Date In: 27/08/2018 14:05	Job description Date & Time Completed Done by	1
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VehNo SMA6140E	E-mail (within 8hrs. AIC 2hrs;	
DON 25/08/2018 17:30	1-Motor Claim Form . MT/1009040-001 28/8/1	8 09:
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	
GO (11') reporting Only	t-Photo Uploaded ! .	
	Assessment/Survey Report	1400KK - 7411F
TP Insurer	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax:)
P Particulars: Yell No: X	(D 6706C . INC()/Non-INC() .	
Owner / Driver: (Tel:	
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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 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.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	27/08/2018 14:05
Date Of Accident	25/08/2018 17:30
Exact Location Of Accident	ANG MO KIO AVE 1 TWDS UPPER THOMSON DIRECTION
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6140E
Insured/Policyholder	
Name Of Registered Owner	D'LOFTY LIFESTYLE
Co Reg No	53114499B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97439434
Alternative Phone No	OFFICE-97439434
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8S A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101446794
Cover Note Number	
Driver	
Name of Driver	RAJIS BIN ISHAK
NRIC No	S8903814F
Date Of Birth	01/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093370
Fax Number	
Contact Number	OTHERS-91093370
EMail Address	NOEMAIL

BLK 162 YISHUN STREET 11 Address

#06-246 760162

Postcode

Was driver an employee of the Insured's Company NO

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

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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)

Passenger 1

NAME:

: NIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8529999 - FAX NO: 68522299 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180826/2018

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD6706C

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 26

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RAJIS BIN ISHAK

Approximate Age

Injuries Sustain

BACK PAIN SMA6140E

Injured person in which vehicle?

YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, 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
- 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.

Palicyhi Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

27/8/2018

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	TRAVALLING ALONG ANG MO KID ANE I TOWARDS
her THOM	SON TED DIRECTION, I WAS ON THE SECOND LANG.
WHILE TR	Avelury abandor, suppines I the A GRATI
IMP ACT	From THE RIGHT SIDE OF MY VEMICLE.
ALICHTRA	D read the man were the most of the services o
VIZINCUE	milli ega pente number (xD67060) THAT compen
co my	VEHICLE WHEN SWEEVING INTO MY VEHICLE. TRAVELLIN
LANE.	
Triz who	the Accidisate footable was coperated 85 mg in-car
CAMERA.	
Valorece	A - 5MA614012
	8 - xp6706C

DECLARATION

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



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/20180826/2018

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

	ne Report M 018 08:03	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: IN ISHAK		Address: APT BLK 162 YISHUN STREI 760162	ET 11 #06-246 SINGAPORE		
ID Type / ID No.: NRIC NO / S8903814F			Contact No.: Home/Office: Mobile: 91093370			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 01/02/1989	Type of Informant: Driver			
Race: Malay			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

General Inform	nation of the Acci	dent		
Type of Accident:	/ there		Date/Time of Accident: 25/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO Towards Ang			18	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SMA6140E	Car	V			Slightly Damaged	1	
XD6706C	Lorry					0	





2 of 3

Report No. T/20180826/2018

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Brief Details.

On 25/08/2018 at about 1730hrs, I was travelling in my car(White Honda Civic / SMA6140E) along Ang Mo kio Avenue 1.

While travelling on a straight road, suddenly I felt an impact from the side, immediately I stopped by the side of the road.

There was no visible injury on me and my passenger but both of us felt a pain on our back. I got down my vehicle and discovered the right side of my passenger door was slightly dent, back bumper was slightly damaged. There was a slight damaged at the front of the other vehicle. There was no visible injury on the other party, we managed to exchange particulars. No ambulance or traffic police at scene. I wish to state that there was a in car camera in my vehicle. I had 3 days MC from Khoo Teck Puat hospital from 26/8/2018 to 28/8/2018.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20180826/2018

CONTINUATION OF REPORT

Sketch Plan

NP168

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: F / SI LEE YAO MING, KEVIN GABRIEL Soft for Yould	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2018 08:03
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	Pulling France



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport

/Company Cert

53114499B

No.:

Owner ID Type:

Business

Owner Name:

D'LOFTY LIFESTYLE

Registered

261 TAMPINES STREET 21 #10-290 TAMPINES EAST ZONE 4 SINGAPORE

Address:

520261

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

SMA6140E

Previous Vehicle

No.:

Effective Date of

Ownership:

20 Jun 2018

Original Regn Date: 22 Apr 2009

Registration Date:

22 Apr 2009

Year of

Manufacture:

2009

Vehicle Type:

Private Hire (Chauffeur) Motor Car

Vehicle Scheme:

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

Vehicle

Attachment 3:

Vehicle Make:

HONDA

Vehicle Model:

CIVIC 1.85 A

Primary Colour:

White

Secondary Colour:

Passenger Capacity:

4

Chassis No.:

JHMFD16809S201242

Engine No.:

R18A14006443

Engine Capacity

1799 cc/-

/Power Rating:

Maximum Power

Output:

103.0 kW (138 bhp)

Propellant:

Petrol

Vehicle No.	Sma 61+012 Model/Make homea auc
Date of Accident	25/08/2018
Time of Accident	1730 HRS
Location of Accident	AND MO 1000 ANE I TOWARDS LATTHOMSON DIRECT
Exact purpose use during acci	
Name of Owner	D' LOFTS LIFESTYLE
Telephone No.	H/P: 9743 9434 Home: Office:
NRIC	53114499 13
Address	261 TAMPINES ST 21 #10- 290 TAMPINES EAST ZUNE 4
Claim type	OD THIRD PARTY REPORTING ONLY SC 520261
Insurance Company	NTIME
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5101446794
Name of Driver	As Above If No, RAJIS BIN ISHAK
NRIC	S 891038141- Any Passengers:
Date of birth	01/02/1989
Occupation	Outdoor / Indoor
Driving License Pass Date	13 SEP 2013
Gender	Male / Female
Contact No.	H/P: 91093370 Home: Office:
Address	BUR 112 31544N ST 11 # 06-246 5(760162)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state RENTAL / LEASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	RASIS BIN ISHAK, 91093370
Name And Contact No.	
Police Report	No, If Ves, Where? Sister room NPC
Vehicle B No.	XD 64 06 c Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RH SIDE OF VEHICLE.
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TUNCAR AUTOMOTIVE PTR UTO
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	57/1 0510 NSI /
FAX NO	6741 0510 NS

Land Transport Authority



VOCATIONAL LICENCE

Licence No. \$8903814F Name : RAJIS BIN ISHAK

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8903814F





RAJIS BIN ISHAK

MALAY

SINGAPORE

01-02-1989 Country/Piace of birth

110038121

5539989



Boiqureshi @ gmail. com

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

06/07/2018





12-12-2015

APT BLK 162 YISHUN STREET 11 #06-246

SINGAPORE 760162

WOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 07 Aug 2009
Class 2A Motorcycles between 201 cc and 400 cc 20 Jan 2011
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A



Certificate of Insurance

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

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

Certificate Number: 5101446794

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMA6140F

Chassis Number

: JHMFD16809S201242

2. Name of Policyholder

: D'LOFTY LIFESTYLE

3. Effective Date of Insurance

: 18 Jun 2018

4. Expiry Date of Insurance

: 21 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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) : 5\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS - N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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)

: THIS MARKETING INSURANCE AGENCY (00000572208)

Date of Issue

: 18 Jun 2018 14:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

								Genera	alClaim
Policy Query					• Chang	e Languag	· Chan	ge Password	1 Log Ou
	SMA61	SMA6140E		Date of Accident Certificate Number			25/08/2018 17:30		
elect Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5101446794		D'LOFTY LIFESTYLE	531144998	GPC	drivo CLASSIC	SMA61408	SMA6140E	18/06/2018	21/04/2019
		hicy No. SMA61 SMA61 SMA61 SMA61 SMA61 SMA61	Policy Query Ilicy No. Inicle No.(For Motor) SMA6140E Elect Policy No. Certificate Policyholder Number Name D'LOFTY	clicy No. SMA6140E SMA6140E Certificate Policyholder Policyholder Number Name NRIC D'LOFTY STANABORE	Policy Query Ilicy No. Date Inicial No.(For Motor) SMA6140E Cert Search Certificate Policyholder Policyholder Number Name NRIC Product O 5101446794 D'LOFTY FALLAGOR COS	Policy Query No. Date of Accident Certificate Number Search Certificate Policyholder Name NRIC Product Cover Type Diloffy 531144998 cert drivo	Policy Query No. Date of Accident Certificate No.(For Motor) SMA6140E Certificate Number Search Certificate PolicyNolder Name NRIC Product Cover Type No. D'LOFTY 531144998 GPC drive CMA6140E	Policy Query No. Date of Accident 25/08/2018 ** Certificate No.(For Motor) SMA6140E Certificate Number Search Policy No. Certificate Policyholder Policyholder Product Cover Type No. Object D'LOFTY 531146998 Ger drive CM61405	Policy Query Hick No. Date of Accident 25/08/2018 17:30 Certificate No.(For Motor) SMA6140E Certificate Number Search Search Certificate Policyholder Policyholder Number Name NRIC Product Cover Type No. Object Date D'LOFTY 531146998 GPC drive CMA6140E CMA614

1	18/06/2018 00:00	Basic Inform. Endorsement	Endage	ement Take Effective	confirm that from 18 Jun 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: N/A CHASSIS NUMBER: JHMFD16809S201242 ENGINI NUMBER: R18A14006443 VEHICLE REGISTRATION NUMBER: SMA6140E ORIGINAL REGISTRATION DATE: 22 Apr 2009
					Thank you for giving us the opportunity to serve you. We
Sequenc	e Date of Endorsement	Endorser	nent Type E	Indorsement Status	Endorsement Content
□ Endors	ements				
) Insured	Object: SMA6140E				
Unit No.	10-290	Related Policy Number	5101446794		
Address 4	SINGAPORE 520261	Address Type	Singapore address	Post Code	520261
Address 1	BLK 261 #10-290	Address 2	TAMPINES STREET 2	1 Address 3	TAMPINES EAST ZONE 4
Open Policy Info Certificate Info Policyh	older Mailing Address				
Co- insurance Flag	No				
Agent	THIS MARKETING INSURANCE /	Agent Tel.	63444479	GST Flag	Υ.)
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 issue Date	18/06/2018	Effective Date	18/06/2018 00:00	Expiry Date	21/04/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 261 #10-290 TAMPINES ST	REET 21 SING	SAPORE 520261		
Certificate No.	3101440734	Name	D COFTT ELFESTICE	NRIC	53114499B
Policy No.	5101446794	Policyholder	D'LOFTY LIFESTYLE	Policyholder	F21111000

Continue Cancel

Claim Handling

Accident MT/1009040 Policy No. 5101446794 Vehicle No. SMA5140E GST Registration No. Policyholder Name D'LOFTY LIFESTYLE Policyholder NRIC 5311 Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading Contact No.(Mobile) 97439434 Contact No.(Office) Contact No. (Home) 0 Email Address Special Remark eCode. No N KFK. ■ No ∵Yes TCA No O Yes eCode Reason NCD Protection Yes. NCD Entitlement(%) 50 Private Hire Yes Report Date 28/08/2018 09:47 Accident Report Within 24 hrs Accident Type Collis Date of Accident Time of Accident hh:mm 17:30 Country of Accident Reporting Centre Orange Force ICM No. Accident Location ANG MO KID AVE 1 TWOS UPPER THOMSON DIRECTION Own damage Excess 2:000.00 Additional Excess Windscreen Excess 100.0 Unnamed Driver Excess Outside Singapore OD Excess 2,000.00 Third Party Excess Outside Singapore TP Excess 1,500.00 **□** Benefits GST Registered Information **GST Registered** GST Registration Date **GST Status Verified** Modification History Policyholder Mailing Address Address 1 BLK 261 #10-290 TAMPINES STREET 21 Address 3 TAME Address 4 SINGAPORE 520261 Address Type Post Code 5202 Unit No. 10-290 Related Policy Number 5101446794 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name RAJIS BIN ISHAK Driver NRIC S8903814F 01/0 Register Date of Driver License 13/09/2013 Driver Age 29 Driving Experience Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Address 1 BLK 162 Address 2 YISHUN STREET 11 Address 3 Address 4 Address Type Singapore address Post Code 7601 Unit No. #06-246 Does he own a Singapore Registered car? ○ Yes # No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test 0 mg Any injury? ○ Yes ® No Modification History Claim 001 OD-MX New Claim Type * DD-MX V Insured Name D'LOFTY LIFESTYLE Insured NRIC 5311 Contact No.(Mobile) 96444479 Contact No.(Home) Contact No.(Office) Email Address OI Vehicle Number SMA6140E TP Vehicle Number XD67 Claim Description SMA6140E / XD6706C ON 25 Aug 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability * Not at Fault V Require Finalisation Preferred Workshop, Name unknown Preferered Repair Option Rece Date Registered 28/08/2018 09:56 Claim Close Date 28/0 Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired ✓ Print AK letter Save Submit V Accident No. MT/1009040 Claim No.



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