Date In: a lale	Jeb description	Date &Time Completed	Done	pì.
Date In: 9/3/18-14:50	<del></del>			-
Rei No: 1/4 /14c 1800 4561/24	SAS e-filing			- X
Veh No: 54(57137	E-mail (within Shrs, AIC 2hrs)		dala is	10.
D.O.A : 8/7/18-22:20	i-Motor Claim Form	MT 0985419	9318 15	:18
OD / TP ? Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	1		
11 1154.01	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (		Tel:	Fax:	
TP Particulars: Veh No: GW	3795R INC (	)/Non-INC( ).	- 1	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Pe	eriod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
	Warranty: YES ( )/NO (	)		
	000()/\$2,000()		PROSE NOT THE	
General Remarks:-			Control of the control	and in
( ) Walk-In Customer: Customer's info	ermation strictly Confidential & S	trictly NO refer of repairer.		
) Total Loss Case : to e-mail Insur				
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( );	Fowing Co: (		)
(INC hotline: 6788 6616)		Date&Timis Completed	Done	by .
) Apply for Transport Allowance ( )/(	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		1	
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )	3.7		
Injury:				-
	7, 34, 75	an Franklik	STANCE AND	respondent
ate/Time Actions			ggggstaffagaster.	-
10-1838				
	1			
JA ICOL CAC	invoice Pr	paration Checklist.	Ant (S)	4-1-21
VA 1801 546		paration Checklist.	And (S)	4-1-21
14 1801 546	1) AR : Accider 2) DA : Damag	at Reporting (\$30); Assessment (\$100); INC (\$	(#Bill	4-1-21
MA 1801 546 nimant's Particulars :-	1) AR : Accider 2) DA : Damag 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey	tři Biil	4-1-21
VA 1801 546  nimant's Particulars :- iver/Owner:	1) AR : Accider 2) DA : Damag 3) TF : Towing 4) FT : Follow-	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey)	19: Bill 18:0) 10/545 \$120 \$30	4-1-5
MA 1801 546  nimant's Particulars:- iver/Owner: ntact No:	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Fullow- For claiming 6) TR : Re-insp	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection	19: Bill 180) 10/545 5120 530 5) \$75	4-1-5
MA 1801 546  aimant's Particulars:- iver/Owner:  ntact No:	1) AR: Accident 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection a + SMRT Survey	19: Bill 18:0) 10/545 5120 \$30 5)	4-1-5
NA 1801 5 46  nimant's Particulars :- iver/Owner: intact No: maged Portion:	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 3 8) NTUC Addi OD*	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (well 10 Jan 200 ection a + SMRT Survey ional Services:-	196.Bill 1880) 107.545 5120 530 15) 575 5160	4-1-2
NA 1801 5 46 aimant's Particulars:- iver/Owner: intact No: maged Portion:	1) AR: Accided 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD.* *N5: Courter	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection a + SMRT Survey tional Services:-  ty Car / Tpt Allowance	19: Bill 180) 10/545 5120 530 5) \$75	4-1-5
MA 1801 546  Aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 3	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection 4 + SMRT Survey ional Services:-  ty Car / Tpt Allowance Co-ordination spair Inspection	\$5 510 \$25	4-1-5
A 1801 5 46  aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 3	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection 4 + SMRT Survey ional Services:-  ty Car / Tpt Allowance Co-ordination spair Inspection ollect Excess Coordination	\$50) \$10/\$45 \$120 \$30 \$51 \$75 \$160	4-1-7-1-6-1
MA 1801 546  aumant's Particulars:: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): iditors' Comments::	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 3	at Reporting (\$30); e Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection 4 + SMRT Survey tional Services:  ty Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$	Ami (J

Fryend the

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

atoresaid.		
SECOND STREET	ACCIDENT STATEMENT	
Date Of Report	09/03/2018 14:50	
Date Of Accident	08/03/2018 22:20	
Exact Location Of Accident	SLIP RD PIE (TUAS) TWDS BENDEMEER RD	
Country/State of Loss	SINGAPORE	
The State of the S	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK5713T	
Insured/Policyholder		
Name Of Registered Owner	CARSONRENT	

Email Address Mobile Phone No

Co Reg No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

COROLLA AXIO 1.5X A Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

53320759B

NOEMAIL

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** 

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

NO

Policy Number

5087607873-01

Cover Note Number

Driver

RASMAN BIN SEMAWI Name of Driver

S1817904J NRIC No 20/11/1967 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 04/02/1986

32 YEARS AND 1 MONTH **Driving Experience** 

MALE Gender

(LOCAL) +65-97970446 Mobile Number

Fax Number

OFFICE-97970446 Contact Number

NOEMAIL EMail Address

BLK 248 KIM KEAT LINK Address #03-67

310248

Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

YES

NO

1

YES

NO

# 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

KIM KEAT NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-2529999 - FAX NO: 63554311 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT - T/20180309/2074.

### 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

GW3795R Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

RASMAN BIN SEMAWI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SLK5713T

YES

NO

### 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:

50122

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# DECLARATION //We declare the toregoing particulars are true in every respect.

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.:





1 of 3

Report No. T/20180309/2074

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231

Tel No: 1800-2529999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 13:20	lade:	Vide Report No.: Station Dia 14		
Informa	nt's Particu	ulars			
Name of	Informant: N BIN SEM		Address: APT BLK 248 KIM KEAT LINE	(#03-67 SINGAPORE 310248	
ID Type / ID No.: NRIC NO / S1817904J			Contact No.: Home/Office: Mobile: 979704446		
National	A LONG TO LANGE TO LA	AT 100000	Email:		
Sex: Male	Age: 50	Date of Birth: 20/11/1967	Type of Informant: Driver		
Race: Javanes	e	-	Language: English	Institution / School Name:	
Occupat	ion: er and light	goods vehicle	Driving Licence Information: Class: 2B,2A,2,3,4,5  Date of Expiry:		

Seneral Inform	nation of the Accid	ent		T	
Type of Accident:	Others	Drink   Date/Time of		Type of Location Straight Road	
	EXPRESSWAY	e turning out to Bendem	eer Road	and Croad Limits	
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	The state of the s	Traffic Volume: Heavy	
Type of Collis	ilon: ring Vehicles - Head	To Rear	а	inyone conveyed by imbulance: No	

Details of V	B RESIDENCE PROPERTY.	AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO		Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	140 Of Fasserige
GW3795R	Van					0
SLK5713T	Càr				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180309/2074

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 31.0231 Tel No: 1800-2529999

# CONTINUATION OF REPORT

Driver					STATE OF	
Name	LEE WEE SAN			Contact No.		S8231269B
Related Vehicle	GW3795R (Van)					90069517
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver		Delay and the				2/2/2021
Name	RASMAN BIN SEMA	WI		ID No		S1817904J
Related Vehicle	SLK5713T (Car)			Conta	ct No.	979704446
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expir	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	08/03/2018		Date Dis	charge	NIL	
	ted Medical Leave	05	Degree o	of Injury	Sligh	t

### Brief Details.

On 08/03/2018 at about 10.20p.m., I was driving my rental car SLK5713T and travelling along PIE(Tuas). The weather was clear and road surface dry at the time. I was driving on the slip road that is going towards Bendemeer Road at time. The traffic was very heavy during the time and my car was moving slowly. At one point, I stopped my car at the jam and waited. Suddenly, one van GW3795R came and collided on to the back of my car.

After the accident, me and the other party both came out to check on each other. Neither of us have any injury and did not require any ambulance service. We exchange our particulars and advised each other to go and lodge our own insurance report. I had went to Mt Alvernia hospital to seek treatment and was given 5 days MC. I felt pain on the back of my neck due to the incident. The rear bumper of my car was damaged and the rear booth is also unable to be close.





T/20180309/2074

3 of 3

Report No. T/20180309/2074

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

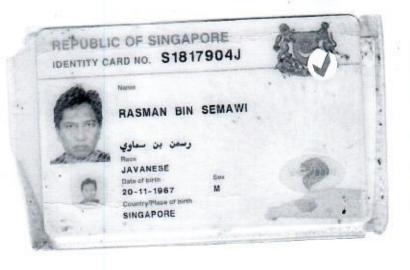
CONTINUATION OF REPORT

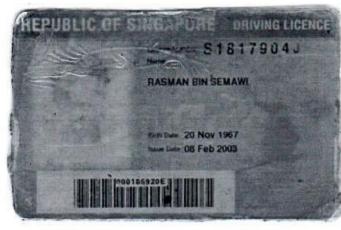
# Sketch Plan

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 Re E / Staff Sgt LIM CHIN LENG, WILLIE	eport:	Signature Of In	formant:			
Signature Of Interpreter: Not applicable		Date/Time: 09/03/2018 13:20				
Officer In Charge Of Case:		Classification C	Of Case:			
SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	SINGAPOR POLICE FO	E RCE	SN 064			
Authentication Stamp		#				
		SIGNATURE				









								The second second	Section 1 - Appendix 1 - Append
ı						Change Lan	guage '	Change Passwo	ord Log Out
Policy	Query								•
Policy No.					Date of Acc	dent	08/03/	2018 22:20	
/ehicle No	o.(For Motor)	SLK5713T							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0 5	087607873- 01	CARSONRENT	53320759B	GPC	drivo CLASSIC	SLK5713T	SLK5713T	20/01/2018	19/01/2019
	Policy volicy No. Vehicle No.	Policy Query Policy No. Pehicle No.(For Motor)  Select Policy No. 5087607873-	Policy Query  Policy No.  Pehicle No.(For Motor)  SLK5713T  Select Policy No.  Policyholder Name  5087607873- CAPSONBENT	Policy Query  Policy No.  Pehicle No.(For Motor)  SLK5713T  Select Policy No. Policyholder Name NRIC  5087607873- CARSONBENT 533207598	Policy Query  Policy No.  Pehicle No.(For Motor)  SLK5713T  Select Policy No.  Policyholder Name Policyholder NRIC  S087607873- CAPSONBENT 533207598 GPC	Policy Query  Policy No. Date of Accidence No. (For Motor)  SLK5713T  Search  Select Policy No. Policyholder Name NRIC Product Cover Type  5087607873- CARSONBENT 53320759B GPC drive CLASSIC	Policy Query  Policy No. Date of Accident  Select Policy No. Policyholder Name Policyholder NRIC Product Cover Type Vehicle No.  So87607873- CAPSONRENT 533207598 GPC drive CLASSIC SLK5713T	Policy Query  Policy No. Date of Accident 08/03/  Pehicle No. (For Motor) SLK5713T  Search  Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object  5087607873- CAPSONBENT 53320759B GPC drive CLASSIC SLK5713T SLK5713T	Policy Query  Policy No. Date of Accident 08/03/2018 22:20  Policy No. (For Motor)  Search  Search  Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Name NRIC No. Object Date  5087607873- CAPSONRENT 533207598 GPC drivo CLASSIC SLK5713T SLK5713T 20/01/2018

Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content
□ Endors	ements				1000 W 1000 W 1000
<b>▶</b> Insure	d Object: SLK5713T				
Unit No.	02-03	Related Policy Number	5098728061		
Address 4		Address Type	Singapore address	Post Code	408898
Address 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAI	Address 3	SINGAPORE 408898
	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	GI-SHOP	Agent Tel.	68411279	GST Flag	Y
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Additional Excess	0	OS Premium	0		
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Policy ssue Date	19/01/2018	Effective Date	20/01/2018 00:00	Expiry Date	19/01/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
ddress	61 UBI AVENUE 2 #02-03 AUT	OMOBILE MEGA		23	
olicy No.	5087607873-01	Policyholder Name	CARSONRENT	Policyholder NRIC	53320759B

laim Handling						
	5087607873-01	Vehicle No.	SLK5713T	GST Registration No.		
Titlibergeren.	CARSONRENT			Policyholder NRIC	533207	598
	PROVATE CAR INSURANCE	Cover Type	drivo QLASSIC	Loading	0	
State of the same	D	Contact No.(Office)	0	Contact No.(Home)	0	
	u .	Special Remark		eCode	N. V	
tall Address	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
		NCD Entitlement(%)	10	Private Hire	Yes	
	No.	reco Entremend w	***			
Accident Details	0.0000000000000000000000000000000000000	Accident Report Within 24 hrs	Yes	Accident Type	Collinio	n - Head to Rear
	09/03/2018 15:15		22:20	Country of Accident	Singap	ore
ite of Accident	06/03/2018	Time of Accident hh:mm	22.20	ICM No.		
parting Centre		Orange Force				
cident Location	SLIP RD PIE (TUAS) TWDS BENDEMEER RD					
7 Benefits						
♥ Excess			17/244	Windscreen Excess		100.00
wn damage Excess	2,000.00	Additional Excess	0.00	Windscreen Cacess		200000
named Driver Excess		Outside Singapore OD Excess	2,000.00			
and Party Excess	t,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Informat	tion					
ST Registered	No		GST Registration Date	17088		
ST Registration No.			GST Status Verified	No		
odification History						
Policyholder Mailing Add	Iress			7270		PORE 408898
daress 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAF	Address 3	95.55	
daress 4		Address Type	Singapore address	Post Code	40889	8
init No.	02-03	Related Policy Number	5098728061			
OI Driver Info						
river Name	Unnamed Driver	Driver Type	Unnamed Driver		20/11	H9E7
nnamed driver Name	RASMAN BIN SEMAWI	Driver NRIC	818179043	Driver DOB	32	11200
egister Date of Oriver License	04/02/1986	Driver Age	50	Driving Experience		
Contact No.(Mobile)	97970446	Contact No.(Office)	0	Contact No.(Home)	0	000000
ddress 1	BLK 248	Address 2	KIM KEAT LINK	Address 3		APCRE 310248
ddress 4		Address Type	Singapore address	Post Code	3102	48
Jnit No.	03-67					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compar	19	
eclaration						
Breathalyser or Blood Test	D mg	Any injury?	® Yes □ No			
Declaration Breathalyser or Blood Test Reading?	D mg	Any injury?	® Yes □ No			
Breathalyser or Illood Test Reading? Hodification History	0 mg	Any injury?	® Yes □ No			
treathalyser or Blood Test leading?	D mg	Any injury?	® Yes ○ No			
Sreathalyser or Illicod Test leading? fodification History Cleim 001 History	33359	Any injury?	87820 (17802-1)	Insured NRIC	5332	07598
areathalyser or Illicod Test leading? fodification History Cleim 001 Haw	(00-MX	Insured Name	® Yes ○ No  CARSONRENT	Insured NRIC Consact No.(Office)	5332 6743	
sreathalyser or Illicod Test leading?  todification History  Cleim 001 Histor  Daim Type *  Contact No. (Moorie)	33359	Insured Name Contact No.(Home)	CARSONRENT			5323
sreathalyser or Illicod Test leading?  todification History  Cleim 001 Histor  Daim Type *  Contact No. (Moorie)	91957911	Insured Name	87820 (17802-1)	Contact No.(Office) TP Vehicle Number	6743 GW3	5323
Sreathalyser or Blood Test leading?  fodification History  Cleim 003 New  Cleim Type *  Contact No. (Modife)  Email Address  Claim Description	(00-MX	Insured Name Contact No.(Home)	CARSONRENT SLK5713T	Contact No. (Office)	6743 GW3	5323
creathalyser or Blood Test leading?  claim 601 New  Claim 709 *  Contact No.(Modile)  Claim Description  Preferred Workshop Contact	91957911	Insured Name Contact No.(Home)	CARSONRENT SLK5713T Not at Fault	Coreact No.(Office) TP Vehicle Number Name of Preferred Wo	GW3	5323 775R
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claim O01 Max Claim O01 Max Contact No. (Moorle) Email Address Claim Description Description Require Finalisation	00-MX 91557911 SLK5713T / GW3795R ON 8 Mar 2018	Insured Name Contact No.(Home) OI Vehice Number Insured Liability *	CARSONRENT SLK5713T Not at Fault	Coreact No.(Office) TP Vehicle Number Name of Preferred Wo	6743 GW3 srkshop	5323 775R
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Breathalyser or Illicod Test leading?  fodification History  Cleim 001 Mask  Cleim 109 *  Contact No. (Modife)  Emel Address  Claim Description  Preferred Workshop Contact No.  Require Pinalisation  Date Registered	00-900 91557911 SLK5713T / GW3795R ON 8 Mar 2018 Yes V	Insured Name Contact No. (Home) OI Vehice Number Insured Liability * Preferend Repair Option	CARSONRENT  SUS5713T  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report.	6743 GW3 srkshop	5323 775R
Breathalyser or Illicod Test leading?  floodrication History  Claim 001 New  Comm Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Pinalisation  Date Registered  Report Taken By  [2] Print AK letter	00-900 91557911 SLK5713T / GW3795R ON 8 Mar 2018 Yes V	Insured Name Contact No. (Home) OI Vehice Number Insured Liability * Preferend Repair Option	CARSONRENT SLK5713T Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Wo GIA report.	6743 GW3 srkshop	5323 775R
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Attachment	, L	ploeded By/Date	Category	9	Urgency	Description	Sent? Action (CD)
- m	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma + 2018 15: 19	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-9	Edit
***	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma + 2018 15:19	SAS		Normal	SAS 2018-3-9	Edit
-	NAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma 1 2018 15:19	Photos		Normal	Photos 2010-J-9	Edit
	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos.		Normal	Photos 2018-3-9	East
	NAC_PAYA_UBI_800601[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
1	NAC_PAYA_UBI_B00601[ NATIO	NAL ASSESSMENT CENTRE SERVECES) on 09 Ma + 2018 15:18	Photos		Normal	Printed 2018-3-9	Edit
20	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on D9 Ma r 2018 15:18	Proces		Normal	Photos 2018-3-9	£43
	NAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Protos 2018-3-9	Edit
	NAC_PAYA_UBI_BOOKO1/ NATIO	INAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
20	NAC_PAYA_UBI_BOOKO1  NATIO	MAL ASSESSMENT CENTRE SERVICES) on 09 Me + 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
1	NAC_PAYA_UBI_800601( NATIO	MAIL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
3	NAC_PAYA_UBI_800601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2016 15:18	Photos		Normal	Photos 2018-3-9	Edit
-	NAC_PAYA_UBI_800601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15: 18	Photos		Normal	Photos 2018-3-9	Edit
1	NAC_PAYA_UBI_B00601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15-18	Photos		Normal	Photos 2018-3-9	Edit
·	NAC_PAYA_UB1_B00601( NATH	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normali	Photos 2018-3-9	Edit
	NAC_PAYA_UBI_800501( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
1	NAC_PAYA_UBI_800501( NATI	DNAL ASSESSMENT CENTRÉ SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
	NAC_PAYA_UBI_800601( NATS	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma + 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
E.	NAC_PAYA_UBL_800601( NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma + 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
	NAC_PAYA_UBI_R00601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma + 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
5	NAC PAYA UBI 800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ma r 2018 15:18	Photos		Normal	Photos 2018-3-9	Edit
Video List	Uproaded By/Date	Folder Date	File Name		P	Source	Action