NATIONAL Assessment Cen	THE BETTIEGS	100	14120067603	-	
Date In: 11/8/20 - 14:40	Jeb description	1	Date &Time Completed	Done	Ьy
Ref No: MA NC 1208257 fry	SAS e-filing				
Veh No: SL LATE IM	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 88 W-12:00	i-Motor Clai	im Form	M7 11099 431-00 1	11/8/20 15	:06
	i-Motor W/0	O (Within: OD 2hr	s, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uplo	paded		C TOTAL CONTRACTOR	in the second
TDI	Assessment/S	urvey Report			
TP Insurer:	Ass't Report l	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Jo	MYDDEN .	. INC ()/Non-INC()	94	
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)()			
General Remarks:-					1.0
() Walk-In Customer : Customer's in	nformation strictly Co	Title March St.	Address to the state of the sta	and the same of th	
	urer URGENTLY.				
	nice: YES () / I	NO () : T	owing Co: ()
				P7201389883	ikini ini
Remarks: (INC hotline: 6788 6616)	to the state of th		Date&Time Completed	Done	by
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Injury:					
				31226 F 1 2 1 F	
Date/Time Actions	La Company			Markhodhar.	
					· ·
	4				Amt (3)
4700 VI67.		Invoice Pre	paration Checklist	And (S)	Ant (3)
HA2004167.	1	1) AR : Accident	Reporting (\$30);	Amit (S)	
Halo 4167		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$	Amit (S)	
Haloo 4167 Claumant's Particulars :-	3	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey	Amt (\$) 7st Bill 180) 10/\$45 \$120	
Halmant's Particulars:-	•	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$	Amt (\$) 7st Bill 10/\$45 \$120 \$30 5)	
Halo 4167 laimant's Particulars :- river/Owner:	3	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 tion	Amt (\$) 7st Bill 10/\$45 \$120 \$30 5) \$75	
Halo 4167 laimant's Particulars :- river/Owner:	4	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 200 ction + SMRT Survey	Amt (\$) 7st Bill 10/\$45 \$120 \$30 5)	
Halo 4167 laimant's Particulars:- river/Owner: ontact No: amaged Portion:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 tion + SMRT Survey anal Services:-	Amt (\$) 7st Bill 180) 10/\$45 \$120 \$30 55) \$75 \$160	
Halo 4167 Claimant's Particulars:- river/Owner: ontact No: amaged Portion:	3	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 tion + SMRT Survey anal Services:- Cer / Tpt Allowence	Amt (\$): [34 Bill] [80] [0/\$45 \$120 \$30 [5) \$75 \$160	
Halo 4167 Ilaimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 blion + SMRT Survey onal Services:- Cor / Tpt Allowence o-ordination air Inspection	Anut (\$) 19t Bill 100\$45 \$120 \$30 \$51 \$160 \$55 \$10 \$25	
laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OJ)* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200 tion + SMRT Survey anal Services:- Cer / Tpt Allowence	Amt (\$): Tet Bill 10/\$45 \$120 \$30 5) \$75 \$160 \$5 \$10 \$25 \$5 \$20	
Halo 4167		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OJ)* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ ee	Amt (\$): Tet Bill 10/\$45 \$120 \$30 5) \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30	

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.
- 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,	
Consider the second section of the second	ACCIDENT STATEMENT
Date Of Report	11/08/2020 14:45
Date Of Accident	08/08/2020 10:00
Exact Location Of Accident	BLK 897A TAMPINES ST 81 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL7581M
Insured/Policyholder	
Name Of Registered Owner	TAN QINKANG NICHOLAS
NRIC No	SXXXX560F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91889796
Alternative Phone No	OFFICE-91889796
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.5 TURBO VTIS SR
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116560265
Cover Note Number	
Driver	
Name of Driver	TAN BOON KEONG
NRIC No	SXXXX367A
Date Of Birth	30/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1985
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97774127
Fax Number	
Contact Number	OFFICE-97774127
EMail Address	NOEMAIL

BLK 10 HAIG ROAD Address #07-351 Postcode 430010 Was driver an employee of the Insured's Company NO PARENT 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 Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED CLEAR Weather Conditions Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0 Details of Police Action Was the accident reported to the police? YES If Yes, Please state which Police Station TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE TEL NO: 65470000 - FAX NO: Police Station Contact Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200811/7008 Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMU1075M Vehicle Make/Model/Colour **Details Of Properties**

PRIVATE CAR Vehicle Category

NRIC/Passport Number

Contact Number

Name of Driver

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.
- 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)
 - (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
- (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:
 - (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 .:

SKETCH PLAN			
	TAB	Ven A: Ven B	SLL 7181M MUZFOI WAS
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
	Refer to police of	eport	
	Report No	- 1/800001 7	008
DECLARATION //We declare the foregoing par	ticulars are true in every respect.		
2	figul		Man
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyho		Centre Personnel's Signature

Date & Time:

NRIC/FIN No.:

Vehicle No.	SLL7581M Model/Make Honds CINR
Date of Accident	8 8 5 2020
Time of Accident	1000 HRS
Location of Accident	Along 897A Tampines Street &1 OSCP
Exact purpose use during accid	
Name of Owner	tan ainkana Nicholas
Telephone No.	H/P: 91889796 Home: Office:
NRIC	S8801560F
Address	BLK 897A Tampines Street &1 #03-708 S(521897)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	UTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5114560265
N (D.)	A AL TO BOW FOOD
Name of Driver	As Above If No, Tan Boon Ceong
NRIC	\$1543367A Any Passengers:
Date of birth	
Occupation	Outdoor / Indoor
Driving License Pass Date	20/11/1985
Gender	Male / Female
Contact No.	H/P: 9777 4127 Home: Office:
Address	BCK 10 Haig Road #07-351 3(430010)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Father (Son
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where? Traffic Police
Vehicle B No.	SMU 1075M Any Passengers:
Name of Driver	Unchown Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Derek Witness Contact: 9/827279
Accident Portion	front right portron
Camera Recorder	Yes / No
Email Address	tan boon bearg outlook agmail com
Email Address	Transconding out twe eighter tons
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510



T/20200811/7008

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200811/7008

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 11/08/2020 11:41		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: ON KEON		Address: 10 HAIG ROAD #07-3	51 SINGAPORE 430010	
	/ ID No.: D / S15433	67A	Contact No.: Home/Office:	Mobile: 97774127	
National SINGAP	ity: ORE CITIZ	EN	Email: tanboonkeongoutlook(@gmail.com	
Sex: Male	Age: 58	Date of Birth: 30/03/1962	Type of Informant:		
Race: Chinese		Language: English	Institution / School Name:		
Occupat Chauffe			Driving Licence Inform Class: 2B,3	nation: Date of Expiry:	
			4		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/08/2020 10:00	Type of Location: Car Park
Location: TAMPINES S	TREET 81			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLL7581M	Car	HONDA	CIVIC	Black	Slightly Damaged	0
SMU1075M	Car					0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20200811/7008

2 of 3

Report No. T/20200811/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLL7581M	NTUC Income Insurance Co-Operative Limited	5116560265	06/03/2020	07/03/2021	

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian Cr	ossing: NA
Driver		and the second			
Name	TAN BOON KEON	3		ID No.	S1543367A
Related Vehicle	SLL7581M (Car)			Contact N	No. 97774127
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NI	L '
No. of Days gran	ted Medical Leave	NIL	Degree of	N	L

Brief Details.

I WAS PARKED MY VEHICLE AT BLK 897A TAMPINES STREET 81 OPEN SPACE CAR PARK SINCE 07/08/2020 TIME AROUND 2100HR AND I ENSURED MY VEHICLE WAS IN GOOD CONDITION WHEN I LEAVE MY VEHICLE. NEXT DAY MORNING 08/08/2020 AROUND 1030HE, I CAME TO MY VEHICLE AND REALISED THE FRONT RIGHT PORTION OF MY VEHICLE WAS DAMAGED. I NOTICED ONE NOTE LEAVE AT MY VEHICLE THAT SOMEONE SAW THE ACCIDENT HAPPEN AND ASKED ME TO CALL THE WITNESS. WITNESS NAME DEREK (91827279). I WAS BEEN TOLD BY THE WITNESS THAT THE ACCIDENT WAS HAPPEN AROUND 08/08/2020 TIME AROUND 1000HR. VEHICLE B (SMU 1075 M) WANTED TO PARK IN THE CAR PARK LOT WHICH ON RIGHT SIDE OF MY VEHICLE AND SHE REVERSED HER VEHICLE WITHOUT CHECKING. AS A RESULT, THE REAR LEFT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, ANOTHER MAN WHICH WITH THE VEHICLE CAME DOWN AND TAKEOVER DROVE THE VEHICLE AWAY FROM SCENE.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20200811/7008

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2020 11:41
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:



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: 5116560265

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLL7581M

Chassis Number

: MRHFC1660GT000505

2. Name of Policyholder

: TAN QINKANG NICHOLAS

3. Effective Date of Insurance

: 06 Mar 2020

4. Expiry Date of Insurance

: 07 Mar 2021

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

EXCESS (SECTION 1)

(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 2)	: S\$1,500
WINDSCREEN EXCESS	; S\$100
ADDITIONAL EXCESS	: S\$1,500
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	: TAN QINKANG NICHOLAS
NAMED DRIVER (1)	: TAN BOON KEONG

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)

: N/A

: N/A

Agency

: I INSURANCE AGENCY (00000572538)

Date of Issue

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: 04 Mar 2020 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech									声噪	Genera	iClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Policy Query										
Natice of Loss	Policy No.					Date of Accident		0	08/08/2020 10:00		
	Vehicle No.(For Motor)		SLL75	SLL7581M		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116560265		TAN QINKANG NICHOLAS	S8801560F	GPC	drivo CLASSIC	SLL7581M	SLL7581M	06/03/2020	07/03/2021
					C	Continue					

Poli				SALK SWEET		
Policy No.	5116560265	Policyholder Name	TAN QINKANG NICHOLAS	Policyholder NRIC	S8801560F	
Certificate No.						
Address	BLK 897A #03-708 TAMPINES	STREET 81 TAM	PINES POLYVIEW SINGAPO	RE 521897		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N.	
Policy ssue Date	04/03/2020	Effective Date	06/03/2020 00:00	Expiry Date	07/03/2021 2	3:59
Excess Type	Per Accident	All Claims Excess				
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100	
Additional Excess	1500	OS Premium	0			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young	/Inexperience Driver Excess
Agent	I INSURANCE AGENCY	Agent Tel.	66411407	GST Flag	Υ	
Co- Insurance Flag	No					
Open Policy Info						
Certificate Info						
→ Policyh	older Mailing Address					
Address 1	BLK 897A #03-708	Addres	s 2 TAMPINES ST	REET 81	Address 3	TAMPINES POLYVIEW
Address 4	SINGAPORE 521897	Addres	s Type Singapore add	ress	Post Code	521897
Unit No.		Related	Policy 5116560265			
400000000000000000000000000000000000000	d Object: SLL7581M					
) Insure						
▶ Insure ♥ Endors	ements					

Table 1985 1986 19	Claim Handling						
Married North	Accident HT/1099431						
Marchand	Pakey No.	5116560265	Venicle No.	SLL7581M	GST Registration No.		
Ministry	Certificate No.						
Control Note Cont	Policyholder Name	TAN QINKANG NICHOLAS			Policyholder NRIC	\$8801560F	
State Stat		PRIVATE CAR INSURANCE	Cover Type	erwe CLASSIC	Loading	0	
March Marc		91889796		0	Contact No.(Home)	0	
March Marc		V62910000470		V Section 2000		W. W.	
Marche Depair Marche Depai							
March 1000 200 150		No	NCD (Intitlement(%)	0	Private Hire	Yes	
Design of Country Section Sect							
Compare Comp				Yes	Accident Type	Damaged whitst parked	
Part		08/08/2020		10:00		Singapore	
Product Prod					ICM No.		
Marie Mari			PPARK				
1,500.00			725200W62565K	0.92%			
MID OF SAME	Excess rape	Per Accident	windscreen Excess	100.00			
Table Tabl	OO Standard Excess	2,000.00	TP Standard Excess	1,500.00			
Treat of The Accession Treat of The Access	VIED OD Excess	0.00	YIED TP Excess	0.90	Driver is Covered?	Covered	
## CONT Registration Interest Fig. Control Registration Fig. Fig. Control Registration Fig.	Additional Excess	1500					
2017 Registrated Information 2017 Registrated Deformation 2017 Registrated Deformation 2017 Registrated Date 1918	Total OD Excess Applicable	3500.00	Total TP Excess Applicable	1,500.00			
Control Registration No. Control Registration Date Control Registration No. Control Regis	▽ Benefits						
Marchellon Male							
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Registre Clare of Prover License 2011,12,955	Driver Name	TAN BOON KEONG	Driver Type	Named Dover			
Content No.	Unnamed driver Name		Driver NRIC	S1543367A	Driver DOB	30/03/1962	
Modernes	Register Date of Driver License	20/11/1985	Driver Age	58	Driving Expenence	34	
### SMCAPCRE 40010	Consact No.(Mobile)	97774127	Contact No.(DMice)	0	Contact No.(Prome)	α	
Date to our \$ Singapore Order February			Address 2	HAJE ROAD	Address 3	HAIG VIEW	
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## Browse or Blood Test ### Reading? Description of the Profession of the Profes		○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company		
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Modification History Claim 001 Netw Claim 001 Netw Comman No. 1989/296 Comman No. 1989/29							
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### Address NICHOLASTANQ495HALLCOH Di Vehicle Number SLL7581M TP Vehicle Number SMU1075M	Oam Type •	00-MX Insured Name		TAN QINKANG NICHOLAS	Insured NRIC	\$8801560F	
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