Date In: 14 19 -14 115	Jeb description	Date &Time Completed	Done	o'i
Res No: NAJIN CIGOLYITZAN	SAS e-filing		1	
Veh No: 4013684	E-mail (within Shrs, AIC		1	
D.O.A : 17/8/19-11:41	i-Motor Claim Form	11 - 1 100 00	14/8/19/18	N
OD / ft P / Reporting Only	i-Motor W/O (Within:	OD 2hrs, 7°P 4hrs)		
0	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Re			
	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(Tol:	Fax:	V-7-3
TP Particulars: Veh No:	9496582 I	NC()/Non-INC()		
Owner / Driver: (Tel:)	-
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:)	
The state of the s	%) [Note-Est. Status (WO): 1		0-100%]	-
Year of Registration: () Warranty: YES ()/NO	0()		
	\$1,000()/\$2,000()	Commission Commission	2005 S (100 S)	
General Remarks:- () Walk-In Customer: Customer	The state of the s		\$3000 Print	
Remarks:- (INC hotline: 6788 66.) / Courtesy Car ()	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()			
Injury:		•		· C**, 2'
Injury:				
Injury:				
Injury:			S No State Control of the Control of	
Injury:				
Injury :				AZGZON
Injury: Date/Time Actions	Inveit	e Preparation Checklist	Ant (5)	Amt (\$)
Injury: Date/Time Actions Na 1955477	1) AR :	e Preparation Checklist:	Ant (5) Ist Bill	
Injury: Date/Time Actions No. (45 47). Isimant's Particulars::-	1) AR : A 2) DA : 1	e Preparation Checklist: Accident Reporting (\$30); Damege Assessment (\$100); INC	Ant(5)	
Injury: Date/Time Actions No. (45 47). Isimant's Particulars::-	1) AR : 2 2) DA : 1 3) TF : T 4) FT : F	e Preparation Checklist: Accident Reporting (\$30); Damege Assessment (\$100); INC Towing Fee Collow-Through Survey	(\$80) \$40/\$45 \$120	
Injury: Date/Time Actions Nalas 477. laimant's Particulars:- river/Owner:	1) AR : 4 2) DA : 1 3) TF : T 4) FT : F 5) FT : F	e Preparation Checklist Accident Reporting (\$30); Darriege Assessment (\$100); INC lowing Fee collow-Through Survey collow-Through Survey (Resurvey) aiming against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30	
Injury: Date/Time Actions Nal(4547) laimant's Particulars:- river/Owner:	1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F For st 6) TR: S	e Preparation Checklist. Accident Reporting (\$30); Damege Assessment (\$100); INC owing Fee follow-Through Survey follow-Through Survey (Resurvey) siming seainst INC Only (wef 10 Jan 2) Re-inspection	(\$80) \$40/\$45 \$120 \$30	
Injury: Date/Time Actions NAIGNATA laimant's Particulars:- river/Owner:	1) AR : 4 2) DA : 1 3) TF : T 4) FT : F 5) FT : F For sl 6) TR : T 7) N1 : I 8) NTU(e Preparation Checklist Accident Reporting (\$30); Darriege Assessment (\$100); INC lowing Fee collow-Through Survey collow-Through Survey (Resurvey) aiming against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 \$20) \$75	
Injury: Date/Time Actions Na (45 47). Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR: 2 2) DA: 3 3) TF: T 4) FT: F 5) FT: F For cl 6) TR: S 7) N1: I 3 8) NTUC OD:*	ce Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC lowing Fee follow-Through Survey (Resurvey) aiming against INC Only (wef 10 Jan 2) Re-inspection dae DA + SMRT Survey C Additional Services:-	(\$80) \$40/\$45 \$120 \$30 \$20 \$35 \$160	
Injury: Date/Time Actions Nal(45/47) Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: 2 2) DA: 3) TF: T 4) FT: F 5) FT: F For cl 6) TR: F 7) N1: I 2 8) NTUC OD: *N5: C	Ce Preparation Checklist Accident Reporting (\$30); Damege Assessment (\$100); INC Towing Fee Collow-Through Survey (Resurvey) Serinspection day DA + SMRT Survey C Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination	(\$80) (\$80) \$40/\$45 \$120 \$30 (\$05) \$75 \$160	
Injury: Date/Time Actions Na (45 47). Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F For old 6) TR: F 7) N1: I 2 8) NTUO OD* *N5: *N6: *N6: *N7: *N8:	Ce Preparation Checklist Accident Reporting (\$30); Damege Assessment (\$100); INC lowing Fee Collow-Through Survey (Resurvey) Serinspection day DA + SMRT Survey Cadditional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$25 \$10 \$25 \$35	
Injury: Date Time Actions	1) AR: 2) DA: 3) TF: T 4) FT: F 5) FT: F For ole 6) TR: F 7) N1: I 8) NTUC OD: *N5: *N6: *N6: *N7: *N8: TP:(N	e Preparation Checklist Accident Reporting (\$30); Damege Assessment (\$100); INC Towing Fee Collow-Through Survey Collow-Through Survey (Resurvey) Asiming assinst INC Only (wef 10 Jan 2) Re-inspection day DA + SMRT Survey C Additional Services:- Courtesy Cer / Tpt Allowance Repair Co-ordination Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$25 \$100 \$25 \$5 \$20 \$30	

1 por at 1 22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

alcresaid,	
	ACCIDENT STATEMENT
Date Of Report	14/08/2019 14:13
Date Of Accident	13/08/2019 11:45
Exact Location Of Accident	JUNC MARINE BLVD & BAYFRONT AVE
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1368G
Insured/Policyholder	
Name Of Registered Owner	EZY-1 LEASING PTE LTD
Co Reg No	201726333W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87780300
Alternative Phone No	OFFICE-87780300
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

5098932565-01

4	100		
D	riv	10	*
u	۲N	٧e	г

Policy Number

Cover Note Number

KEE SEOW HWA Name of Driver NRIC No S1394032J Date Of Birth 01/12/1959 OUTDOOR Occupation Date Of Driving Pass 11/04/1978

41 YEARS AND 4 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-96804032

Fax Number

OFFICE-96804032 Contact Number

EMail Address NOEMAIL

BLK 944 HOUGANG STREET 92 Address

#10-139 530944

2

YES

NO

NO

1

NO

NO

YES

YES

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

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Postcode

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? 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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 PA9658Z

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

SIDQI HAIKEL BIN WAN HERVIN

VIDEO FOOTAGE WITH DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

KEE SEOW HWA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBJ1368G

Were seat belts worn?

Was this injured conveyed to hospital by

YES

NO

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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:

Driver's Signature

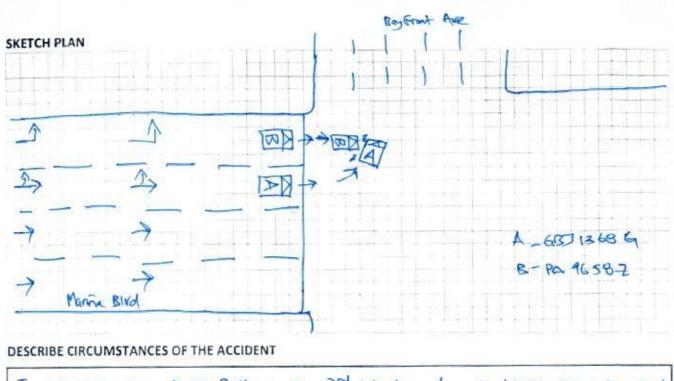
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



I wer drawing along Marina and on the 2rd left lone of a 4-lones, one-way sound how aways at one organized x- Judanum of Barthurst pase, I syrolized to the
left and proceeded to make a left turn of the road function. Out of the
Sydden, reh &) most was tracelying on the entreme last lone (last turn
lone only), proceeded smooth at me wood justion regress of left tom.
At the good of the , van (B) contraded and the last that gotten of my retricite.
A - GRJ 13686
R- RA 9658-Z

DECLARATION

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

Policyhode Handsture

Policyhocers and the Driver's Signature

Date & Time: (If driver is not the policyholder)

Date & Time:

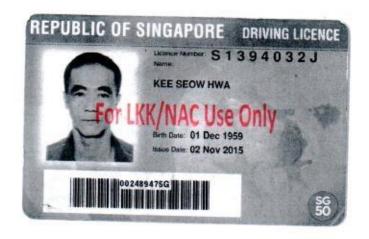
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ehicle No.	68J 1368 6 Model / Make Toytz ticke
ate of Accident	13/8/101
ime of Accident	11.45 am HRS
ocation of Accident	Marine Rival x Bayfront Ave
xact purpose use during accid	lent Leasing
Name of Owner	EZY-1 leasing the Lital
elephone No.	H/P: 37780 300 Home: (~ AVA) Office: 68730300
NRIC	2017263332
Address	15, your Industrial St 1, #01-21 Wm 3, 1(768491)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTNC
Type of Coverage (Comprehensive) Third Party Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No, Kee Ses > Him
NRIC	SUSP HOJ LJ Any Passengers: 46)
Date of birth	01/12/1959
Occupation	(Outdoor) / Indoor
Driving License Pass Date	111411678
Gender	Male / Female
Contact No.	H/P: 9580 403 2 Home: Office:
Address	BIK 944, HUNGOND ST 92, \$10-139, 5(555)944)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	kee Sens Hola
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	PA 9658 7 Any Passengers: az (male)
Name of Driver	Sidgi Haijai Six Wan Hervi Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	19th Front Botton
Camera Recorder	Yes / No
Email Address	enging e ezy-1. Lon &
PARTICULAR WORKSHOP	NS. ANTONOLVE PIL
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ma= (xing
FAX NO	6741 0510





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

Class 3 Class 4 Motor Cars =< 3000kg with =<7 passengers, exclusive 11 Apr 1978 of the driver; and other motor vehicles =< 2500kg 'Motor vehicles which are constructed to carry 105 Jan 1998 load or passengers and the unladen weight > 2500kg

For LKK/NAC Use Only

NP 428A



Certificate of Insurance

	Cer tilicate of	and and
MOTOR VEHICLES (THIRD PARTY RISE	(S AND COMPENSATION) AC	T (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISE	KS AND COMPENSATION) RU	LES, 1960
ROAD TRANSPORT ACT, 1987 (MALA		
MOTOR VEHICLES (THIRD PARTY RISE	KS) RULES, 1959 (MALAYSIA)	
Certificate Number: 5098932565-0	1	Cover : Comprehensive
1. Index mark and Registration Num	nber of Vehicle :	GBJ1368G
Chassis Number		JTFHT02P700246622
Name of Policyholder		EZY-1 LEASING PTE LTD
Effective Date of Insurance		11 Jan 2019
Expiry Date of Insurance	7000 7700 F	10 Jan 2020
Persons or Classes of Persons ent	titled to drive#	
(a) The Policyholder.	201 AS 20102 S 10070 S	9
(b) Any other person who is driv	50	
	en so permitted and is not di	nce with the licensing or other laws or regulations to drive isqualified by order of a Court of Law or by reason of any Motor Vehicle.
6. Limitations as to Use#		
(a) Use for social domestic and	pleasure purposes and in co	nnection with the Policyholder's or Hirer's business.
(b) Use for the carriage of passe	ngers or goods in connectio	n with the Policyholder's or Hirer's business.
This Policy does not cover		
(a) Use for racing, pace-making,	reliability trial or speed-test	ting.
		e disabled mechanically propelled vehicle.
Act (Chapter 189) and Section headings.	n 95 of the Road Transport	Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$2,000	
EXCESS (SECTION 2)	: S\$1,500	
WINDSCREEN EXCESS	: \$\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: MAYBANK SINGAPOR	RE LIMITED
SUM INSURED	: MARKET VALUE OF II	NSURED VEHICLE AT TIME OF LOSS
headings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Policy to	: S\$2,000 : S\$1,500 : S\$100 : YES : MAYBANK SINGAPOR : MARKET VALUE OF II	RE LIMITED
Venicles (Third Party Risks and Comp	ensation) Act (Chapter 189)	and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency . SONA IN	SURANCE AGENCIES (00000	E737E7\
		3/3/3/)
. 15 Sep 2	2018 13:09 hrs	
		FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
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7.00		
Male	7	()m
012	1	
Magazina and Andrew Colonia Colonia and Andrew Colonia and Andrew Colonia and Andrew Colonia and Andrew Colonia	U SSES	
Countersigned By:	1000 To 1000 T	
A	uthorised Officer	Chief Executive

eBao Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_800	0601						· Change Lar	guage	Change Pa	ssword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date of	f Accident	13/08	3/2019 11:45	13	
	Vehicle	No.(For Motor)	GBJ136	8G		Certific	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098932565- 01		EZY-1 LEASING PTE LTD	201726333W	GFT	Comprehensive	GBJ1368G	GBJ1368G	11/01/2019	i.
				45.9	Co	ntinue					

olicy No.	5098932565-01	Policyholder Name	EZY-1 LE	ASING PTE LTD	Policyholder NRIC	201726333	W
ertificate lo.		CONTENTS:					
ddress	15 YISHUN INDUSTRIAL STREE	T 1 #01-21 W	IN 5 SING	APORE 768091			
roduct ame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	19/09/2018	Effective Date	20/09/20	018 00:00	Expiry Date	19/09/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
dditional xcess		OS Premium	283.19				
Outside ingapore ID xcess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
gent	SONA INSURANCE AGENCIES	Agent Tel.	8113133	5	GST Flag	Y	
o- nsurance lag Open olicy nfo	No						
ertificate nfo							
Policy	nolder Mailing Address						
ddress 1	15 YISHUN INDUSTRIA	STREE Addre	ess 2	#01-21 WIN 5		Address 3	SINGAPORE 768091
ddress 4		Addre	ss Type	Singapore address		Post Code	768091
nit No.	01-21	Relate	ed Policy	5098932565-01			
) Insure	d Object: GBJ1368G	Numb	ier				
	n-takin takin da dan salah taki						
Sequen	Bell specific	Endorseme	at Tuna	Endorsoment Number	Fadavas		e_average or everyone
Sequen	29/10/2018 00:00	Basic Informa Endorsement	00/101	Endorsement Number	Endorseme Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBC4688A 30-10-2018 \$1,247.14 In view of this amendment, an additional premium of \$1,247.14 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

laim Handling	not been collected.				
cident MT/1057700					
ricy No.	5098932565-01	Vehicle No.	G8)1368G	GST Registration No.	
tificate No.					
icyholder Name	EZY-1 LEASING PTE LTD			Policyholder NRJC	201726333W
duct Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading	0
cact No.(Mobile)	87780300	Contact No. (Office)	0	Contact No.(Home)	0
all Address		Special Remark		eCode	No. V
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	Q .	Private Hire	No
Accident Details					
ort Date	14/08/2019 18:03	Acadent Report Within 24 hrs	Yes	Acodent Type	Collision - Cross Junction
e of Academs	13/08/2019	Time of Accident thomm	01:45	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	JUNC MARINE BLVD & BAYFRONT AVE				
Excess					
n damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
arried Driver Excess		Outside Singapore OD Excess			
tt Party Excess	1,500,00	Outside Singapore TP Excess.			
Benefits	NASA.				
GST Registered Inform Registered	No No		GST Registration Date		
Registration No.	. 100		GST Status Venfied	Yes	
Incation History				36-5	
Policyholder Mailing Ad	idress				
Irass 1	15 YISHUN INDUSTRIAL STREE	Address 2	#01-21 WIN 5	Address 3	SINGAPORE 768091
Iress 4		Address Type	Singapore address	Post Code	768091
t No.	01-21	Related Policy Number	5098932565-01		
OI Driver Info			36.3000-000-000-000-000-000-000-000-000-00		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	KEE SEOW HWA	Driver NRIC	51394032)	Driver DOB	01/12/1959
ister Date of Driver License		Driver Age	59	Driving Experience	41
tect No.(Mobile)	96804012	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 944	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530944
Iress 4		Address Type	Singapore address	Post Code	530944
t No.	10-139				
es he own a Singapore jistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration athalyser or Blood Test		70700170000EF	ezete zne		
ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
Claim 001 New					
Main oct					
	1				
m Type *	OD-MX	Insured Name	EZY-1 LEASING PTE LTD	Insured NRIC	201726333W
tact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	NIL
ail Address		Of Vehicle Number	G8J13683	TP Vehicle Number	PA9658Z
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	22	Claimant NR3C *			
mant Address				1	
m Description	GB31368G / PA9658Z ON 13 Aug 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	14/08/2019 18:05	Claim Close Date		Date Received	14/08/2019 00:00
ort Taken By	Jackson				
Print AK letter					
			Section responses		
arrann salin			Save Submit		
ttachment					
ident No.	MT/1057700	Claim No.	001		
t Dac. Received	● Yes ○ No	Upload Date			
The second second		Ahroga Date	14/08/2019 18:06	England at stand	9250000000
	Path +		Category *	Confidential Urgen	450.6
		Browse			
		Browse	Clear Please Select V	Normal V Normal	<u> </u>

