Date In: 24/6/19-13: Vo			3		17.1
	Jeb description	Date &Tin	o Completed	Done	by
Ref No: 44/4099111174	SAS e-filing				
Veh No: SMLTIT	E-mail (within Shrs, A	(IC 2hrs)			
D.O.A: 2/419-11:00	i-Motor Claim Fo	rm _M 1050	106 > 70(24/6/19	12:34
OD : (TP) Reporting Only	i-Motor W/O (With		3		1.7
OD : (17) Reporting Only	i-Photo Uploaded				
TD	Assessment/Survey	Report		- 24 - 300	
TP Insurer:	Ass't Report by Faz	/ Hand to Owner/Wk	<u>sp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		ix:	
TP Particulars: Yeh No: WW	16907	INC()/Non-I	NC()		
Owner / Driver: (Tel:	111)	
Policy No: () Pe	eriod: () Cover Typ	e: ()	-
Confirmed by : (Da	ite: T	lme:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-7	9%. P: 80-10	20%]	
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 ()			
General Remarks:-		NO STATE OF	Source A	\$1, Q. I.F.	
() Walk-In Customer : Customer's info	mation strictly Confider	atial & Strictly NO safe	and the state of t		-
() Total Loss Case : to e-mail Insur-		tual & Strictly NO 1ste			
			<u></u>	-	
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO (); Towing Co: (1)
Remarks: (INC hotline: 6788 6616)	***	Threat Time	Completed *	Done	hiv
		- Date 2011	South State	ACT OF STATE	a)
2) QC Check / Post Repair Inspection	Courtesy Car ()		-	Language Service	
	()				
3) Upload Resurvey Photo [Repair Cost > \$3	()				
Injury:	MANAGERY AND RESERVE - 18-5.				
anymy.		30-11-825			-
		*	e in success	INC.	- C-12
				Magacana Magacana	- (*) - (*) - (*) - (*) - (*)
				K Posts	V-1, P,
				ESSOANE	
				ESSORINE	
				EFSOANE	\$ 1 - E .
Date/Time Actions	-1 Inv	nre Preparation Ch	reklji o t	Anic (5)	() Amu(3
Nate/Time Actions	2573	pice Preparation Ch	27 SEE 2 2 4 110	Ant (5)	Amt(3
Nate/Time Actions	1) AR 2) DA	: Accident Reporting (53 : Damege Assessment (51	0); 00); INC (\$80	fst Bill	A second
Date/Time Actions Διορυμος Διοσυμος	1) AR 2) DA 3) TF	: Accident Reporting (53 : Darmage Assessment (51 : Towing Fee	0); 00); INC (\$80 \$40/	79t Bill 	A. Carlotte
Nate/Time: Actions National Actions A	1) AR 2) DA 3) TF 4) FT 5) FT	: Accident Reporting (\$3 : Darnege Assessment (\$1 : Towing Fee : Follow-Through Survey : Follow-Through Survey (F	0); 00); INC (\$80 \$40/ \$: (esurvey)	fst Bill	A. Carlotte
Date/Time: Actions Mal 42464 Admant's Particulars: iver/Owner:	1) AR 2) DA 3) TF 4) FT 5) FT For	: Accident Reporting (\$3 : Darnege Assessment (\$1: : Towing Fee : Follow-Through Survey : Follow-Through Survey (Felining against INC Only	0); INC (\$80 \$40/ \$ (esurvey) ((wef 10 Jon 2005)	Tet Ball (1945)	A. Carlotte
Pate/Time Actions Nal Goulds Laimant's Particulars:- river/Owner:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR	: Accident Reporting (\$3 : Darnege Assessment (\$1 : Towing Fee : Follow-Through Survey : Follow-Through Survey (F	0); INC (\$80 \$40/ \$ (esurvey) ((wef 10 Jon 2005)	78 Bill 545 20	A second
Pate/Time Actions Nal (2016) Lumant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1	: Accident Reporting (\$3 : Darnege Assessment (\$1: : Towing Fee : Follow-Through Survey (Fellow-Through Survey (Fe	0); INC (\$80 \$40/ \$ (esurvey) ((wef 10 Jon 2005)	Tet Bill (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A second
Pate/Time Actions Nal (2016) Rumant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT Fer 6) TR 7) N1 3 8) NT	: Accident Reporting (\$3 : Damege Assessment (\$1: : Towing Fee : Follow-Through Survey (Follow-Through Survey (Follow-Through Survey (Follow-Through Survey (Follow-Through Survey) : Re-inspection : Idae DA + SMRT Survey UC Additional Services.	0); INC (\$80 \$40/ \$ (esurvey) ((wef 10 Jan 2005)	Tet Bill (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A second
Pate/Time Actions Nal (2016) Rumant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT F91 6) TR 7) N1 2 8) NT OIL	: Accident Reporting (\$3) : Darnege Assessment (\$1) : Towing Fee : Follow-Through Survey (Follow-Through Survey (F	0); INC (\$80 \$40/ \$ (esurvey) ((wef 10 Jan 2005)	Tet Bill (1984)	A second
Date/Time Actions National Actions National Actions National Actions Itumant's Particulars: Ituma	1) AR 2) DA 3) TF 4) FT 5) FT E91 6) TR 7) N1 2 8) NT OIL *N2 *N6	: Accident Reporting (\$3) : Darriege Assessment (\$1) : Towing Fee : Follow-Through Survey (Follow-Through Survey (0); INC (\$80 \$40/ \$ (esurvey) ((wef 10 Jan 2005)	Tet Bill (1984)	A second
Date/Time Actions Nal Gould Laimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments:-	1) AR 2) DA 3) TF 4) FT 5) FT E91 6) TR 7) N1 2 8) NT QII	: Accident Reporting (\$3 : Damege Assessment (\$10 : Towing Fee : Follow-Through Survey (Follow-Through Survey (Fol	0); INC (\$80 \$40/) \$ (saurvey) (wef 10 Jan 2005)	Tet Bill (1984)	A second
	1) AR 2) DA 3) TF 4) FT 5) FT E91 6) TR 7) N1 2 8) NT QI *N2 *N4 *N4 *N4 *N5 *N6 *N6 *N7 *N6 *N7 *N6 *N7 *N6 *N7 *N7 *N8	: Accident Reporting (\$3 : Darrege Assessment (\$10 : Towing Fee : Follow-Through Survey (Felining against INC Only : Re-inspection : Idae DA + SMRT Survey UC Additional Services. : Courtesy Car / Tpt Allows : Repair Co-ordination : Fost Repair Inspection : DV / Collect Excess Coordination	0); INC (\$80 \$40/) \$ (sesurvey) (wef 10 Jan 2005) nuce (string to the string to the s	7st Bill	A second

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.
- 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.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the contre and to copies of the report being made available aforesaid.

Control of the second s	ACCIDENT STATEMENT
Date Of Report	24/06/2019 17:20
Date Of Accident	22/06/2019 11:20
Exact Location Of Accident	SLIP RD JALAN SULTAN ISMAIL TWDS JALAN RAJA CHULAN
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML1511T
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85306081
Alternative Phone No	OFFICE-85306081
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109554088
Cover Note Number	
Driver	
Name of Driver	MOHAMED HAIRONI BIN KASSIM
NRIC No	\$78163731
Date Of Birth	09/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93688498
Fax Number	
Contact Number	OFFICE-93688498
EMail Address	NOEMAIL

Address BLK 722 TAMPINES STREET 72

#02-21

Postcode 520722

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER -

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

lo.

Insurance Company of Driver's Own Vehicle

2

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number WNV6907 (BUS)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

5

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UMAIZAH

GENDER: : FEMALE

Passenger 2

NAME:

. .

GENDER: : FEMALE

Passenger 3

NAME:

.

GENDER: : FEMALE

Passenger 4

NAME:

3

: MALE

GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

MALAYSIA

Police Station Name MAL

Police Station Address ROAD: - , POSTCODE: - , COUNTRY: MALAYSIA

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO STATEMENT.

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 Witness 1

Name

FURKHAN

Phone Number

+61414242252

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

WNV6907

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

UMAIZAH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SML1511T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

W

Reg. No.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24 JUNE 2019

1605 hr.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to distement.

DECLARATION

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

Reg. No. Policyholder's Signatuh

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

24 JUNE 2019 160Shrs

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE PEDESTRIAN ZEBRA CROSSING AS THERE WERE PEDESTRIAN ABOUT TO CROSS. SUDDENLY I FELT AN IMPACT ON MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: () 2 / 6 / 17)(DD/MM/YYYY), TIME: (11 : 10.)(HH:MM)
LOCATION: It ? Rd Julan dutan luma: 1 tude Julan Raju Chalan
I. DETAILS OF VEHICLE
-11/PLUD-19
b) INSURANCE COMPANY: HTVL
CIPOLICY NUMBER: TO SEE
C)POLICY NUMBER: 5109574388 .
D)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
DIPURPOSE OF USING A LANGUAGE / COMMERCIAL / MOTORCYCLE)
TO SE OF USING AT ACT TIME.
I) ARE YOU CLAIMING LINDER YOUR OWN THE
TO THE STATE STATE STATE OF THE
- CLICITIOLDER
AINAME: Kem Alah
b) NRIC/FIN/PASSPORT: 533092117 [MALE/ FEMALE)
C)ADDRESS:CONTACT:_63706081
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Passenger Driver
Cindudina diser a) NAME: Mohamed Hoiseas Ria Kallin
(C.) DINKIC/FIN/PASSPORT: 38/6737 CONTACT 97/60 LIGHT ST
CIADDRESS: RIL 321 (MAGICAL)
> thunk
a)OCCUPATION: (INDOOR (OUTDOOR)
MINCIN.
Maizah (Hmak) 4 WAS DRIVER AN EXPRERIENCE 16 120.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
MITH THE WITH THE PARTY OF THE
THE CONDITION: (CIFAR / RAINING / OTHERS
bJROAD SURFACE: DRY / WET OTHERS
6. WAS ANYBODY INJURED (FE) / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE
TO MY DASSEMANT OF VEHICLE AND ASSET
(Including driver) b) DRIVER'S NAME: MODEL:
C NRIC/FIN/PASSPORT.
9. THIRD PARTY VEHICLE CONTACT:
d) VEHICLE NUMBER.
(lody dies 14: G) DRIVER'S NAME: MODEL:
CITATION OF STATE OF
(
W. MO
(1) Furkhan +61414242252.
av 131
email =
0
fax =



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

TRAFIK KUALA LUMPUR

Pegawai Penyiasat

: R109128

Daerah

: PEJABAT IPK KL

No Repot Bersangkut : TRAFIK KUALA

Kontinjen

: KUALA LUMPUR

No Repot

: TRAFIK KUALA LUMPUR/061730/19

Tarikh

: 22/06/2019

Waktu

Bahasa Diterima : B. Malaysia

: 1245 PM

Butir-butir Penerima Repot

Nama: MUHAMMAD SAIFULLAH BIN ANUAR

No Personel: R185606

Pangkat: KONST/P

LUMPUR/061710/19

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal: ---

Alamat: ---

Butir-butir Pengadu

Nama: MOHAMED HAIRONI BIN KASSIM

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot: K0091880K

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 09/06/1978

Umur: 41 tahun 0 bulan

Keturunan : Singaporean

Warganegara: Singapore

Pekerjaan: -

Emel : ---

Alamat Tempat Tinggal: BLOK 722 TAMPINES STREET 72 NO PINTU # 02-21, 66666

Alamat Ibu/Bapa : ---Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 6597678584

Pengadu Menyatakan:-

PADA 22/06/2019 JAM LEBIH KURANG 1120 PAGI, SAYA MEMANDU MOTOKAR NOMBOR SML1511T DARI HOTEL PULLMAN MENGHALA JALAN IMBI. PADA KETIKA ITU, APABILA SAYA SAMPAI DI JLN RAJA CHULAN, KETIKA DALAM KEADAAN BERHENTI KERANA TERDAPAT PEJALAN KAKI MELINTAS. PADA MASA YANG SAMA, SAYA DENGAR BUNYI YANG KUAT DARI ARAH BELAKANG. SAYA TURUN DAN DAPATI SEBUAH BAS NOMBOR WNV6907 TELAH MELANGGAR KENDERAAN SAYA. DALAM KEJADIAN ITU, ANAK PEREMPUAN ALAMI SAKIT KEPALA DAN TRAUMA AKIBAT HENTAKAN. KEROSAKAN MOTOKAR SAYA IALAH BUMPER, BONET, CERMIN BELAKANG, LAMPU, SPOILER, DAN LAIN KEROSAKAN TIDAK PASTI.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R109128 | 22/06/2019 11:45:26 PM

UNTUK TINDAKAN SIVIL SAHAJA SALINAN YANG SAH



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$78163731





MOHAMED HAIRONI BIN KASSIM

M

محمدً هايروني بن كاسم INDIAN

09-06-1978 SINGAPORE



5319984

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Licence No:S7816373

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc Motorcycles between 201 cc and 400 cc Motorcycles > 400 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

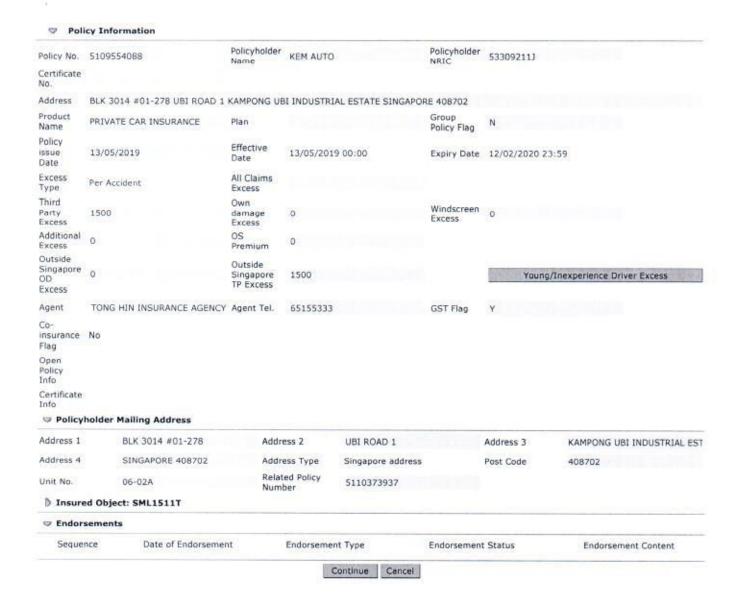
23-06-2014

APT BLK 722 TAMPINES STREET 72

#02-21 SINGAPORE 520722

NP 428A

eBao Tech		GeneralClaim									
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy 6 Vehicle	lo. No.(For Motor)	SML15	11T			of Accident ficate Number	0.2	22/06/2019	11:20	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109554088		KEM AUTO	533092113	GPC	Third Party	SML1511T	SML1511T	13/05/2019	12/02/2020



laim Handling					
olicy No.	S1095S4088	Vehicle No.	SML1511T	GST Registration No.	
ertificate No.			II TO TEST TO I .	2000/00#04/00/00/00/00/00/00/00/00/00/00/00/00/0	
Wcyholder Name	KEM AUTO			Policyholder NR3C	53309211)
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	85306081	Contact No. (Office)	0	Contact No.(Home)	0
aul Address		Special Remark	1.90	eCode	0
K	® No ○ Yes	TEA	® No ⊜ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		ALIMO CARROLOGAROTO		042770470700	77
port Date	34/08/3039-17:33	Accident Report Within 24 hrs.	Ves	Acadent Type	Collision - Head to Rear
te of Accident	22/06/2019	Time of Accident his mm	11:20	Country of Accident	Outside Singapore
porting Centre		Orange Force	20120	ICM No.	Cottage Stagepare
cident Location	SLIP RD JALAN SULTAN ISMAIL TWDS JALA			J.C.P. FRO.	
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	1,500.00		
D OD Excess	500.00	YIED TP Excess	1,000,00	Driver is Covered?	
dironal Excess	0	100			
al CD Excess Applicable	500.00	Total TP Excess Applicable			
Benefits	200.00	The second of the second			
GST Registered Informa	ition				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	24/06/2019 17:33:52 Syste	m changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Ad	dress				
iress 1	BLK 3014 #01-278	Address 2	UBEROAD L	Address 3	KAMPONG UBI INDUSTRIAL EST
iress 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	406702
t No.	06-02A	Related Policy Number	5110373937		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHAMED HAIRONI BIN KASSII	Driver NRIC	\$78163731	Driver DDB	09/06/1978
gister Date of Oriver License	15/05/2007	Driver Age	41	Oriving Experience	12
ntact No.(Mobile)	93688496	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 722	Address 2	TAMPINES STREET 72	Address 3	TAMPINES STARLIGHT
dress 4	SINGAPORE \$20722	Address Type	Singapore address	Post Code	520722
e No.	62-21				
es he own a Singaporé gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
rathalyser or Blood Test ading?	0 mg	Any injury?	● Yes ○ No		
clification History Claim 001 New					
			()		
	00-MX	Insured Name	KEM AUTO	Insured NRIC	533092111
ntact No.(Mobile)	00-MX V	Insured Name Contact No.(Home)	KEM AUTO	Insured NRIC Contact No.(Office)	533092113
ntact No.(Mobile) vali Address	92718665	Contact No.(Home) OI Vehicle Number	SML1511T		\$33092113 WNV6907
ntact No. (Mobile) Nail Address Ilmant Type Claimant Type *	92718665	Contact No.(Home) OI Vehicle Number Type of Benefit •		Contact No.(Office)	
ntact No. (Mobile) sal Address ilmant Type Claimant Type.* ilmant Name.*	92718665	Contact No.(Home) OI Vehicle Number	SML1511T	Contact No.(Office)	
ntact No. (Mobile) all Address imans Type Claimant Type * imans Name * imans Address	92718665 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit •	SML1511T	Contact No.(Office) TP Vehicle Number	
nact No. (Mobile) all Address imans Type Claimant Type * imans Name * imans Address im Description	92718685 Please Select	Contact No. (Home) DI Vehicle Number Type of Benefit * Claimant NRIC *	SML151IT Please Select	Contact No.(Office)	
ract No. (Mobile) all Address Imans Type Claimant Type * Imans Name * Imans Address Im Description ferred Workshop Contact	92718665 Please Select >> SML1511T / WNV5907 ON 22 Jun 2019	Contact No. (Home) DI Vehicle Number Type of Benefit * Claiment NRIC * Insuréd Liability *	SML1511T	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	
ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact guer Finalisation	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	SML151IT Please Select	Contact No.(Office) TP Vehicle Number	WNV6907
ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact pure Finalisation te Registered	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes 24/06/2019 17:34	Contact No. (Home) DI Vehicle Number Type of Benefit * Claiment NRIC * Insuréd Liability *	SMLL51IT Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	WNV6907
tact No. (Mobile) all Address Imant Type Claimant Type * Imant Name * Imant Address Im Description ferred Workshop Contact sure Finalisation a Registered oost Taken By	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	SMLL51IT Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	WNV6907
Eact No. (Mobile) If Address mare Type Claimant Type * mare Name * mare Address m Description ferred Workshop Contact sure Finalisation # Registered out Taken By	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes 24/06/2019 17:34	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	SMLL51IT Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	WNV6907
ntact No. (Mobile) has Address simant Type Claimant Type * simant Name * simant Address sim Description derried Warkshop Contact course Finalisation tis Registered port Taken By Print AK letter	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes 24/06/2019 17:34	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	SMLL51IT Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	WNV6907
ntact No. (Mobile) sale Address simant Type Claimant Type * simant Address simant Address sim Description fierred Workshop Contact pure Finalsation te Registered port Taken By Print AK letter Attachment	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes 24/06/2019 17:34	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	SML1511T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	WNV6907
ntact No. (Mobile) sale Address simant Type Claimant Type * simant Address simant Address sim Description fierred Workshop Contact pure Finalsation te Registered port Taken By Print AK letter Attachment	92718665 Please Select >> SML1513T / WNV5907 ON 22 Jun 2019 Yes 24/06/2019 17:34	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	SML1511T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	WNV6907
sim Type * stract No. (Mobile) nas Address simant Yope Claimant Type * simant Notne * simant Address sim Description referred Warkshop Contact bourse Finalisation tils Registered sport Taken By Print AK setter Attachment	92718665 Please Select >> SML1511T / WNV6907 DN 22 Jun 2019 Yes 24/06/2019 17:34 Jackson	Contact No. (Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SMLL51IT Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	WNV6907

	Uploaded By/Date	Folder Date		File Nan	ne :		9		Source		Action
Video List											
S.	NAC_PAYA_UB1_800601(NAT CES) on 24	IONAL ASSESSMENT CENTRE SERVI Jun 2019 17:24	Photos		Normal		Photos	2019-6-24			Ed
10	NAC_PAYA_UB1_800601(NAT CES) on 24	IONAL ASSESSMENT CENTRE SERVI Jun 2019 17:34	Photos Normal				Photos 2019-6-24				£
0	NAC_PAYA_UBI_B00601(NATI CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:34	Photos	Normal Photos 2019-6-24							
	NAC_PAYA_UB1_R00601(NATI CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:34	Photos	Normal Photos 2019-5-24					ì		
	CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:34	1770100	Normal Photos 2019-6-24							
W.	NAC_PAYA_UBI_B00601(NATI CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:34	Photos	Photos 2019-6-24							
1	CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:35		Normal Photos 2019-6-24							
1	CES) on 24	Jun 2019 17:35	Photos		Normal			2019-6-24			
024	CE5) on 24	Jun 2019 17:35 ONAL ASSESSMENT CENTRE SERVI			A TO LOCATION						
VI		ONAL ASSESSMENT CENTRE SERVI	Photos	Normal Photos 2019-6-24							
78	NAC_PAYA_UBI_800601{ NATI	ONAL ASSESSMENT CENTRE SERVE Jun 2019 17:35	Photos	Photos Normal Photos 2039-5-24					,		
	NAC_PAYA_UB1_800601(NATI CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:35	Photos	Photos Normal Photos 2019-6-24					,		
	NAC_PAYA_UBI_800601(NATH CES) on 24	ONAL ASSESSMENT CENTRE SERVI Jun 2019 17:35	Photos		Normal		Photos 2	019-6-24			
	NAC_PAYA_UBI_800601(NATIX CES) on 24	ONAL ASSESSMENT CENTRE SERVE Jun 2019 17:35	Photos		Normal		Photos 2	019-6-24			
际	NAC_PAYA_UBI_800801(NATIO CES) on 24	DNAL ASSESSMENT CENTRE SEKVI Jun 2019 17:35	Photos	Photos Normal Photos 2019-0-24					L		
-	CES) on 24	lun 2019 17:35	Photos		Normal		Photos 2	019-6-24			t
200	CES) on 24.	un 2019 17:35 MAL ASSESSMENT CENTRE SERVI	00.E4	Normal SAS 2019-6-24							0.0
100	NAC PAYA UBI BODGOTI NATIO	INAL ASSESSMENT CENTRE SERVE	SAS		1 2000			19-6-24			E
Di - T	NAC_PAYA_USI_BD08D1(NATIO	INAL ASSESSMENT CENTRE SERVI	NRIC/ Driving License				NRIC/ Driving License 2019-6-24				E
actiment L		d By/Date	Category	9	Urgency		Descr	option		Msg Sent? (CO)	Ad
cope tues of	7									☐ Send Mesd	age Up
			Browse	Cear	Please Select	V.	NO.	Normai	¥		
			Browse		Please Select	V	1905	Normal	-		
			Browse		Please Select	V	500	Normal	V		
			Browse	_	Please Select	×		Normal Normal	0		_