Date In: >3/1/18-17:06				
	Jeb description	Date &Time Completed	Done l	oż.
REINO: NA/INCI8001355/24	SAS e-filing			
Veh No: SCUTIGEM	E-mail (within Shrs, AIC 2hrs)			*
D.O.A : 27/1/18 - 15:15	i-Motor Claim Form	m/0979053	23/1/18 12	441
-	i-Motor W/O (Within: OD :			
OD / TP/ Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		30.000
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 5k	CL964TL INC	()/Non-INC()	E .	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-		EMBERED AND CONT.	mas ignor	
		Towing Co: (Done) DV -
temarks:- (INC hotline: 6788 6616)	N. S.	Date&Time Completed	Done l	y
) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
A STATE OF THE PARTY OF THE PAR			Transport Problem	
) Upload Resurvey Photo [Repair Cost >	\$3000] ()	- No.		
	\$3000] ()			
Injury:	\$3000] ()		OTTO AND STATE OF THE PARTY OF	· · · · · · · · · · · · · · · · · · ·
Injury:	\$3000] ()		A STATE OF THE STA	V miles
Injury:	\$3000] ()		A CANAL	
Injury:	\$3000] ()		A CANADA	- C ****
Injury:	\$3000] ()		ACC 93 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	V. 1. F.
Injury:	\$3000] ()			
Injury:	\$3000] ()			Amil
Injury:		reparation Checklist	Ant(s)	F +
Injury: ate/Time Actions AIR 00 117	Invoice P	ent Reporting (\$30);	fá Bill	F +
Injury: ate/Time Actions AP 00 117 umant's Particulars:	Invoice P 1) AR: Accid 2) DA: Dame	ent Reporting (\$30); ge Assessment (\$100); INC (\$	fá Bill	F +
Injury: ate/Time Actions Alloofia umant's Particulars:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 v-Through Survey	fst Bill (80) 10/545 5120	F - +
Injury: ate/Time Actions Actions Apple of 17 umant's Particulars:- ver/Owner:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 v-Through Survey v-Through Survey (Resurvey)	(80) 10/\$45 5120 \$30	F - +
Injury: ate/Time Actions All oof 17 umant's Particulars:- ver/Owner: ntact No:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in-	ent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee S4 V-Through Survey V-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200) Spection	80) 80) 80/\$45 \$120 \$30 \$5) \$75	F +
Injury: ate/Time Actions Alloofi timant's Particulars:- iver/Owner: ntact No:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae I	ent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee S4 V-Through Survey V-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200 Spection OA + SMRT Survey	16.Bill 180) 10/\$45 \$120 \$30 \$5)	F - +
Alloofine Actions Alloofine Actions aimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in- 7) N1: Idae I 8) NTUC Add OD.*	ent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee S4 -Through Survey -Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200 Spection OA + SMRT Survey Silional Services:-	80) 00/\$45 \$120 \$30 \$55 \$75 \$160	F +
All of 17 aimant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae I 8) NTUC Add QIL* *N5: Court	cent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee \$4 -Through Survey -Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200 spection OA + SMRT Survey diltional Services:- Cay Car / Tpt Allowance	\$60) 10/\$45 \$120 \$30 \$75 \$75 \$160	F +
All ootij aimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OID* *N5: Court *N6: Repair *N1: Fost I	ent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee S4 -Through Survey -Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200 Spection OA + SMRT Survey Sitional Services: Cay Car / Tpt Allowance Ir Co-ordination Repair Inspection	\$60) 10/\$45 \$120 \$30 \$75 \$160 \$5 \$5 \$5	
Alloury: Actions Alloury: Actions Alloury: Actions Alloury: Actions Actions Alloury: Actions Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OID* *N5: Court *N6: Repair *N1: Fost I *N8: DV /	ent Reporting (\$30); Ige Assessment (\$100); INC (\$ Ige Fee S4 -Through Survey -Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200 Spection OA + SMRT Survey Sitional Services: Cay Car / Tpt Allowance Ir Co-ordination Repair Inspection Collect Excess Coordination	\$60) 10/\$45 \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	
Onte/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OID* *N5: Court *N6: Repair *N1: Fost I *N8: DV /	cent Reporting (\$30); Ige Assessment (\$100); INC (\$100)	\$10.545 \$120 \$30 \$30 \$55 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	Am. (3 Add Bi

301 11

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 policy ability.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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

A 1	\sim	ne	NIT	STAT	850	EN	т
	u	UE		9	-11		ш

23/01/2018 12:06 Date Of Report 22/01/2018 15:15 Date Of Accident

JUNC WOODLANDS AVE 12 & WOODLANDS AVE 5 Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLU7565M Vehicle Registration Number

Insured/Policyholder

RELIABLE RIDES PTE LTD Name Of Registered Owner

201611527N Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

Model

Exact Purpose for which vehicle was being used at

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY PRIVATE HIRE

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096639927 Policy Number

Cover Note Number

Driver

MOHAMMAD YUSSOFF BIN SALLEH Name of Driver

S7825291Z NRIC No 31/08/1978 Date Of Birth OUTDOOR Occupation 25/02/2008 Date Of Driving Pass

9 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87482053 Mobile Number

Fax Number

OFFICE-87482053 Contact Number

NOEMAIL EMail Address

BLK 897 TAMPINES STREET 81 Address

#04-806

520897 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

TAMPINES NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

2

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-5871999 - FAX NO: 65871699 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180122/2158.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKL9645L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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 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 .
 - 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:
 - 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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	police re	DOFF - T 20 8012	2/2/58.	
		-1.0		
		/		
	/			

DECLARATION A

I/We declare the tonegoing particulars are true in every respect.

Policyholder's Signature Date & Time: Oriver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20180122/2158

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 17:21	lade:	Vide Report No.:	Station Diary No.: 100	
Informa	nt's Particu	ulars			
	Informant: MAD YUSS	SOFF BIN	Address: APT BLK 897 TAMPINES ST 520897	REET 81 #04-806 SINGAPORE	
ID Type	/ ID No.: D / S782529	91Z	Contact No.: Home/Office: Mobile: 87482053		
National SINGAP	ity: ORE CITIZ	EN	Email:	3 .	
Sex: Male	Age:	Date of Birth: 31/08/1978	Type of Informant: Driver		
Race: Javanes	e		Language: English	Institution / School Name:	
Occupat GRAB D	ion:		Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/01/2018 15:15	Type of Location Straight Road
	S AVENUE 12 FFIC LIGHT JUNCTIO	ON OF WOODLANDS Road Surface: Dry	AVENUE 5	Road Speed Limit:
				The second secon
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKL9645L	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	Silver		0
SLU7565M	Car	HONDA	FREED 1.5G HYBRID A	White	Slightly Damaged	1





T/20180122/2158

2 of 3

Report No. T/20180122/2158

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Perso	n Involved				district.	
Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of F	Pedestrian	Cross	ing: NA
Driver						
Name	MOHAMMAD YUSSOFF BIN SALLEH			ID No.		S7825291Z
Related Vehicle	NIL *			Conta	ct No.	87482053
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Di	ischarge	NIL	30
	ted Medical Leave	NIL	Degree	of Injury	NIL	
Driver						
Name	LEE KOK SENG	1100	I Washington	ID No		S7464897E
Related Vehicle	NIL			Conta	ct No.	91799018
Hospital/Clinic	NIL	=		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	W		ischarge	NIL	14
No of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On the above stated date, time and location my vehicle with vehicle registration plate, SLU7565M, was stationary while waiting for the traffic light to turn green. Before the traffic light turned green, the car behind with vehicle registration plate ,SKL9645L, had already hit the rear of my vehicle.

The damages to my vehicle are boot door was dented and the bumper was damaged. I have CCTV footage mounted at the rear window.





3 of 3

Report No. T/20180122/2158

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

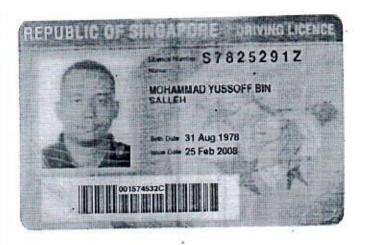
CONTINUATION OF REPORT

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:	Signature Of Informant:
G/	
Sgt 2 NURFAIZ BIN NOORDIN	The state of the s
C/SAT ARIL	
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2018 17:21
Officer In Charge Of Case:	Classification Of Case:
Staff Sgt TANG SIEW PING Contact No.: 65476430	
Authentication Stamp	
SIGN	VATURE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7825291Z





iame

MOHAMMAD YUSSOFF BIN

محمد يوسف بن صالح Rece JAVANESE Data of birth Sex

31-08-1978 Country of birth SINGAPORE 9/5/2012

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A

25 Feb 2008

Licence No. 57025291Z

APT BLK

Date of lesue 26-11-2008

APT BLK 897 TAMPINES STREET 81 #04-806 SINGAPORE 520897

NRIC No: \$7825291Z

Date: 09/07/2011

MIC No. S7825291Z

No: 6869031

4313280

ralClaim	Gene						Hall Ball			eBao Tech
d · Log Out	hange Passwor	guage + C	Change Lan						0601	Hello, NAC_PAYA_UBI_80
	018 15:15	22/01/2	ident	Date of Acc				y Query	Policy N	My Desktop Notice of Loss
				Court I			SLU7565M	No.(For Motor)	Vehicle	
Expiry Date	Commence Date	Insured Object	Vehicle No.	Cover Type	Product	Policyholder NRIC	Policyholder Name	Policy No.	Select	
12/12/2018	13/12/2017	SLU7565M	SLU7565M	drivo CLASSIC	GPC	201611527N	RELIABLE RIDES PTE LTD	5096639927	0	
	Date	Object	No.	Cover Type	GPC	NRIC	Name RELIABLE	0050	0000000	

Policy No.	5096639927	Policyholder Name	RELIABLE RID	ES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SI	NGAPORE 415875	5	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy ssue Date	11/12/2017	Effective Date	13/12/2017 0	0:00	Expiry Date	12/12/2018 23:59
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100
Additional Excess	0	OS Premium	1400.00			
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y
Co- insurance Flag Open Policy Info Certificate	No					
Info	older Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREM	MIER @ KAKI BUR	(IT Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore ad	dress	Post Code	415875
Unit No.	05-50	Related Policy Number	5097501986			
▶ Insure	d Object: SLU7565M	1				
▼ Endors	ements					
Sequence	Date of Endorsement	Endorse	ement Type	Endorsem	ent Status	Endorsement Content
1	11/12/2017 00:00	Basic Inform Endorseme		Endorsement U	ndo	Thank you for giving us the opportunity to serve you. We confirm that from 11 Dec 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: THINK ONE CREDIT PTE LTD
2	13/12/2017 00:00	Basic Inforr Endorseme		Endorsement To	ake Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Dec 2017, the following amendment(s) is/are made to this policy: 1. VEHICLE REGISTRATION NUMBER: SLU7565M
	13/12/2017 00:00	POI Move		Endorsement T	ake Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD

	nat been collected.				
dent MT/0979053					
cy No.	5096639927	Vehicle No.	5LU7565M	GST Registration No.	
cyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
nact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
sall Address		Special Remark		eCode	n. V
ĸ	@ No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	23/01/2018 12:42	Accident Report Within 24 hm	Yes	Accident Type	Collision - Head to Rear
			15:15	Country of Accident	Singapore
e of Accident	22/01/2018	Time of Accident hhomm	15:15		
porting Centre		Orange Force		ICM No.	
cident Location	JUNC WOODLANDS AVE 12 & WOODLANDS A	VE 5			
Benefits					
Excess					
n damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Bucess	3,000.00		
	4 man no	Outside Singapore TP Excess	3,000.00		
rd Party Excess	1,500.00	Distance of National St. Chickles			
Cast Registered Informe	No		GST Registration Date		
T Registered T Senistration No.	2000 C		GST Status Verified	No	
T Registration No.					
WINDOW PARKETY					
Policyholder Mailing Adv	dress				
	ACTION OF THE PROPERTY OF THE	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
dress 1	8 KAKS BUKIT AVENUE 4			Post Code	415875
idress 4		Address Type	Singapore address	- Jac Code	Teamin
nit No.	05-50	Related Policy Number	5097501966		
OI Driver Info					
iver Name	Unnamed Oriver	Driver Type	Unnamed Driver	80702520	
mained driver Name	MOHAMMAD YUSSOFF BIN SALL	Driver NRIC	S782S291Z	Driver DOB	31/06/1978
gister Date of Driver License	25/02/2008	Driver Age	39	Driving Experience	9
ontact No.(Mobile)	87482053	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 897	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520897
idress 4		Address Type	Singapore address	Post Code	\$20897
	01.000		\$ 70° 70° 200 200 200		
nit No. oes he own a Singapore	04-806	T MALE THAT MALE		Driver Insurer Compa	en e
egistered car?	○ Yes ® No	Driver Vehicle No.		Differ tributer compe	32
	111120000				
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
reathelyser or Blood Test	0 mg	Any injury?	O Yes @ No		
eclaration reachasyser or Blood Test eading?	0 mg	Any inguny?	U yes ⊕ No.		
wathalyser or Blood Test eading?	© mg	Any inguny?	C Yes @ No		
eathalyser or Blood Test ading? dification History	© mg	Any injuny?	○ Yes ® No.		
eathelyser or Blood Test ading? dification History	© mg	Any injury?	○ Yes ® No.		
eathalyser or Blood Test leading? odification History Claim 001 New				Insurant ANI In	2016) 1527%
eathalyser or Blood Test leading? cdification History Claim 901 New	O mg	Insured Name	RELIABLE RIDES PTE LTD	Insured NRJC	201611527N
eathelyser or Blood Test ading? dification History Claim 001 New		Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Contact No.(Office)	66351820
eathelyser or Blood Test adding? dification History Claim 001 New aim Type * ontact No. [Mobile]		Insured Name		Contact No. (Office) TP Vehicle Number	66351820 SXI,9645L
eathalyser or Blood Test leading? codification History Claim 901 New aim Type * ortact No. (Mobile) mail Address		Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Contact No.(Office)	66351820 SXI,9645L
reatmatyser or Blood Test nading? claim 001 New laim Type * contact No.(Mobre) mail Address laim Description referred Workshop Contact	ОО-МХ 🔻	Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Contact No. (Office) TP Vehicle Number	66351820 SXI,9645L
eathelyser or Blood Test eading? Indication History Claim 001 New Indication History Indication Histor	OD-MX SLU7565M / SKL9645L DN 22 Jan 2018	Insured Name Contact No. (Home) Of Vetscle humber Insured Liability *	RELEABLE RIDES PTE LTD SLU7565M Not at Fault	Contact No. (Office) TP Vehicle Number	66351820 SXI,9645L
eathalyser or Blood Test leading? Claim 001 New Claim 001 New Claim 001 New Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Claim 001 Clai	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD	Contact No. (Office) TP Vehicle Number Name of Preferred W	66351-620 SKI, 96451.
eathalyser or Blood Test leading? codification History Claim 001 New learn Type * learn Type * learn Type tonication learn Description referred Workshop Contact or equire Finalisation are Registered	OD-MX	Insured Name Contact No. (Home) Of Vetscle humber Insured Liability *	RELEABLE RIDES PTE LTD SLU7565M Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
reatnayper or Blood Test reading? Claim 001 New arm Type * contact No. (Mobile) mail Address laim Description referred Workshop Contact occurre Finalisation are Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEABLE RIDES PTE LTD SLU7565M Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
reatnayper or Blood Test reading? Claim 001 New arm Type * contact No. (Mobile) mail Address laim Description referred Workshop Contact occurre Finalisation are Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEABLE RIDES PTE LTD SLU7565M Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
reatnayper or Blood Test reading? Claim 001 New arm Type * contact No. (Mobile) mail Address laim Description referred Workshop Contact occurre Finalisation are Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEABLE RIDES PTE LTD SLU7565M Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
eathalyser or Blood Test ading? dification History Claim 001 New and Type * Intlact No.(Mobile) Intlact No.(M	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEASLE RIDES PTE LTD SLU7565M Not at Fault Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
athayser or Blood Test ading? dification History Claim 001 New Interpretation of the second of th	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEASLE RIDES PTE LTD SLU7565M Not at Fault Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
eathalyser or Blood Test anding? Idification History Claim 001 New aim Type * entact No. (Mobile) mail Address laim Description seferred Workshop Contact ocurre Finalisation aim Registered sport Taken By	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEASLE RIDES PTE LTD SLU7565M Not at Fault Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
eathelyser or Blood Test eathelyser or Blood Test eathely dification History Claim 001 New ent Type * entact No. [Mobile] nail Address aim Description eferred Workshop Contact or Registered eport Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) OS Vehicle humber Insured Liability * Preferend Repair Option	RELEASLE RIDES PTE LTD SLU7565M Not at Fault Preferres Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
eathelyser or Blood Test eading? dification History Claim 001 New arm Type * entract No.[Mobile] mail Address laim Description exferred Workshop Contact becure Finalisation are Registered export Taken By Print AK letter Attachment	OD-MX	Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date	RELEASLE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	66351620 SKI,9645L SRI,9645L
eathelyser or Blood Test eading? dification History Claim 001 New arm Type * entract No.[Mobile] mail Address laim Description exferred Workshop Contact becure Finalisation are Registered export Taken By Print AK letter Attachment	OD-MX SLU7565M / SKL964S. ON 22 Jan 2018 Yes 23/01/2018 12 id4 Dackson M1/0979053 ••• Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No.	RELIABLE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown Save Submit 23/01/2016 12:45	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	66351820 SKI, 9645I. Priceived 23/01/2018 00:00
achayser or Blood Test ading? dification History Claim 001 New with Type * intact No. [Mobile] hall Address sim Description sferred Workshop Contact ordered Workshop Contact port Taken By Print AK lettler Attachment	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No. Upload Date	RELIABLE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown O01 23/01/2018 12:45 Calegory *	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	66351820 SKI, 9645I.
achalyser or Blood Test ading? dification History Claim 001 New with Type * intact No. [Mobile] nail Address sim Description eferred Workshop Contact by Print AK letter Attachment	OD-MX SLU7565M / SKL964S. ON 22 Jan 2018 Yes 23/01/2018 12 id4 Dackson M1/0979053 ••• Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No.	RELEASE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown CO1 23/01/2018 12:45 Calegory * e Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	66351820
reatnayper or Blood Test reading? Claim 001 New Type * Interest No. (Mobile) Interest N	OD-MX SLU7565M / SKL964S. ON 22 Jan 2018 Yes 23/01/2018 12 id4 Dackson M1/0979053 ••• Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No. Upload Date	RELEASE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown CO1 23/01/2018 12:45 Calegory * Clear Please Select Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO. V NO. V	66351820
reatnayser or Blood Test reading? Claim 001 New Item Type * contact No.(Mobre) mail Address Isim Description referred Workshop Contact or course Finalisation and Registered aport Taken By Print AK letter Attachment	OD-MX SLU7565M / SKL964S. ON 22 Jan 2018 Yes 23/01/2018 12 id4 Dackson M1/0979053 ••• Yes ○ No	Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No. Upload Date	RELIABLE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown O01 23/01/2018 12:45 Category * e Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO. V NO. V	
reatnayser or Blood Test reading? Cleim 001 New Iam Type * ontact No. (Mobre) mail Address Iam Description referred Workshop Contact ocurre Finalisation are Registered aport Taken By Print AK letter Attachment	OD-MX SLU7565M / SKL964S. ON 22 Jan 2018 Yes 23/01/2018 12 id4 Dackson M1/0979053 ••• Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No. Upload Date Brows Brows	RELEASLE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown 23/01/2016 12:45 Category * Clear Please Select Clear Please Select Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO. V NO. V NO. V	66351820
reatnayper or Blood Test reading? Claim 001 New Type * Interest No. (Mobile) Interest N	OD-MX SLU7565M / SKL964S. ON 22 Jan 2018 Yes 23/01/2018 12 id4 Dackson M1/0979053 ••• Yes ○ No	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Piveferened Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	RELIABLE RIDES PTE LTD SLU7565M Not at Fault Preferred Workshop, Name unknown 23/01/2016 12:45 Category * Clear Please Select e Clear Please Select	Confact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO V NO V NO V NO V	

Attachment		Joloeded By/Date	Category	P uro	ency	Description	Meg Sent? Acti (CD)
100 No.	NAC_PAYA_UBI_800501(NATX	MAL ASSESSMENT CENTRE SERVICES) on 23 Ja	NRIC/ Driving License	No	rmai:	NR3C/ Driving License 2018-1-23	E
- C		n 2018 12:45					
1	NAC_PAYA_UBI_B00601(NATI	MAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:45	SAS	No	rmat	SAS 2018-1-23	Ł
	NAC_PAYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 23 28 in 2018 12:45	Photos	No	imal	Photos 2018-1-23	
1510	NAC_PAYA_UBI_800601[NATO	DNAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:45	Photos	No	rmat	Priotos 2018-1-23	E
io	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 to in 2016 12:45	Photos	No	ormal	Photos 2015-1-23	£
1	NAC_PAYA_UBL_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 23 to in 2018 12:45	Photos	No	ormal	Photos 2018:1-23	E
	NAC_PAYA_UBL_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 la n 2018 12:45	Photos	No	ormal	Photos 2018-1-23	
>	NAC_PAVA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 (4 n 2018 12:45	Photos	No	ormáli	Photos 2018-1-23	•
	NAC_PAYA_UBI_B00601{ NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:44	Photos	N	ormal	Photos 2018-1-23	
	NAC_PAYA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:44	Photos	N	ormal	Photos 2015-1-23	
-	NAC_PAYA_UBI_800601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:44	Photos		ormai	Photos 2018-1-23	
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:44	Photos		ormal	Photos 2018-1-23	i.
	NAC_PAYA_UBI_B00801(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2018 12:44	Photos		onnal	Photos 2018-1-23	E
52	NAC_PAYA_UBI_800601[NAT	ONAL ASSESSMENT CENTRE SERVICES) on 23 Ja n 2016 12:44	Photos	N	ormal	Photos 2018-1-23	,
Video List	Uploaded By/Date	Folder Date	File Name		9	Source	Action