|  |  |  | 3200 CAN   |
|--|--|--|--|
| Date In: 31 7 18 -17:09  | Jeb description  | Date &Time Completed   | Done by  |
| Ref No: NA 14CRO 13922 24  | SAS e-filing   |  |  |
| Veh No: Guoryes  | E-mail (within Shrs, AIC 2hrs)   |  |  |
| D.O.A: 287/18-00:45  | i-Motor Claim Form   | DE INTEGULTA   | 31 H 18 17:30  |
| OD / TP / Reporting Only   | i-Motor W/O (Within: OD 2h   | rs, TP 4brs)   |  |
| OD 7 17 4 Reporting Only   | i-Photo Uploaded   |  |  |
| TP Insurer:  | Assessment/Survey Report   |  |  |
| II IIIsuroi.   | Ass't Report by Fax / Hand   | to Owner/Wksp  |  |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel: F   | ax:  |
| TP Particulars: Veh No: J  | CYTER . INC  | )/Non-INC( )   | £  |
| Owner / Driver: (  |  | Tel:   | )  |
| Policy No: ( )   | Period: ( )  | Cover Type: (  | )  |
| Confirmed by : (   | Date:  | Time:  | 7)   |
| Insured/Driver Liability: ( %)   | ) [Note-Est. Status (WO): N: 0-2   | 0%; P: 21-79%. P: 80-1   | 00%]   |
| Year of Registration: ( )  | Warranty: YES ( )/NO (   | )  |  |
| Excess: (\$ ) Loading: \$  | 1,000 ( )/\$2,000 ( )  |  |  |
| General Remarks:-  |  |  | <u> च्या हुत हैं । । । । । । । । । । । । । । । । । । ।</u>   |
|  | THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS | <u> </u>   | 3.07   |
| ( ) Walk-In Customer: Customer's in  |  | rictly NO refer of repairer.   |  |
| ( ) Total Loss Case : to e-mail Inst   | urer URGENTLY.   | The Control  | 9  |
| Drive-In ( )/ Towed-In ( ); Invo   | pice: YES ( ) / NO ( ); T  | owing Co: (  | . )  |
| Same of the second second  |  | 100000   | 74323625.30  |
| Cemarks: (INC hotline: 6788 6616)  | to depart of the particle of the desire of the terror of the control of the contr | Dates Time Completed   | Segurisoneny   |
|  | / Courtesy Car ( )   | *  |  |
| 1) OC Check / Post O mair Insurantian  | ( )  | PERSONAL SELECTION OF SELECTION | A STATE OF THE PARTY OF THE PAR |
| 2) QC Check / Post Repair Inspection   | ( )  |  |  |
|  | \$3000] ( )  |  |  |
| B) Upload Resurvey Photo [Repair Cost >  | \$3000] ( )  |  |  |
|  | \$3000] ( )  |  |  |
| O) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |  |  |
| O) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |  |  |
| O) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |  | Name of the last o |
| 3) Upload Resurvey Photo [Repair Cost> Injury:   | \$3000] ( )  |  |  |
| O) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |  |  |
| O) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |  |  |
| O) Upload Resurvey Photo [Repair Cost > Injury :   | \$3000] ( )  |  |  |
| Date/Time Actions  |  | Charlein   | C. 14.3 C. 45.1  |
| Description of the second of t | Invoice Pre  | paration Checklist:  | Contract to the second   |
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| Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:   | Invoice Pre  | Reporting (\$30);<br>Assessment (\$100); INC (\$8<br>ce \$40   | 7 Bill Add I<br>0)<br>0)   |
| Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Umant's Particulars:   | Invoice Pro  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T  | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey   | 79.Bill Add.1<br>0)<br>0)<br>545<br>1120   |
| Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Limant's Particulars:-  ver/Owner:   | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) i-T: Follow-T  | Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 brough Survey brough Survey (Resurvey)  | 7 Bill Add I   |
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| Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  Limant's Particulars :-  iver/Owner:  | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA  | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey  | 7 Add 8  |
| Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Limant's Particulars:-  ver/Owner:   | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 5) NTUC Addition   | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey  | 78 Bill Add 8<br>00)<br>7545<br>5120<br>530<br>575   |
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| Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————  | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD* * N5: Courtesy * N6: Repair C * N7: Post Rep * N8: DV / Col  | Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey onal Services:-  Car / Tpt Allowance poordination hir Inspection lect Excess Coordination   |  |
| Date/Fime Actions  | Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD* * N5: Courtesy * N6: Repair C * N7: Post Rep * N8: DV / Col  | Reporting (\$30); Assessment (\$100); INC (\$8 see \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion + SMRT Survey onal Services:-  Car / Tpt Allowance poordination hir Inspection lect Excess Coordination (Non INC) against INC   |  |

## 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.
- 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.   | to the disting of this report at the define and to copies of the report being made available |
|--|--|
| The state of the state of the state of                                       | ACCIDENT STATEMENT   |
| Date Of Report   | 31/07/2018 17:09   |
| Date Of Accident   | 28/07/2018 00:40   |
| Exact Location Of Accident   | JUNC UPP JURONG RD & PIONEER RD NORTH  |
| Country/State of Loss  | SINGAPORE  |
|  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SJU2242B   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | GD CARZ  |
| Co Reg No  | 53122597J  |
| Email Address  | NOEMAIL  |
| Mobile Phone No  | (LOCAL) +65-98804444   |
| Alternative Phone No   | OFFICE-98804444  |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA  |
| Model  | FIT 1.3G A   |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE   |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO   |
| If No, Please state action to be taken                                       | REPORTING ONLY   |
| Vehicle Category   | PRIVATE HIRE   |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD   |
| Type Of Coverage   | COMPREHENSIVE  |
| Fleet Policy   | YES  |
| Policy Number  | 5083196477-01  |
|  |  |

### Cover Note Number Driver

| Name of Driver | MUHAMMAD FARHAN BIN EDRIS |
|----------------|---------------------------|

 NRIC No
 \$9835667C

 Date Of Birth
 02/11/1998

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/06/2017

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87517410

Fax Number

Contact Number OFFICE-87517410

EMail Address NOEMAIL

BLK 702 WEST COAST ROAD Address #04-349

120702

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2 Passenger 1 NAME:

GENDER: : MALE

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SJK2426R

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

ABDUL LATIFF BIN AHMAD Name of Driver

S1818915A NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER: :

#### 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.
- 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:
  - 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.

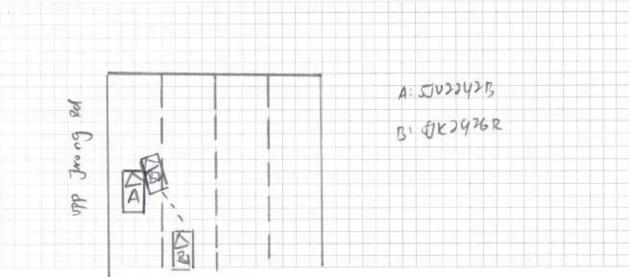
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to Hatement. |   |
|--------------------|---|
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## DECLARATION

I/We declare the foregoing 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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 4 UPP JURONG RD. SUDDENLY VEHICLE B FROM LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT MIRROR.

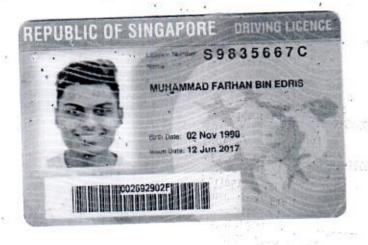
# ACCIDENT STATEMENT

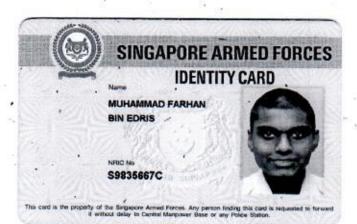
| ACCIDENT DATE: 08 0 3/ 2018                                  | _)(DD/MM/YYYY), TIME:(_00 :40 )(HH:MM)   |
|--|--|
| LOCATION: Mac up Irong                                       | Rd & Pionear Rd North  |
| 1. DETAILS OF VEHICLE  |  |
| a) VEHICLE NUMBER: 502                                       | 12B  |
| h la icum a a comment  |  |
| CIPOLICY NUMBER: TOWN  | TVC  |
| CIPOLICY NUMBER: 508-39                                      | 192-31   |
| GIVARE THE COMPREHENS  | IVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)   |
| THE STREET   |  |
| THE SALOON / COUPE / MP                                      | V /V AN / LORRY / MOTORCYCLE / OTHERS)   |
| ST - WEEL CHIEGORI. IFRIVAL                                  | F/( OMMEDCIAL / MOTOR COLOR  |
| TO SE OF USING AT ACCU                                       | JENIT TIME:  |
| TAKE TOU CLAIMING TINDED V                                   | THE CHARLES IN THE COLUMN AND ADDRESS OF THE |
| " NO, I LEASE STATE (THIRD PA                                | RTY CLAIM / REPORTING ONLY)  |
| / TOLIC I HOLDER   |  |
| AINAME: 4D CACE  | (MALE / FEMALE)  |
| b)NRIC/FIN/PASSPORT: 53 n                                    | CONTACT: 9880 9444   |
| c)ADDRESS:   |  |
| * CONTINUE TO .  |  |
| ONTINUE TO 3.d IF DRIVER AL                                  | SO POLICY HOLDER   |
| Pelssenger DRIVER  |  |
| (Including driver) a)NAME: Muham and Fachan                  | Bin Ed n3 (MALE / FEMALE)  |
| (2) b]NRIC/FIN/PASSPORT:                                     | CONTACT: 87517410  |
| 13000000000000000000000000000000000000                       |  |
| *d)DATE OF BIRTH:  | 1.20   |
| e)OCCUPATION: (INDOOR / OUT                                  | (DD/MM/YYYY)   |
| f) YEARS OF DRIVING EXPREDIENCE                              | DOOR)  |
| f) YEARS OF DRIVING EXPRERIENC  4. WAS DRIVER AN EMPLOYEE OF | E: 0/6/21+   |
| IF NO, RELATIONSHIP OF THE                                   | THE INSURED'S COMPANY? (YES (NO)   |
| 5. a) WEATHER CONDITION: (CLEAR                              | PANISHED:  |
| OWOVO 20KLYCE, WISK VONCE VO                                 | THERE  |
| 6. WAS ANYBODY INJURED IYES INC                              |  |
| 7. a) REPORTED TO POLICE (YES / NO                           |  |
| IF YES, PLEASE STATE WHICH POL                               | CE STATION.  |
| 8. THIRD PARTY VEHICLE                                       | CESTATION:   |
| of Passenger a) VEHICLE NUMBER TIL DUS                       | R  |
| including driver) b) DRIVER'S NAME: ALah Lati                | A Bin Ahmyd  |
| C) NRIC/FIN/PASSPORT: JIS 1861                               |  |
| 9. THIRD PARTY VEHICLE                                       | CONTACT:   |
| to of passage d) VEHICLE NUMBER:                             | MORE   |
| e) DRIVER'S NAME:  | MODEL:   |
| nduding driver f) DRIVER'S NAME:                             | 001111111111111111111111111111111111111  |
| ( )  | CONTACT:   |
|  | - v  |
| 程,   |  |

email = Muhamma Fach XND gmail-con fax =

VIDEO - galarz @ gmail-com

Kamp?





## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

12 Jun 2017

2 428A

Licence No:S9835667C

| <b>eBao</b> Tech       |          |                   |                       |                      |                      |           |               |                | G                 | eneralC          | laim           |
|------------------------|----------|-------------------|-----------------------|----------------------|----------------------|-----------|---------------|----------------|-------------------|------------------|----------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                   |                       |                      |                      |           | · Change Lan  | guage          | Change Pa         | assword          | Log Out        |
| My Desktop             | Poli     | cy Query          |                       |                      |                      |           |               |                |                   |                  |                |
| Notice of Loss         | Policy N | No.               |                       |                      | - 415                | Date of   | Accident      | 28/07          | 7/2018 00:40      |                  |                |
|                        | Vehicle  | No.(For Motor)    | SJU2242               | B                    |                      | Certifica | te Number     |                |                   |                  |                |
|                        |          |                   |                       |                      | Se                   | earch     |               |                |                   |                  |                |
|                        | Select   | Policy No.        | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product   | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry<br>Date |
|                        | 0        | 5083196477-<br>01 |                       | GD CARZ              | 531225973            | GFT       | drivo CLASSIC | SJU2242B       | SJU22428          | 19/08/2017       |                |
|                        |          |                   |                       |                      | Co                   | ntinue    |               |                |                   |                  |                |

| Policy No.  | 5083196477-01               | Policyholder<br>Name              | GD CARZ   |                        | Policyholder<br>NRIC  | 531225973   |   |
|---|-----------------------------|-----------------------------------|-----------|------------------------|-----------------------|-------------|---|
| Certificate<br>No.  |                             | warne                             |           |                        | HALC.                 |             |   |
| Address   | 210 TURF CLUB ROAD B16 TURF | CITY SINGAR                       | ORE 28799 | 5                      |                       |             |   |
| Product<br>Name   | FLEET INSURANCE             | Plan                              |           |                        | Group<br>Policy Flag  | N           |   |
| Policy<br>ssue<br>Date  | 01/08/2017                  | Effective<br>Date                 | 19/08/201 | 7 00:00                | Expiry Date           | 18/08/2018  | 23:59   |
| xcess<br>Type   |                             | All Claims<br>Excess              |           |                        |                       |             |   |
| Third<br>Party<br>Excess  | 1000.00                     | Own<br>damage<br>Excess           | 1000.00   |                        | Windscreen<br>Excess  | 100.00      |   |
| Additional<br>excess  | 0                           | OS<br>Premium                     | 180.61    |                        |                       |             |   |
| Outside<br>Singapore<br>OD<br>Excess                                      | 1000.00                     | Outside<br>Singapore<br>TP Excess | 1000.00   |                        |                       | You         | ng/Inexperience Oriver Excess   |
| Agent   | COWELL INSURANCE (AGENCY)   | Agent Tel.                        | 63392592  |                        | GST Flag              | Υ           |   |
| Co-<br>insurance<br>Flag<br>Open<br>Policy<br>Info<br>Certificate<br>Info | No                          |                                   |           |                        |                       |             |   |
|   | nolder Mailing Address      |                                   |           |                        |                       |             |   |
| Address 1   | 210 TURF CLUB ROAD          | Addre                             | ess 2     | B16 TURF CITY          |                       | Address 3   | SINGAPORE 287995  |
| Address 4   |                             | Addre                             | ess Type  | Singapore address Post |                       | Post Code   | 287995  |
| Unit No.  |                             | Relate                            | ed Policy | 5083196477-02          |                       |             |   |
| D Insure  | d Object: SJU2242B          | NUME                              |           |                        |                       |             |   |
| <b>▽</b> Endors   | sements                     |                                   |           |                        |                       |             |   |
| Sequer  |                             | Endorseme                         | nt Tune   | Endorsement Numbe      | Endorce               | ment Status | Endorsement Content   |
| 1   | 19/08/2017 00:00            | Basic Informa<br>Endorsement      | tion      | 000001286621458        | Endorsem<br>Effective |             | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GP71116703 19-08-2017 \$1,255.11 In view of this amendment, an additional premium of \$1,255.11 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. |
| 2   | 19/08/2017 00:00            |                                   | 9         | null                   | Underwriti            | ng Rejected | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GP71116703 19-08-2017 \$1,255.11 In view of this  |

| Claim Handling<br>The premum on this policy has<br>Accident MT/1005441 | not been collected.  |                               |  |  | • Е                             |
|--|--|-------------------------------|--|--|---------------------------------|
| Policy No.   | 5083198477-01  | Vehicle No.                   | 53U2242B   | GST Registration No.   |                                 |
| Certificate No.  |  |                               |  |  |                                 |
| Policyholder Name  | GD CARZ  |                               |  | Policyholder NRJC  | 531225973                       |
| Product Code   | FLEET INSURANCE  | Cover Type                    | drivo CLASSIC  | Loading  | 0                               |
| Contact No.(Mobile)  | 98804444   | Contact No.(Office)           | 0  | Contact No.(Home)  | 0                               |
| Email Address  |  | Special Remark                |  | eCode  |                                 |
| KFK  | ® No ○Yes  | TCA                           | No ○Yes  | eCode Reason   |                                 |
| NCD Protection   | No   | NCD Entitlement(%)            | 0  | Private Hire   | Yes                             |
| <b>→ Accident Details</b>  |  |                               |  |  |                                 |
| Report Date  | 31/07/2018 17:24   | Accident Report Within 24 hrs | Yes  | Acodent Type   | Collision - Change / Cross lane |
| Date of Accident   | 28/07/2018   | Time of Accident hhomm        | 00:40  | Country of Accident  | Singapore                       |
| Reporting Centre   |  | Orange Force                  |  | 3CM No.  |                                 |
| Accident Location  | JUNC UPP JURONG RD & PIONEER RD NORTH  |                               |  |  |                                 |
| ⇒ Benefits   |  |                               |  |  |                                 |
| ☑ Excess   |  |                               |  |  |                                 |
| Own damage Excess  | 1,000.00   | Additional Excess             | 0  | Windscreen Excess  | 100:00                          |
| Unnamed Driver Excess  |  | Outside Singapore OD Excess   | 1,000.00   |  |                                 |
| Third Party Excess   | 1,000.00   | Outside Singapore T# Excess   | 1,000,00   |  |                                 |
| ⇒ GST Registered Information   |  |                               |  |  |                                 |
| GST Registered   | No .   |                               | GST Registration Date  | 1000   |                                 |
| SST Registration No.   |  |                               | GST Status Verified  | Yes  |                                 |
| Modification History   |  |                               |  |  |                                 |
|  | dress  |                               |  |  |                                 |
| Address 3  | 210 TURF CLUB ROAD   | Address 2                     | B16 TURF CITY  | Address 3  | SINGAPORE 287995                |
| Address 4  | And Annual Annua | Address Type                  | Singapore address  | Post Code  | 287995                          |
| Unit No.   |  | Related Policy Number         | 5083196477-02  |  |                                 |
| OI Driver Info   |  |                               |  |  |                                 |
| Driver Name  | Unnamed Driver   | Driver Type                   | Unnamed Driver   |  |                                 |
| Unnamed driver Name  | MUHAMMAD FARHAN BIN EDRIS  | Driver NRIC                   | 59835667C  | Driver DOB   | 02/11/1998                      |
| Register Date of Driver License  | 12/06/2017   | Driver Age                    | 19   | Driving Experience   | 1                               |
| Contact No.(Mobile)  | 67517410   | Contact No.(Office)           | 0  | Contact No.(Home)  | 0                               |
| Address 1  | BLK 702  | Address 2                     | WEST COAST ROAD  | Address 3  | SINGAPORE 120702                |
| Address 4  |  | Address Type                  | Singapore address  | Post Code  | 120702                          |
| Unit No.   | 04-349   |                               |  |  |                                 |
| Does he own a Singapore<br>Registered car?                             | ○ Yes ® No   | Driver Vehicle No.            |  | Driver Insurer Company   |                                 |
| Declaration  |  |                               |  |  |                                 |
| Breathalyser or Blood Test<br>Reading?                                 | 0 mg   | Any injury?                   | ○ Yes ® No   |  |                                 |
| Modification History  Claim 001 New                                    |  |                               |  |  |                                 |
| Claim Type •   | OD-MX  | Insured Name                  | GD CARZ  | Insured NRIC   | 531225973                       |
| Contact No.(Mobile)  | 82331245   | Contact No.(Home)             |  | Contact No.(Office)  | 64649355                        |
| Email Address  |  | Of Vehicle Number             | SJU22428   | TP Vehicle Number  | S3K2426R                        |
| Claimant Type Claimant Type •  |  | Type of Benefit *             | Please Select  |  |                                 |
| Claimant Name *  | 25   | Claimant NR3C *               |  | - 587 5477 C 100 C |                                 |
| Claim Description  | SJU22428 / SJK2426R ON 28 Jul 2018   |                               |  | Name of Preferred Workshop   |                                 |
| Preferred Workshop Contact<br>No.                                      |  | Insured Liability *           | Not at Fault   |  |                                 |
| Require Finalisation   | Yes  | Preferend Repair Option       | Preferred Workshop, Name unknown   | GIA report   | Received                        |
| Date Registered  | 31/07/2018 17:30   | Claim Close Date              |  | Date Received  | 31/07/2018 00:00                |
| Report Taken By  | Jackson  |                               |  |  |                                 |
| 2 Print AK letter  |  |                               |  |  |                                 |
| Attachment   |  |                               | Sava Submet  |  |                                 |
| Accident No.   | MT/1005441   | Craim No.                     | 001  |  |                                 |
| Last Doc. Received   | ® Yes ○ No   | Upload Date                   | 31/07/2018 17:32   |  |                                 |
|  |  | september State               |  | Parketon   |                                 |
|  | Path *   |                               | Category *   | Confidential Urgen   | W 1                             |
|  |  | Browse.                       | The second secon |  | 0                               |
|  |  | Browse.                       |  | Normal V Normal  |                                 |
|  |  | Browse.                       | Clear Please Select  | NO V Normal  | <u> </u>                        |

