Dute Inc. A. Int.	Jeb description		Date & Time Completed	Done	pi
Date In: 10 90-16-55					
Ref No: HAMC230 0834 74	SAS e-filing				
Veh No: MJ 465TC	E-mail (within Shrs,			2.120	-
D.O.A: 11/1/20-11/17	i-Motor Claim F		M7/099682-001	17/17 13	1:10
OD TP)! Reporting Only	i-Motor W/O (Wi)'P' 4hrs)		
	i-Photo Uploade	d			
TP Insurer:	Assessment/Survey	Report			
Ir insuici.	Ass't Report by Fa	x / Hand to	Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:	18A9193M	, INC()/Non-INC()	Second Links	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (ate:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO)		%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$)			
General Remarks;-	100000000000000000000000000000000000000				
() Walk-In Customer: Customer's	information strictly Confide	ential & Stric	tly NO refer of repairer		
() Total Loss Case : to e-mail Ins	surer URGENTLY.	157			
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO () ; To	wing Co: ()
Remarks:- (INC hotline: 6788 6616	90		Date&Time Completed	Done	by
2000 000 0000 000 000 000 000 000 000 0) / Courtesy Car ()	econodopolica pro Co			
-) PF-2					
2) OC Check / Post Repair Inspection	()				
The state of the s	()				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		4		
The state of the s	() >\$3000] ()		1		
3) Upload Resurvey Photo [Repair Cost :	() > \$3000] ()			28.06.8	
3) Upload Resurvey Photo [Repair Cost :	> \$3000] ()				
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3) Upload Resurvey Photo [Repair Cost :	() > \$3000] ()				
Onte/Time Actions				Ani (5)	Amt (5
Onte/Time Actions	In	A 10.00	aration Checklist		Section 2
Injury: Oate/Time Actions	1 In	AR : Accident F	teporting (\$30);	And (5)	Section 2
Oate/Time Actions Nations Actions Actions Actions	In 11/4 221	AR : Accident F DA : Damage A CF : Towing Fe	teporting (\$30); ssessment (\$100); INC (Ant (5) fot Bill 580) 40/\$45	S. Share
Oate/Time Actions Nations Actions Actions Actions	In 11/2 2)17 3)7 4)1	AR : Accident F DA : Damage A FF : Towing Fe T : Follow-Th	teporting (\$30); ssessment (\$100); INC (s cough Survey rough Survey (Resurvey)	Ant (5) Tst Bill \$80) 40/\$45 \$120 \$30	6.7
Nawows Nawows Actions Actions nimant's Particulars:- iver/Owner:	In 11/2 27 1 27 1 27 1 27 1 27 1 27 1 27 1	AR: Accident F OA: Darnage A FF: Towing Fe T: Follow-The FT: Follow-The for claiming as	Reporting (\$30); ssessment (\$100); INC (s	Ant (5) 1st Bill 580) 40/545 5120 530 05)	6.7
Date/Time Actions Mawoull aimant's Particulars:- iver/Owner:	1 In 2) 7 (2) 1 (2	AR : Accident F DA : Damage A FF : Towing Fe T : Follow-Th	Reporting (\$30); ssessment (\$100); INC (s	Ant (5) Tst Bill \$80) 40/\$45 \$120 \$30	6.7
Date/Time Actions Mawoull aimant's Particulars:- iver/Owner:	1 In 1) / 2) 1	AR: Accident F DA: Darnage A FF: Towing Fe T: Follow-The FT: Follow-The for claiming ac FR: Re-inspect N1: Idac DA + NTUC Addition	Reporting (\$30); ssessment (\$100); INC (s	Ant (5) S80) 40/\$45 \$120 \$30 05) \$75	Section 2
Na Would Resurvey Photo [Repair Cost : Injury : ———————————————————————————————————	10 11)/ 22)1 2) 7 4)1 5) 3 1 6) 7 7) 3	AR: Accident F DA: Darrage A FF: Towing Fe FT: Follow-The FT: Foll	Reporting (\$30); ssessment (\$100); INC (s	S80) 40/\$45 \$120 \$30 05) \$75 \$160	Section 2
NAWOUN Injury: Date/Time Actions Nawoun Itumant's Particulars: river/Owner: Intract No: I	1 In 21) 7 (2) 1 (AR: Accident F DA: Darrage A FF: Towing Fe FT: Follow-The FT: Foll	Reporting (\$30); ssessment (\$100); INC (s	S80) 40/\$45 \$120 \$30 05) \$75 \$160	S. Share
NAWOUN Injury: Date/Time Actions Nawoun Injury: Date/Time Actions Injury: Contact No: Injury: Injury: Contact No: Injury: Contact No: Injury: Contact No: Injury: Injur	1	AR: Accident F DA: Darrage A FF: Towing Fe FT: Follow-The FT: FT: Follow-The FT:	Reporting (\$30); ssessment (\$100); INC (second Survey (\$100); INC (second Survey (\$100); INC (\$100);	\$30 \$150 \$150 \$120 \$30 \$25 \$10 \$25 \$35	S. Share
3) Upload Resurvey Photo [Repair Cost : Injury : Date/Time Actions Nawoul Inimant's Particulars :- river/Owner: Ontact No: Inmaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments :-	1 10 1)/ 2) 1 2) 1 4) 1 5) 3 1 6) 7 7) 3 3 (8) 1	AR: Accident F DA: Darnage A FF: Towing Fe T: Follow-The FT: Follo	Reporting (\$30); ssessment (\$100); INC (s	\$80) 40/\$45 \$120 \$30 \$25 \$160 \$35 \$10 \$25	Amt (5)
Date/Time Actions	10 11)/2 2) 1 3) 7 4) 1 5) 1 6) 7 7) 1 3 3) 1 4 1 6) 7 7) 1 6) 7	AR: Accident F DA: Darrage A FF: Towing Fe FT: Follow-The FT: FT: Follow-The FT:	Reporting (\$30); ssessment (\$100); INC (s	\$50 \$10 \$50 \$120 \$30 \$25 \$10 \$25 \$25 \$20 \$30	Add Bil

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.

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.

	ACCIDENT STATEMENT
Date Of Report	12/08/2020 16:55
Date Of Accident	11/08/2020 11:50
Exact Location Of Accident	PIE (TUAS) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ4655C
Insured/Policyholder	
Name Of Registered Owner	SOH SIEW YEN RINA
NRIC No	SXXXX348B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91910800
Alternative Phone No	OFFICE-91910800
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 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	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110190661-01
Cover Note Number	
Driver	
Name of Driver	LOW UNICA
NRIC No	SXXXX023I
Date Of Birth	01/05/1998
Occupation	INDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83331006
Fax Number	
Contact Number	OFFICE-83331006
EMail Address	NOEMAIL

BLK 214 PASIR RIS STREET 21 Address #12-268 510214 Postcode Was driver an employee of the Insured's Company NO CHILDREN If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident CHAIN COLLISION Type Of Accident CLEAR Weather Conditions Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 3 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 NAME: MALE GENDER: **Details of Police Action** NO Was the accident reported to the police? If Yes.Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** GBA9193M Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties COMMERCIAL VEHICLE Vehicle Category Name of Driver NRIC/Passport Number

Contact Number

Insurance Company Name

Address Postcode

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHC3313S

TAXI

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

Page 5

SKEICH PLAI	<u>``</u>	
	0-17 1015	
	PTE (Tucis) Bet. Eur	A. SM34655C
		B GBA 9193M
	- Malaska	
	Null along	C: SHC3313S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was travelling straight on lone 2 along PIE (Twas) before Euros Exit, Suddenly I fe
two collision on the rear of my vehicle. I then alighted my vehicle to check and
realized if was a 3 car chain collision.
I proceeded to exchange particulars with the other two parties and asreed to Sil
Our own Insurance report.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

ACCIDENT DETAILS	
11-06-2020	(DD/MM/YY)
LISOHES	(HH:MM)
PIE (Towards Tuas) Before Busos Exit.	
	11-08-2020 1150HKS

张斯特尼斯 自己的 第 18 18 18 18 18 18 18 18 18 18 18 18 18	D	ETAILS OF	VEHICLE
Vehicle registration number	SMJ 46550		
Vehicle make and model	Toyota Harr	ier	
Type of vehicle	Saloon Lorry	MPV Bus	CRV □ Van □ Motorcycle □ Others: SUV
Vehicle category	Private 🗹	Comm	ercial Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes Third part o	No □ laim 🗹	if no, please select: Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTOC	No.	
Policy number	5110190661-01		
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

		INSURED / POLICY HOLDER	建造局的原	MAN PROPERTY.
Name	Soh S	biew Yen Rina	Male □	Female 🗆
NRIC / Fin / Passport number	57046	348B		
Contact	1/10	91910800		
Address	BIKZIH	#12-268 Pasir Ris Street 21 (5) 510	214	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	TO MEST DE
Name	Low Unica Male -	Female 🗆
NRIC / Fin / Passport number	599140237	
Contact	4333 \066	
Address	BIK 214 Pair RIS Street 21 \$12-268 (5) 510214	
Email address	Vincent Low 66 @ Gmail-com	
Date of birth	01-05-1998	
Occupation	Indoor Outdoor	
Driving date pass	19-12-2017	

*************************************	GENERAL	INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes □	No 🗹
the insured's company?	If no, rel	ationship of the driver and insured: Mother Daughter
Accident captured by camera?	Yes ⊭	No 🗷
Weather condition	Clear	Raining Others:
Road surface	Dry 🗹	Wet 🗆
No of passenger	02	(Inclusive of driver)
元度 列州生动为建筑。1995年,1996年		PASSENGER 1
Name		
Gender	Male	Female
	12.	
		PASSENGER 2
Name		E. W. C.
Gender	Male 🗆	Female
第二年间美国共享安全的第三人称单		PASSENGER 3
Name		
Gender	Male 🗆	Female
2557年155月1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日1日		PASSENGER 4
Name	 	
Gender	Male 🗆	Female
	N N	
		PASSENGER 5
Name	NA-I	Female
Gender	Male 🗆	Female 🗆
		DASSERVOED C
Name		PASSENGER 6
Name Gender	Male 🗆	Female
Gender	Iviale 🗆	remale u
		OTHER INFORMATION
Was anybody injured?	Yes 🗆	No p
Was other vehicle damaged?	Yes	No 🗆
Trus other remove admeded.	1,00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DETAI	LS OF POLICE STATION ACTION
Reported to police?	Yes 🗆	No If yes, please state which police station.
Police station name	1000	in just product annual police station.
	A THE WAY	WITNESS 1
Name		
	N. III.	
经 间表别表现在这种,但是		WITNESS 2
Name		

经验证证据 表示规范 建铬	THIRD PARTY VEHICLE 1
Vehicle registration number	GBA 91931M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Consideration and the Text	THIRD PARTY VEHICLE 2
Vehicle registration number	SHC 33135
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
表现的 医多种皮肤	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
North Control of the	
CARLE VINCENTIAL CONTRACTOR	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A THE TAX STREET, TO SEE A STREET, SAN	(S) = (N 5)	INJURED PERSON 1
Name		INDORED I ERSON I
Injuries sustained		
The state of the s		
Which vehicle person in? Were seat belts worn?	V	NI -
	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
国家政务是非保护区外共长 。25	大大社	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		Av.
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
NITES AND AND ASSESSMENT		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗅
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 4
Manage		
Name		
Injuries sustained		
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn?	1000	1000 1000
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1000	1000 1000
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	1000	1000 1000
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	1000	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	1000	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	1000	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	1000	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No INJURED PERSON 5 No No INJURED PERSON 6



Sequenc	te Date of Endorsement	E	ndorsement	t Type	Endorsement	Status	Endorsement	Content
▽ Endorse	ements							
Insured	Object: SMJ4655C							
nit No.		Related Numbe		5110190661-01				
ddress 4		Address		Singapore address	1	Post Code	510214	
ddress 1	BLK 214 #12-268	Address	s 2	PASIR RIS STREET	21	Address 3	SINGAPORE 510	214
Policyh	older Mailing Address							
ertificate nfo								
pen olicy Info								
lag								
o- nsurance	No							
gent	PRIME MOTOR & LEASING PTE L	Agent Tel.	67419292		GST Flag	Y		
ingapore D Excess	600		0			Young/1	Inexperience Driver	Excess
xcess	0	Premium Outside	0					
xcess		Excess			Excess	100		
hird Party	0	Own damage	600		Windscreen	100		
xcess ype	Per Accident	All Claims Excess						
olicy ssue Date	31/03/2020	Effective Date	11/06/202	0 00:00	Expiry Date	10/06/2021 23	59	
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
ddress	BLK 214 #12-268 PASIR RIS ST	REET 21 SING	APORE 510	214				
ertificate lo.		1/2/01/201			0000			
alicy No.	5110190661-01	Policyholder Name	SOH SIEW	YEN RINA	Policyholder NRIC	S7046348B		

Accident MT/1099682					
DREW MO.	5110190661-01	vehicle No.	SM3465SC	GST Registration No.	
ertificate No. olicyholder Name	SOH SIEW YEN RINA			Policyholder NRIC	\$70463485
	PRIVATE CAR INSURANCE	Court Trees	drive QLASSIC	Loading	0
roduct Code omact No.(Mobile)	91910800	Cover Type Contact No.(Office)	0	Contact No.(Home)	0
nali Addresa	31310000	Special Remark	No.	eCode	
K	® No ○Yes	TCA	® No ⊜ Yes	eCode Reason	
CD Protection	No .	NCD Entitlement(%)	30	Private Hire	No
V Accident Details	no no	Nos problement(w)	~	Private rate	70
	Telephone in an	A COLUMN A	Ves	Acodent Type	Chain Collision
iport Date	12/08/2020 17:09	Accident Report Within 24 hrs			
Ke of Accident	11/08/2020	Time of Accident Hh:mm Grange Force	11:50	Country of Accident ICM No.	Singapore
porting Centre cident Location	PIE (TUAS) BEPORE EUNOS LINK EXIT	Grange Force		ILM No.	
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
1900	TST PRODUCTION	Hooderen Lises	200,00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	2,500.00	VIED TP Excess		Driver is Covered?	
ditional Excess	0.00				
tal OO Excess Applicable	3.100.00	Total TP Excess Applicable			
2 Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ac			APA MANAGEMANA A	0.00000000	05000000000000000000000000000000000000
ddress 1	BLK 214 #17-268	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510214
ddress 4		Address Type	Singapore address	Post Code	510214
nt No.		Related Policy Number	5110190661-01		
OI Driver Info					
iver Name	Unnamed Driver	Onver Type	Unnamed Driver	27.11.22.22.11	Programmer .
inamed driver Name	LOW UNICA	Driver MRIC	598140231	Driver DOB	01/05/1998
gister Date of Driver License		Onver Age	22	Driving Experience	2
ontact No.(Mobile)	83331006	Contact No. (Office)	0	Contact No.(Home)	0
Mress 1	BLK 214	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510214
Sdress 4		Address Type	Singapore address	Post Code	510214
vt No.	12-266				
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