Date In: 13/ 11/18-1255	Jcb description	Date &Time Completed	Done b),
Rel No: NA INC 1802559/W	SAS e-filing			
Vcli No: 54 3639x	E-mail (within Shrs, AIC 2hrs))	- 1
D.O.A : /3/11/18 - 16:00	i-Motor Claim Form	M7 1019649-001	13/11/17-18	12.4
	i-Motor W/O (Within: OD 2		. >/)/6	
OD . TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			profit is
TP Insurer:	Ass't Report by Fax / Hane			
Preferred Wksp / INC Assign Wksp / QW	The same of the sa		ax:	-
			ax.	
TP Particulars: Veh No:	and 19 van	Tel:		
Policy No: ()	Period: (
Confirmed by: (Cover Type: (22 - 1-
	Date:		000/1	
	%) [Note-Est. Status (WO): N: 0-		[00%]	
Year of Registration: () Warranty: YES ()/NO ()		
	:\$1,000()/\$2,000()			
() Walk-In Customer : Customer	s information strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.			
		Towing Co: (1
	roles. TES () / IIO (),	TOWNING CO. (
Remarks: (INC horline: 6788 66	16)	Date&Time Completed	Done b	y
1) Apply for Transport Allowance ()/Courtesy Car ()	1.5		
2) QC Check / Post Repair Inspection	()			Committee
2) Yo officer, rost Repair Inspection			Hart Committee C	
Upload Resurvey Photo [Repair Cost				
3) Upload Resurvey Photo [Repair Cos				
3) Upload Resurvey Photo [Repair Cos Injury:				
Upload Resurvey Photo [Repair Cos Injury:				
3) Upload Resurvey Photo [Repair Cos Injury:			She Scales	
3) Upload Resurvey Photo [Repair Cos Injury:				C 5 (10)
3) Upload Resurvey Photo [Repair Cos Injury:			Section :	
3) Upload Resurvey Photo [Repair Cos Injury:				
3) Upload Resurvey Photo [Repair Cos Injury:				
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions	t > \$3000] ()	eparation Chrcklist	Ant (5)	
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Na ko 74M.	t > \$3000] () Invoice Pr	nt Reporting (\$30);	Ant(S)	
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions No. 2074M.	Invoice Pr 1) AR : Accide 2) DA : Dames	nt Reporting (\$30); s Assessment (\$100); INC (\$8	Ant (S)	
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions Na 1074M.	Invoice Pr 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); c Assessment (\$100); INC (\$5 Fee \$40 Through Survey	Ant (5) 1st Bill 10) W445 \$120	
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Na koaym. laimant's Particulars:- river/Owner:	Invoice Pr 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Fullow	nt Reporting (\$30); c Assessment (\$100); INC (\$50); Fee \$40 Through Survey Through Survey (Resurvey)	Ant (5) 7st Bill 10) 1/545 5120 530	
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Na ko 74M. Lumant's Particulars:- river/Owner:	Invoice Pr 1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Fullow	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jon 2005	Ant (5) 7st Bill 10) 1/545 5120 530	
Na Koaym. Striver/Owner:	Invoice Pro Invoice Pro 1) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	nt Reporting (\$30); c Assessment (\$100); INC (\$3 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection t + SMRT Survey	Ant (5) 1st Bill 10) 2545 5120 530)	
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Na ko 7 ym. laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Pro Invoice Pro 1) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	nt Reporting (\$30); e Assessment (\$100); INC (\$3 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection	Ant (5) 1st Bill 10) 1/545 5120 530) \$75	
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Na ko 7 ym. laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Pr 1) AR: Accide 2) DA: Dames 3) TF: Towing 4) FT: Follow 5) FT: Fullow For claiming 6) TR: Re-insp 7) N1: Idae D 5) NTUC Addi QD: *N5: Courte	nt Reporting (\$30); e Assessment (\$100); INC (\$3 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection a + SMRT Survey ional Services	Ant(5) fitBill 10) 37545 5120 530) 575 5160	Section 1
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions Na ko 7 ym. laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accide 2) DA: Dames 3) TF: Towins 4) FT: Follow 5) FT: Fullow For claimins 6) TR: Re-insp 7) N1: Idae D 5) NTUC Addi QD: *N6: Repsir	nt Reporting (\$30); c Assessment (\$100); INC (\$3 Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection t + SMRT Survey ional Services.	Ant(5) Ant(5) Ant(5) 10) 30 5120 530 575 5160	
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions No 1007 9M. Inimant's Particulars:- river/Owner: Ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors' Comments:-	Invoice Pr 1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow- 5) FT: Fullow- For claiming 6) TR: Re-insp 7) N1: Idae DA 2 3) NTUC Addi OD: *N5: Courte *N6: Repair *N7: Fost Re- *N8: DV/C	nt Reporting (\$30); e Assessment (\$100); INC (\$3 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection a + SMRT Survey tional Services: by Car / Tpt Allowance Co-ordination pair Inspection collect Excess Coordination	Ant (5) 7st Bill 100) 1/545 5120 530) 575 5160 525 510 525 55	Amt (3 Add Bi
3) Upload Resurvey Photo [Repair Cos Injury : Date/Time Actions	Invoice Pr 1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow- 5) FT: Fullow- For claiming 6) TR: Re-insp 7) N1: Idae DA 2 3) NTUC Addi OD: *N5: Courte *N6: Repair *N7: Fost Re- *N8: DV/C	nt Reporting (\$30); e Assessment (\$100); INC (\$3 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection a + SMRT Survey ional Services y Car / Tpt Allowance Co-ordination pair Inspection oldect Excess Coordination P (Nan INC) against INC	\$100 \$150 Bill \$120 \$30 \$30 \$3160 \$55 \$510 \$225 \$5 \$20 \$30	Add Bi
3) Upload Resurvey Photo [Repair Cos Injury : Date/Time Actions Na koaym. Islimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): utilitors' Comments::-	Invoice Pr 1) AR: Accide 2) DA: Dames 3) TF: Towins 4) FT: Follow 5) FT: Follow For claimins 6) TR: Re-insp 7) N1: Idae D/ 3) NTUC Addi QJ)* *N5: Courte *N6: Repair *N7: Post Re-insp V/C TP (N11): T	nt Reporting (\$30); e Assessment (\$100); INC (\$3 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection a + SMRT Survey ional Services y Car / Tpt Allowance Co-ordination pair Inspection oldect Excess Coordination P (Nan INC) against INC	\$100 \$150 Bill \$120 \$30 \$30 \$3160 \$55 \$510 \$225 \$5 \$20 \$30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 5. 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.
- 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.

A SERVICE SERV	ACCIDENT STATEMENT
Date Of Report	13/11/2018 12:55
Date Of Accident	10/11/2018 16:00
Exact Location Of Accident	BLK 103 PASIR RIS ST 12 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
Mark the State of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN7639X
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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	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	5091131006-01
Cover Note Number	
Driver	
Name of Driver	AHMAD JAZLY BIN AMRAN
NRIC No	S8523454D
Date Of Birth	23/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92300447
Fax Number	
Contact Number	OFFICE-92300447
EMail Address	NOEMAIL

Address BLK 109 WOODLANDS STREET 13"

#02-146

Postcode 730109

Was driver an employee of the Insured's Company NO

If No Deleterate to By

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

.

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

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? NO

Was any injured conveyed to hospital by ambulance?

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)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181112/7009.

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

SGU1428A

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TEO CHEE KIAT SEAN

NRIC/Passport Number S9817033B Contact Number 81630844

Address Postcode

Insurance Company Name

Nature Of Damage

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 <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.
- 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:

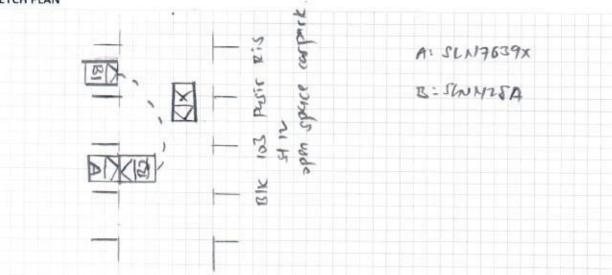
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) to 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 PURCE report - 1/2018/11/2/2009.

DECLARATIONE

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:

Name: NRIC/FIN No.:





1 of 3 Report No. T/20181112/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2018 13:28		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: JAZLY BIN		Address: APT BLK 109 WOODLANDS SINGAPORE 730109	S STREET 13 #02-146
	/ ID No.: D / S85234	54D	Contact No.: Home/Office:	Mobile: 92300447
National SINGAP	ity: ORE CITIZ	EN	Email: ahmadjazly@gmail.com	
Sex: Male	Age: 33	Date of Birth: 23/07/1985	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupat CALIBR	ion: ATION OFF	FICER	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/11/2018 16:00	Type of Location Car Park
Location: PASIR RIS S	TREET 12			
Weather: Clear		Road Surface: Dry		oad Speed Limit:
				Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled	5.0010	affic Volume:

Details of V	ehicle Invo	lved	AND ARREST			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGU1428A	Car	ТОУОТА	Vios	Grey	Slightly Damaged	0
SLN7639X	Car					0

Details of Person Involved	THE REPORT OF THE PROPERTY OF THE PARTY OF T
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181112/7009

CONTINUATION OF REPORT

Driver				E LEV	10-04	ENCE BUILDING
Name	Teo Chee Kiat Sean	1		ID No		S9817033B
Related Vehicle	SGU1428A (Car)			Conta	ct No.	81630844
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	No.	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver		BUT SERVICE			10-05	CHARLES BUILDING
Name	AHMAD JAZLY BIN	AMRAN		ID No		S8523454D
Related Vehicle	SLN7639X (Car)			Conta	ct No.	92300447
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	The second secon	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the above mentioned date and time, my car SLN 7369 X Toyoto Axio(white) was parked at parking lot no (165) when i heard a long bang coming from the carpark. As i when down, noticed that my car was hit with a badly damaged front. The other car owner left his contact details on my windscreen. Gave the owner Mr Teo Chee Kiat Sean a call and he came by minutes later. He claimed that he was only parked few lots away from me and was moving out when he noticed another car going straight and failing to give him way to him.. Hence, he avoided the car and collided with my parked car.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181112/7009

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2018 13:28
Officer In Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8523454D





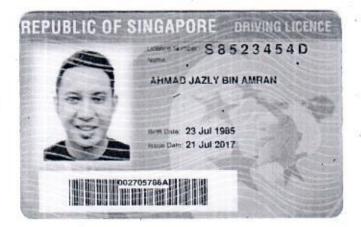
AHMAD JAZLY BIN AMRAN



MALAY Date of birth 23-07-1985 Country/Place of birth

SINGAPORE





5514533



19-08-2015

APT BLK 109 WOODLANDS STREET 13 #02-146 SINGAPORE 730109

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3 EFFECTIVE DATE 05 Mar 2011

Licence No:S8523454D

eBaoTech								经验 156		Genera	alClaim
Hello, NAC_PAYA_UBI_80	00601				E WOOD OF LOND OF		• Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	1	10/11/2018	16:00	7
	Vehicle	No.(For Motor)	SLN76	39X		Certi	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
		5091131006- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLN7639X	- A-0000	17/05/2018	16/05/2019
				1020		Continue	1				

Policy Information

Sequenc	e Date of Endorsement	Endorse	ment Type Endorsem	ent Status	Endorsement Content
Endors	ements				
Insure	d Object: SLN7639X				
Unit No.	05-50	Related Policy Number	5096225843-01		
Address 4		Address Type	Singapore address	Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUK	IT Address 3	SINGAPORE 415875
Policyh	older Mailing Address				
Certificate Info					
Policy Info					
Flag Open					
Co- insurance	No				
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Additional Excess	0	OS Premium	0		
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Policy issue Date	25/04/2018	Effective Date	17/05/2018 00:00	Expiry Date	16/05/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 41587	5	
Certificate No.				MAC	
Policy No.	5091131006-01	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N

icy No.	5091131006-01	Vehicle No.	SLW7639K		cert power	on No.		
incate No.	9993131006-01	VERICIE No.	SD47639K		GST Registrati	on No.		
yrickter Name	RELIABLE RIDES PTE LTD				Palicyholder Ni	ne.	201611527N	
tuct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0	
tact No (Mobile)	0	Contact No.(Office)	0		Contact No. (Ho	ama)		
ail Address		Special Remark			eCode	500000	No *	
K	- No Yes	TCA	± No. Yes		eCode Reason			
□ Protection	No	NCD Entitlement(%)	0		Private Hire		Yes:	
Assident Details								
out Date	13/11/2018 18 22	Accident Report Within 24 hrs.	Yes		Accident Type		Collision - Head	on collision
is of Acodem	10/11/2016	Time of Accident No.mm	16.00		Country of Acc	ident	Singapore	
porting Centre		Orange Force:			ICM No.			
olderet Location	BLK 103 PASIR RIS ST 12 OPEN SPACE CARDARK							
Excess								
vi damage Excess	1,000.00	Additional Excess	0		Windscreen Ex	CREE	100.00	
named Driver Excess		Outside Singapore OD Excess		3,000.00	F400 F400 F500 F50	575	400.00	
rd Party Excess	1,500.00	Outside Singapore TP Excess		3,000.00				
Benefits				20,000,000				
GST Registered Informat	tion							
Registered	No.		GST Reg	stration Date				
Registration No.				us Verified	No			
Incution History								
Policyholder Hailing Add		(mal)						
Press 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER	⊕ KAKI BUKIT	Address 3		SINGAPORE 41	5875
droxa 4		Address Type	Singapore address		Post Code		415875	
t No.	05-50	Related Policy Number	5096225843-01					
OI Driver Info								
ver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	AHMAD JAZIY BIN AMRAN	Driver NRIC	S8523454D		Oriver DOS		23/07/1985	
gater Date of Driver License	05/03/2011	Driver Age	33		Driving Experie	nce	7	
rtact No. (Mpade)	92300447	Contact No.(Office)	0		Contact No. (Ho	(me)	0	
orèss 1	BLK 100	Address 2	WOODLANDS STY	REET 13	Address 3		SINGAPORE 73	0109
oress 4		Address Type	Singapore address	4	Post Code		730109	
it Na.	02-146							
cs ho own a Singapore gistered car?	Yes - No	Driver Vehicle No.			Driver Insurer	Company		
corobon cothalyser or Blood Test ading?	0 mg	Any Injury?	Yes a No					
othalyser or Blood Test oting? Mication History	0 mg	Any injuny?	Yes a No					
osthalyser or Blood Test oding? Offication History Claim 001 New	0 mg	Any injury?	Yes a No	OD-MX	losured net	SAULE RIDES PTE L'	or or	1 201611527N
Otherwise or Blood Test Other Stration History Claims 001 New	0 mg	Any injuny?	Yes a No	ор-нх		NAMLE RIDES PTE L'		S01011255.44
othalyser or Blood Test string? Sfication History Thairm 001 New im Type *	0 mg	Any injuny?	yes a No	ОР-НХ	Contact No.	iable rides pte l'	Contact No.	66351820
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