NATIONAL Assessment Co				n	
Date In: 7/9/18-15:30	Jeb description		Date &Time Completed	Done b	,
Ref No: HA INC BU 1602 YZY	SAS e-filing				
Veh No: FOETHIL	E-mail (within	Shrs, AIC 2hrs)			•
D.O.A: 3/9/18-00:25	i-Motor Clai	m Form	M7/129869-001	3/9/8 15:4	6
02 /50 /2	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)		
OD . TP ! Reporting Only	i-Photo Uplo	aded			
Th. I	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (		Tel:	Fax:	1100
TP Particulars: Veh No:	ILNYGGIL .	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	XX 5 5000
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000	( )			
General Remarks:-				13.00 S	, ř.
( ) Walk-In Customer : Customer					
<del></del>		inidential & St	alouy 140 Total of Topolion		
( ) Total Loss Case : to e-mail I		,	· · · · · · · · · · · · · · · · · · ·		
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / N	VO( ); T	owing Co: (		)
Remarks: (INC hotline: 6788 66)	(6)	100	Date&Time Completed	Done b	y
	) / Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )		***************************************		
3) Upload Resurvey Photo [Repair Cost	> \$30001 (	)			
of opening recommendation			1		
Injury:		-			
Date/Time Actions	The Contract of the Contract o	(T) 14 (C)			a com. Para
			- Y		
*				Power and the second	The same
				Anit (S)	Amt (\$)
V41805598			paration Checklist	la Bill	Add Bill
aimant's Particulars :-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$	(30)	
	4.5.100	3) TF : Towing I	Fee S4	10/\$45	
iver/Owner:		43 War W. 11 T	hrough Survey	\$120	
ntact No:		4) F1 : Follow-1	1.0 (D)		-
		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
maged Portion:		5) FT : Follow-T For claiming a 6) TR : Re-iuspe	hrough Survey (Resurvey) neainst INC Only (wef 10 Jan 200 ction	\$75 \$75	
maged Portion:		5) FT : Follow-T For claiming a 6) TR : Re-inspe 7) N1 : Idac DA	hrough Survey (Resurvey) Igoinst INC Only (wef 10 Jan 200 ction + SMRT Survey	25)	
		5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD*	hrough Survey (Resurvey) seeinst INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services.	\$75 \$160	
maged Portion: Checked by (Engr-In-Charge):		5) FT: Follow-I For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD: *N5: Courtesy	hrough Survey (Resurvey) seinst INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services:- (Car / Tpt Allowance	\$15 \$15 \$160	
Checked by (Engr-In-Charge):		5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD*	hrough Survey (Resurvey) seainst INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination	\$75 \$160	
		5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	hrough Survey (Resurvey)  Igninst INC Only (wef 10 Jan 200  ction  + SMRT Survey  onal Services:  Cor / Tpt Allowance  Co-ordination  mir Inspection  Heet Excess Coordination	\$160 \$160 \$5 \$10 \$25 \$3	
Checked by (Engr-In-Charge):		5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TF	hrough Survey (Resurvey)  seinst INC Only (wef 10 Jan 200  ction  + SMRT Survey  onal Services:-  Cer / Tpt Allowance  co-ordination  illect Excess Coordination  (Non INC) against INC	\$150 \$160 \$160 \$5 \$10 \$25	
Checked by (Engr-In-Charge):  iditors! Comments:-		5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	hrough Survey (Resurvey)  seinst INC Only (wef 10 Jan 200  ction  + SMRT Survey  onal Services:-  Cer / Tpt Allowance  co-ordination  illect Excess Coordination  (Non INC) against INC	\$160 \$160 \$5 \$10 \$25 \$5 \$20 \$30	
Checked by (Engr-In-Charge):		5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi QD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TF 9) N12: Idae Mo	hrough Survey (Resurvey) seinst INC Only (wef 10 Jan 200 ction + SMRT Survey onal Services: Cer / Tpt Allowance co-ordination mir Inspection licet Excess Coordination (Non INC) against INC	\$150 \$160 \$5 \$10 \$25 \$5 \$20 \$30	

A sport of the

#### 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

The same of the sa	ACCIDENT STATEMENT	
Date Of Report	03/09/2018 15:30	
Date Of Accident	03/09/2018 06:35	
Exact Location Of Accident	JLN EUNOS TWDS EUNOS LINK JUNC PIE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
BASING STALK SEASON SATISFACTOR CONTINUES STATE	name and a services	

THE RESERVE OF THE PERSON OF T	DETAILS OF OTHER VEHICLE	
Vehicle Registration Number	FBF2212L	
Insured/Policyholder		
Name Of Registered Owner	KASSIM BIN KATANI	
NRIC No	S0073473Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96433996	
Alternative Phone No	OFFICE-96433996	
Vehicle Particulars		

PRIVATE USE

PIAGGIO

Model GILERA RUNNER ST 200

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?

If No, Please state action to be taken THIRD PARTY Vehicle Category MOTORCYCLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5087238574-01

Cover Note Number

### Driver

Name of Driver KASSIM BIN KATANI

NRIC No S0073473Z Date Of Birth 03/07/1951 Occupation **INDOOR** Date Of Driving Pass 04/05/1985

Driving Experience 33 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96433996

Fax Number

Contact Number OFFICE-96433996

EMail Address NOEMAIL Address

BLK 296 TAMPINES STREET 22

#09-526

Postcode

520296

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

#### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

----

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

- 31

### **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

### REFER TO 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

SLN4666L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

QABEER

NRIC/Passport Number

Contact Number

84058809

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

KASSIM BIN KATANI Name

Approximate Age

Injuries Sustain BODY FBF2212L Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

NO

## 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.:

SKETCH PLAN

FOR TO THE CONTROL OF T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(FBF 2212 L) along I'm Euros the second lane from the	10635 hrs. I stopped my websete motorage towards Eurose Link junction PIE on the right, waiting for the green dealy, a vehicle (SLN 4666L) from rear portion of my bike:
behind collided onto the	dealy, a vehicle (SLN46661) from that portion of my bake.

# DECLARATION

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

Cras

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

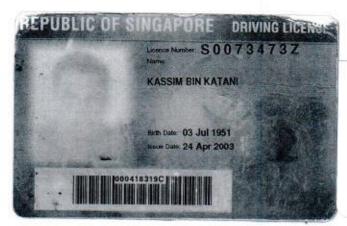
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	FBF 2212 L. Model/Make Gilera.
Date of Accident	03/09/18.
Time of Accident	063_THRS
Location of Accident	Iln Euros towards Euros Lork junction PIE.
Exact purpose use during a	accident Private used.
Name of Owner	Kassim Bin Katani
Telephone No.	H/P: 96433996 Home: Office:
NRIC	3 0073473 Z.
Address	815 296 , Tanpines St 22, #09-526 (8) 520296
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5087238574-01
Name of Driver	As Above If No,
NRIC	Any Passengers: N. A.
Date of birth	03/07/1951
Occupation	Outdoor / Indoor
Driving License Pass Date	OH /05/1985
Gender	Male Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehic	le No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Kussem Ben Katan' (H/P: 9643 3 996)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SLN 4666 L · Any Passengers: C1 (F)
Name of Driver	Gabeer Contact No.: 8405 8809.
Vehicle C No.	Any Passengers :
Vehicle D No.	Any rassengers.
	Any Passengers :
Vehicle E no.	Any Passengers : Any Passengers :
Vehicle E no. Vehicle F No.	Any Passengers :
Vehicle E no. Vehicle F No. Vehicle G No.	Any Passengers :  Any Passengers :  Any Passengers :  Any Passengers :
Vehicle E no. Vehicle F No. Vehicle G No. Witness Name	Any Passengers :  Any Passengers :  Any Passengers :  Any Passengers :  Witness Contact :
Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rear Portion and left stale.
Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder	Any Passengers :  Any Passengers :  Any Passengers :  Any Passengers :  Witness Contact :
Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder  Email Address	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rear Portion and left stale.  Yes (NO)
Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder Email Address HAVE YOU BEEN APPROAC	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rew Parties and left stale.  Yes (No)  CH BY UNKNOWN PERSON SOLICITING /
Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder  Email Address	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rew Parties and left stale.  Yes (No)  CH BY UNKNOWN PERSON SOLICITING /
Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name Accident Portion Camera Recorder Email Address HAVE YOU BEEN APPROAC OFFERING ACCIDENT CLAIN PARTICULAR WORKSHOP	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rear Portion and left stdle.  Yes (NO)  THE BY UNKNOWN PERSON SOLICITING /  MIS ASSISTANCE?  Yes (NO)
Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name  Accident Portion  Camera Recorder  Email Address  HAVE YOU BEEN APPROAC  OFFERING ACCIDENT CLAIR  PARTICULAR WORKSHOP  CONTACT NO.	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rear Portion and left stale.  Yes (No)  CH BY UNKNOWN PERSON SOLICITING /  MS ASSISTANCE?  Yes (No)  MS ASSISTANCE?  Yes (No)
Vehicle E no.  Vehicle F No.  Vehicle G No.  Witness Name Accident Portion Camera Recorder Email Address HAVE YOU BEEN APPROAC OFFERING ACCIDENT CLAIN PARTICULAR WORKSHOP	Any Passengers:  Any Passengers:  Any Passengers:  Any Passengers:  Witness Contact:  Rew Portion and left stdle.  Yes (No  THE BY UNKNOWN PERSON SOLICITING /  MIS ASSISTANCE?  Yes (No

Owner / Driver



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0073473Z





KASSIM BIN KATANI

Race
JAVANESE
Date of birth
03-07-1951
N
Country of birth
SINGAPORE

800734722

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 28 Motorcycles not exceeding 209 cc 04 May 1985





Ce	ertificate of Insurance
MIOTOR VEHICLES (THIRD PARTY RISKS AND CO MOTOR VEHICLES (THIRD PARTY RISKS AND CO ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES,	MPENSATION) RULES, 1960
Certificate Number : 5087238574-01	Cover : Third Party
Index mark and Registration Number of Veh	Accepted to the Control of the Contr
Chassis Number	: ZAPM4640100005225
2. Name of Policyholder	: KASSIM BIN KATANI
3. Effective Date of Insurance	: 17 Mar 2018
4. Expiry Date of Insurance	: 16 Mar 2019
5. Persons or Classes of Persons entitled to dri	ve#
(a) Named Driver(s) Only.	
the Motor Vehicle or has been so perm enactment or regulation in that behalf	nitted in accordance with the licensing or other laws or regulations to drive itted and is not disqualified by order of a Court of Law or by reason of any from driving the Motor Vehicle.
6. Limitations as to Use#	
	arposes and in connection with the Policyholder's business or profession.
This Policy does not cover  (a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability	trial or speed testing
	an samples) in connection with any trade or business.
(d) Use for any purpose in connection with	THE STATE OF THE S
(Chapter 189) and Section 95 of the Ros headings.	ad Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) :	N/A
EXCESS (SECTION 2)	N/A
INSURE WITH COE	N/A
NAMED DRIVER (1)	KASSIM BIN KATANI
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	N/A
HIRE PURCHASE COMPANY :	
SUM INSURED :	N/A
Vehicles (Third Party Risks and Compensation)  Agency : COMMERCIAL AGE Date of Issue : 19 Feb 2018 10:54 Reprint : 19 Feb 2018 10:55	
Countersigned By:	0.00
Authorised	Officer Chief Executive

<b>eBao</b> Tech			General		alClaim					
Hello, NAC_PAYA_UBI_80	0601		3,36,17,7,60			• Change	Language	• Chan	ge Password	) Log Out
My Desktop	Policy Query									89
Notice of Loss	Policy No.				Date	of Accident	Ю	3/09/2018 (	06:35	
	Vehicle No.(For Motor)	FBF221	21,		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5087238574- 01		KASSIM BIN KATANI	S0073473Z	GMC	Third Party	F8F2212L	FBF2212L	17/03/2018	16/03/2019
				- 1	Continue	1				

Policy No.	5087238574-01	Policyholder Name	KASSIM BI	N KATANI	Policyholder NRIC	S0073473Z	
Certificate No.							
Address	BLK 296 #09-526 TAMPINES ST	REET 22 SING	APORE 5202	96			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/02/2018	Effective Date	17/03/2018	00:00	Expiry Date	16/03/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 296 #09-526	Addre	ess 2	TAMPINES STREET	22	Address 3	SINGAPORE 520296
Address 4		Addre	ess Type	Singapore address		Post Code	520296
Unit No.		Relate Numb	ed Policy per	5087238574-01			
) Insure	d Object: FBF2212L						
□ Endors	sements						
	nce Date of Endorsemen	4	Endorsemen		Endorsement	Chat	Endorsement Content

laim Handling					
cident MT/1009869	5087236574-01	Vehicle No.	FBF2212L	GST Registration No.	
olicy No.	5087238574-01	venice No.	PBPZZIZL	Gar Registration No.	
ertificate No.				average continues	CARROLL COLORS
Nicyholder Name	KASSIM BIN KATANI			Policyholder NR3C	S0073473Z
aduct Cade	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	•
ontact No. (Mobile)	96433996	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	He V
×	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	03/09/2018 15:38	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
te of Acodem	03/09/2018	Time of Accident hh:mm	06:35	Country of Accident	
	03/09/2010		.0.75	Action of the second	Singapore
porting Centre		Orange Force		JCM No.	
ident Location	JUN EUNOS TWDS EUNOS LINK JUNC PIE				
Excess					
n damage Excess	0.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess			
ed Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
f Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	Yes	
dification History			8-4-00-00-00-00-00-00-00-00-00-00-00-00-0	10000	
TIMES TO CHECK THE					
Policyholder Mailing Ad	dress				
dress 1	BLK 296 #09-526	Address 2:	TAMPINES STREET 22	Address 3	SINGAPORE 520296
dress 4	555 230 703 320	Address Type	Singapore address	Post Code	520296
				Post Code	520296
R No.		Related Policy Number	5087238574-01		
OI Driver Info			77.040-77474-7		
iver Name	KASSIM BIN KATANI	Oriver Type	Main Driver		
named driver Name		Driver NR IC	S0073473Z	Driver DOB	03/07/1951
gister Date of Driver License	04/05/1985	Oriver Age	67	Driving Experience	33
ntact No. (Mobile)	90433990	Contact No. (Office)	a ·	Contact No.(Home)	O
dress 1	BLK 298	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE S20296
dress 4		Address Type	Singapore address	Post Code	520296
		Contraction 1854	31 9-10-11	7311.032	DESERT
es he own a Singapore	09-526				
gistered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
daration					
eatharyser or Bigod Test			8L 80/0922/000		
ating?	D-mg	Any injury?	® Yes □ No		
dification History					
1.00					
Daim 001 New					
om Turne #	ор-мх 🔻	Insured Name	KASSIM BIN KATANI	Insured NRIC	S0073473Z
im Type *	Jacob E				and strat
stact No.(Mobile)		Contact No.(Home)	67812624	Contact No. (Office)	
al Address		Of Vehicle Number	FBF2212L	TP Vehicle Number	SLN4666L
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name .*	22	Claimant NR3C *			
mant Address					
im Description	FBF2212L / SLN4666L ON 3 Sept 2018			Name of Preferred Workshop	100
ferred Workshop Contact		Insured Liability *	Not at Fault		
ture Finalisation	Yes U	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
					production of the contract of
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