Date In: Walso-15:W	Job description	Date & Time Completed	Done	by
Ref No: 44 INCO 00 7645 74	SAS e-filing			
Veh No: SLUS87 ou	E-mail (within Shrs, AIC 2hrs)			+4
D.O.A: 2/7/2-18:53	i-Motor Claim Form	100-818-001 mg	21/2/12/15	:46
	i-Motor W/O (Within: OD 2)	The second secon	10116-1-	
OD : TP/' Reporting Only	i-Photo Uploaded		Proceedings of the second	
TP Insurer:	Assessment/Survey Report			
Transacti.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:	)
TP Particulars: Veh No: No	ncyglia . INC	( )/Non-INC( )	1	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$	\$1,000 ( ) / \$2,000 ( )			
General Remarks:-			19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
( ) Walk-In Customer : Customer's	information strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Towing Co: (		)
Remarks: (INC hodine: 6788 6616	9	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	>\$3000] ( )			
Juliumi .				
IMULY:				
Injury:			775 AGE 7 1 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	COMPANIES
Date/Time Actions			0828 888	- CPR, PUL
			()2387 (26)2 (.c. 6) 25	- Companie
			7248	
	4			
Date/Time Actions	1		An((5)	Amt (3)
Date/Time Actions  Nata 1869		eparation Checklist.		Amt(\$)
Date/Time Actions	Invoice Pro  1) AR: Accident 2) DA: Damage	eparation Checklist.  It Reporting (\$30);  Assessment (\$100), INC (\$8	Anit (5) Fat Bill	Principle of
Date/Time Actions  Nata 1869	1) AR : Acciden 2) DA : Damege 3) TF : Towing	eparation Checklist.  It Reporting (530); : Assessment (\$100); INC (\$8	Anit (5).  Fat Bill  10)  7545	Production of
Date/Time Actions  Nations  Na	1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	eparation Checklist.  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey Chrough Survey (Resurvey)	Anit (5) Fat Bill 10) 10) 10) 10) 10) 10) 10) 10)	Production of
Date/Time Actions  Nations  Na	1) AR : Acciden 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	eparation Checklist  At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	Anit (5) Fat Bill 10) 10) 10) 10) 10) 10) 10) 10)	Production of
Date/Time Actions  Nations  Na	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA	eparation Checklist.  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005 ection  + SMRT Survey	Anic (5)  Tst Bill  10)  //\$45 \$120 \$30 )	Principle of
Date/Time Actions  Nations  Nations  Nations  Nations  Nations  Nations  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:	1) AR : Acciden 2) DA : Demage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idae DA 3) NTUC Addit OD*	eparation Checklist  It Reporting (\$30);  Assessment (\$100), INC (\$8 Fee \$40 Fhrough Survey Fhrough Survey (Resurvey)  against INC Only (wef 10 Jan 2005  ection  + SMRT Survey  ional Services:	Anit (\$)  Tst.Bill  10)  1/\$45  \$120  \$300  )  \$755	Production of
Date/Time Actions  Nations  Na	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idae DA 3) NTUC Addit OD* *N5: Courtes	eparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Fhrough Survey Fhrough Survey (Resurvey)  against INC Only (wef 10 Jan 2005  ection  + SMRT Survey ional Services:  y Car / Tpt Allowance	Anit (5) Tst Bill  10) 1/545 \$120 \$330 ) 575	Production of
Date/Time Actions  Nations  Nations  Nations  Nations  Nations  Nations  Particulars:-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idae DA 3) NTUC Addit QD'* *N5: Courtes *N6: Repair ( *N7: Fost Re-	eparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Fhrough Survey Fhrough Survey (Resurvey)  against INC Only (wef 10 Jan 2005  ection  + SMRT Survey  ional Services:  y Car / Tpt Allowance  Co-ordination pair Inspection	Anit (\$)  Tst Bill  10)  1/\$45  \$120  \$300  )  \$75  \$160  \$5  \$5  \$5  \$5  \$5  \$5  \$5  \$5  \$5  \$	Particular Street
Date/Time Actions  Nations  Nations  Nations  Nations  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): uditors' Comments:-	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit QI)* *N5: Courtes *N6: Repair ( *N7: Fost Re *N8: DV / Ce	eparation Checklist  It Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 action  + SMRT Survey ional Services:  y Car / Tpt Allowance Co-ordination pair Inspection officet Excess Coordination	Anit (5).  Tet Bill  10)  //\$45  \$120  \$30  )  \$75  \$160  \$51	Particular Street
Date/Time Actions  Nations  Nations  Nations  Nations  Nations  Nations  Particulars:-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit QI)* *N5: Courtes *N6: Repair ( *N7: Fost Re *N8: DV / Ce	paration Checklist:  At Reporting (330);  Assessment (\$100); INC (\$8 Fee \$40 Frough Survey Farough Survey (Resurvey)  against INC Only (wef 10 Jan 2005  action + SMRT Survey  ional Services:  y Car / Tpt Allowance Co-ordination pair Inspection  olicet Excess Coordination P (Non INC) against INC	Anit (5).  Fat Bill  10)  10)  10)  10)  10)  10)  10)  1	Particular Street

### 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.
- 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.
- 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 hereby consent to the archiving of this report at the centre and to copies of the report being made available
  aforesaid.

aforesaid.	
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	24/07/2020 15:21
Date Of Accident	21/07/2020 18:50
Exact Location Of Accident	SINGAPORE PRISON SERVICE HQ OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5870U
Insured/Policyholder	
Name Of Registered Owner	LIM KAH LAN
NRIC No	SXXXX436J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83385077
Alternative Phone No	OFFICE-83385077
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
2254-44 245 150 150- <u>2</u> Sanatono	

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5106280107-01

Cover Note Number

#### Driver

 Name of Driver
 LIM KAH LAN

 NRIC No
 SXXXX436J

 Date Of Birth
 06/06/1960

 Occupation
 INDOOR

 Date Of Driving Pass
 23/05/1983

Driving Experience 37 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-83385077

Fax Number

Contact Number OFFICE-83385077

EMail Address NOEMAIL

Address BLK 271 TAMPINES STREET 21

#11-119

Postcode 520271

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

NO

NO

0

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 SMC4911A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MS YATI

NRIC/Passport Number

Contact Number 92384487

Address

Postcode

Insurance Company Name

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.
- 2. 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)

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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne's Signature Name:

NRIC/FIN No .:

SKETCH PLAN		
Open Space Carparts Changi Road Wirth	of 980 upper	A: SLU5870U
	A B	6' SMC4911A
Concapir o D	visor serve HQ	
DESCRIBE CIRCUMSTANCES OF		
(C) 20107/2	20 at about 18t	olos, I was parted my
vehicle (A: SLUS	Stou) at Brance	Prison Terrol (Hà) oper space
Cepart of 750 U	Oper Chari Pood A	BOK. OK 21/07/2020 of
about offshirs,	I go to growk	to dru my vehicle after
work and saw	a deto on de ver	tale front wordscreen to
ask me call to	the owner of sa	164911A. Before Contact
her, I quickly	check thru my ve	hall at the scene and
realized that	r danaged on my	vehicle right rear side
After that, I.	text to the owner	of suc 4911A and the
sad accidental	'ly lit onto my	leticle while do reverge
she told me to	the accident time is	s at 063 ohm.
ECLARATION	050000000000000000000000000000000000000	
We declare the foregoing particulars  Will	are true in every respect.	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Particulars of Insured / Driver & Details of this Accident	(PIs circle where applicable)
Location Of Accident: Syagoro Prison Jerrice	(Ha) Date & Time Of Accident: 21/07/2020 18:50
Purpose when vehicle was used at the time of accident :	3000
(e.g Going home)	122014100
Details of Own Vehicle  Vehicle Registration number:	Paul to a ct
Tomore region and maniper.	170 U Make / Model: Coyota Sterta 1.5
Vehicle Category: BNAte Car	
Claim Own Insurance: YES NO	If No. Reporting only / Third Party Claim
Name of Preferred Workshop: Opas web	the Hed contact: 64811522
Insured / Policy Holder	
Name of Registered Owner: Lim Cah Lan	NRIC No.: (143456)
Address: Elt In Tangines Short M.	#11-117 S(50)71) NRIC NO.: S143436J
Mobile No: \$338 5077	Other Contact: Home / Office no: Email: 666 LK & Swart. Com
Driver	Email: 666 LKC Egnat. Com
Name of Driver: AF 1800	NRIC/Fin No.: As Above
Driving Licence Pass Date: >3/05/1983	D.O.B: 06/06/1960
Address:	
Occupation, INDOOR OUTDOOR	Mobile No:
Gender: MALE FEMALE	Other Contact: Home / Office no:
	Email :
Insurance Company Fleet Policy: YES / NO Policy number:	6 280107-01 Type Of Coverage: drivo Classic
General Information of Accident  Type of Accident: HEAD BEAR / SIDE SWIPE / OTHERS :_	
Weather Conditions CLEAR / RAINING / DRIZZLING /OTHER	RS:
Road Surface: DRY / WET	77
Any video captured by car camera? YES (NO) Any police report made: YES (NO)	*Any witness?: YES (NO
Any police report made. 123 (NO	*Injured party: YES NO (if yes, pls provide name & Tel)
No. of Passenger (including Driver;)	
Details of Passenger 1	Details of Passenger 2
Name:	Name:
Gender:	Gender:
Details of Passenger 3	Details of Passenger 4
Name:	Name:
Gender:	Gender:
Petails of Other Vehicle Property 1 Vehicle Registration No: SMC 4911A	Details of Other Vehicle Property 2
	Vehicle Registration No:
/ehicle Make/Model/Color:	Vehicle Make/Model/Color:
Name Of Driver: MS- Yarti	Name Of Driver:
No.of Passenger(including Driver)	No.of Passenger(including Driver)
NRIC:	
Contact Number: 938 4487	NRIC:
A DEPARTMENT AND THE REPORT OF THE PERTMENT OF	NRIC: Contact Number:
Nature of Damage:	



# 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: 5106280107-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLU5870U

Chassis Number

: NSP1707077402

2. Name of Policyholder

: LIM KAH LAN : 11 Dec 2019

3. Effective Date of Insurance

: 10 Dec 2020

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

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 COF : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER NAMED DRIVER (1)

: LIM KAH LAN : KOH HOO HAI NAMED DRIVER (2) : KOH JIA CHYI HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE LIMITED

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)

: THONG LEE TRADING PTE LTD (00000613251)

Date of Issue

: 05 Dec 2019 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

at

<b>eBao</b> Tech		GeneralCl							alClaim		
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY.	Control of the Contro	NA WILLIAM	• Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									15
Notice of Loss	Policy I	No.				Date o	of Accident	- 5	21/07/2020	18:50	
	Vehicle	No.(For Motor)	SLUSB	70U		Certifi	cate Number	I			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106280107- 01		LIM KAH LAN	\$14134363	GPC	drivo CLASSIC	SLU5870L	SLU5870U	11/12/2019	10/12/2020
					C	Continue					

Sequenc	e Date of Endorsement	Er	ndorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endorse	ments						
Insured	Object: SLU5870U						
Init No.		Related Numbe		5106280107-01			
ddress 4		Address	200000	Singapore address		Post Code	520271
Address 1	BLK 271 #11-119	Address	s 2	TAMPINES STREET	21	Address 3	SINGAPORE 520271
→ Policyh	older Mailing Address						
nfo							
Open Policy Info Certificate							
nsurance lag	No						
Co-		rigent ren	02309033		GST Flag	Y	
Agent	THONG LEE TRADING PTE LTD	TP Excess Agent Tel.	62569655		OPT PERSON		
Dutside Singapore DD Excess	600		0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	05/12/2019	Effective Date	11/12/201	9 00:00	Expiry Date	10/12/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 271 #11-119 TAMPINES ST	REET 21 SING	APORE 520	0271			
Certificate No.					MATC		
Policy No.	5106280107-01	Policyholder Name	LIM KAH I	LAN	Policyholder NRIC	S1413436)	

Continue Cancel

Claim Handling						
Policy No.	47240071070					
	5106260107-01	Vehicle No.	SLU5870U		GST Registration No.	
rtificate No. Hoyholder Name	17.42.24.00 (100 II)					
	LIM KAH LAN				Policyholder NRIC	514134363
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
intact No.(Mobile)	83385077	Contact No.(Office)	0		Contact No.(Home)	0
mail Address		Special Remark			eCode	-
rk.	No ○ Yes	TCA	® No ○ Yes		eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50		Private Hire	No
Accident Details					(KANDANA)	177
port Date	24/07/2020 15:44	Accident Report Within 24 hrs	Yes		Accident Type	and the second control of the
the of Accident	21/07/2020	Time of Accident hh:mm	18.50			Demaged whilst parked
porting Centre		Orange Force	0.000		Country of Accident	Singapore
rident Location	SINGAPORE PRISON SERVICE HQ OPEN S				3CM No.	
Total Excess Applicable		PALE CHONKE				
cens Type	Per Accident	Windscreen Excess				
	Cer Changers	windstreen Excess		100.00		
Standard Expess	600.00	TP Standard Excess		0.00		
D OD Excess	0.00	VIED TP Excess				
ditional Excess	0.00	THE IF EXCESS		0.00	Driver is Covered?	Covered
tal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
Benefits	02.10					
GST Registered Inform						
T Registered T Registration No.	No		GST Registratio			
Registration No. Dification History			GST Status Ver	ified	Yes	
A STATE OF THE PARTY OF THE PAR						
Policyholder Hailing As	fidress					
frees 1	5UX 271-#11-119	Address >	******			
dress 4		Address 2	TAMPINES STREET 21		Address 3	SINGAPORE 520271
		Address Type	Singapore address		Post Code	520271
t No.		Related Policy Number	5106280107-01			
OI Driver Info						
ver Name	LIM KAH LAN	Driver Type	Main Driver			
named driver Name		Driver NRIC	\$14134363		Driver DOB	06/06/1960
ister Date of Drivar License	23/05/1983	Driver Age	60		Driving Experience	37
stact No.(Mobile)	83385077	Contact No.(Office)	0		Contact No.(Home)	0
Ireas 1	BLK 271	Address 2	TAMPINES STREET 21		Address 3	SINGAPORE 520271
Ireas 4		Address Type	Singapore address		Post Code	
t No.	11-119		angapara sauras		Post Code	520271
es he own a Singepore	○ Yes ® No	Driver Vehicle No.				
gistered car7	C res & no	Driver venice No.			Driver Insurer Company	
Sáration						
athalyser or Blood Test	20170					
ding?	0 mg	Any injury?	○ Yes  No			
Offication History						
The Designation of the Control of th						
laim 001 New						
m Type +	00-MX	Insured Name	LIM KAH LAN		Insured NRIC	Professor
tect No.(Mobile)	83385077					\$14134363
ni Address	and the same of th		62600494		Contact No. (Office)	
	Total Colored		SLU5870U		TP Vehicle Number	SMC4911A
mant Type Claimant Type >	Please Select		Please Select	~		
nant Name *	25	Cleimant NR3C *				
nant Address						
n Description	SLUS870U / SMC4911A ON 21 Jul 2020				Name of Preferred Workshop	
rred Workshop Contact		Insured Liability *	Not at Fault	V		
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