Date In: 13/8/19-18:48	Jeb description	Date &Time Completed	Done	oi.
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Veh No: Dictyon P	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 815/19-15/30	i-Motor Claim Form	WJ 102742001	13/8/19 14.	25
D.O.A. 181 14-14:30	i-Motor W/O (Within: OD		1 111	
OD TPY Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor	1		
TP Insurer:	Ass't Report by Fax / Har			
Preferred Wksp / INC Assign Wksp / QW:	THE RESERVE THE PARTY OF THE PA	Tel:	Fax:	
TP Particulars: Veh No: Jo			JOSEPH TO THE PROPERTY OF THE	
Owner / Driver: (in the state of th	Tel:)	000
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:		
	6) [Note-Est. Status (WO): N:		-100%]	
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Year of Registration: ())		
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() Walk-In Customer's	information strictly Confidential &	Strictly NO refer of repairer	·	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	* 42 5 3		
		Toming Co. (· · · · · · · · · · · · · · · · · · ·	1
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO ()	; Towing Co: (1
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			Done	hv ·
Remarks: (INC hotline: 6788 6610	5)	Date&Time Complete4	Done	by
Remarks: (INC hotline: 6788 6616	5)		Done	by
1) Apply for Transport Allowance (5)		Done	by
Apply for Transport Allowance (QC Check / Post Repair Inspection	5) / Courtesy Car ()		Done	by
1) Apply for Transport Allowance (5) / Courtesy Car ()		Done	by -
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost 2)	5) / Courtesy Car ()		Done	by
Apply for Transport Allowance (QC Check / Post Repair Inspection	5) / Courtesy Car ()		Done	by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	5) / Courtesy Car ()		Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2019 18:48
Date Of Accident	08/08/2019 15:30
Exact Location Of Accident	421 WOODLANDS ST 41
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK6409P
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	200910504E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5091277285-02
Cover Note Number	

Cover Note Number	
Driver	
Name of Driver	MOHAMED SHAIFUL BIN MOHAMED SAAD

S7530046H NRIC No 11/09/1975 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 12/06/1996

Driving Experience 23 YEARS AND 1 MONTH

MALE Gender

(LOCAL) +65-93855094 Mobile Number

Fax Number

OFFICE-93855094 Contact Number

NOEMAIL EMail Address

Address

BLK 515 WEST COAST ROAD

#10-529

Postcode

120515

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident 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

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190813/7022.

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

SMG2107Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MOHAMED SHAIFUL BIN MOHAMED SAAD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK SJK6409P

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

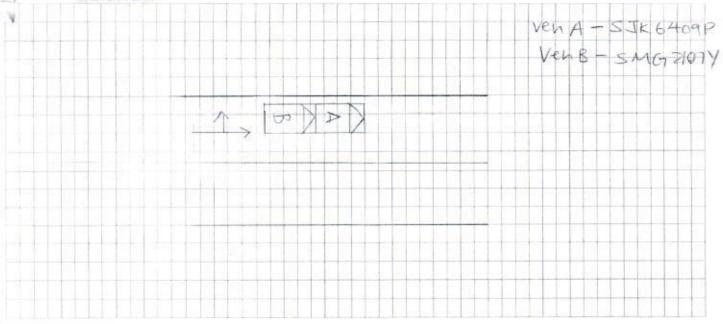
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the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

(II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature Date / time: By.

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



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DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	6/8/19	(DD/MM/YY)
Time of accident	3:30pm	(HH:MM)
Exact location of accident	Along 421 Woodlands Street 41	

	D	ETAILS OF	VEHICLE			
Vehicle registration number	5JK 6	4091				
Vehicle make and model	TOYOT					
Type of vehicle	Saloon	MPV 🗆	CRV t	1000000		
	Lorry D	Bus 🗆	Moto	rcycle 🗆	Others:	
Vehicle category	Private	Comme	ercial	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your	Yes 🗆	No 🗆	if no, ple	ase select:		
own insurance company?	Third part c	laim, 2	Reportin	g only 🗆		

INSURANCE INFORMATION				
Insurance company	NTUC		27	
Policy number				
Type of policy	Comprehensive	Third party fire & theft \square	TP only	

	INSURED / POLICY HOLDER		
Name	Micro (redit (car leasing) Pte Ltd	Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	Mohamed Shajful Bin Mohamed Saad Male Female -			
NRIC / Fin / Passport number	S7530046H			
Contact	9385 5094			
Address	BIK 515 West Coast Road #10-529 S(120515			
Email address				
Date of birth	11/09/1975			
Occupation	Indoor D Outdoor			
Driving date pass	12/06/1996.			

MARKET POLICE TO A STATE OF THE PARTY OF THE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured: Hiver
Accident captured by camera?	Yes D No D
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
CONTRACTOR OF STREET	PASSENGER 2
Name	
Gender	Male Female
	Lawrence de la constant de la consta
	PASSENGER 3
Name	1 ASSENGEN S
Gender	Male Female
Gender	Wale a Female a
	DASSENCED A
No.	PASSENGER 4
Name Gender	Male Female
Gender	Male D Female D
	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes Z No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No I If yes, please state which police station.
Police station name	ubi Ave 3
	WITNESS 1
Name	
	WITNESS 2
Name	WITHESSE

	THIRD PARTY VEHICLE 1
Vehicle registration number	SMG 21074
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
200000000000000000000000000000000000000	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	/
	THIRD PARTY VEHICLE 6
Mahiala majatustian mumbar	THIRD PARTY VEHICLE 0
Vehicle registration number Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

The second second second	INJURED PERSON 1
Name	Mohamed shaiful Bin Mohamed Saan
Injuries sustained	Neck & Back
Which vehicle person in?	SJK 640aP
Were seat belts worn?	Yes, No 🗆
Was injured conveyed to	Yes D No
hospital by ambulance?	
E. Year Marian	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	WHISE BERSON 2
	INJURED PERSON 3
Name	
Injuries sustained	/
Which vehicle person in?	V - N - /
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes - No -
hospital by ambulance?	
	INJURED PERSON 4
Name	INJURED PERSON 4
Injuries sustained	+ /
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No D
hospital by ambulance?	
/	
	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
AND THE PARTY OF T	INJURED PERSON 6
Name /	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190813/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 13/08/20	ne Report M 19 15:37	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partice	ulars	网络海绵 元春华 的				
Name of Informant:			Address:				
MOHAMED SHAIFUL BIN			APT BLK 515 WEST COAST ROAD #10-529 SINGAPORE				
MOHAMED SAAD			120515				
ID Type / ID No.: NRIC NO / S7530046H			Contact No.: Home/Office:	Mobile: 93855094			
National SINGAP	ity: ORE CITIZ	EN	Email: tottisme@yahoo.com.s	g			
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	43	11/09/1975	Driver				
Race:			Language: Institution / School Nan				
Malay			English				
Occupation:			Driving Licence Information:				
Driver			Class: 3 Date of Expiry:				

Type of	Injury	dent Drink	Date/Time of	Type of Location
Accident:	Others	Drive:	Accident: 08/08/2019 15:30	Straight Road
Location: WOODLAND Weather:	S STREET 41	Road Surface:	R	oad Speed Limit:
Clear		Dry		
Clear Traffic Flow:		Traffic Control:	Ti	raffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJK6409P	Car	TOYOTA	vios			0
SMG2107Y	Car					0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190813/7022

CONTINUATION OF REPORT

Name	MOHAMED SHAIFU SAAD	JL BIN MO	ID No		S7530046H	
Related Vehicle	SJK6409P (Car)				ct No.	93855094
Hospital/Clinic	NIL				of g ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2019		scharge	NIL		
No. of Days gran	05	Degree	of Injury	Sligh	t	

Brief Details.

My vehicle (SJK6409P) was stationary at the side of the road. Suddenly, I felt an impact at the rear portion of my vehicle, when I came down to check I realised that another vehicle (SMG2107Y) had collided onto my vehicle and my vehicle's rear portion was damaged. I felt some discomfort at my neck & back and went to consult a doctor. The doctor gave me 5 days of medical leave.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190813/7022

CONTINUATION OF REPORT

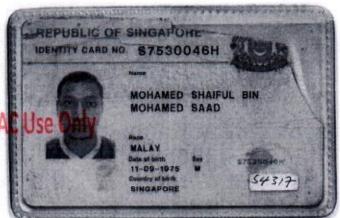
Sketch Plan Informant is not able to provide sketch plan

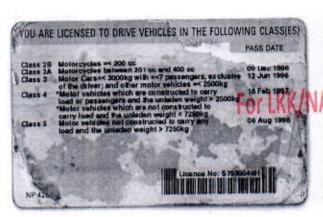
Authentication Stamp

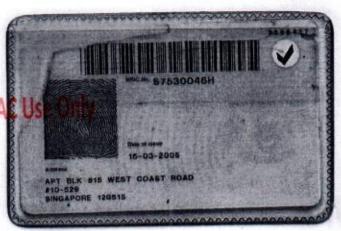
NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 15:37
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:





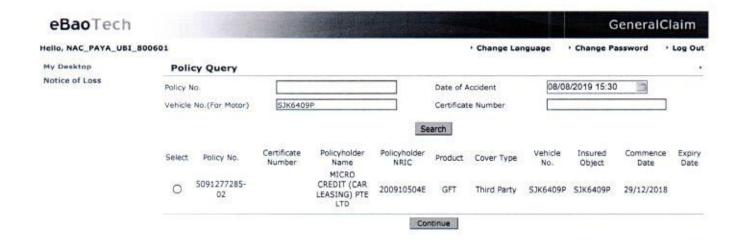






Certificate of Insurance

ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA	ALAYSIA)
ertificate Number: 5091277285-02	Cover : Third Party
Index mark and Registration Number of Vehicle	: SJK6409P
Chassis Number	: MR053HY9305084142
. Name of Policyholder	: MICRO CREDIT (CAR LEASING) PTE LTD
. Effective Date of Insurance	: 29 Dec 2018
. Expiry Date of Insurance	: 28 Dec 2019
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	
the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv	accordance with the licensing or other laws or regulations to drive is not disqualified by order of a Court of Law or by reason of any
 i. Limitations as to Use# (a) Use for social domestic and pleasure purposes a 	nd in connection with the Policyholder's or Hirer's business.
This Policy does not cover	
 (a) Use for racing, pace-making, reliability trial or sp (b) Use for the carriage of goods (other than sample (c) Use for any purpose in connection with the Motor 	s) in connection with any trade or business. or Trade.
	the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A
XCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
INNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	; NO
NSURE WITH COE	: N/A
NCD PROTECTION PRIMARY DRIVER	: NO : N/A
	: N/A
IAMED DRIVER (1)	: N/A
NAMED DRIVER (2) HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A
/We hereby Certify that the Policy to which this Certific /ehicles (Third Party Risks and Compensation) Act (Chap Agency : B.A.S. INSURANCE AGENCY (0000 Date of Issue : 28 Dec 2018 11:30 hrs	rate relates is issued in accordance with the provisions of the Moto pter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Zonate Company of the	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	
Authorised Office	er Chief Executive



Policy No.	5091277285-02	Policyholder Name	MICRO C	REDIT (CAR LEASING)	Policyholder NRIC	200910504E	
Certificate No.							
Address	101 KITCHENER ROAD #03-03	JALAN BESAR	PLAZA SIN	GAPORE 208511			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/12/2018	Effective Date	29/12/20	18 00:00	Expiry Date	28/12/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	6749211	2	GST Flag	Y	
Flag Open	No						
Info Certificate							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policyl	holder Mailing Address 101 KITCHENER ROAD	Addre	ess 2	#03-03 JALAN BES	AR PLAZA	Address 3	SINGAPORE 208511
Info Certificate Info Policyl Address 1			ess 2 ess Type	#03-03 JALAN BES	AR PLAZA	Address 3 Post Code	SINGAPORE 208511 208511
Info Certificate Info Policy Address 1 Address 4		Addr	ess Type ed Policy		AR PLAZA		
Info Certificate Info Policyl Address 1 Address 4 Unit No.	101 KITCHENER ROAD	Addr Relat	ess Type ed Policy	Singapore address	AR PLAZA		
Info Certificate Info Policyl Address 1 Address 4 Unit No.	101 KITCHENER ROAD 12-14 ad Object: 5JK6409P	Addr Relat	ess Type ed Policy	Singapore address	AR PLAZA		
Address 1 Address 4 Unit No. D Insure	101 KITCHENER ROAD 12-14 d Object: SJK6409P sements	Addr Relat	ess Type ed Policy ber	Singapore address			

Claim Handling Accident HT/1057455					
Policy No.	5091277285-02	Vehicle No.	S3K6409P	GST Registration No.	
Certificate No.					
Policyholder Name	MICRO CREDIT (CAR LEASING) PTE LTD			Projecyholder NRIC	2009105046
Product Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	[n: v]
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	1
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
eport Date	13/08/2019 19:34	Accident Report Within 24 hrs	Yes	Acceptant Trans	
ate of Accident	08/08/2019	Time of Accident hh:mm		Accident Type	Collision - Head to Rear
sporting Centre	2015-01-50-1-7		15:30	Country of Accident	Singapore
	Principles (Control of the Control o	Orange Force		3CM No.	
cident Location	421 WOODLANDS ST 41				
V Excess					
wn damage Excess.	0.00	Additional Excess	0	Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OO Excess	0.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
P Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
diffication history	13/08/2019 19:35:13 Syst	em changed GST Status Verified fro	m. No to Yes		
Policyholder Mailing Ad	Idress				
idress I	101 KITCHENER ROAD	Address 2	#03-03 JALAN BESAR PLAZA	4400	HUMBON BUILDING
doress 4	The second transfer of			Address 3	SINGAPORE 208511
nit No.	13.14	Address Type	Singapore address	Post Code	208511
	12-14	Related Policy Number	5091277285-02		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHAMED SHAIFUL BIN MOHAM	Driver NRIC	57530046H	Driver DOB	11/09/1975
gister Date of Driver License	12/06/1996	Driver Age	43	Driving Experience	23
rifact No.(Mobile)	93855094	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 515	Address 2	WEST COAST ROAD	Address 3	WEST COAST PRIDE
fdress 4	SINGAPORE 120515	Address Type	Singapore address	Post Code	120515
st No.	10-529				
oes he own a Singapore ogistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
reathalyser or Blood Test reading?	0 mg	Any injury?	® Yes ○ No		
diffication History					
Claim 001 New					
im Type •	ар-мх 🔻	Insured Name	WORD CORDIT (CAR LEADING)	terior table	
ntact No. (Mobile)	1570/70	Insured Name Contact No (Home)	MICRO CREDIT (CAR LEASING)	Insured NRIC	200910504E
nail Address		Contact No. (Home)		Contact No.(Office)	
Hmant Type Claimant Type+	Dinasa Salari	OI Vehicle Number	\$3K6409P	TP Vehicle Number	5MG2107Y
imant Type Claimant Type *	The state of the s	Type of Benefit *	Please Select		
	>>	Claimant NRIC *			
imant Address				A MONOG BASE	
m Description	SJK6409P / SMG2107Y ON 8 Aug 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability +	Not at Fault		
puire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	13/08/2019 19:35	Claim Close Date	CONTRACTOR OF THE PARTY OF THE	Date Received	13/08/2019 00:00
ort Taken By	Jackson				
Print AK letter	SOUNT FOR ST.				
ttachment		1	Save Submit		
3					
ident No.	MT/1057455	Claim No.	201		
t Doc. Received	⊕ Yes ○ No		001		
		Upload Date	13/08/2019 19:36		
	Path *		Category •	Confidential Urgen	cy * Description *
		Browse	Clear Prease Select	V NO V Normal	
		Browse	Clear Please Select	No V Normal	V
		Browse	Clear Please Select	V No V Normal	~
		Drowse	Page Press Seed	Y Normal	

