	tre Services			- n	1
Date In: 3/8/20-14:W	Jeb descriptio	N	Date & Time Completed	Done	p.
Ref No: NA HC1220796~ 124	SAS e-filing				
Vell No. JUNESTIE	E-mail (within	n 8hrs, AIC 2hrs)			
D.O.A: 3/1/20- 09:35	i-Motor Cla	im Form	m11098674-201	3/8/20 14	:33
OD :(TP) ! Reporting Only	i-Motor W/	O (Within: OD 2hr	rs, TP 4hrs)		
OB . 11) Fiteporting Only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report	32400		
Ti mater.	Ass't Report	by Fax / Hand	to Owner/Wksp	<u> </u>	_
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh Nounk	THE	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000	0()		9000 000000 extens (MAXIMA VIII)	
General Remarks:-		19160113320383	TELESCE SANSE		× 4
a manage of the annual contraction of the bedding of the following contraction of the sales and					-
() Walk-In Customer: Customer's in			nctly NO reter of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.				
Drive-In ()/ Towed-In (); Invoi	ce: YES () / 1	NO();T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)	Sarah sarah sarah		Date&Time Completed	Done	by
	Courtesy Car (\ \		MAN 1 A	, ,
2) QC Check / Post Repair Inspection	Courtesy Car (,	***************************************	2 - 10 - 10	
)			
1) [[m]000 Regimment Photo Pennie cer-					
o plosa Resulvey Fnow (Repair Cost >	(())			
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Injury: Date/Time Actions Actions Language Actions	1	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$	fa Bill	
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Date/Time Actions Analyty Lumant's Particulars :- river/Owner: ontact No: amaged Portion:	3	1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Additional control of the control of	Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 Arough Survey Arough Survey (Resurvey) Eginst INC Only (wef 10 Jan 200) Ction + SMRT Survey	\$8.Bill \$80) \$00/\$45 \$120 \$30 \$5) \$75	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

aforesaid.	
RESERVING A MINISTER CO.	ACCIDENT STATEMENT
Date Of Report	03/08/2020 14:24
Date Of Accident	03/08/2020 09:35
Exact Location Of Accident	JUNC UPP CROSS ST & CLEMENCEAU AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU8672E
Insured/Policyholder	
Name Of Registered Owner	SK GOH
Co Reg No	5XXXX147A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93887686
Alternative Phone No	OFFICE-93887686
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
Exact Purpose for which vehicle was being us time of accident	sed at WORKING
Are you claiming under your own insurance p for repair to your vehicle?	policy 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
Fleet Policy	NO
Policy Number	5096532781-02
Cover Note Number	
Driver	
Name of Driver	GOH SWEE KEONG STEPHEN (WU XUQIANG)
NRIC No	SXXXX598F
Date Of Birth	23/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2007
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93887686
Fax Number	
Contact Number	OFFICE-93887686
EMail Address	NOEMAIL

BLK 487B CHOA CHU KANG AVENUE 5 Address #10-97 682487 Postcode 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 COLLISION - HEAD TO REAR 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) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SMK7129E Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category RICHARD Name of Driver NRIC/Passport Number 83994299 Contact Number Address

1

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

SK Goh Sole Proprietor Reg. No.: 53311147A

Policyholderia Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:

	Havelock Russel		
nin Swee Rol			Clemenceau Avenul
DESCRIBE CIRCUMSTANCE		A A B	Veh A: SLU 86721 Veh B: SMK71298
On above	date & time, I	- was driving m	y vehicle A (SLU8672E)
traveling along 1	Upper Cross Street	et twds Havel	ode Road on first lane of
a 7-lanes, road	1. Somewhere	at the Junction	n of Clemenceou Avenue,
ny vehide was	Stationery due	to the traffic	light was red. Out of
Sudden, Vehide	B (SMK7129E	=) came from r	near and collided onto the
rear partion of	my volvicle.		

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 .:

3 18 (2020)
0935 HRS
Along Upper Cross Street / Clemenceau Avenue
dent Work
sk Goh
H/P: 9388 7686 Home: Office:
533114-74
BUK 487B Choa Chu Kang Au 5 #10-97 5(682487
OD THIRD PARTY REPORTING ONLY
NTUC
Comprehensive Third Party Third Party / Fire /Theft
50965327&1-02
As Above If No, Goh Swee Leong Stephen
S 7630598F Any Passengers : -
23/9/1976
Outdoor / Indoor
2/4/2007
Male / Female
H/P: 9388 7686 Home: Office:
BLK 487B Choq Chu Kang Avenue 5 #10-975(68248=
No, If yes, Reg No.
Employee, If no, state Owner
Clear Raining Other
Dry Wet Other
No, If Yes, Who?
No, If Yes, Where?
SMK 7129E Any Passengers : -
Richard Contact No.: 8399 4299
Any Passengers :
Witness Contact :
Rear partion
Yes / No
Shady-step-76@yahoo.com.sq.



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: 5096532781-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLU8672E

Chassis Number

: NHP1707102053

2. Name of Policyholder

: SK GOH

3. Effective Date of Insurance

: 15 Dec 2019

4. Expiry Date of Insurance

: 14 Dec 2020

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 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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	; NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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)

Agency

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 25 Nov 2019 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								Genera	alClaim	
Hello, NAC_PAYA_UBI_800601				A THE REAL PROPERTY AND ADDRESS OF THE PARTY A		· Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Query									*
Notice of Loss	Policy No.				Date o	f Accident	[c	3/08/2020 0	9:35	
	Vehicle No.(For Motor)	SLUB67	2E		Certific	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5096532781- 02		SK GOH	53311147A	GPC	drivo CLASSIC	SLU8672E	SLU8672E	15/12/2019	14/12/2020
				(Continue					

Sequen	ice	Date of Endorsemen	t E	ndorsement	Туре	Endorsement	Status	Endorsement Content
	ements							
Insure	d Object: S	LU8672E						
Unit No.	10-9	97	Relate Numbe	d Policy er	5096532781-02			
Address 4					Singapore address		Post Code	682487
Address 1	BLK	487B #10-97	Addres	1992	CHOA CHU KANG A	VENUE 5	Address 3	SINGAPORE 682487
Policyh	older Maili	ng Address	N. Congression		O Maria Maria de Cara	CLOSCO MANAGEMENT	water so	none na count for all a page par
Info		5960						
Policy Info Certificate								
Flag Open								
Co- Insurance	No							
Agent	DICKSON I	NSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Dutside Singapore OD Excess	2000		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0		OS Premium Outside	0				
Third Party Excess	1500		damage Excess	2000		Excess	100	
Type			Excess Own			Windscreen		
ssue Date Excess	Per Acciden		Date All Claims			1007767753667		
Policy	25/11/2019	•	Effective	15/12/2019	00:00	Expiry Date	14/12/2020 23	3:59
Product Name	PRIVATE CA	AR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 487B #	10-97 CHOA CHU K	NG AVENUE 5	SINGAPORE	682487			
Certificate No.			romidiff (C)			50005-54		
Policy No.	509653278	1-02	Policyholder Name	SK GOH		Policyholder NRIC	53311147A	

Claim Handling						
Accident MT/1098674		10.00.01 No.				
Policy No.	5096532761-02	Venicki No.	SL06672E	GST Registration No.		
Certificate No.						
Policyhalder Name	SK GOH			Policyholder NRIC	533311474	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No. (Mobile)	93867696	Contact No. (Office)	0	Contact No (Home)	0	
Email Address		Special Remark		eCode	Tro Section 1	
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	Yes	
Report Date	03/08/2020 14:31	Acodent Report Within 24 hrs.	Yes	Acodem Type	Collegon - Head to Rear	
Date of Accident	03/08/2020	Time of Accident hhomm	09:35	Country of Accident	Singapore	
Reporting Centre	777,756,750	Orange Force		ICM No.		
Accident Location	JUNC UPP CROSS ST & CLEMENCEAU AVE	Grange roice		TOP NO.		
▼ Total Excess Applicable						
		Windsdreen Excess	5500620			
ecess Type	Per Accident	Windsdreen Excess	100.00			
30 Standard Excess	2,000.00	TP Standard Excess	1,500.00			
			1,000.00	ALDRESS ACTIONS		
TEO OD Excess	0.00	VIED TP Excess		Driver is Covered?		
idditional Excess	۵					
fotal OD Excess Applicable	2000.00	Total TP Excess Applicable				
♥ Benefits						
GST Registered Inform	ation					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
fodification History	03/08/2020 14:32:46 System	π changed GST Status Venified fro	m No to Yes			
Policyholder Mailing Ad						
Address 1	BLK 4875 #10-97	Address 2	CHOA CHU KANG AVENUE 5	Address 3	53NGAPORE 682487	
ddress 4		Address Type	Singapore address	Post Code	682487	
init No.	10-97	Related Policy Number	5096532781-02			
O Driver Info						
Triver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Innamed driver Name	GOH SWEE KEONG STEPHEN (V	Driver NRIC	57630598F	Driver DOB	23/09/1976	
Register Date of Driver License		Driver Age	43	Driving Experience	13	
Contact No. (Mobile)	93887685	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 487B	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GARDENS	
Address 4	SINGAPORE 682487	Address Type	Singapore address	Post Code	682487	
Jrst No.	10-97					
Does he own a Singapore Registered car?	○ Yes (No	Driver Vehicle No.		Driver Insurer Company		
eclaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No			
4od fication History						
10622012 1012 : (
Claim 001 New						
laim Type +	00-MX	Insured Name	SK GOH	Insured NRIC	53311147A	
contact No. (Mobile)	93887686	Contact No.(Home)		Cornect No. (Office)		
mail Address		01 Vehicle Number SLU9672E		TP Vehicle Number	SMK7129E	
laimant Type Claimant Type *	Please Select	Type of Benefit *	Type of Benefit * Please Select			
Daimant Name *	22	Claimant NRIC *				
Saimare Address						
Claim Description	SLUB672E / SMK7129E ON 3 Aug 2020			Name of Preferred Workshop		
referred Workshop Contact		Insured Liability *	Not at Fault			
la.	Control of the Contro				Teating -	
lequire Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received V	
Pate Registered	03/08/2020 14:33	Claim Close Date		Date Received	03/08/2020 00:00	
teport Taken By	Jackson					
Print AK letter						
			Save Submit			
Attachment						
227						
Accident No.	MT/1098674	Claim No.	001			
ast Doc. Received	● Yes ○ No	Upload Date	03/06/2020 14:35			
	Path *		Category *	Confidential Urgen	cy * Description *	
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		Browse		V Normal		
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		Browse.	Cear Please Select	▼ Normal	<u>v</u>	
		Browse	Opar Please Select	V Normal	V	
		Browse	Gear Pease Select	Normal V	- V	

