For claiming against INC Only (wef 10 Jan 2005)     1aged Portion:   6) TR: Re-inspection   575     7) N1: Idae DA + SMRT Survey   5160     8) NTUC Additional Services:-     QD*	NATIONAL Assessment Ce		051 MILA 119045354	
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Cover / Driver: (   Tel:   )   Period: (   Tel:   )   Cover Type: (   )   Confirmed by: (   Date:   Time:   )     Confirmed by: (   Date:   Time:   )		The second secon	10/ 1/11	Fax:
Policy No. (		- 15 NG 153 PM		-
Confirmed by :	Policy No: (	Period: (		)
Insured/Driver Liability				)
Year of Registration: (				)
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer. ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Semarks:- (INC hottine: 6788 6616) 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  are/Time   Actions    Actions   JAR: Accident Reporting (\$100); INC (\$30)   2) DA: Damage Assistance (\$100); INC (\$30)   3) TF: Tewing Fee				100%]
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Potal Loss Case : to e-mail Insurer URGENTLY.	Y ark-in Customer's in	nformation strictly Confidential	& Strictly NO refer of repairer.	
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S) NTUC Additional Services:-   OD:*   *N5: Courtesy Car / Tpt Allowance   \$5	reged Fordon:			
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*N7: Post Repair Inspection   \$25     *N8: DV / Collect Excess Coordination   \$5				The second second second
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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 archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	03/04/2019 15:26
Date Of Accident	01/04/2019 02:00
Exact Location Of Accident	JALAN LINGKARAN DALAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB696H
Insured/Policyholder	
Name Of Registered Owner	MILLENNIA PTE LTD
Co Reg No	201610085Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5105719814
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD MUMIN BIN RAHMAN
NRIC No	Т0022229Н
Date Of Birth	30/06/2000
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97227074
Fax Number	
Contact Number	OFFICE-97227074
	Company of the Compan

NOEMAIL

Address

BLK 360 YUNG AN ROAD

#02-95

Postcode

610360 ny NO

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

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)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190402/7017.

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

FBN9135M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

SKJ9009J

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 MUHAMMAD MUMIN BIN RAHMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBB696H

Were seat belts worn?

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 .:

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Refer to police re	port.			
DECLARATION				
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ECLARATION We declared the sing partic	ulars are true in every	respect.		7

(If driver is not the policyholder)

Date & Time:

GIARMC SketchPlanForm, V3

Date & Time:

Ž.

Name:

NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wliful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.

  The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	01/04/2019	(DD/MM/YY)
Time of accident	2:00 am	(HH:MM)
Exact location of accident	Along Jalan Lingkaran Dalam	

TO THE CHARLES ON THE PARTY.	DETAILS OF VEHICLE
Vehicle registration number	FBB 696H
Vehicle make and model	
Type of vehicle	Saloon  MPV CRV Van  Lorry Bus Motorcycle Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only  Reporting only

<b>经产品的</b>	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

1		INSURED / POLICY HOLDER	CHAPTER TO	To Property
ľ	Name	Millennia Pte Ltd	Male 🗆	Female 🗆
1	NRIC / Fin / Passport number	ع 10085 2		
1	Contact			
7	Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Muhammad Mumin Bin Rahman Male Female
NRIC / Fin / Passport number	T 0022234 H
Contact	9772 7074
Address	Apt Bik 360 Yung An Road #0>-95 S(610360)
Email address	A STATE OF THE STA
Date of birth	30/06/2000
Occupation	Indoor D Outdoor D
Driving date pass	16/02/2019

G	ENERAL IN	FORMATION OF	THE ACCIDENT	<b>计算是是对数据</b>	
as driver an employee of	Yes 🗆	Nor	1 P. C.	liar.	
e insured's company?	If no, rela		river and insured:	171(4)	
ccident captured by camera?	Yes 🗆	No.B			
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Was anybody injured?	Yes	No			
Was other vehicle damaged?	Yes	140 0	Accessed the second		
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Police station name	Traffic	Polrce			H
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Police Station Of Origin:

Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190402/7017

## REPORT OF A TRAFFIC ACCIDENT

19 18:23	nade:	Vide Report No.:	Station Diary No.:
nt's Partic	ulars	SEAST COMPANY OF THE SAME	
		Address: APT BLK 360 YUNG AN RO	AD #02-95 SINGAPORE 610360
/ ID No.: D / T00222:	29H	Contact No.: Home/Office:	Mobile: 97227074
	EN	Email: miminhuston123@gmail.com	1
Age: 18	Date of Birth: 30/06/2000	Type of Informant: Rider	
		Language: English	Institution / School Name:
ion:		Driving Licence Information: Class: 2B	Date of Expiry:
֡	nt's Partice Informant: MAD MUM ID No.: D / T002222 ity: ORE CITIZ	nt's Particulars Informant: MAD MUMIN BIN RAHMAN ID No.: ID / T0022229H ity: ORE CITIZEN  Age: 18 Date of Birth: 30/06/2000	nt's Particulars  Informant: MAD MUMIN BIN RAHMAN  / ID No.: D / T0022229H  ity: ORE CITIZEN  Age: 18 Date of Birth: 18 Date of Birth: 18 Driving Licence Information: Driving Licence Information:

General Infor	mation of the Acci	dent		A STATE OF THE PARTY OF THE PAR
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/04/2019 02:0	Type of Location: Straight Road
Location: Jalan Lingkar	an Dalam			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

The second second second	ehicle Involve	4	BOOK DESTRUCTE		ACCORD TO THE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN9135M	Motorcycle					0
SKJ9009J	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190402/7017

## CONTINUATION OF REPORT

Name	MUHAMMAD MUM	IN BIN RA	ID No.		T0022229H	
Related Vehicle	FBN9135M (Motorc	cycle)	Contact No.		97227074	
Hospital/Clinic	NIL		Class Drivin Licend Expin	g	Class: 2B Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	03	Degree		Slight	

## Brief Details.

On 1st april 2019, around 2AM. I was travelling back to Singapore on my motorcycle (FBB696H. While i was travelling, a motorcycle (FBN9135M) was travelling very fast and did not see that i was infront of him and collided onto me. The impact was so big that i caused me to thrust forward and collided onto a car (SKJ9009J). After the accident, i body felt very unwell therefore, i went to the clinic at 525 Ang Mo Kio avenue 10 to check on my body. The doctor then gave me a 3 days Medical certificate to rest at home.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190402/7017

## CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2019 18:23
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:







Licence No:T0022229H

NP 428A





## **Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISK ROAD TRANSPORT ACT, 1987 (MALA)		ON, NOLES, 1900
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MOTOR VEHICLES (THIRD PARTY RISK Certificate Number : 5105719814	(S) RULES, 1959 (MAL	
	\$15787412\$1515415	Cover : Third Party
Index mark and Registration Num     Chassis Number	iber of Vehicle	: FBB696H
Chassis Number  2. Name of Policyholder		: ME11CK014C2019951
Effective Date of Insurance		: MILLENNIA PTE. LTD.
Expiry Date of Insurance		: 14 Dec 2018
5. Persons or Classes of Persons ent	island so data as	: 13 Dec 2019
(a) The Policyholder.	itied to drive#	
	ing on the Policyhold	er's order or with his/her permission.
		cordance with the licensing or other laws or regulations to drive
the Motor Vehicle or has bee	n so permitted and is	anot disqualified by order of a Court of Law or by reason of any
enactment or regulation in th	nat behalf from drivin	g the Motor Vehicle.
6. Limitations as to Use#		
(a) Use for social domestic and p	leasure 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 spec	ed-testing.
(b) Use for the carriage of goods	(other than samples)	In connection with any trade or business.
(c) Use for any purpose in conne	ction with the Motor	Trade.
# Limitations rendered inopera (Chapter 189) and Section 95 headings.	tive by Section 8 of th of the Road Transpo	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings.	of the Road Transpo	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings. EXCESS (SECTION 1)	of the Road Transpo	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	: N/A : S\$1,500	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings. EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE	: N/A : S\$1,500 : N/A	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings.  EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1)	: N/A : S\$1,500 : N/A : N/A	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings.  EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2)	: N/A : S\$1,500 : N/A : N/A : N/A	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	: N/A : S\$1,500	ne Motor Vehicle (Third Party Risks and Compensation) Act rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings.  EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED	: N/A : S\$1,500 : N/A : N/A : N/A : N/A : N/A : N/A	rt Act, 1987 (Malaysia), are not to be included under these
(Chapter 189) and Section 95 headings.  EXCESS (SECTION 1) EXCESS (SECTION 2) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED	: N/A : S\$1,500 : N/A : N/A : N/A : N/A : N/A : N/A	rt Act, 1987 (Malaysia), are not to be included under these
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My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	io.			- 4	Date of A	Accident	01/0	4/2019 02:0	0 🛅	
	Vehicle	No.(For Mator)	FBB696H	1		Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105719814		MILLENNIA PTE, LTD.	201610085Z	GFT	Third Party	FB8696H	FBB696H	14/12/2018	
					Cor	ntinue					

Policy No.	5105719814	Policyholder Name	MILLEN	NIA PTE. LTD.	Policyholder NRIC	201610085	z
Certificate No.							
ddress	7 SOON LEE STREET #04-33 I	SPACE SINGAPO	ORE 6276	08			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	21/11/2018	Effective Date	21/11/2	018 00:00	Expiry Date	20/11/2019	23:59
xcess ype		All Claims					
hird		Excess					
arty xcess	1500	damage Excess	0		Windscreen Excess		
dditional xcess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LT	C Agent Tel.	6803875	1	GST Flag	Y	
Co- nsurance	No					100	
Flag Open Policy Info Certificate Info							
	holder Mailing Address						
ddress 1	7 SOON LEE STREET	Addre	ss 2	#04-33 ISPACE		Address 3	SINGAPORE 627608
ddress 4		Address Type		e Singapore address	9	Post Code	627608
Init No.	01-04	Relate Numb	d Policy er	5105719814			3530/4575
D Insure	d Object: FBB696H						
□ Endors	ements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorsen	nent Status	Endorsement Content 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
	26/11/2018 00:00	Basic Informat	ion	000001286950495	Endorseme	nt Take	GST) 1. FBB4248S 26-11-2018 \$580.44 In view of this amendmen an additional premium of \$580.44 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you
	26/11/2018 00:00		ion	000001286950495	Endorseme Effective	nt Take	\$580.44 In view of this amendmen an additional premium of \$580.44 (inclusive of GST) is payable under your policy, Please ignore this

6 1 M 2003 C PO C C C C C C C C C C C C C C C C C	Claim Handling					
MALINIAN PET LES.  MALINIAN PET	ccident MT/1038668					
Mail	olicy No.	5105719814	Vehicle No.	FRR696H	GST Registration No.	
Mode   Mart	ortificate No.					
Content be   Con	licyholder Name	MILLENNIA PTE. LTD.			Policyholder NRIC	201610085Z
March 2016/2016   Service	oduct Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
Second Promote   Seco	ntact No.(Mobile)	0				
Section   Total	nail Address					
Companies   Comp		@ Ma C Year		0.0		14.0
Marchanista					eCode Reason	
Control   Collection   Collec		No	NCD Entitlement(%)	0	Private Hire	No
Marriage						
Marie   Mari	ort Date	03/04/2019 15:43	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
March   Mar	e of Accident	01/04/2019	Time of Accident hh:mm	02:00	Country of Accident	Singapore
Marie   Mari	orting Centre		Orange Force		ICM No.	
Report	ident Location	JALAN LINGKARAN DALAM				
Marie   Mari						
Marie   Mar	damage Excess	0.00	Additional Forest			
		0.50			Windscreen Excess	
Part						
## Part		1,500.00	Outside Singapore TP Excess			
Magement No.	Benefits					
Add   1909   1909   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1919   1944   49   1949	GST Registered Informa	ation				
### PROCESSION STATES   1904-0019   1914-4-06 System coangest Gall States where mon to the Vestiman   1914-1-1914		Pio		GST Registration Date		
### 1					Yes	
Marie   Pacce   Pac	Iffication History	03/04/2019 15:44:46 593	em changed GST Status Verified fro	m No to Yes		
Marie   Pacce   Pac						
Address Type	Policyholder Hailing Ad	Mress				
Address Type	ress 1	7 SOON LEE STREET	Address 2	#04-33 ISPACE	Address 3	SINGAPORE 627608
No.	tress 4		Address Type	Singapore address	Post Code	627608
### PARP	t No.	01-04		THE CONTRACTOR	The state of the s	467949
Driver Date   Driver Name	Of Driver Info		The second secon	2700000000		
Series   Control   Contr	er Name	Unnamed Driver	Debute Tune	Unnamed Police		
Driver Age   160/27019   160					12000000	1720 328 38 50 500
Section   Mark   Single-one					Driver DGB	30/06/2000
Address 7   1,000   Address 7   1,000   Andress 3   SingAprice educes   1,000   Address 7   SingAprice educes   1,000   Add			Driver Age	18	Driving Experience	0
Address Type Singapore address Past Code 610360  No. 02-95  Insured Report Past Report Past Report R		97227074	Contact No.(Office)	0	Contact No. (Home)	0
Single of the control of the contro	ress 1	BLK 360	Address 2	YUNG AN ROAD	Address 3	53NGAPORE 610360
No.	iress 4		Address Type	Singapore address	Post Code	610360
Stration   Driver Insurer Company	t No.	02-95				
tarrition  antistyser or Bood Test  antistyser	es he own a Singapore	O x == (0.81)	Water Control of the		72	
Any injury?	gatered car?	0 100 0 00	priver versice No.		Driver Insurer Company	
Any injury?  Any i	Saration					
And MILLERNIA PTE, ITD.  Insured ARISC  Condact No. (Home)  OU which Name  MILLERNIA PTE, ITD.  Insured ARISC  Condact No. (Home)  Condact No. (Home)  OU which Name  The Brown Type  Please Select  Insured ARISC  Condact No. (Home)  The Vehicle Number  The Vehicle Number  Thing 15th  The Vehicle Number  The Vehicl		Mark	20300-21	200720		
Mew ODS Mew OD	iding?	0 mg	Any injury?	® Yes ◯ No		
In Type * OG-MK Y Insured Name MILLENNIA PTE, TTD. Insured NRIC 2016100852  That Ros (Motolin) NISL Contact No. (Home) Contact No. (Home) Contact No. (Home) Teach No. (Home) Te						
Am Type * DOT-MX	dification History					
Amilyspe *   COC-MX   Jinsured Name   MILLENNIA PTE, TO.   Insured NBIC   2018;100852   Insured No. (Mobbie)   NIS.   Correct No. (Home)   Correct No. (Home)   Correct No. (Office)   Element Type   Peace Select   Vision No.   Type of Benefit   Peace Select   Vision No.   Name of Preferred Workshop   Insured Address   Peace Select   Vision No.   Name of Preferred Workshop   Insured Name	S.H. b.					
Address   NIL   Contact No. (Home)   Contact No. (Home)   Contact No. (Office)      Ad Address   OI Vehicle Number   PE0606H   TP Vehicle Number   TRN9135M    The Commant Type *   Flease Select   V   Type of Benefit *   Rease Select   V    Immark Name *   ≥≥ Claimant NRIC *    Immark Name *   ≥≥ Claimant NRIC *    Immark Name of Preferred workshop    Immark Name of Preferred Repair Open    Immark Name of Preferred Repair	Italm 001 New					
teart No. (Mobile) NIS. Contact No. (Home) NIS. Contact No. (Home) NIS. Contact No. (Home) NIS. Contact No. (Office) NIS.						
test No. (Mobile) NIL Contact No. (Home) NI Address OI Vehicle Number FBB596H TP Vehicle Number FBN9135M TP Vehicle Number FBN91	m Type *	DD-MX	Name and Marco	MILL PRODUCE DESCRIPTION	0.0000000000000000000000000000000000000	(SI)
All Address  Mark Type Claimant Type * Mease Select:				PRILITERIA P.E. LTD.		
mant Type Claimant Type * Please Select		1700			Contact No.(Office)	•
mant Name *    ≥≥   Claimant NRIC *					TP Vehicle Number	FBN9135M
mane Address  In Description  FibB696H / FBN9135M DN 1 Apr 2019  Insured LiabSity * Not at Fault  Insured UsbSty * Not at Fa		Please Select	Type of Benefit *	Please Select		
Bascington   FBB696H / FBN9135M ON 1 Apr 2019	mant Name *	22	Claimant NRIC +			
Insured Lability * Not at Fault   Insured Lability * Not at Fault   Preferend Repair Option Preferred Workshop, Name unknown   Gla report Received   G3/04/2019 15:45   Claim Close Date   Claim Close Date	mant Address			The second second		
Insured Workshop Contact  Insured Liability * Not at Fault  Ures V Preference Repair Option Preference Workshop, Name unknown V GIA report  Received 03/04/2019 15:45  Claim Close Date  Claim Close Date  Save Submit  Stackment  Serk No. MT/1038658  Claim No: 001  Doc. Received 03/04/2019 15:52  Path * Category * Confidential Urgency * Description * Prescription * P	m Description	FBB696H / FBN9135M ON 1 Apr 2019			Name of Preferred Workshop	
Preference Repair Option Preference Workshop, Name unknown V GIA report Received V Date Receiv	erred Workshop Contact		Insured Liability *	Not at Exist		
E Registered D3/04/2019 15:45 Claim Close Date Date Date Received D3/04/2019 00:00   Print Ak letter  Save Subma  Stackment  Serk No. MT/1038668 Claim No: 001 Doc. Received © Yes No Upload Date 03/04/2019 15:52  Path * Category * Confidential Urgency * Description * D	uire Finalisation	Ives IVI			l en	
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Print AK letter  Save Submit  Stachment  Serk No. MT/1038668 Claim No. 001  Doc. Received • Yes No Upload Date 03/04/2019 15:52  Path * Category * Confidential Urgency * Description *  Browse Claim Please Select V No V Normal V		All and the second seco	Claim Close Date		Date Received	03/04/2019 00:00
Save   Submit   Save		Jackson				
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