NATIONAL Assessment Cen	tre Services.	we! I Jan'os [N	69 DC DOOE		
Date In: VININ-IV:07	Jeb description		Date & Time Completed	Don Don	ie py.
Ref No: HINCLOISTS M	SAS e-filing				
Veh No: SMDISOTE	E-mail (within	Shrs, AIC 2hrs)			•
D.O.A: 1/1/20 - 07/15	i-Motor Clai	m Form	M7/11/2016-04	12/2/20	11:07
	i-Motor W/O	(Within: OD 2hrs			
OD TP Reporting Only	i-Photo Uplo	aded			
TP Insurer:	Assessment/Su	rvey Report			
Tr Histici.	Ass't Report b	y <u>Fax / Hand</u> t	o <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:	
TP Particulars: Veh No:	13771=	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
			0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 () / \$2,000	()		प्रमुख्यान्य वर् ग	
General Remarks:-				33 AM (1995)	· · · ·
() Walk-In Customer : Customer's in		fidential & Str	ictly NO refer of repairer	<u> </u>	
Drive-In () / Towed-In (); Invoi			The Conference of	· · · · · · · · · · · · · · · · · · ·	
	ice: YES () / N	0();10	owing Co: (/
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
Injury:					
Date/Time Actions			1.0		
				VALUE OF THE PARTY	
			•		
	3				
				Zanovan Maria Hasa	THE WAY CO.
12065 M		Invoice Prep	aration Checklist	Anit (S) fst Bill	Amt (3)
laimant's Particulars :-		1) AR : Accident I			3.5
		2) DA: Damage A 3) TF: Towing Fe	ssessment (\$100); INC (\$	\$80) 40/ \$ 45	
river/Owner:		4) FT : Follow-Th	rough Survey	\$120 \$30	
ontact No:			rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200		
amaged Portion:		6) TR: Re-inspect 7) N1: Idac DA +		\$75 \$160	
		8) NTUC Addition			
Checked by (Engr-In-Charge):	:	OD* .	Car / Tpt Allowance	\$5	
		*N6: Repair Co	ordination	510	
uditors! Comments ::-	}	*N7: Post Repair *N8: DV / Colle	ir Inspection ect Excess Coordination	\$25 \$5	
<u>l:</u>		TP (N11): TP (Non INC) against INC	\$20	·
2/3;		9) N12: Idac Mobi	le Fee Charged		arket fall
	E	Invoice dated	Fee Charged	SERVICE STREET	



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.

ACCIDENT STATEMENT

02/12/2020 12:03 (SGT) Date of Submission 01/12/2020 03:15 (SGT) Date of Accident Exact Location of Accident Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD1005E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SAFERIDER Company Reg No 5XXXX913L Email Address tinalo9103@gmail.com Mobile Phone No (Phone) +65-84186016 Alternative Phone No +65-84186016

VEHICLE PARTICULARS

Honda Manufacturer Vezel Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to 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 5102798635-02 Cover Note Number

DRIVER

Name of Driver LO HUI LAN SXXXX465F NRIC No Date Of Birth 20/08/1966 Occupation Outdoor

Date Of Driving Pass 18/10/2010 Driving experience 10 YEARS AND 2 MONTHS Female Mobile Number (Phone) +65-84186016 Alt, Phone Number Email Address tinalo9103@gmail.com Address **BLK 939 HOUGANG STREET 92** Address complement #02-31 Postcode 530939 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name LATIFAH Gender Female 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/20201201/7038. 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLV377E Vehicle Manufacturer Vehicle Model Vehicle Variant

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK6992Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-7
Address complement	_
Postcode	-8
Insurance Company Name	-0
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LO HUI LAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMD1005E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
 - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

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

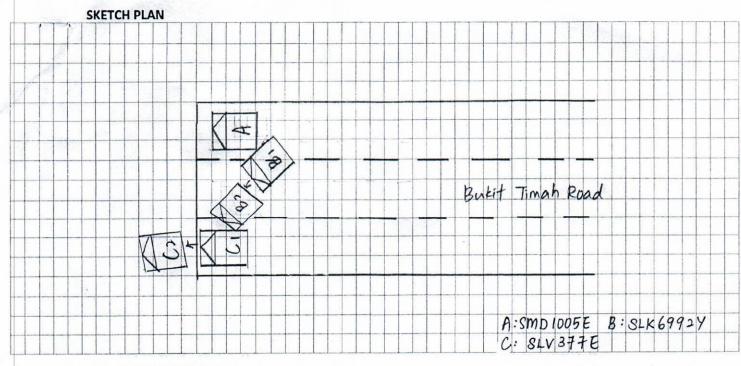
Policy holder's signature
Date / time:

Driver's signature (if driver is not policy holder)

Date / time:

Date / time:

reporting centre personnel's Signature



DESCRIBE CIRC	UMSTANCES OF THE	ACCIDENT			
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*		Transfer of the State of the St	/		
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	/				
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/					

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	的复数形式 在一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的
01/12/2020	(DD/MM/YY)
OSISHRS	(HH:MM)
Bukit Timoh 12 and.	
	01/12/2020 0315HRS

	DET	AILS OF	VEHICLE		是1647年1975	
Vehicle registration number	SMD 1005 E					
Vehicle make and model	Honda Vezel					
Type of vehicle	Saloon □	MPV 🗆	CRV 🗆	Van		
	Lorry	Bus 🗆	Motor	cycle 🗆	Others:	
Vehicle category	Private □	Comme	rcial 🗹	Motorcyc	le 🗆	
Purpose of using at said time	Driving Grab					
Are you claiming under your	Yes 🗆 🕦	No 🗆	if no, plea	se select:		
own insurance company?	Third part clai	m 🗗	Reporting	only 🗆		

	INSURANCE INF	FORMATION	
Insurance company	NTUL		
Policy number	5102798635		
Type of policy	Comprehensive 🗸	Third party fire & theft □	TP only □

种种中国内部的特殊等于	INSURED / POLICY HOLDER		Carlonal Laboratory
Name	Saferider	Male □	Female 🗆
NRIC / Fin / Passport number			
Contact	6416601b		
Address	939 HOL-29 Housing Street		

DRIVER	SAME AS INSURED ABOVE - (SKIP TO D.C).B)		
Name	Lo Hui Lan	Male 🗆	Female 🗹	
NRIC / Fin / Passport number	52730465F			
Contact	84186016			
Address	Bik 939 Housany Street 42 # 02-79 (5) 530 939			
Email address	Tinglo 9 103 @ Grail com			
Date of birth	20-08-1966			
Occupation	Indoor □ Outdoor □			
Driving date pass	18-10-2010			

A state of the sta	Orden to de-			
	GENERAL	INFORMATIO	N OF THE ACCIDENT	Committee to the second second
Was driver an employee of	Yes 🗆	No 🗷		
the insured's company?	If no, rel	ationship of th	he driver and insured: _	HISTOR
Accident captured by camera?	Yes 🗸	No 🗆		-
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		*
No of passenger	02			(Inclusive of driver
The state of the s			and the second for a second officer and the	
	2004年	PASSEN	GER 1	的人。一个人的人,不是一个人的人。 第一个人的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们们的人们们
Name	Latifah			
Gender	Male 🗆	Female 🗹		
- Contract	inaid E			
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NI		LASSEM	GEN 2	
Name	Mala =	Female		
Gender	Male 🗆	Female 🗆		
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		PASSEN	GER 3	
Name				
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		PASSEN	GER 4	
Name				
Gender	Male 🗆	Female 🗆		
		PASSEN	GER 5	1000 1000 1000 1000 1000 1000 1000 100
Name				
Gender	Male 🗆	Female	-	-
		PASSEN	GER 6	
Name/		1745540	OLIV C	
	Male 🗆	Female		
Gender	Iviale	remale 🗆		
		OTHER INCO	PMATION	
Wee anule distributed?	Vacad	OTHER INFO	KIVIATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	NO 🗆		
			and the Control of Control of the Control of	
	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM		STATION ACTION	
Reported to police?	Yes	No 🗆 If	yes, please state which	police station.
Police station name				
	Market 25 - Market 12	attelliant of a standard or de-		
建设		WITNE	SS 1	
Name		WITNE	SS 1	
Name		WITNE	SS 1	
Name				
Name		WITNE		

A transmission of the second second	Company of the Compan
《京文 》(1985年) 1985年 1985年	THIRD PARTY VEHICLE 1
Vehicle registration number	SLV377E
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	SLK 69927
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Action to the second superior of the second	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Valida andistration number	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
N-Li-Landina de la combana	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model Name	
7750775	
NRIC / Fin / Passport number Contact	
Contact	
	/
N. I. I. I. A.	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
and the second second	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC //Fin / Passport number	
Contact	

B

		INJURED PERSON 1
Name	Lo Hui	Lan
Injuries sustained	Back 2	
Which vehicle person in?	8MD 100.	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No
hospital by ambulance?		
destroined a silver in the contract of the contract of		
SOME PROPERTY AND ADMINISTRATION OF THE SOUTH AND ADMINISTRATI		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
A Section of the Control of the Cont	Catalina de la constanta	
		INJURED PERSON 4
Name		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
Injuries sustained Which vehicle person in?		INJURED PERSON 4
Injuries sustained	Yes 🗆	INJURED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 /	
Injuries sustained Which vehicle person in? Were seat belts worn?		No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No D
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes Yes Yes Yes	No D INJURED PERSON 5 No D INJURED PERSON 6





T/20201201/7038

1 of 3

Report No. T/20201201/7038

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 01/12/2020		ide:	Vide Report No.: E/20201201/0038	Station Diary No.:
	sapardioul	a) Si		
Name of In LO HUI LA			Address: 939 HOUGANG STREET 92	#02-31 SINGAPORE 530939
ID Type / II NRIC NO /		5F	Contact No.: Home/Office:	Mobile: 84186016
Nationality:			Email: TINALO9103@GMAIL.COM	
Sex: Female	Age: 54	Date of Birth: 20/08/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation Grab Drive			Driving Licence Information: Class:	Date of Expiry:

Type of	mation of the Accident	Drink	Date/Time of	Type of Location
Accident:	Attended by Police	Drive: No	Accident: 01/12/2020 03:15	
Location:				
BUKIT TIMAH	H ROAD			
Weather:		Road Surface:	F	Road Speed Limit:
Weather: Traffic Flow:		Road Surface: Traffic Control:		Road Speed Limit:

Véhicle No.	Type	Make	Model	Golor:	Conditio	No of
SLK6992Y	Car					0
SLV377E	Car					0
SMD1005E	Car					0





2 of 3

Report No. T/20201201/7038

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

CONTINUATION OF REPORT

Details of Perso Any Pedestrian II	n involved nvolved: No							
	CONTROL OF THE CONTRO				se of Pedestrian Crossing: NA			
Drivers (A. A. C.	* A Carlo		1000					
Name	LO HUI LAN			ID No	•	S2730465F		
Related Vehicle	SMD1005E (Car)			Conta	ct No.	84186016		
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date	NIL		Date		NIL			
No. of Days gran	ted Medical Leave	03	Degree of		Slight			

Brief Details.

On the stated date and time, I was stationary along Bukit Timah Road on the first lane. Out of sudden, I felt an impact from the rear left of my vehicle (SMD1005E) and I saw vehicle (SLK6992Y) hit onto vehicle (SLV377E). Traffic police attended the scene and took away my SD card. I sustained injuries and was given 3 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201201/7038

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2020 16:48
Officer In Charge Of Case: TP / TPIB / SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:

Hello, NAC_PAYA_UBI_80	0601						· Chang	ge Language	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query								_	
Notice of Loss	Policy N	lo.				Date	of Accident	[c	01/12/2020 (03:15	
	Vehicle	No.(For Motor)	SMD10	05E		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	5102798635- 02		SAFERIDER	53377913L	GPC	drivo CLASSIC	SMD1005E	SMD1005E	01/08/2020	31/07/2021

Sequence

Date of Endorsement

Endorsement Content

Policy No.	5102798635-02	Policyholde Name	SAFERIDE	2	Policyholder NRIC	53377913L	
Certificate No.							
Address	BLK 939 #02-29 HOUGANG STR	EET 92 SING	SAPORE 5309	39			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/07/2020	Effective Date	01/08/202	0 00:00	Expiry Date	31/07/2021 23:	59
Excess 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/I	nexperience Driver Excess
Agent	THIS MARKETING INSURANCE A	Agent Tel.	63444479		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 939 #02-29	Addr	ess 2	HOUGANG STREET	92	Address 3	SINGAPORE 530939
Address 4		Addr	ess Type	Singapore address		Post Code	530939
Jnit No.	02-29	Rela Num	ed Policy ber	5102798635-02			
A Incurac	Object: SMD1005E						

Endorsement Type

Continue Cancel

Endorsement Status



								☐ Send Mes
Attachment		aded By/Date	Category	9	Urgency			Msg Sent?
C.		TIONAL ASSESSMENT CENTRE SERVI	category	8	orgency		Description	(CO)
2000	CES) on 0	2 Dec 2020 12:11	NRIC/ Driving License	Y	Normal	NRIC	/ Driving License 2020-12-2	
A, *	NAC_PAYA_UBI_800601(NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 2 Dec 2020 12:11	NRIC/ Driving License	Y	Normal	NRIC	:/ Driving License 2020-12-2	
10	NAC_PAYA_UBI_800601(NAT CES) on 0.	TIONAL ASSESSMENT CENTRE SERVI 2 Dec 2020 12:09	SAS		Normal		SAS 2020-12-2	
	NAC_PAYA_UBI_800601(NAT CES) on 02	TONAL ASSESSMENT CENTRE SERVI 2 Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
47	NAC_PAYA_UBI_800601(NAT CES) on 02	TONAL ASSESSMENT CENTRE SERVI 2 Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NAT CES) on 02	TONAL ASSESSMENT CENTRE SERVI 2 Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NAT CES) on 02	IONAL ASSESSMENT CENTRE SERVI Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NAT CES) on 02	IONAL ASSESSMENT CENTRE SERVI Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
1	NAC_PAYA_UBI_800601(NAT CES) on 02	IONAL ASSESSMENT CENTRE SERVI Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NAT. CES) on 02	IONAL ASSESSMENT CENTRE SERVI Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NAT: CES) on 02	IONAL ASSESSMENT CENTRE SERVI Dec 2020 12:08	Photos		Normal		Photos 2020-12-2	
K	NAC_PAYA_UBI_800601(NATE CES) on 02	ONAL ASSESSMENT CENTRE SERVI Dec 2020 12:07	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATE CES) on 02	ONAL ASSESSMENT CENTRE SERVI Dec 2020 12:07	Photos		Normal		Photos 2020-12-2	
N N N N N N N N N N N N N N N N N N N	NAC_PAYA_UBI_800601(NATI CES) on 02	ONAL ASSESSMENT CENTRE SERVI Dec 2020 12:07	Photos		Normal		Photos 2020-12-2	
T	NAC_PAYA_UBI_800601(NATI CES) on 02	ONAL ASSESSMENT CENTRE SERVI Dec 2020 12:07	Photos		Normal		Photos 2020-12-2	
4	NAC_PAYA_UBI_800601(NATI CES) on 02	ONAL ASSESSMENT CENTRE SERVI Dec 2020 12:07	Photos		Normal		Photos 2020-12-2	
	NAC_PAYA_UBI_800601(NATI CES) on 02	ONAL ASSESSMENT CENTRE SERVI Dec 2020 12:07	Photos		Normal		Photos 2020-12-2	
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