Date In: 6h 19-14:33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A119087530		
	Jeb description	on	Date & Time Comple	ted De	ne by
Res No. Native 190119 08)24	SAS e-filin	g	i		
Veh No: JURSARIP	E-mail (with	in Shrs, AIC 2hrs)	T		
D.O.A: 30/6/19-02:20	i-Motor Cl		W1/102 5012-001	317/19	12:46
OD (TP) Reporting Only	i-Motor W	O (Within: OD 2hrs		and the latest of the	10
Topotting Only	i-Photo Up				
TP Insurer:	Assessment/	Survey Report			
11 History		by Fax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: 5hb	96126	INC(1/200	
Owner / Driver: ((107)	, 110(Tel:)	
Policy No: () P	eriod: (1	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est. Status		%; P: 21-79%. F: 9	20.1009/1	Marie Care
Year of Registration: ()	Warranty: YES ()	30-100%]	
Excess: (\$) Loading: \$1,		(0)(07,000)(10))		
General Remarks:-	Market Technology	18868846272088	t decorpted to the second of the second		
A AND LONG COMPANY OF STREET OF THE PROPERTY O	in concrete			ASSESS A	4
() Walk-In Customer: Customer's info	ormation strictly Co	onfidential & Stri	ctly NO refer of repair	er.	
() Total Loss Case : to e-mail Insur	er URGENTLY.				
Drive-In ()/ Towed-In (); Invoice	e: YES()/	NO(); To	wing Co: (#	1
Remarks: (INC hotline: 6788 6616)				TO POST OF THE POST OF THE	, , , , , , , , , , , , , , , , , , ,
	Courtesy Car (Date&Timb Complete	Dor Dor	c by
2) QC Check / Post Repair Inspection	Courtesy Car ()	*		
3) Upload Resurvey Photo [Repair Cost > \$3	20002)			
7 - From resource r now (repair cost > 5:					
	(()			
Injury:		,			
Injury:					
Injury:	3000] (1.000	er i Conce.
Injury:	3000] (,	· · · · · · · · · · · · · · · · · · ·	A TOROGER	w Sq. g.
Injury:					- (- () () () () () () () () (
Injury:		,		W-759.0.03	
Injury:	3000] (
Injury: Date/Time Actions	3000]				
Injury: Oate/Time Actions	3000] (Invoice Prepa	ration Checklist	Anit (S)	
Injury: Date/Time Actions Actions	- 1	100	ration Checklist.	Anit (S)	
Injury: Date/Time Actions Actions August old imant's Particulars:	3000] (1) AR : Accident R	porting (\$30);	fa Bill	
Injury: Date/Time Actions Actions August old imant's Particulars:	1	1) AR : Accident Ro 2) DA : Damage As 3) TF : Towing Fee	sporting (\$30); sessment (\$100); INC	(\$80) \$40/\$45	
Injury: Date/Time Actions Actions Augosolg umant's Particulars:- ver/Owner:	1	1) AR: Accident R 2) DA: Damege As 3) TF: Towing Fee 4) FT: Follow-Thro	eporting (\$30); sessment (\$100); INC	(\$80) \$40/\$45 \$120	
Actions Actions August old Actions August old Aug	1	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again	eporting (\$30); sessment (\$100); INC ough Survey ough Survey (Resurvey) nst INC Only (wef 10 Jan 20	(\$80) \$40/\$45 \$120 \$30	
Actions Actions August old Actions August old Aug	- 1	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio	eporting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) nst INC Only (wef 10 Jan 20)	(\$80) \$40/\$45 \$120 \$30 \$75	
Date/Time Actions Augosolg umant's Particulars:- ver/Owner: ntact No: maged Portion:	1	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again	eporting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) nstJNC Only (wef 10 Jan 20 on MRT Survey	(\$80) \$40/\$45 \$120 \$30 \$705)	
Date/Time Actions Actions August old Impury: Actions Actions August old Impury: Particulars: Ver/Owner: Intact No: maged Portion:	1 · · · · · · · · · · · · · · · · · · ·	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idag DA + S 8) NTUC Additiona OD*	eporting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) nst JNC Only (wef 10 Jan 20 m MRT Survey I Services:-	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
Date/Time Actions Actions August old Impury: Actions Actions August old Impury: Particulars: Ver/Owner: Intact No: maged Portion:	3000j (1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OD* *N5: Courtesy Ca	eporting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) nst INC Only (wef 10 Jan 20 m MRT Survey I Services:-	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
Date/Time Actions Actions Augosolg Impury: Control Actions A		1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idag DA + S 8) NTUC Additiona OD*	eporting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) sst JNC Only (wef 10 Jan 20 sm MRT Survey I Services:- r/Tpt Allowance redination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	Add Bil
Injury: Date/Time Actions Actions Augosola Limant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:-	1 · · · · · · · · · · · · · · · · · · ·	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collect	eporting (\$30); sessment (\$100); INC sugh Survey sugh Survey (Resurvey) sstJNC Only (wef 10 Jan 20 m MRT Survey I Services:- r/Tpt Allowance reination Inspection I Excess Coordination	(\$80) \$40/\$45 \$120 \$30 (\$05) \$75 \$160 \$5 \$10 \$25 \$5	
Date/Time Actions Ac	3000j (1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collec TP (N11): TP (N	eporting (\$30); seasment (\$100); INC sugh Survey sugh Survey (Resurvey) nst JNC Only (wef 10 Jan 2) m MRT Survey I Services:- 1/ Tpt Allowance refination Inspection I Excess Coordination rin INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$75 \$75 \$160 \$5 \$5 \$5 \$25 \$20	
Injury: Date/Time Actions	3000]	1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idao DA + S 8) NTUC Additiona OD* *N5: Courtesy Ce *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collect	eporting (\$30); seasment (\$100); INC sugh Survey sugh Survey (Resurvey) nst JNC Only (wef 10 Jan 2) m MRT Survey I Services:- 1/ Tpt Allowance refination Inspection I Excess Coordination rin INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$20 \$75 \$160 \$5 \$10 \$25 \$25 \$20 \$30	

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 centre and to copies of the report being made available aforesaid.

aforesaid,	a value report of the country and to copies of the report being made available
A PROPERTY OF STREET	ACCIDENT STATEMENT
Date Of Report	05/07/2019 12:33
Date Of Accident	30/06/2019 02:20
Exact Location Of Accident	JB CHECKPOINT TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
A CONTRACTOR OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8781P
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS 1.8E HYBRID CVT
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREMENTALE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5093829189-01

Cover Note Number

Driver

Name of Driver CHEW HONG HWEE

 NRIC No
 \$0050240E

 Date Of Birth
 01/09/1950

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/05/1969

Driving Experience 50 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96464649

Fax Number

Contact Number OFFICE-96464649

EMail Address NOEMAIL

279 BALESTIER ROAD Address

#10-03

Postcode 329727

Was driver an employee of the Insured's Company NO

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 - CHANGE/CROSS LANE

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

YES

Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME:

GENDER: : FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGG9672G

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)

Passenger 1

NAME:

2

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

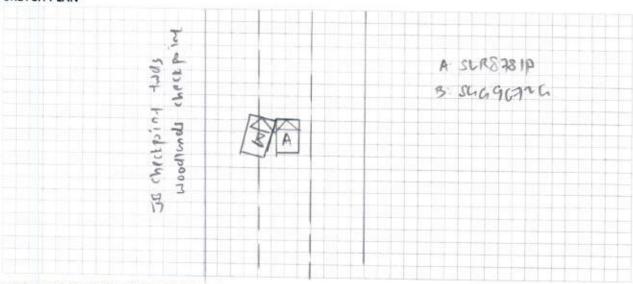
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

lebr +	statement.		
ARATION	V - Table 1		

I/We declare the foregoing particulars are true in every respect SOLETISZTN Co Reg No:

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 .:

ON STATED DATE AND TIME, I WAS QUEUEING ENTERING JB CUSTOMS.
SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B
HIT ONTO VEHICLE B FRONT LEFT PORTION.

ACCIDENT STATEMENT

	ACCIDENT DATE: 3 / 6 / 10	1)(DD/MM/YY	YY), TIME:(_	1) (HH:MM
	LOCATION: JB Check pain to	12 72	سامها	Chedepoint.
	1. DETAILS OF VEHICLE	1 4		
	a) VEHICLE NUMBER: 3	G IRE 2 ST J		
	b)INSURANCE COMPANY	LITTLE		
	c)POLICY NUMBER:			=
	DIPOLICY TYPE I COMPRE	LIENIGINE ATLUM		
	d)POLICY TYPE: (COMPRE e)MAKE & MODEL:			
	f)TYPE:(SALOON / COUPE	/ MPV /VAN / LOP	PY / MOTO	POVOLE / OTHERS
	g) VEHICLE CATEGORY: (PR	RIVATE / COMMEN	CIAL / MOTO	RCTCLE / OTHERS)
	THE OWN ONE OF USING AT A	ACCIDENT TIME		
	I) ARE YOU CLAIMING UND	FR YOUR OWN INC	ID ANOT IN	TO (1) (C)
	IF NO, PLEASE STATE (THIR	D PARTY COAIM / D	UKANCE (Y	F2\V(O) -
	- MASORED / POLICY HOLDER		CHOKING	ONLY
	A) NAME: Rekalle Rid	es Pte HU		
	b) NRIC/FIN/PASSPORT:	201611527 H.	CONTA	(MALE / FEMALE)
	c)ADDRESS:	THEOLOGICAL COLOR	CONTA	.CI:
	processes and the second		10 18	
KS 112 a D	* CONTINUE TO 3.d IF DRIVE	ER ALSO POLICY HO	OLDER	
tho of passon	92 DRIVER			
(Including dri	an alname: thew Hong	HWAR		(MA)E. / FEMALE)
(2)	DIAKIC/FIN/PASSPORT:	SOUSDRYOE		CT: 96464840
	c)ADDRESS:			
1 female				
	*d)DATE OF BIRTH:	1959 (DD/	MM/YYYY)	
	e)OCCUPATION: (INDOOR ,	/ () LILL () (D (D D)		34
	F) YEARS OF DRIVING EXPRES	RIENCE: U	19/5/19	69:
	THE PROPERTY AND EMPLOYE	F OF THE INCLINE	-010 0000	CA.
	The state of the s	THE HUNGED WITT	I TRICTION	D: Wirer.
	5. g) WEATHER CONDITION: (CI b) ROAD SURFACE: (DRY / W	LEAR / RAINING / C	OTHERS	
	6. WAS ANYBODY INJURED (YE	EL VOIHERS		
	7. a) REPORTED TO POLICE (YES	3/18/		100
	IF YES, PLEASE STATE WHICH	A DOUGE BY AND A		
A	8. THIRD PARTY VEHICLE	POLICE STATION:		
No of passenner	O VEHICLE VILLABED AND I	ama.		
このことはなる中心では、東京などことに関われていたと	- DRIVER SNAME	107 4	_MODEL:_	
(2)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:			
			_CONTAC	CT:
No of passenge	- OF VEHICLE NUMBER:		1105-	
adu A - Li	e) DRIVER'S NAME:		_MODEL:_	
ang drive	f) NRIC/FIN/PASSPORT		00000	-
()	e) DRIVER'S NAME:		_CONTAC	1:/-
7730				18
	70 20			

email =

fax =

VIDEO =/

NOTICE OF REPORTING

This is to confirm that Chew Hong Hwee, NRIC: <u>S0050240E</u>, has reported to the Police a non-injury traffic accident which occurred at Jalan Lingkaran Dalam, Woodland Checkpoint (Johor Bahru) on <u>30/06/2019</u> at <u>0218hrs</u> involving the following vehicles: SGR8781P (Toyota Hybrid/ White)

SGG9672G (Honda/ Black)

 If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

> sedok North NPC vo. 30 Bedok North Road Singapore 469676 Tel. 1800-2449999

Rank / Name of Issuing officer: SSGT Heap Zhi Yong

Date: 03/07/2019

Time: 2219hrs

S/D Ref:

95

Police Post/ Unit: BEDOK NORTH NPC

Original – To be issued to informant Duplicate- to be submitted to Traffic Police







VOCATIONAL LICENCE

Licence No: S0050240E Name CHEW HONG HWEE

CHEW HONG HWEE

Date 07 Oct 2005

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

12

TAXI VL

Issue Date

11/07/1986

TOO ARE LICENSED TO URIVE VEHICLES IN THE FOLLOWING CLAS

tello, NAC_PAYA_UBI_80	0601				THE RESIDENCE OF THE PERSON	AL MARKETON	· Change	Language	1 Chang	Genera e Password	
My Desktop	Policy	Query						Lunguage	Chang	e Password	Log O
Notice of Loss	Policy No.					Date	of Accident	[3	0/06/2019 0	2:20	
	Vehicle No	.(For Motor)	SLR878	11P		Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 50	93829189- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	CLASSIC		SLR8781P	30/08/2018	29/08/2019

Policy No.	5093829189-01	Policyholder	RELIABLE	RIDES PTE LTD	Policyholder	201611527N	
Certificate No.		Name			NRIC	EA101135\M	
Address	8 KAKI BUKIT AVENUE 4 #05-56	PREMIER @	KAKI BUKI	SINGAPORE 41587	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/07/2018	Effective Date	30/08/201	8 00:00	Expiry Date	29/08/2019 23	8:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young	/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No				Secretario del		
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type	Singapore addres		Post Code	415875
Unit No.	05-50	Relate	ed Policy er	5106937496			0.0950.51.0
) Insure	d Object: SLR8781P	W. STATE	5311				
	ements						

March Nation Marc	Claim Handling					
Carbonium Carb	Accident MT/1052015					
Ministry	Policy No.	5093829189-01	Vehicle No.	SUR8781P	GST Registration No.	
Part	Certificate No.				66763634416946641E	
Ministration Mini	Policyholder Name	RELIABLE RIDES PTE LTD			Policybolder ND IC	2016116270
Control Michigan	Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		
Second	Contact No.(Mobile)	0	Contact No. (Office)	0		
March Marc	Email Address		Special Remark			processor.
March Marc	KPIC -	No ○ Yes.	TCA	® No ○ Yes	eCode Reason	
### Account Table	NCD Protection	No	NCO Entitlement(%)	0		Yes
Column C	Accident Details					1977
Direct of Location Direct of Location Direct or Location Direct	Report Date	05/07/2019 12:44 1	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Control Cont	Date of Accident	30/06/2019	Time of Accident hhomm	02:20		
	Reporting Centre		Orange Force			and an
March Marc	Accident Location	18 CHECKPOINT TWOS WOODLANDS CHE	CKPOINT			
Column C	₩ Excues					
Contact Cont	Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
## CAPP CAPP CAPP CAPP CAPP CAPP CAPP CA	Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
15 15 15 15 15 15 15 15	Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
157 Springerium 16	▽ Benefits					
20		nation				
### ### ##############################	GST Registered	No		GST Registration Date		
### PART BATTER NOTIFIED ### PART BATTER NOTIF		A Francisco Company			Yes	
Address 2 4/05-50 PREMISES 0 KAST BACTS ACTIONS 3 SYMANORE 415272 Address 1/96 Singapore actives 1 Post Code 415075 Address 2 Address 1/96 Singapore actives 1 Post Code 5 Singapore actives 1 Post Singapore actives 2 Singapore active 2 Singapore 2	The state of the s	05/07/2019 12:46:10 Syst	em changed GST Status Verified from	m No to Yes.		
Address 2 4/05-50 PREMISES 0 KAST BACTS ACTIONS 3 SYMANORE 415272 Address 1/96 Singapore actives 1 Post Code 415075 Address 2 Address 1/96 Singapore actives 1 Post Code 5 Singapore actives 1 Post Singapore actives 2 Singapore active 2 Singapore 2	Policyholder Hailing A	ddraus				
## Address Type	Address 1		Address 2	ANE EX PARAMENTA & MANAGEMENT		
Mailable Prology Mailable Prology Number 1009373496	Address 4	A40.4 GET 61.00 T 44.7 TA	STATE OF THE PARTY			
### Comment Service Comment	Unit No.	05-50			Post Code	415875
Margaret Did of Driver Learner Oken Holds (WIEE	 OI Driver Infe 		CONTRACTOR OF THE PARTY OF THE	2140771490		
Secret Division 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 100	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
### Part	Unnamed driver Name	CHEW HONG HIWEE	Onver NRIC	50050240E	Driver DOB	01/09/1950
279 BALESTIER ROAD	Register Date of Driver Licens	w 17/05/1969	Driver Age	68	Driving Experience	
Address 1 Address 1 Shappore address	Contact No.(Mobile)	96464649	Contact No. (Office)	0	Contact No.(Home)	0
Address Type Ome Ome	Address 3	279 BALESTIER ROAD	Address 2	BALESTIER POINT		
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Josurer Company Colored Spring of Stood Text Readings Driver Josurer Company Driver Josurer Driver Josurer Company Driver Josurer Driver Josurer Company Driver Josurer Company Driver Josurer Driver Josurer Company Driver Josurer Company Driver Josurer Driver Josurer Driver Driv	Address 4		Address Type	Singapore address	Post Code	
Driver Vehicle No. Driver	Unit No.	10-03				CONTROL CONTROL
Any Injury? Claim 801 Next Claim 802 Next Claim 803 Next Claim 804 Claim 805 Claim 805 Claim 805 Claim 806 Claim 806 Claim 807 Confidencial Linguity 9 Confidencial Selection 9 Confid	Does he own a Singapore Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver losurer Company	
Anv Ingury? O'Yes @ No Anv In						
Any Payor? Over @ No Coam 1996	Declaration					
Claim 801 New Claim 1/ye * CID-MOX Insured Name RELIABLE RIDES FTE LTD Insured NBIC 201611527M Contact No. (Mobile) Contact No. (Home) Contact No. (Office) 56251820 The Present Select Pre	Breatharyser or Srood Test. Reading?	0 mg	Any ingury?	○ Yes ® No		
Claim 801 New Claim 1/ye * CID-MOX Insured Name RELIABLE RIDES FTE LTD Insured NBIC 201611527M Contact No. (Mobile) Contact No. (Home) Contact No. (Office) 56251820 The Present Select Pre						
District No. (Mobile) Consider No. (Mobile) Cons	Modification History					
District No. (Mobile) Consider No. (Mobile) Cons	Section 18 Burns					
Activation No. (Mobile) Consider No. (Mobile	Claim 001 New					
Activation No. (Mobile) Consider No. (Mobile						
Contact No. (Motile) Contact No. (Motile) Contact No. (Office)	Dam Type *	GD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
DI Verlicle Number SicRP791P TP Verlicle Number TP Verlicle Number SicRP791P TP Verlicle Number TP Verlicle Number SicRP791P TP Verlicle Number TP Verlicle Number TP Verlicle Number SicRP791P TP Verlicle Number SicRP791P TP Verlicle Number TP Verlicle Number SicRP791P TP Verlicle Number TP	Contact No.(Hobile)		Contact No.(Home)			
Damant Type Pease Select Type of Banefit * Type of Ba	Email Address		OI Vehicle Number	SLR8781P		
Taimanc Address Taim Description SLR8781P / SG09672G CN 30 Non 2019 Insured Lability * Not at Fault referred Workshop Concart or equire Finansiation Yes Preferend Repair Option Dis Received Obs07/2019 12:46 Claim Close Date Date Received Obs07/2019 00:00 Save Submit Attachment Outpload Date Dis	Claimant Type Claimant Type	Please Select V	Type of Benefit *	Please Select		
Size Submit Attachment Attachment Attachment Dec. Received Pref No. Applied Date Pref No. Dec. Received Pref No. No. Dec. Received Pref No. No. No. Dec. Received Pref No. No. No. Dec. Received Pref No. No. No. No. No. Dec. Received Pref No. No. No. No. No. No. No. No.	Daimant Name *	22	Claimant NRIC *			
Insured Liability * Not at Fault Sequire Finalization Yes Preferenced Repair Option Preferenced Re	Daimant Address				10.50	
Or Insured Lightley * Not at Fault ♥ Preferenced Repair Option Pate Received Date Recei	Daim Description	SLR8781P / SGG9672G ON 30 Jun 2019	100 Total Co.		Name of Preferred Workshop	
Attachment Attachment Dec Received Dec Re	Yeferred Workshop Contact io.		Insured Liability +	Not at Fault		
Me Registered O5/07/2019 12:46 Oarm Close Date Date Date Date Date Date Date Dat	lequire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	SIA report	Received
Attachment Attachment Attachment Attachment Attachment Attachment Attachment	tate Registered		Claim Close Date			And the second s
Attachment Attachment Attachment Attachment Attachment Attachment Attachment Attachment	leport Taken By	Jackson				The second secon
Attachment ### Category * Confidencial Confid	Print AK letter					
Attachment ### Category * Confidencial Confid				SOCION DISPOSICIONINA		
Description Pease Select Pease	Attachment			Save Submit		
Exident No. MT/1052015 Claim No. 001 Mt Dot. Received ● Yes ○ No Upload Date 05/07/2019 12:48 Path * Category * Confidencial Urgency * Description * Browse □ Gair Please Select ▼ 150 ▼ Normal ▼ Browse □ Gear Please Select ▼ 150 ▼ Normal ▼	Attachment					
## Doc. Received Path * Doc. Received Pease Doc. Please Doc.	0					
## Doc. Received Path * Doc. Received Pease Doc. Please Doc.	scrident No.	MT/1052015	Claim to	Ans		
Path * Category * Confidential Urgency * Description * Browse Dear Please Select V Pro V Normal V Browse Clear Please Select V Pro V Normal V Browse Clear Please Select V Pro V Normal V	ast Doc Received					
Browse Clear Please Select V Normal V Browse Clear Please Select V V Normal V Browse Clear Please Select V V			upload Date			
Browse Clear Please Select V No V Normal V		Path *				y * Description *
A Page 1						♥
Browse Clear Please Select 😾 🗸 🗸 Normal 🗸			10000000		V Normal	V
			Browse	. Clear Please Select	V Normal	¥

