Date In: 10/3/19-19:57	Job descripti	ion	Date &Time C	ompleted	Do	ne by
Ref No: NA INCIGSONYST Fry	SAS e-filin	lg.				
Veh No: 0FF698710		hia Shrs, AIC 2hrs)	1		F	- 0.5
D.O.A: 1-1/14-08:20		laim Form		-		
		/O (Within: OD 2hr	M/1075676	100	12/3/19	17:07
OD : TP : Reporting Only	i-Photo Up		s, TP 4hrs)			F - 41 - 14
			-			
TP Insurer:		Survey Report				
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report	t by Fax / Hand t				
		200	Tel:		ıx:	
Owner / Driver: (	73913.	. INC(		( ).		
	min d. (		Tel:	7.	)	
Confirmed by : (	riod: (	)	Cover Type: (		)	
		Date:	Time		)	
	Note-Est. Status		)%; P: 21-79%	P: 80-10	0%]	
	Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,0	00()/\$2,00	0()				
General Remarks:	2. 4. 7. 500	(		45 A 72 3 3		
( ) Walk-In Custom as : Customede lefe	with alternative of the control of t	AND DESCRIPTION OF THE PROPERTY.	Charac & Service by Protection of	att of the said	2012 311	
( ) Walk-In Customer : Customer's infor	rmation strictly C	onfidential & Str	ctly NO refer of	repairer.		
( ) Total Loss Case : to e-mail Insure	r URGENTLY.					SON BANK
Drive-In ( )/ Towed-In ( ); Invoice	: YES ( ) /	NO( ); To	wing Co: (	c'	errom of the	)
Remarks:- 3 (INC bathres 6788 6616)	or the second section of		The second second	STATE OF THE PARTY	APPRENT	(V-)
	CO TOTAL COLOR COLOR PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF		Date&Time Co	iple od	Don	by
1) Apply for Transport Allowance ( )/C	CO TOTAL COLOR COLOR PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF	)	Date&Time Co	iple od	Don	by
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car (	)	Date&Time Co	aple od	Don	by
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car (	)	Date&Time Ço	npterad.	Don	by
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	Courtesy Car (	)	Date&Time Co	iple ad	Don	by
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car (	)	Date&Time Co	iple od	Don	bby
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)				bby
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)		iple ad		Sby
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)				bby
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)				bby
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)				s)by
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)				by
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	Courtesy Car (	)				)by
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car (	) ) ) linvoise Pressure				
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car (	7.00	tration Checkli			Amt
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car (	1) AR : Accident R	tration Checkli	54	Anit (S)	Amt
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Liminat's Particulars:	Courtesy Car (	1) AR : Accident R 2) DA : Damage As	ration Checkli eporting (530); sessment (5100);		Ant (S)	Amt
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Date/Time Actions  Liminate Particulars ::  Ver/Owner:	Courtesy Car (	1) AR : Accident R 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thro	ration Checkli eporting (530); sessment (5100); ough Survey	INC (\$80) \$40/\$4	Ant (S)	Amt
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  nimant's Particulars:	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre	pration Checkli eporting (\$30); sessment (\$100); ough Survey ough Survey (Resurve	INC (\$80) \$40/\$4 \$12 y) \$3	Ant (S) fat Bill	Amt(I
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury :  Date/Time Actions  Actions  Actions  Authority Particulars :-  iver/Owner:	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Fullow-Thre For claiming again	pration Checkli eporting (\$30); sessment (\$100); ough Survey ough Survey (Resurve inst INC Only (wef I	INC (\$80) \$40/\$4 \$12 y) \$3	Amit (S) Tak Bill  5 0	Amt(I
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming aga 6) TR: Re-inspectio 7) N1: Idao DA + S	pration Checkli eporting (\$30); sessment (\$100); ough Survey ough Survey (Resurve inst INC Only (wef I on MRT Survey	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005)	Amit (S)  fit Bill  5 0 0	Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  umant's Particulars: ver/Owner: naged Portion:	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additional	pration Checkli eporting (\$30); sessment (\$100); ough Survey ough Survey (Resurve inst INC Only (wef I on MRT Survey	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005)	Amit (S)  fit Bill  5 0 0	Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  umant's Particulars:  ver/Owner:  ntact No:  maged Portion:	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-juspectic 7) N1: Idao DA + S 8) NTUC Additional	ration Checkli eporting (\$30); sessment (\$100); ough Survey (Resurve instINC Only (wef) ough MRT Survey I Services:-	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005) \$7 \$16	Anit (S)  fat Bill  5 0 0	Amt(S
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  umant's Particulars:  ver/Owner:  ntact No:  maged Portion:	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OIL* *N5: Courtesy Ce	ration Checkli eporting (\$30); sessment (\$100); ough Survey (Resurve instINC Only (wef) out MRT Survey I Services:-	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005)	Ant (S)  131 Bill  35 00 0	Amt(S
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  umant's Particulars: ver/Owner: ntact No: maged Portion:  Checked by (Engr-In-Charge):	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OIL* *N5: Courtesy Ce *N6: Repair Co-ce *N6: Repair Co-ce *N7: Fost Repair	pration Checkli eporting (\$30); sessment (\$100); ough Survey (Resurve instINC Only (wef) ou MRT Survey I Services or / Tpt Allowance (dination Inspection	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005) \$7 \$16	Anit (S)  fat Bill  5 0 0 5 0	Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Date/Time Actions  umant's Particulars :- iver/Owner:  naged Portion:  Checked by (Engr-In-Charge):  ditors! Comments :-	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agas 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona QD: *N5: Courtesy Ce *N6: Repair Co-e *N7: Fost Repair *N8: DV / Collect	pration Checkli eporting (530); sessment (5100); ough Survey (Resurve pat INC Only (wef 1 on MRT Survey I Services: or / Tpt Allowance redination Inspection I Excess Coordination	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005) \$7 \$16	Ant (S)  Fat Bill  5 0 0 5 0 5 5 5 5 5	Amt(S
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Date/Time Actions  umant's Particulars :- iver/Owner:  naged Portion:  Checked by (Engr-In-Charge):  ditors! Comments :-	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agas 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additions OD!* *N5: Courtesy Ce *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N	pration Checkli eporting (\$30); sessment (\$100); ough Survey (Resurve inst INC Only (wef 1 on MRT Survey I Services: or / Tpt Allowance redination Inspection I Excess Coordination on INC) against INC	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005) \$7 \$16	Anit (\$).  Fat Bill  5 0 0 5 5 0 5 5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Amt (3
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Courtesy Car (	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agas 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona QD: *N5: Courtesy Ce *N6: Repair Co-e *N7: Fost Repair *N8: DV / Collect	pration Checkli eporting (\$30); sessment (\$100); ough Survey (Resurve inst INC Only (wef 1) on MRT Survey I Services: or / Tpt Allowance edination Inspection I Excess Coordination on INC) against INC	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005) \$7 \$16	Anit (S)  Fat Bill  5 00 0 5 5 00 5 5 00 5 5 00 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Amt(

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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
Date Of Report	12/03/2019 09:07
Date Of Accident	12/03/2019 08:20
Exact Location Of Accident	SIMS URBAN OASIS PICK-UP POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFF6987K
Insured/Policyholder	
Name Of Registered Owner	ZAINOL BIN LAZIM
NRIC No	S1469263J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91460407
Alternative Phone No	OFFICE-91460407
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5098249592
Cover Note Number	
Driver	
Name of Driver	ZAINOL BIN LAZIM
NRIC No	S1469263J
Date Of Birth	15/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1989
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE

(LOCAL) +65-91460407

OFFICE-91460407

NOEMAIL

Address BLK 116 BEDOK RESERVOIR ROAD

#05-108

Postcode 470116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

# General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING

Road Surface WET

# Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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 1

Number of Passengers (Including Driver)

#### **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, AS I WANTED TO MAKE A RIGHT TURN TWDS PICK UP POINT, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. AS I SAW VEHICLE B WAS PASSING THROUGH. I STOPPED MY VEHICLE IMMEDIATELY, HOWEVER MY VEHICLE SKIDDED DUE ROAD SURFACE WAS WET.AS A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR RIGHT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SLD2391U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number Si

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S8332337Z

### 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:

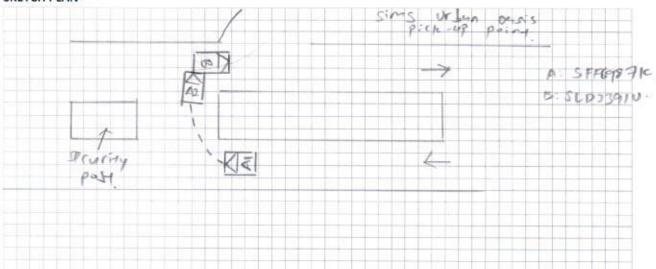
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

celer to sluteni	nt.			
	- /			
, , , , , , , , , , , , , , , , , , ,				
			8-4	
		1= <u></u>		

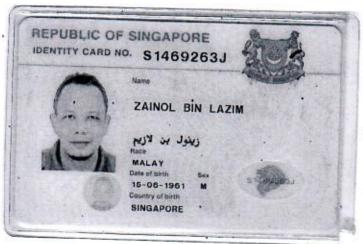
# DECLARATION

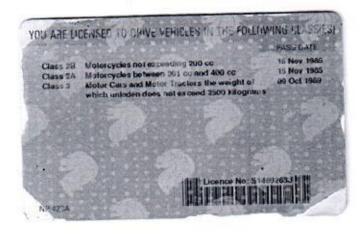
I/We declare the foregoing particulars are true in every respect.

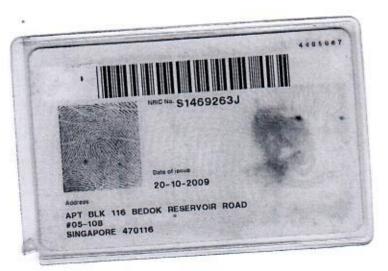
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80  My Desktop		cy Query				1	· Change L	anguage	• Chang	e Password	• Log Ou
Notice of Loss	Policy I	No. No.(For Motor)	SFF69t	37K	=	Certi	of Accident	[12	2/03/2019 0	8:40	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098249592		ZAINOL BIN LAZIM	\$14692633	GCV	Comprehensive	SFF6987K	SFF6987K	26/02/2018	12/03/2019
				(1 mounts (V		Continue	]		1279.00		

	5098249592	Policyholde Name	ZAINOL BI	IN LAZIM	Policyholder NRIC	S14692633	
Certificate No.					NRIC		
Address	BLK 116 #05-108 BEDOK RESER	VOIR ROAD	EUNOS VIST	A SINGAPORE 47011	6		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	19/02/2018	Effective Date	26/02/201	8 00:00	Expiry Date	12/03/2019	9 23:59
xcess Type		All Claims Excess					
hird arty xcess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925		GST Flag	Y	
o- nsurance lag pen olicy	No						
nfo							
nto Certificate nfo							
ertificate nfo	nolder Mailing Address						
ertificate nfo Policyh	nolder Mailing Address BLK 116 #05-108	Addr	ess 2	BEDOK RESERVOIR	ROAD	Address 3	EUNOS VISTA
ertificate nfo Policyh ddress 1	The state of the s		ess 2 ess Type	BEDOK RESERVOIR Singapore address		Address 3	EUNOS VISTA 470116
ertificate info Policyh ddress 1 ddress 4	BLK 116 #05-108	Addr Rela	ess Type ted Policy			ACOUNTY OF THE STATE OF THE STA	
ertificate info Policyh ddress 1 ddress 4 nit No.	BLK 116 #05-108 SINGAPORE 470116	Addr	ess Type ted Policy	Singapore address		ACOUNTY OF THE STATE OF THE STA	
ertificate info Policyh ddress 1 ddress 4 init No. Insured	BLK 116 #05-108 SINGAPORE 470116 05-108 d Object: SFF6987K	Addr Rela	ess Type ted Policy	Singapore address		ACOUNTY OF THE STATE OF THE STA	
ertificate info Policyh iddress 1 iddress 4 Init No.	BLK 116 #05-108 SINGAPORE 470116 05-108 d Object: SFF6987K ements	Addr Rela Num	ess Type ted Policy	Singapore address 5098249592		Post Code	

cident MT/1035636					
licy No.	5098249592	Vehicle No.	SFF6987K	GST Registration No.	
ertificate No.				Sale regulation flor	
Hcyholder Name	ZAINOL BIN LAZIM			Parket de charles au parket	0.1100202
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Policyholder NRIC	\$14692633
mract No.(Mobrie)	91460407	Contact No.(Office)		Loading	0
nail Address	31400407		0	Contact No.(Home)	0
K	8.00	Special Remark	0.0	eCode	N-V
	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
Di Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
port Date	12/03/2019 17:05	Accident Report Within 24 hrs	Yea	Acodent Type	Collision - Change / Cross lane
re of Accident	12/03/2019	Time of Accident Nhumm	08:20	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SIMS URBAN DASIS PICK-UP POINT				
Excess					
in damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
named Oriver Excess		Outside Singapore OD Excess			
ind Party Excess	2,000.00	Outside Singapore TP Excess			
Senefits					
GST Registered Inform	mation				
T Registered	No.		GST Registration Date		
T Registration No.	OCATA !		GST Status Ventied	No	
dification History			1 - 1 - 1 - 1	W.3	
Policyholder Mailing A	ddress				
idress 1	BLK 116 ≠05-108	Address 2	BEDOK RESERVOR ROAD	Address 3	EUNDS VISTA
Idress 4	SINGAPORE 470116	Address Type	Singapore address	Post Code	470116
NE No.	05-108	Related Policy Number	5098249592	- var code	4-0110
OI Driver Info	- C.	Control stand Mulliper	more (TERE)		
iver Name	Unnamed Driver	Date To a	10000004200		
named driver Name	ZAINOL BIN LAZIM	Driver Type Driver NRIC	Unnamed Driver 514692630	Palas Page	CHINA VINE C
				Driver DOB	15/06/1961
gister Date of Driver Licens		Driver Age	57	Driving Experience	29
ntact No.(Mobile)	91460407	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 116	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
dress 4	SINGAPORE 470116	Address Type	Singapore address	Post Code	470116
iff No.	05-108				
es ne own a Singapore igistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ESSESSESSES					
deration					
eathalyser or Blood Test	Omp	Any injury?	○ Yes ® No		
	Citig		55 75 0		
racing?	o mg				
reding?					
eding? dification History	ong				
Sfication History					
Stication History					
Sfication History					
Stication History Chaim 001 New	ор-мх 💌	Insured Name	ZAINOL BIN LAZIM	Insured NRSC	514692633
Shalm 001 New	y	Insured Name Contact No.(Home)	ZAINOL BIN LAZIM	Insured NREC Contact No.(Office)	
Stication History Chaim 001 New Int Type * Intot No.[Mobile]	ОО-МХ 💟		ZAINOL BIN LAZIM	Contact No. (Office)	+
in Type * Itad No.[Mobile]	GD-MX   V   91460497   hg_noi@yaheo.com.sg	Contact No.(Home)	SFF6967K		
in Type *  Into No. (Mobile)  all Address imant Type Claimant Type	91460407 hg_nol@yahoo.com.sg  Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *		Contact No. (Office)	+
in Type *  Into No.(Mobile)  all Address imant Type Claimant Type imant Name *	GD-MX   V   91460497   hg_noi@yaheo.com.sg	Contact No.(Home) Of Vehicle Number	SFF6967K	Contact No. (Office)	+
in Type * into No. (Mobile) all Address imant Type Claimant Type imant Name * imant Address	OD-MX 91460407 hjz_nol@yahoo.com.sg  Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	SFF6967K	Contact No. (Office) TP Vehicle Number	+
Claim 001 New  Inter Type *  Inter No.[Mobile]  Inter Type Claimant Type Imant Type (Imant Type Claimant Type Imant Address	91460407 hg_nol@yahoo.com.sg  Please Select	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NR3C *	SFF6967K Pinase Select	Contact No. (Office)	+
Claim 001 New  Claim 001 New  Int Type * Intact No. (Mobile) Intal Address Imant Type Claimant Type Imant Name * Imant Address Im Description Ferred Workshop Contact	OD-MX 91460407 hjz_nol@yahoo.com.sg  Please Select   EE  SFF6987K / SLD2391U ON 12 Mar 2019	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NR3C *	SFF6967K  Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	* SLD2391U
Chaim 001 New  Chaim 001 New  Int Type * Intact No. (Mobile) Intac	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   Please Select   V   E   E   E   E   E   E   E   E   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Usblity * Preference Repair Option	SFF6967K Pinase Select	Contact No. (Office) TP Vehicle Number	+
Stication History  Claim 001 New  Int Type * Intact No. (Mobile) I	OD-MX 91460407 hjz_nol@yahoo.com.sg  Please Select   EE  SFF6987K / SLD2391U ON 12 Mar 2019	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NR3C *	SFF6967K  Please Select  Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	* SLD2391U
in Type *  Into the Content of the C	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   Please Select   V   E   E   E   E   E   E   E   E   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Usblity * Preference Repair Option	SFF6967K  Please Select  Fully at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
in Type * intert No. [Mobile] all Address imant Type Claimant Type imant Address imant Address imant Address im Description ferred Workshop Contact iture Finalisation is Registered iont Taken By	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Usblity * Preference Repair Option	SFF6967K  Please Select  Fully at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
im Type * intot No.(Mobile) all Address imant Type Claimant Type imant Address imant Address imant Address im Description ferred Workshop Contact sure Finalisation is Registered sort Taken by	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRSC *  Insured Usblity * Preferend Repair Option Claim Clase Date	SFF6987K  Please Select  Fully at Fault  Freferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
int Type * Inter No. [Mobile] In	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRSC *  Insured Usblity * Preferend Repair Option Claim Clase Date	SFF6967K  Please Select  Fully at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
int Type * Inter No. [Mobile] In	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRSC *  Insured Usblity * Preferend Repair Option Claim Clase Date	SFF6987K  Please Select  Fully at Fault  Freferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
critication History  Claim 001 New  Inter Type * Inter No. (Mobile) In	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRSC *  Insured Usblity * Preferend Repair Option Claim Clase Date	SFF6987K  Please Select  Fully at Fault  Freferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
chication History  Claim 001 Nexe  Left Type * Intact No. (Mobile) Intal Address Intant Type Claimant Type Intant Name * Intant Address Intant	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRSC *  Insured Usblity * Preferend Repair Option Claim Clase Date	SFF6987K  Please Select  Fully at Fault  Freferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
Claim 001 New  Int Type * Intact No. (Modile) Intal Address Intant Type Claimant Type Intant Name * Intant Address Intant Inta	OD-MX   V   91460407   Pl2_noi@prahoo.com.sg   V   E	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRSC *  Insured Usblity * Preferend Repair Option Claim Clase Date	SFF6987K  Please Select  Fully at Fault  Freferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
Claim 001 New  Sint Type * Intact No. (Mobile) Intail Address Immant Type Claimant Type Immant Address Immant Imm	OD-MX   V   91460407   hpz_noi@yeahoo.com.sg   Please Select   V   E   E   E   E   E   E   E   E   E	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NR3C *  Insured Usbrity * Preferend Repair Option Claim Close Date	SFF6967K  Please Select  Fully at Fault  Preferred Workshop, Name unknown  V  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLD2391U
Claim 001 New  Claim 001 New  Int Type * Intact No. (Modile) Intal Address Imant Type Claimant Type Imant Name * Imant Address I	OD-MX   V   91460407   Pj2_noi@pyahoo.com.sg   Please Select   V   E   E   E   E   E   E   E   E   E	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *  Insured Usblitty * Preferend Repair Option Claim Close Date  Claim No.	SFF6967K  Please Select  Fully at Fault  Preferred Workshop, Name unknown  V  Save Submit  DOI  12/03/2019 17:09	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received	Received 12/03/2019 00:00
Claim 001 New  Claim 001 New  Int Type * Intact No. (Modile) Intal Address Imant Type Claimant Type Imant Name * Imant Address I	OD-MX	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	Fully at Fault  Freferred Workshop, Name unknown  Save Submit  DOI  12/03/2019 17:09  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen	Received
Claim 001 New  Sint Type * Intact No. (Mobile) Intail Address Immant Type Claimant Type Immant Address Immant Imm	OD-MX	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	Fully at Fault  Fully at Fault  Preferred Workshop, Name unknown  DOL 12/03/2019 17:09  Category *  Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen  V Normal	Received  12/03/2019 00 00  Description *
dification History	OD-MX	Contact No.(Home) OS Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	SPF6967K  Please Select  Fully at Fault  Preferred Workshop, Name unknown  DOL  12/03/2019 17:09  Category *  Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Confidential Urgen	Received

