Date In: W/ ha-19:50	Jcb description	Date & Time Completed	Done	pi.
Rei No: Halycoso7618/14	SAS e-filing			
Veli No: SUE 7 859L	E-mail (within Shrs, AIC 2hrs)			9
D.O.A: 20/212-8-30	i-Motor Claim Form	100-0FFFP01 1m	מודות	10:01
	i-Motor W/O (Within: OD 2hr			
OD : (P) Reporting Only	i-Photo Uploaded			
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		20020
Preferred Wksp / INC Assign Wksp / QW:	: (	Tel: Fa	ix:	
TP Particulars: Veh No: 5	143374L . INC (	)/Non-INC( )	eur we	
Owner / Driver: (		Tel:	)	-
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( 9	%) [Note-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 30-1	20%]	
Year of Registration: (	) Warranty: YES ( )/NO (	)		
	\$1,000()/\$2,000()			ARIEURIA.
General Remarks:-	ACTION CONTRACTOR OF BURNESS OF CONTRACTOR O	19 19 19 19 19 19 19 19 19 19 19 19 19 1		
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	s information strictly Confidential & St	thetay NO Taler of Tepaner.		
( ) Total Loss Case : to e-mail In				
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / NO ( ); T	Towing Co: (		)
	6)		Done	by
Remarks: (INC hotline: 6788 661		Date&Timb Completed	Done	by
Remarks: (INC hotline: 6788 661)  1) Apply for Transport Allowance (	6) ) / Courtesy Car ( )		Done	by
Remarks: (INC hotline: 6788 661)  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	)/Courtesy Car ( )		Done	by
Remarks: (INC hotline: 6788 661)  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	)/Courtesy Car ( )		Done	by .
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Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:	)/Courtesy Car ( )	Date&Time Completed	Done	by
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Remarks: (INC hotline: 6788 661)  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time Actions	)/Courtesy Car ( )	Date&Time Completed	Xmt((S).	Amu
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Remarks: (INC hotline: 6788 661)  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	) / Courtesy Car ( )	Date&Time Completed  Paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8	Ant (S)	Amu
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Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Onte/Time Actions  Actions  aimant's Particulars: iver/Owner:	1	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$8) Fee \$40.  Through Survey (Resurvey)	Ant (5) 75: Bill 0) 545 120 530	Ant
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Onte/Time Actions  NAID 038 75  atimant's Particulars: iver/Owner:	Courtesy Car (	Date & Firms Completed  Date & Firms Completed  Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8  Fee \$40  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)	Ant (5) 75: Bill 0) 545 120 530	Ant
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  NAID 038 75  aimant's Particulars: iver/Owner:	Courtesy Car ( )	Date & Firms Completed  Date & Firms Completed  Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40  Through Survey  Phrough Survey (Resurvey)  Reginst INC Only (wef 10 Jan 2005)  Section  + SMRT Survey	Am(*(\$)) 15t Bill 15t Bill 120 530	Ant
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Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	Courtesy Car ( )	Date&Time Completed  Date&Time Completed  Through Survey  Chrough Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  cetion  + SMRT Survey  condition  pair Inspection  pair Inspection  print Inspection    Control of the control	375 160 525 55 520 30 0	Amt (

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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.

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	ACCIDENT STATEMENT
Date Of Report	24/07/2020 09:50
Date Of Accident	22/07/2020 18:30
Exact Location Of Accident	T-SPACE BUILDING CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE7569L
Insured/Policyholder	
Name Of Registered Owner	DANNY SEAH YEW LENG
Co Reg No	5XXXX775L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97438867
Alternative Phone No	OFFICE-97438867
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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

Floot	Policy	

Fleet Policy

NO

Policy Number

5082484816-03

Cover Note Number

Driver

SEAH CHUN TECK, GABRIEL Name of Driver

SXXXX462E NRIC No 09/05/1991 Date Of Birth OUTDOOR Occupation 28/11/2009 Date Of Driving Pass

10 YEARS AND 7 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-97438867 Mobile Number

Fax Number

OFFICE-97438867 Contact Number

NOEMAIL **EMail Address** 

BLK 357 YISHUN RING ROAD Address

#10-1844

760357 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

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.

4 Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

> > : FEMALE

Passenger 2 NAME: -

: FEMALE GENDER:

GENDER:

NO

Passenger 3

NAME:

**Details of Police Action** 

Was the accident reported to the police?

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 YES Was there any video captured by Car Camera?

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLH3324L Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 18

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

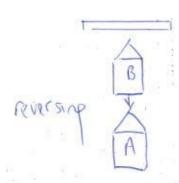
Driver's Signature Date & Time

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DOA - 22 7 20

A: SLE 7569.L

B: 3LM 3324C

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ush B	suddenly	reversed	d	hit	onto	my	veh	Rt
arten.						EP/REAL/UNE		
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	1911A-1914							
9				Carlling A. Carl				
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	13			- 31				
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		-Mr.	-					
					0)			- 6
- A				100				

DECLARATION

I/We declare the for sound part of lars are true in every respect.

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.:

Personal Particulars	
Date of Accident: 3170 Time of Accident: 6:31 pm	
Exact Location of Accident: T-Space Bldg cloart	
Owner's Name: Danny Seah Yew Long NRIC No: 5 HP	No: 97438567
Driver's Name: Soch Chun Teck Gabrel NRIC No: 39115462 EHP	No:
Date of Birth: 95 1991 Driv ng Licence Passing Date: 28 11 2009 Occupation: Indoo	r / Outdoor
Address: 357 Yishin Ring Rd #10-1844 (762357)	
Relationship of Driver with Insured: Son Email Address:	
Vehicle No: SCE 7569 L Make & Model: Nisson	
Insurance Co: NTUC Coverage: Comprehensive Policy No: 508	2484816-63
*Purpose of Reporting? Own Damage Claim / 3rd Pakty Claim / Not Claiming, Just	Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private	
*Weather Condition ? Clear / Raining / Others: Wet / Dry / Oth	ners:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & Ho	w many pax:
A: 1 + 3 B: 1 + 0 C: D:	
*Was Anybody Injured ? (Yes / No) If yes,	
Name / NRIC / In Vehicle:	
*Was The Accident Reported To The Police ?	
No O Yes, Which Police Station?	The state of the s
*Does the Driver Own Any Other Vehicle?	
O No O Yes, Vehicle Registration No:insurer:	
*Was any foreign vehicle involved? (Yes / No) If yes, Vahida No & Category: _	
*Was there any video captured by Car Camera? (Yes/No)	
	*
Third Party Driver's Particulars  Vehicle B No:SLH _ 33 2 4 L	CONTRACTOR PRODUCTION
Driver's Name:NRIC No;H	
Vernete env.	
Driver's Name: NRIC No: H	
Witness Particulars	JD No-
Name: NRIC No: F	1F 190:



## 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)

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

Certificate Number: 5082484816-03

: SLE7569L

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

: MNTBBAB17Z0027355

2. Name of Policyholder

: DANNY SEAH YEW LENG

3. Effective Date of Insurance

: 30 Jul 2019

4. Expiry Date of Insurance

: 29 Jul 2020

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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : 55100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** 

: SEAH YEW LENG DANNY PRIMARY DRIVER : SEAH CHUN TECK, GABRIEL NAMED DRIVER (1)

: N/A NAMED DRIVER (2)

: UNITED OVERSEAS BANK LIMITED HIRE PURCHASE COMPANY

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

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)

: KINETIC INSURANCE AGENCY (00000573090)

Date of Issue

: 06 Jun 2019 17:33 hrs

Reprint

: 06 Jun 2019 17:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech		<b>开始接</b>					神经性	Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date o	of Accident		22/07/2020	18:30	
	Vehicle	No.(For Motor)	SLE756	9L		Certific	cate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082484816- 03		DANNY SEAH YEW LENG	53339775L	GPC	drivo CLASSIC	SLE7569L	SLE7569L	30/07/2019	29/07/2020
					C	Continue					

Policy No.	5082484816-03	Policyholder Name	DANNY SE	AH YEW LENG	Policyholder NRIC	53339775L	
Certificate No.							
Address	BLK 357 #10-1844 YISHUN RIN	G ROAD SING	APORE 7603	157			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/06/2019	Effective Date	30/07/201	9 00:00	Expiry Date	29/07/2020 2	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			Young	g/Inexperience Driver Excess
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 357 #10-1844	Addre	ss 2	YISHUN RING ROA	D	Address 3	SINGAPORE 760357
Address 4		Addre	ss Type	Singapore address	1	Post Code	760357
Unit No.	10-1844	Relate Numb	d Policy er	5082484816-04			
1nsure	d Object: SLE7569L						
	ements						

Claim Handling					
ccident HT/1097770					
ascy No.	SD82484B16-03	Vehicle No.	SLE7569L	GST Registration No.	
ertificate No.					
folicyholder Name	DANNY SEAH YEW LENG			Policyholder NRIC	53339775L
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	a
ontact No.(Mobile)	97436867	Contact No.(Office)	0	Contact No.(Home)	ū .
mail Address		Special Remark		eCode	6 V
PK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details	1128				
	No. 100 100 100 100 100	Accident Report Within 24 hrs.	Yes	Accident Type	Damaged whilst parked
eport Date	24/07/2020 09:59				
ate of Accident	22/07/2020	Time of Accident hhomm	18:30	Country of Accident	Singapore
eporting Centre		Orange Force		JCM No.	
ocident Location	T-SPACE BUILDING CARPARK				
→ Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,900.00		
ED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
iditional Excess	0				
kai OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
7 Benefits					
7 GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing As	ddress				
idress t	BLK 357 #10-1844	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 780357
ddress 4		Address Type	Singapore address	Post Code	760357
nit No.	10-1844	Related Policy Number	5082484818-04		
OI Driver Info	1,450,160,100	2-25 1010 G025 4V 0V 040-0			
river Name	SEAH CHUN TECK, GABRIEL	Driver Type	Named Driver		
mamed driver Name	Does to the round to the control of	Driver NR3C	591154626	Driver DOB	09/05/1991
agister Date of Driver License	2001	Oniver Age	29	Driving Experience	10
					0
ontact No. (Mobile)	97438867	Contact No.(Office)	0.	Contact No.(Home)	
odress 1	BLK 357	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760357
odress 4		Address Type	Singapore address	Post Code	760357
nit No.	10-1844				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes  No		
eading?					
odification History					
Claim 001 New					
SECULIAR DE LA CONTRACTOR DE LA CONTRACT					
					420000000000000000000000000000000000000
aim Type *	OD-MX	Insured Name	DANNY SEAH YEW LENG	Insured NRIC	53339775L
ontact No.(Mobile)	97438867	Contact No.(Home)	MIL	Contact No.(Office)	NIL
naii Address		Of Vehicle Number	SLE7569L	TP Vehicle Number	SLH3324L
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		0
aiment Type Claimare Type -	No. of the Control	Claimant NR3C *	100		
aimant Address	122				
aim Description	SLE7569L / SLH3324L ON 22 Jul 2020			Name of Preferred Workshop	
aim Description eferred Workshop Contact	Per Look 1 201/23/54F ON 55 10: 5050	250000000000000000000000000000000000000	F	The state of the state of the state of	
eferred Workshop Contact 2.		Insured Liability +	Not at Fault		
equire Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ne Registered	24/07/2020 10:01	Claim Close Date		Date Received	24/07/2020 00:00
eport Taken By	Jackson				
Print AK letter					
a - title Alcompter					
			Save Submit		
Attachment					
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ccident No.	MT/1097770	Claim No.	001		
ast Doc. Received	® Yes ○ No	Upload Date	24/07/2020 10:02		
66-261/17(57 <sup>1</sup> )	Path •	120000000	Category *	Confidential Urger	ncy * Description
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		102577770			
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C THE PARTY		Browse	Clear Please Select	V Normal	V
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