NATIONAL Assessment Ce.	ntre Services	thet I JanostWP	1419095547-01		
Date In: 2/3/19-17:04	Jeb description		Date & Time Completed	Don	e pi.
ROFNO: MA NC 1901 28 49 124	SAS e-filing		İ	!	
Veh No: MM6193A	E-mail (within	Shrs, AIC 2hrs)		H305	
D.O.A: 10/7/19-11:30	i-Motor Clai	m Form	100- FK PP 201 / cm	22 Hig 1	7:19
	i-Motor W/C	(Within: OD 2h			
OD : TP/ ! Reporting Only	i-Photo Uplo	aded			
TDI	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: JI	hu 1665	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000	()			
General Remarks:-		MESESSANSA	4 22 20 20 20 20 20 20 20 20 20 20 20 20	<u>्राक्ष्य प्रदेश हैं।</u>	
	SECULARY CAMPACTURES OF		TOTAL NO. STATE OF STATE OF	3-1-000	
() Walk-In Customer : Customer's		ntidential & St	inctly NO rater of repairer		
() Total Loss Case : to e-mail In					
Drive-In ()/ Towed-In (); Inv	voice: YES () / N	10();7	Cowing Co: ()
Remarks: (INC hotline: 6788 6610	6)	1,270,270,20	Date&Time Completed	Don	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	(<u> </u>	*		
Upload Resurvey Photo [Repair Cost:)	 	 	
	,,,,,,				
Injury:					
Date/Time Actions		3 3 3 4 3 6		STANCE OF STANCE	
				-2-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	
	mix.				
+				The same of the sa	
Yak			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Anit (S)	Amt (1)
HA190544		Invoice Pre	paration Checklist	fit Bill	Add Bil
laimant's Particulars :-		1) AR : Acciden 2) DA : Damage		(082	- Sive-
river/Owner:		3) TF : Towing I		40/\$45	
Hver/Owner:	~	4) FT : Follow-T	hrough Survey	\$120	
ontact No:	Y 14	5) FT : Follow-T For claiming a	hrough Survey (Resurvey) against INC Only (wef 10 Jan 20)	The second secon	
amaged Portion:		6) TR : Re-inspe	ction	\$75	
		7) N1 : Idao DA 8) NTUC Additi		\$160	
C.Charlathama Y.Charl		OD.	onal Scivices.		
C Checked by (Engr-In-Charge):			Car / Tpt Allowance	\$5	
Vi Vaya suga a paga a paga kan kan kan kan kan kan kan kan kan ka	Carron saldijaki kadibadi Polisi	*N6: Repair C *N7: Fost Rep		\$10	
uditors' Comments :-		+N8: DV / Co	llect Excess Coordination	33	
t.l:			(Non INC) against INC	30	-
it 2/3;		9) N12: Idea Mo Invoice dated	Fee Charge	i	
00.000000		Invoice dated	Fee Charge:	i beautile	******

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 <u>truthful and accurate</u> 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 aforesaid.

- ^	c	C	n	м	ГΑТ	10 T M	ΛEΝ	
- 14	w	u	ы		IA.	IΕN	11-11	ч т

 Date Of Report
 22/07/2019 17:04

 Date Of Accident
 20/07/2019 11:30

Exact Location Of Accident TIONG BAHRU RD TWDS ZION RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM6193A

Insured/Policyholder

Name Of Registered Owner 90'S CAR LEASING PRIVATE LIMITED

Co Reg No 201811754R Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98528570

 Alternative Phone No
 OFFICE-98528570

Vehicle Particulars

Manufacturer TOYOTA

Model VIOS E AUTO

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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

WORKING

NO

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5109690650

Cover Note Number

Driver

Name of Driver KAMILFAHMI BIN SELAMAT

 NRIC No
 \$7526520D

 Date Of Birth
 17/07/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/04/1995

Driving Experience 24 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91291721

Fax Number

Contact Number OFFICE-91291721

EMail Address NOEMAIL

3 JALAN KRIAN Address

Postcode 419063

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

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

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME: 1 -

GENDER: : MALE

Passenger 4

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - A/20190720/7006.

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SGL198S

PRIVATE CAR

SKETCH PLAN

MPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Pollcyholder and/or the Aythorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withholding of material facts may allow insurance companies to repudiete policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark 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.
- 3. Consent under the Personal Data Protection Act (POPA)

t understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 insurers) 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 dains 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 low in administering, processing, handling and/or dealing with my dains (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this occident and the insurers' (swyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Personal and
- (c) thy 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 Singapord, for one or more of the above Purposes.
- (a) my flersonal 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 (a) 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.

Policyholders Signatus

Oriver's Signature

(If delver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

The state of the s	give region of all benefits a provided and the conjugation of the conj	
 		T
1111		1-1
4-4		11
1-1	<u> </u>	1. 1
the state of the s		1-1
		11
to the same of the same		140
And the state of t		1, 1
<u> </u>		1
		1
NIGIGIZA		1 1
1000		Ħ
		-
		ti
		1 1
	ICES OF THE ACCIDENT SCI_1985	
SCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT SGL1985	
	CATALOGY - TO THE PARTY OF THE	
The same of the sa		
1 was hi	I was stationary when the vehicle SCILIPPS	400.4
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED		
hit The re	ear night fender of my vehicle.	
CLARATION		

Policyholder's Signatu Date & Time:

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

Reporting Centra Personnel's Signature Name:

Name: NRIC/FIN No.;

Date of Accident	20 7 19 Accident Time: 1(30 (24-HR-Format)					
Accident Place	: Tiong Bahru Road toward 2 con Road					
Vehicle Reg. No. (Car Plate No.)	: SJM 6193A					
Vehicle Make/Model	: Toyota Vios					
Insurance Company	NTUC INCOME Policy No. 5109690650					
Owner or Company Name /IC No.	: 90's (ar Leasing Pte Ital 201811754R					
Owner or Company Contact No.	98528570 Owner's Hp Company Tel					
DRIVER'S Name / IC No.	: Kamilfahmi Bin Selamat					
DRIVER'S Date Of Birth	: 17 4 1975 DRIVER'S License Pass Date 26 4 1995					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Ohers: With					
DRIVER'S Address	: 3 Jalan KRIAH S419063					
DRIVER'S Contact No./ Alt No.	:1) 91291721 2)					
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)					
Email Address						
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET					
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance					
Number of Passengers (Including D	Oriver):					
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose					
Other	Party Driver's Particular (if any)					
Vehicle Reg. No: <u>594</u> 198	S Vehicle Reg. No:					
Vehicle Make\Model:	Vehicle Make\Model:					
Name Driver:						
IC No. Driver:						
Driver's Contact & Add:	540,1402,140					





1 of 2

Report No. A/20190720/7006

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made	Vide Re	Station Diary No.				
20/07/2019 12:04						
Name Of Informant	Address	Address				
KAMILFAHMI BIN SELAMAT	3 JALAN	KRIAN SI	NGAPORE 41906	3		
ID Type / ID No. NRIC NO / S7526520D	Contact Home/C	0.00	Mobile: 91291721			
Nationality SINGAPORE CITIZEN	Email A	ddress nmi@yahoo	.com.sg			
Occupation	Sex	Age	Date of Birth	Race		
Freelancer	Male	44	17/07/1975	Javanese		
Institution/School Name	Languag English	ge				
Date/Time Of Incident 20/07/2019 11:30 - 20/07/2019 11:35	Location Of Incident TIONG BAHRU ROAD					
Dulaf dataila						

Brief details.

Hit and run RTA. A white Porsche SUV SGL198S did hit rear right wheel fender leaving scratches on my silver Toyota vios SJM6193A. The lady driver proceed to drive on after hitting my car. She then stop about 20m ahead due to a traffic light. I got out of the car, took a pic of the her car n approached her. I said, "u hit my car and u just ran away". She replied, "oh I did?" Ok let's stop in front by the road side. I agreed and walked back to my car. After I got in the car, she disappeared and I don't know where she went. My passengers said she drove so fast n don't know where she went. I then proceeded to send my passengers.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2019 12:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190720/7006

Suspect			
Person Name	Driver of SGL198S	80	1965
Gender	Female	Language	English
Victim		EMEDICAL STREET	
Person Name	KAMILFAHMI BIN SELAMAT	A	
ID Type	NRIC NO	ID No	S7526520D
Gender	Male	Age	44
Race	Javanese	Language	English
Occupation	Freelancer	Address Type	
Address	3 JALAN KRIAN SINGAPORE 419063	Mobile No	91291721
Is Informant A Victim?	Yes	8	

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2019 12:04
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

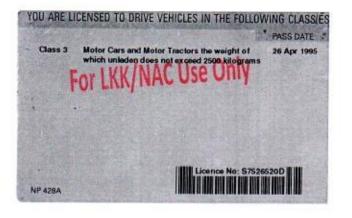
		ADL	DENDUM							
)		RSON MAKING THE AMEND		123 12						
	Original Report No:	MN9119095847.	Vehicle Registration No: _	55m6193A						
	Name(as shown in NRIC):	90's Car Leusing Private	NRIC/FIN/Passport No : _	201811754R.						
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate									
	Address :			Singapore(
	Contact (Tel) :		Mobile No.: 785 285 73).						
	Email Address :		9-							
	Date of Accident :	20/00/19	Time of Accident :	0						
	Place of Accident :	Tioner Bahry Rus	nd toward Zion Ros	evel						
	Insurance Company:	112								
)	ADDITIONALINFORM	MATION / AMENDMENTS:								
•		on the above mentioned ac	ccident and would like to include ad	ditional information o						
	Under Det	ails of Police	Action							
	was the	accident report	ted to the Police?	YES						
		out of the								
	<u> </u>									
	(4)									
	Dana	90'5		1						
	. Wall	4 3		10						
		1 38 15		100						

Date:











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND CO	OMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND CO	OMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	A CONTRACTOR
MOTOR VEHICLES (THIRD PARTY RISKS) RULES	, 1959 (MALAYSIA)

Certificate Number: 5109690650-000009 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SJM6193A

Chassis Number

: MR053HY9305092029

2. Name of Policyholder

90'S CAR LEASING PRIVATE LIMITED

3. Effective Date of Insurance

: 04 Jul 2019

4. Expiry Date of Insurance

: 03 Jul 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

EXCESS (SECTION 1)

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: N/A

EXCESS (SECTION 2) : S\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TAN WEI CREDIT PTE LTD SUM INSURED ... : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 17 May 2019 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy Information

Policy No.	5109690650	Policyholder Name	90'S CAR L	EASING PRIVATE LIM	Policyholder NRIC	201811754R	
Certificate	5109690650-000009						
Address	BLK 940 #14-19 HOUGANG STR	EET 92 SINGA	PORE 53094	10			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	17/05/2019	Effective Date	17/05/2019	9 00:00	Expiry Date	16/05/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	2629.93				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
2759755	TONG HIN INSURANCE AGENCY	Agent Tel					
Agent	TONG HIM INSURANCE AGENCY	Agent res	65155333		GST Flag	Y	
Agent Co- insurance Flag		Agent rei.	65155333		GST Flag	Y	
Co- insurance Flag Open Policy		Agent res.	65155333		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent res.	65155333		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate		Agent Tel-	65155333		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info Policy	No	Addre		HOUGANG STREET		Address 3	SINGAPORE 530940
Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1	No holder Mailing Address	Addre		HOUGANG STREET Singapore address	92	Address 3 Post Code	SINGAPORE 530940 530940
Co- insurance Flag Open Policy Info Certificate	No holder Mailing Address	Addre Addre	ss 2 ss Type		92	04.07.000.000.000	
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address BLK 940 #14-19	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	92	04.07.000.000.000	
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	No holder Mailing Address BLK 940 #14-19 14-19 ed Object: 5109690650-000009	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	92	04.07.000.000.000	
Co- nsurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure	No holder Mailing Address BLK 940 #14-19 14-19 d Object: 5109690650-000009	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	Singapore address	92	04.07.000.000.000	
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure Pindors Sequer	No holder Mailing Address BLK 940 #14-19 14-19 d Object: 5109690650-000009	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	Singapore address 5109690650	92	Post Code	530940

Claim Handling	not been collected.				309
ccident MT/1054477					
oricy No.	\$109690650	Vehicle No.	AEP18MC2	GST Registration No.	
ertificate No.	5109590650-000009				
xicyfiolder Name	90'S CAR LEASING PRIVATE LIMITED			Policyholder NR1C	201811754R
oduct Code	PLEET MASTER INSURANCE	Cover Type	Tried Party, Fire a Theft	Loading	0
ontact No.(Mobile)	96526570	Contact No. (Office)	Q .	Centact No (Home)	0
med Address		Special Remark		eCode	(4C ×
Fix	® No ○Yes	TCA	® No ○Yes	eCode Reason	
		NCD Entitlement(%)	0	Private Hire	Yes
CD Protection Accident Details	No.	MCO Engineral wy	*		11/72:
	22/07/2019 17:17	Accident Report Within 24 hrs.		Acoders Type	Collision - Change / Cross lane
eport Oate		Time of Accident hh.mm		Country of Acodent	Singapore
ate of Acodent	20/07/2019		11:30	Salah Sa	and all the same of the same o
eporting Centre		Orange Force		ICH No.	
ocident Location	TIONG BAHRU RD TWOS ZION RD				
→ Total Excess Applicable					
vcess Type	Per Acoident	Windscreen Excess			
O Standard Excess		TP Standard Excess	1,500.00		
	0.00	YIED TP Excess	9,300-00	Driver is Covered?	
IED OD Excess	0.00	THEO IT CAUCIO		anna (a anna an)	
Additional Excess		50 1578 SULTAN			
otal OD Escess Applicable	0.00	Total TP Excess Applicable			
⇒ Benefits	40.00				
GST Registered Informa					
ST Registered	No		GST Registration Date	200	
ST Registration No.	22/02/2010 22/28/68 6/4	tam changed GST Status Verified fro	GST Status Venified	Yes	
odification History	22/07/2019 17:18:59 598	sem changes son status vernes no	111140 00 185		
Policyholder Mailing Ad	d				
16 1. 16 16 16 16 16 16 16 16 16 16 16 16 16		1200000	LOCALID STREET IN	Address 3	SINGAPORE 530940
ddress I	BLK 940 #14-19	Address 2	HOUGANG STREET 92	Post Code	530940
ddress 4		Address Type	Singapore address	Post Cope	330340
Init No.	14-19	Related Policy Number	5109690650		
⇒ OI Briver Info					
Onver Name	Unnamed Oriver	Driver Type	Unnamed Driver	Driver DOB	17/07/1975
Innamed driver Name	KAMILPAHMI BIN SELAMAT	Driver NR3C	\$7\$26\$20D	Driving Expenence	24
legister Date of Driver License		Driver Age	44		
Contact No. (Mobile)	91291721	Contact No.(Office)	0	Contact No.(Home)	0
Ladress I	3 JALAN KRIAN	Address 2	SINGAPORE 419063	Address 3	
Vodress 4		Address Type	Singapore address	Post Code	419063
únit No.					
Does he own a Singapore Registered car?	Yes (a) No	Driver Vehicle No.		Driver Insurer Company	
Sectaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Claim 001 New					
0.949.00	CONTRACTOR OF THE PARTY OF THE		Special Control of the Control of th	Total Service	2018117548
laim Type *	OD-MX <u>∨</u>	Insured Name	90'S CAR LEASING PRIVATE LIM	Insured NRJC	
ontact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
mail Address		OI Vehicle Number	SJM6193A	TP Vehicle Number	SGL198S
Darmant Type Claimant Type *	- Section with the section of the se	Type of Benefit *	Please Select		
Jaimant Name *	22	Claimant NRIC *			
Daimant Address					
Dailm Description	S3M6193A / SGL198S DN 20 Jul 2019	Man and As the Name	1 200 000	Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
tequire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/07/2019 17:19	Claim Close Date		Date Received	22/07/2019 00:00
leport Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
9					
Accident No.	MT/1054477	Claim No.	001		
AND MALERAGE		Option Dail		Georgia contra	Color Service
Last Doc. Received	● Yes ○ No Path *	Upload Date	22/07/2019 17:21 Category *	Confidential Urger	cy * Description *

