			i , p. c. c. 1	1.77.				
NATIONAL Assessment Cent	re Services.	e! 1 Jan'05] [NO	92020005					
Date In: 28 1/2 - 16:38	Jeb description		Date &Time Completed	Don	e by			
Ref No: wm/wczonysygry	SAS e-filing							
Veh No: GT34437	E-mail (within 8h	rs, AIC 2hrs)			•			
D.O.A: 2011/12-71:32	i-Motor Claim	Form	וכב-מית בוווןרת	28/11/2	1648			
	i-Motor W/O	Within: OD 2hrs,	The second secon					
OD (TP)! Reporting Only	i-Photo Uploa	ded						
	Assessment/Sur	vey Report						
TP Insurer:	Ass't Report by	Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (Fax:)			
TP Particulars: Veh No: SIL	, 2559L	. INC()/Non-INC().					
Owner / Driver: (Tel:)				
	Period: ()	Cover Type: ()	·			
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80	-100%]				
Year of Registration: ()	Warranty: YES ()/NO()					
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()	\$ ####################################	778K 70 77				
General Remarks;-			Late NO refer of repaire	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
() Walk-In Customer: Customer's in		fidential & Str	actly NO rater of reparter					
() Total Loss Case : to e-mail Insu		· \ . T	owing Co: ()			
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	0();1	4:		*****			
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Do	nery			
1)	Courtesy Car () 1	,	-				
2) QC Check / Post Repair Inspection	()		<u> </u>					
3) Upload Resurvey Photo [Repair Cost>	\$3000]		1	<u></u>				
Injury:								
Date/Time Actions					<u> </u>			
		Invoice Pro	paration Checklist	Anit (******			
THIS MAN PHICONAL		1) AR : Acciden	AND COMPANY AND DAYS OF THE CONTRACTOR OF A ST	fst Bi	III - Ron Din			
Claimant's Particulars :-		2) DA : Damago	Assessment (\$100); INC	\$40/\$45				
Driver/Owner:		3) TF: Towing 1 4) FT: Follow-1	Through Survey	\$120				
Contact No:	• .	5) FT : Follow-	Through Survey (Resurvey) against JNC Only (wef 10 Jan 2	\$30				
		6) TR : Re-inspe	ection	\$160				
Damaged Portion:		8) NTUC Addit	+ SMRT Survey ional Services:-					
QC Checked by (Engr-In-Charge):	1	OD*	y Car / Tpt Allowance	\$5				
C. Checken by (Engl-In-Charge).		*N6: Repair	Ca-ordination	\$10 \$25				
Auditors' Comments::		+N8: DV/C	pair Inspection ollect Excess Coordination	\$5				
'at. 1:	**************************************	TP (N11): T 9) N12: Idac M	P (Non INC) against INC	30				
Cat. 2 / 3;		Invoice dated	Fee Charg	MONESCH !	nankangan 1831			
No. of the Control of		Invoice dated	ree Chan	1 2/4 BOSTON				

SN0920CS000F / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/12/2020 16:38 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (28/12/2020 16:38 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

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

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

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

ACCIDENT STATEMENT

28/12/2020 16:38 (SGT) Date of Submission 25/12/2020 21:30 (SGT) Date of Accident Sengkang W Rd, Singapore Exact Location of Accident junction with sengkang west ave Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ3440Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SCOPIO GENERAL SERVICING Company Reg No 5XXXX913L Email Address rx7fc3s1988@gmail.com Mobile Phone No (Phone) +65-96607458 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Fb70abosrdeb Model Variant Exact purpose for which vehicle was being used at time of Employment accident

Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy 5116672804 Policy Number Cover Note Number

DRIVER

NG HANG KIANG Name of Driver SXXXX325G NRIC No 07/01/1966 Date Of Birth Occupation Outdoor

8	
ate Of Driving Pass	27/07/1998
riving experience	22 YEARS AND 5 MONTHS
ender	Male
lobile Number	(Phone) +65-96607458
It. Phone Number	-
mail Address	rx7fc3s1988@gmail.com
ddress	BLK 245 COMPASSVALE ROAD
ddress complement	#04-654
ostcode	540245
the driver the policyholder?	No
No, Relationship of the Driver with the Insured	Employee
Opes Driver Own Other Vehicles?	No
Pehicle Registration Number of Other Vehicle Owned by Driver	
	•
nsurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Cross Junction
Veather 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?	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
Vivas notice of intended Prosecution given: If yes, against whom?	-
if yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201226/7003.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SLL2559L
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG HANG KIANG
Address	-
Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND
Injured person in which vehicle?	GZ3440Z
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.
- This Formmust 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 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 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

driver is not the policyholder) / Date Driver's Signa

Witnessed by Reporting Centre Personnel

Sketch Plan A: GZ34402 B: SLL2559L serakany west Rd Tes

sengicing west

Describe Circumstances of the Accident	
	A A A A A A A A A A A A A A A A A A A
Dolo- to Dale a Roant	
Refer to pake Report 7/2020122617003	7
(12020 (228) 400)	<u> </u>
	Ť.

Declaration

IWe declare the foregoing particulars are true in every respect.

STATE OF STA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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 price and accurate as possible. 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.

加州和西京华东州公司州西北京的 到	AC	CIDENT DE	TAILS			
Date of accident		2	5/12/1	2020		(DD/MM/Y)
Time of accident			2130			(HH:MN
Exact location of accident	Junction	Between	senglang	west Rd	X	sendang west Au

Secretary which are the	DETAILS OF VEHICLE
Vehicle registration number	GZ3440Z
Vehicle make and model	mitsubishi conter
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

多。中共发挥和企业的 特殊的	INSURANCE IN	FORMATION	
Insurance company	E	Q	
Policy number		-	
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

AND THE PROPERTY OF THE PARTY O		INSURED /	POLICY H	OLDER			2017年
Name	Suc		neral s			Male 🗆	Female
NRIC / Fin / Passport number		520	190913)		
Contact			9660	7458			
Address	111	north	Bridge	road	\$(170	leninsula 1098)	Maza

DRIVER	S	AME AS	INSURE	D ABOVE (SKIP T	O D.O.B)	PARTY.	
Name			NG H	iany kiang		Ma	le 🗆	Female
NRIC / Fin / Passport number			S	1762325				
Contact				96607	458			
Address		IIK	245	(on pass u	rale	Royal 2-		-654
Email address								
Date of birth				110110	1966			
Occupation	Indoor 🗆	Ou	utdoor 🗷					
Driving date pass				18 104 1	1990			

经济政策	GENERAL	INFORMATIO	N OF THE ACCIDENT	Side
Was driver an employee of	Yes	No 🛘		
the insured's company?			e driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear 🗹	Raining 🗆	Others:	100-00
Road surface	Dry p	Wet □		
No of passenger	L	1	(Inclusive of dri	ver)
		And the second second second		
建筑业队以及证证的开始的		PASSENG	iER 1	
Name				
Gender	Male 🗆	Female		
	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,			
		PASSENG	ER 2	
Name				
Gender	Male □	Female	R 1 - 22	
And the second second second second		PASSENG	iER 3	第次
Name				
Gender	Male 🗆	Female		
		PASSENG	ER 4	FAST.
Name				
Gender	Male 🗆	Female		
		PASSENG	ER 5	30. 13.
Name				
Gender	Male 🗆	Female		Nicolanda de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición de la composición dela composición d
	A446 S D 2666			
No.		PASSENG	ER 6	
Name Gender	Male 🗆	Female		
Gender	iviale 🗆	remaie 🗆		
	94975-0104s	OTHER INFOR	MATION	
Was anybody injured?	Yes	No 🗆	IVIATION	
Was other vehicle damaged?	Yes	No 🗆		
was other venicle damaged:	163/2	МОП		
	DETAIL	S OF POLICE S	TATION ACTION	
Reported to police?	Yes 🗆	and the contraction of the party of the contract of the party of the contract	yes, please state which police station.	
Police station name	163 🗆	NO LI	yes, please state which police station.	
ronce station name				
		WITNES	C1	
Name	THE RESERVE THE SECTION OF THE SECTI	A TIME		
		WITNES	5.2	78
Name		WIIN		VIII TO THE TOTAL PROPERTY OF THE TOTAL PROP

	THIRD PARTY VEHICLE 1
Vehicle registration number	3LL 2559L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
APPEAR OF THE PARTY OF STATE	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
发展处理 人名英格兰	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
《 基本 系统》中,1915年1915年1915年1915年	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIS SASTY VEHICLE T
Nabiala na siaturatian munahan	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model Name	
NRIC / Fin / Passport number	
Contact	
Contact	

	and the second				
A CONTRACTOR OF THE PROPERTY O		INJURED PE	A STATE OF THE PARTY OF THE PAR		
Name		No	Hang	Kigna	
Injuries sustained		J	J	Head J	A Company of the Comp
Which vehicle person in?		Control of the second s	6	234402	
Were seat belts worn?	Yes	No 🗆			
Was injured conveyed to	Yes 🗆	Not			
hospital by ambulance?					
					Awaran Awaran
		INJURED P	RSON 2		的名字是自然的
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No □			
hospital by ambulance?					
			F181 A 2017 ST-10	Secretary works to the secretary and the secreta	
		INJURED P	ERSON :	3 计一定计划 4 计 2 计 3 计 4 计 4 计 4 计 4 计 4 计 4 计 4 计 4 计 4	研究的基本
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
		Charles of the an		The second secon	
	學計學的	INJURED P	ERSON	4	
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
Chapter of the Control of the Contro	Can the office and the con-				
		INJURED P	ERSON		THE REPORT OF THE PARTY.
Name					Ţ
Injuries sustained					
Which vehicle person in?			The state of the s		
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
The second secon				And the second second second second second	
Western Street Control of the Contro		INJURED P	ERSON	6	
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
	V	- 0			
Was injured conveyed to	Yes 🗆	No 🗆			





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201226/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2020 09:58		ide:	Vide Report No.:	Station Diary No.:				
Informant	s Particul	ars i						
Name of Informant: NG HANG KIANG			Address: 245 COMPASSVALE ROAD #04-654 SINGAPORE 540245					
ID Type / ID No.: NRIC NO / S1762325G		5G	Contact No.: Home/Office:	Mobile: 96607458				
	Nationality: SINGAPORE CITIZEN		Email: rx7fc3s1988@gmail.com					
Sex: Male	Age: 54	Date of Birth: 07/01/1966	Type of Informant: Driver					
Race: Chinese			Language: Institution / School Name: English					
Occupation: Transport operations manager		manager	Driving Licence Information: Class: Date of Expiry:					

General Informati	on of the Accident					
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 25/12/2020 21:30)	Type of Location: X-Junction
Location:						
SENGKANG WES	ST AVENUE					
Weather:		Road S	Surface:		Road	d Speed Limit:
Clear		Dry				
Traffic Flow:		Traffic Control:			Traffic Volume:	
Two Way		Traffic	Light - Wor	king	Light	
Type of Collision: Between Moving Vehicles - Head To Side						one conveyed by ulance:

Details of V	enide Involved				
Vehicle No.	Type	Make	Model	Color 5	Conditio No of
GZ3440Z	Lorry				0
SLL2559L	Car	TOYOTA	ALTIS		0

Details of Person involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20201226/7003

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

CONTINUATION OF REPORT

Driver Name	NG HANG KIANG			ID No.		S1762325G	
Related Vehicle	GZ3440Z (Lorry)		Contact No.		96607458		
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date	NIL		Date		NIL		
	ted Medical Leave	05	Degree of		Serio	ous	

Brief Details.

I was travelling along SengKang West Ave on the most left lane going straight, as the traffic light is in my favor i then proceed to go straight as per normal. However, Vehicle B (SLL2559L) which was on the opposite direction move off without checking that the opposite road is clear decided to turn right towards SengKang West Road and collided onto my right hand portion of my vehicle.

I sustain injuries and was given 5 Days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201226/7003

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:	Date/Time:
Not applicable	26/12/2020 09:58
Officer In Charge Of Case: TP / TPHQ /	Classification Of Case:
MUHAMMAD NOOR BIN ABDUL RAHMAN	
Contact No.: 65476201	
Authentication Stamp	

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
	Policy N	lo.				Date o	of Accident	2	5/12/2020 2	21:30	
	Vehicle	No.(For Motor)	GZ3440	GZ3440Z		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116672804		SCOPIO GENERAL SERVICING	52990913L	GCV	Third Party, Fire & Theft	GZ3440Z	GZ3440Z	14/03/2020	13/03/2021
					C	Continue					

Policy No.	5116672804	Policyholder Name	SCOPIO GE	NERAL SERVICING	Policyholder NRIC	52990913L		
Certificate No.		Warne			MIC			
Address	BLK 245 #04-654 COMPASSVAL	E ROAD SING	GAPORE 5402	45				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
Policy issue Date	10/03/2020	Effective Date	14/03/2020	00:00	Expiry Date	13/03/2021	23:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess	
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Υ		
Co- insurance Flag	No							
Open								
Policy Info								
Certificate								
Certificate Info Policyh	older Mailing Address	D. Addr	occ 2	#12_01 DENINGUE	A DI AZA	Address 3	SINGADODE 170009	
Certificate Info Policyh Address 1	older Mailing Address 111 NORTH BRIDGE ROA			#12-01 PENINSULA		Address 3	SINGAPORE 179098	
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	STEED CONTROL TO THE STEEL	Addre Relat	ess Type ed Policy	#12-01 PENINSUL Singapore address 5116672804		Address 3 Post Code	SINGAPORE 179098 179098	
Certificate Info Policyh Address 1 Address 4 Unit No.	111 NORTH BRIDGE ROA	Addre	ess Type ed Policy	Singapore address				
Certificate Info Policyh Address 1 Address 4 Unit No. Insured	111 NORTH BRIDGE ROA 12-01 1 Object: GZ3440Z	Addre Relat	ess Type ed Policy	Singapore address				
Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endorse	111 NORTH BRIDGE ROA 12-01 1 Object: GZ3440Z ements	Addro Relat Numl	ess Type red Policy ber	Singapore address 5116672804		Post Code	179098	
Certificate Info Policyh Address 1 Address 4 Unit No. Insured	111 NORTH BRIDGE ROA 12-01 1 Object: GZ3440Z ements	Addr Relat Numi	ess Type ed Policy	Singapore address 5116672804 t Type		Post Code Status		

STATE STAT	accident MT/1115244							
STANDAMEN STANDAMEN SCANDER SCANDER STANDAMEN SCANDER SCANDER STANDAMEN SCANDER SCA		E116672904	Vehicle No.	G734407	GST Pegistration No.			
Company Comp		31100/2004	venicie No.	3234402	OST REGISTRATION NO.			
Comment Comm		SCOPIO GENERAL SERVICING			Policyholder NRIC	52990913L		
Content Cont			Cover Type	Third Party, Fire & Theft				
Special Personal Special Personal P								
March Mar		9000/438	c. And the service of	•				
March Marc		O No O Year		O No O Yes				
## MINISTRATE 1907		Control of the Contro		ETANGE SOFTENING				
Marchane 1900 1900 1900 1900 1900 1900 1900 190		No	NCD Entitlement(%)	20	Private Hire	No		
The effection of the e	Accident Details							
Company Comp	eport Date	28/12/2020 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction		
Part	ate of Accident	25/12/2020	Time of Accident hh:mm	21:30	Country of Accident	Singapore		
## PARTIES NOT TOTAL PARTIES N	eporting Centre		Orange Force		ICM No.			
## PARTIES NOT TOTAL PARTIES N	ccident Location	Sengkang W Rd						
10 10 10 10 10 10 10 10	Total Excess Applicable							
10 10 10 10 10 10 10 10	ccess Type	Per Accident	Windscreen Excess	0.00				
200 150								
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### 11 NORTH BRIDGE ROAD ### Address 7	Policyholder Mailing Ad	dress						
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## 100		TIT NORTH DRIDGE NORD						
Tree Part		Marine Street County and the Street			FOST CODE	179090		
Parameter Name		12-01	Related Policy Number	5116672804				
MANGE CAMERGE MANGE CAMERG	OI Driver Info							
### Date of Driver Lisense 27(07/1998)	river Name	Unnamed Driver	Driver Type					
March No. (Mobile) 96607458	nnamed driver Name	NG HANG KIANG	Driver NRIC	S1762325G	Driver DOB	07/01/1966		
Address 1 BUX 245 Agdress 2 COMPASSVALE ROAD Address 3 SINGAPORE 540245 Address Type Singapore address Pot Code 54245 In thi No. O4-654 Claim 5 Singapore of Bood Test of the Code of	egister Date of Driver License	27/07/1998	Driver Age	54	Driving Experience	22		
Address Type	ontact No.(Mobile)	96607458	Contact No.(Office)	0	Contact No.(Home)	0		
Address Type O-MX Insured Name Scotio Geteral Servicing Sayapore address Post Code \$40245 Address Type O-MX Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Any injury? O-MX O-M		BLK 245	Address 2	COMPASSVALE ROAD	Address 3	SINGAPORE 540245		
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