| | | | PERPSEPITAL | | | |
|--|---------------------|---|---|--|-------------------|---|
| Date In: 18/6/19-15:19 | Jeb descript | ion | Date & Time Con | pleted | Do | ne by |
| Res No: Majmugoliszajny | SAS e-filir | ıg | | | | |
| Veli No: Dugune | E-mail (wit | hia Shrs, AIC 2hrs) | | | | 4 |
| D.O.A : 78/6/19-10:46 | i-Motor C | laim Form | M7 105 1107 - | 201 2 | 16/13 | 14.7- |
| OD / TP. Reporting Only | i-Motor W | O (Within: OD 2hrs | | | -10117 | 1.75 |
| Topording Only | i-Photo Up | | ! | 200200 | | |
| TP Insurer: | Assessment | Survey Report | | - | | |
| Tr msuici. | | t by Fax / Hand to | Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | , | Tel: | | 4 | |
| TP Particulars: Veh No: Je | 18660IR | INC (| | Fax | (: | 7 |
| Owner / Driver: (| | · mc(| Tel: |). | | |
| Policy No: () P | eriod: (|) | Cover Type: (| | | |
| Confirmed by : (| | Date: | Time: | | , | |
| Insured/Driver Liability: (%) | Note-Est. Status | | %; P: 21-79%. | P. 90 100 | 10/1 | |
| Year of Registration: () | Warranty: YES (|)/NO(| 70, F. 21-7970. | F: 50-100 |)%oj | |
| Excess: (\$) Loading: \$1, | | | | | | |
| General Remarks: | MUNESETTON NOON | Pallation of the Control of | January Company | 7.00 | | |
| The state of the s | AN CONC. PRINCE | | | A Laster | ow at | |
| () Walk-In Customer: Customer's info | ormation strictly C | onfidential & Stri | ctly NO refer of rep | pairer. | | |
| () Total Loss Case : to e-mail Insur | | • | | | | |
| Drive-In ()/ Towed-In (); Invoice | e: YES () / | NO(); To | wing Co: (| i,t | 70 |) |
| Remarks: (INC hotline: 6788 6616) | | | Date&Time Compl | 3 W. W. 1973 | 1083E24** | KINI'' |
| | | | | | Section Section 1 | |
| 1) Apply for Transport Allowance ()/(| | | Contraction Comp. | F-34-1 | - ALMON | by . |
| Apply for Transport Allowance ()/(QC Check / Post Repair Inspection | |) | | F: 545 | NA STATE | e py |
| 2) QC Check / Post Repair Inspection | Courtesy Car (|) | | C 348 388 | , india | epy |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 | Courtesy Car (|) | | | V (L) (II) | epy |
| 2) QC Check / Post Repair Inspection | Courtesy Car (|) | | | V. VESON | еру |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car (|)) | | | | вру |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car (|) | | | | вру |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car (|) | | | | Бру |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car (|) | | | | , |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car (|) | | | | , |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car (|) | | | | Бру |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions | Courtesy Car (|) | | | Picari at | A TO THE PARTY OF |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions | Courtesy Car (| | | | Anit (5) | Amt() |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions almant's Particulars:- iver/Owner: | Courtesy Car (| Invoice Prepa | ration Checklist: porting (\$30); sessment (\$100); | INC (\$80) \$40/\$45 | Anit (5) | Ami() |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions MA 1904827 | Courtesy Car (| Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro | ration Checklist. porting (\$30); sessment (\$100); ugh Survey ugh Survey (Resurvey) | INC (580) \$40/\$45 \$120 \$30 | Anic (S) | Amu() |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions almant's Particulars:- iver/Owner: | Courtesy Car (| Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro | ration Checklist. porting (\$30); sessment (\$100); ugh Survey ugh Survey (Resurvey) ast INC Only (wef 10 J | INC (580) \$40/\$45 \$120 \$30 | Anic (S) | Amu() |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions MA 1404877 mimant's Particulars:- iver/Owner: maged Portion: | Courtesy Car (| Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additional | ration Checklist: porting (\$30); sessment (\$100); ugh Survey ugh Survey (Resurvey) ast JNC Only (wef 10 John MRT Survey | INC (\$80) \$40/\$45 \$120 \$30 \$30 2005) \$75 | Anic (S) | Ami() |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions almant's Particulars:- iver/Owner: | Courtesy Car (| Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idao DA + S. 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-o | ration Checklist: porting (330); sessment (\$100); ugh Survey ugh Survey (Resurvey) ust JNC Only (wef 10 J. m MRT Survey Services:- r/Tpt Allowance dination nspection | INC (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$25 \$33 \$20 | Anic (S) | Amt (3 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions MA 1404827 mimant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:- | Courtesy Car (| Invoice Prepa 1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect | ration Checklist: porting (\$30); sessment (\$100); ugh Survey ugh Survey (Resurvey) ast JNC Only (wef 10 John MRT Survey Services:- r/Tpt Allowance dination nspection Excess Coordination | \$100 \$300 \$300 \$3100 \$350 \$3100 \$255 \$350 \$320 \$300 \$300 \$300 \$300 \$300 \$300 \$30 | Ant (S) | (Amit) |

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.
- 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

| BEST STREET, THE STREET, STREE | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 28/06/2019 15:19 |
| Date Of Accident | 28/06/2019 10:45 |
| Exact Location Of Accident | SLIP RD CHIN SWEE RD TWDS CTE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJW9243S |
| Insured/Policyholder | |
| Name Of Registered Owner | EASY RENTAL CAR PTE LTD |
| Co Reg No | 201613123E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | VIOS J AUTO |
| 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 | NO |
| Policy Number | 5096583420-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHEONG YEW CHOY |
| NRIC No | \$1234307C |

NRIC No S1234397C

Date Of Birth 06/09/1957 Occupation OUTDOOR Date Of Driving Pass 14/04/1982

Driving Experience 37 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84957665

Fax Number

Contact Number OFFICE-84957665

EMail Address NOEMAIL Address BLK 207C PUNGGOL PLACE

#07-966

Postcode 823207

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTH

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

action of the

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKJ8060R

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)

FRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SBW8020U

Page 2 of 19

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)

13

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKT334B

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)

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:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| DOA: 28/6/19 | |
|--------------|--|
| A: SJN 92435 | CTE A |
| B: SKJ BOLOR | ___________________ |
| C: 5BN 80200 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| D: SKT 334B | The state of the s |
| | 142 |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | 25.0 | | 15. 200 | A. | 40 00 | ~ | 1 1 100 |
|-----------|---|-------|---------|------|---------|--------|----------|
| Specie | 2161101 | ary | NOU THE | 197 | 700 11 | CAV LO | ad to be |
| clear, su | dderly | My | veh. | Ter | purtion | being | collided |
| by wh | 3. | Later | 1 | aded | there | WO | another |
| 2 Which | en in | whed | | | | 0 | |
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I/We peclare the foregoing particulars are true in every respect.

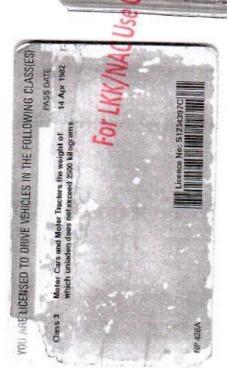
Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

| 36 | Personal Particulars |
|----|---|
| | Date of Accident: 28 6 19 Time of Accident: 10 45 am |
| | Exact Location of Accident: Stip road of Chin Sue Rd |
| | Owner's Name: Easy Rental Car Ptc Utd NRIC No: HP No: |
| | Driver's Name: Cheorg Yen Choy NRIC No: 51234397(HP No: 8495766 |
| | Date of Birth: 69 1957 Driv ng Licence Passing Date: 14 4 1982 Occupation: 1600r / Outdoor |
| | Address: 2070 Punggo Place #07-960 (823:207) |
| | Relationship of Driver with Insured: How Email Address: |
| | Vehicle No: SJW 92438 Make & Model: Oyota |
| | Insurance Co: NTU Coverage: Policy No: |
| | *Purpose of Reporting? Own Damage Claim / 3rd Perty Claim / Not Claiming, Just Reporting Only |
| | *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work |
| ** | *Weather Condition ? Tear / Raining / Others: Wet / Dry / Others: |
| | * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax: A: |
| | *Was Anybody Injured ? (Yes / No) If yes, |
| | Name/NRIC/In Vehicle: areang Yew Chay neck toack |
| | *Was The Accident Reported To The Police ? |
| | O No O Yes, Which Police Station? |
| | *Does the Driver Own Any Other Vehicle? |
| | |
| - | No O Yes, Vehicle Registration No: insurer: |
| | *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: |
| | *Was there any video captured by Car Camera? (Yes/(lo)) |
| | Third Party Driver's Particulars |
| | Vehicle B No: SKJ 8060 P Make & Model: |
| | Driver's Name: NRIC No: HP No: |
| | Vehicle C No: Make & Model: |
| | Driver's Name: NRIC No: HP No: |
| | Witness Particulars |
| | No. |





A+ 24-05-1993

Date 30,05,2015

APT BLK 2070 PUNGGOL PLACE #97-968 SINGAPORE 823207 NRIC NO: \$12343976 Dete 30/05/2015

BETTE \$1234397C

| eBao Tech | | | | | | | | | Genera | alClaim |
|------------------------|-------------------|---------------------------|----------------------------|----------------------|----------|------------------|----------------|-------------------|------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | - in hour arrives to | | | · Change | e Language | Chan | e Password | → Log Out |
| My Desktop | Policy Que | гу | | | | | | | | , |
| Notice of Loss | Policy No. | | | | Date | of Accident | | 28/06/2019 | 10:45 | |
| | Vehicle No.(For I | Motor) SJW9 | 243S | | Cert | ficate Number | 1 | | | |
| | | | | | Search | | | | | |
| | Select Policy ! | No. Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence | Expiry Date |
| | O 5096583 | 420- | EASY RENTAL CAR PTE LTD | | GPC | drivo CLASSIC | SJW92439 | SJW9243S | 29/04/2019 | 28/04/2020 |
| | | | | 1 | Continue | | | | | |

| Policy No. | 5096583420-01 | Policyholder Name | EASY RENT | AL CAR PTE LTD | Policyholder NRIC | 201613123E | |
|--------------------------------------|-------------------------------|-----------------------------------|------------|------------------|----------------------|--------------|------------------------------|
| Certificate No. | | | | | INC | | |
| Address | BLK 80 #08-472 LORONG 4 To | DA PAYOH TOA | PAYOH PEAK | VIEW SINGAPORE | 310080 | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 18/03/2019 | Effective Date | 29/04/2019 | 9 00:00 | Expiry Date | 28/04/2020 2 | 13:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third | | Own | | | 100 - 4 | | |
| Party Excess | 1500 | damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Youn | g/Inexperience Driver Excess |
| Agent | SININS AGENCY PTE. LTD. | Agent Tel. | 69503050 | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| Address 1 | BLK 80 #08-472 | Addre | ss 2 | LORONG 4 TOA P | АУОН | Address 3 | TOA PAYOH PEAKVIEW |
| | SINGAPORE 310080 | Addre | ss Type | Singapore addres | s | Post Code | 310080 |
| Address 4 | | Relate | ed Policy | 5096583420-01 | | | |
| Address 4 Unit No. | 08-472 | Numb | er | | | | |
| Unit No. | 08-472 ed Object: SJW9243S | | er | | | | |
| Unit No. | ed Object: SJW9243S | | er | | | | |

| ocident MT/1051103 Dicy No. | | | | | |
|--|--|--|--|--|--|
| | 5096583420-01 | Vehicle No. | S7W9243S | GST Registration No. | |
| tificate No. | | | | O-TO-O-O-TO-COMO CASA | |
| cyholder Name | EASY RENTAL CAR PTE LTD | | | Policyholder NRIC | 201613123E |
| educt Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| ntact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | |
| iali Address | | | 0 | | 0 |
| | 8. 0 | Special Remark | 23323 | eCode | · · |
| K . | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | |
| D Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | |
| port Date | 28/06/2019 19:29 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| ke of Accident | 38/06/2019 | Time of Accident Nhomm | 10:45 | Country of Accident | Outside Singapore |
| porting Centre | | Orange Force | | | Outside singapore |
| | V AND DESCRIPTION OF THE PROPERTY OF THE PROPE | Grange Force | | ICM No. | |
| cident Location | SLIP RD CHIN SWEE RD TWDS CTE | | | | |
| Rucess | | | | | |
| en damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| inamed Driver Escela | | Outside Singapore OD Excess | 2,000.00 | | |
| ind Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| - Benefits | | | | | |
| GST Registered Informa | ation | | | | |
| T Registered | No | | GST Registration Date | | |
| T Registration No. | | | GST Status Venthed | Yes | |
| odification History | | | 10000 | 149 | |
| CONTRACTOR STATE | | | | | |
| Policyholder Hailing Ad | ddress | | | | |
| idress 1 | BLK 80 #08-472 | Address 2 | 100000 4 701 7000 | Address * | |
| | | | LORONG 4 TOA PAYOH | Address 3 | TOA PAYOH PEAKVIEW |
| idress 4 | SINGAPORE 310060 | Address Type | Singapore address | Post Code | 310000 |
| it No. | 08-472 | Related Policy Number | 5096583420-01 | | |
| OI Driver Info | | | | | |
| iver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| named driver Name | CHEONG YEW CHOY | Driver NRJC | S1234397C | Driver DOB | 06/09/1957 |
| gister Date of Driver License | 14/04/1982 | Driver Age | 61 | Oriving Experience | 37 |
| ntact No.(Mobile) | 84957665 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| dress 1 | BLK 207C | Address 2 | PUNGGOL PLACE | Address 3 | PUNGGOL SAILS |
| idress 4 | | | | | |
| | SINGAPORE 823207 | Address Type | Singapore address | Post Code | 823207 |
| nt No. ses he own a Singapore | 07-966 | | | | |
| gistered car? | ○ Yes 	No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| claration | | | | | |
| | | | | | |
| reathalyser or Blood Test | Omg | Any injury? | ® Yes ○ No | | |
| reathalyser or Blood Test | Omg | Any injury? | ® Yes ○ No | | |
| reathalyser or Blood Test eading? | Omg | Any injury? | ® Yes ○ No | | |
| reathalyser or Blood Test eading? | 0 mg | Any injury? | ® Yes ○ No | | |
| eathalyser or Blood Test ading? dification History | 0 mg | Any injury? | ® Yes ○ No | | |
| esthalyser or Blood Test ading? offication History | 0 mg | Any injury? | ® Yes ○ No | | |
| eathalyser or Blood Test ading? dification History | 0 mg | Any injury? | ® Yes ○ No | | |
| eatholyser or Blood Test Jedfing? Idification History | O mg | Any injury? | | Insured NRIC | 2016131238 |
| eatholyser or Blood Test seding? Idification History Claim 001 New | | | ® Yes ○ No EASY RENTAL CAR PTE LTD | | 201613123E N2. |
| esthatyser or Blood Test ading? clification History Claim 001 New mm.Type * nnfact No.(Mobile) | DO-MX | Indured Name Contact No.(Home) | EASY RENTAL CAR PTE LTD | Contact No. (Office) | NIL |
| estholyser or Blood Test sading? clification History Claim 001 New mm.Type * infact No. (Mobile) half Address | DO-MX Y | Insured Name Contact No.(Home) OI Vehicle Number | BASY RENTAL CAR PTE LTD | | |
| estholyser or Blood Test ading? claim OO1 New mr.Type * mr.act No.(Mobile) half Address limant Type Claimant Type * | DO-MX V NEL Please Select V | Indured Name Contact No.(Home) Of Vehicle Number Type of Benefit + | EASY RENTAL CAR PTE LTD | Contact No. (Office) | NIL |
| estholyser or Blood Test sating? clification History Claim 001 New intert No. (Mobile) half Address simant Type * simant Type Cismant Type * simant Name * | DO-MX Y | Insured Name Contact No.(Home) OI Vehicle Number | BASY RENTAL CAR PTE LTD | Contact No. (Office) | NIL |
| estholyser or Blood Test ading? Claim OOI New ImmType * Indict No. (Mobile) half Address Immed Name * Immed Address | DO-MX V NEL Please Select V | Indured Name Contact No.(Home) Of Vehicle Number Type of Benefit + | BASY RENTAL CAR PTE LTD | Contact No. (Office) | NIL |
| estholyser or Blood Test usding? Claim OOI New Interpret under No. (Mobile) half Address simant Type Claimant Type * simant Name * simant Address sim Description | DO-MX V NEL Please Select V | Indured Name Contact No.(Home) Of Vehicle Number Type of Benefit + | BASY RENTAL CAR PTE LTD | Contact No. (Office) | NIL |
| estnotyser or Blood Test. eating? Claim 001 New Arm Type * oncact No. (Mobile) nail Address aimant Type Claimant Type * aimant Name * aimant Address aimant Address aim Description Wherred Workshop Contact | DO-MX V NBL Please Select V | Indured Name Contact No.(Home) Of Vehicle Number Type of Benefit + | BASY RENTAL CAR PTE LTD | Contact No. (Office) TP Vehicle Number | NIL |
| estholyser or Blood Test adfing? Claim 001 New wm.Type * undart.No.(Mobile) half Address simant Type Claimant Type * simant Name * simant Name * simant Name * simant Description efferred Workshop Contact | DO-MX Y NBL | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | NSL SKIBOSOR |
| estholyser or Blood Test selfing? Claim 001 New Mm Type * Indiact No. (Mobile) half Address almant Type Claimant Type * almant Name * almant Address alm Description efferred Workshop Coreact beguire Finalisation | DO-MX V NBL Please Select V Exwed 2435 / SKJ8060R ON 28 Jun 2019 | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| estholyser or Blood Test ading? Claim 001 New wm Type * notact No. (Mobile) hall Address simant Type Claimant Type * simant Name * simant Address sim Description referred Workshop Contact course Finalisation the Registered | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | NSL SKIBOSOR |
| estholyser or Blood Test ading? Claim OOI New Imm Type * Indact No. (Mobile) half Address Immark Type Claimant Type * Immark Address Immark Address Imm Description referred Workshop Coreact quire Finalisation te Registered | DO-MX V NBL Please Select V Exwed 2435 / SKJ8060R ON 28 Jun 2019 | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| esthoryser or Blood Test ading? diffication History Claim OOI New Jum.Type * Innact No. (Mobile) Nail Address Jumant Name * Jumant Name * Jumant Name * Jumant Mattress Jumant Mattress | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| esthoryser or Blood Test ading? diffication History Claim OOI New Jum.Type * Innact No. (Mobile) Nail Address Jumant Name * Jumant Name * Jumant Name * Jumant Mattress Jumant Mattress | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| esthayser or Blood Test ading? Claim OOI New Imm Type * Mact No. (Mobile) Main Address Immart Address Im | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD SYW92435 Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| estholyser or Blood Test ading? Claim 001 New Mm.Type * Intact No. (Mobile) Intak Address Immart Type Claimant Type * Immart Type Claimant Type * Immart Address Immart A | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD S7W92435 Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| esthatyser or Blood Test ading? Claim 001 New Imm Type * Indact No. (Mobile) Inal Address Immark Type Claimant Type * Immark Type Claimant Type * Immark Address Immark A | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD S7W92435 Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| eatholyser or Blood Test adding? Claim 001 New arm Type * Indication History Claim 001 New arm Type * Indicat No. (Mobile) India Address Indicat No. (Mobile) India Address Indicat No. (Mobile) India Address Indicate | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD S7W92435 Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| estholyser or Blood Test cading? Claim OOI New arm Type * and Address almant Type Claimant Type * almant Name * almant Address almant Addre | DO-MX V | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | EASY RENTAL CAR PTE LTD S7W92435 Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
| esthatyser or Blood Test ading? Claim OO1 New Imm Type * Indact No. (Mobile) Inal Address Immark Type Claimant Type * Immark Type Claimant Type * Immark Address Immark A | DO-MX V NIL | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option Claim Close Date | EASY REINTAL CAR PTE LTD S7W92435 Please Select Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NSL SKX8060R |
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| estharyser or Blood Test ading? Claim OOI New ImmType * Indact No. (Mobile) and Address Immark Type Claimant Type * Immark Type Claimant Type * Immark Address Imm Description Inferred Workshop Contact Quire Finalisation te Registered port Taken By Print AK letter Mitachment | DO-MX V NIL | Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date | EASY REINTAL CAR PTE LTD S7W92435 Please Select Not at Fault Preferred Workshop, Name unknown Save Submit Coll 28/06/2019 19:32 Category * | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidencial Urger | Received 28/06/2019 00:00 |
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