NATIONAL Assessment Cer	aire Services.	e: 1 33/100] [O]	Date &Time Completed	Done by	
Date In 19 17 17:35	Jcb description		Date to time designation		
Ref No: Na/HC12025699124	SAS e-filing				
Veh No: dlcuzylile	E-mail (within Sh	rs, AIC 2hrs)		- ka	
D.O.A: 19/120-17:77	i-Motor Claim	Form	100-025collen	19/8/20 17:3	9
a	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)		
OD TP Reporting Only	i-Photo Uploa	ded	1		
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp	<u></u>	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:		. INC()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: ()	Period: ()	Cover Type: (
C. C. and based		Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (V	70): N: 0-2	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000	THE RESERVE AND ADDRESS OF THE PARTY OF THE	2.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50 - 1.50	THE THE	
ALL DON'T A BOARD AND A STATE OF THE STATE O					
() Walk-In Customer : Customer	s information strictly Cor	nfidential & S	trictly NO refer of repaire	ır.	
() Walk-In Customer : Customer	S Illiothiadon Salos) V	4		*	
() Total Loss Case : to e-mail I	nsurer UKGENTET.	10 () :	Towing Co: ()
Drive-In ()/ Towed-In (); In	ivoice: YES () / N	10 (),		Done b	
Remarks: (INC hotline: 6788 66	16)		Date&Time Completed	20 32 3 3 3 3 3 One o	У
Apply for Transport Allowance () / Courtesy Car ()	in the second		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cos	st > \$3000] ()			_
3) Opiosa Resulvey I how (respin 5)					
Injury:					a ocer
Date/Time Actions	14 to 14			@ 10 (2 to 40 (2 to 40 (2 to 40)	
14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		10000		0.22	
4				Anit (S)	Amt (3
. 15.5		Invoice P	reparation Checklist	fit Bill	Add Bi
MA200/316 .		E007009-36-800000000000000000000000000000000000	lent Reporting (\$30);		
Commence of the Commence of th		2) DA : Damy	ge Assessment (\$100); IN	C (\$80)	
laimant's Particulars :-	200 CO			\$40/\$45	
		3) TF : Towin	ng Fee	\$40/\$45 \$120	
Oriver/Owner:		4) FT : Follo	w-Through Survey	\$120 \$30	
Oriver/Owner:		4) FT : Follo 5) FT : Follo For claims 6) TR : Re-in	ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Januspection	\$120 \$30 12005) \$75	
Oriver/Owner:		4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idao	ng Fee w-Through Survey w-Through Survey (Resurvey) ng sgainst INC Only (wef 10 Januspection DA + SMRT Survey	\$120 \$30 12005)	
Oriver/Owner:		4) FT: Follo 5) FT: Fullo For claimi 6) TR: Re-it 7) N1: Idac 8) NTUC Ac	ng Fee w-Through Survey w-Through Survey (Resurvey) ng seainst INC Only (wef 10 Januspection DA + SMRT Survey ditional Services.	\$120 \$30 12005) \$75 \$160	
Oriver/Owner: Contact No: Damaged Portion:		4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-it 7) N1 : Idao 8) NTUC Ad OD: *N5: Cou	ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Januspection DA + SMRT Survey dilional Services stesy Car / Tpt Allowance	\$120 \$30 12005) \$75 \$160	
Oriver/Owner: Contact No: Damaged Portion:		4) FT: Follo 5) FT: Fullo For claimi 6) TR: Re-it 7) N1: Idac 8) NTUC Ad QD: *N5: Cou *N6: Rep	ng Fee w-Through Survey w-Through Survey (Resurvey) ng seainst INC Only (wef 10 Januspection DA + SMRT Survey ditional Services clesy Car / Tpt Allowance and Co-ordination Repair Inspection	\$120 \$30 12005) \$75 \$160	
Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-it 7) N1 : Idac 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV	ng Fee w-Through Survey w-Through Survey (Resurvey) ng seajost INC Only (wef 10 Jar spection DA + SMRT Survey ditional Services: stesy Car / Tpt Allowance sir Co-ordination Repair Inspection / Collect Excess Coordination	\$120 \$30 12005) \$75 . \$160 \$5 510 \$25 \$5	
Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments ::		4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-it 7) N1 : Idae 8) NTUC Ad OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV TP (N11)	mg Fee w-Through Survey w-Through Survey (Resurvey) mg against INC Only (wef 10 Januspection DA + SMRT Survey dilitional Services stresy Car / Tpt Allowance sit Co-ordination Repair Inspection / Collect Excess Coordination : TP (N-in INC) against INC	\$120 \$30 12005) \$75 . \$160 \$5 510 \$25	
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1:		4) FT : Follo 5) FT : Fullo For cleimi 6) TR : Re-in 7) N1 : Idac 8) NTUC Ac OD.* *N5: Cou *N6: Rep *N7: Fost *N8: DV TP (N11) 9) N12: Idac	w-Through Survey w-Through Survey (Resurvey) ne seainst INC Only (wef 10 Jar spection DA + SMRT Survey ditional Services. stesy Car / Tpt Allowance sit Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC Mobile ### Pee Ch	\$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$20 \$30	
Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors! Comments :-		4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-it 7) N1 : Idae 8) NTUC Ad OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV TP (N11)	mg Fee w-Through Survey w-Through Survey (Resurvey) mg against INC Only (wef 10 Jar spection DA + SMRT Survey diditional Services: stesy Car / Tpt Allowance sit Co-ordination Repair Inspection / Collect Excess Coordination : TP (N:n INC) against INC mobile Fee Ch	\$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$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.
- 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.

WIND SAME IN COLUMN TO THE PARTY OF THE PART	
	ACCIDENT STATEMENT
Date Of Report	19/08/2020 17:30
Date Of Accident	19/08/2020 13:30
Exact Location Of Accident	JUNC UPP BUKIT TIMAH RD & CASHEW RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU7411K
Insured/Policyholder	
Name Of Registered Owner	CHOW GEE YEONG
NRIC No	SXXXX678B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96887100
Alternative Phone No	OFFICE-96887100
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE 3.5ZA AT ABS D/AIRBAG 2WD 5DR
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	5097772976-02
Cover Note Number	
Driver	
Name of Driver	CHOW GEE YEONG
NRIC No	SXXXX678B
Date Of Birth	13/06/1964
Occupation	INDOOR
Date Of Driving Pass	27/04/1989
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96887100
Fax Number	
Contact Number	OFFICE-96887100
EMail Address	NOEMAIL
	0.0000000000000000000000000000000000000

6 CHESTNUT GARDENS Address 679231 Postcode Was driver an employee of the Insured's Company NO OWNER 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 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? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 3 Number of Passengers (Including Driver) Passenger 1 NAME: : GAN HAN YEEN GENDER: : FEMALE Passenger 2 : CHOW YEN YU NAME: : MALE GENDER: **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 Was there any video captured by Car Camera? YES VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SG5766D Vehicle Registration Number

Vehicle Registration Number Vehicle Make/Model/Colour Details Of Properties Vehicle Category Name of Driver NRIC/Passport Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHOW GEE YEONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKU7411K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

GAN HAN YEEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKU7411K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name

CHOW YEN YU

Approximate Age

BODY

Injuries Sustain

SKU7411K

Injured person in which vehicle?

YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.

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 PLA	N.			
	HI		Ħ	
	A			Veh A SKU7411K Veh B: S457660
	8	1		Upper Bukit Timein Kaad
	A	T	1	
DESCRIBE C	RCUMSTA	NCES	OF TH	E ACCIDENT

g. 1990 (10 to 1990)						
Oh	above dat	e f thre	, I was c	riving my	vehide ACS	FUTAIIL)
trovelino	along Up	per Bubit	liman Ruad	thids Jalen	Anak Bukit	on threl
Vane of	0 3-6WO,	red. Box	mewhere at	the junction	n of Casha	Road, the
troffic li	ight was (id, my i	chids wa	s Startiuna	y while we	iting traffic
light t	o turn gra	en. Out	ct sudden	, vehicle	B(595766	o) come
from no	cir aid ci	allided ont	to the re	ar portion	of my vehi	de.

DECLARATION

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

& Clim

Policyholder's Signature Date & Time: Cla

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

NRIC/FIN No.:

Vehicle No.	SKUTATIK Model/Make Togota Vellifire
Date of Accident	19/8/2020
Time of Accident	1330 HRS
ocation of Accident	Along Upper Bulet Tinvah Road / Cashew Road
Exact purpose use during accid	
Name of Owner	Chow Elee Years
Telephone No.	H/P: 96887100 Home: Office:
NRIC	5257678B
Address	6 Chistmut Gardens Singapore 679231
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No,
NRIC	Any Passengers :
Date of birth	13 6 1 (964 1 (m)1(F)
Occupation	Outdoor / Indoor
Driving License Pass Date	27/4/1989
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Cunor
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Chors Gee Yeong 96887100
Name And Contact No.	Gan Havi Han 9368 80 to, Char Yen Yu
Police Report	No, If Yes, Where?
Vehicle B No.	SG 5766D Any Passengers :
Name of Driver	Leong Kok YUN 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	Witness Contact :
Accident Portion	- Rear portion
Camera Recorder	Yes / No
Email Address	greyeony a cinquet com sa
PARTICULAR WORKSHOP	Twincar Automotive Pte Ud
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
CONTACTTERSON	



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: 5097772976-02

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder
 Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

: SKU7411K : GGH300002126

: 13 Feb 2021

Cover : drivo CLASSIC

: CHOW GEE YEONG : 14 Feb 2020

6. Limitations as to Use#

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

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

INSURE WITH COE : YES

NCD PROTECTION : YES (FREE)

TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO

PRIMARY DRIVER : CHOW GEE YEONG

 PRIMARY DRIVER
 : CHO

 NAMED DRIVER (1)
 : N/A

 NAMED DRIVER (2)
 : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 02 Feb 2020 14:26 hrs Reprint : 02 Feb 2020 14:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Sun

Chief Executive

eBao Tech										Genera	IClaim
Hello, NAC_PAYA_UBI_800	601			CONTRACTOR INCOME.			+ Chang	e Language	· Chan	ge Password	· Log Out
My Desktop	Polic	y Query									
Natice of Loss	Policy N	10.	2			Date	of Accident	I	19/08/2020 1	3:30	
	Vehicle	No.(For Motor)	SKU74	11K		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097772976- 02		CHOW GEE YEONG	S2572678B	GPC	drivo CLASSIC	SKU7411K	SKU7411K	14/02/2020	13/02/2021
					- 5	Continue					

	sements						
Insure	d Object: SKU7411K						
nit No.		Related Number	d Policy tr	5097772976-02			
ddress 4			3.0	Singapore address		Post Code	679231
ddress 1	6 CHESTNUT GARDENS	Addres	s 2	SINGAPORE 67923		Address 3	
Policy	nolder Mailing Address						
ertificate nfo							
pen olicy Info							
o- nsurance lag	No						
gent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	*	
ingapore D Excess	600	TP Excess	0		POT PE	Young/s	nexperience Driver Excess
utside		Outside				V	Contract Colors Contract
dditional xcess	0	OS Premium	0				
hird Party xcess	0	Own damage Excess	600		Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess					
olicy sue Date	02/02/2020	Date	14/02/2020	00:00	Expiry Date	13/02/2021 23:	59
roduct ame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	6 CHESTNUT GARDENS SINGAPO	ORE 679231					
ertificate o.							
olicy No.	5097772976-02	Policyholder Name	CHOW GEE Y	YEONG	Policyholder NRIC	S2572678B	

Marchane	aim Handling							
March And March		5097772976-02	verscie No.	5KU7411K	6	ST Registration No.		
Color Deliver Ministry Marie Mar								
March Common MOTATE COM MARCHONS Common		CHOW GEE YEONG				Nicyholder NRIC	\$25726	1798
Section Sect		PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	1	oading	0	
State			Contact No.(Office)	0		Contact No. (Home)	0	
Companies Comp		5070 DV:	Special Remark		100	Собе	- V	
Companies Part Companies		® No ○ Yes		® No ○Yes		Code Reason		
According Total According						Private Hire	No	
According Acco		165						
March Marc				TO Mark 1		Scordent Type	Collisio	n - Head to Rear
Company Conting Conting Co	port Date	19/08/2020 17:38						
Treat Forces application	ne of Accident	19/06/2020		13:30			Judan	
## Part Account 100 00 10	porting Centre		Orange Force			ICM No.:		
2003 1500 2004 2005	cident Location	JUNC UPP BUKIT TIMAH RD & CASHEW RD						
Part	Total Excess Applicable							
	cess Type	Per Acodem	Windscreen Excess		100.00			
Total Tota	Standard Excess	600,00					Former	
March Price March Marc	ED OG Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Covere	d O
Sum Delayer	iditional Excess	0						
Marriage	tal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00			
DOOR Pagement DOOR DOOR Pagement DOOR DOOR Pagement DOOR	Benefits							
Contract	verage							
Tapperson No	cessory			2000				
## Comment of the process of the pr	GST Registered Informa	tion						
ST Agapterion No.	ST Registered	No						
### Policyholder Melling Address ### 6 O 65ThUT GARDENS	ST Registration No.			GST Status Verifi	ed	Yes		
Service Serv	odification History							
Service Comment Comm								
Antires Type Support address Past Clade Sy233 Past State Sy2	Policyholder Mailing Ade	fress						
Section Power Marriage Section Power Marriage Section Section Power Marriage Section Se	ddress 1	6 CHESTNUT GARDENS	Address 2	SINGAPORE 679231		Address 3		
OF Driver Table OFF WIGGE FINING Driver Type Main Driver Invest Name CHOW GEE FINING Driver MUC \$337,278788 Driver DOB \$1,000,1984 Investment Share Familia 270,471398 Driver MUC \$337,278788 Driver DOB \$1,000,1984 Investment Share Familia 9687100 Cursus Nu (Driver) Cursus Nu (Driver) Cursus Nu (Driver) Address 3 Address 3 5 O-ESTINUT CHADDING Address 2 SNAGADORE 679231 Address 3 Address 4 Address 7yee Singapore address PREC Cope 67223 House to be men is Gregorier Visio (Driver Vehicle No.) Driver Vehicle No. Oniver Frauer Campairy 67223 Househalders or Blood Test Driver Cope No. Driver Vehicle No. Oniver States No. Oniver Frauer Campairy College on Driver Cope No. Driver States No. Driver States No. No. S22762788 Correct No. (DRIver) S22762788 College Or March Type of Beatth * Present Second Type of Beatth * Present Second Type Address No. S22762788 Correct No. (DRIver)	garess 4		Address Type	Singapore address		Post Code	67923	13
CHOME CREE VEX.NO. Direct Type	nd No.		Related Policy Number	5097772976-02				
Description								
Direct NULL S373/07/08 Direct NULL S373/07/08 Direct NULL S373/07/08 Direct NULL S373/07/08 Direct Null S600000000000000000000000000000000000		CHOW GEE YEANS	Driver Type	Hain Driver				
Driver Driver Driver Lisense 27(4/L1989 Driver Age 56			Driver NR3C	\$25726788		Driver DOB	13/06	/1964
See		27/04/1989	Driver Age	56		Driving Experience	32	
Address 1 6 CPESTNUT GARDENS Andrews 2 SDIGADORE 679231 Address 3 Address 4 Address Type Singapore address Pact Code (67923) Address 5 Yes (6 No			Contact No. (Office)	g .		Contact No (Home)	D	
Address Type Singapore address Post Code (67923) Int No. Prese to dee a 5 Singapore address Post Code (67923) Oncer fortune Company O				SINGAPORE 679231		Address 3		
Direct Vehicle No. Direct No. Direct Vehicle No. Direct No. Direct Vehicle No. Direct No. Direct Vehicle No. Direct Veh		6 CHESTING GRADATA				Post Code	(6792)	31
Driver Instruct Company Control Type Control Next Chain 091 Next Chain 09			Applicas 1490	an ignored sections				
Institution and a Blood Test Diring Anni Injury 7								
Manufaction	Sees he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Durer tumber company		
Name of Preferred Workshop Cytest Manual Column Manual Cytes Manual Cytes								
Claim 091 New								
Claim 091 New Claim 092 New Contact No.(Hobids) To Vehicle Runnbar Estimate Report To Vehicle Runnbar Estimate Report Contact No. Contact No.(Hobids) To Vehicle Runnbar Estimate Report To Vehicle Runnbar Estimate Report Contact No.(Hobids) Name of Preferred Workshop Name of Prefer	reathalyser or Blood Test reading?	a mg	Any injury?	⊕ Yes □ No				
Domain Type * DO-MX Jinsured Name CHOW GEE YEONG Insured NRIC \$2572678B	location History							
Corract No. (Home) Corract No. (Home) Corract No. (Home) Corract No. (Home) Corract No. (Office) Corract	Claim 001 New							
Contract No. (Mobile) The Vehicle Number ESTRED The Vehicle Number The V		Marie Control of the		(2) (2) (2) (3)		Total and Press	-	26708
Of Venice Number SIGNAL Type Claimant Type: Please Select Type of Benefit * Please Select Type	laim Type *	DD-MX Y					3237	20790
Attachment Browse. Cear Please Select Browse. Cear Please Select Claim Please Select Claim Please Select Claim Please Select Claim Close Date Browse. Cear Please Select Claim Close Select Confidential Urgancy * Confidential Urgancy * Description Claim Close Please Select Claim No. OOI C	omact No. (Mobile)		Contact No.(Home)				1000	
Save Submet	mail Address		OI Venicle Number	District Control of the Control of t		TP Vehicle Number	(505)	dao
Talam Description Sett/11K / SG5766D ON 19 Aug 2020 Tributed Liability * Not at Pault Tributed Liability * Not at Paul	Sament Type Claimant Type *	Please Select	Type of Benefit *	Please Select	<u> </u>			
Taim Description SEUT411K / SG5766D ON 19 Aug 2020 Treatmed Workshop Contact Seuth 11 / SG5766D ON 19 Aug 2020 Treatmed Workshop Contact Seuth 15 / SG5766D ON 19 Aug 2020 Treatmed Workshop Contact Sequire Finalisation Type Type Type Type Type Type Type Type	laimant Name *	22	Claimant NR3C *					
SKUZ411K / SG5766D ON 19 Aug 2020 Instruct Liability * Not at Pault				700				
Insured Liability * Not at Pault Insured Liability * Not at Pau		SKU7411K / SG5766D ON 19 Aug 2020				Name of Preferred Worksh	ар	
Attachment Attachment Accidence No. MT/1100530 Clem No. 001 Last Doc. Received No. No. 001 Path * Browse. Clear Please Select V Normal			Insured Liability +	Not at Pault	V			
Attachment Attachment Accident No. MT/1100530 Claim No. Dol Last Doc. Received Is/08/2020 17:39 Browse. Clear Please Select V Normal V Browse. Clear Please Select V Normal V Browse. Clear Please Select V Normal V	No.	F64 561				GIA report	Rece	eved
Attachment Attachment Accident No. MT/1100530 Claim No. D01 Late Doc. Received Path * Browse. Category * Confidential Urgancy * Descrip Browse. Clear Please Select V Normal V Browse. Clear Please Select V Normal V							(3-000	
Attachment Attachment Accident No. MT/1100530 Claim No. 001 Last Doc. Received I Yes O No Upload Date 19/08/2020 17:47 Path * Category * Confidential Urgancy * Descrip Browse. Claim Please Select V III V Normal V Browse. Claim Please Select V III V Normal V Browse. Claim Please Select V III V Normal V			Crario Cricio Date					
Attachment Accident No. MT/110530 Clarm No. 001 Last Doc. Received	leport Taken By	Backson						
## Attachment ## Accident No. MT/1100530 Clear No. 001 Last Doc. Rectived Plant Description De	Arine AK letter							
Codem No. MT/1100530 Claim No. DO1				Save Submit				
Codem No. MT/1100530 Clam No. 001 Last Doc. Received Path * Path * Browse. Class Please Select V Normal V Browse. Class Please Select V Normal V Browse. Class Please Select V Normal V	Attachment							
Codem No. MT/1100530 Clam No. 001 Last Doc. Received Path * Path * Browse. Class Please Select V Normal V Browse. Class Please Select V Normal V Browse. Class Please Select V Normal V								
Last Doc. Received Path * Browse. Clear Please Select. Browse. Clear Please Select. Browse. Clear Please Select. Browse. Clear Please Select.	~		17/4/08/40/CO	V200				
Path * Category * Confidential Urgancy * Descrip Browse. Cear Please Select V Normal V Browse. Cear Please Select V Normal V Browse. Cear Please Select V Normal V	Accident No.				Name of the last			
Browse Cear Please Select V NO Normal V	ast Doc. Received	● yes ○ No	Upload Date	19/0/		services at		10.000.000
Browse. Clear Please Select V No Normal V Browse. Clear Please Select V Normal V		Path =		(III)			A CONTRACTOR STATE	Descripti
Browse Dear Please Select. V Normal V			Brow	Se Cear Please Se				
			Brow	se. Clear Please Se	lect S	Non	nal 💟	1
			Brow	Se. Clear Please Se	sect S	V Non	nal 🔻	
			9row	se Clear Please Se	fest In	Non	nat V	

