Date In: M. G. L.	Jeb description	Date & Time Completed	Done	py.
Date In: 11/2-16:15				
Ref No: NA 114 (2013543 ) 24	SAS e-filing			
Veh No: JRMISSC	E-mail (within Shrs, AIC 2hrs)		-4 1	
D.O.A: 3/1/2-17:00	i-Motor Claim Form		8/18/20 16	5: 19
OD TP! Reporting Only	i-Motor W/O (Within: OD 2h)	s, 7'P 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			-· <b></b> ·
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: XE	1926L INC (	)/Non-INC( )		
Owner / Driver: (	·	Tel:	)	
Policy No: ( ) P	Period: (	Cover Type: (	) .	
Confirmed by: (	Date:	Time:	)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )			
General Remarks:-				
( ) Walk-In Customer: Customer's inf	formation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu				
		owing Co: (		)
Enverin ( )/ / owed-in ( ), invol	ce. IES ( ) / NO ( ) , I	Owing Co. (		
temarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ( )	Date&Time Completed	Done	hy
) Apply for Transport Allowance ( )/		Date&Time Completed	Done	by
Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection	Courtesy Car ( )	Date&Time Completed	Done	by
Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ( )	Date&Time Completed	Done	by
) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > S  Injury:	Courtesy Car ( )	Date&Time Completed	Done	hy
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SN0920C8000M / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 16:15 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/12/2020 16:15 (SGT))



# 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

Date of Submission 08/12/2020 16:15 (SGT) 07/12/2020 12:00 (SGT) Date of Accident Exact Location of Accident AYE, Singapore Additional Location Information TWDS MCE AFTER CLEMENTI RD EXIT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKM8683C

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHONG YEONG CHIN RAYMOND NRIC No SXXXX631E Email Address raychong20@yahoo.com (Phone) +65-96159196 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Volkswagen Manufacturer Model Jetta 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 No - Claiming third party your vehicle? Private car Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5099753335-02 Cover Note Number

#### DRIVER

CHONG YEONG CHIN RAYMOND Name of Driver SXXXX631E NRIC No 20/10/1947 Date Of Birth Occupation Indoor

Date Of Driving Pass 31/05/1965 Driving experience 55 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-96159196 Alt. Phone Number raychong20@yahoo.com Email Address BLK 291A BUKIT BATOK STREET 24 Address Address complement #08-55 650291 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Change/cross lane Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No 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/20201208/7018. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number XE1926L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	<u>=</u> 0
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	CHONG YEONG CHIN RAYMOND
Address	-
Address Complement	•
Post Code	
Approximate Age Years Old	2
Injuries Sustained	BODY
Injured person in which vehicle?	SKM8683C
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 completed by the Policyholder 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (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
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (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.

Deros

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

#### **SKETCH PLAN**

AJE TOWARDS

(A) SKM8683C

MCE After

CLEMENTI RD EXIT

(B) XE 1926L

#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

	I was along AJE towards MCE on law 4 of 4 lang. Weather
Was	clear, traffic was moderate. Out of a sudden, I felt an great impact
0n	my right. I alighted and venlised vehick B, had collided onto my
right	while changing land from lane 3 to lane 4. He could not see me
15	I was in his blind spot.

#### **DECLARATION**

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

manone

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

SINGAPORE AC	CLUENT STATEMENT	
TYPE OF CLAIMS	: OWN DAMAGE (	) 3rd PARTY ( / ) REPORTING ONLY ( )
DATE OF ACCIDENT	· +12/20	TIME : 1200 pm
LOCATION		The same of the sa
LOCATION	THE CONCROL	s MCE affer Clementi Road Exit
	: stm 8683 c	MAKE/MODEL Volkswagen Zetta
OWNER INSURED	: Chong Yeon	of Chin Raymond
NRIC NO. :		
INSURANCE COMP:	NTUC	
TYPE OF INSURANCE	E: COMPREHENSIVE (	TPFT ( ) 3RD PARTY ONLY ( )
DRIVER PARTIC	ULAR	DRIVER SAME AS OWNER:
DRIVER NAME :	į	NRIC NO.:
ADRESS:	991 Bukit Batok St	24 #08-53 POSTAL: 650291
CONTACT :		Raychony 206 yahoo - com GENDER:
DOB: 40 (10	DATE OF PAS	
		3.(3)
(PLEASE TICK A	AND FILL THE RELEV	VANT CHOICES)
	APLOYEE OF THE INSURED'S	
IF NO, RELATION OF	DRIVER WITH INSURED:	, , , , , ,
( ) OWNER ( ) S	SPOUSE ( ) FRIEND (	) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS
WEATHER CONDITIO	N: ( / ) CLEAR ( ) RAINI	NG ( ) DRIZZLING
ROAD SURFACE: (/	DRY ( ) WET ( ) SLIP	PPERY
WAS ANYRODY INIIII	RED: ( / ) YES ( ) NO	INJURIES SUSTAINED :
WAS ACCIDENT REPO	and heavy MAN and the Company of the	IF YES, WHICH STATION:
( ) YES ( ) NO		POLICE REPORT NUMBER:
(A)		ONVEY BY AMBULANCE ( ) YES ( ) NO
	GER INCLUDE DRIVER:	ONVET BY ANIBOLANCE ( ) TES (/ ) NO
PARTICULAR OF PASS		( ) MALE ( ) FEMALE
TARTICOLAR OF TASS	LINGER .	( ) MALE ( ) FEMALE
	0	( ) MALE ( ) FEMALE
		( ) MALE ( ) FEMALE
	-	( ) INNEE ( ) TENNEE
(THIRD PARTY	PARTICULAR)	
VEHICLE B XE 1926		CONTACT:
VEHICLE C	NAME /NRIC:	CONTACT:
VEHICLE D	NAME /NRIC:	CONTACT:
VEHICLE E	NAME /NRIC:	CONTACT:
VEHICLE F	NAME /NRIC:	CONTACT:
VEHCILE G	NAME /NRIC:	CONTACT:
WITNESS (IF AN	11)	
NAME:		HP NO. : NRIC:
* 10 PROVIDE ATTAC	CH NRIC, WITNESS STATEME	INT BY POLICE REPORT*





No

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201208/7018

		TIC ACCIDENT	_					
Date/Time Report Made: 08/12/2020 14:11			Vide	Vide Report No.:			Station Diary No.:	
Informant	's Parti	culars						
	Name of Informant: CHONG YEONG CHIN RAYMOND		Addre 291A	The state of the s	TOK STREET	24 #08-55 S	SINGAPORE 650291	
ID Type / I NRIC NO	/ S05736	631E		e/Office:		Mobile: 96	159196	
Nationality SINGAPO			Email raych	: ong20@yal	noo.com			
Sex: Male	Age:	Date of Birth: 20/10/1947	Type Driver	of Informan	t:			
Race: Chinese			Langu Englis	•		Institution /	School Name:	
Occupation: Retiree			Driving Licence Information: Class: Date			Date of Exp	of Expiry:	
	• Special control of a second			5155110 San 100				
and the same of th		n of the Accident Injury		Deinle	Data/Tia			
Type of Accident:		Others		Drink Drive: No	Date/Tim Accident: 07/12/202		Type of Location: Straight Road	
Location:	- All			1	1011121201	12.00		
AYER RAJ	IAH EXF	PRESSWAY						
Weather: Clear			Road Dry	Road Surface:			Road Speed Limit:	
Traffic Flow:				Control:		Trat	ffic Volume:	
Type of Co Between M		ehicles - Side Swipe	e - Same	e Direction			one conveyed by bulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKM8683C	Car	VOLKSWAGO N	JETTA+1.4+ TSI+AT+162 3G5			0
XE1926L	Lorry					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201208/7018

#### **CONTINUATION OF REPORT**

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM8683C	NTUC Income Insurance Co-Operative Limited	5099753335-02	17/04/2020	16/04/2021

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destriar	Cross	sina: NA
Driver						<b></b>
Name	CHONG YEONG CHIN RAYMOND			ID No. S0573631E		S0573631E
Related Vehicle	SKM8683C (Car)			Contact No.		96159196
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	08/12/2020 Date				08/12	/2020
No. of Days granted Medical Leave 03			Degree of		Slight	

#### Brief Details.

On 7th December 2020, at about 12pm, I was travelling alone AYE towards MCE before Bouna Vista Road Exit. I was driving on the left most lane. Out of a sudden, I felt an impact from my right. I alighted and realised vehicle XE1926L had collided onto my vehicle while trying to swift into my lane.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

NP168

3 of 3 Report No. T/20201208/7018

**CONTINUATION OF REPORT** 

Sketch Plan	
Informant is	not able to provide skoto

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: 08/12/2020 14:11
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

1, LIOW LIM CHUAN XE19262 Accendentally Collided onto vehicle SKM 8683C When 1 was thanging lane from 3 to lane 4 on AYE LION frim CHUAN

Ulium 1/12/20



#### 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: 5099753335-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKM8683C

Chassis Number

: WVWZZZ16ZDM058847

2. Name of Policyholder

: CHONG YEONG CHIN RAYMOND

3. Effective Date of Insurance

: 17 Apr 2020

4. Expiry Date of Insurance

: 16 Apr 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 business or profession.

#### This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS (SECTION 1)** 

: S\$600

**EXCESS (SECTION 2)** 

: N/A

WINDSCREEN EXCESS

: S\$100

**ADDITIONAL EXCESS** 

: N/A

**UNNAMED DRIVER EXCESS** 

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

**INSURE WITH COE** 

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

**EXCESS WAIVER** 

: NO : CHONG YEONG CHIN

PRIMARY DRIVER

: TAN AH NGOH

NAMED DRIVER (1)

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: N/A

: 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

: LYNN WEE EE LIAN (00000637110)

Date of Issue

: 25 Mar 2020 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

Hello, NAC_PAYA_UBI_80	0601						• Chang	je Languag	e • Chan	ge Password	· Log O
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.		Date of A			of Accident	Accident 07		07/12/2020 12:00	
	Vehicle	No.(For Motor)	SKM86	83C		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	5099753335- 02		CHONG YEONG CHIN RAYMOND	S0573631E	GPC	drivo CLASSIC	SKM8683C	SKM8683C	17/04/2020	16/04/2021

Policy No.	5099753335-02	Policyholder	CHONG YEO	NG CHIN RAYMOND	Policyholder	S0573631E	
50-50-400 <b>4</b>	3037733333 02	Name			NRIC		
Certificate No.							
Address	BLK 291A #08-55 BUKIT BATO	K STREET 24 S	INGAPORE 6	50291			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/03/2020	Effective Date	17/04/2020	00:00	Expiry Date	16/04/2021 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	LYNN WEE EE LIAN	Agent Tel.	62221889		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 291A #08-55	Addre	ess 2	BUKIT BATOK STRE	ET 24	Address 3	SINGAPORE 650291
Address 4		Addre	ss Type	Singapore address		Post Code	650291
Unit No.		Relate Numb	ed Policy er	5099753335-02			
) Insure	d Object: SKM8683C						
<b>▽</b> Endors	ements				The second secon	THE CONTRACT OF THE CONTRACT O	The second secon
	ce Date of Endorseme		Endorsement		Endorsement	Ctatus	Endorsement Content

Assident MT/1112834						
Accident MT/1112834	E0007E222E.02	Vehicle No.	SKM8683C	GST Registration No.		
Policy No.	5099753335-02	VEHICLE NO.	W. 100000			
Certificate No.	CHONG YEONG CHIN RAYMOND			Policyholder NRIC	S0573631E	
Policyholder Name		Cover Type	drivo CLASSIC	Loading	0	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0	
		Special Remark		eCode	Nc 🗸	
Email Address	ACCOUNTS AND ADDRESS OF THE PARTY OF THE PAR		2 2			
(FK	● No ○ Yes	TCA	No ○Yes	eCode Reason		
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No	
Accident Details						
Report Date	08/12/2020 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
Date of Accident	07/12/2020	Time of Accident hh:mm	12:00	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
	AYE					
Accident Location  Total Excess Applicable						
	Per Accident	Windscreen Excess	100.00			
Excess Type	Per Accident	Windscreen Excess	EV-1			
OD Standard Excess	600.00	TP Standard Excess	0.00			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
Additional Excess	0					
	600.00	Total TP Excess Applicable	0.00			
otal OD Excess Applicable	600.00	. J. C.	3.00			
♥ Benefits						
GST Registered Informa			CST Bookst-West Date			
ST Registered	No		GST Registration Date	Yes		
ST Registration No.			GST Status Verified	160		
lodification History						
Bellevi - Idea - 1	Idrae					
Policyholder Mailing Ad			DIWIT DATON STORES	Address 2	SINGAPORE SEASON	
Address 1	BLK 291A #08-55	Address 2	BUKIT BATOK STREET 24	Address 3	SINGAPORE 650291	
Address 4		Address Type	Singapore address	Post Code	650291	
Init No.		Related Policy Number	5099753335-02			
OI Driver Info						
Driver Name	CHONG YEONG CHIN	Driver Type	Main Driver			
Jnnamed driver Name		Driver NRIC	S0573631E	Driver DOB	20/10/1947	
egister Date of Driver License	31/05/1965	Driver Age	73	Driving Experience	55	
Contact No.(Mobile)	96159196	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 291A	Address 2	BUKIT BATOK STREET 24	Address 3	SINGAPORE 650291	
Address 4		Address Type	Singapore address	Post Code	650291	
Unit No.	08-55					
Does he own a Singapore				Driver Insurer Company		
Registered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No			
Modification History						
10 10 M						
Claim 001 New						
Claim Tune #	OD-MX	Insured Name	CHONG YEONG CHIN RAYMOND	Insured NRIC	S0573631E	
Claim Type *				Contact No.(Office)	NIL NIL	
Contact No.(Mobile)	96159196	Contact No.(Home)	64673717			
Email Address		OI Vehicle Number	SKM8683C	TP Vehicle Number	XE1926L	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	>>	Claimant NRIC *	Control of the second second second	_		
Claimant Address						
Claim Description	SKM8683C / XE1926L ON 7 Dec 2020			Name of Preferred Workshop		
Preferred Workshop Contact		Insured Liability *	Not at Fault			
NO.	lves less	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Require Finalisation	Yes		referred workshop, wante unknown	Date Received	08/12/2020 00:00	
Date Registered	08/12/2020 16:19	Claim Close Date		Date vereived	-37.22220000	
Report Taken By	Jackson					
Print AK letter						
			Save Submit			
10 Pa			Section 1			
Attachment						
▼						
		822 (20 ton)	(hall the			
Accident No.	MT/1112834	Claim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	08/12/2020 16:21			
	Path •		Category *	Confidential Urge	ncy • Description	
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	NAC_PAYA_UBI_800601( NATI CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:20	Photos		Normal	Photos	2020-12-8	
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	NAC_PAYA_UBI_800601( NATI CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:20	Photos		Normal	Photos	2020-12-8	
1	NAC_PAYA_UBI_800601( NATI CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:21	SAS		Normal	SAS 2	020-12-8	
52-4 52-4	NAC_PAYA_UBI_800601( NATI CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-8	
	NAC_PAYA_UBI_800601( NAT: CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-8	
	NAC_PAYA_UBI_800601( NAT: CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-8	
	NAC_PAYA_UBI_800601( NAT. CES) on 08	IONAL ASSESSMENT CENTRE SERVI Dec 2020 16:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2020-12-8	(60)
Attachment	Upload	ded By/Date	Category	9	Urgency	Des	scription	Msg Sent? (CO)