May 119014953 NATIONAL Assessment Centre Services. [wel 1 Jan'03] Done by Date &Time Completed Jeb description Date In: 31 1 1/19 16:14 SAS c-filing Ref No: NA 11401900,2080144 E-mail (within Shrs, AIC 2hrs) Vch No: SJE 740 9.M. MT[1030368-01 3111119 16:31. i-Motor Claim Form D.O.A 3-22119 20:45. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / P. Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Proferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: 5644455E. TP Particulars: Tel: Owner / Driver: () Cover Type: (Period: (Policy No: () Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Rembels is & San Bush) Walk-In Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: () / NO (); Invoice: YES ()/Towed-In (Drive-In (Remarks: (INCAM) ne 679E061618) / Courtesy Car (1) Apply for Transfort Allowance (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Lime /Actions AMU(1) Mad bill MA1900874 1) AR : Aceldent Reporting (530); INC (\$50) 2) DA : Damege Assessment (\$100) \$40/\$45 3) TF : Towing Fee \$120 4) FT : Follow-Through Survey Driver/Owner: 5) PT : Follow-Through Survey (Resurvey) Por plaining against INC Only (wef 10 Jan 2005) Contact No: 6) TR : Re-inspection \$160 7) NI : Idao DA + SMRT Survey Damaged Portion: 8) NTUC Additional Services:-OD: *NS: Courtery Car / Tpt Allowance 55 QC Checked by (Engr-In-Charge): 510 * N6: Repair Co-ordination \$25 *N7; Post Repair Inspection 35 *N8: DV / Collect Excess Coordination Auditors Comments : TP (NII): TP (Nun INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged Involve dated wasti. at 2/3; Fee Charged Invoice dated

Frynd tar

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.
- 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 aforesaid.

ACCIDENT STATEMENT			
31/01/2019 16:14			
20/04/2040 20 45			

Date Of Accident 30/01/2019 20:45

Exact Location Of Accident PIE TWDS CHANGI B4 EUNOS EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE7909M

Insured/Policyholder

Date Of Report

Name Of Registered Owner EASYDRIVE CAR RENTAL

Co Reg No 53375868L Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-96735989

Vehicle Particulars

Manufacturer TOYOTA
Model VIOS

Exact Purpose for which vehicle was being used at

time of accident

at WORKING

NO

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 PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5098649458

Cover Note Number -

Driver

Name of Driver KHAIRUL HISYAM BIN SAIFUL JOHAN

 NRIC No
 \$8306618J

 Date Of Birth
 08/03/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/03/2003

Driving Experience 15 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86862665

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 688F WOODLANDS DR 75 #07-80

Postcode

Vehicle

736688

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

OTHER - HIRER

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

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)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGY4455E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW1939Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLQ3187T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KHAIRUL HISYAM BIN SAIFUL JOHAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJE7909M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

SKETCH PLAN

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

Folicyholder's Signature

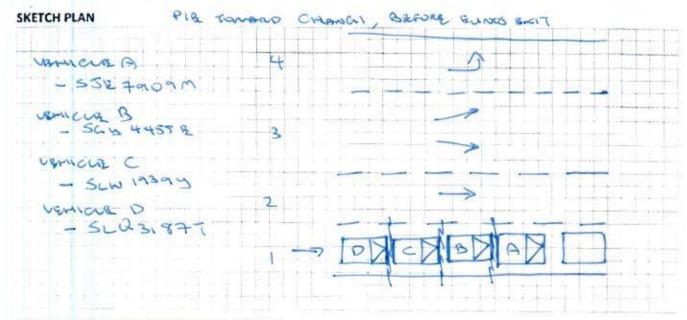
Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	OS DRIVING ALONG PIR FOWDAD CHANGE DIRECTION, I WO
01	HR EXTREME RIGHT LANTE.
مسائم او	TRAVALLING STRAIGHT, WHILE AT SOMEWHERE BIEFORE
EUNO	EXIT, SUDDANUS THE VEHICLE INFRONT OF ME JAMMED
BRA	2 DUE TO THE HEAVY TRAFFIC, AND SO I TOO APPLIED
BRAN	L AND MANAGE TO STOP IN TIME.
SUDE	NLS AFTER A FEW SECONDS I FELT A GREAT IMPACT PRO
	REAR OF MY VEHICLE.
Auc	TEO FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
	WONCE PLOTE NUMBER (SGY 4455 12) THAT COULDED T
	REAR OF MY VAMICUE. AND IT WAS A CHAIN COLLISION
	unh 4 vanicies.
1.000	State Contracts.
	WE A - SJE 7909 M
	UR B - 305 4435 B
	16 C- SLW 1939 Y
100	us 0 - SLQ 3187 T
_	

DECLARATION

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

CAR REVVAL

Politighgloper a 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.	SSE 4909 M Model/Make Toxota was
Date of Accident	30/01/2019
Time of Accident	2045 HRS
Location of Accident	PIR TOWARD CHANGE BLEORE EUROS EXIT
Exact purpose use during acci	
Name of Owner	EASY DRIVE CAR RENTAL
Telephone No.	H/P: 96735969 Home: Office: 6333 9441
NRIC	5 3375868L
Address	200 JALAN SWIAN TEXTILE CONTRE \$ UZ-38 5 (199018)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTMC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5098649458
Name of Driver	As Above If NO KHAIRUL HIS WAM BIN SAIFUL JOHAN
NRIC	S83066185 Any Passengers: 2 (IMALE, IFEMALE
Date of birth	08 mar 1957
Occupation	Outdoor / Indoor
Driving License Pass Date	19 MAR 2003
Gender	Male / Female
Contact No.	H/P: 86862665 Home: Office:
Address	BUR 688 F WOODLANDS DR 75 #07-10 5(736688)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state RANGE / CRASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who? Dawer ONLY
Name And Contact No.	KHAIRAL HISMAM BIN SAIFUL JOHAN, 86862665
Name And Contact No.	TO WHOSE HISSAMI GIN SAIRGE JOHAN, 600 - 2663
Police Report	No. If Yes, Where?
Vehicle B No.	SGS 4455 P. Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	≤ LW 1939 \ Any Passengers:
Vehicle D No.	SLQ 31577 Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REPR
Camera Recorder	Yes /(No)
Email Address	
Eman Address	
PARTICULAR WORKSHOP	IAN
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	TWINCAR LGASING
FAX NO	6741 0510







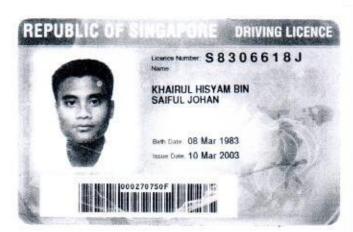
KHAIRUL HISYAM BIN SAIFUL JOHAN

خيرولهيشام بن صيقولجوهن

MALAY

08-03-1983

SINGAPORE







VOCATIONAL LICENCE

Licence No: \$8306618J Name: KHAIRUL HISYAM BIN SAIFUL JOHAN

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





04-10-2006

120 WOODLANDS AVENUE 5 #02-41 SINGAPORE 739020

NEIC No. \$8306618J

Date 21/10/2017

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

PASS DATE

Class 28 Montreycles == 200 CC Class 2A Montreycles between 201 CC and 400 CC Class 3 Montreycle = 400 CC Class 3 Montreycle = 400 CC Class 3 Montreycles = 400 CC Class 4 Montreycles = 400 CC Class 5 Montreycles = 400 CC

19 Mar 2003 18 May 2004 19 Jul 2005 19 Mar 2003

5/No. 9000038085

NP 4284



BUK 688F, WOODLANDS DR. 75

#07-80,5 (736688)

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

3940172

Issue Date

PRIVATE HIRE CAR VL

09/10/2018







Certificate of Insurance

: SJE7909M

: 11 Jun 2018

: 10 Jun 2019

Cover : drivo CLASSIC

: MR053HY9305061027

: EASYDRIVE CAR RENTAL

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: 5098649458

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

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

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$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 · NO

TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : KENSO LEASING PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: ASSURE PTE, LTD. (00000572842)

Date of Issue

: 05 Mar 2018 17:32 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

uire Vehicle Registration Details

owner Particulars

NRIC/Passport/Compan

53375868L

y Cert No.:

Owner ID Type:

Business

Owner Name:

EASYDRIVE CAR RENTAL

Registered Address:

200 JALAN SULTAN #02-38 TEXTILE CENTRE

SINGAPORE 199018

Mailing Address:

Birth Date:

_

Vehicle Particulars

Vehicle No.:

SJE7909M

Previous Vehicle No.:

Effective Date of

14 Jun 2018

Ownership:

Original Regn Date:

08 May 2008

Registration Date:

08 May 2008

Year of Manufacture:

2008

Vehicle Type:

Private Hire (Chauffeur) Motor Car

Vehicle Scheme:

7

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

TOYOTA

Vehicle Model:

VIOSE AUTO

Primary Colour:

Silver

Secondary Colour:

4

Passenger Capacity: Chassis No.:

MR053HY9305061027

Engine No.:

1NZX741663

Engine Capacity /

1497 cc/-

Power Rating:

Maximum Power

80.0 kW (107 bhp)

Output:

Propellant:

Petrol

Max Unladen Weight:

1095 kg

Maximum Laden

1505 kg

Weight:

Open Market Value:

\$12,344.00

PARF Eligibility:

Forfeited

PARF Eligibility Expiry

Date:

nimum PARF Benefit

No. of Transfers:

IU Label No.: 1124367491

COE No.: 2008050101001045R

4

COE Expiry Date: 07 May 2023

COE Category: A - Car (1600cc & below)

COE Registration A - Car (1600cc & below)

Category:

Quota Premium (QP) / \$16,930.00 / -

Prevailing Quota

Premium:

PQP Paid: \$19,096.00

QP (Regn Cat): \$16,930.00

OPC Cash Rebate No

Eligibility:

QP during COE Bidding \$16,930.00

Exercise:

Additional Registration 100.00 %

Fee Rate:

Actual ARF Paid: \$12,344.00

Vehicle Lifespan Expiry No Lifespan

Date:

CO2 Emission:

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Message: The vehicle will be de-registered upon expiry of its 5-

year COE on 07 May 2023. No further renewal will be

allowed. This is a public service vehicle.

Print

OK

Save as PDF

Claim Handling

Unnamed Driver Excess

Third Party Excess

The premium on this policy has not been collected.

Accident	MT/	1030	368

Policy No.	5098649458		Vehicle No.	SJE7909M	GST Registration No.	
Certificate No.						
Policyholder Name	EASYDRIVE CAR REI	NTAL			Policyholder NRIC	533
Product Code	FLEET INSURANCE		Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96735989		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark		eCode	No
KFK	» No Yes		TCA	■ No U Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Report Date	31/01/2019 16:26		Accident Report Within 24 hrs	Yes	Accident Type	Cha
Date of Accident	30/01/2019		Time of Accident hin:mm	20:45	Country of Accident	Sing
Reporting Centre			Orange Force		ICM No.	
Accident Location	PIE TWD5 CHANGI I	14 EUNOS EXIT				
▽ Excess						
Own damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess			Outside Singapore OD Excess	2,000.00		
Third Party Excess		1,500,00	Outside Singapore TP Excess	1,500.00		
▼ Benefits						
	tion					
GST Registered	N	0		GST Registration Date		
GST Registration No.				GST Status Verified	Yes	
Modification History						
Policyholder Mailing Add Address 1	CONTRACTOR OF THE PARTY OF THE		100000			
Address 4	200 JALAN SULTAN		Address 2	#02-38 TEXTILE CENTRE	Address 3	SIN
	1200		Address Type	Singapore address	Post Code	199
Unit No. ✓ OI Driver Info	02-38		Related Policy Number	5106504577-01		
Driver Name	Unnamed Driver		Patricia de la companya della companya della companya de la companya de la companya della compan	National Colors and Total		
Unnamed driver Name	KHAIRUL HISYAM BI	N FAIRIN W	Driver Type	Unnamed Driver		
Register Date of Driver License	19/03/2003	N SAIFUL R	Driver NRIC	58306618)	Oriver DOS	08/0
Contact No.(Mobile)			Driver Age	35	Driving Experience	15
Address 1	86862665		Contact No.(Office)		Contact No.(Home)	
	BLK 688F #07-80		Address 2	WOODLANDS DRIVE 75	Address 3	SIN
Address 4			Address Type	Singapore address	Post Code	736
Unit No.	07-80					
Does he own a Singapore Registered car?	Yes . No		Driver Vehicle No.		Driver Insurer Company	
Peclaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	e Yes No		
fodification History						
Towns Control of the						
Claim 001 New						
Claim Handling						
he premium on this policy has no	ot been collected					
ccident MT/1030368	- Later Control Vision					
Policy No.	5098649458		Vehicle No.	SJE7909M	GST Registration No.	
Certificate No.	MANAGEMENT TO SERVE			man committee	Sal region articles	
	Event nones sen	339				

Policy No.	5098649458	Vehicle No.	SJE7909M	GST Registration No.	
Certificate No.					
Policyholder Name	EASYDRIVE CAR RENTAL			Policyholder NRIC	533
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96735989	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	« No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	31/01/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type	Cha
Date of Accident	30/01/2019	Time of Accident hh:mm	20:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PLE TWDS CHANGE B4 EUNOS EXIT				
▽ Excess			Total Excess Applicable		
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100

https://giclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=214575763&caseId=2574035&taskId=501&objectId=&actionTyp...

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

1,500.00

2,000.00

1,500.00

100.00

1/31/2019			Claim Handling(accider	nt reporting Cl	aim Task)				
All Claims Excess YIED All Claim Excess Total All Claim Excess Applicable			Driver is Covered?						
OD Standard Excess			TP Standard Excess						
YIED OD Excess			YIED TP Excess			D	river is Covered	,	
Additional Excess		0.00	EXCUSED IN THE CASE OF THE						
Total OD Excess Applicable			Total TP Excess Applicable						
₩ Benefits									
GST Registered Informat	tion								
- Policy holder Mallion Add	(T)								
→ Policyholder Mailing Add 1.14 1.15 1.1	The state of the s		DATESTAN		27/102-122				- 13/32
Address 1 Address 4	200 JALAN SULTAN		Address 2	#02-38 TEXTIL			ddress 3		SING
Unit No.	02-38		Address Type Related Policy Number	Singapore addre 5106504577-01		P	ost Code		1990
OI Driver Info			The state of the s	3100304377-01					
Driver Name	Unnamed Driver		Driver Type	Unnamed Drive	r				
Unnamed driver Name	KHAIRUL HISYAM BIN	SAIFUL X	Driver NRIC	\$83066183		D	river DOB		08/0
Register Date of Driver License	19/03/2003		Driver Age	35		D	riving Experienc	e	15
Contact No.(Mobile)	86862665		Contact No.(Office)			c	ontact No.(Home	e)	
Address 1	BLK 688F #07-80		Address 2	WOODLANDS D	RIVE 75	A	ddress 3		SING
Address 4			Address Type	Singapore addre	ess	Pe	ost Code		7366
Unit No. Does he own a Singapore Registered car?	07-80 Yes + No		Driver Vehicle No.			D	river Insurer Co	mpany	
Declaration									
Breathalyser or Blood Test Reading?	0 mg		Any injury?	⊛ Yes ⊜ No					
Modification History									
Claim 001 OD-MX New	1								
Claim Type •					OD-MX	▼ Ir	nsured EASYI	ORIVE CAR RENTA	u.
Contact No.(Mobile)						N N	ontact		_
						()	Home)		
Email Address						°	ehicle SJE79	09M	
							umber		- 5
Claim Description					SJE7909M / SGY4455E O	N 30 Jan	2019		_
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