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1) AR: Acc 2) DA: Dar 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re- 7) N1: Idad 8) NTUC A OD* *N5: Cod *N6: Rep *N7: Fos *N8: DV	Preparation Checklist; ident Reporting (\$30); mage Assessment (\$100); INC (\$ ing Fee \$4 ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 200) inspection DA + SMRT Survey dditional Services:- intercontraction I Repair Inspection / Collect Excess Coordination): TP (Non INC) against INC	Amt (5) Amt (5) Amt (5) Bill Add B 80) 0/\$45 \$120 \$30 5) \$75 \$160 \$5 \$10 \$55
	SAS e-filing E-mail (within Shrs, AIC 2h) i-Motor Claim Form i-Motor W/O (Within: OI) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hz Period: (Date: [Note-Est. Status (WO): N: Warranty: YES ()/NO () Information strictly Confidential currer URGENTLY.	SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wksp Tel: Period: () Cover Type: (Date: Time: [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-Warranty: YES () / NO () 1,000 () / \$2,000 () Information strictly Confidential & Strictly NO refer of repairer. Inter URGENTLY. ice: YES () / NO (); Towing Co: (' Date& Time Completed / Courtesy Car () () Date& Time Completed

SN092114000Y / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 19:11 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 19:11 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 04/01/2021 19:11 (SGT) 01/01/2021 15:10 (SGT) Date of Accident Exact Location of Accident Boon Lay Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW2984H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner RAYMOND PANG JUN HAN NRIC No SXXXX731Z Email Address raymondpang1992@gmail.com Mobile Phone No (Phone) +65-92355755 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer 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 your vehicle?

No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5118334058 Cover Note Number

DRIVER

RAYMOND PANG JUN HAN Name of Driver NRIC No. SXXXX731Z 14/11/1992 Date Of Birth Occupation Indoor

Date Of Driving Pass 05/01/2012 Driving experience 9 YEARS Gender Male Mobile Number (Phone) +65-92355755 Alt. Phone Number Email Address raymondpang1992@gmail.com Address **BLK 678 WOODLANDS AVENUE 6** Address complement #06-720 Postcode 730678 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 - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 CLARA TAN YING YUN Name Gender Female 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 If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210101/7009. 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SML9619P Vehicle Manufacturer Toyota

Vehicle Variant

Vehicle Model

Vehicle Colour	::=
Vehicle Category	Private car
Name of Driver	-
Contact Number	e=
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 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	RAYMOND PANG JUN HAN BODY SJW2984H Yes No
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	CLARA TAN YING YUN BODY SJW2984H Yes No

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Driver's Signature

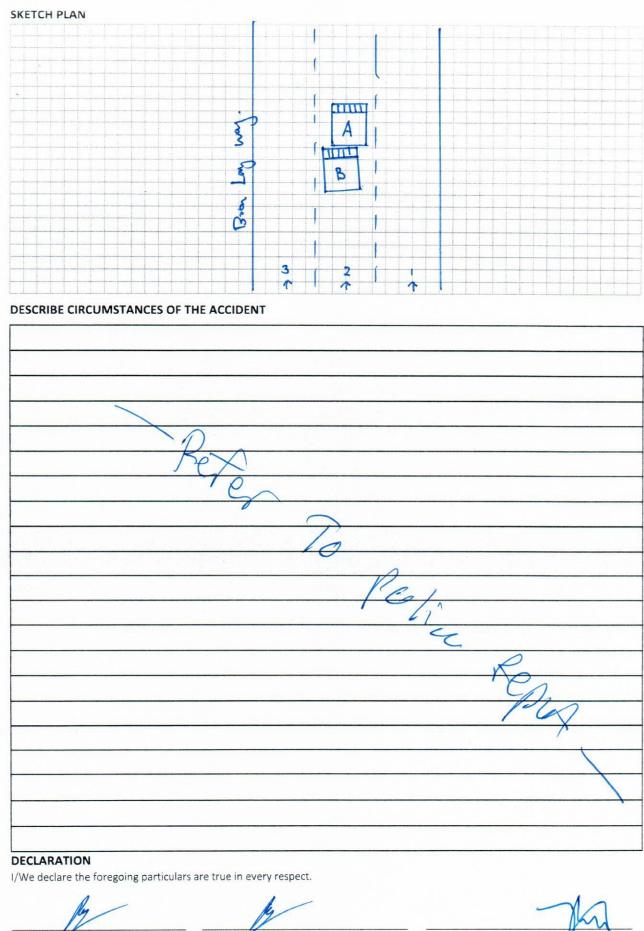
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 01/01/2021 (DD/MM)	/YYYY), TIME: (15 : 10)(HH:MM)
LOCATION: Along Bon Lay Way	
I DETAILS OF VEHICLE	
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 85W 2984 H	
	and the second s
DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: 511 83340 58	
	DARRY (TIMED DARRY SIDE STHEET)
d)POLICY TYPE: (COMPREHENSIVE / THIRE	DPARTY / IHIRD PARTY FIRE & IHEFT
e)MAKE & MODEL: Lancer	
f)TYPE:(SALOON / COUPE / MPV /V AN / I	e)
g) VEHICLE CATEGORY: (PRIVATE / COMM	MERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME	Privare yr
I) ARE YOU CLAIMING UNDER YOUR OWN	I INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM	M / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: RAYMOND PANG JUNUAN	
b) NRIC/FIN/PASSPORT: San 417 31 /Z	CONTACT: 723.35 154
CIADDRESS: BILL 678, Woodland Au	ne 6, # 06-720 5 (7305+8)
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER .
(Including driver) DINRIC/FIN/PASSPORT: S9241731/2	
Cincluding diver a NAME: RAYMOND PAMA JUM HA	
Springer in the rest of the second	0011111011
(L) CIADDRESS: BK GTF, Woodkay AM	4 6,41 06 720 0(730 675)
Claration Ying YUN (F) * CIDATE DEBIRTH : 14 / 11 / 1992 11	
district of significant	(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	
f) YEARS OF DRIVING EXPRERIENCE:	SUBFRIS COMPANYS (VES / NO)
IF NO, RELATIONSHIP OF THE DRIVER	
5. a) WEATHER CONDITION: (CLEAR / RAININ	111111111100111111
b)ROAD SURFACE: (DRY / WE) / OTHERS_	is / Official
6. WAS ANYBODY INJURED (ED / NO) DAM	v k Passenja
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STAT	TION: GILIN
8. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER: SML 96197	MODEL: 1000th Altis.
(Indudian diseas) b) DRIVER'S NAME:	
(Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	The same particular and the sa
	MODEL:
Will of passanger at DDV FDIC MALE	
(Induding driver) f) NRIC/FIN/PASSPORT:	
()	

|mai| = rico60 autosurvices @gmail.comfax = 6286 7060





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210101/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time 01/01/2021	- Allendary	ide:	Vide Report No.:		Station Diary No.:		
Informant'	s Particul	ars					
Name of In	formant:		Address:				
RAYMOND	PANG JU	JN HAN	678 WOODLANDS AVENUE 6 #06-720 SINGAPORE 730678				
ID Type / II							
NRIC NO /	S9241731	Z	Home/Office: Mobile: 92355755				
Nationality: SINGAPORE CITIZEN			Email: RAYMONDPANG1992@GMAIL.COM				
Sex: Male	Age: 28	Date of Birth: 14/11/1992	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name: English				
Occupation: Banking sales executive			Driving Licence Information: Class: 3 Date of Expiry:				

General Inform	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2021 15:10	Type of Location Straight Road	
Location:					
BOON LAY W	VAY				
Weather: Raining		Road Surface: Wet	1	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	sion: ring Vehicles - Head	I To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Conditio	No of		
SJW2984H	Car	MITSUBISHI	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR	Blue	Seriously Damaged	1		
SML9619P	Car	TOYOTA	Altis	Red	Seriously	0		





2 of 3

Report No. T/20210101/7009

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Limited

Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SJW2984H	NTUC Income Insurance Co-Operative	5118334058	24/07/2020	23/07/2021				

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	destrian	Cross	ing: NA
Passenger						
Name	CLARA TAN YING YUN					S9803520F
Related Vehicle	SJW2984H (Car)		Conta	ct No.	98296181	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	01/01/2021	Date	01/01		/2021	
No. of Days gran	ted Medical Leave	03	Degree of	Slight		
Driver						
Name	RAYMOND PANG JU	JN HAN		ID No.		S9241731Z
Related Vehicle	SJW2984H (Car)			Contact No.		92355755
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	01/01/2021		Date		01/01	/2021
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

Brief Details.

My vehicle(SJW2984H) was travelling straight along boon lay way at my own 2nd lane, while travelling straight, suddenly this vehicle(SML9619P) skidded and bang onto my rear portion of my vehicle (SJW2984H). Me and my girlfriend (CLARA TAN YING YUN) felt unwell after the accident so we went to kovan intermedical clinic to see the doctor and we both was given 3 days Mc each.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210101/7009

CONTINUATION OF REPORT

S	ke	tc	h	PI	an
	10				all

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: 01/01/2021 18:10
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp



Certificate of Insurance

Cover : drivo CLASSIC

JMYSRCS3AAU000254

RAYMOND PANG JUN HAN

SJW2984H

24 Jul 2020

- 23 Jul 2021

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: 5118334058

Index mark and Registration Number of Vehicle
 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#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

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

EXCESS (SECTION 1) : S\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : RAYMOND PANG JUN HAN
NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY

I TECK WEI CREDIT PTE LTD

SUM INSURED

MARKET VALUE OF INSURE

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 24 Jul 2020 16:32 hrs

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Am

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80060	01			e y at + amedica-) Chang	e Languag	e Chan	ge Password	→ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.				Date	of Accident	[01/01/2021 1	5:10	
	Vehicle	No.(For Motor)	SJW298	34H		Certif	icate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5118334058		RAYMOND PANG JUN HAN	S9241731Z	GPC	drivo CLASSIC	SJW2984H	SJW2984H	24/07/2020	23/07/2021
						Continue	1				

Policy No.	5118334058	Policyholder Name	RAYMOND	PANG JUN HAN	Policyholder NRIC	S9241731Z		
Certificate		and the state of t						
Address	BLK 491 #03-163 JURONG WES							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	24/07/2020	Effective Date	24/07/2020	0 00:00	Expiry Date	23/07/2021 23	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess		0		Young	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	BLK 491 #03-163	Addre	ss 2	JURONG WEST AV	ENUE 1	Address 3	JURONGVILLE @ AVE 1	
Address 4	SINGAPORE 640491	Addre	ss Type	Singapore address		Post Code	640491	
Unit No.	03-163	Relate Numb	ted Policy ber 5118334058					
▶ Insure	d Object: SJW2984H							
▽ Endors	ements	Compa 112 - Mary and Alexander Fall Annual		Name and the second sec				
Sequer	nce Date of Endorsemen	nt	Endorsemen	t Type	Endorsement	Status	Endorsement Content	

Claim Handling						
ccident MT/1116042						
olicy No.	5118334058	Vehicle No.	S3W2984H	GST Registration No.		
	5110334030	Venicle No.	33W2304N	OST REGISTRATION NO.		
ertificate No.						
olicyholder Name	RAYMOND PANG JUN HAN			Policyholder NRIC	S9241731Z	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
ontact No.(Mobile)	92355755	Contact No.(Office)	0	Contact No.(Home)	0 N∈ ✓	
18. —18.	92355/55		V sa contrat delical carapita libraria			
mail Address		Special Remark		eCode		
FK	No ○Yes	TCA	No ○ Yes	eCode Reason		
ICD Protection	No	NCD Entitlement(%)	0	Private Hire		
Accident Details						
		Andreas December 1974 has	V	Accident Tune	Collision - Head to Rear	
eport Date	04/01/2021 19:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
Pate of Accident	01/01/2021	Time of Accident hh:mm	15:10	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
ccident Location	Boon Lay Way					
▼ Total Excess Applicable						
xcess Type	Per Accident	Windscreen Excess	100.00			
D Standard Excess	600.00	TP Standard Excess	0.00			
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
		VITABLE VITA DIMERSES				
additional Excess	0	20 000 000 000 000 000 000 000 000 000	The second secon			
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
▼ Benefits						
GST Registered Informa	ition					
ST Registered	No		GST Registration Date			
ST Registration No.	25 di mesa san dan		GST Status Verified	Yes		
odification History				255		
Concessor History						
- 1020103 12 1251 - FESTON OF	S2					
Policyholder Mailing Ad	dress					
Address 1	BLK 491 #03-163	Address 2	JURONG WEST AVENUE 1	Address 3	JURONGVILLE @ AVE 1	
address 4	SINGAPORE 640491	Address Type	Singapore address	Post Code	640491	
			5118334058			
Jnit No.	03-163	Related Policy Number	5118334058			
OI Driver Info						
Driver Name	Raymond Pang Jun Han	Driver Type	Main Driver			
Innamed driver Name		Driver NRIC	S9241731Z	Driver DOB	14/11/1992	
tegister Date of Driver License	05/01/2012	Driver Age	28	Driving Experience	8	
			0	Contact No.(Home)	0	
Contact No.(Mobile)	92355755	Contact No.(Office)				
Address 1	BLK 678	Address 2	WOODLANDS AVENUE 6	Address 3	ADMIRALTY PLACE	
Address 4	SINGAPORE 730678	Address Type	Singapore address	Post Code	730678	
Jnit No.	06-720					
	08-720					
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
eclaration						
Breathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No			
teading?		6-100_4.5.C0.4*********				
odification History						
Claim 001 New						
11 204 20						
Claim Type *	OD-MX	Insured Name	RAYMOND PANG JUN HAN	Insured NRIC	S9241731Z	
	92355755	Contact No.(Home)	63670028	Contact No.(Office)	PARTIE AND SWIFE THE	
Contact No.(Mobile)					CMI 06102	
mail Address	raymondpang1992@gmail.com	OI Vehicle Number	SJW2984H	TP Vehicle Number	SML9619P	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	>>	Claimant NRIC *				
Claimant Address			PRODUCE TO SERVICE STATE OF THE SERVICE STATE ST			
Claim Description	SJW2984H / SML9619P ON 1 Jan 2021			Name of Preferred Workshop		
Preferred Workshop Contact			No. of Contract Contr			
Vo.		Insured Liability *	Not at Fault		Santa Committee of the	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/01/2021 19:14	Claim Close Date		Date Received	04/01/2021 00:00	
				NOTATION 1 TO PROVIDENCE TO S		
teport Taken By	Jackson					
Print AK letter						
Attachment			Save Submit			
•						
Accident No.	MT/1116042	Claim No.	001			
ast Doc. Received	● Yes ○ No	Upload Date	04/01/2021 19:16			
	Path *		Category *	Confidential Urger	ncy * Description	
		Browse	Clear Please Select	NO V Normal	<u> </u>	
		Browse		NO V Normal		
		Browse	Clear Please Select	NO V Normal	▼	
		Browse	Clear Please Select	NO V Normal	▼	
		Browse	Clear Please Select	NO V Normal		
		Browse	Clear Please Select	NO V Normal	<u> </u>	

	Uploaded By/Date Folder Date		File Name			9	Source	e Act	
Video List	CES) on 04 Ja		Photos		Normal	Photo	s 2021-1-4		
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100 M	CES) on 04 Jan 2021 19:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2021 19:15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2021 19:15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2021 19:15 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Jan 2021 19:15		Photos		Normal	Photo	Photos 2021-1-4		
W			Photos		Normal	Photos 2021-1-4 Photos 2021-1-4			
V			Photos		Normal				
E			Photos	Normal		Photos 2021-1-4			
1			SAS		Normal	SAS	SAS 2021-1-4		
2 m 1			NRIC/ Driving License		Normal	NRIC/ Driving	License 2021-1-4		
			NRIC/ Driving License		NRIC/ Driving License 2021-1-4				
Attachment	Uploaded By/Date		Category	Urgency		Description		Msg Sent? (CO)	.?