| NATIONAL Assessment Centr | e services wet 1. | 124,021 WHOT 160,000 | 10-15 | | |
|---|---|--|--|--|-----------|
| Date In: 12/9/19 -12/14 | Jeb description | Date &Ti | ne Completed | Do | ne by |
| Ref No: NA / NC 19016358/24 | SAS e-filing | i | | | |
| Vch No: JMH 51006 | E-mail (within Shrs, Al | (C 2hrs) | | | 3 |
| D.O.A: 19/19-09:00 | i-Motor Claim For | m malio67 | 20.001 | 71914 | 10:2 |
| OD TP Reporting Only | i-Motor W/O (Withi | n: OD 2hrs, TP 4hrs) | 713-501 | 11919 | 10.0 |
| | i-Photo Uploaded | | | | |
| TD | Assessment/Survey F | Report | | | - |
| TP Insurer: | Ass't Report by Fax | | ren . | | |
| Preferred Wksp / INC Assign Wksp / QW: (| The troportoy Inc. | | | | |
| TP Particulars: Veh No: VM) | 20. | Tel: | | ıx: | |
| Owner / Driver: (| +49 | INC()/Non-l | NC() | - | |
| | iod: (| Tel: | | | |
| Confirmed by : (| |) Cover Typ | | | |
| | Date | | lme: |) | |
| | Note-Est. Status (WO): | | 9%. F: 80-10 | 0%] | |
| | Varranty: YES ()/N | 0() | | | |
| | 00()/\$2,000() | | | | |
| General Remarks: | | | | 200 | |
| () Walk-In Customer: Customer's inform | mation strictly Confidenti | al & Strictly NO refe | r of renairer | - | |
| () Total Loss Case : to e-mail Insurer | | 2 | - C. Toponor. | | |
| | | | 1 | | |
| CONTROL II I I I I I I I I I I I I I I I I I | 1/00/ | A STATE OF THE PARTY OF THE PAR | | | |
| Drive-In ()/ Towed-In (); Invoice: | YES () / NO (|); Towing Co: (| | |) |
| 7,111000 | | | Completed * | Done |) by |
| Remarks; (INC horline: 6788 6616) | | | Completed. | Done |) by |
| Remarks: (INC horline: 6788 6616) | | | Compte ad | Done |) by |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection | ourtesy Car () | | Schipte ad | / Done |) by |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30) | ourtesy Car () | | Compte ad | i ∖Done |) by |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection | ourtesy Car () | | Comple ad | Done |) sjby |
| Remarks; (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: | ourtesy Car () () () () | Date&Time | | 22-10-1 | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury: | ourtesy Car () () () () | | | 22-10-1 | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury: | ourtesy Car () () () () () | Date&Time | | 22-10-1 | |
| Remarks; (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300] Injury: | ourtesy Car () () () () () | Date&Time | | 22-10-1 | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury: | ourtesy Car () () () () () | Date&Time | | 22-10-1 | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury: | ourtesy Car () () () () () | Date&Time | | 22-10-1 | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions | ourtesy Car () () () () () | Date&Time | | | |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions | Ourtesy Car () () () () () | Date&Time | | Anit(S) | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions | ourtesy Car () () 00] () | Date&Time | cklist | | Am |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algain Almant's Particulars: | Invoic 1) AR: A 2) DA: D | e Preparation Che | cklist;); 0); INC (\$80) | Ant (S) | Am |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algain Almant's Particulars: | Inveices 1) AR: A 2) DA: E 3) TF: To | e Preparation Che accident Reporting (\$300 Demoge Assessment (\$100 Demoge Assessment (\$100 | cklist); 0); INC (\$80) \$40/\$4 | Anic(S)) TacBill | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Almant's Particulars: ver/Owner: | Invoic 1) AR: A 2) DA: E 3) TF: T 4) FT: F 5) FT: F | Date & Time Preparation Che Accident Reporting (\$300 Darmage Assessment (\$100 owing Fee Dillow-Through Survey Dillow-Through Survey | cklist:); 0); INC (\$80) \$40/\$4 \$12 :survey) \$3 | Ant (5) | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algain Aimant's Particulars: ver/Owner: | Invoic 1) AR: A 2) DA: E 5) FT: Fo For cla | Date & Time Preparation Che Accident Reporting (\$300 Darmage Assessment (\$100 owing Fee Dillow-Through Survey | cklist); 0); INC (\$80) \$40/\$4 \$12 survey) \$3 wef 10 Jan 2005) | Ant (5)) The Bill | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algain Aimant's Particulars: iver/Owner: | Invoic 1) AR: A 2) DA: E 3) TF: T 4) FT: F For cla 6) TR: R | Date & Time Preparation Che Accident Reporting (\$300 Darmage Assessment (\$100 owing Fee Dillow-Through Survey Dillow-Through Survey | cklist:); 0); INC (\$80) \$40/\$4 \$12 :survey) \$3 | Ant (S) Ist Bill S O O | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Almant's Particulars: iver/Owner: intact No: maged Portion: | Invoic 1) AR: A 2) DA: F 3) TF: T 4) FT: F 5) FT: F Forcle 6) TR: R 7) N1: Id 8) NTUC | Date & Time Proparation Che Accident Reporting (530) Damage Assessment (510) Dowing Fee Collow-Through Survey Collow-Through Survey Collow-Through Survey (Reiming against INC Only (Co-inspection | cklist:); 0); INC (\$80) \$40/\$4 \$12 survey) \$3 wef 10 Jan 2005) | Ant (S) Ist Bill S O O | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algadou Algadou attential Particulars: iver/Owner: intact No: maged Portion: | Invoic 1) AR: A 2) DA: F 3) TF: T 4) FT: F 5) FT: F 7) N1: Id 8) NTUC OD* | Date & Time Preparation Che Accident Reporting (\$300 Damage Assessment (\$100 Dowing Fee Blow-Through Survey Blow-Through Survey (Reiming against INC Only (e-inspection lac DA + SMRT Survey Additional Services:- | cklist:); 0); INC (\$80) \$40/\$4 \$12 survey) \$3 wef 10 Jan 2005) \$7 \$16 | Ant (S) Ist Bill S O O | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algadou Algadou attential Particulars: iver/Owner: intact No: maged Portion: | Invoic 1) AR: A 2) DA: E 3) TF: T 4) FT: F 5) FT: F 7) N1: Id 8) NTUC OD!* *N5: C | Date & Time Proparation Che Accident Reporting (530 Damage Assessment (510 Dowing Fee Collow-Through Survey C | cklist:); 0); INC (\$80) \$40/\$4 \$12 survey) \$3 wef 10 Jan 2005) \$7 \$16 | Ant (S). The Bill | Ant |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge): | Invoic 1) AR: A 2) DA: E 3) TF: T 4) FT: F 5) FT: F For ele 6) TR: R 7) N1: Id 8) NTUC OD!* *N5: C *N6: R *N7: F | Date & Time Preparation Che Accident Reporting (\$300 Damege Assessment (\$100 Dowing Fee Collow-Through Survey Collow-Through Survey (Reiming against INC Only (e-inspection ac DA + SMRT Survey Additional Services Courtesy Car / Tpt Alloware Epair Co-ordination Ost Repair Inspection | cklist); 0); INC (\$80) \$40/\$4 \$12 survey) \$3 wef 10 Jan 2005) \$76 \$16 | Anc(\$). TicBill 5 0 0 5 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | **** |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Algain Actions Actions Actions Actions Checked by (Engr-In-Charge): ditors! Comments:: | Invoic () () () () () () () (| Date & Time Preparation Che Accident Reporting (\$300 Damage Assessment (\$100 Dowing Fee Dillow-Through Survey (Re iming assinst INC Only (e-inspection lac DA + SMRT Survey Additional Services: Dourtesy Car / Tpt Allowar Lepair Co-ordination Date & Times Date & Ti | cklist); 0); INC (\$80) \$100; S40/\$4 \$12 survey) \$37 \$16 \$51 \$52 nation \$5 | Ant((5)) Tet Bill 5 0 0 5 0 5 5 5 5 | Anti |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions | Invoic () () () () () () () (| Date & Time Preparation Che Accident Reporting (\$300 Damege Assessment (\$100 Dowing Fee Collow-Through Survey Collow-Through Survey (Reiming against INC Only (e-inspection ac DA + SMRT Survey Additional Services Courtesy Car / Tpt Alloware Epair Co-ordination Ost Repair Inspection | cklist); 0); INC (\$80) \$100; S40/\$4 \$12 survey) \$37 \$16 \$51 \$52 nation \$5 | Ant (5) Ist Bill 5 0 0 5 0 5 0 0 5 0 0 7 7 7 7 7 7 7 7 | Ant |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

| aforesaid. | entrotis personalitato, summeram remonaritati atti anno internacional (1907-1917-1918-1909-1909-1909-1909-1909-1909-1909 |
|--|--|
| And the state of t | ACCIDENT STATEMENT |
| Date Of Report | 17/09/2019 10:14 |
| Date Of Accident | 17/09/2019 09:00 |
| Exact Location Of Accident | CALTEX PETROL STATION TWDS PAYA LEBAR RD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMH5199G |
| Insured/Policyholder | |
| Name Of Registered Owner | SHL MOTOR PTE LTD |
| Co Reg No | 201611814M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84662442 |
| Alternative Phone No | OFFICE-84662442 |
| Vehicle Particulars | |
| Manufacturer | тоуота |
| Model | WISH 1.8 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 | 5109792828 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MOHAMED MADZLAN BIN AHMAD SAID |
| NRIC No | S7045956F |
| Date Of Birth | 20/12/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/07/2017 |
| Driving Experience | 2 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82472428 |
| Fax Number | |
| | |

OFFICE-82472428

NOEMAIL

BLK 484 JURONG WEST AVENUE 1 Address

#02-93

640484 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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

NO

Other Information

Was any foreign vehicle involved in this accident?

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?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF STATED VENUE. SUDDENLY VEHICLE B MAKE A LEFT TURN TWDS PAYA LEBAR RD AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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

YM2774Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LEO POH HWA

NRIC/Passport Number

S7718872Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

of the complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

UEN No. 201611814N

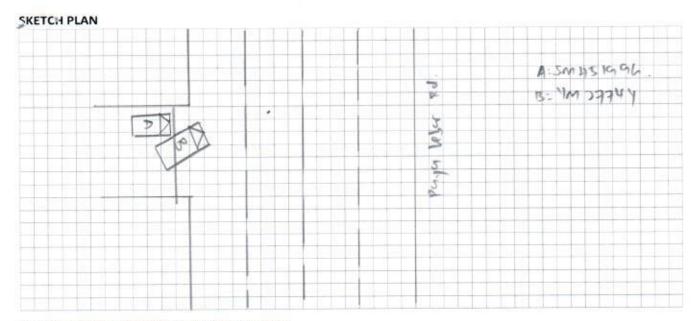
> Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| lefter to stutement. | | |
|---|------|--|
| TATE OF THE PARTY | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| OTOR A | | |

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



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 – 1

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report.

| | | ADDE | NDUM |
|----|--------------------------------|--------------------------------|--|
| A) | | RSON MAKING THE AMENDM | ENTS: |
| | Original Report No | MNA119123031 | Vehicle Registration No: SMH5199G |
| | | SHL MOTOR PTE LTD | NRIC/FIN/Passport No: 201611814M |
| | (*Vehicle Driver / Ve | hicle Owner) (*) Please delete | as appropriate |
| | Address | | Singapore() |
| | Contact (Tel) | | Mobile No. : 84662442 |
| | Email Address | | |
| | Date of Accident | 17/09/2019 | Time of Accident : 09:00 |
| | Place of Accident | CALTEX PETROL STATIO | |
| | | NTUC Income Insurance | Co-operative Ltd |
| | modrance company | | |
| | | | |
| | 9 - | | |
| | OTOR S | | |
| | UEN NO. 1201611814M | <i></i> | Remotive Seaton Remotives |
| | Policyholder / Driver Date: | 's Signature | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date: |

GIARMC addendumform_V3

| Hello, NAC_PAYA_UBI_80060 | 11 | | The second second | The second second | | | • Chang | e Languag | e · Chang | ge Password | · Log Ou |
|---------------------------|----------|----------------|-----------------------|------------------------|----------------------|---------|--------------|----------------|-------------------|------------------|-------------|
| My Desktop | | cy Query | | | | | | | | | - 3 |
| Notice of Loss | Policy N | 10. | 510979 | 2828 | | Date | of Accident | 1 | 17/09/2019 0 | 9:00 | |
| | Vehicle | No.(For Motor) | SMH519 | 99G | | Certif | icate Number | 1 | | 17/ 17/ | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5109792828 | 5109792828- 000031 | SHL MOTOR PTE. LTD. | 201611814M | GFM | Third Party | SMH5199G | SMH5199G | 23/05/2019 | 22/05/2020 |

| Policy No. | 5109792828 | Policyholder Name | SHL MOTO | R PTE, LTD. | Policyholder NRIC | 201611814M | |
|--|---|-----------------------------------|--------------------------------------|---|----------------------|---------------------|--|
| Certificate | 5109792828-000031 | | | | | | |
| Address | 51 UBI AVENUE 1 #01-09 PAYA | UBI INDUSTR | IAL PARK SI | INGAPORE 408933 | | | |
| Product Name | FLEET MASTER INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 22/05/2019 | Effective Date | 23/05/201 | 9 00:00 | Expiry Date | 22/05/2020 23 | :59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | | | Windscreen Excess | | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | 1500 | | | Young/ | Inexperience Driver Excess |
| | | | | | | | |
| Agent | ONE STOP INSURANCE AGENCY | Agent Tel. | 67475667 | | GST Flag | Υ | |
| Co- insurance Flag Open | ONE STOP INSURANCE AGENCY | Agent Tel. | 67475667 | | GST Flag | Υ | |
| Co- insurance Flag | 14.0 | Agent Tel. | 67475667 | | GST Flag | Υ | |
| Co- insurance Flag Open Policy Info Certificate Info | 14.0 | Agent Tel. | 67475667 | | GST Flag | Υ | |
| Co- insurance Flag Open Policy Info Certificate Info Policy! | No | Agent Tel. | | #01-09 PAYA UBI I | | Y Address 3 | SINGAPORE 408933 |
| Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 | No nolder Mailing Address | Addre | | #01-09 PAYA UBI I Singapore address | NDUSTRIAL | Address 3 Post Code | SINGAPORE 408933 408933 |
| Co- insurance Flag Open Policy Info Certificate Info | No nolder Mailing Address | Addre Addre | ess 2 ess Type ed Policy | *************************************** | NDUSTRIAL | | |
| Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. | nolder Mailing Address 51 UBI AVENUE 1 | Addre Addre Relate Numb | ess 2 ess Type ed Policy | Singapore address | NDUSTRIAL | | |
| Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. | nolder Mailing Address 51 UBI AVENUE 1 01-09 ad Object: 5109792828-000031 | Addre Addre Relate Numb | ess 2 ess Type ed Policy | Singapore address | NDUSTRIAL | | ###################################### |
| Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. Insure | nolder Mailing Address 51 UBI AVENUE 1 01-09 ad Object: 5109792828-000031 | Addre Addre Relate Numb | ess 2 ess Type ed Policy er | Singapore address | NDUSTRIAL I | | |
| Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No. Insure Endors Sequen | nolder Mailing Address 51 UBI AVENUE 1 01-09 ad Object: 5109792828-000031 | Addre Addre Relate Numb | ess 2 ess Type ed Policy er | Singapore address 5109793423 | NDUSTRIAL I | Post Code | 408933 |

| laim Handling | | | | | |
|--|---|-------------------------------|---|---|-------------------------------------|
| Hity No. | 5109792828 | Vehicle No. | SMH5199G | GST Registration No. | |
| ertificate No. | 5109792828-000031 | The second second | (Applied 5-7-65/17) | 022060000000000000000000000000000000000 | |
| | SHL MOTOR PTE, LTD. | | | Policyholder NR3C | 201611814M |
| Skcyholder Name oduct Code | FLEET MASTER INSURANCE | Cover Type | Third Party | Loading | 0 |
| | 84662442 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ntact No.(Mobile) | 20005445 | Special Remark | | eCode | THE V |
| nail Address | 8 | TCA | ® No ○Yes | eCode Reason | No. |
| K | ® No ○Yes | | B. C. C. | | Ver |
| D Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | |
| port Date | 17/09/2019 10:27 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| nte of Accident | 17/09/2019 | Time of Accident hh:mm | 09:00 | Country of Accident | Singapore |
| porting Centre | | Orange Force | | IOM No. | |
| cident Location | CALTEX PETROL STATION TWOS PAYA LEBAS | RD | | | |
| Yotal Excess Applicable | | | | | |
| cess Type | Per Accident | Windscreen Excess | | | |
| | | | | | |
| Standard Excess | | TP Standard Excess | 1,500.00 | | |
| ED OD Excess | 0.00 | YIED TP Excess | | Driver is Covered? | |
| tottonal Excess | 0 | | | | |
| cal OD Excess Applicable | 0.00 | Total TP Excess Applicable | | | |
| P Benefits | 30000 | SUCCESSION OF SECURIOR S | | | |
| GST Registered Informa | stion | | | | |
| T Registered Informa | No No | | GST Registration Date | | |
| T Registration No. | 100 | | GST Status Verified | Yes | |
| dification History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| ddress 1 | 51 UBI AVENUE 1 | Address 2 | #01-09 PAYA UBI INDUSTRIAL | Address 3 | SINGAPORE 408933 |
| doress 4 | 20220000000000 | Address Type | Singapore address | Post Code | 408933 |
| | 01-09 | Related Policy Number | 5109793423 | | |
| ne No. | 01-03 | richard a darp married | ************* | | |
| OI Driver Info | W/2002004 #440210 | Debug Turns | Unnamed Driver | | |
| nver Name | Unnamed Driver | Driver Type | 57045956P | Driver DOS | 20/12/1970 |
| nnamed driver Name | MOHAMED MADZLAN BIN AHMA | Driver NRIC | | Driving Experience | 2 |
| egister Date of Driver License | | Driver Age | 48 | 33 - 181-218 5 | 0 |
| ontact No. (Mobile) | 82472428 | Contact No.(Office) | 0 | Contact No.(Home) | To an annual contract of the second |
| ddress 1 | BLK 484 | Address 2 | JURONG WEST AVENUE 1 | Address 3 | JURONGVILLE @ AVE 1 |
| ddress 4 | SINGAPORE 640484 | Address Type | Singapore address | Post Code | 640484 |
| nit No. | 02-93 | | | | |
| oes he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| egistered car? | | | | | |
| eclaration | | | | | |
| reathwyser or Blood Test | Omg | Any injury? | ○ Yes No | | |
| eading? | 2 | | | | |
| | | | | | |
| odification History | | | | | |
| Claim 001 New | | | | | |
| Claim out Branch | | | | | |
| | | | 100000000000000000000000000000000000000 | | presentation |
| laim Type * | ор-мх | Insured Name | SHL MOTOR PTE. LTD. | Insured NRIC | 201611814M |
| ontact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | • |
| mail Address | CONTRACTOR OF THE PARTY OF THE | Of Vehicle Number | SMH5199G | TP Vehicle Number | YM2774Y |
| lament Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| laimant Name * | 22 | Claimant NRIC * | Control of the second | | |
| laimant Address | 166 | | | 1 | |
| | SMH5199G / YM2774Y ON 17 Sept 2019 | | | Name of Preferred Workshop | |
| laim Description | 2015129G / 1912/741 ON 17 Sept 2019 | STATES STATES OF STATES | Construction (Construction) | | # |
| referred Workshop Contact to. | | Insured Liability * | Not at Fault | | |
| equire Finalisation | Yes | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 17/09/2019 10:29 | Claim Close Date | | Date Received | 17/09/2019 00:00 |
| sport Taken By | Jackson | | | | |
| Print AK letter | | | | | |
| at a comment of the c | | | | | |
| 2 (20 | | | Save Submit | | |
| Attachment | | | | | |
| | | | | | |
| • | | | ×3642 | | |
| Accident No. | MT/1062710 | Claim No. | 901 | | |
| ast Doc. Received | ® Yes ○ No | Upload Date | 17/09/2019 10:30 | | |
| 2012/08/2017/09 | Path * | | Category * | Confidential Urge | ncy * Description |
| r | The word. | Brows | The second process of the second | Normal | ¥ |
| | | | Maria Caracteria de la | V No V Normal | |
| | | Brows | | | 1000 |
| | | Brows | | V Normal | |
| | the part of the second state of the second | Brows | se Clear Please Select | Normal V Normal | <u> </u> |
| | | | | | |
| | | Brows | 60 Clear Please Select | NO V Normal | V |

