NATIONAL Assessment Centre	Services. 14	el 1 Jan,021 JK/9	9211400L			
Date In: UNIV. 15:16	Jeb description		Date & Time Complete	od	Done by	
Res No: NATHEN DONG 66/24	SAS e-filing			_		
Veh No: MYZIIR	E-mail (within 8)	rs, AIC 2hrs)				*
D.O.A: 11/11/11/100	i-Motor Claim	Form	M) 1115970-03	1/1/1	N 162	01
6	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)			
OD (T) / Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (	And the second s		Tel:	Fax:		)
TP Particulars: Veh No: 608	390E	. INC(	)/Non-INC(	)		
Owner / Driver: (			Tel:	<u> </u>	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. F:	80-100%]		
Year of Registration: ( ) W	arranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,000	)()/\$2,000			<del>21</del> 2425 -		
General Remarks:-					<u> </u>	
( ) Walk-In Customer: Customer's inform		fidential & Str	ictly NO refer of repa	irer.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	O();T	owing Co: (			
Remarks: (INC hotline: 6788 6616)		-	Date&Time Complet	ad b	Done	by .
	urtesy Car (	)				
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$30	00] ( )					
Injury:					-	
				7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ioane.	·
Date/Time Actions				\$30000000000000000000000000000000000000		
			•			
·						
	1					445.007.515.7.5
NA.		Invoice Pre	paration Checklist		Anit (S) Ist Bill	Amt (3)
MAN 30 ProcNAM		1) AR : Acciden	t Reporting (\$30);	,*8 \ 0 \ 0		
Claimant's Particulars:-		2) DA: Damage 3) TF: Towing	Assessment (\$100);	NC (\$80) \$40/\$45		
Driver/Owner:		4) FT : Follow-7	hrough Survey	\$120		
Contact No:		5) FT : Follow-7	Chrough Survey (Resurvey) against INC Only (wef 10 J	\$30 an 2005)		
		6) TR : Re-inspe	ection	\$75		
Damaged Portion:	1	7) N1 : Idac DA 8) NTUC Addit	+ SMRT Survey	. 9100		
OC Charled by Come In Chargo).		OD*	y Car / Tpt Allowance	\$5		
QC Checked by (Engr-In-Charge):		N6: Repair	Co-ordination	\$10 \$25		
Auditors! Comments:		*N7: Fost Re	pair Inspection ollect Excess Coordination	35		
Auditors! Comments::=	A rather was price to	TP (N11): T	P (Non INC) against INC	\$20 30	-	··
		9) N12: Idac M	obile Fee C	hargea		<b>动物理</b>
Cat. 2/3;		Invoice dated	Fee C	harged	<b>海岸和</b> 2	l

a per at a com-

SN092114000L / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 15:56 (SGT)

SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 15:56 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

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

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

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

#### ACCIDENT STATEMENT

04/01/2021 15:56 (SGT) Date of Submission 02/01/2021 12:00 (SGT) Date of Accident Exact Location of Accident BKE, Singapore twds sle before dairy farm exit Additional Location Information Singapore Country/State of Loss

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

**GY4711R** Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? XIN LAI XIN COMPLETE FUNERAL SERVICES Name Of Registered Owner 5XXXX673C Company Reg No kohcoffin@gmail.com **Email Address** Mobile Phone No (Phone) +65-94514850

Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model

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? Vehicle Category

Cover Note Number

**Employment** 

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company ThirdPartyFireTheft Type of Coverage Fleet Policy 5117907726

Policy Number

DRIVER

KOH HWEE MENG Name of Driver SXXXX267G NRIC No 27/11/1967 Date Of Birth Outdoor Occupation

04/01/1989 Date Of Driving Pass Driving experience 32 YEARS ..... Male Gender (Phone) +65-86895575 Mobile Number Alt. Phone Number kohcoffin@gmail.com Email Address BLK 31 LORONG 5 TOA PAYOH Address #09-689 Address complement 310031 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Raining Wet Road Surface 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? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 TOH LAY KHENG Name Female Gender 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 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210104/7000. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 **GBH8390E** Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
	Commercial vehicle
Vehicle Category	Commercial vernere
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

Number	GBA3109Y
Vehicle Registration Number	GB/ to ree :
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	8. <del>-</del>
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	<b>-</b> ×
Address	-
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	e=

# INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	KOH HWEE MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	CHEST, BACK, NACK, LEG
Injured person in which vehicle?	GY4711R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	TOH LAY KHENG
Address	-
Address Complement	: <del>-</del> :
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG, CHEST & NECK
Injured person in which vehicle?	GY4711R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### 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 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.
- 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, involces, 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.

XIN LAI XIN COMPLETE FUNERAL SERVICES

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

NRIC/FIN No.

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respec FUNERAL SERVICES Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.1 Date & Time:

STABLE SEPTIMENTON NA

Jan.

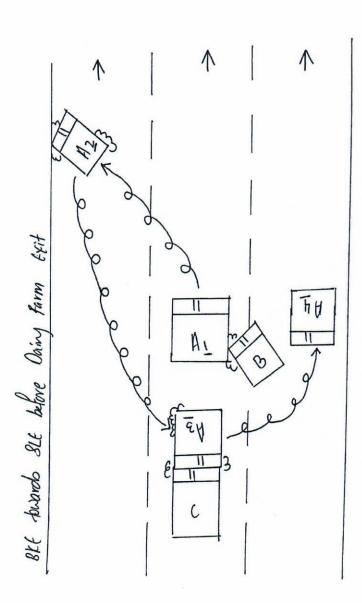
XIN LAI XIN COMPLETE FUNERAL SERVICES

A STATE OF THE PARTY OF THE PAR

A: GY 4711R

B: GBH 8390E

C: GBA 31094



#### 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 flability on the part of the insurance companies.

  Any false reporting may be referred to the traffic police department for investigation.

#### **Accident details**

Date and time of accident	Date: 02	101	202	1 (DD	/MM/YY)	Time: \)	pM	(HH:MM)
Exact location of accident	BKE	towo	rds	SIE	be fore	Dairy	Farm	exit

#### **Details of vehicle**

Vehicle registration number	GY4711R
Vehicle make and model	Tunota HIACE
Type of vehicle	Saloon
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	Private Use
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only

### Insurance information

Insurance company	HTUC		
Policy number		40.50	
Type of policy	Comprehensive Ø	Third party fire & theft	TP only

### Insured / Policy holder

Name	XIN LAI XIN COMPLETE FUNERAL SERVICES Male  Female
NRIC / Fin / Passport number	529596736
Contact	9451 4850
Address	BIK 20 Any Mo kio Ind. PK 2p AMK Techlink # 03-3
	5 (56 1761)

#### Driver

#### Same as insured above (skip to D.O.B)

Name	KULL HWEE MEHG Male Female
NRIC / Fin / Passport number	S1801267G
Contact	86895575
Address	BIK 31 LURUNLY 5 TON Payon # 09-689 5(310031)
Email address	Claims @ 17P. com, S.G
Date of birth	27/11/1967
Occupation	Indoor D Outdoor D
Driving date pass	04/61/1989

# General information of the accident

Was driver an employee of	Yes 🗹	No 🗆		
the insured's company?	If no, rela	ationship of the o	driver and insured:	
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining @	Others:	
Road surface	Dry 🗆	Wet		
No of passenger	2			(Inclusive of driver)

## Passenger 1

Name	TOH LAY KHENG
Gender	Male  Female  Female

## Passenger 2

Name			
Gender	Male p	Female	

#### Passenger 3

Name		
Gender	Male  Female	

			The second secon
Name			
Gender	Male □	Female	

## Passenger 5

Name			
Gender	Male 🗆	Female	

# Passenger 6

Name			
Gender	Male 🗆	Female 🗆	

## Other information

Was anybody injured?	Yes &	No 🗆	
Was other vehicle damaged?	Yes 🗷	No 🗆	

# **Details of police action**

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station
Police station name	TPY	M.P.C	

# Third party vehicle 1 ( $\beta$ )

Name		
Contact number		All participations and the second
NRIC / Fin / Passport number		
Vehicle registration number	GBH8390E	
Vehicle make model		

# Third party vehicle 2 (()

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBA 31094
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

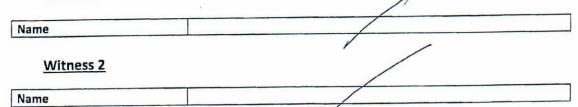
# Third party vehicle 5

Name		
Contact number		
NRIC / Fin / Passport number	/	All the second s
Vehicle registration number		
Vehicle make model		

### Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Witness 1



# Injured person 1

Name	KOH HWEE MENG
Injuries sustained	Chest, Back, Neck, Leg Pain
Which vehicle person in?	GY4711R
Were seat belts worn?	Yes e No a
Was injured conveyed to hospital by ambulance?	Yes 🗷 No 🗆

## Injured person 2

Name	TOH LAY KHEWLY
Injuries sustained	Lea, Chert, neck
Which vehicle person in?	(+4711R
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗗 No 🗆

## Injured person 3

Name			
Injuries sustained			
Which vehicle person in?	/		
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

# Injured person 4

Name			
Injuries sustained			
Which vehicle person in?	/	/	
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





1 of 3 Report No. T/20210104/7000

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

REPORT	OF A TF	RAFFIC	ACCIDEN	I
The state of the s				

Date/Time 04/01/202		ade:	Vide Report No.: Station Diary				
Informant	's Particu	lars	(2) 10 10 10 10 10 10 10 10 10 10 10 10 10				
Name of I			Address: 31 LORONG 5 TOA PAYOH #	#09-689 SINGAPORE 310031			
ID Type / ID No.: NRIC NO / S1801267G			Contact No.: Home/Office: Mobile: 86895575				
Nationality		ΕN	Email: kohcoffin@gmail.com				
Sex: Male	Age: 53	Date of Birth: 27/11/1967	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation Driver	n:		Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location: Bend
Location:		No	02/01/2021 12:00	
BUKIT TIMAH	H EXPRESSWAY			
M/s others		Road Surface:		Road Speed Limit: 50 Km/h
		Wet		00 1411111
Weather: Raining Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Details of Volume Vehicle No.	Control of the Contro	Make	Model	Color	Conditio	No of
GBA3109Y	Lorry	IVIARO		en suppost		0
GBH8390E	Van					0
GY4711R	Van					0





2 of 3

Report No. T/20210104/7000

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

### CONTINUATION OF REPORT

Any Pedestrian In	n Involved	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
No. of Pedestrian			Use of Pec	estrian	Cross	ing: NA
Passenger Passenger	s injured: INIE			<b>全</b> 。		MARKET CONCRETE
Name	TOH LAY KHENG			ID No.		S7837742I
Related Vehicle	GY4711R (Van)				ct No.	86474733
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL				of g e &	Class: NIL Date of Expiry: NIL
Date	02/01/2021	Date	02/01		/2021	
	ted Medical Leave	03	Degree of		Serio	us
Driver				4.16		A MESSEL A HER WINE TO THE
Name	KOH HWEE MENG			ID No		S1801267G
Related Vehicle	GY4711R (Van)	GY4711R (Van)			ct No.	86895575
Hospital/Clinic	NG TENG FONG GE	G FONG GENERAL HOSPITAL			of g ce &	Class: NIL Date of Expiry: NIL
Date	02/01/2021		Date		02/01	1/2021
	ted Medical Leave	05	Degree of		Serio	ous

I was traveling along bke towards sle before dairy farm exit. I was traveling on the second lane, suddenly vehicle b(GBH8390E) who was traveling on the fist lane suddenly self ski and hit onto the right rear of my vehicle. The impact was so big causing my vehicle to lost control and hit onto the concreate barrier. After hitting onto the concreate barrier, I was hit by vehicle c(GBA3109Y) again. The ambulance and traffic police was at the scene. Me and my passenger were then convey to Ng Teng Fong hospital. I was given 5 days Of mc and my passenger was given 3 days of my. This was my second police report made as the first police report does not include the third vehicle Carplate and the statement they wrote was not clear. The report number of my first report is(T/20210103/2012)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210104/7000

#### CONTINUATION OF REPORT

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Sk	æ	cr	ו ר	lan

**Authentication Stamp** 

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: 04/01/2021 10:30
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

Hello, NAC_PAYA_UBI_80	0601			A COLUMN TO A SAME			• Change	Language	• Chan	ge Password	Log Ou
My Desktop		y Query									
Notice of Loss	Policy N	o.				Date o	of Accident	O	2/01/2021 1	12:00	
	Vehicle	No.(For Motor)	GY4711	R		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117907726		XIN LAI XIN COMPLETE FUNERAL SERVICES	52959673C	GCV	Third Party, Fire & Theft	GY4711R	GY4711R	18/06/2020	17/06/202

olicy No.	5117907726	Policyholder Name	XIN LAI XIN	COMPLETE FUNERA	Policyholder NRIC	52959673C			
ddress	20 ANG MO KIO INDUSTRIAL PARK 2A #03-31 AMK TECH LINK SINGAPORE 567					761			
certificate do. dddress roduct Name Policy SSUE Date Excess Type Third Party Excess Additional Excess Outside Singapore OD Excess Agent Co- insurance Filag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N			
	17/06/2020	Effective Date	18/06/2020 00:00		Expiry Date	17/06/2021 23:59			
	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 Agent Tel.			GST Flag	Young/Inexperience Driver Excess			
Agent	META AGENCY PTE. LTD.		98585076			Y			
insurance	No								
Policy Info									
Info									
<b>▽</b> Policy	holder Mailing Address			#03-31 AMK TECH	LITNK	Address 3	SINGAPORE 567761		
Address 1	20 ANG MO KIO INDUST				Link	Post Code	567761		
Address 4		Add	ress Type	Singapore address		PUST COUR			
Unit No.		Related Policy Number		5117907726					
) Insur	ed Object: GY4711R		No to the last						
₩ Endor	sements						- I		
			Endorsemer		Endarcomor	Status Endorsement Content			

dent MT/1115970		Vehicle No.	GY4711R		GST Registra	tion No.		
y No. 511	17907726	venicle No.	-1/01 -1-11					
ficate No.					Policyholder	NRIC	5295	59673C
	LAI XIN COMPLETE FUNERAL SERVICES		Third Party, Fire 8	Theft	Loading		0	
ict Code CO	MMERCIAL VEHICLE INSURAL	Cover Type		. merc	Contact No.(	(Home)	0	
	514850	Contact No.(Office)	0			(Home)		_
		Special Remark			eCode		Live	
Address	Nie O Vac	TCA	No ○Yes		eCode Reaso	on		
•	) No 🔾 Yes	NCD Entitlement(%)	0		Private Hire		No	0     No     Collision - Change / Cross lane     Singapore  SINGAPORE 567761  27/11/1967  31     0     SINGAPORE 310031     310031  \$2959673C  62860514  GBH8390E
Protection No		NCD Entitlement(10)						
Accident Details					Accident Ty	ne	Coll	lision - Change / Cross lane
	4/01/2021 15:58	Accident Report Within 24 hrs	Yes					
	2/01/2021	Time of Accident hh:mm	12:00		Country of	Accident	Sing	gapore
	,,01,2021	Orange Force			ICM No.			
orting Centre								
dent Location Bi	KE							
Total Excess Applicable				0.00				
ess Type Pe	er Accident	Windscreen Excess		ALL STREET				
				0.00				
Standard Excess	0.00	TP Standard Excess		0.00	Driver is Co	overed?		
O OD Excess	0.00	YIED TP Excess			Billion is a			
itional Excess								
	0.00	Total TP Excess Applicable						
al OD Excess Applicable	0,00							
Benefits								
GST Registered Information			GST Reg	istration Date				
r Registered	No			us Verified	Y	es		
Registration No.		CCT Status Verified fr						
dification History	04/01/2021 16:00:28 Syste	m changed GST Status Verified fro	JIII 110 10 100					
Policyholder Mailing Addr	ess			CHILINIC	Address 3		SI	INGAPORE 567761
	20 ANG MO KIO INDUSTRIAL PA	Address 2	#03-31 AMK TE					
		Address Type	Singapore addr	ess	Post Code		30	6//01
dress 4		Related Policy Number	5117907726					
it No.		it could be a second						
OI Driver Info			Unnamed Drive	r				
iver Name	Unnamed Driver	Driver Type			Driver DO	В	2	7/11/1967
named driver Name	KOH HWEE MENG	Driver NRIC	S1801267G		Driving Ex		3	11
gister Date of Driver License	04/01/1989	Driver Age	53			lo.(Home)		
	86895575	Contact No.(Office)	0					
	BLK 31	Address 2	LORONG 5 TO	APAYOH	Address 3	3		
idress 1	BLK 31	Address Type	Singapore add	ess	Post Code	e	3	310031
ddress 4								
nit No.	09-689				Driver In	surer Compa	inv	
oes he own a Singapore	○ Yes   No	Driver Vehicle No.				maner les solution		
egistered car?								
eclaration								
at at a see Blood Toet	0 ma	Any injury?	Yes ○ No					
eading?	0 mg							
odification History								
Claim 001 New								
ES SECTION NAME OF THE PERSON NA								
		Insured Name	XIN LAI XIN (	COMPLETE FUNERA	Insured	NRIC	l	52959673C
laim Type *	OD-MX			ex-comment of the	Contact	No.(Office)	[	62860514
Contact No.(Mobile)	90251139	Contact No.(Home)				le Number	Ī	GBH8390E
mail Address	xinlaixin.central@gmail.com	OI Vehicle Number	GY4711R		ir veille			
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select	<u> </u>				
	>>	Claimant NRIC *						
Claimant Name *								
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	GY4711R / GBH8390E ON 2 Jan 2021			FEET				
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Preferred Workshop Contact		Insured Liability *						Received
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Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Yes	Preferered Repair Option		orkshop, Name unknown	_			04/01/2021 00:00
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COMPANY.	NAC_PAYA_UBI_800601( NATIONA CES) on 04 Jan	ASSESSMENT CENTRE SERVI 2021 16:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-4		
9	NAC_PAYA_UBI_800601( NATIONA CES) on 04 Jan	L ASSESSMENT CENTRE SERVI 2021 16:03	SAS		Normal	SAS 2021-1-4		
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2021 16:02		Photos		Normal	Photos 2021-1-4		
	NAC_PAYA_UBI_800601( NATIONA CES) on 04 Jan	L ASSESSMENT CENTRE SERVI 2021 16:02	Photos		Normal	Photos 2021-1-4		
4	NAC_PAYA_UBI_800601( NATIONA CES) on 04 Jan	L ASSESSMENT CENTRE SERVI 2021 16:02	Photos		Normal	Photos 2021-1-4		
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> 10	NAC_PAYA_UBI_800601( NATION/ CES) on 04 Jan	AL ASSESSMENT CENTRE SERVI 2021 16:01	Photos		Normal	Photos 2021-1-4		
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♥ Video List	Uploaded By/Date	Folder Date		File Nam	e	Source	The Saff Control of the Sa	Act