		. A	A transfer of the same
NATIONAL Assessment Centre S	Corvices The State project	1967	
	Sch description	Date &Time Completed	Done by
	SAS e-filing		
Ref No: MA MC1903179/24	E-mail (within Shrs, AIC 2hr	0 1	
Veli No M349JZ	i-Motor Claim Form	MT 102886-001	2/4/19 17.78.
D.O.A: 14-19.19.30	i-Motor W/O (Within: OE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OD TP Reporting Only	i-Photo Uploaded	1	
			44
TP Insurer:	Assessment/Survey Repo		
	Ass't Report by Fax / Ha	Tel:	Fax:
Preferred Wksp / INC Assign Wksp / QW: (DN	C()/Non-INC()	rax.
TP Particulars: Veh No: St 1987	90 . IN	Tel:	· i
Owner / Driver: (Policy No: () Period	. /) Cover Type: (
	Date:	Time:	
Confirmed by : (A STATE OF THE STA		100%]
		0-20%; P: 21-79%. P: 80	-10076]
	ranty: YES ()/NO (
Excess: (\$) Loading: \$1,000 (()/\$2,000()	Stead Same St. Sec. 18 19 19 19 19 19 19 19 19 19 19 19 19 19	THE PROPERTY OF
General Remarks:-	The state of the s	and the second s	Bridge Bridge V
() Walk-In Customer: Customer's informa		Strictly NO refer of repaire	ſ•
() Total Loss Case : to e-mail Insurer U			
Drive-In ()/ Towed-In (); Invoice: Y	ES()/NO()	; Towing Co: (
Remarks;- (INC hotline: 6788 6616)	44.7	Date& Time Completed	Done by
	tesy Car ()	**	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()		
Injury:			20.500000000000000000000000000000000000
Injury:			ocases and a successive section
Date/Time Actions		Andrew Control of the	WESSCHAUE.
100			
	1		
•			Anit (S) Amit (S)
1190341	Invoice	Preparation Checklist	TH Bill Add Bill
laimant's Particulars :-		ident Reporting (\$30);	(590)
	3) TF : Tow	ing Fee	\$40/\$45
river/Owner:	4) FT : Follo	ow-Through Survey ow-Through Survey (Resurvey)	\$120 \$30
ontact No:	For claim	ing against INC Only (wef 10 Jan 20	105)
amaged Portion:	6) TR : Re-		\$160
		dditional Services:-	
C Checked by (Engr-In-Charge):	OD.		\$5
Concentratory (Bugi-in-Charge).		artesy Car / Tpt Allowance	\$10
uditors' Comments :-	• N7: Fos	t Repair Inspection / Collect Excess Coordination	\$25
():): TP (Non INC) against INC	\$20 .,
	9) N12: Ida		
(2/3:	Involce date		MONTH OF COURT

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.

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

- 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 ar

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/02/2019 11:04
Date Of Accident	19/02/2019 19:30
Exact Location Of Accident	KPE (TPE)
Country/State of Loss	SINGAPORE
ī	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3975Z
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	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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

Fleet Policy NO

Policy Number 5099353406

Cover Note Number

Driver

Name of Driver YAP GIM HAR NRIC No S1743750Z Date Of Birth 05/01/1966 Occupation OUTDOOR Date Of Driving Pass 05/08/1993

Driving Experience 25 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97498036

Fax Number

Contact Number OFFICE-97498036

EMail Address NOEMAIL

BLK 654 JALAN TENAGA Address

#09-74 410654

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

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)

2

Passenger 1

NAME:

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE LEFT PORTION, AFTER AN IMPACT, VEHICLE B HIT ONTO VEHICLE C REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKL9879D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM POH ENG

NRIC/Passport Number

S1128692E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW7415C

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)

10

DETAILS OF INJURED PERSON 1

Name YAP GIM HAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLX3975Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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

Policyholder's Signature Date & Time:

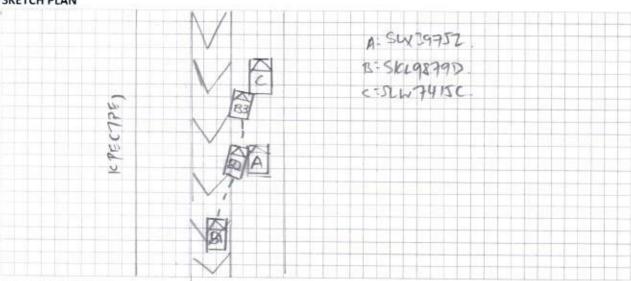
ABL

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 slad	ement.		
No.	<i>"</i>		
ABATTON			

I/We pecare 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:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1743750Z





YAP GIM HAR

錦霞

CHINESE 05-01-1966

SINGAPORE









YOU ARE EIGENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Motor Cars and Motor Tractors the weight of which unladen does not exceed 2506 kilograms Licence No: \$1743750Z NP 428A

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

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

26/06/2018



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE RESERVE OF THE PERSON NAMED IN	SVET - DIETE		• Change	Language	• Chang	e Password	
My Desktop	Poli	cy Query									,
Notice of Loss	Policy 1	No.				Date	of Accident	1	9/02/2019 1	9:30	
	Vehicle	No.(For Motor)	SLX39	75Z		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099353406		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLX39752	SLX3975Z	27/03/2018	26/03/2019
					1	Continue					

Policy No.	5099353406	Policyholde Name	RELIABLE R	IDES PTE LTD	Policyholder	201611527	N
Certificate No.		Name			NRIC		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/03/2018	Effective Date	27/03/2018	00:00	Expiry Date	26/03/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			You	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
lag							
Open Policy Info Certificate							
Policy nfo Certificate nfo	nolder Mailing Address						
Policy Info Certificate Info	nolder Mailing Address 8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER @) KAKI BUKIT	Address 3	SINGAPORE 415875
Policy nfo Certificate nfo Policy	grandene all tercentral and a		ess 2 ess Type	#05-50 PREMIER &		Address 3	SINGAPORE 415875 415875
Policy Info Certificate Info Policy Address 1 Inddress 4 Init No.	8 KAKI BUKIT AVENUE 4 05-50	Addr	ess Type ed Policy				
Policy Info Certificate Info Policy Address 1 Indiana 4 Init No.	8 KAKI BUKIT AVENUE 4	Addr Relat	ess Type ed Policy	Singapore address			
Policy Info Policy Address 1 Address 4 Init No. Insure	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX3975Z	Addr Relat	ess Type ed Policy	Singapore address			
Policy Info Certificate Info Policy Address 1 Inddress 4 Init No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLX3975Z	Addr Relat Num	ess Type ed Policy	Singapore address 5106937496		Post Code	

Product Code DetVATE CAR INDURANCE Cover Type drive CLASSIC Loading DetVATE CAR INDURANCE Cover Type Decorate No. (Motile) Decorate	ficace No. Interident Name Loc Code Loc No. (Mobile) Address Prosection Accident Details If Data of Accident Iting Centre Location Excess Samage Excess med Driver Excess Benefits GST Registered Informer	RELIABLE RIDES PTE LTD DRIVATE CAR INSURANCE 0 (B No) Yes No 20/02/2019 13:36 19/02/2019 KPE (TPE)	Cover Type Corract No (Dffice) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhimme Orange Force	drivo CLASSIC 0	Policyholder NR3C Loading Contact No. (Home) #Code #Code Reason Private Hire Accident Type	201611527N 0 0 14: 🗸
### No. Policyholder No.	proliter Name set No. (Mobile) Address Accident Details of Accident tring Centre ent Location Excuss damage Excess med Driver Excess Benefits GST Registered Informs	ORIVATE CAR INSURANCE (*) No (*) Yes No 20/02/2019 13:36 19/02/2019 KPE (TPE)	Contact No (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhimm Orange Force	© No ○ Yes 0 Yes	Policyholder NR3C Loading Contact No. (Home) #Code #Code Reason Private Hire Accident Type	0 0 □ □
## CAPT Type	act Code act No.(Mobile) Address Prosection Accident Details of Accident rting Centre and Location Excuss damage Excess med Driver Excess Benefits GST Registered Informs	ORIVATE CAR INSURANCE (*) No (*) Yes No 20/02/2019 13:36 19/02/2019 KPE (TPE)	Contact No (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhimm Orange Force	© No ○ Yes 0 Yes	Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type	0 0 □ □
Convert Type	act No. (Mobile) Address Prosection Accident Details If Date of Accident Iting Centre ent Location Excess damage Excess med Driver Excess Benefits GST Registered Informs	0 ® No ○ Yes No 20/02/2019 13:36 19/02/2019 KPE (TPE)	Contact No (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhimm Orange Force	© No ○ Yes 0 Yes	Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type	0 0 □ □
Contact No (Office)	Address Prosection Accident Details It Date of Accident Iting Centre ent Location Excuss damage Excess med Driver Excess Benefits GST Registered Informs	® No ○ Yes No 20/02/2019 13:36 19/02/2019 KPE (TPE)	Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hhimme Orange Force	® No ○ Yes 0 Yes	Contact No. (Home) eCode eCode Reason Private Hire Accident Type	0 □ □ ♥
Special Remark. Solid So	Protection Accident Details It Date of Accident Iting Centre ent Location Excess damage Excess med Driver Excess Party Excess Benefits GST Registered Informs	No 20/02/2019 13:36 19/02/2019 KPE (TPE)	TCA NCD Engliement(%) Accident Report Within 24 hrs Time of Accident hhimme Orange Force	0 Yes	eCode eCode Reason Private Hire Accident Type	Tu: ♥
Divoraction No NCD Engineerity) 0 Private Reason NCD Engineerity) 0 Private Have NCD Private Have NCD Private Have NCD	Accident Details of Accident thing Centre ent Location Excess damage Excess med Driver Excess Party Excess Benefits GST Registered Informs	No 20/02/2019 13:36 19/02/2019 KPE (TPE)	TCA NCD Engliement(%) Accident Report Within 24 hrs Time of Accident hhimme Orange Force	0 Yes	eCode Reason Private Hire Accident Type	No
No NCD Engineering(%) 0 Private large No NCD Engineering(%) 0 Private	Accident Details of Accident thing Centre ent Location Excess damage Excess med Driver Excess Party Excess Benefits GST Registered Informs	20/02/2019 13:36 19/02/2019 KPE (TPE)	Accident Report Within 24 hrs Time of Accident hhimme Orange Force	0 Yes	Private Hire Accident Type	
Accident Details DOT Date 20/02/2019 13:36 Accident Report Within 24 hrs Yes Accident Type Dot Accident 19/02/2019 There of Accident himme 19:30 Country of Accident Ype Schort Lazacion WE (TPE) Excess Client Lazacion WE (TPE) Excess 1,000.00 Additional Encioss 0 Windsoreen Excess 1,000.00 Additional Encioss 0 Windsoreen Excess 1,500.00 Cursine Singapore TP Excess 3,000.00 Windsoreen Excess 1,500.00 Cursine Minimal Minim	nt Date of Accident iting Centre ent Location Excess damage Excess med Driver Excess Party Excess Benefits GST Registered Informer	19/02/2019 KPE (TPE)	Accident Report Within 24 hrs Time of Accident hhimme Orange Force	Yes	Accident Type	
Accident Type December Dec	of Accident iting Centre ent Location Excuss damage Excess med Driver Excess Party Excess Benefits GST Registered Informs	19/02/2019 KPE (TPE)	Time of Accident hhimme Orange Force		3 212 5 114 13 1 com	
Modern Sport William 2 19/02/2019 Time of Accident Norm 19:30 Courtry of Accident Sport Codent Codent Codent Codent Codent Codent Coden	of Accident iting Centre ent Location Excuss damage Excess med Driver Excess Party Excess Benefits GST Registered Informs	19/02/2019 KPE (TPE)	Time of Accident hhimme Orange Force		3 212 5 114 13 1 com	
Collect Location Control Collect Location KPE (TRE) Collect Location KPE (TRE) Cecusis In a camage Selectes 1,000,000 Additional Excess Outside Singapore CD Excess 3,000,000 Windporeen Excess 1,500,000 Curside Singapore TP Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 3,000,000 Windporeen Excess 3,000,000 Windporeen Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 3,000,000 Windporeen Excess 1,500,000 Windporeen Excess 3,000,000 Windporeen Excess 1,100,000 Windporeen Excess 1,100,000 Windporeen	nting Centre ent Location Excess commage Excess med Driver Excess Party Excess Benefits GST Registered Informs	KPE (TPE)	Orange Force	19:30		Damaged whilst parked
Comment Comm	ent Location Excess demage Excess med Driver Excess Party Excess Benefits GST Registered Informs	1,000.00	V-492-040.00		Country of Accident	Singapore
Texass I J,000.00 Additional Excess Outside Singapore OD Excess 3,000.00 Additional Excess Outside Singapore TP Excess 3,000.00 I Banafits I SET Registered IND GST Registration Date GST Status Verified No GST Stat	Excuse damage Excess med Driver Excess Party Excess Benefits GST Registered Informa	1,000.00			ICM No.	
n damage Sicress 1,000.00 Additional Excess 0 Windsoreen Excess 11 Control Singapore OD Excess 3,000.00 Cutside Singapore OD Excess 3,000.00 Cutside Singapore OD Excess 3,000.00 Elements Benefits CST Registration Date Registration No. Re	damage Excess med Driver Excess Party Excess Benefits GST Registered Informa					
Curiside Singapore DD Excess 3,000.00 ### Survey Burky Burkers 1,500.00 ### Cast Registered Enformation #### Repistered Information #### Repistered Information ###################################	med Driver Excess Party Excess Benefits GST Registered Informa					
Benefits Set Registrated Information Registrated Information Registrated Information Registration No. GST Registration Date GST Status Venthed No	Party Excess Benefits GST Registered Informa	1,500.00	Additional Excess	0	Windstreen Excess	100.00
Benefits ### Registrated Information Registration No.	Benefits GST Registered Informa	1,500.00	Outside Singapore OD Excess	3,000.00		
TREGISTERED TOTAL NO. FREGISTERED NO.	GST Registered Informa		Outside Singapore TP Excess	3,000.00		
Registered No GST Registration No. Registration No. GST Status Verified No						
Registration No. ### Cost Status Verified #### Cost Status Verified ###################################	egistered	tion				
Policyhelder Mailing Address Tress 1.	CONTRACTOR N	No		GST Registration Date		
Policyholder Mailing Address ress 1				GST Status Ventied	No	
Address 2 #05-50 PREMIER © KAKI BUKT) Address 3 \$1 Address Type Singapore address Post Code 4 Address Type Singapore address Post Code 4 No. 06-50 Kelated Policy Number 5106937496 OT Driver Info or Name Unnamed Driver Oriver Type Unnamed Driver aamed driver Name VAP GIH HAR Driver NRIC S1743750Z Driver DD8 05 sister Oate of Driver License 05/08/1992 Driver Age 53 Driving Experience 25 eact No. (Mobile) 97498036 Confact No. (Office) 0 Confact No. (Home) 0 ress 1 BLK 654 Address 2 MALAN TENAGA Address 3 Et No. No. 09-74 s te own a Singapore address Prost Code 41 or op-74 she own a Singapore of No. Driver Webside No. Driver Webside No. Driver Insurer Company Any Injury? ® Yes © No.	Netion Producty					
Address Type Singapore address Post Code 4 No. 05-50 Ketated Policy Number 5106937496 OT Driver Info or Name Unnamed Driver Oriver Type Unnamed Driver American Street Amer	Policyholder Malling Ad	dress				
Address Type Singapore address Post Code Mo. 05:50 Kelated Policy Number 5106937496 BY Name Unnamed Driver Oriver NATC S17437502 Driver DOB 01: Storr Date of Driver License DE/08/1992 Driver Age 53 Driving Rependence 25: Storr Date of Driver License DE/08/1993 Driver Age 53 Driving Rependence 25: Storr Date of Driver License DE/08/1993 Driver Age 53 Driving Rependence 25: Storr Date of Driver License DE/08/1993 Driver Age 53 Driving Rependence 25: Storr Date of Driver License DE/08/1993 Driver Age 53 Driving Rependence 25: Storr Date of Driver License DE/08/1993 Driver Age 53 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver License DE/08/1993 Driver Dob 01: Storr Date of Driver Dob 02: Storr Date of Driver Date Of Driver Dob 02: Storr Date of Driver Date Of Driver Date Of Driver Date Of			Address 2	#05-50 PREMIER IS VANT OF MIT	Address 1	Plantabour Water
Net No. 05-90 Netstated Policy Number: \$106937496 Net Name Unnamed Driver Oriver Type Unnamed Driver named driver Name VAP GIM HAR. Driver NEIC \$1743750Z Driver DDB 05 pitter DdB 05	ns 4					SINGAPORE 415875
Of Driver Info Not Name Unnamed Driver VAP GIM HAR Driver NRIC S1743750Z Driver D08 00: pster D4te of Driver License 05/08/1993 Driver Age 53 Driving Experience 22: eact No. (Mobile) 97e88036 Contact No. (Office) 0 Contact No. (Home) 0 Press I BLK 654 Address 2 ALAN TENAGA Address 3 Express 4 SINGAPCIRE 410654 Address Type Singapore address Post Code 41 Onver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company fication History fication History	46.	05-50			Post Code	415875
tamed driver Name YAP GIM HAR Driver Name S1743750Z Driver DDB 05 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OI Driver Info		Service Party Harris	3100937490		
temed driver Name VAP GIM HAR. Driver NSIC \$1743750Z Driver D0B 05 of Driver D1B of Driver D1B of Driver License 05/08/1993 Driver Age 53 Driving Experience 25 of Driver B1B of Contact No. (Mobile) 97488036 Contact No. (Dmce) 0 Contact No. (Home) 0 Driver B1B of S4 Address 2 MALAN TENAGA Address 3 ENGAPORE 410654 Address Type Singapore address Post Code 41 No. 09-74 Singapore Of Section B1B o	Name .	Unnamed Driver	Oriver Type	Universal Deliver		
Sector Date of Driver License D5/08/1993 Driver Age 53 Driving Experience 25 Driving Ex						V22000000
tact No. (Mobile) 97499036 Contact No. (Office) 0 Contact No. (Home) 0 Pess 1. BLK 654 Address 2 MLAN TENAGA Address 3 EN Pess 4 SINGAPORE 410654 Address Type Singapore address Post Code 41 No. 09-74 In the own 9 Singapore Stared Car? Yes ® No Driver Vehicle No. Driver Insurer Company Person No Driver Insurer Company Any Injury? ® Yes © No	ner Date of Driver License					05/01/1966
ress I. BLK 654 Address 2 MALAN TENAGA Address 3 EN SINGAPORE 410654 Address Type Singapore address Post Code 41 No. 09-74 s he own a Singapore of No. Univer Vehicle No. Driver Insurer Company anation thelyser or Nood Test 0 mg Any Injury?			Street Street Sections			25
rese 4 SINGAPORE 410654 Address Type Singapore address Post Code 41 No 09-74 She own a Singapore address Post Code 41 she own a Singapore address Post Driver Insurer Company Aration thetapare or Blood Test 0 mg Any Injury? ® Yes ○ No						0
s he own a Singapore of the own a Singapore o				JALAN TENAGA	Address 3	EUNOS DAMAI VILLE
Is the own a Singapore Sin			Address Type	Singapore address	Post Code	410654
Invert Vehicle No. Driver Insurer Company Identifier		09-74				
athatyser or Blood Test 0 mg Any Injury?	sered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
athatyser or Blood Test 0 mg Any Injury?						
ficebon History.	nelyser or Blood Test	0 ma	100000			
SEE N	107		was refresh.	® Yes C No		
laim 001 New	ation History					
	m 001 New					
Type • OD-MX Insured Name RELEASE RIDES PTE LTD Insured NRIC 20	Type •	OD-MX V	Insured Name	BELLEAU E DIDEC DEC LES	to come	F27 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
Tack to (Mobile)		la Court		The state of the s		201611527N
Contact No. (Office) (66				SI VIDIST		66351820
SCAST/SE TP Vehicle Number (SK		Phiase Select			TP Vehicle Number	SKL9879D
				Prease Select		
nam wane * ≥≥ Claimant WRIC *		22	Claimant NRIC *			
		EL MANAGER A CHANGE COMPANY COMPANY COMPANY				
Name of Preferred Workshop		********* / SKL9679D ON 19 Feb 2019			Name of Preferred Workshop	
insured Dabley + Not at Fault 🔍			Insured Liability *	Not at Fault		
		Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered 20x02x2019.13-36	egistered	20/02/2019 13:38	Claim Close Date		Date Received	20/02/2019 00:00
of Taken By Sacksoori	Taken By	Jackson			NO. WHENTE THEFT.	the second secon
Print AK letter	nt AK letter					
				WATER PARTIES		
Save Submit	chment			Save Submit		
Jent No. MT/10328db Claim No. 001		MT/1032886	Claim No.	001		
Doc. Received . ● Yes ○ No Upload Date 20/02/2019 13:40	nt No.	(Ver C) No.	Upload Date	20/02/2019 13:40		
AND		O TES CO NO				
Language Urgency • Longential Urgency •				Category &	Confidence	
			Browse	Category •	Confidential Urgeno	The state of the s
Browse Clair Please Select V No Normal N				Clear Please Select	Normal V Normal	
Browse Clear Please Select V No V Normal S			Browse	. Clear Please Select . Clear Please Select	Normal Normal	<u> </u>
Browse Clear Please Select V NO V Normal V			Browse	Clear Please Select Clear Please Select Clear Please Select	▼ № Normal ▼ № Normal ▼ № Normal	

