	PAPINICES IME	1 13,100) 711	NC 'S	1	I.
NATIONAL Assessment Centre	Jeb description	İ	Date & Time Complete	Done by	
Date In: (17/2-17:57	SAS e-filing				·
I will the position	E-mail (within Shrs	s, AIC 2hrs)		1	
Veh No: MY28785	i-Motor Claim	Form	M7/11/1941-001	1/12/12 17	: 57
D.O.A: 30 11/2-66:30	i-Motor W/O (V	Vithin: OD 2hrs,) P 4hrs)		
OD : P. Reporting Only	i-Photo Upload				
	Assessment/Surv				
TP Insurer:	Ass't Report by]		Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 1816	03ED	. INC()/Non-INC()		
Owner / Driver: (Tel:		
	eriod: ()	Cover Type: (
Policy No. (Date:	Time:)	
Confirmed by: (Note-Est Status (W	O): N: 0-20	%; P: 21-79%. F:	30-100%]	
Thousand Differ District	Warranty: YES ()/NO()		
i cai of Registration.)/1.01	·		
Excess: (\$) Loading: \$1,	000 () / \$2,000 (/ 8558 YS 8 a S 5 8 a S			. : .
General Remarks:		- 1 - 1 0 Ct	i⇔ly NO refer of repa	rer.	
General Remarks:- () Walk-In Customer: Customer's inf	ormation strictly Cont	ridential & St	icuy NO Island.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.		auring Co: ()
Drive-In () / Towed-In (); Invoid	ce: YES () / No	0();1	owing Co: (- 111
Remarks;- (INC hotline: 6788 6616)			Date&Time Complet	ad Done l	y
	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()		<u> </u>		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
A TORIGOR RESILIVEY FIRM INCOME COST					
3) Optoad Resurvey From (Repair Costs)		*			
Injury:					
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Injury: Date/Time Actions M206504	1	1) AR : Accide	nt Reporting (\$30); e Assessment (\$100);	Ani; (\$) fst Bill INC (\$80)	
Injury: Date/Time Actions Actions Minimal Section S		1) AR: Accide 2) DA: Damas 3) TF: Towing	nt Reporting (\$30); e Assessment (\$100); Fee	Anit (\$). fitBill INC (\$80) \$40/\$45 \$120	
Injury: Date/Time Actions M206504 Claimant's Particulars: Driver/Owner:	1	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10)	Anit (\$). Tst Bill S40/\$45 \$120 \$30 San 2005)	
Injury: Date/Time Actions M206504 Claimant's Particulars: Driver/Owner: Contact No:	1	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 pection	Ant (S). 150 Bill 100 C (\$80) \$40/\$45 \$120 \$30	
Injury: Date/Time Actions M206504 Claimant's Particulars: Driver/Owner: Contact No:	1	1) AR: Accide 2) DA: Dames 3) TF: Towins 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10)	Anit (\$). Fit Bill S40/\$45 \$120 \$30 \$30 \$75	
Injury: Date/Time Actions M206504 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey); e against INC Only (wef 10) section A + SMRT Survey itional Services:-	Am; (S). [\$\text{StB}\] INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160	
Injury: Date/Time Actions M206504 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:		1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Court	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey); against INC Only (wef 10. bection A + SMRT Survey itional Services: sy Car/Tpt Allowance (Co-ordination	Amt (S). fit Bill INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$55 \$10	
Injury: Date/Time Actions (M206504 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:		1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Court *N6: Repair	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey); against INC Only (wef 10. bection A + SMRT Survey itional Services: sy Car/Tpt Allowance transportion Repair Inspection	Am; (S). [\$\text{StB}\] INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160	
Injury: Date/Time Actions (M206504 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:		1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Court *N6: Repai	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey); against INC Only (wef 10.) bection A + SMRT Survey itional Services: cy Car/Tpt Allowance if Co-ordination tepair Inspection Collect Excess Coordination	Amt (S) fit Bill INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$55 \$100 \$25 \$50 \$20	
Injury: Date/Time Actions MP06504 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimint 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Court *N6: Repai	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurvey); e against INC Only (wef 10); e total a + SMRT Survey ditional Services: esy Car / Tpt Allowance or Co-ordination tennir Inspection Collect Excess Coordination TP (N:n INC) against INC Mobile	Amt (S) fit Bill INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$5 \$10 \$25 \$5	Add Bill

SN0920C1000R / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2020 17:52 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (01/12/2020 17:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

01/12/2020 17:52 (SGT) Date of Submission 30/11/2020 06:30 (SGT) Date of Accident Exact Location of Accident Pasir Ris Dr 1, Singapore PASIR RIS DR 1 BEFORE PASIR RIS STREET 52 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDY2878S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SO G TAILORING 5XXXX059J Company Reg No chanhuapoy@gmail.com Email Address (Phone) +65-98168819 Mobile Phone No +65-98168819 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer COROLLA ALTIS 1.6 AUTO Model Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private hire

No - Claiming third party Private hire

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5083795578-04 Policy Number Cover Note Number

DRIVER

CHAN HUA POY Name of Driver SXXXX753H NRIC No Date Of Birth 09/04/1954 Outdoor

ate Of Driving Pass	03/08/1973
riving experience	47 YEARS AND 3 MONTHS
ender	Male (Phone) +65-98168819
obile Number	(Phone) +03-98 1000 19
lt. Phone Number	- chanhuapoy@gmail.com
	BLK 662B JURONG WEST STREET 64
ddress ddress complement	#13-322
ostcode	642662
the driver the policyholder?	No
No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Pehicle Registration Number of Other Vehicle Owned by Driver	110
	•
nsurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	AHMAD HELMY BIN JAAFAR
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201130/7005.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTH	IER VEHICLE PROPERTY 1
Vehicle Registration Number	SBS6038D
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
v chicle variant	

Vehicle Colour	_
	Rus
Vehicle Category	Bus
Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	1000
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN HUA POY
Address	5 70
Address Complement	•
Post Code	-
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SDY2878S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
 - For complying with the requirements under any regulations, law or court orders.

SO. G TAILORING

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not pólicyholder)

Date & Time:

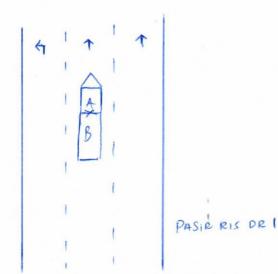
Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

PASIR ALS ST 51

SKETCH PLAN



Venicle A: SDY 2878S

Venicle B: SBS 6038D

Please	refer	to	police	report.			
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	24						
	*						
					C-02-31994 (28-5)		
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1					The state of the s		

DECLARATION

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

SO. G TAILORING

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 11 /2 (dd/mm/yy) Time of Accident: 6 : 30 (24-HR-FORMAT)
Vehicle No.:SDY 2878S Vehicle Make & Model:TOYOTA AITIS
Exact location of Accident: PASIR RIS DRIVE 1 before Pasir ris St 51
Policyholder's Name/IC No.: Seg tailoring
Driver's Name/IC No.: CHAN HUA POY SO2101337 (As Above)
Driver's Contact No.: 9816 8819 Company Contact No.:
Driver's Contact No.: The both Company Contact No.:
Insurance Company: NTUC Email address (if any): 2 22 roniu 3088 @gmail. com Chanhuapoy @gmail. com
Relationship between Owner & Driver:
Owner / Spouse / Children / Friend / Parent / or Others specify:
What do you wish to claim? (Please TICK ONE only)
Own Insurance/ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)
Exact purpose for which the vehicle Occupation (nature of job): Indoor/ Outdoor
was being used at time of accident?
Private use/ Work purpose No. of Passengers (Including Driver): 02
Passenger Name: AHMAD HELMY BIN JHAPAR Gender: Gender:
Tubbenger Humer
Weather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others:
Was there any video captured by your Car Camera? Yes/ No
Any Injuries: Yes/ No (If YES) Injured Person's Name:
Injuries Süstain: Injured Person's in which vehicle:
Police Report filed: Yes/ No (If YES) Which Police Station:
The Other Party(s) Details:
Vahida Na SBS 6038 D
1. Driver's Name/ IC No.: Insurance Company (If any):
2 Driver's Name / IC No.: Vehicle No
Driver's Contact No.: Insurance Company (If any):
*Independent Witness (If Any): Contact No.:
Preferred Workshop Name: Contact No.:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





1 of 3

Report No. T/20201130/7005

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

REPORT OF A TRAFFI	C ACCIDENT	Г
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Date/Time Report Made: 30/11/2020 10:21			Vide Report No.: Station Diary N				
Informant'	s Particu	lars					
Name of Informant: CHAN HUA POY			Address: 662B JURONG WEST STREET 64 #13-322 SINGAPORE 642662				
ID Type / ID No.: NRIC NO / S0210753H			Contact No.: Home/Office: Mobile: 98168819				
Nationality: SINGAPORE CITIZEN		N	Email: chanhuapoy@gmail.com				
Sex: Age: Date of Birth: Male 66 09/04/1954		Demonstration of the November of the Control of the	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation Grab Drive			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2020 06:30	Type of Location Straight Road
PASIR RIS D	RIVE 1			Road Speed Limit:
1 4 / (1		Road Surface:		koad Speed Lilliil.
Weather: Clear		Dry		60 Km/h
			5	A STATE OF THE PARTY OF THE PAR

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBS6038D	Bus/Coach/Mi nibus				Slightly Damaged	0
SDY2878S	Car	TOYOTA	ALTIS		Seriously Damaged	1





2 of 3

Report No. T/20201130/7005

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

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian Ir	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	Pedestrian Crossing: NA			
Driver							
Name	CHAN HUA POY			ID No).	S0210753H	
Related Vehicle	SDY2878S (Car)			Contact No.		98168819	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC SURGERY		INIC &	Class Drivir Licen Expir	ig ce &	Class: NIL Date of Expiry: NIL	
Date	30/11/2020		Date		30/11	/2020	
No. of Days gran	ted Medical Leave	05	Degree	of	Sligh	t	

Brief Details.

On 30/11/2020 at around 0630am, I was travelling along Pasir Ris Drive 1 just before Pasir Ris Street 51 junction in my Vehicle SDY2878S. I stopped as the traffic light is red. Suddenly i felt a great impact from my rear, I alighted and realised that SBS6038D (SERVICE 53) had collided onto my car rear portion causing damages. We took photos and exchange particulars. I wish to state that at the point of time I had a Grab passenger in the car during the accident, I picked him up from 113 Pasir Ris Street 11. Passenger name: Ahmad Helmy Bin Jaafar (S8940226C)





3 of 3

Report No. T/20201130/7005

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

CONTINUATION OF REPORT

Sketch	Plan			

Informant is not able to provide sketch

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: 30/11/2020 10:21
Officer In Charge Of Case:	Classification Of Case:

Contact No.: 65476404
Authentication Stamp
NP168

WAHID ALHINDUAN

SYED ZAYID MUHAMMAD BIN SYED ABDUL

TP / TPHQ /

eBao Tech						فديها كوريم حتاب) Change	Language) Chang	e Password) Log Ou
iello, NAC_PAYA_UBI_80060	1						Change	Longuege	Section Section .		
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date of	f Accident	30	0/11/2020 0	6:30	
	Vehicle No.(For Motor)			DY2878S		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083795578- 04		SO G TAILORING	528040593	GPC	drivo CLASSIC	SDY2878S	SDY2878S	22/09/2020	21/09/202

olicy No.	5083795578-04	Policyholder Name	SO G TAIL	ORING	Policyholder NRIC	52804059J		
ertificate								
ddress	BLK 662B #13-322 JURONG W	EST STREET 64	SINGAPOR	E 642662				
roduct Jame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	04/09/2020	Effective Date	22/09/202	0 00:00	Expiry Date	21/09/2021 2	3:59	
xcess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Inexperience Driver Excess		
Agent	KCB AGENCY	Agent Tel.	63913813		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
▼ Policyl	nolder Mailing Address					AN 250 120		
Address 1	BLK 662B #13-322	Addr	ess 2	JURONG WEST S	TREET 64	Address 3	SINGAPORE 642662	
Address 4		Addr	ess Type	Singapore addres	s	Post Code	642662	
Unit No.	13-322	Rela Num	ted Policy ber	5083795578-04				
▶ Insure	ed Object: SDY2878S							
▽ Endors	sements							
	nce Date of Endorsem	ont	Endorseme	nt Type	Endorsemen	nt Status	Endorsement Content	

dent MT/1111941		Vehicle No.	SDY28785	GST Registration No.	
V 10 8045	5083795578-04	Venicie No.	55120100		
ificate No.				Policyholder NRIC	528040593
A Maria de la Companya de la Company	O G TAILORING	C T	drivo CLASSIC	Loading	0
uct Code	PRIVATE CAR INSURANCE	Cover Type		Contact No.(Home)	0
act No.(Mobile)	98168819	Contact No.(Office)	0	eCode	No V
il Address		Special Remark		eCode Reason	
	● No ○ Yes	TCA	No ○ Yes	Private Hire	Yes
Protection	Yes	NCD Entitlement(%)	50	Private nite	103
Accident Details					
ort Date	01/12/2020 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	30/11/2020	Time of Accident hh:mm	06:30	Country of Accident	Singapore
		Orange Force		ICM No.	
orting Centre	PASIR RIS DR 1 BEFORE PASIR RIS STREET				
The same of the same same	PASIR RIS DR 1 BEFORE FASIR RIS STREET				
Total Excess Applicable		W. drawer Evene	100.00		
ess Type	Per Accident	Windscreen Excess	E1 E		
	2 000 00	TP Standard Excess	1,500.00		
Standard Excess	2,000.00			Driver is Covered?	
D OD Excess	0.00	YIED TP Excess			
ditional Excess	0				
al OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	tion				
Registered	No		GST Registration Date	Yes	
Registration No.		THE STATE OF THE S	GST Status Verified	Ies	
dification History	01/12/2020 17:56:44 System	n changed GST Status Verified fro	om No to Yes		
Policyholder Mailing Add	iress		A ST AND A STREET	134 2	SINGAPORE 642662
dress 1	BLK 662B #13-322	Address 2	JURONG WEST STREET 64	Address 3	
dress 4		Address Type	Singapore address	Post Code	642662
	13-322	Related Policy Number	5083795578-04		
nit No.	13-322				
OI Driver Info		Driver Type	Unnamed Driver		The state of the s
iver Name	Unnamed Driver	Driver NRIC	S0210753H	Driver DOB	09/04/1954
nnamed driver Name	CHAN HUA POY		66	Driving Experience	47
gister Date of Driver License	03/08/1973	Driver Age	0	Contact No.(Home)	0
ontact No.(Mobile)	98168819	Contact No.(Office)		Address 3	SINGAPORE 642662
idress 1	BLK 662B	Address 2	JURONG WEST STREET 64		642662
idress 4		Address Type	Singapore address	Post Code	042002
nit No.	13-322				
oes he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	0 163 @ 110				
		Any injury?			
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
eclaration reathalyser or Blood Test eading? odification History	0 mg	Any injury?	⊕ Yes No		
reathalyser or Blood Test eading? odification History	0 mg	Any injury?	● Yes ○ No		
reathalyser or Blood Test	0 mg	Any injury?			
reathalyser or Blood Test eading? odification History	0 mg	Any injury?	⊕ Yes ○ No		
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