NATIONAL Assessment Centre S	Services. INFI Jan'os MA	JA 119 008643.		
Date In: 181/19 15:39	Jeb description	Date &Time Completed	Done	pì.
Res No: NA / IN CIGOSIVIZ/14	SAS e-filing	i		
Veh No: STREYESL	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 13/1/19-18:16	i-Motor Claim Form	M7 1038519-001	18/1/19 20	:09.
	i-Motor W/O (Within: OD 2hr	s, 7P 4hrs)		
OD P. Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	to Owner/Wksp		ALCOHOL TO
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: XDG V	7 INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	1:()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	e-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Was	rranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	()/\$2,000()	La maria de la composição		
General Remarks:-			Sept Acres	1 1
() Walk-In Customer: Customer's informa	ation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer I	JRGENTLY.	7 3		
Drive-In () / Towed-In (); Invoice: Y	TES()/NO();T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ Cour		1		
2) QC Check / Post Repair Inspection	()	 	-	
3) Upload Resurvey Photo [Repair Cost > \$3000	01 ()	 		
Injury:			CHARLES TO SHE	
Date/Time Actions	17 April 17	gent and an extended the second of	MARCHIE	<u> </u>
	14 =	7/// 2 200		
			-	
	1			
	22000000000		Anit (S)	Amt (3)
HAIDOZZE	Invoice Pre	paration Checklist	fáBill	Add Bill
laimant's Particulars :-	1) AR : Accident		200	
	2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$	0/\$45	
river/Owner:	4) FT : Follow-T	hrough Survey	\$120 \$30	
ontact No:	5) FT : Follow-T For claiming a	hrough Survey (Resurvey) seinst INC Only (wef 10 Jan 200	5)	
amaged Portion:	6) TR : Re-inspe 7) N1 : Idac DA	etion .	\$160	
	8) NTUC Addition			
C Checked by (Engr-In-Charge):	OD:		\$5	
	*N6: Repair C	Cor / Tpt Allowance	510	
uditors! Comments :	•N7: Fost Rep	nair Inspection	\$25	
t_1:	TP (N11): TP	(Non INC) against INC	\$20	4
	9) N12: Idea Mo	bile Pee Charged	30	动物 了段
1.2/3:	Invoice dated	Fee Charged	MANAGEMENT OF PARTY	

1 - p21 41 1-22

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 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. 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

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А	U	u	υ		ч.	Э.	м	ME	
		,		_					

Date Of Report 18/01/2019 15:39 Date Of Accident 17/01/2019 18:25

Exact Location Of Accident DEFU AVE 1 TWDS HOUGANG AVE 7

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ8463L

Insured/Policyholder

Name Of Registered Owner FIRDAUS BIN MOHAMED

NRIC No S8310131H **Email Address** NOEMAIL

Mobile Phone No (LOCAL) +65-98316217 Alternative Phone No. OFFICE-98316217

Vehicle Particulars

Manufacturer KIA

Model PICANTO 1.1(M)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5054298211-06

Cover Note Number

Driver

Name of Driver FIRDAUS BIN MOHAMED

NRIC No S8310131H 08/04/1983 Date Of Birth OUTDOOR Occupation 07/02/2012 Date Of Driving Pass

Driving Experience 6 YEARS AND 11 MONTHS

MALE Gender

(LOCAL) +65-98316217 Mobile Number

Fax Number

Contact Number OFFICE-98316217

EMail Address NOEMAIL

BLK 171 HOUGANG AVENUE 1 Address

#02-1471

Postcode 530171

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

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 (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

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

XD9148T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

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

FIRDAUS BIN MOHAMED Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJQ8463L

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

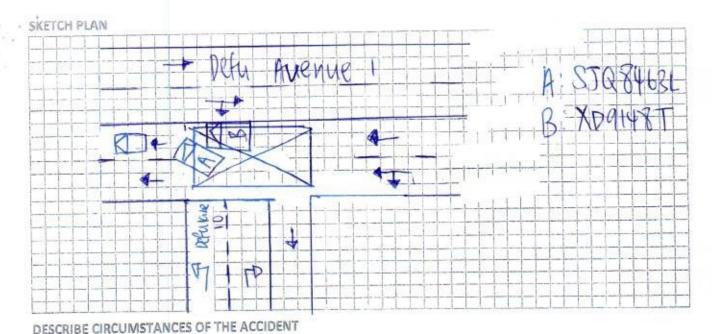
I understand, acknowledge, agree and consent that:

- (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.:



I was in the filter lane of Defu Lane 10 waiting for the traffic of Defu Ave 1 to be cleared before turning left onto Defu Ave 1. The traffic was very heavy and there was no vehicle in the yellow box. Hence, I moved my vehicle into the first lane of Defu Ave 1 towards Hougang Ave 7. After being stationary for a minute waiting for the traffic to move off, suddenly, I felt an impact from the right portion of my vehicle. When I got down of my vehicle, I realized vehicle B had collided onto the right portion of my vehicle.

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

SAIN FRANK DE SAIN SE	ACCIDENT DETAILS	THE RESERVE TO
Date of accident	17/1/20/9	(DD/MM/YY)
Time of accident	18:25	(HH:MM)
Exact location of accident	Defu thenue I toward	9 Hougang Avu 7

William Residence of the State	DETAILS OF VEHICLE
Vehicle registration number	STQ 8463L
Vehicle make and model	KIA PICANTO
Type of vehicle	Saloon WPV CRV Van Crv Van Crv Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

THE RESERVE THE RESERVE THE PARTY OF THE PAR	INSURANCE IN	FORMATION	THE PROPERTY
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

	INSURE	D / POLICY	HOLDER	BET TO BET	PLEASE F	A LIFE BURN
Name	FIRDAUS	BIN	MOHAMI	ED	Male /	Female
NRIC / Fin / Passport number	5831013	IH				
Contact	48316	217				
Address	BIK 171 1	Hougang	Avenue 1	#02-147	1 5(53	30171)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	08-04-1983	
Occupation	Indoor Outdoor	
Driving date pass	7/2/2012	

	ENERAL INFORMATION OF THE ACCIDENT	Town Statement
A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	BOOK OF THE PROPERTY OF THE PR	
Was driver an employee of	Yes No D	
the insured's company?	If no, relationship of the driver and insured:	
Accident captured by camera?	Yes 🗆 No 🗸	
Weather condition	Clear Raining Others:	
Road surface	Dry D Wet a	final and a second
No of passenger		(Inclusive of driver)
	PASSENGER 1	
Name	FIRDAUS BIN MOHAMED	
Gender	Male Female	
	PASSENGER 2	Control of the last
Name	PASSENGER 2	
Gender	Male Female	
		CONTRACTOR OF THE PARTY OF THE
单26 5 第46 万美色	PASSENGER 3	
Name	Male D Female D	
Gender	Ividic d	
MACAGINE TANK	PASSENGER 4	AND THE RESERVE
Name		
Gender	Male D Female D	
	PASSENGER 5	THE RESIDENCE
Name		
Gender	Male Female	
	PASSENGER 6	THE SHAPE OF
Name .	PASSENGERU	
Name Gender	Male Female	
derider		
PRINCIPLE TO LETTER	OTHER INFORMATION	148.74
Was anybody injured?	Yes Nor	
Was other vehicle damaged?	Yes. ✓ No □	
	DETAILS OF POLICE ACTION	
Reported to police?	Yes No If yes, please state which p	olice station.
Police station name	max is seen as a second of the	
HOLD WALL THE COMPANY	WITNESS 1	
Name		
SECULO DE LA CONTRACTOR	WITNESS 2	
Name		

Value of the second	THIRD PARTY VEHICLE 1
Constitution of the second	XD9148T
/ehicle registration number	AVII Y U I
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND ALCOHOLD THE RESIDENCE OF THE PERSON OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
50116501	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 6
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
1 2 2 1	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NAIC / Fin / Passport number	

A SULPHICAMEN A DUPLICATION OF	OLGO THE REAL	INJURED PERSON 1	经验的特别是以各种的企业的
Name		FIRDAUS BIN MUNIAMED	
Injuries sustained		nece & back	
Which vehicle person in?	,	SJ08463L	
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to	Yes 🗆	Nor	
hospital by ambulance?			
100 以发挥动物的发展的	STEEL STREET	INJURED PERSON 2	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	- Assessment		
			AND RESERVED TO SERVED TO
新 森林 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	THE STATE OF THE S	INJURED PERSON 3	The state of the s
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No D	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
	ACCUPATION STATE	INJURED PERSON 4	
建設局等署 医扩张性动脉		INJURED PERSON 4	And the latest to the second s
Name	_		
Injuries sustained			
Which vehicle person in?	Yes 🗆	No 🗆	
Were seat belts worn?	Yes 🗆	No D	
Was injured conveyed to	Tes Li	NOB	
hospital by ambulance?			
		INJURED PERSON 5	AND STREET, ST
		TRIONED TESONO	
Name	-		
Injuries sustained Which vehicle person in?	11		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No D	
hospital by ambulance?	1000	/ 110 2	
nospital by ambulance	-		
ALL DESCRIPTION OF THE PARTY OF	ALL VALUE	INJURED PERSON 6	The second second
Nama	1		
Name Injuries sustained	/		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
was mureo conveyed to			
hospital by ambulance?	163 11	NO L	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8310131H





FIRDAUS BIN MOHAMED



INDIAN Date of birth 08-04-1983

M

51310131-

Country/Place of hirth SINGAPORE







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: 5054298211-06

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJQ8463L

Chassis Number

2. Name of Policyholder

: KNABA24329T756760 : FIRDAUS BIN MOHAMED

3. Effective Date of Insurance

: 28 May 2018

4. Expiry Date of Insurance

: 27 May 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 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.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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.

: \$\$600

: S\$100

: N/A

: N/A

EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: NO : YES : NO

NCD PROTECTION TRANSPORT ALLOWANCE

: NO : NO

EXCESS WAIVER PRIMARY DRIVER

: FIRDAUS BIN MOHAMED

NAMED DRIVER (1) NAMED DRIVER (2)

: N/A : N/A

HIRE PURCHASE COMPANY

: MAYBANK

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)

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue Reprint

: 17 May 2018 10:04 hrs

: 17 May 2018 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						+ Change	Language	· Chan	ge Password	Log Out
My Desktop	Pol	icy Query									3
Notice of Loss	Policy	No.				Date	of Accident	-	17/01/2019	18:25	
	Vehicle	No.(For Motor)	SJQ84	63L		Certif	icate Number	[
					Į	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5054298211- 06		FIRDAUS BIN MOHAMED	S8310131H	GPC	CLASSIC	S3Q8463	L S)Q8463L	28/05/2018	27/05/2019
						Continue					

	5054298211-06	Policyholder Name	FIRDAUS E	SIN MOHAMED	Policyholder NRIC	S8310131H	
Certificate No.		- idilic			INCIC		
Address	BLK 171 #02-1471 HOUGANG A	VENUE 1 SING	SAPORE 530	171			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/05/2018	Effective Date	28/05/201	8 00:00	Expiry Date	27/05/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Young	/Inexperience Oriver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
nfo	holder Mailing Address						
Certificate Info Policyl Address 1	holder Mailing Address BLK 171 #02-1471	Addre	ss 2	HOUGANG AVENUE	1	Address 3	SINGAPORE 530171
nfo Policyl ddress 1			ss 2 ss Type	HOUGANG AVENUE Singapore address		Address 3 Post Code	SINGAPORE 530171 530171
nfo Policyl ddress 1		Addre Relate	ss Type d Policy			Consideration 12.	
nfo Policyl ddress 1 Address 4 Unit No.	BLK 171 #02-1471	Addre	ss Type d Policy	Singapore address		Consideration 12.	
Info Policyl Address 1 Address 4 Unit No.	BLK 171 #02-1471 02-1471 ad Object: SJQ8463L	Addre Relate	ss Type d Policy	Singapore address		Consideration 12.	

Accident MT/1028519						
folicy No.	5054296211-06	E:	Vehicle No.	51Q8463L	GST Registration No.	
ertificate No.						
Nicyholder Name	FIRDAUS BIN M	OHAMED			Policyholder NRIC	S8310131H
oduct Code	PRIVATE CAR IN	SURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	98316217		Contact No.(Office)	0	Contact No.(Home)	0
mail Address			Special Remark		eCode	
FK	® No ○ Yes		TCA	® No ○Yes		N. V
D Protection	No		NCD Entitlement(%)	50	eCode Reason	
Accident Details			reco crementality (4)	90	Private Hire	No
port Date	18/01/2019 20:	00	S28020-12 to 24 00 to 24 00 to			
		ne ne	Accident Report Within 24 hrs	Yes	Accident Type	Side Swips
ite of Accident	17/01/2019		Time of Accident hhomm	18:25	Country of Academ	Singapore
porting Centre			Orange Force		ICM No.	
cident Location	DEPU AVE 1 TW	OS HOUGANG AVE 7				
Excess						
en damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
memed Driver Excess		0.00	Outside Singapore OD Excess	600,00	12/030/10/03/503/74	828200
erd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Senefits				8777		
GST Registered Inform	nation					
T Registered	Areseco)	No		GST Registration Date		
T Registration No.				GST Status Verified	Was -	
diffication History					Yes	
Policyholder Mailing A	ddress					
ress 1	BUK 171 #02-14	71	Address 2	MANAGEMENT ALPERT OF A	75000	2000
idress 4				HOUGANG AVENUE 1	Address 3	SINGAPORE 530171
nt No.	02-1471		Address Type	Singapore address	Post Code	530171
OI Driver Info			Related Policy Number	5054298211-06		
iver Name	FIRDAUS BIN MO	n i a hart w				
named driver Name	FIREHUS BIN PO	HARED	Driver Type	Main Driver		
plater Date of Driver License			Driver NRIC	58310131H	Driver DOB	06/04/1983
			Driver Age	35	Driving Experience	6
ntact No.(Mobile)	98316217		Centact No.(Office)	٥	Contact No.(Home)	0
dress 1	BUK 171		Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530171
dress 4			Address Type	Singapore address	Post Code	530171
it No.	02-1471					H8787H1
es he own a Singapore gistered car?	☐ Yes ® No		Driver Vehicle No.		Different base over Townson	
NASA 3000	9970504(5)		150000000000000000000000000000000000000		Driver Insurer Company	
daration						
rathalyser or Blood Test	0 mg		Amiliana			
ading?	25000		Any injuny?	® Yes ○ No		
dification History						
Claim 001 OD-MX New	.b					
laim 001 OD-MX New	×					
	OD-MX	V	Insured Name	March of the Local Course		
m Type *					Triducing toman	
	98316217		Contact No (Home)	FIRDAUS BIN MOHAMED	Insured NRIC	58310131H
ntact No.(Mobile)	98316217		Contact No.(Home)	62893141	Contect No.(Office)	
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