| NATIONAL Assessment Centre Services                      | We! 1 Jan'05  SN   |   | d Done           | hv:                                   |
|--|--|---|------------------|---------------------------------------|
| Date In: 11-18:19 Jeb description                        |  | Date & Time Complete                          | d Done           | 0,                                    |
| Ref No: NA HC20121214 SAS e-filing                       |  | İ   | -                | <del> </del>                          |
| Veh No: 753682 E-mail (within                            | Shrs, AIC 2hrs)  |   |                  | .,                                    |
| D.O.A: 76   1973   i-Motor Claim                         | m Form   | my 1111951-201                                | 1/12/22 18       | CU                                    |
| i-Motor W/O  | (Within: OD 2hr  | s, 7'P 4hrs)                                  |                  |                                       |
| OD / TP / Reporting Only                                 | aded   |   |                  |                                       |
| Assessment/Su  | irvey Report   |   |                  |                                       |
| TP Insurer: Ass't Report b                               | y Fax / Hand   | o Owner/Wksp                                  |                  | ==                                    |
| Preferred Wksp / INC Assign Wksp / QW: (                 |  | Tel:  | Fax:             |                                       |
| TP Particulars: Veh No: MISS by                          | . INC(   | )/Non-INC( )                                  |                  |                                       |
| Owner / Driver: (  |  | Tel:  |                  |                                       |
| Policy No: ( ) Period: (                                 | )  | Cover Type: (                                 |                  |                                       |
| Confirmed by: (  | Date:  | Time:   | )                |                                       |
| Insured/Driver Liability: ( %) [Note-Est. Status (       | The second secon | 0%; P: 21-79%. P: 3                           | 30-100%]         |                                       |
| Year of Registration: ( ) Warranty: YES (                | )/NO(  | )   |                  |                                       |
| Excess: (\$ ) Loading: \$1,000 ( )/\$2,000               | The second second  |   |                  | <del></del>                           |
| General Remarks:-  |  |   |                  | · · ·                                 |
| ( ) Walk-In Customer: Customer's information strictly Co | onfidential & S  | trictly NO refer of repai                     | rer.             |                                       |
| ( ) Total Loss Case : to e-mail Insurer URGENTLY.        |  |   | <del>.</del>     |                                       |
| Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / I        | NO( );   | Towing Co: (                                  |                  | ,<br>XXXX                             |
| Remarks; (INC hotline: 6788 6616)                        |  | Date&Time Complet                             | id* Don          | by                                    |
| 1) Apply for Transport Allowance ( )/ Courtesy Car (     | )  |   |                  |                                       |
| 2) QC Check / Post Repair Inspection (                   | )  |   |                  |                                       |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] (        | )  |   |                  |                                       |
| Injury:  | <del></del>  |   |                  |                                       |
| Date/Time: Actions                                       |  |   |                  | · · · · · · · · · · · · · · · · · · · |
| Date Time Actions  |  |   |                  |                                       |
|  |  |   |                  |                                       |
|  |  | •   |                  |                                       |
|  | 23 a 1810a   |   |                  |                                       |
| •  |  |   | Anit (S)         | Amt (3)                               |
| 102 163  | Invoice Pr   | eparation Checklist.                          | fst Bill         |                                       |
| (M206(0)   | 1) AR : Accide   | ent Reporting (\$30);                         | NC (\$80)        |                                       |
| Claimant's Particulars :-                                | 3) TF : Towing   | Fee   | \$40/\$45        |                                       |
| Oriver/Owner:  | 4) FT : Follow   | -Through Survey<br>-Through Survey (Resurvey) | \$120<br>\$30    |                                       |
| Contact No:  | For claimin  | g against INC Only (wef 10 Ja                 | in 2005)<br>\$75 |                                       |
| Damaged Portion:   | 6) TR: Re-ins  | A + SMRT Survey                               | . \$160          |                                       |
| Januagod Potatoni  | 8) NTUC Add  | itional Services:-                            |                  |                                       |
| QC Checked by (Engr-In-Charge):                          | *NS: Court   | csy Car / Tpt Allowance                       | \$5              |                                       |
| C. Checken by (Bugi-in Charge).                          | *N6: Repai   | r Co-ordination                               | \$10<br>\$25     | -                                     |
| Auditors! Comments::=                                    | *N8: DV /  | Repair Inspection Collect Excess Coordination | \$5              |                                       |
| Cat. 1:  | TP (N11):  | TP (Non INC) against INC                      | 30               |                                       |
|  | 9) N12: Idac   | Fee Cl  |                  | CANAL CO.                             |
| Zat. 2/3:  | Invoice dated  | F' C  | larged           | <b></b>                               |

SN0920C1000S / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2020 18:14 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (01/12/2020 18:14 (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
- 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**

Date of Submission 01/12/2020 18:14 (SGT) Date of Accident 26/11/2020 19:30 (SGT) Exact Location of Accident 4A Hougang Street 11, Singapore 538754 THE MINTON HOUGANG ST 11 DECK B1 CARPARK Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SJF3682L

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **CHIN XUN KAI** SXXXX353C NRIC No dylan96 @hotmail.com Email Address (Phone) +65-92320286 Mobile Phone No Alternative Phone No +65-92320286

### VEHICLE PARTICULARS

Vios Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

Manufacturer

No - Claiming third party your vehicle? Private hire Vehicle Category

### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive ...... Fleet Policy Policy Number 5115737182 Cover Note Number

# DRIVER

DYLAN TONG KE YOU Name of Driver SXXXX234Z NRIC No Date Of Birth 12/10/1996 Occupation Outdoor

| Date Of Driving Pass   | 29/06/2017                   |
|--|------------------------------|
| Driving experience   | 3 YEARS AND 5 MONTHS         |
| Gender   | Male                         |
| Mobile Number  | (Phone) +65-98526606         |
| Alt. Phone Number  |                              |
| Email Address  | dylan96_@hotmail.com         |
| Address  | BLK 416 ANG MO KIO AVENUE 10 |
| Address complement   | #14-977                      |
| Postcode   | 560416                       |
| s the driver the policyholder?                               | No                           |
| No, Relationship of the Driver with the Insured              | Friend                       |
| Does Driver Own Other Vehicles?                              | No                           |
| Vehicle Registration Number of Other Vehicle Owned by Driver |                              |
| Insurance Company of Other Vehicle Owned by Driver           | -                            |
|  |                              |
| GENERAL INFORMATION OF THE ACCIDENT                          |                              |
| Type of Accident   | Collision - Major/Minor Rd   |
| 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)                      | 1                            |
| Has the driver been approached by unknown person(s)          |                              |
| soliciting/offering accident claims assistance?              | No                           |
| DETAILS OF POLICE ACTION                                     |                              |
|  |                              |
| Was the accident reported to the police?                     | No                           |
| Was notice of intended Prosecution given?                    | No                           |
| If yes, against whom?  | -                            |
|  |                              |
| CIRCUMSTANCES OF ACCIDENT                                    |                              |
| REFER TO STATEMENT.  |                              |
| ATTACHMENT(S)  |                              |
|  | w.                           |
| Are accident photos available for attachment?                | Yes                          |
| Was there any video captured by Car Camera?                  | Yes                          |
| Was there any audio recorded?                                | No                           |
|  |                              |
| DETAILS OF OTHE  | R VEHICLE PROPERTY 1         |
| Vehicle Degistration Number                                  | SMJ3864Y                     |
| Vehicle Registration Number Vehicle Manufacturer             | GIVIO OUT I                  |
|  |                              |
| Vehicle Model  |                              |
| Vehicle Variant  |                              |
| Vehicle Colour   |                              |
| Vehicle Category   |                              |
| Name of Driver   | SHIN HEASEUNG                |
| Contact Number   | (Phone) +65-94451604         |
| Address  |                              |
| Address complement   | •                            |
| Postcode   | 2                            |
| Insurance Company Name                                       | <b>3</b>                     |
|  |                              |

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

# INJURED PERSONS DETAILS

### INJURED 1

| Name of injured person                              | DYLAN TONG KE YOU |
|---|-------------------|
| Address   | -                 |
| Address Complement                                  | -                 |
| Post Code   | -                 |
| Approximate Age Years Old                           | -                 |
| Injuries Sustained                                  | BODY              |
| Injured person in which vehicle?                    | SJF3682L          |
| Were seat belts worn?                               | Yes               |
| Was this injured conveyed to hospital by ambulance? | No                |
|   |                   |

# 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.
- 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
- 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
- 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:

NRIC/FIN No .:

Reporting Centre Personnel's Signature Name:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| On above date & time, I was driving my vehicle A (SJF3(82L)               |
|---|
|   |
| traveling along the minion Hougang Street II car park BI on single lane.  |
|   |
| Somewhere near BLK2, vehicle B (SMJ3864Y) footed to stop at the           |
|   |
| Stop line. As a result, the front left portion of vehicle B collided onto |
|   |
| the front right portion of my vehicle.                                    |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

# DECLARATION

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

2

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.:

| ehicle No.                    | SJF3682L Model/Make loyota Vios                     |
|-------------------------------|---|
| Pate of Accident              | J6 11 J000D   |
| ime of Accident               | 1930 HRS  |
| ocation of Accident           | Along The minton Hougary Street it Dack BI carpark  |
| xact purpose use during accid |   |
| Name of Owner                 | Chin Xun Kai  |
| elephone No.                  | H/P: 932 0286 Home: Office:                         |
| NRIC                          | S9524353C   |
| Address                       | BLK 455A Ang Mo KTO Street 44 \$18-035 (561455)     |
| Claim type                    | OD THIRD PARTY REPORTING ONLY                       |
| nsurance Company              | NTUC  |
| Type of Coverage              | Comprehensive Third Party Third Party / Fire /Theft |
| Policy No.                    | 5115737182  |
|                               |   |
| Name of Driver                | As Above If No, Dylan Tong Ke You                   |
| NRIC                          | S9636234Z Any Passengers:                           |
| Date of birth                 | 12 10 1996  |
| Occupation                    | Outdoor / Indoor                                    |
| Driving License Pass Date     | 29 6 2017   |
| Gender                        | Male / Female                                       |
| Contact No.                   | H/P: 9852 6606 Home: Office:                        |
| Address                       | BLK 416 Ang Mo KRO AVENUE 10 #14-977 S(50416)       |
| Driver have any own vehicle   | No. If yes, Reg No.                                 |
| Relationship                  | Employee, If no, state Friend                       |
| Weather condition             | Clear Raining Other                                 |
| Road Surface                  | Dry Wet Other                                       |
| Any Injuries                  | No, If Yes, Who?                                    |
| Name And Contact No.          | Dylan Tong Ke You 98526606                          |
| Name And Contact No.          |   |
| Police Report                 | No. If Yes, Where?                                  |
| Vehicle B No.                 | SmJ38644 Any Passengers:                            |
| Name of Driver                | Shin Heaseung Contact No.: 94451604                 |
| 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              | Front right portron                                 |
| Camera Recorder               | Ves / No  |
| Email Address                 | diglan ab - @ notmail.com                           |
|                               | dylan 96-@ hotmail.com                              |
| PARTICULAR WORKSHOP           | N-51 Automotive Pte Util                            |
| CONTACT NO.                   | 6842 0051 / 6744 0510                               |
| CONTACT PERSON                | Branden   |
| FAX NO                        | 6741 0510   |
| WORKSHOP EMAIL ADDRESS        | s sales @ n51. com. 39                              |



# 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: 5115737182

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJF3682L

Chassis Number

: MR053HY9305064262

2. Name of Policyholder

: CHIN XUN KAI

3. Effective Date of Insurance

: 29 Jan 2020

4. Expiry Date of Insurance

. 29 Jan 2020

4. Expiry Date of insurance

: 28 Jan 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

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
    Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : CHIN XUN KAI

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A
HIRE PURCHASE COMPANY : N/A

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

: GS ASSURANCE AGENCY PTE. LTD. (00000573647)

Date of Issue

: 28 Jan 2020 16:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

| ello, NAC_PAYA_UBI_80 | 0601     |                |                       |                      |                      |          | → Change         | Language       | → Chan            | ge Password      | · Log Ou    |
|-----------------------|----------|----------------|-----------------------|----------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop            | Polic    | y Query        |                       |                      |                      |          |                  |                |                   |                  |             |
| Notice of Loss        | Policy N | 0.             |                       |                      |                      | Date o   | f Accident       | 2              | 6/11/2020 1       | 9:30             |             |
|                       | Vehicle  | No.(For Motor) | SJF368                | 2L                   |                      | Certific | ate Number       |                |                   |                  |             |
|                       |          |                |                       |                      |                      | Search   |                  |                |                   |                  |             |
|                       | Select   | Policy No.     | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product  | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                       | 0        | 5115737182     |                       | CHIN XUN KAI         | S9524353C            | GPC      | drivo<br>CLASSIC | SJF3682L       | SJF3682L          | 29/01/2020       | 27/05/202   |

| 5115737182                       | Policyholder<br>Name   | CHIN XUN KAI   | Policyholder<br>NRIC   | S9524353C  |   |  |  |
|----------------------------------|--|--|--|--|---|--|--|
|                                  |  |  |  |  |   |  |  |
| BLK 455A #18-03 ANG MO KIO       | STREET 44 TE   | ECK GHEE PARKVIEW S  | INGAPORE 561455  |  |   |  |  |
| PRIVATE CAR INSURANCE            | Plan   | fective 29/01/2020 00:00 ste   |  | N  |   |  |  |
| 28/01/2020                       | Effective<br>Date  |  |  | 27/05/2021 23:59   |   |  |  |
| Per Accident                     | All Claims<br>Excess   |  |  |  |   |  |  |
| Exces                            |  | 2000   | Windscreen<br>Excess   | 100  |   |  |  |
| 0                                | OS<br>Premium  | 0  |  |  |   |  |  |
| 2000                             | Outside<br>Singapore<br>TP Excess  | 1500   |  | Young/Inexperience Driver Excess   |   |  |  |
| GS ASSURANCE AGENCY PTE. L' Agen |  | ent Tel. 96967969  |  | Y  |   |  |  |
| No                               |  |  |  |  |   |  |  |
|                                  |  |  |  |  |   |  |  |
| holder Mailing Address           |  |  |  |  |   |  |  |
| BLK 455A #18-03                  | Addr   | ess 2 ANG MG   | ) KIO STREET 44  | Address 3  | TECK GHEE PARKVIEW  |  |  |
| SINGAPORE 561455                 |  |  | re address   | Post Code 561455   |   |  |  |
|                                  |  |  | 7182   |  |   |  |  |
| ed Object: SJF3682L              |  |  |  |  |   |  |  |
| sements                          |  |  |  |  | Endorsement Content   |  |  |
| nce Date of Endorseme            | ent  | Endorsement Type   | Endorsemer   | it Status  | Thank you for giving us the   |  |  |
|                                  | PRIVATE CAR INSURANCE  28/01/2020  Per Accident  1500  0  2000  GS ASSURANCE AGENCY PTE. II  No  holder Mailing Address  BLK 455A #18-03  SINGAPORE 561455  ad Object: SJF3682L  sements | PRIVATE CAR INSURANCE  28/01/2020  Per Accident  1500  1500  2000  2000  2000  2000  2000  All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess GS ASSURANCE AGENCY PTE. L' Agent Tel. No  holder Mailing Address  BLK 455A #18-03 SINGAPORE 561455  Addr Relai Num and Object: SJF3682L | PRIVATE CAR INSURANCE         Plan           28/01/2020         Effective Date         29/01/2020 00:00           Per Accident         All Claims Excess           1500         Own damage Excess         2000           0         OS Premium Outside Singapore TP Excess         1500           GS ASSURANCE AGENCY PTE. L' Agent Tel.         96967969           No         Address 2 ANG MC           BLK 455A #18-03 SINGAPORE 561455         Address Type Singapor Related Policy Number         511573           ad Object: SJF3682L         Sements         Endersomet Type | 28/01/2020 Effective Date 29/01/2020 00:00 Expiry Date  Per Accident All Claims Excess  Own damage Excess  0 OS Premium O  Outside Singapore TP Excess  GS ASSURANCE AGENCY PTE. L' Agent Tel. 96967969 GST Flag  No  holder Mailing Address  BLK 455A #18-03 Address 2 ANG MO KIO STREET 44  SINGAPORE 561455 Address Type Singapore address  Related Policy Number S115737182  add Object: SJF3682L  sements | ## PRIVATE CAR INSURANCE   Plan   Effective   Date   29/01/2020 00:00   Expiry Date   27/05/2021 20 |  |  |

| ident MT/1111951               |  |  | (C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(   | GST Registration No.                | THE CASE OF SHIPS OF SHIP                |  |  |
|--------------------------------|--|--|--|-------------------------------------|--|--|--|
| cy No.                         | 5115737182   | Vehicle No.  | S)F3682L   | GST REGISTRATION NO.                |  |  |  |
| tificate No.                   |  |  |  |                                     | 005343530                                |  |  |
| cyholder Name                  | CHIN XUN KAI   |  |  | Policyholder NRIC                   | S9524353C                                |  |  |
| duct Code                      | PRIVATE CAR INSURANCE  | Cover Type   | drivo CLASSIC  | Loading                             | 0  |  |  |
| itact No.(Mobile)              | 92320286   | Contact No.(Office)                                | 0  | Contact No.(Home)                   |  |  |  |
| ail Address                    |  | Special Remark                                     |  | eCode                               | Nc 🗸                                     |  |  |
| <                              | No ○ Yes   | TCA  | No ○Yes  | eCode Reason                        |  |  |  |
| D Protection                   | No.  | NCD Entitlement(%)                                 | 0  | Private Hire                        | Yes                                      |  |  |
|                                | NO   | 10-3-4. (3-10-10-10-10-10-10-10-10-10-10-10-10-10- |  |                                     |  |  |  |
| Accident Details               | MANUFACTURE OF THE   | Accident Report Within 24 hr                       | s Yes  | Accident Type                       | Collision - Major Minor Road             |  |  |
| port Date                      | 01/12/2020 18:17   |  |  | Country of Accident                 | Singapore                                |  |  |
| te of Accident                 | 26/11/2020   | Time of Accident hh:mm                             | 19:30  | ICM No.                             |  |  |  |
| porting Centre                 |  | Orange Force                                       |  | ich no.                             |  |  |  |
| cident Location                | THE MINTON HOUGANG ST 11 DECK B1 CARP  | ARK  |  |                                     |  |  |  |
| Total Excess Applicable        |  |  |  |                                     |  |  |  |
| cess Type                      | Per Accident   | Windscreen Excess                                  | 100.00   |                                     |  |  |  |
|                                |  | _  | 1,500.00   |                                     |  |  |  |
| Standard Excess                | 2,000.00   | TP Standard Excess                                 | 1,500.00   | Driver is Covered?                  |  |  |  |
| ED OD Excess                   | 0.00   | YIED TP Excess                                     |  | Driver is Covered?                  |  |  |  |
| Iditional Excess               | 0  |  |  |                                     |  |  |  |
| tal OD Excess Applicable       | 2000.00  | Total TP Excess Applicable                         |  |                                     |  |  |  |
| 7 Benefits                     | The Control of the Co |  |  |                                     |  |  |  |
| GST Registered Informa         | tion   |  |  |                                     |  |  |  |
| T Registered                   | No   |  | GST Registration Date  |                                     |  |  |  |
| T Registration No.             |  |  | GST Status Verified  | Yes                                 |  |  |  |
| odification History            |  |  |  |                                     |  |  |  |
|                                |  |  |  |                                     |  |  |  |
| Policyholder Mailing Ad        | dress  |  |  |                                     |  |  |  |
| ddress 1                       | BLK 455A #18-03  | Address 2  | ANG MO KIO STREET 44   | Address 3                           | TECK GHEE PARKVIEW                       |  |  |
| ddress 4                       | SINGAPORE 561455   | Address Type                                       | Singapore address  | Post Code                           | 561455                                   |  |  |
|                                | Silvarone source   | Related Policy Number                              | 5115737182   |                                     |  |  |  |
| nit No.                        |  |  |  |                                     |  |  |  |
| OI Driver Info                 | U  | Driver Type  | Unnamed Driver   |                                     |  |  |  |
| river Name                     | Unnamed Driver DYLAN TONG KE YOU   | Driver NRIC  | S9636234Z  | Driver DOB                          | 12/10/1996                               |  |  |
| nnamed driver Name             |  | Driver Age   | 24   | Driving Experience                  | 3<br>0<br>TECK GHEE HEARTLANDS<br>560416 |  |  |
| egister Date of Driver License |  |  | 0<br>ANG MO KIO AVENUE 10  | Contact No.(Home)                   |  |  |  |
| ontact No.(Mobile)             | 98526606   | Contact No.(Office)                                |  | Address 3                           |  |  |  |
| ddress 1                       | BLK 416  | Address 2  |  |                                     |  |  |  |
| ddress 4                       | SINGAPORE 560416   | Address Type                                       | Singapore address  | Post Code                           |  |  |  |
| Init No.                       | 14-977   |  |  |                                     |  |  |  |
| oes he own a Singapore         | ○ Yes 	 No   | Driver Vehicle No.                                 |  | Driver Insurer Company              |  |  |  |
| Registered car?                |  |  |  |                                     |  |  |  |
| eclaration                     |  |  |  |                                     |  |  |  |
| Breathalyser or Blood Test     | 0 mg   | Any injury?  | ● Yes ○ No   |                                     |  |  |  |
| eading?                        |  |  |  |                                     |  |  |  |
|                                |  |  |  |                                     |  |  |  |
| Iodification History           |  |  |  |                                     |  |  |  |
| Claim 001 New                  |  |  |  |                                     |  |  |  |
| Claim 001 New                  |  |  |  |                                     |  |  |  |
|                                |  |  |  |                                     |  |  |  |
| Claim Type *                   | OD-MX  | Insured Name                                       | CHIN XUN KAI   | Insured NRIC                        | S9524353C                                |  |  |
| Contact No.(Mobile)            | 97320286   | Contact No.(Home)                                  | 64513649   | Contact No.(Office)                 |  |  |  |
|                                | xunkai.chin@gmail.com  | OI Vehicle Number                                  | SJF3682L   | TP Vehicle Number                   | SM33864Y                                 |  |  |
| mail Address                   |  | Type of Benefit *                                  | Please Select  |                                     |  |  |  |
| Claimant Type Claimant Type    | Landau Control | Claimant NRIC *                                    |  |                                     |  |  |  |
| Claimant Name *                | 22   | Ciamani MAC -                                      |  |                                     |  |  |  |
| Claimant Address               |  |  |  | Name of Preferred Workshop          |  |  |  |
| Claim Description              | SJF3682L / SMJ3864Y ON 26 Nov 2020   |  |  |                                     |  |  |  |
| Preferred Workshop Contact     |  | Insured Liability *                                | Not at Fault   |                                     | December 1                               |  |  |
| Require Finalisation           | Yes  | Preferered Repair Option                           | Preferred Workshop, Name unknown   | GIA report                          | Received                                 |  |  |
| Date Registered                | 01/12/2020 18:21   | Claim Close Date                                   |  | Date Received                       | 01/12/2020 00:00                         |  |  |
| Report Taken By                | Jackson  |  |  |                                     |  |  |  |
|                                |  |  |  |                                     |  |  |  |
| Print AK letter                |  |  | AND THE PROPERTY OF THE PROPER |                                     |  |  |  |
|                                |  |  | Save Submit  |                                     |  |  |  |
|                                |  |  |  |                                     |  |  |  |
| Attachment                     |  |  |  |                                     |  |  |  |
| Attachment                     |  |  |  |                                     |  |  |  |
| Attachment                     |  |  | Back and a second  |                                     |  |  |  |
| ▼                              | MT/1111051   | Claim No.  | 001  |                                     |  |  |  |
| Accident No.                   | MT/1111951   |  |  |                                     |  |  |  |
| Accident No.                   | ● Yes ○ No   | Claim No.<br>Upload Date                           | 01/12/2020 18:22   | Confidential                        | encv * Descrip                           |  |  |
| Accident No.                   |  | Upload Date  | 01/12/2020 18:22<br>Category *   |                                     |  |  |  |
| Accident No.                   | ● Yes ○ No   | Upload Date  | 01/12/2020 18:22 Category •  Clear Please Select   | NO V Norma                          |  |  |  |
| Accident No.                   | ● Yes ○ No   | Upload Date  | 01/12/2020 18:22<br>Category *   |                                     |  |  |  |
| Accident No.                   | ● Yes ○ No   | Upload Date  Bro                                   | 01/12/2020 18:22 Category •  Clear Please Select   | NO V Norma                          |  |  |  |
| Accident No.                   | ● Yes ○ No   | Upload Date  Bro  Bro                              | 01/12/2020 18:22 Category *  WSS Clear Please Select  DWSS Clear Please Select  Please Select  | NO Norma  NO Norma  NO Norma  Norma |  |  |  |
|                                | ● Yes ○ No   | Upload Date  Bro  Bro  Bro                         | 01/12/2020 18:22 Category *  WSe Clear Please Select  Please Select  | NO Norma  NO Norma  NO Norma  Norma |  |  |  |

| Attachment |  | By/Date                                      | Category              | 9        | Urgency |            | Description           | Msg Sent?<br>(CO) |    |
|------------|--|--|-----------------------|----------|---------|------------|-----------------------|-------------------|----|
| *****      |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:22 | NRIC/ Driving License | Y        | Normal  | NRIC/ Driv | ing License 2020-12-1 |                   |    |
| 13         |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:22 | SAS                   |          | Normal  | SA         | AS 2020-12-1          |                   |    |
| 2.6<br>■   |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
|            | NAC_PAYA_UB1_800601( NATIO<br>CES) on 01 D | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
| <b>3</b>   | NAC_PAYA_UBI_800601( NATIO<br>CES) on 01 D | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
|            |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
| E          |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
|            |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
| 3          |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
| 35         |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normai  | Pho        | otos 2020-12-1        |                   |    |
|            |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
| *          |  | NAL ASSESSMENT CENTRE SERVI<br>ec 2020 18:21 | Photos                |          | Normal  | Pho        | otos 2020-12-1        |                   |    |
| Video List | Uploaded By/Date                           | Folder Date                                  |                       | ile Name |         | 9          | Source                |                   | Ac |