NATIONAL Assessment Centre	e Services. IMET I Jan'ou	HOO DOCPCHL I	T
Date In: 19/1/20-14:09	Jeb description	Date & Time Completed	Done by
Res No: Na sucro NIVIJW	SAS e-filing		
Veh No: Jusol72	E-mail (within Shrs, AIC 2)	ars)	
D.O.A: 18/12-15-15	i-Motor Claim Form	m/1114314-001	19/1/20 1I:02
OD : (T) ! Reporting Only	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)	
OD : (1) . Reporting Only	i-Photo Uploaded		-
mn.	Assessment/Survey Rep	ort	
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp	<u> </u>
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: 577	ALIAD. II	VC( )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Per	riod: (	) Cover Type: (	
Confirmed by : (	Date:	Time:	)_100%]
		: 0-20%; P: 21-79%. P: 30	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Tour of response	Warranty: YES ( )/NO		
	00()/\$2,000()	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
General Remarks:-		& Strictly NO refer of repairs	r.
( ) Walk-In Customer: Customer's info		& Strictly NO Tales of Teponic	
( ) Total Loss Case : to e-mail Insure		); Towing Co: (	· )
Drive-In ( )/ Towed-In ( ); Invoice	E YES ( ) / NO (		04-14-03-24-000
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
- , - FF-5	Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )	· · · · · · · · · · · · · · · · · · ·	
3) Upload Resurvey Photo [Repair Cost > \$3	( )		
Injury:			
Date/Time Actions		and the second s	
· · · · · · · · · · · · · · · · · · ·			Anit (S) Aml (\$)
14400194	1000 X 500 M	e Preparation Checklist	fit Bill Add Bill
Claimant's Particulars:	1) AR : A	Damage Assessment (\$100); INC	C (\$80)
	3) TF : T	owing Fee .	\$40/\$45 \$120
Driver/Owner:	SOFT - F	ollow-Through Survey ollow-Through Survey (Resurvey)	\$30
Contact No:	Force	iming against INC Only (wef 10 Jan e-inspection	\$75 \$75
Damaged Portion:	7) N1 : I	dac DA + SMRT Survey	\$160
	\$) NTUC	Additional Services:-	
C Checked by (Engr-In-Charge):	*N5: 0	Couriesy Car / Tpt Allowance	\$5 510
The state of the s	•N7:1	Repair Co-ordination Post Repair Inspection	\$25
Auditors! Comments :-	*N8:1	OV / Collect Excess Coordination	\$3 \$20
at. 1:	9) N12:	11): TP (Non INC) against INC Idae Mobile	30
Cat. 2/3;	Invoice	dated Fee Char	MANAGE YESTER
	Invoice	dated Fee Char	5 PILOTONIA

Francis Contract



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

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

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

## ACCIDENT STATEMENT

Date of Submission 19/12/2020 14:59 (SGT) Date of Accident 18/12/2020 15:15 (SGT) Exact Location of Accident Lentor Ave, Singapore Additional Location Information twds cte Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private hire

Vehicle Registration Number SJU3017D

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TOH BENG HONG NRIC No SXXXX996D Email Address beng86\_peace@hotmail.com Mobile Phone No (Phone) +65-81865520

Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category Private hire

## INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5115418860 Cover Note Number

#### DRIVER

Name of Driver TOH BENG HONG NRIC No SXXXX996D Date Of Birth 12/04/1986 Occupation Outdoor

Date Of Driving Pass	15/12/2011
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-81865520
Alt. Phone Number	+
Email Address	
Address	beng86_peace@hotmail.com
Address complement	BLK 795 YISHUN RING ROAD
	#05-3406
Postcode	760795
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	
Type of Accident	Collision Change/even lane
Weather Conditions	Collision - Change/cross lane
Road Surface	Raining
Thous durings	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
	110
PASSENGER 1	
Name	Formula
	- Female
Name Gender	- Female
Name	- Female
Name Gender  DETAILS OF POLICE ACTION	- Female
Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?	- Female Yes
Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Police Station Name	
Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Police Station Name  Police Station Phone No	Yes Traffic Police
Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Police Station Name  Police Station Phone No	Yes Traffic Police (Phone) +65-65470000
Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900
Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Police Station Name  Police Station Phone No  Alt. Police Station Phone No  Police Station Address	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865
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Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO POLICE REPORT - T/20201219/7007.  ATTACHMENT(S)  Are accident photos available for attachment?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
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Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO POLICE REPORT - T/20201219/7007.  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No - Yes Yes
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Name Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?  If yes, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO POLICE REPORT - T/20201219/7007.  ATTACHMENT(S)  Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?  DETAILS OF OTHER	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -  Yes Yes Yes No
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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)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	TOH BENG HONG
Address	-
Address Complement	
Post Code	72
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SJU3017D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

## **IMPORTANT NOTICE**

- 1) Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the Police as investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

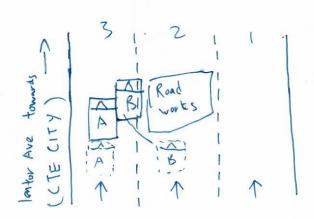
Date & Time:

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

Name:

NRIC/ FIN No:

## SKETCH PLAN



Ven A: SJU3017D Veh B: SJT7714D

	Refer to Police Report T/20201219/7007
DECLARATI	ON

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

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Date of Accident	: 18/12/20 Accident Time: 15:15 (24-HR-Format)
Accident Place	Lentor Ave towards CTZ City
Vehicle. No. (Car Plate No.)	SJU3017D Make/Model: Toyota Vios
Insurace Company	: NTUC Policy No: 5115418860
Owner or Company Name /IC No.	Toh Beng Hong
Owner or Company Contact No.	: 8186 5520 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Toh Beng Hong
DRIVER'S Date Of Birth	: 12/04/86 DRIVER'S License Pass Date 15/12/11
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address	BIK 795 Yishun Ring Road #05-3406
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	beng 86- peace@hotmall.com
Weather & Road Surface	: CLEAR & DRY\I(AINING & WE)\AFTER RAIN & WET
Reporting Type	: Reporting Only \ (laim Other Party \ Claim Own Insurance
Number of Passengers (Including D	
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	r camera: VES \ NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle, No: 2377714]	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	gender:
Guab Passenger (F)	
G13 Accident Report	ing @ gmall.com





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201219/7007

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 11:37		lade:	Vide Report No.:	Station Diary No.:	
Informant	's Particu	ilars			
Name of Ir	G HONG		Address: 795 YISHUN RING ROAD #0	95-3406 SINGAPORE 760795	
ID Type / I	S861099	06D	Contact No.: Home/Office:	Mobile: 81865520	
Nationality SINGAPOR		ΞN	Email: BENG86_PEACE@HOTMAII	L.COM	
Sex: Age: Date of Birth: Male 34 12/04/1986			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name		
Occupation Grab Drive			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acc	dent	pleto service per service	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2020 15:15	Type of Location: Straight Road
Location:				
LENTOR AVE	ENUE			
Weather: Drizzling		Road Surface: Wet		pad Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	Tra	affic Volume:
Type of Collis Between Mov		Swipe - Same Direction		nyone conveyed by nbulance:

<b>Details of V</b>	ehicle Invo	lved			<b>热情情的新沙沙</b>	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJT7714D	Car					0
SJU3017D	Car	ТОУОТА	VIOS E AUTO	Black		0

Details of \	/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/20201219/7007

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU3017D	NTUC Income Insurance Co-Operative Limited	5115418860	07/01/2020	25/05/2021

<b>Details of Perso</b>	n Involved						
Any Pedestrian I	nvolved: No		26 Allus alma salifa ang sa				
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA	
Driver			1000000				
Name	TOH BENG HONG			ID No		S8610996D	
Related Vehicle	SJU3017D (Car)			Contact No.		81865520	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	19/12/2020 Date		Date			/2020	
No. of Days gran	ted Medical Leave	03	Degree of		Slight		

## Brief Details.

On the stated time and date, i was driving my vehicle ( SJU3017D ) on lentor ave towards ( CTE CITY ) on lane 3 on 3 lanes. Suddenly i felt an impact from my right vehicle side i move forward as there are road work on lane 2 to prevent congestion after the incident i alighted my vehicle and realised Vehicle bearing carplate ( SJT7714D ) had collided onto my right vehicle side after shifting out from lane 2 without checking blind spot and recklessly . after the incident i felt pain at my neck , back and right shoulder i received 3 days MC and i also wish to state that there was a grab passenger inside my vehicle while this accident occur.





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

3 of 3 Report No. T/20201219/7007

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2020 11:37
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:



#### 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: 5115418860

Cover : drivo CLASSIC

5/1/30170

1. Index mark and Registration Number of Vehicle Chassis Number Name of Policyholder

MR053HY9305130053 TOH BENG HONG

3. Effective Date of Insurance

: 07 Jan 2020

: 06 Jan 2021

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(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) : 5\$2,000 **EXCESS (SECTION 2)** : \$\$1,500 WINDSCREEN EXCESS : 55100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : TOH BENG HONG NAMED DRIVER (1)

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

: GV CREDIT PTE LTD SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 07 Jan 2020 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ID SINGAPORE 329703

Chief Executive

dello, NAC_PAYA_UBI_80	00601						, Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Policy Query										Log or
Notice of Loss	Policy N	No.				Date o	of Accident	F	18/12/2020	15:15	
	Vehicle	No.(For Motor)	SJU301	7D		Certifi	cate Number	[			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115418860		TOH BENG HONG	S8610996D	GPC	drivo CLASSIC	SJU3017D	SJU3017D	07/01/2020	25/05/2021

BLK 795 #05-3406 YISHUN RIN PRIVATE CAR INSURANCE  07/01/2020  Per Accident  1500  0  2000  KHC HOLDINGS PTE LTD  No  Ider Mailing Address  BLK 795 #05-3406  SINGAPORE 760795  05-3406  Dbject: SJU3017D	Plan  Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess Agent Tel.  Addres	07/01/2020 2000 0 1500 62538288 ss 2 ss Type		Group Policy Flag Expiry Date Windscreen Excess  GST Flag	100	21 23:59  ung/Inexperience Driver Excess  KHATIB VALE 760795
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05-3406 <b>Dbject: SJU3017D</b>	Relate	ed Policy		ess	Post Code	
Object: SJU3017D			5115418860			
nents						
Date of Endorsement	t E	Endorsement 7	Гуре	Endorsement	Status	Endorsement Content
16/11/2020 00:00	POI Ext	tension/Shorte	en Endo	orsement Take Effe	ective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OI INSURANCE: 07 Jan 2020 TO 2. May 2021 In view of this amendment, an additional premium of \$1,052.44 (inclusiv. GST) is payable under your poli Please ignore this premium payment request if you have sir made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter For cheque payment, please issi the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also ma payment at any of our branches
	16/11/2020 00:00	16/11/2020 00:00 POI Ex	16/11/2020 00:00 POI Extension/Shorte	16/11/2020 00:00 POI Extension/Shorten Endo	16/11/2020 00:00 POI Extension/Shorten Endorsement Take Eff	16/11/2020 00:00 POI Extension/Shorten Endorsement Take Effective

Policy No. 5115418860 Vehicle No. SJU3017D GST Registration No.  Certificate No.  TOH BENG HONG  TOH BENG HONG  SB10996D	Claim Handling							
Control   Cont	Accident MT/1114314							
MICHANE   CASE   MICHANICAN MICHANICAN   CASE   C	Policy No. Certificate No.	5115418860	Vehicle No.	SJU3017D	GST Registration No.			
Michael Cale   Michael Cale Cale Cale Cale Cale Cale Cale C	Policyholder Name	TOH BENG HONG						
Control Multiple   Control Mul	Product Code		Cover Type	drive CI ASSIC				
March All Company   Special Service   Special	Contact No.(Mobile)							
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A Modern Datable         ACCIDITY STATE OF THE STA				● No ◯ Yes	eCode Reason			
March   Marc		No	NCD Entitlement(%)	0	Private Hire	Yes		
March Andered   March 20000   The air Accounts in man   15.15   Country of Account	Accident Details							
The of Account (many 1941) 2000   1941   19	Report Date	19/12/2020 15:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Jane		
Comparison   Com	Date of Accident	18/12/2020	Time of Accident hh:mm	15:15				
Colore   C	eporting Centre		Orange Force					
Windows   1990	ccident Location	Lentor Ave			ICM NO.			
Designation   Part Accident   Designation	Total Excess Applicable							
District Foots			Windscreen Evcess	100.00				
## CODE DESCRIPTION OF THE PROPERTY OF THE PR			Windscreen Excess	100.00				
100 Oblicate	D Standard Excess	2,000.00	TP Standard Excess	1 500 00				
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## Control Process Application  **Process Ap	dditional Excess			0.00	Driver is Covered?	Covered		
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### April		No		Control of the Contro				
Preference   1				GST Status Verified	Yes			
March   Mar	diffication History							
### 1	Policyholder Mailing Add	iress						
March   Marc				12 ECONO 13 AND 12 CONTROL OF THE SECOND 13 AND 13				
## OCC 15-34-06   Description   Selector Plancy Number   Sill-15-16-18-00   Profess				YISHUN RING ROAD	Address 3	KHATIB VALE		
## Direct Nation    TOH DEVISION   TOH BEND HONG			Address Type	Singapore address	Post Code	760795		
TOH BENG HONG		05-3406	Related Policy Number	5115418860				
Anne de Name    September								
Direct Date of Driver License   15/22/2011   Driver App   34   Driving Experience   9		TOH BENG HONG	Driver Type	Main Driver				
### ### #############################			Driver NRIC	S8610996D	Driver DOB	12/04/1986		
Section   Sec	gister Date of Driver License	15/12/2011	Driver Age	34	Driving Experience	9		
ABOVERS   SINCAPORE 760795   A ABOVERS Type   Singapore address   Post Code   760795	ntact No.(Mobile)	81865520	Contact No.(Office)	0	Contact No.(Home)	0		
## Address Select	dress 1	BLK 795	Address 2	YISHUN RING ROAD	Address 3	KHATIR VALE		
11 No. 05-3405 size no com a Singapore o Ves     New   No	dress 4	SINGAPORE 760795	Address Type	Singapore address	Post Code			
Driver Insurer Company   Driver Insurer Nation   Driver	nit No.	05-3406			7 031 0000	700793		
Claim Ool 1   Name of Preferred Workshop Contact No Con	oes he own a Singapore egistered car?	○ Yes <b>③</b> No	Driver Vehicle No.		Driver Insurer Company			
Any injury?   © Yes ○ No								
dification History  Claim 803 Next  Saim Type * OD-MX	eathalyser or Blood Test	0 ma	Aprilation 2	8×0				
Aim Type * OD-MX	adings		Ally ingary.	e les O No				
Insured Name  TOH BENG HONG  Insured NRIC  S8610996D  Insured NRIC  S8610996D  Insured NRIC  S8610996D  Insured NRIC  S8610996D  Insured NRIC  Contact No. (Office)  TV Vehicle Number  S177714D  Name of Preferred Workshop  Insured Liability  Insured Liability  Preferred Workshop Name unknown  Ves  Preferred Repair Option  Freferred Workshop, Name unknown  Insured Liability  Insured NRIC	dification History							
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all Address OI Vehicle Number SJU3017D TP Vehicle Number SJU714D SJT7714D S	ntact No.(Mobile)	88099827	Contact No.(Home)		Contact No.(Office)	Charles Charles III		
mant Type Claimant Type * Please Select	ail Address		OI Vehicle Number	SJU3017D		SJT7714D		
mant Name *	mant Type Claimant Type *	Please Select						
mant Address m Description  SJU3017D / SJT7714D ON 18 Dec 2020  Insured Liability * Not at Fault  Uire Pinalisation  Yes Prefered Repair Option Preferred Workshop, Name unknown GIA report Date Received  19/12/2020 15:02 Claim Close Date  Save Submit  Stackment  Address  MT/1114314 Claim No. Doc. Received  Path *  Category *  Confidential Urgency *  Description  Browse  Browse  Browse Clear Please Select V NO Normal V Norma								
m Description   SJJJ3017D / SJT7714D ON 18 Dec 2020   Name of Preferred Workshop    lerred Workshop Contact   Insured Liability * Not at Fault   V  urre Finalisation   Yes   V   Preferered Repair Option   Preferred Workshop, Name unknown   V   GIA report   Received   V  e Registered   Ig/12/2020 15:02   Claim Close Date   Date Received   Ig/12/2020 00:00   Ig/12/2020 00:00    Print AK letter   Save   Submit    ttachment   Save   Submit    ttachment   Gar Press   V   Confidential   Urgency * Description    Path * Category * Confidential   Urgency * Description    Browse   Clear   Presse Select   V   NO   V   Normal   V    Browse   Clear   Presse S								
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