NATIONAL Assessment Centre	Services. Well 133	most M 69211 You T		
Date In: 4/1/4 - 18:08	Jeb description	Date & Time Com	pleted Done	e pî.
Ref No: 49 140400089 24	SAS e-filing			
Veh No: 5763187	E-mail (within Shrs, Ale	C 2hrs)		
D.O.A: 1/1/M-16:35	i-Motor Claim For	m M7/1116026-	w1 4/1/1 18	41
	i-Motor W/O (Within	n: OD 2hrs, TP 4hrs)		
OD / TP)/ Reporting Only	i-Photo Uploaded			
	Assessment/Survey F	eport		
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: won	MEH	INC( )\Nou-INC(	)	
Owner / Driver: (	•	Tel:	)	
Policy No: ( ) Per	riod: (	) Cover Type: (	)	
Confirmed by : (	Dat		)	
Insured/Driver Liability: ( %)	Note-Est. Status (WO):	N: 0-20%; P: 21-79%.	P: 80-100%]	
	Warranty: YES ( )/1	40( )		
Excess: (\$ ) Loading: \$1,0	00()/\$2,000(			
General Remarks:-				· . · .
( ) Walk-In Customer: Customer's info	rmation strictly Confiden	tial & Strictly NO refer of re	epairer.	
( ) Total Loss Case : to e-mail Insure				
		); Towing Co: (	•	)
Drive-In ( ) / Towed-In ( ); Invoice			13228 238 238 200	a by
Remarks:- (INC hotline: 6788 6616)		Date&1ime Com	pleted Dor	itoriy
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )	*		
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	( )		· · · · ·	
Injury:				
Date/Time Actions				1. S.
•				TOTAL CONTRACT
. Yav.	1	pice Preparation Checkli	Ant (S	2011
NAM 20133	10000000000	: Accident Reporting (\$30);	in Bil	II.S SAUGI,DIN
Claimant's Particulars :-	2) D/	: Damage Assessment (\$100);	INC (\$80)	
Oriver/Owner:	4) FT	: Towing Fee : Follow-Through Survey	\$40/\$45 \$120	
	5) 27	· Follow-Through Survey (Resurv	(cy) \$30	<del></del>
Contact No:		r claiming against INC Only (wef	575	
Darmaged Portion:	7) N	: Idac DA + SMRT Survey	\$160	
	3) N	TUC Additional Services:-		
C Checked by (Engr-In-Charge):	· · · · · · · · · · · · · · · · · · ·	15: Courtesy Car / Tpt Allowance	\$5 \$10	
	1.	16: Repair Co-ordination 17: Post Repair Inspection	\$25	
Auditors' Comments :=	• • • • • • • • • • • • • • • • • • • •	18: DV / Collect Excess Coordinati	ion \$5	
Cat. 1:	. <u>T</u>	(N11): TP (Non INC) against IN 12: Idao Mobile	30	
		ice dated Fe	ee Charged	Carlotte To
Cat. 2/3:	Invo	ice dated Fe	se Charged	

4 1 pm of 1 20

SN092114000T / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 18:08 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 18:08 (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

04/01/2021 18:08 (SGT) Date of Submission 01/01/2021 16:35 (SGT) Date of Accident PIE, Singapore **Exact Location of Accident** twds tuas Additional Location Information Singapore Country/State of Loss

### DETAILS OF OWN VEHICLE

Honda

SJL6018D Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WU SEOW WOO SXXXX828A NRIC No edmundwu11@gmail.com Email Address (Phone) +65-90056070 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Vezel Model 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

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5115200797 Policy Number Cover Note Number

### DRIVER

**WU SEOW WOO** Name of Driver SXXXX828A NRIC No 14/04/1960 Date Of Birth Outdoor Occupation

Date Of Driving Pass	12/02/1983
Date Of Driving Pass  Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90056070
Applie Number	+
Alt. Phone Number Email Address	edmundwu11@gmail.com
	BLK 320 UBI AVENUE 1
Address Address complement	#03-531
Postcode	400320
s the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Joes Driver Own Other Vehicle Owned by Driver	140
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
T CA sidest	Collision - Head to Rear
Type of Accident	Raining
Weather Conditions	Wet
Road Surface	vvet
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) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	YEO BEE LAY
	Female
Gender	Citale
DETAILS OF POLICE ACTION	
	V <sub>e</sub> -
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20210104/7017.	
ATTACHMENT(S)	
	V
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Was there any audio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Visite Designation Number	SMD246H
Vehicle Registration Number	-
Vehicle Manufacturer	
Vehicle Model Vehicle Variant	
venicle variant	

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	KEK PECK SER
NRIC No	SXXXX390D
Contact Number	(Phone) +65-92316085
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	WU SEOW WOO
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	<b>NECK &amp; SHOULDER</b>
Injured person in which vehicle?	SJL6018D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	YEO BEE LAY
Address	-
Address Complement	-:
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	<b>NECK &amp; SHOULDER</b>
Injured person in which vehicle?	SJL6018D
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 Form must be completely 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 fact 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 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;
  - Investigating the accident and/ or my claims; íi.
  - Carrying out and/ or dealing with my instructions or responding to any enquiries by me; iii.
  - 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
  - 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 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;
- 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
- 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:
  - 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

	the was		- 15 - 1 251 /- 10 5
		-9	VEHICLE A: SJL 6018 D VEHICLE B: SMD 246 H
_	B) D)	$\rightarrow$	
		$\rightarrow$	
			-
	Depart -		
REFER TO POLICE	report—		
DECLARATION			
I/ We declare the foregoing particular	lars are true in every respect.		
Colmanx			
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not policyholde Date & Time:	er)	Reporting Centre Personnel's Signature Name: NRIC/ FIN No:

Date of Accident	: 01 61 21 Accident Time: 16:35 (24-HR-Format)
Accident Place	: PIE TOWARDS TUAS
Vehicle. No. (Car Plate No.)	: SJL 6018D Make/Model: HONDA VEZEL
Insurace Company	: NTUC Policy No: 5115200797 -01
Owner or Company Name /IC No.	: NU SEON WOD / S1416828 A
Owner or Company Contact No.	: 9005 6070 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: NV SEON WOO 181416828A
DRIVER'S Date Of Birth	: 14 04 60 DRIVER'S License Pass Date 12 02 183
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OW NER
DRIVER'S Address	: BUK 320 MBI AVENUE 1 403-531 8400320
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: EDMUNDWU 11@ GMAIL: COM
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Driver): 0 \(\sum_{\text{out}}\)
Was there any video Captured by captured by captured by captured purpose for which vehicle was Any Injury (If YES, Pls state):	as being used at the time of accident: Private use Work purpose
Other	Party Driver's Particular (if any)
Vehicle. No: SMD 246 H	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: KEK PECK SER	Name Driver:
IC No. Driver/Contact: <u>C76</u> 773	
* NEW - Passenger's name	& gender:
O YEO SEE U	TY, FEMALE





1 of 3

Report No. T/20210104/7017

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEPORT O	TDA	FEIC	ACC	IDENT

Date/Tim 04/01/20	e Report M 21 14:31	lade:	Vide Report No.:	Station Diary No.:
Informar	nt's Particu	ılars		
	Informant:		Address: 320 UBI AVENUE 1 #03-531	SINGAPORE 400320
ID Type	/ ID No.: ) / S141682	28A	Contact No.: Home/Office: Mobile: 90056070	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: EDMUNDWU11@GMAIL.CC	DM
Sex: Male	Age: 60	Date of Birth: 14/04/1960	Type of Informant: Driver	
Race: Chinese		,	Language: English	Institution / School Name:
Occupation: Part time delivery			Driving Licence Information: Class: 3	Date of Expiry:

Seneral Inform	mation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2021 16:35	Type of Location Straight Road
Location:				
Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:
Heavy rain		Wet		Traffic Volume:
Traffic Flow: Dual Carriage	e Wav	Traffic Control: Not Controlled	1	Light
Type of Collis		d To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL6018D	Car	HONDA	VEZEL 1.5X CVT	White		2
SMD246H	Car					0

Details of Vehicle 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/20210104/7017

## CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5115200797	28/12/2019	07/01/2021

Details of Person	n Involved							
Any Pedestrian Ir					_			
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA					
Passenger				I 15 11	7 u - w	045070007		
Name	YEO BEE LAY		ID No.		S1527039Z			
Related Vehicle	SJL6018D (Car)		Contac	t No.	NIL			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL			
Date	NIL	Date		NIL				
No. of Days gran	ted Medical Leave	NIL	Degree of	f	Sligh	t		
Driver								
Name	WU SEOW WOO		ID No.		S1416828A			
Related Vehicle	SJL6018D (Car)		Contact No.		90056070			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL			
Date	NIL		Date		NIL			
No. of Days gran	ited Medical Leave	NIL	Degree o	f	Sligh	t		

### Brief Details.

On 1st Jan 2021 around 4:35pm, I was traveling along PIE towards Tuas before Changi South in the middle lane. I saw a vehicle stopped in front of me in the same lane with hazard lights on. I slowed down as I approached the vehicle and suddenly I felt a

Qhuge impact from the back. Vehicle B (SMD246H) had collided into the rear of my car.

My wife and I felt pain after the accident and went to see doctor. We were given 4 days MC each.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210104/7017

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Not applicable	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 14:31
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168



# 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, PULES 1959 (MALAYSIA) Cover 1 drivo CLASSIC

Certificate Number: 5115200797-01

1. Index mark and Registration Number of Vertical

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. 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. (a) The Policyholder.

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.

: SHE018D

EU11114737

: 08 Jan 2021

: 07 Jan 2022

WU SEOW WOO

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.

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

- 5\$600 EXCESS (SECTION 1) . N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A

: PLEASE REFER OVERLEAF ADDITIONAL EXCESS

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

**EXCESS WAIVER** : WU SEOW WOO

PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HIRE PURCHASE COMPANY SUM INSURED

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)

: QUOTIGO PTE. LTD. (00000573831) Agency

Date of Issue : 08 Dec 2020 20:33 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

eBaoTech		and the second second	L. Code C. Alexandre	A SECTION AND ASSESSMENT	• Change	Language	• Chang	je Password	· Log Ou		
My Desktop		y Query									
Notice of Loss	Policy N					Date of	f Accident	0	1/01/2021 1	6:35	
		No.(For Motor)	SJL6018	BD		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Dat
	0	5115200797		WU SEOW WOO	S1416828A	GPC	drivo CLASSIC	S)L6018D	SJL6018D	SJL6018D 28/12/2019 07	

olicy No.	5115200797	Policyholder Name	WU SEOW V	v00	Policyholder NRIC	S1416828A			
Certificate									
ddress	BLK 320 #03-531 UBI AVENUE	1 SINGAPORE	400320						
roduct lame	PRIVATE CAR INSURANCE				Group Policy Flag	N			
olicy sue Date xcess ype  27/12/2019  Per Accident		Effective Date	28/12/2019	28/12/2019 00:00		e 07/01/2021 23:59			
		All Claims Excess							
hird Party	0	Own damage Excess	600		Windscreen Excess	100			
Additional O		OS Premium	0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		GST Flag	Young/Inexperience Driver Excess			
Agent	QUOTIGO PTE. LTD.	Agent Tel.	63853303			Y			
Co- nsurance Flag	No								
Open Policy Info									
Certificate Info									
▼ Policy	holder Mailing Address		ress 2	UBI AVENUE 1		Address 3	SINGAPORE 400320		
Address 1	BLK 320 #03-531	Salita Salita				Post Code	400320		
Address 4			ress Type	Singapore address		Post Code			
Unit No.			lated Policy 5115200797-01 mber						
<b>▶</b> Insure	ed Object: SJL6018D					ALL CONTRACTOR OF THE PARTY OF			
<b>▽</b> Endor	sements								
Sequence Date of Endorseme		ent	Endorsement Type			nt Status	<b>Endorsement Content</b>		

aim Handling										
ident MT/1116026						CST Registration No.		Formal Line		
icy No.	5115200797	Vehicle No.	SJL6018	D		SST Registration No.				
tificate No.					44			S1416828A		
cyholder Name	WU SEOW WOO					Policyholder NRIC				
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CL	ASSIC		Loading	(			
ntact No.(Mobile)	90056070	Contact No.(Office)	0			Contact No.(Home)	(	0 N∈ ✓		
	30030070	Special Remark				eCode	Γ			
ail Address		TCA	(a) No (	Yes		eCode Reason				
K	No ○ Yes		No  Yes     Yes     O     No     No    O     No    O     No    O     No    O     No    O			Private Hire		No		
D Protection	Yes	NCD Entitlement(%)	50							
Accident Details								Collision - He	ad to Dear	
port Date	04/01/2021 18:10	Accident Report Within 24 hrs	Yes			Accident Type		Collision - ne	Ju to Kear	
ite of Accident	01/01/2021	Time of Accident hh:mm	16:35			Country of Accident		Singapore		
		Orange Force				ICM No.				
porting Centre		Ordinge Force								
cident Location	PIE									
7 Total Excess Applicable										
cess Type	Per Accident	Windscreen Excess			100.00					
Standard Excess	600.00	TP Standard Excess			0.00					
ED OD Excess	0.00	YIED TP Excess			0.00	Driver is Covered?		Covered		
dditional Excess	0									
	600.00	Total TP Excess Applicable			0.00					
tal OD Excess Applicable	600.00								Market and Advances, will all yours	
Benefits										
GST Registered Informa				GST Pa-	stration Date			Englan.		
ST Registered	No				stration Date us Verified	Yes				
ST Registration No.			,	GST Stat	us vernieu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
odification History										
Policyholder Mailing Ad	dress							Est la		
ddress 1	BLK 320 #03-531	Address 2	UBI AV	VENUE 1		Address 3		SINGAPORE	400320	
	SHEED AND DECISION OF SE	Address Type	Singapo	ore addre	SS	Post Code		400320		
ddress 4				00797-01						
nit No.		Related Policy Number	511520	00/9/-01						
OI Driver Info										
priver Name	WU SEOW WOO	Driver Type	Main Dr			and the second s		******		
Innamed driver Name		Driver NRIC	S14168	828A		Driver DOB		14/04/1960		
gister Date of Driver License 12/02/1983		Driver Age	60			Driving Experience		37		
	90056070	Contact No.(Office)	0			Contact No.(Home)	0			
Contact No.(Mobile)	ress 1 BLK 320 Address		UBI AV	VENUE 1		Address 3		SINGAPORE 400320 400320		
ddress 1						Post Code				
Address 4		Address Type	Address Type Singapore address				rost code			
Jnit No.	03-531									
Does he own a Singapore	○ Yes   No	Driver Vehicle No.				Driver Insurer Comp	any			
Registered car?										
Declaration										
		Any injury?	@ Yes	s O No						
Reading?	athalyser or Blood Test 0 mg ding?		( Tes	3 (110						
Modification History										
-lodification ristory										
Claim 001 New										
20 May 800										
								C14160704		
Claim Type *	OD-MX	Insured Name		EOW WO		Insured NRIC		S1416828A		
Contact No.(Mobile)	90405550	Contact No.(Home)	67418	8721		Contact No.(Office)				
	EDMUNDWU11@GMAIL.COM	OI Vehicle Number	SJL60	018D		TP Vehicle Number		SMD246H		
Email Address		Type of Benefit *		se Select	<u> </u>					
Claimant Type Claimant Type			Freds							
Claimant Name *	22	Claimant NRIC *								
Claimant Address										
Claim Description	SJL6018D / SMD246H ON 1 Jan 2021					Name of Preferred V	Vorkshop			
Preferred Workshop Contact		Incured Liability #	Not a	at Fault	V					
No.		Insured Liability *				CIA word		Received		
Require Finalisation	Yes	Preferered Repair Option	Prefe	erred Wor	kshop, Name unknown	GIA report				
Date Registered	04/01/2021 18:11	Claim Close Date				Date Received		04/01/202	1 00:00	
Report Taken By	Jackson									
Print AK letter										
Attachment			Save	Submit						
₩										
	MT/1116026	Claim No.			001					
Accident No.		Upload Date			04/01/2021 18:13					
Last Doc. Received	Yes      No	Opload Date				C63	Henry	· ·	Description	
	Path *				Category *	Confidential	Urgen		Description	
		Brov	wse	Clear	lease Select	V NO V	Normal	<u> </u>		
		Brov	wse	Clear	lease Select	V NO V	Normal	~		
						V NO V	Normal	V		
					AND			V		
		Brov	wse	Clear			Normal			
		Brov	wse	Clear	lease Select	V NO V	Normal	~		
		D.S.	wso	Clear	lease Select	V NO V	Normal	V		
		Brov	wse	wiedr	rease serect					

Attachment	Uploaded	By/Date	Category	9	Urgency	Desc	ription	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601( NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 18:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving L	icense 2021-1-4		
1	NAC_PAYA_UBI_800601( NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 18:13	SAS		Normal	SAS 2	021-1-4		
	NAC_PAYA_UBI_800601( NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 18:12	Photos		Normal	Photos	2021-1-4		
	NAC_PAYA_UBI_800601( NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 18:12	Photos		Normal	Photos	2021-1-4		
ググララニュー	NAC_PAYA_UBI_800601( NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 18:12	Photos		Normal	Photos	2021-1-4		
	NAC_PAYA_UBI_800601( NATION CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 18:12	Photos		Normal	Photos	2021-1-4		
	NAC_PAYA_UBI_800601( NATIO CES) on 04 Ja	NAL ASSESSMENT CENTRE SERVI on 2021 18:11	Photos		Normal	Photos	2021-1-4		
	NAC_PAYA_UBI_800601( NATIO CES) on 04 3	NAL ASSESSMENT CENTRE SERVI an 2021 18:11	Photos		Normal	Photos	2021-1-4		
	NAC_PAYA_UBI_800601( NATIO CES) on 04 J	NAL ASSESSMENT CENTRE SERVI an 2021 18:11	Photos		Normal	Photos	2021-1-4		
	NAC_PAYA_UB1_800601( NATIO CES) on 04 3	NAL ASSESSMENT CENTRE SERVI an 2021 18:11	Photos		Normal	Photos	2021-1-4		
#	NAC_PAYA_UBI_800601( NATIO CES) on 04 J	NAL ASSESSMENT CENTRE SERVI an 2021 18:11	Photos		Normal	Photos	2021-1-4		
學	NAC_PAYA_UBI_800601( NATIO CES) on 04 J	NAL ASSESSMENT CENTRE SERVI an 2021 18:11	Photos		Normal	Photos	2021-1-4		
Video List	Uploaded By/Date	Folder Date		File Name	4	9	Source		A