NATIONAL Assessment Centre	Services well Jan	051 MILAN 0063191		
Date In: MAM- 15:43	Job description	Date & Time Comple	led Doi	ie pi
Rel No: Nall MC22 2037 13/14	SAS e-filing			
Veli No: 51K7YT3D	E-mail (within Shrs, AIC :	2hrs)		- 1
D.O.A: 2/7/20-19:00	i-Motor Claim Form	m7 1 0 55 -021	29/2/20	15:54
	i-Motor W/O (Within:	The state of the s		
OD / TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Re	port		
TP Insurer:	Ass't Report by Fax / I			
Preferred Wksp / INC Assign Wksp / QW: (W	Tel:	Fax:	
TP Particulars: Veh No: SHO	Tio(I	NC()/Non-INC()	
Owner / Driver: (7134	Tel;)	
Policy No: () Peri	od: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N	N: 0-20%; P: 21-79%. P:	30-100%]	
Year of Registration: () W	arranty: YES ()/NO)()	Maria Ariumbu da Sari	ionas sonis G
Excess: (\$) Loading: \$1,00	0 ()/\$2,000 ()			
General Remarks:-				
() Walk-In Customer : Customer's inform	mation strictly Confidentia	& Strictly NO refer of repair	rer.	
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In () / Towed-In (); Invoice:	YES () / NO (); Towing Co: ()
2) QC Check / Post Repair Inspection	ourtesy Car ()	Date&Time Complet	id Dor	ie by
1) Apply for Transport Allowance ()/Co	()	Date&Time Complet	d Dor	neby
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		id Dor	neby
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()	Date&Time Comple	d Dor	ne'by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		d Dor	neby
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		d Dor	neby
1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()		d Dor	ne'by
1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()		Ant (S)	Amt(S
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Lamore Particulars:	() 000] () Invoic 1) AR: A 2) DA: L 3) TF: T	e Preparation Checklist. (coident Reporting (\$30); Damage Assessment (\$100); IN	Ant (5) [5: Bill [C (\$80) \$40/\$45	Amt(S
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Lamant's Particulars:	() () () () () () () () () ()	e Preparation Checklist, (coident Reporting (\$30); Damage Assessment (\$100); IN Dowing Fee Collow-Through Survey	Ant (S) [St Bill (C (S80))	Amt(S
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Name Actions Claimant's Particulars:-	() () () () () () () () () ()	e Preparation Checklist. Accident Reporting (\$30); Damage Assessment (\$100); IN Deving Fee Bollow-Through Survey Bollow-Through Survey (Resurvey) Bollow-Through Survey (Resurvey) Bollow-Through Survey (Resurvey)	Ant (S) (S Bill (C (S80) S 40/545 \$120 \$30 12005)	Amt(S
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Laimant's Particulars:- priver/Owner: ontact No:	() () () () () () () () () ()	e Preparation Checklist. Accident Reporting (\$30); Damage Assessment (\$100); IN the control of the control o	C (\$80) \$40/\$45 \$120 \$30	Amt(S
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Chimant's Particulars: Oriver/Owner: Contact No: Camaged Portion:	() () () () () () () () () ()	e Preparation Checklist. Accident Reporting (\$30); Damage Assessment (\$100); IN the control of the control o	Ant (S) (S80) (C (S80) (S40/545 (S120 (S30) (2005) (S75 (S160) (S5)	Amt(S
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Laimant's Particulars:- priver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	() () () () () () () () () ()	e Preparation Checklist decident Reporting (\$30); Damage Assessment (\$100); IN Decident Through Survey Decident Through Survey (Resurvey) Iming against INC Only (wef 10 Jan de-inspection Date DA + SMRT Survey Additional Services: Decident Reporting (Sample Survey) Courtesy Car / Tpt Allowance Repair Co-ordination Date of Report Inspection Date of Report Inspection Date of Collect Excess Coordination	C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	Amt(S
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	() () () () () () () () () ()	e Preparation Checklist. decident Reporting (\$30); Darriage Assessment (\$100); IN Dowing Fee collow-Through Survey collow-Through Survey iming against INC Only (wef 10 Jan de-inspection lac DA + SMRT Survey Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Cost Repair Inspection	Xant (S) Tst Bill C (S80) S40/S45 S120 S30 12005) \$75 \$160 \$55 \$100 \$23	Amt (3

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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	27/07/2020 15:43
Date Of Accident	24/07/2020 19:00
Exact Location Of Accident	BLK 651A JLN TENAGA MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK7453D
Insured/Policyholder	
Name Of Registered Owner	LEE WEI BIN
NRIC No	SXXXX172D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97732022
Alternative Phone No	OFFICE-97732022
Vehicle Particulars	
Manufacturer	тоуота
Model	ALLION 1.5 A
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	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105614921-01
Cover Note Number	
Driver	
Name of Driver	LEE WELRIN

 Name of Driver
 LEE WEI BIN

 NRIC No
 SXXXX172D

 Date Of Birth
 10/10/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 13/10/2011

Driving Experience 8 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97732022

Fax Number

Contact Number OFFICE-97732022

EMail Address NOEMAIL

Address BLK 654 JALAN TENAGA

#08-66

Postcode 410654

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 -

-

2

NO

NO

0

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

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? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200724/2110.

Attachment(s)

Are accident photos available for attachment?

YES

NO

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

SHC8510G

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

SKETCH PLAN

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 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 Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

B=54(8510G

A By Rayoned

BIK 6TIA Jln Tenaga Mulfistery carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to police report - 1/2200724/2/10.	

DECLARATION

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

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: (24/ 7/20)(DI	D/MM/YYYY), TIA)(HH:MM)
LOCA	TION: BILC 60/A JIO	Tengag N	m H: HORY	carpark
		. 0		
1.	a) VEHICLE NUMBER:	CSTVE V		
	a) VEHICLE NUMBER: 39	1711		
	b)INSURANCE COMPANY:	1100		
	C)POLICY NUMBER:			
	d)POLICY TYPE: (COMPREHENSIVE	/ THIRD PARTY /	THIRD PARTY	IRE & I HEFT)
	e)MAKE & MODEL:			
	f)TYPE:(SALOON / COUPE / MPV /	VAN/LORRY/N	NOTORCYCLE	OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL /	MOTORCYCL	Ε)
	h) PURPOSE OF USING AT ACCIDEN	IT TIME:	17 V476	
	I) ARE YOU CLAIMING UNDER YOU			
	IF NO, PLEASE STATE (THIRD PART)	CLAIM / REPOR	RTING ONLY)	8
2.	INSURED / POLICY HOLDER			
	A)NAME:			FEMALE)
	b)NRIC/FIN/PASSPORT:		CONTACT: 9	775000
	c)ADDRESS:			
E 8 E			12 1	
	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDE	R -	
Tho of passenger	DRIVER			FELLALE
* No of passengar (Including driver)	a)NAME:		,	FEMALE)
(O)			CONTACT:	
(0)	c)ADDRESS:	- vili-		
	*d)DATE OF BIRTH: (/)(DD/MM,	/YYYY)	
	e)OCCUPATION: (INDOOR / OUTE	OOR)		
	f) YEARS OF DRIVING EXPRERIENCE	·		^
4.	WAS DRIVER AN EMPLOYEE OF	THE INSURED'S	COMPANY?	(YES / NO)
	IF NO, RELATIONSHIP OF THE D	RIVER WITH IN	SURED:	NUL.
5.	a) WEATHER CONDITION: (CLEAR /	RAINING / OTH	ERS	
	b)ROAD SURFACE: (DRY / WET / 9		3	
6.	WAS ANYBODY INJURED (YES / NO	()		
7.	a) REPORTED TO POLICE (YES / NO			
	IF YES, PLEASE STATE WHICH POL	CE STATION:		
8.	THIRD PARTY VEHICLE	1.	200	
this of passenger	a) VEHICLE NUMBER: SH C801	N	MODEL:	
(Induding driver)	b) DRIVER'S NAME:		CONTACT:	
r \	c) NRIC/FIN/PASSPORT:		JONIACI:	
/.	THIRD PARTY VEHICLE		(ODEL)	
* No of passenaer	d) VEHICLE NUMBER:	N	NODEL:	
(Industrial dates)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	32	DOLUTA OT	
CHARGER ALLES	T) NRIC/FIN/PASSPORT:		JUNIAUI:	

email = WB. LT@ LIVE. COM

fax =

VIDEO =





1660

Report No. 302020072942110

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Digry No.: 24/07/2020 21:11

24/01/202	20 21.11		NO.		The second second
Informar	it's Partice	ılars 👏	ar ar		
Name of LEE WEI	Informant: BIN		Address: APT BLK 654 JALAN TENAG	6A #08-66 SINGAPORI	E 410654
ID Type / NRIC NC	ID No.: / S91391	72D	Contact No.: Home/Office:	Mobile: 97732022	
Nationalit SINGAPO	ty: ORE CITIZ	EN	Email: WE.LT@LIVE.COM		
Sex: Male	Age: 28	Date of Birth: 10/10/1991	Type of Informant: Vehicle Owner		
Race: Chinese	2 2		Language: English	Institution / School N	lame:
Occupati ENGINEI			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Accident	Transmill to			Marines a	
Type of Accident:	Non-Injury Hit and Run	ACMINIST OF	Drink Drive: No	Date/Time of Accident: 24/07/2020:20:3	0	Type of Location: Car Park
Location: Along Road 1 JALAN TENA BLK 651A JLN	GA. N TENAGA MSCP, LOT	NUMBE	R 122. DE0	CK 2B	APPE .	16 6
Weather: Clear			Surface:	19 20 (8)	Road	d Speed Limit
Traffic Flow: One Way		12.00 (0.00 (Control:		50000000	ic Volume: raffic
Type of Collis Moving Vehic	ion: le Against - Parked Veh	icle	UI UI	- 9 A		one conveyed ty ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model .	Color	Condition	No of the same of
SJK7453D	Car					0

Details of Person Involved	Commerce Commerce	A				New Jackson Comment
Any Pedestrian Involved: No	BACK.	Market St.			No.	
No. of Pedestrians Injured: NIL	37.3	Us	e of Pedestria	an Crossing:	NA.	





Rolice Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Fel No. 1800-4439999

2 of 3 Report No. T/20200724/2110

CONTINUATION OF REPORT

			CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	Day Children	AND DESCRIPTION	
Name	LEE WEI BIN			ID No		S9139172D
Related Vehicle	SJK7453D (Car)		Mr. S.	Conta	ct No.	97732022
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
ate Treatment	NIL		Date Discl	narge	NIL	
No. of Days gran	ted Medical Leave	NIL.	Degree of		NIL	+ 0

rief Details.

get a rist

On the above-mentioned date, time and place, I returned to my parked vehicle and discovered white side-swipe marks on the front right portion of my bumper. As I have in-car camera, I checked the footage and saw that at 1829h is (the timing reflected on my in-car camera), there was a Blue taxi that reversed and accidentally collided into my vehicle, before driving away without leaving behind any contact details. I parked my vehicle at the said carpark on 24/7/2020, at about 1825hrs.

There are CCTVs at the carpark entrance that could have captured the carplate number of the said taxi. I have the taxi is a Hyundai i40, with 'Norwegian Salmon' advertisement sticker on its sides.







Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

Report No. T/2020072472110

30.3

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan



Hello, NAC_PAYA_UBI_80	0601			S. S. O. G. S.			· Change	Language	+ Chan	ge Password	+ Log Ou
My Desktop		cy Query					3000000		8.2280		
Notice of Loss	Policy N	io.				Date o	f Accident	2	4/07/2020 1	9:00	
	Vehicle	No.(For Motor)	5JK745	3D		Certific	ate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105614921- 01		LEE WEI BIN	S9139172D	GPC	drivo CLASSIC	SJK7453D	S3K7453D	21/11/2019	20/11/2020

Policy No.	5105614921-01	Policyholder Name	LEE WEI	BIN	Policyholder NRIC	S9139172D	
Certificate No.		otense.			110000		
Address	BLK 654 #08-66 JALAN TENA	GA EUNOS DAMA	AI VILLE SI	NGAPORE 410654			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	11/11/2019	Effective Date	21/11/20	19 00:00	Expiry Date	20/11/2020	23:59
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			Youn	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	ı	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 654 #08-66	Addre	ss 2	JALAN TENAGA		Address 3	EUNOS DAMAI VILLE
Address 4	SINGAPORE 410654	Addre	ss Type	Singapore address		Post Code	410654
Unit No.		Relate	d Policy er	5105614921-01			
Insured	d Object: SJK7453D						
	ements						
	The second section of the sect			nt Type	Endorsement	teri evercus	Washington and American

ccident MT/1098031					
HCy No.	5105514921-01	Vehicle No.	53K7453D	GST Registration No.	
rtificate No.					
scyttolder Name	LEE WEI BIN			Postyholder NRTC	891391720
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	D
mact No.(Mobile)	97732022	Contact No.(Office)	0	Contact No.(Home)	0
	orracyae.	Special Remark		eCode	To N
nail Address	120120		0.0		(Target)
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
sport Date	27/07/2020 15-58	Academt Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
		Time of Accident hh:mm	19:00		-
rie of Accident	24/07/2020		29.00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	BLK 651A JLN TENAGA MULTISTORY CARP	ARK			
→ Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED 00 Excess	0.00	VIED TP Excess	0.00	briver is Covered?	Covered
dditional Excess	: 0				
		Total TO Control Control	=2,420		
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
7 Benefits					
GST Registered Inform	ation				
ST Registered	No.		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Hailing Ad	diress				
ddress 1	BLX 654 #C8-66	Address 2	JALAN TENAGA	Address 3	EUNOS DAMAI VILLE
ddress 4	SINGAPORE 410654	Address Type	Singapore address	Post Code	410654
nit No.		Related Policy Number	5105614921-01		
OI Driver Info					
river Name	LEE WEI BIN	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	59139173D	Driver DOB	10/10/1991
egister Date of Driver License	13/30/2011	Driver Age	28	Driving Experience	8
ortact No.(Mobile)	97732022	Contact No.(Office)	0	Contact No. (Home)	0
ddress 1	SUK 654	Address 2	JALAN TENAGA	Address 3	EUNOS DAMAI VILLE
ddress 4	SINGAPORE 410654	Address Type	Singapore address	Post Code	410654
agress.m		Francisco o gara	an igapor c dearcas	Post Code	410004
	Q8-66	School also share	angebor desired	Post Code	410094
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