Category *	Confidential Urgen	P. P. Lingson	
		Browse.	Cear Plea	0.000	V Normal	<u> </u>	
		Browse.	. Cear Plea	se Select	NO V Normal	V	
		Browse.	Cear Plea	se Select	NO V Normal	▼	
	A CONTRACTOR OF THE PROPERTY O	Browse.	Cear Plea	se Select	NO V Normal	V	
		Browse.	Gear Plea	se Select	V Normal	v	

