	The state of the s			
Date In: 27 12 19:35	Jeb description	Date &Time Completed	Done	py.
Ref No: NA INC 1505314 W	SAS e-filing			
Veh No: SKHY81L	E-mail (within Shrs, AIC 2hrs)			in
D.O.A : 25/3/19 - 10150	i-Motor Claim Form	m-1 1037793 - 001	x13/19	9:25
OD : PP Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : REPORTING ONLY	i-Photo Uploaded			
TD !	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: 6	27017A. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$				
General Remarks -		Harriman Salah M	195 15.17	
() Walk-In Customer : Customers i	nformation strictly Confidential & S	trictly NO refer of renairer	2000 1 102 1 1 1	
() Total Loss Case : to e-mail Ins		*		
		Towing Co: (
23770 III (), 70 Wed-III (), III V	sice. TES()/ NO();	towing co. (,
Remarks:- (INC hotline: 6788 6616), receipt a selection of	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			77
2) QC Check / Post Repair Inspection	()			89AV - 993
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	 		A TOP
T. A. C.	The second secon			
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Injury:				
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Pate/Time Actions			Ant (S)	Am.
NA 1902207		paration Checklist	Ant (S)	
NA 1902207	1) AR : Acciden	t Reporting (\$30);	fá Bill	
NA 1902207	1) AR : Acciden 2) DA : Damage 3) TF : Towing I	t Reporting (\$30); Assessment (\$100); INC (\$8	75t Bill 0) V545	
NA 1902207 simant's Particulars :-	1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-I	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey	(16.Bill (0)	
NA 1902207 simant's Particulars :-	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005)	76 Bill 0) 7545 5120 530	
Actions NA 150207 alimant's Particulars: iver/Owner:	1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-I 5) FT: Follow-I For claiming 1 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005) ction	76 Bill 0) v\$45 \$120 \$30	
Actions NA 150207 alimant's Particulars: iver/Owner:	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005 ction + SMRT Survey	76 Bill 0) 7545 5120 530) 575	
NA 1502207 Actions WA 1502207 Almant's Particulars':- iver/Owner: ntact No: maged Portion;	1) AR : Acciden 2) DA : Damage 3) TF : Towing) 4) FT : Follow-I 5) FT : Follow-I For claiming : 6) TR : Re-inspe 7) N1 : Idae DA 3) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005 otion + SMRT Survey onal Services:-	76 Bill 00 v545 5120 530) 575 5160	
Actions NA 1502207 Almant's Particulars: iver/Owner: ntact No: maged Portion;	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: idae DA 3) NTUC Additi OD* *N5: Courtesy	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005 otton + SMRT Survey onal Services:-	76 Bill 0) 7545 5120 530) 575	
Actions NA 150207 almant's Particulars: iver/Owner: ntact No: maged Portion; Checked by (Engr-In-Charge);	1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-I 5) FT : Follow-I For claiming 5 6) TR : Re-inspe 7) N1 : Idae DA 3	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) spainst INC Only (wef 10 Jan 2005 otion + SMRT Survey onal Services:- Cer / Tpt Allowance co-ordination ser Inspection	76:Bill 00) v545 5120 \$30) \$75 \$160 \$55 \$510 \$525	
Actions NA 150207 Aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing) 4) FT : Follow-I 5) FT : Follow-I For claiming s 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Igainst INC Only (wef 10 Jan 2005 otion + SMRT Survey onal Services:- Cer / Tpt Allowance	76 Bill 00) v545 5120 530) 575 5160 55 510	
Date/Time Actions	1) AR : Acciden 2) DA : Damage 3) TF : Towing) 4) FT : Follow-I 5) FT : Follow-I For claiming s 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005 otion + SMRT Survey onal Services: Car / Tpt Allowance co-ordination tair Inspection flect Excess Coordination (N:in INC) against INC	76:Bill 00) v545 5120 530) 575 5160 55 510 525 53 520 30	Amt (

SINGAPORE ACCIDENT STATEMENT

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 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.

- 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	25/03/2019 17:35
Date Of Accident	25/03/2019 10:50
Exact Location Of Accident	STANLEY ST
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH485L
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	BMW
Model	5251 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5094576865-01
Cover Note Number	
Patrick Control of the Control of th	

Driver	
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Name of Driver SHARIN ARI BIN HANAFI
NRIC No S9106195C

Date Of Birth 18/02/1991
Occupation OUTDOOR
Date Of Driving Pass 04/11/2013

Driving Experience 5 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87492116

Fax Number

Contact Number OFFICE-87492116

EMail Address NOEMAIL

BLK 513D YISHUN STREET 51 Address

#08-331 764513

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

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

Details of Police Action

Was the accident reported to the police?

NO

1

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 NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GZ5017A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

HO THIAN FOOK Name of Driver S2602400E NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

SHARIN ARI BIN HANAFI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKH485L

YES

NO

SKETCH PLAN

MPORTANT NOTICE

- 1. 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 Avitorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrapresentation 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.
- 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)

Lunderstand, 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 ms, 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 patkages); and/or
 - (v) complying with applicable low in administering, processing, handling and/or dealing with my dains (collectively the "Purposes")
- (b) all insured(s) who have insured vehicle(s) involved in this occident 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 Singaporo, for one or more of the above Purposes.
- (6) my Personal information will also be exitected and used to compile claims history for the purpose of fraud detection, Investigation and management in present and all future dalms.
- (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.

Policyholda Fallynature Date & Times

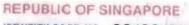
Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Parsy inel's Signature

Name: NRIC/FIN No.:

Date & Time:

NRIC/FIN No.:

Date of Accident	: 15/3/19 Accident Time: 1050 (24-HR-Format)
Accident Place	: Along STANLEY STREET
Vehicle Reg. No. (Car Plate No.)	: SKH 485L
Vehicle Make/Model	: BMW 5252
Insurance Company	Policy No. 504 576865-01
Owner or Company Name /IC No.	EAZY RENTALS PTE LTD
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: SHERIN ARI BIN HANAFL
DRIVER'S Date Of Birth	: 18/02/91 DRIVER'S License Pass Date 014/11/13
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: PCN -
DRIVER'S Address	: BIK 5130 YISHUN ST 51 # 08-33
DRIVER'S Contact No./ Alt No.	:1) 87492116 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: PLATINUM WEEKZ@ GMAIA. COM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver): 0\
Was there any video Captured by o Exact purpose for which vehicle w	ear camera: YES \
Other	Party Driver's Particular (if any)
Vehicle Reg. No: 67 5017A	Vehicle Reg. No:
Vehicle Make/Model: LPRPY	Vehicle Make\Model:
Name Driver: 40 7HIAN FE	Name Driver:
IC No. Driver: 52602400E	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



IDENTITY CARD NO. \$9106195C





Name

SHARIN ARI BIN HANAFI

ALAY

18-02-1991

SINGAPORE

891061650









Certificate of Insurance

SKH485L

: 05 Mar 2019

: 04 Mar 2020

Cover : drivo CLASSIC

: WBANU52090CZ88623

EAZY RENTALS PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) ACT (CHAPTER 190)
MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) BUILES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	CONTROL NOW A ROLES, 1960
MOTOR VEHICLES (THIRD DARRY BLANK)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094576865-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 or Hirer's business.

This Policy does not cover

EXCESS (SECTION 1)

- (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.

\$\$2,000

EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : 55100 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

HIRE PURCHASE COMPANY : N/A

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)

: N/A

Agency

: 5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue

NAMED DRIVER (2)

: 24 Sep 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech								(GeneralC	laim
Hello, NAC_PAYA_UBI_800601						· Change Lan	guage	· Change P	assword	Log Out
Poli	cy Query									,
Policy N	lo.				Date of	Accident	25/0	3/2019 10:5		
Vehicle	No.(For Motor)	SKH485	L		Certifica	ste Number				
				Se	earch					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
0	5094576865- 01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SKH485L	SKH485L	05/03/2019	
	Policy N Vehicle	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5094576865-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Solution Solution Significant Signifi	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name EAZY RENTALS PTE	Policy Query Policy No. SKH485L Vehicle No.(For Motor) SKH485L Select Policy No. Certificate Number Policyholder Name NRIC EAZY EAZY 01 RENTALS PTE 201723629E	Policy Query Policy No. Date of Certificate Vehicle No.(For Motor) SKH485L Certificate Select Policy No. Certificate Policyholder Policyholder NRIC Product Name NRIC EAZY EAZY RENTALS PTE 201723629E GFT	Policy Query Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Number Name NRIC South Cover Type EAZY D1 RENTALS PTE 201723629E GFT drivo CLASSIC	Policy Query Policy No. Date of Accident 25/0 Vehicle No.(For Motor) SkH485L Certificate Number Search Select Policy No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle No. EAZY O1 RENTALS PTE 201723629E GFT drivo CLASSIC SKH485L	Policy Query Policy No. Date of Accident 25/03/2019 10:56 Vehicle No.(For Motor) SKH485L Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object Part Policy No. Product Cover Type No. Object Part Policy No. Policy No. Object Part Policy No. Object Policy No. Product Cover Type No. Object Part Policy No. Part Policy No. Product Cover Type No. Object Part Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Select Policy No. Certificate Number Select Policy No. Certificate Number Name Name NRIC Froduct Cover Type Vehicle Insured Object Date EAZY RENTALS PTE 201723629E GFT drivo CLASSIC SKH485L SKH485L D5/03/2019

Policy No.	5094576865-01	Policyholder Name	EAZY REN	ITALS PTE LTD	Policyholder NRIC	201723629	
Certificate No.		03.000					
Address	10 BUROH STREET #02-20 W	EST CONNECT B	UILDING S	INGAPORE 627564			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Pate	24/09/2018	Effective Date			Expiry Date 25/09/2		23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess	0	OS Premium	6891.42				
Outside ingapore OD xcess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	1	GST Flag	Υ	
lag Open	No						
olicy nfo Certificate							
nfo							
ddress 1	nolder Mailing Address						
	10 BUROH STREET	Addre		#02-20 WEST CONN	ECT BUILDI	Address 3	SINGAPORE 627564
ddress 4 nit No.	14	Address Type Related Policy		licy		Post Code	627564
	175	Numb		5094576865-01			
- Herszon stere	d Object: SKH485L						
	ements						
Sequen	oce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	ment Status	Endorsement Content
		Basic Informati	tion		Endarrom	ont Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is payable under your policy Please income this payable under your policy Please
	26/09/2018 00:00	Basic Informat Endorsement	ion	000001286908786	Endorseme Effective	ent Take	opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is

Claim Handling The premium on this policy ha Accident HT/1037393	s not been collected.				·Ex
Policy No.	5094576865-01	Vehicle No.	SKH485L	GST Registration No.	
Certificate No.				ear regionation res.	
Policyholder Name	GAZY RENTALS PTE LTD			Policyholder NRIC	201723629E
Product Code	PLEET INSURANCE	Cover Type	Brive CLASSIC	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	0		0
Email Address		Special Remark		Contact No.(Home)	0
KULK	® No ○Yes	TCA	0.0	eCode	No. V
NCO Protection	No.		® No ○Yes	eCode Reason	
₩ Accident Details	no.	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	25/03/2019 19:23	Accident Report Within 24 h	rs Yes	Accident Type	Collipon - Major Minor Road
Date of Accident	25/03/2019	Time of Acordent Nicmm	10:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	Sugapore
Accident Location	STANLEY ST			1,150,000	
W Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Exces	2,000.00		100.00
Third Party Excess	1,500.00	Outside Singapore TP Excess	2000		
▽ Benefits		A DECEMBER OF STREET	4,355.00		
GST Registered Inform	eation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status vented	Yes	
Modification History			3000 10000	105	
▼ Policyholder Halling As	ldress				
Address 1	10 BURDH STREET	Address 2	#02-20 WEST CONNECT BUILD!	Address 3	SINGAPORE 627S64
Address 4		Address Type	Singapore address	Post Code	627564
Unit No.	14	Related Policy Number	5094576865-01		2,735707,
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHARIN ARI BIN HANAFI	Driver NRIC	99106195C	Driver DOB	18/02/1991
Register Date of Driver License	04/11/2013	Driver Age	28	Driving Experience	5
Contact No.(Mobile)	87492116	Contact No.(Office)	0	Contact No.(Home)	D
Address 1	BLK 513D	Address 2	YISHUN STREET 51	Address 3	SARACA BREEZE @ YISHUN
Address 4	SINGAPORE 764513	Address Type	Singapore address	Past Code	764513
Unit No.	08-331		ANALIS STORESTON	Tank Code	704013
Does he own a Singapore Registered car?	○ Yes ® No	Oriver Vehicle No.		Oriver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History Claim 601 New					
Claim Type •	OD-MK	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	201723629E
Contact No.(Mobile)	88694660	Contact No.(Home)		Contact No.(Office)	NIL.
Email Address	SHAWN.APEXAUTOMOTIVE@GM	OI Vehicle Number	SKH48SL	TP Vehicle Number	G25017A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC +			
Claimant Address					
Claim Description	SKH485L / GZ5017A ON 25 Mar 2019			Name of Preferred Workshop	C C
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		772
Require Finalisation	Yes 🔻	Preferend Repair Oution	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/03/2019 19:25	Claim Close Date		Date Received	25/03/2019 00:00
Report Taken By	Jackson			F-74 (100 (100 (100 (100 (100 (100 (100 (10	200020100000
al Print AK letter					
Attachment			Save Submit		
9		200			
Accident No.	MT/1037393	Claim No.	001		
ast Doc, Received	● Yes ○ No	Upload Date	25/03/2019 19:26		
	Path •		Category •	Confidential Urgens	y * Description *
		Browse	e Char Please Select	NO V Normal	Ø
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