NATIONAL Assessment Centre	Services. well Janos	Hog 2117wog	N 1	
Date In: 7/1 M -16:46	Jeb description	Date & Time Completed	Done by	
Ref No: Ly In Choo 200 12	SAS e-filing			
Veh No: GBA 43333	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 14/11/12 18:45	i-Motor Claim Form	M/1116483-001	71/M 16:5	
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OD TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor		<u> </u>	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:)
TP Particulars: Veh No: JUAISV	85 INC			
Owner / Driver: (Tel:		
Policy No: () Perio) Cover Type: (
Confirmed by : (Date:		-100%]	
		0-20%; P: 21-79%. P: 80	. 5070]	
Tear of respirate out (arranty: YES ()/NO (
Excess: (\$) Loading: \$1,000			110 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	
General Remarks:- () Walk-In Customer: Customer's inform	Charles American Control of the Cont	1 11 11 11 11 11 11 11 11 11 11 11 11 1		
() Walk-In Customer: Customers inform () Total Loss Case : to e-mail Insurer				
		; Towing Co: (•)
		35-	Done	py .
Remarks:- (INC hotline: 6788 6616)		Date & Time Completed	, stono	. L
1,1-21-3	urtesy Car ()	*	,	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	()			
Injury:			Secretary and the Control	T. M. W. T.
Date/Time: Actions				
	1			
NA.		Preparation Checklist	ACCESS NO. 37861.	Amt (\$)
NA 430793	100000,200000000	rident Reporting (\$30);	fat Bill	Add Bill
Claimant's Particulars:-	2) DA : Da	mage Assessment (\$100); INC	\$\tag{\$80}\$\$ \$40/\$45	
Driver/Owner:	3) TF : Tow 4) FT : Foll	ow-Through Survey	\$120	
Contact No:	S) FT · Foll	ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2	\$30 2005)	
	6) TR : Re-	inspection	\$75 \$160	
Damaged Portion:	7) N1 : Ida 8) NTUC A	o DA + SMRT Survey		
OC Charled by Committee Chargo	OD*	urtesy Car / Tpt Allowance	\$5	
QC Checked by (Engr-In-Charge):	*N6: Re	pair Co-ordination	\$10 \$25	
Auditors! Comments ::-	+N8: D	st Repair Inspection // Collect Excess Coordination	35	
Cat. 1:	TP (N1)	1): TP (Non INC) against INC	30	
	9) N12: 16 Invoice da	ted Fee Char	100 F	arm)
2at. 2 / 3:	Invoice da	ted Fee Char	ged Committee	L

5 , per ct 1 / 200

SN0921170009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/01/2021 16:46 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (07/01/2021 16:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

07/01/2021 16:46 (SGT) Date of Submission 14/12/2020 18:45 (SGT) Date of Accident Exact Location of Accident Lor 26 Geylang, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **GBA4333J**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KANG INTERIOR Company Reg No 5XXXX684J kanginterior@gmail.com **Email Address** (Phone) +65-89999999 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Dyna Model 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 ThirdPartyFireTheft Type of Coverage Fleet Policy 5116954267 Policy Number Cover Note Number

DRIVER

KANG BENG SON Name of Driver SXXXX638C NRIC No 22/05/1966 Date Of Birth Outdoor Occupation

13/02/1998 Date Of Driving Pass 22 YEARS AND 10 MONTHS Driving experience Gender (Phone) +65-91392291 Mobile Number Alt. Phone Number kanginterior@gmail.com Email Address 31 LORONG 26 GEYLANG Address Address complement #08-04 398498 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions Clear Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 4 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No FOREIGN VEHICLE 1 JLU9245 Vehicle Registration Number Vehicle Category Motorcycle DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name Police Station Phone No (Phone) +65-65470000 (Fax) +65-65474900 Alt. Police Station Phone No 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/20201215/2110. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SCA1828G Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
	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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JLU9245
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	1-
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 3

Vehicle Registration Number	SGK4869T
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)	₩ .3

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.
- 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.
- 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.

Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: NRIC/

NRIC/FIN No.

Reporting Centre Personnel's Signature

SKETCH PLAN		
		T A: 46A4B33J
to the second of		
		Br. SCA 18289
		1 181. SCH 10 POUT
	9111	
		+
	THE HEALT THE	D: 86K48697
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
<u></u>		
4		
		/
	Refer to TP Report	
	T/20201215/2110	
	,	
	/ ;	
/	American de la companya de la compan	
DECLARATION	llars are true in every respect.	
EXIT		
	Ho-	
Policyholder's Signature	Drīver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Straight Blood Physiones, Ma

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 willful 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.

Accident details

Date and time of accident	Date: 14 0ec	2020	(DD/MM/YY) Time:	1845	(HH:MM)
Exact location of accident	torong	26	Geylang		

Details of vehicle

Vehicle registration number	UBA 4333.J
Vehicle make and model	Toyota Dyna
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	chording
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

Insurance company	NTUC		
Policy number	51169	54267	
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	kang Interior	Male 🗆	Female
NRIC / Fin / Passport number	532596847		
Contact			
Address			

Driver

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

Name	KG19 Beng Son Male D Female 0
NRIC / Fin / Passport number	1 827586380
Contact	9139 2291
Address	31 torong 26 Gustong #28-04 Blossom View Shurapere 398498
Email address	Kangenterior Commity. com
Date of birth	22 May 1966
Occupation	Indoor Outdoor
Driving date pass	13 Peb 1998

General information of the accident

111 11	[V	No. =		
Was driver an employee of	Yes 🗆	No D	driver and insured:	Director
the insured's company?			univer and insured.	9170010
Accident captured by camera?	Yes 🗆	No D	Others:	
Weather condition	Clear	Raining 🗆	Otners:	
Road surface	Dry	Wet 🗷	A. ******	(Inclusive of datum)
No of passenger)		(Inclusive of driver)
Passenger 1				
Name			7	
Gender	Male 🗆	Female 🗆		
Passenger 2				
Name				
Gender	Male 🗆	Female of		
Passenger 3				
Name		/		
Gender	Male 🗆	Female d		
Passenger 4	,			
Name				
Gender	Male 🗆	Female 🗆		
Passenger 5				
Name		/		
Gender	Male 🗆	Female 🗆		
Passenger 6				
Name				
Gender	Male 🗆	Female D		
Other information	/	/_		
Was anybody injured?	Yes 🗆 🗼	Not		
Was other vehicle damaged?	Yes	No 🗆		
Details of police action				
Reported to police?	Yes.	No 🗆 If yes	, please state which po	olice station.
Police station name	TPH			
, J Julian name	1111	W		

Third party vehicle 1 (b)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SCA18286
Vehicle make model	

Third party vehicle 2 (C)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	JL49245
Vehicle make model	

Third party vehicle 3 (0)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	Shk48697
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	
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		
Name		
Heme		
Witness 2		
Name		
Injured person 1		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
Injured person 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No a
Injured person 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No a
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o
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/20201215/2110

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

Date/Time 15/12/202	Report M		Vide Report No.: Station Diary G/20201214/0188				
Informant	's Particu	lars	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				
Name of It KANG BE			Address: 31 LORONG 26 GEYLANG #08-04 BLOSSOM VIEW SINGAPORE 398498				
ID Type / NRIC NO	ID No.: / S275663	8C	Contact No.: Home/Office:	Mobile: 91392291			
Nationality	/: ORE CITIZE	EN	Email:				
Sex: Male	Age: 54	Date of Birth: 22/05/1966	Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: RENOVATOR			Driving Licence Information: Class: 2B,3 Date of Expiry:				

Selleral Illion	mation of the Accider		The state of the s	Tune of Location:		
Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 14/12/2020 18:45	Type of Location		
Location:						
LORONG 26	GEYLANG					
LONGINO 20						
Weather: Traffic Flow:		Road Surface:	R	Road Speed Limit:		
				Traffic Volume:		
Traffic Flow:		Traffic Control:		rattic volume:		

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
GBA4333J	Lorry		AND AND ADDRESS OF THE PARTY OF			0
JLU9245	Motorcycle					0
SCA1828G	Car					0
SGK4869T	Car					0





2 of 3

Report No. T/20201215/2110

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

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA			
Driver				可靠中央			
Name	KANG BENG SON					S2756638C	
Related Vehicle	GBA4333J (Lorry)		Contact No.		91392291		
Hospital/Clinic	NIL .					Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

AS MENTION ABOVE TIME, DATE AND LOCATION

MY LORRY WAS PARKED AT GEYLANG LORONG 26 WHEN I WAS AT HOME. I WAS TOLD BY THE DRIVER OF SGK4869T THAT MY LORRY WAS COLLIDED BY A CAR(SCA1828G), SUSPECTED DRINK-DRIVING. MY LORRY WAS PUSHED AND HIT THE CAR(SGK4869T) INFRONT. AMBULANCE CAME AT SCENE, THE SUSPECT DRINK DRIVER WAS CONVAYED TO THE NEAREST HOSPITAL. THATS ALL.





T/20201215/2110

3 of 3

Report No. T/20201215/2110

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / SC SAIFUL ILHAM BIN ZAHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2020 16:22
Officer In Charge Of Case: TP / DDGVT / Sgt 3 LEE MING CAI Contact No.: 65476960	Classification Of Case: SINGAPORE DOLICE FORCE
Authentication Stamp NP168	POLICE VIEW



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116954267

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

Chassis Number

: JTFAT35Y903000984

2. Name of Policyholder

: KANG INTERIOR

3. Effective Date of Insurance

: 06 Apr 2020

4. Expiry Date of Insurance

: 05 Apr 2021

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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: NO

HIRE PURCHASE COMPANY

: TAN WEI CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 03 Apr 2020 19:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech											lan Ou
Hello, NAC_PAYA_UBI_80	0601						→ Change	Language	• Chang	ge Password	· Log Out
My Desktop	Polic	y Query									
	Policy N	0.				Date o	f Accident	14	4/12/2020 1	8:45	
	Vehicle	No.(For Motor)	GBA433	333		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	5116954267		KANG INTERIOR	532596843	GCV	Third Party, Fire & Theft	GBA4333J	GBA4333J	06/04/2020	05/04/2021

olicy No.	5116954267	Policyholder Name			Policyholder NRIC	53259684J	3259684J	
ertificate		Wallic						
lo.								
ddress	105 SIMS AVENUE #08-01 CHANCERLODGE COMPLEX SINGAPORE 387429							
roduct lame	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N		
olicy ssue Date	03/04/2020	Effective Date	06/04/2020	00:00 Expiry Date		05/04/2021 23:59		
xcess	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0		
Additional Excess	OS Premi		emium 0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyl	nolder Mailing Address							
Address 1	105 SIMS AVENUE	Add	idress 2 #08-01 CHANCERI		ODGE COMPI	Address 3	SINGAPORE 387429	
Address 4		Add	ress Type	Singapore address		Post Code	387429	
Unit No.	08-01	Rela Num	ted Policy 5116954267 ber					
▶ Insure	ed Object: GBA4333J							
▽ Endors	sements							
Seque	nce Date of Endorseme	nt	Endorsemen	Type Endorsement		t Status	Endorsement Content	

cident MT/1116483						
licy No.	5116954267	Vehicle No.	GBA43331	GST Registration No.		
tificate No.						
	KANG INTERIOR			Policyholder NRIC	532596843	
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire & Theft	Loading	0	
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
		Special Remark		eCode	No Damaged whilst parked Singapore	
nail Address	8 No O Year	TCA	No ○Yes	eCode Reason		
K .	● No ○ Yes	NCD Entitlement(%)	0	Private Hire		
CD Protection	No	NCD Entitlement(70)	•			
Accident Details				4 4 4		
eport Date	07/01/2021 16:48	Accident Report Within 24 hrs	Yes	Accident Type		
ate of Accident	14/12/2020	Time of Accident hh:mm	18:45	Country of Accident		
eporting Centre		Orange Force		ICM No.		
ccident Location	Lor 26 Geylang					
	Lor 20 de franç					
▼ Total Excess Applicable		Windscreen Excess	0.00			
ccess Type	Per Accident	Windscreen Excess				
	0.00	TP Standard Excess	0.00			
D Standard Excess	0.00		1000	Driver is Covered?		
IED OD Excess	0.00	YIED TP Excess		Direct is develor.		
dditional Excess						
otal OD Excess Applicable	0.00	Total TP Excess Applicable				
♥ Benefits						
GST Registered Informa	tion					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History	07/01/2021 16:49:38 System	n changed GST Status Verified from	m No to Yes			
Policyholder Mailing Ad	dress					
ddress 1	105 SIMS AVENUE	Address 2	#08-01 CHANCERLODGE COMPL	Address 3	SINGAPORE 387429	
	AUS SINIS AVENUE	Address Type	Singapore address	Post Code	387429	
Address 4						
Init No.	08-01	Related Policy Number	5116954267			
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/05/1966	
Innamed driver Name	KANG BENG SON	Driver NRIC	S2756638C			
tegister Date of Driver License	13/02/1998 Driver Age 91392291 Contact No.(Office)		54	Driving Experience	22	
Contact No.(Mobile)			0	Contact No.(Home)	0	
Address 1	31 LORONG 26 GEYLANG	Address 2	BLOSSOM VIEW	Address 3	SINGAPORE 398498	
Address 4		Address Type	Singapore address	Post Code	398498	
	08.04					
Unit No.	08-04			Driver Insurer Company		
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes No			
Reading?						
Modification History						
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Attachment		l By/Date	Category	9	Urgency	Description	on	Msg Sent? (CO)	
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