Date In: 0712-17:15	Jeb description	Date &Time Completed	Done by
Ref No: NA 14 C 20 007 378 144	SAS e-filing		
Veh No: SIYOLD.	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 14/3/20-14:00	i-Motor Claim Form	M71109695101	15 /7 /20 18.V
OD : (TP) ! Reporting Only	i-Motor W/O (Within: OD 2		
OD Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No:515			
Owner / Driver: (307 70	Tel:)
Policy No: ()	Period: (
Confirmed by : (Date:	Time:)
	[Note-Est. Status (WO): N: 0-:		0.0041
11		20%, F. 21-79%. F. 50-1	00%
	Warranty: YES ()/NO (·	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
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() Walk-In Customer: Customer's in			
() Total Loss Case : to e-mail Insu	The state of the s		
		Fowing Co: (- 1
		tomas co. (
Remarks:- (INC hotline: 6788 6616)	NE GENERAL TOW	Date&Time Completed	Done by
Apply for Transport Allowance ()/	Courtesy Car ()		
2) 00 01 -1 10 - 2		***************************************	
4) OC Check / Post Repair Inspection	()		
	()		
	\$3000] ()		
	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost > ; Injury:	() \$3000] ()		
3) Upload Resurvey Photo [Repair Cost > 5	() \$3000] ()		
3) Upload Resurvey Photo [Repair Cost > ; Injury:			
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Date/Time Actions		paration Checklist	Ant'(S) Aint
Injury: Onte/Time Actions	Invoice Pre	paration Checklist t Reporting (\$30);	fit Bill Add
Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions My203687 Limant's Particulars :-	Invoice Pre 1) AR : Acciden 2) DA : Damage	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80	fit Bill Add
Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions My203687 Limant's Particulars :-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing B	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80	fst Bill Add
Upload Resurvey Photo [Repair Cost >] Injury : Date/Time Actions Umant's Particulars :- ver/Owner:	Invoice Pre 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) i-T : Follow-T	paration Checklist tReporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/0 hrough Survey \$1 hrough Survey (Resurvey)	fit Bill Add
Upload Resurvey Photo [Repair Cost > : Injury : Onte/Time Actions Language State Actions Language State	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing H 4) FT: Follow-T 5) i*T: Follow-T For claiming a	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/* hrough Survey \$1 hrough Survey (Resurvey) troinst JNC Only (wef 10 Jan 2005)	
Onte/Fime Actions Actions Manage 3687 Minimant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing H 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/* hrough Survey \$1 hrough Survey (Resurvey) trainst JNC Only (wef 10 Jan 3005) ction	
Upload Resurvey Photo [Repair Cost > : Injury : Onte/Time Actions Language State Actions Language State	Invoice Pre 1) AR: Acciden 2) DA: Damege 3) TF: Towing H 4) FT: Follow-T 5) FT: Follow-T For cleiming a 6) TR: Re-inspe 7) N1: Idae DA	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/* hrough Survey \$1 hrough Survey (Resurvey) troinst JNC Only (wef 10 Jan 3005) ction + SMRT Survey \$1	
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Actions Apposite Actions Act	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) NI: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/5 hrough Survey (\$10 Jan 2005) etion + SMRT Survey \$1 cond Services - Car / Tpl Allowance	
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Onte/Time Actions Checked by (Engr-In-Charge): Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) if T: Follow-T For cleiming 6 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/5 hrough Survey (Resurvey) seajonst INC Only (wef 10 Jan 2005) ethor of the survey \$100 and Services; Car/Tpt Allowance coordination ir Inspection \$100 against INC \$10	fit Bill Add

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number

EMail Address

Fax Number

- 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

	ACCIDENT STATEMENT
Date Of Report	15/07/2020 17:55
Date Of Accident	14/07/2020 16:00
Exact Location Of Accident	JUNC JLN EUNOS & PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	S1401CD
Insured/Policyholder	
Name Of Registered Owner	EMBASSY OF DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA
Co Reg No	SXXXXX014C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62659766
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 3.0SC TSS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110344016
Cover Note Number	
Driver	
Name of Driver	KIM CHOLNAM
Passport No/FIN	GXXXX023X
Date Of Birth	25/01/1961
Occupation	INDOOR
Date Of Driving Pass	20/11/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Marchae Charles	# OOAL VICE RESERVED

(LOCAL) +65-85959680

OFFICE-85959680

NOEMAIL

Address 60 JOO CHIAT LANE

Postcode 428110

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Vegistration Number of Briver's OWN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions RAINING
Road Surface WET

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?

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? 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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS3079L

Vehicle Make/Model/Colour

HONDA VEZEL

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

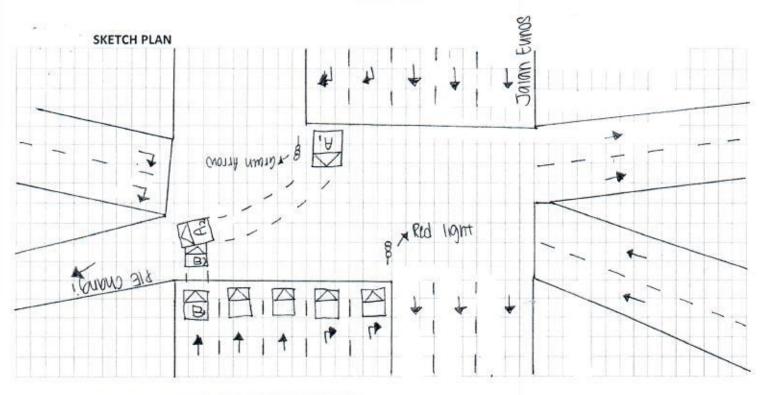
assy of the Democratic People's Republic of Korea in the Republic of Singapore

1 North Bridge Road, #15-01 High Street Centre, Singapore 179094

Date / time:

Kim The Nam

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DECCDIBE	CIDCLIBACTABLEEC	OF THE ACCIDENT
DESCRIBE	THE THURSTANDES	THE THE ACCUMENT

moving off. After I saw towards Changi. While opposite lane were stat	f Jalan Eunos waiting for the green arrow to be up bef the green arrow, I proceeded to turn right onto PIE turning, I made sure that all of the vehicles in the tionary and out of a sudden, vehicle B from the 5 th lar he red light and collided onto the left side of my vehic
suddenly dash across ti	te red light and conided onto the left side or my verse
AVAILED TO THE REST OF THE RES	
	<u> </u>

DECLARATION

I/We declare the foregoing particulars are true in every respect.

of the Democratic People's Republic orea in the Republic of Singapore

1 North Bridge Road, #15-01

Policy holder's signature Date & time: Kim Chol Nam

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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	《自己》中国的一种国际中国的
Date of accident	14 JMW 2020	(DD/MM/YY)
Time of accident	4.00 PM	(HH:MM)
Exact location of accident	Junction of Jaian Eanos an	id PIE Margi

	DETAILS OF VEHICLE
Vehicle registration number	S1401(D
Vehicle make and model	JAGNAY XF
Type of vehicle	Saloon MPV CRV Van C Lorry Bus Motorcycle Others:
Vehicle category	Private □ Commercial Ø Motorcycle □
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

INSURANCE INFORMATION				
Insurance company	NTUC			
Policy number				
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆	

In the Republic of Singapore

Name	Embassy of Dimocratic Propic's Republic of Forg, Male - Female -
NRIC / Fin / Passport number	
Contact	62659766
Address	I North Bridge Road #15-01 High Street Centre S (179094

DRIVER	SAME AS INSURED ABOVE 12 (S	沙兰	
Name	Kim Cholnam	Male □	Female 🗆
NRIC / Fin / Passport number	61551023X		
Contact	85,95,9680		
Address	60 Joo Chiat Lanc		
Email address			
Date of birth	25 Jan 1961		
Occupation	Indoor Ø Outdoor □		
Driving date pass	20 NOY 2015		

	CENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	GENERAL INFORMATION OF THE ACCIDENT Yes No No	
Was driver an employee of the insured's company?	The state of the s	
Accident captured by camera?	If no, relationship of the driver and insured: Yes □ No Ø	
Weather condition	Clear Raining Others:	
Road surface	Dryer Wet	
No of passenger	Diyar Wet 2	(Industry of deiron)
No of passenger		(Inclusive of driver)
	DACCENCED 4	
Name	PASSENGER 1	是1000年1977年,1194年
Gender	Male Female	
Gender	Water Female B	
	PASSENGER 2	
Name	PASSENGER 2	MANUFACTURE AND A STATE OF THE
Gender	Male D Female D	
Gerider	Male D Felliale D	
Application of the state of the	PASSENCEDS	
NAME OF THE PARTY	PASSENGER 3	
Name Gender	Male D Female D	
Gender	Male D Female D	
	AACCENOED A	No. of the Control of
	PASSENGER 4	
Name	Male - Female	
Gender	Male D Female D	
	PASSENGER 5	
Name		
Gender	Male Female	
e e e e e e e e e e e e e e e e e e e		AND
	PASSENGER 6	第一次的是一个一个
Name /	Male Female	
Gender	Male Female	
	OTHER INFORMATION	
Was anybody injured?	Yes D No Z	
Was other vehicle damaged?	Yes p No 🗆	
	DETAILS OF DOUGE STATION ACTION	
	DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes □ No Ø If yes, please state which police	e station.
Police station name		
	WITNESS 1	
Name		
	X	Contraction and Contraction
· 接受基础的图148.0600000000000000000000000000000000000	WITNESS 2	STATE OF THE STATE OF
Name		

Manager Committee of the Committee of th	THIRD PARTY VEHICLE 1
Vehicle registration number	3LS 3079L
Vehicle make model	HONAM YIZU
Name	SOMEON TENE
NRIC / Fin / Passport number	
Contact	
Contact	
经运动等的基础,还有现代的政治	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ATTOMISM OF THE STATE OF THE ST	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
KERALITY TO BE AND THE RELIES	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A CONTRACTOR OF THE STATE OF TH	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A. A. Phillips		INJURED F	PERSON 1	A STATE OF THE STA	在 自然是1000年度
Name		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND			Maria Cara San Cara Cara Cara Cara Cara Cara Cara Ca
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	No. Section -				
Market Street Street	No.	INJURED P	PERSON 2	No. of Control of Control	
Name					TO THE OWNER OF THE OWNER OWNER OWNER OF THE OWNER
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes □	No □			
hospital by ambulance?					
				and a Management was a series	
经 专项数据 经现代的		INJURED P	PERSON 3		
Name			The same of the sa		
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
	E VIII VERENIA JA				
		INJURED P	PERSON 4		
Name				\	
Injuries sustained				\	
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
		INJURED P	EDSON E		
Name		INJUNED P	ERSONS	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆		1	
Was injured conveyed to	Yes	No 🗆			
hospital by ambulance?	1030	110 11			
	the feet	INJURED P	ERSON 6	Charles To the Control	
Name					
Injuries sustained					1
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			1
hospital by ambulance?					

eBao Tech							npresident			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					-	• Change	e Languag	e + Char	ige Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy N	Vo.			Date of Accident Certificate Number			14/07/2020 16:00			
	Vehicle	No.(For Motor)	514010								
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110344016		EMBASSY OF DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	575DP0014C	GPC	Third Party	S1401CD		01/08/2019	31/07/2020
					C	ontinue					

Policy No.	5110344016	Policyholder Name	EMBASSY (OF DEMOCRATIC PEO	Policyholder NRIC	S75DP0014C	
Certificate No.		XCOMMON.SI			.,,,,,,		
Address	1 NORTH BRIDGE ROAD #15-01	HIGH STREET	CENTRE SI	NGAPORE 179094			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/06/2019	Effective Date	01/08/2019	9 00:00	Expiry Date	31/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	1 NORTH BRIDGE ROAD	Addres	is 2	#15-01 HIGH STRE	ET CENTRE	Address 3	SINGAPORE 179094
Address 4		Addres	s Type	Singapore address	8	Post Code	179094
Unit No.	09-320	Relate Numbe	d Policy er	5110344016-01			
) Insured	Object: S1401CD						
▽ Endorse	ements						
	ce Date of Endorsement	7,4	ndorsement	4 0230 9	Endorsement	42.50	Endorsement Content

Claim Handling									
Accident MT/1096951									
Policy No.	5110344016	Vehicle Na.	\$140100		GST	Registration No.			
Certificate No.									
Policyholder Name	EMBASSY OF DEMOCRATIC PEOPLE'S REPUB	LIC OF KOREA			Policy	rholder NRIC	\$750P9014C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Part	y.	Load	ng	0		
Contact No. (Mobile)	0	Contact No.(Office)	62659766	Ř	Contra	ect No.(Home)	0		
Email Address		Special Remark			eCode	0	N V		
KFK	® No ○Yes	TC4	® No ⊜1	Yes.	eCode	e Reason	22		
NCD Protection	No	NCD Entitlement(%)	30			te Hire	No		
Accident Details			0.3			100	~~		
Report Date	15/07/2020 18:05	Accident Report Within 24 hrs.	Yes		7000	and This and I	***************************************		
Date of Accident						ent Type	Califician - Cross Junction		
	14/07/2020	Time of Accident fin:mm	16:00			try of Acodent	Singapore		
Reporting Centre		Drange Force			DCM W	10.			
Accident Location	JUNC JUN BUNOS & PIE (CHANGE)								
→ Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess		0.00					
OD Standard Excess	0.00	TP Standard Excess		0.00					
VIED OD Excess	500.00	VIED TP Excess			Drive	r is Covered?			
Additional Excess	0								
Total DO Excess Applicable	500.00	Total TP Excess Applicable							
♥ Benefits									
□ GST Registered Inform	ation								
GST Registered	No		GS	T Registration Date					
GST Registration No.				T Status Verified		Yes			
Modification History									
Policyholder Mailing Ad	ldress								
Address 1	1 NORTH BRIDGE ROAD	Address 2	#15-01 H	GH STREET CENTRE	Addre	66.3	SINGAPORE 179094		
Address 4		Address Type	Singapore						
	10/00				Post C	ode	179094		
Unit No.	09-320	Related Policy Number	51103440	16-01					
OI Driver Info									
Driver Name	Unnamed Driver	Driver Type	Unnamed I	Driver					
Urinamed driver Name	KIM CHOLNAN	Driver NKIC	G1551023	×	Driver	BOD	25/01/1961		
Register Date of Driver License	20/11/2015	Driver Age	59		Drivin	g Experience	4		
Contact No.(Mosrie)	85959680	Contect No. (Office)	0		Conta	ct No.(Home)	0		
Address 1	60 JOO CHIAT LANE	Address 2	SINGAPOR	E 426110	Asidne	ss 3			
Address 4		Address Type	Singapore	address	Post C	lode	428110		
Unit No.									
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.			0.1000				
Registered car?	C tes @ No	Driver vehicle No.			Onver	Insurer Company			
Declaration									
Breathalyser or Blood Test			1 2 1 2 1 2						
Reading?	D mg	Any injury?	☐ Yes ⑧	No					
Modification History									
Claim 001 New									
			Tarantonium .						
Claim Type *	GO-MX	Insured Name	EMBASSY I	OF DEMOCRATIC PEO	Insure	d NRIC	\$75DP0014C		
Contact No.(Mobile)	83136893	Contact No.(Home)	-		Conta	ct No. (Office)	62659766		
Email Address	emūdprk@singnet.com.sg	Ol Vehicle Number		TP Vet	nicle Number	SLS3079L			
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Sek	ect V					
Claimant Name +	24	Claiment NR3C +							
Claimant Address									
Claim Description	S1401CD / SLS3079L ON 14 Jul 2020				Name	of Preferred Workshop			
Preferred Workshop Contact		feet and treatment	The same	a real	1,000	The state of the state of			
No.		Insured Liability *	Not at Paul	The second secon					
Require Finelisation	Yes 🔻	Preferered Repair Option	Preferred (Workshop, Name unknown	GIA re	port	Received		
Date Registered	15/07/2020 18:07	Claim Close Date			Date R	received	15/07/2020 00:00		
Report Taken By	Jackson								
Print AK letter									
			Save Sub	mit					
Attachment									
9									
Accident No.	MT/1096951	Claim No.		001					
ast Dot. Received	● Yes ○ No	Upload Date		15/07/2020 18:08					
		ag and leading					tubi and		
	Path *	Je <u>18</u> 38 1880	Lagrana	Category *		onfidential Urgen			
		Browse.		Please Select	V 10	∨ Normal	<u> </u>		
		Browse.	Clear	Please Select	▼ [6]	∨ Normal			
		Browse.	Cear	Please Select	V No	✓ Normal	<u> </u>		
		Browse.	Gear	Please Select	₩ (40	∨ Normal	· ·		
		Browse.	A management	Please Select	V 50	∨ [Normal	9		
				CONCEPTION D	20170	v [Normal	222.00		
A CONTRACTOR OF THE PARTY OF TH		Browse	Charles	Dinasa Spinet	791	Mr. Thingson	70		

