NATIONAL Assessment Centre	Karniago		<u> </u>	
Date for 11/20/3-100 11		100		
ROTHU NA/INC 18014574/44		Date &Time Completed	Don	e py.
Veh No . SJQ7413M	SAS e-filing			
DOA 06(08/2018 .13:00	E-mail (within 8hrs, AIC 2hrs)			
	i-Motor Claim Form	1 MT/1007243-	1001 ts	8/18
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr	1. 7'P 4hrs)		
TP Insurer:	Assessment/Survey Report			
Proforred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Hand	0 Owner/Wksp		
TP Particulars		Tel:	Fax:	\$11.00
Owner / Driver: (	M 65.46 D INC (	, )/Non-INC( )	5.W-W-384x	40
Policy No. /		Tel:	)	
Confirmed by : (		Cover Type: (	<del></del> ;	
Inn., 1/0 :	Date:	Time:	)	
Year of Registration	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 30-	100%]	
Excess: (\$ ) Loading: \$1,000	tranty: YES ( )/NO(	)		
General Remarks:	( )/\$2,000( )			
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# 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
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	11/08/2018 16:07
Date Of Accident	06/08/2018 13:00
Exact Location Of Accident	HANDY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7413M
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	MERVIN.PAN@BLAZEMOTORING.COM.SG
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806
Cover Note Number	
E-1000000	

## Driver

Name of Driver RAMANAN S/O JOSEPH

NRIC No S7636503B Date Of Birth 08/11/1976 Occupation OUTDOOR Date Of Driving Pass 20/09/1999

Driving Experience 18 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91449265

Fax Number

Contact Number OTHERS-91449265

EMail Address MERVIN.PAN@BLAZEMOTORING.COM.SG

BLK 231 BUKIT BATOK EAST AVE 6 Address

#03-61

Postcode 650231

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

NO YES

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

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKM6546D

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)

**DETAILS OF INJURED PERSON 1** 

Name

RAMANAN S/O JOSEPH

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SLIGHT

SJQ7413M

YES

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

2017274518

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

KETCH PLAN $A - S$	JQ7413M KM 6546D		
B-S	KM 6546D	The aguan	
	ART MUSEUM	THE CATHA'	
		TXXI	>
RAMON —			->
~		<u> </u>	
SCRIBE CIRCUMSTANCES OF THE	ACCIDENT		
Vehicle A was travelling	along Handy rd tou	sards orchard re	1. Suddontu
Venicus was varollin	is along Handy vd	toward Place Pi	rander of the Han
	, , , , , , , , , , , , , , , , , , ,	owice in low life	10/11/03/16
vehicle B turned night	the carpart withou	u ear	seeing my car,
7	The property of the party of th	7 220	
_			
CLARATIONLEAS			
Ve declare the foregoing particulars are t	rue in every respect.	1	E
32.017	WILL		11/8/201

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.:





Report No. G/20180808/2149

# POLICE REPORT (NP299)

Police Station Of Origin MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

Date/Time Report Made 08/08/2018 18:30	Vide Report No.			Station Diary No.	
Name Of Informant PAN JUNWEN, MERVIN	Address APT BL 540105	K 105 RIVE	ERVALE WALK #1	0-126 SINGAPORE	
ID Type / ID No. NRIC NO / S8629065J	Contact Home/C	No.	Mobile		
Nationality SINGAPORE CITIZEN	Email A	ddress	91449265		
Occupation OPERATION MANAGER Institution/School Name	Sex Male	Age 31	Date of Birth 29/09/1986	Race Chinese	
Date/Time Of Incident 06/08/2018 14:30	53 UBI A	Of Inciden	#05-44 PAYA UBI	INDUSTRIAL PARK	
Brief details.	SINGAP	ORE 40893	34	- 10	

I am working as an Operation Manager from Blaze Motoring Pte Ltd which is located at 53 Ubi Ave 1 #05-44 Paya Ubi Industrial Park. My company is a car rental company.

On 06/08/2018 at about 1300hrs, one of my hirer (S7636503B, Ramanan S/O Joseph, 231 Bukit Batok East Ave 5 #03-61, Tel: 84678566) contacted me through whatsapp and informed that he got involved in a traffic accident. On the same day at about 1430hrs, the hirer came down to my office and hand over the

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 LIM ZHENG HONG	organization of impormant:
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 18:30
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt TAN WEN BIN Contact No.: 62447071	Classification Of Case:
Authentication Stamp	



180808/2149

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180808/2149

car (SJQ7413M) that was involved in the accident. I then passed a replacement car (SLA3421C) to the hirer.

On the same day at about 2055hrs, the hirer whatsapp me and informed that he had a 3 days MC from Kang An Clinic Pte Ltd located at 644 Bukit Batok Central #01-70. I then inform the hirer to make a police report as he had a MC of 3 days due to the accident. The hirer informed that he will be making a police report.

However, on 07/08/2018, I tried to contact this hirer for the whole day but to no avail. I have not gone up to his unit to make a check. I have tried to contact the next-of-kin of this hirer but to no avail.

My company have towed back the replacement car that is provided to the hirer, we have a spare key to the vehicle, however the main key is still with the hirer. This hirer has been renting with us for about 10 months. Currently, he has an outstanding amount of SGD1000/-.

I am making this report in order to lodge a Traffic Accident report as informed by IDAC because I am not the driver of the vehicle that is involved in the accident. I am also making this report as I wish to carry out legal actions against this hirer if he decides to default on the outstanding amount.

Signature Of Officer Recording The Report:  G / Sgt 2 LIM ZHENG HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 18:30
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt TAN WEN BIN Contact No.: 62447071	Classification Of Case:
Authentication Stamp	

Deported on 10/8/2018

# ACCIDENT STATEMENT

. 4	icci	DENT DATE: ( 6. / 8. / 20 6) (DD/MM/YYYY), TIME: ( . 15.00) (HH:MM)		
t	OCAI	MON: Handy pd		*
	1	DETAILS OF VEHICLE		50
	1.2			
	20	D)INSURANCE COMPANY:	1.	
		DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	١.	
		e)MAKE & MODE(!	Mag.	
		() TYPE: (SACOON / COUPE / MPY /YAN / LORRY / MOTORCYCLE. / OTHERS)		
		9/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) .	a (8)	
		h) PURPOSE OF USING AT ACCIDENT TIME:	10 80	
		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)		
	2.,	IF NO, PLEASE STATE (THIRD PARTY CLAIM PREPORTING ONLY)	-1	
		A)NAMEL! (MALE / FEMALE)		
*		BINRIC/FIN/PASSPORT: CONTACT:	- 1	
er 10		c)ADDRESS:		
		* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER	2	245
\$140 of passion	1000	DRIVER .	1	
Cluding dri		a)NAME: (MALE / FEMALE)	1	
C. 13	iver.)	b) NRIC/FIN/PASSPORT!CONTACT! 914492	63	¥0
(7)		c ADDRESS:	.1	20
		*d) DATE OF BIRTH: (		
	es 25	· e)OCCUPATION: (INDOOR / OUTDOOR)		
· ·		IDATE OF DRIVING PASS	1	*
	4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y NO)	11112	-Enz
	5.	O) WEATHER CONDITION: (OLEAR / RAINING / OTHERS		
		b)ROAD SURFACE:(DRY / WET / OTHERS	1	18 N
		WAS ANYBODY INJURED (YES / NO) S (3/-		85
	1.	O) REPORTED TO POLICE (YES) NO)  IF YES, PLEASE STATE WHICH POLICE STATION:		
	8.	THIRD PARTY VEHICLE	1	
He of passeng	21"	O) VEHICLE NUMBER: SKM6546DMODEL!		
Inducting dri	iver).	b) DRIVER'S NAME:		
$(\underline{})$		CONTACT: CONTACT: CONTACT:	18 1	
E //		d) VEHICLE NUMBER: . MODEL:		
the of passer		O DRIVER'S NAME:		
Including de	ive	) () NRIC/FIN/PASSPORTICONTACT:		
()				

email = mervin panedazemotoring com sg : ifax = mervin panedazemotoring com sg : i

551

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8629065J





PAN JUNWEN, MERVIN

CHINESE Date of birth 29-09-1986

Country/Place of birth



5728823



13-04-2017

APT BLK 105 RIVERVALE WALK #10-126 SINGAPORE 540105

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7636503B



RAMANAN S/O JOSEPH

ரமணன்

INDIAN Date of Beth

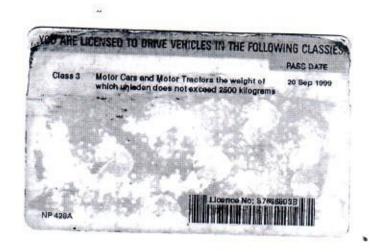
SINGAPORE

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Dhver









# Certificate of Insurance

: SJQ7413M

: NZE1416104978

08 Nov 2017

: 07 Nov 2018

Cover : Third Party, Fire & Theft

ACCURATE LEASING PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

### Certificate Number: 5094921806

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

## This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	. 11/4
	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue

: 09 Oct 2017 14:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

<b>eBao</b> Tech								G	eneralCl	laim
Hello, NAC_PAYA_UBI_80	0601		The state of the s			· Change La	nguage	· Change Pa	A CONTRACTOR OF THE PARTY OF TH	Log Out
My Desktop	<b>Policy Query</b>							change re	issword .	Log Out
Notice of Loss Policy No.				Date of	Accident	06/0	8/2018 13:00			
	Vehicle No.(For Motor)	SJQ7413	ВМ		Certifica	ste Number				
				5	earch					
Select Policy 1	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	O 5094921806		ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft		SJQ7413M	08/11/2017	Date
				Co	ntinue					

Policy No.	5094921806	Policyholder Name	ACCURATE LEASING PT		Policyholder	201727451M
Certificate No.		ivallie			NRIC	20172773111
Address	53 UBI AVENUE 1 #01-33 PAYA	UBI INDUSTRI	AL PARK SINGAPORE 40	8934		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N
Policy ssue Date	09/10/2017	Effective Date	09/10/2017 00:00		Expiry Date	08/10/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			
Agent	ANIKA INS BROKERS & CONSU	Agent Tel.	66729988	95	GST Flag	Υ
Co- insurance Flag Open Policy Info	No				051111111	21
Certificate Info						
Policyh	older Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDU	STRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address		Post Code	408934
Unit No.	01-33	Related Policy Number	5095104229			
Insured	Object: SJQ7413M					
□ Endorse	ements					
Sequenc	e Date of Endorsement End	dorsement Type	Endorsement Number	Endorser	ment Status	Endorsement Content
1	11/10/2017 00:00 Basi End	c Information prsement	000001286671333	Effective	nent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 5 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM6389C 11-10-2017 \$1,086.28 2. SJU7188S 11-10-2017 \$1,086.28 3. SKU3733H 11-10-2017 \$1,086.28 4. SKX1826X 11-10-2017 \$1,086.28 4. SKX1826X 11-10-2017 \$1,086.28 In view of this amendment, an additional premium of \$5,431.39 (inclusive of GST) is payable under your policy. Please ignor 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 payment, please issue the cheque in favour of "NTUC

Claim Handling					
Accident MT/1007243					
Policy No.	5094921806	Vehicle No.	510241314	V2012-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Certificate No.		A COPPOSE PROC	5JQ7413M	GST Registration No.	
Policyholder Name	ACCURATE LEASING PTE LTD			NAMES AND PROPERTY OF THE PERSON OF THE PERS	
Product Code	FLEET INSURANCE	Cover Type	Third State Co. S. Wood	Policyholder NRIC	2017
Contact No.(Mobile)	91449265	Contact No.(Office)	Third Party, Fire & Theft 0	Loading	0
Email Address		Special Remark	10	Contact No.(Home)	0
KFK	No Yes	TCA	■ No ○ Yes	eCode	No 3
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
Accident Details			i.	Private Hire	Yes
Report Date	15/08/2018 10:39	Accident Report Within 24 hrs	000	IW-Western	
Date of Accident	06/08/2018	Time of Accident hh:mm	Yes	Accident Type	Side
Reporting Centre		Orange Force	13:00	Country of Accident	Singa
Accident Location	HANDY ROAD	S. angestone		ICM No.	
♥ Benefits	300000000000000000000000000000000000000				
♥ Excess					
Own damage Excess	0.00	Value - 1 Process			
Unnamed Driver Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Third Party Excess	1,500.00	Outside Singapore OD Excess	0.00		
GST Registered Informa		Outside Singapore TP Excess	1,500.00		
GST Registered	No		Column Column Column		
GST Registration No.			GST Registration Date GST Status Verified		
Modification History			GST Status vertiled	Yes	
Policyholder Mailing Ad	dress				
Address 1	53 UBI AVENUE 1	Address 2	#61 33 DAVE URI MIN. (640.)	Trace Trace	
Address 4		Address Type	#01-33 PAYA UBI INDUSTRIAL   Singapore address	Address 3	SING
Unit No.	01-33	Related Policy Number	5095104229	Post Code	4089
OI Driver Info		Sitting Politic	3073104229		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	RAMANAN S/O JOSEPH	Driver NRJC	\$7636503B	B00 0000	
Register Date of Driver License		Driver Age	41	Driver DOB	08/1
Contact No.(Mobile)	91449265	Contact No.(Office)	0	Driving Experience	18
Address 1	BLK 231	Address 2	BUKIT BATOK EAST AVENUE 6	Contact No.(Home) Address 3	0
Address 4		Address Type	Singapore address	Post Code	cenn
Unit No.	#03-61				6502
Does he own a Singapore Registered car?	○ Yes ■ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ● No		
Modification History					
Claim 001 OD-MX New	l)				
	-				
Claim Type •	OD-MX	Insured Name	ACCURATE LEASING PTE LTD	4000000000	-
Contact No.(Mobile)		Contact No.(Home)	CONTRACTOR	Insured NRIC	2017
Email Address		OI Vehicle Number	SJQ7413M	Contact No.(Office) TP Vehicle Number	NIL
Claim Description	SJQ7413M / SKM6546D ON 6 Aug 2018	300000000000000000000000000000000000000	B3Q1413H	Name of Preferred Workshop	SKM
Preferred Workshop Contact No.		Insured Liability •	Destrict of Co. In	Marite of Preferred Workshop	-
Require Finalisation	Yes	department of the control of the con	Partially at Fault		
Date Registered		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Report Taken By	15/08/2018 10:51	Claim Close Date		Date Received	15/0
	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
			Save Submit		
Attachment			**************************************		
9					
Accident No.	MT/1007243		Claim No.	001	

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&odOrT... 15/8/2018

