NATIONAL Assessment Cer	ntre Services	wet 1 Jamos MN	A119068947		-3-2-2
Date In: notin- in: 16	Jeb description		Date & Time Completed	Doi	ne by
Ref No: MAJULIGOS 93774	SAS e-filing			!	
Veh No: PUSTS ID	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 25/19-17:30	i-Motor Clai		m1 1046777-201	12/2/10	22174
	i-Motor W/O	(Within: OD 2hrs,	The second secon	- WINN	11.14
OD TE Reporting Only	i-Photo Uplo		1		
TP Insurer:	Assessment/Su	rvey Report			WS
11 11131101	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	
TP Particulars: Veh No:	רענג ד	, INC()/Non-INC()		3 m = 22
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	VO): N: 0-209	%; P: 21-79%. F: 30	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks;				1754 - 17. Th	
() Walk-In Customer: Customer's in	nformation strictly Con	fidential & Stric	tly NO refer of renairer	Space Str.	
() Total Loss Case : to e-mail Ins	urer URGENTLY		nij (10 Isla) di Tepsilei		
n	pice: YES () / N	0/ \.Te	wing Co: (
		0(),10	wing co. (,
Remarks:- (INC horline: 6788 6616	STATE STORE AND ADDRESS OF STATE STATE OF STATE		Date&Time Completed	Don	e by
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
Upload Resurvey Photo [Repair Cost >	\$3000] ()	1			
Injury:					100000
Date/Time Actions	7 W 77 X O C C C C C C C C C C C C C C C C C C				V-1
Date/Time Actions	Compression was a subject of	Explaining P	THE PERSON NAMED OF THE PERSON	PRESENTATION OF THE PROPERTY O	
					1000000000
	-1				
•				-	
Margozgavi		Invoice Prepa	ration Checklist	Ant (\$)	Amt (\$)
aimant's Particulars :-		1) AR : Accident Re		fit Bill	Add Bill
		2) DA : Damage Asi	sessment (\$100); INC (\$		
iver/Owner:		B) TF : Towing Fee FT : Follow-Thro		\$120	
ntact No:) FT : Follow-Thro	ugh Survey (Resurvey)	\$30	
maged Portion:		For claiming again i) TR : Re-inspection	ast INC Only (wef 10 Jan 200	\$75	
maged Fortion.) N1 : Idac DA + S	MRT Survey	\$160	
Ch I II G		OD*	Services:-	-	
Checked by (Engr-In-Charge):	3	*NS: Courtesy Co	/Tpt Allowanne	\$5	
VASSARIKARIA BADI ADMINISTRATION AND AND AND AND AND AND AND AND AND AN		*N6: Repair Co-o	dination	510	
ditors! Comments :-		*N7: Post Repair I *N8: DV / Collect	Excess Coordination	\$25 \$3	
1:		TP (N11) : TP (N-	n INC) against INC	\$20	
2/2		5 5 Ta 9			
2/3;) N12: Idno Mobile avoice dated	Fee Charged	30	建筑

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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	27/05/2019 19:18
Date Of Accident	25/05/2019 17:30
Exact Location Of Accident	27 JALAN DATOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC5251D
Insured/Policyholder	
Name Of Registered Owner	DE STALLION EXPRESS PTE LTD
Co Reg No	201401672M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6957J14B 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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5086934924-02
Cover Note Number	
Driver	
Name of Driver	VERIAYA S/O P VELLASAMY
NRIC No.	\$73304307

 NRIC No
 \$7330430Z

 Date Of Birth
 03/09/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 01/10/2010

Driving Experience 8 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96623244

Fax Number

Contact Number OFFICE-96623244

EMail Address NOEMAIL

BLK 429A YISHUN AVENUE 11 Address

#11-334

Postcode 761429

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

2

2

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

YES

NO

Vehicle Registration Number SJT5334T

Vehicle Make/Model/Colour

TOYOTA WISH

DETAILS OF OTHER VEHICLE PROPERTY 1

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

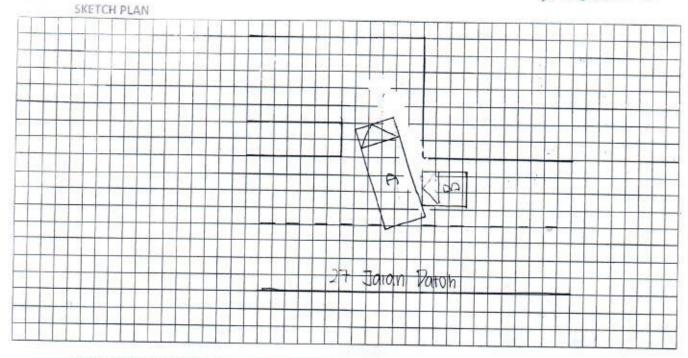
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

DE STALLION EXPRESS PTE LTD
291 Serangoon Road #01-01
Serangoon Building
Singapore 218107
Tel: +65 6341 5857

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was on the right lane of 27 Jalan Datoh and was making a right turn into the small road of 27 Jalan Datoh to pick up the passengers. While I made sure the left lane was clear, I made a slight left turn before turning right into the small road. While I was slowly making the turn for around 10 seconds as my vehicle is very long, I felt a impact on the rear portion of my vehicle when my vehicle is already into the small road. When I got down of my vehicle, I realized vehicle B have collided onto the rear right portion of my vehicle.	
While I made sure the left lane was clear, I made a slight left turn before turning right into the small road. While I was slowly making the turn for around 10 seconds as my vehicle is very long, I felt a impact on the rear portion of my vehicle when my vehicle is already into the small road. When I got down of my vehicle. I realize the	

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

291 Serangoon Road #01-01 Serangoon Building Singapore 218107 Tel: +65 6341 5857

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature

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 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.
 Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS			
Date of accident	25 May 2019	(DD/MM/YY)	
Time of accident	5:30PM	(HH:MM)	
Exact location of accident	27 Jalan Daton		

party and the second second	D	ETAILS OF	VEHICLE		The state of the s
Vehicle registration number	PC52510)			
Vehicle make and model					
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗷		Van □ le □ (Others:
Vehicle category	Private 🗆	Comm	ercial 🗷 Mo	otorcycle t	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part cl	No 🗷	if no, please s Reporting on		

	INSURANCE IN	FORMATION	W. A. L. Hard
Insurance company	NTUC		
Policy number	5086934924-02		
Type of policy	Comprehensive	Third party fire & theft	TP only

Policy of the same of the same	INSURED / POLICY HOLDER	To the second second	TO STATE OF
Name	DE Stallion Express Pte Ltd	Male 🗆	Female 🗆
NRIC / Fin / Passport number	MANAGE PARTIES OF THE		
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO	D.O.B)	1
Name	Yeriaya S/O P Yellasamu	Male 🗆	Female 🗆
NRIC / Fin / Passport number	\$73304302		
Contact	96623244		
Address	BIK 429A YISHUN AVU 11 #11-334 S(761429)		
Email address	to the second se		
Date of birth	03 Supt 1073		
Occupation	Indoor Ø Outdoor 🗆		
Driving date pass	15 Jan 2013		

tida .	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes of No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry ✓ Wet □
No of passenger	2 (Inclusive of drive
	PASSENGER 1
Name	Veriaga 3/0 villagamy
Gender	Male Z Female
	PASSENGER 2
Name	Kumay
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male D Female D
10 (declaration 1997)	
	PASSENGER 4
Name	TASSENGENT
Gender	Male Female
	PASSENGER 5
Name	T ASSERTED TO
Gender	Male D Female D
	The same same same same same same same sam
Service and the service and th	PASSENGER 6
Name	PASSENGENO
Gender	Male D Female D
dender	Wale D Felliale D
	OTHER INFORMATION
Was anybody injured?	Yes . No Z
Was other vehicle damaged?	Yes No D
was other venicle damaged:	163Z NO L
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes Now If yes, please state which police station.
Police station name	if yes, please state which police station.
. once station name	
	MIZNECC 1
Name	WITNESS 1
Name	
	AUTHOR O
Name	WITNESS 2

	THIRD DARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLE 1 SJHG334T
Vehicle make model	
Name	Toyota Wish
V. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The second second second	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTITUELS
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
V-L1 L - L	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
新发展的图像企业中产品的	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact /	
The state of the s	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
SIMPLE AND ADDRESS OF THE PARTY	THIRD DARTY VEHICLE 7
Vohislo vogistration	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	\
NRIC / Fin / Passport number	
Contact	Y

En la company of the	19 May 12 may	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
AND RESTRICTION OF THE PARTY.		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?		
MARKET STATE OF THE STATE OF TH		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆 📗
Was injured conveyed to	Yes 🗆	No 🗆 📗
hospital by ambulance?		X
STERESTAND BY CLERK		INJURED PERSON 4
Name		
Injuries sustained	1	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No Ø
Was injured conveyed to	Yes 🗆	Ng a
hospital by ambulance?	1	
	_	
		INJURED PERSON 5
Name	/	
Injuries sustained	-	
Which vehicle person in? Were seat belts worn?	- V/	No
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	Yes □	No 🗆
nospital by ambulancer	/	
		TANLINED DEDCON CONTRACTOR OF THE PARTY OF T
Name		INJURED PERSON 6
Name /		
	-	
Injuries sustained		
Which vehicle person in?	Vec	
Which vehicle person in? Were seat belts worm?	Yes 🗆	No o
Which vehicle person in?	Yes 🗆 Yes 🗅	No 🗆

REPUBLIC OF SINGAPORE



VERIAYA S/O F VELLASAMY

INDIAN OFFICE DATE 03-09-1975 IS County or Date BINGAPORE

REPUBLIC OF SINGAPORE

UNIO MACH S 7 3 3 0 4 3 0 Z

VERLAYA SIO P VELLASALIY

6m 0as: 03 Sep 1973 total Date: 13 Aug 2007

PROPERTY OF THE PROPERTY OF TH

97330430Z

Date of 19994 16-12-2003

APT BLK 429A YISHUN AVENUE 11 #11-334 WINGAPORE 761429

NRIC No: \$73304307 Date: 24/02/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE POLLOWING CLASSIES

Class 3 Motor care =< 3000 kg with =< 7 guarangers, exclusive of a defror; and motor incomply of defa =< 2000 kg

PAGS DATE D Aug 3847

Class 4 Heavy motor care and many reactors > 1500 tag

Class 5 Motor vehicles > 1251 tag and obstructed to carry may har

17 Jan 2010 25 Jan 2013

S7330430Z

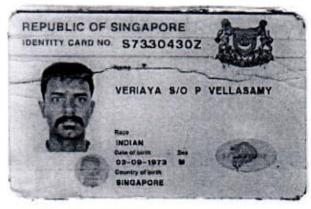
8/150.9000177152

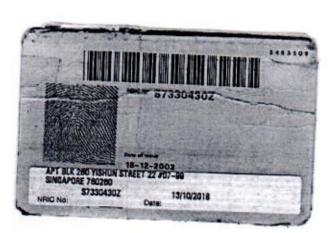
NP #23A

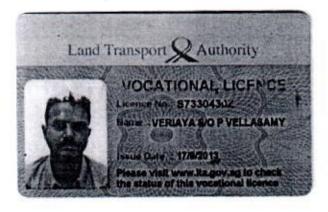
LOS 036 No: \$7330430Z

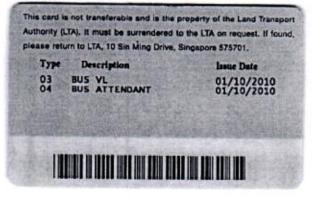








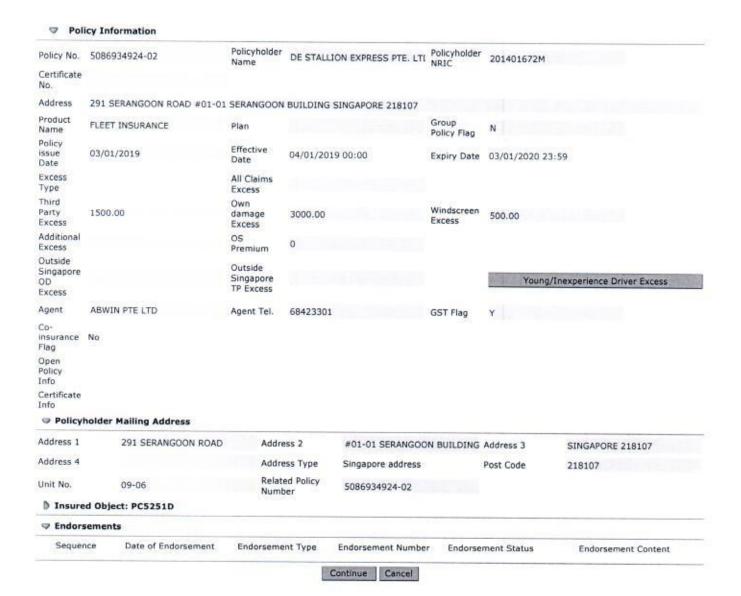






	Certifica	te o	f Insurance
MOTOR VEHICLES (THIRD PA ROAD TRANSPORT ACT, 198		ON) RI	JLES, 1960
	ARTY RISKS) RULES, 1959 (MAI	ATSIA	
Certificate Number : 5086	TOTAL TOTAL TOTAL SERVICE CONTRACTOR		Cover : Comprehensive
The state of the s	ation Number of Vehicle		PC5251D
Chassis Number		- 8	LL3BFCDH7GA011843
Name of Policyholder	50.64		DE STALLION EXPRESS PTE. LTD.
 Effective Date of Insura 			04 Jan 2019
4. Expiry Date of Insurance	5//		: 03 Jan 2020
	ersons entitled to drive*		
(a) The Policyholder.	uba is deixina on the Delicubal	Idaria .	and a country block as a secondaria
			order or with his/her permission. lance with the licensing or other laws or regulations to drive
the Motor Vehicle		ls not	disqualified by order of a Court of Law or by reason of any
6. Limitations as to Use*		100	
	e of passengers in connection	with t	he Policyholder's business.
(b) Limited to carry 44			Chief Court Court (Chief Chief
This Policy does not cover	55 0 3 3 3 4 5 5 5 5 5 5		
(a) Use for racing, pag	e-making, reliability trial or sp	eed-te	esting.
(b) Use whilst drawing vehicle.	g a trailer except the towing (C	Other t	han for reward) of any one disabled mechanically propelled
Act (Chapter 189) headings.	and Section 95 of the Road Tr	anspor	lotor Vehicle (Third Party Risks and Compensation) t Act, 1987 (Malaysia), are not to be included under these
GEOGRAPHICAL LIMIT		PUBLI	C OF SINGAPORE ONLY
EXCESS (SECTION I)	: \$\$3,000		
EXCESS (SECTION II)	: \$\$1,500		
WINDSCREEN EXCESS	: \$\$500		
INSURE WITH COE	; YES		
HIRE PURCHASE COMPANY	: HL BANK		
SUM INSURED	: MARKET VALUE	E OF IN	ISURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks a	시마 아이에게 하는 회사 이렇게 하게 살아 있다면 하게 되었다면 하고 있다.	ter 189	tes is issued in accordance with the provisions of the Motor) and Part IV of the Road Transport Act, 1987 (Malaysia)
	- 1		For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
7	Amala		Que,
Countersigned By:	Authorised Officer		Chief Executive

eBao Tech							(SeneralC	laim		
Hello, NAC_PAYA_UBI_800601						• Change Language			· Change Password		Log Out
My Desktop Notice of Loss	Policy Query										
	Policy No. Vehicle No.(For Motor)					Date of Accident 25/05			5/2019 17:3	0 🛅	
			PC5251D			Certificate Number					
					Se	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086934924- 02		DE STALLION EXPRESS PTE. LTD.	201401672M	GFT	Comprehensive	PC52510	30000000000000000000000000000000000000	04/01/2019	
				0.58623	Cor	ntinue					



cident MT/1046337						
Icy No.	5096934924-02	Vehicle No.	PC52510	GST Registration No.		
rificate No.						
Ecyholder Name	DE STALLION EXPRESS PTE, LTD.			Policyholder NRIC	201401672M	
duct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0	
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
ail Address		Special Remark		eCode	N V	
K	® No ○Yes	TCA	® No ○ Yes	eCode Reason	1.52 0001	
D Protection	No.	NCD Entitlement(%)	0	Private Hire	No	
Accident Details						
port Date	27/05/2019 22:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
te of Accident	25/05/2019	Time of Accident hitemm				
sorting Centre		Drange Force	17:30	Country of Accident	Singapore	
rident Location	27 JALAN DATOH	Crange Force		ICM No.		
Excess	17 Mont Division					
n damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00	
named Driver Excess	vistazione.	Outside Singapore OD Excess				
rd Party Excess	1,500.00	Outside Singapore TP Excess				
Benefits	62000					
GST Registered Informa						
T Registered T Registration No.	No.		GST Registration Date			
Registration No.			GST Status Verified	Yes		
ov received the State						
Policyholder Mailing Ad	dress					
Iress 1	291 SERANGOON ROAD	Address 2	#01-01 SERANGOON BUILDING	Address 3	SINGAPORE 218107	
dress 4		Address Type	Singapore address		1	
t No.	09-06		5086934924-02	Post Code	218107	
OI Driver Info	146.54).	Related Policy Number	3/40/334354-05			
ver Name	Unnamed Briver	Driver Type	I have been divided in			
named driver Name	VERTAYA 5/O P VELLASAMY	Driver NA3C	Unnamed Oriver \$73304302		12000000	
gister Date of Driver License				Oriver DOB	03/09/1973	
mact No.(Mobile)	96623244	Driver Age	45	Driving Experience		
dress 2		Contact No.(Office)	0	Contact No. (Home)	0	
7/ESS 4	BLK 429A	Address 2	YISHUN AVENUE 11	Address 3	ORCHID SPRING @ YISHUN	
	SINGAPORE 761429	Address Type	Singapore address	Post Code	761429	
it No. es he own a Singapore	11-334					
gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
daration						
rathalyser or Blood Test	ERRI	7572-015-036	10000 142 W			
ading?	0 mg	Any injury?	○ Yes ® No			
dification History						
Claim 001 New						
	Fee See	0240000000		7,74-1888		
im Type *	GD-MX	Insured Name	DE STALLION EXPRESS PTE. LTI	Insured MRIC	201401672M	
ntact No.(Mobile)		Contact No.(Home)	Hally Company of the Company	Contact No. (Office)	63415857	
all Address	SHAHUL JEMIN#GMAJL.COM	OI Vehicle Number	PC52510	TP Vehicle Number	S3TS334T	
mant Type Claimant Type *		Type of Benefit *	Please Select			
mant Name .*	>>	Claimant NR3C +				
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