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Ref No: Na INUGOISSAUZY	SAS e-filing		
Veli No: Ser 8757K	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 18/9/19-19:50	i-Motor Claim Form	M7/1063/97-001	19/19 7:
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No: St	76038E 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: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$			
General Remarks:-		A HOMEROED, AND COME PORCE OF	STATE OF THE PARTY
THE PERSON OF TH	SAME A CROSS COLLANS CONTRACTOR SERVICES RECOGNISMED	A STATE OF THE STA	5,000 Str. 10 -
() Walk-In Customer : Customer's i		ictly NO rater of repairer.	
() Total Loss Case : to e-mail Ins	urer URGENTLY.		
Drive-In () / Towed-In (); Invo	pice: YES()/NO(); To	owing Co: (, '	
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	7502362137C
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

atoresaid.	22 33 32
Section view and an include the second	ACCIDENT STATEMENT
Date Of Report	19/09/2019 16:33
Date Of Accident	18/09/2019 19:50
Exact Location Of Accident	SLIP RD SIMS WAY TWDS GEYLANG RD
Country/State of Loss	SINGAPORE
一种人们的人们的人们的人们	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8757K
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE LTD
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8X CVT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108502848
Cover Note Number	
Driver	
Name of Driver	KOH TI SHUEN, DICKSON (XU DISHENG, DICKSON)
NRIC No	S8036990E
Date Of Birth	20/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87680262
Fax Number	
Contact Number	OFFICE-87680262

NOEMAIL

BLK 106 RIVERVALE WALK Address

#13-116

Postcode 540106

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)

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ANGELA

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190919/2085.

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 SLT6038E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KUMAR

NRIC/Passport Number

Contact Number 9°558299 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

_

DETAILS OF INJURED PERSON 1

Name KOH TI SHUEN, DICKSON (XU DISHENG, DICKSON)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLR8757K
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ANGELA

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLR8757K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

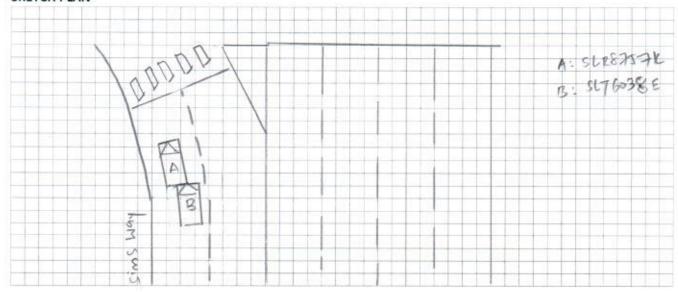
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	40.00	Street Die South Street Co. Labor 191	
leter to	police	18 2014 - 7/2019/085.	

DECLARATION

I/We declare 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 9 / 19)(D	D/MM/YYYY), TIME:(19:50)(HH:MM)
LOCATION: St. ? Ted Sims was	tous aying Rd.
and the second s	and the same
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SURSTIAL	5 %
b)INSURANCE COMPANY: NTIC	
CIPOLICY NUMBER: 510850284	
dipolicy type: /co./pos/gran	
e)MAKE & MODEL:	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	AN LORRY / MOTORCYCLE / OTHERS)
SI TIMOLE CATEGORI.IPRIVATE	CMM PPCIAL / NOTOBOVOLEN
11/1 OKI OSE OF USING AT ACCIDENT	TTIME CANADCCIAL UCO
JAKE TOU CLAIMING UNDER YOUR	OWN INSURANCE IVECINO
" NO, FLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY
2. MISSINED / FOLICY HOLDER	,
A)NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
CJADDRESS.	
* CONTINUE TO 3.d IF DRIVER ALSO I	POLICY HOLDER
the of hassender DRIVER	
(Includes 1.) a) NAME: Icoh Ti Shuan Dick Is	(MATE) FEMALE)
CALA DIVINICATION PASSPORT: > KD 3699	DE CONTRACT V 82(8) 2/2
Jemone. CIADDRESS: DIK 106 Riversale	W4/16 \$13-116 (540106)
*dIDATE OF DIDTUL (10 .) . 100	
angela. *d)DATE OF BIRTH: (2/11/198	(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRERIENCE:	76 12 12 12 V
4. WAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANYS OVER IN
- " " NELATIONSHIP HE HELDET	VED WITTH THOUSE III
J. GIWEATHER CONDITION: (CLBAR / RA	AINING / OTHERS
DINOAD SURFACE: (DRY/ WET / OTHE	ERS
6. WAS ANYBODY INJURED (YES / NO)	
 a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE 	4
S TUIDO DA DEVIA TORIA	STATION:
THE OF PASSENGER a) VEHICLE NUMBER & 16038 E.	MODEL:
(Including driver) b) DRIVER'S NAME: LUMGE	MODEL:
() NRIC/HN/PASSPORT:	CONTACT: 98 558 299
Y. THIRD PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER:	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT:

email =

fax =

VIDEO = X





1 of 3

Police Station Of Origin: Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20190919/2085

	ne Report M 19 15:00	ade:	Vide Report No.:	Station Diary No. 25
Informa	nt's Particu	lars		
	Informant: SHUEN, DI	CKSON	Address: APT BLK 106 RIVERV 540106	ALE WALK #13-116 SINGAPORE
	/ ID No.: D / S803699	90E	Contact No.: Home/Office:	Mobile: 87680262
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 38	Date of Birth: 20/11/1980	Type of Informant: Driver	W
Race: Chinese		371	Language:	Institution / School Name:
Occupat Taxi driv		**	Driving Licence Inform Class: 3	nation: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/09/2019 19:50	Type of Location: Slip Road
Location: Along Road 1 SIMS WAY GEYLANG R	Traveling Toward F	Solved School of		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Cross	sing	Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Head	l To Rear		Anyone conveyed by ambulance:

Details of V	N DOWNSON WHEN PROPERTY OF PARTY NAMED IN COLUMN	CHARLEST CATALOGUE CONTRACTOR CON	News and the second		10 10	N (D
Whicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLR8757K	Car				Slightly Damaged	1
SLT6038E	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
	Use of Pedestrian Crossing: NA





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

2 of 3 Report No. T/20190919/2085

CONTINUATION OF REPORT

Driver						A STATE OF THE PERSON NAMED IN COLUMN
Name	KOH TI SHUEN, DI	CKSON		ID No).	S8036990E
Related Vehicle	SLR8757K (Car)			Conta	act No.	87680262
Hospital/Clinic	SIN MIN CLINIC			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	19/09/2019		Date Disc		-	9/2019
No. of Days gran	ted Medical Leave	07	Degree of		Slight	
Driver		PHILIPS IN		THE RE		
Name	KUMAR			ID No		NIL
Related Vehicle	SLT6038E (Car)			Conta	ct No.	98558299
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	- C. III. C.	Date Disc	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the above mentioned date and time, I was driving my vehicle along Sims Way towards Geylang Road at the slip road.

There was a zebra crossing and the vehicle in front of me stopped. So I stopped behind the vehicle. Suddenly, I felt a collision from the rear of my vehicle. I exited my vehicle to make a check and found out that the vehicle behind me (SLT6038E) has collided to the rear of my vehicle. The rear of my vehicle suffered slight damages (bumper cracked and bonnet dented). I managed to exchange particulars with the other party before going off. The passenger inside my vehicle called Grab to inform that she also felt pain due to the accident.

I wish to note I received a WhatsApp text from the other party however it was from a different number (9188 1927).

I went to Sin Min Clinic on 19/09/2019 as I felt pain on my neck and back area. I received 7 days MC from 19/09/2019 until 25/09/2019.





3 of 3

Report No. T/20190919/2085

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK	Val
Signature Of Interpreter:	Date/Time:
Not applicable	19/09/2019 15:00
N. Company	
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	SN 070
Contact No.: 65476172	
Authentication Stamp	19
VP168	- Harris Andrews - Harris - Ha
SIGN	AT/URE

Hello, NAC_PAYA_UBI_800	601					-	Change	Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query								**************************************	
Notice of Loss	Policy N	Vo.	510850	2848		Date o	of Accident	6	8/09/2019	19:50	
	Vehicle	No.(Far Motor)	SLR875	7K		Certific	cate Number				
					B	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108502848	5108502848- 000030	H & H RENTAL & LEASING PTE, LTD.	201703965Z	GFM	drivo CLASSIC	SLR8757K	SLR8757K	28/03/2019	27/03/2020

Policy No.	5108502848	Policyholder Name	H&HRE	NTAL & LEASING PTE.	Policyholder NRIC	201703965Z	
Certificate No.	5108502848-000030				30,770		
Address	61 UBI AVENUE 2 #04-12 AUT	OMOBILE MEGA	MART SIN	GAPORE 408898			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/03/2019	Effective Date	28/03/20	19 00:00	Expiry Date	27/03/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	В	GST Flag	Y	
Co- insurance	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	8	GST Flag	Y	
Co- insurance Flag Open	CONTRACTOR AND AND A CONTRACTOR	Agent Tel.	96354288	8	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate	CONTRACTOR AND AND A CONTRACTOR	Agent Tel.	96354288	8	GST Flag	Y	
Co- Insurance Flag Open Policy Info Certificate Info	CONTRACTOR AND AND A CONTRACTOR	Agent Tel.	96354288	8	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		#04-12 AUTOMOBII		Address 3	SINGAPORE 408898
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre			LE MEGAMAF /	Address 3	SINGAPORE 408898 408898
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addre: Addre:	ss 2 ss Type d Policy	≠04-12 AUTOMOBII	LE MEGAMAF /		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 61 UBI AVENUE 2	Addre: Addre: Relate Numbi	ss 2 ss Type d Policy	#04-12 AUTOMOBII Singapore address	LE MEGAMAF /		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 61 UBI AVENUE 2 04-12 0 Object: 5108502848-00003	Addre: Addre: Relate Numbi	ss 2 ss Type d Policy	#04-12 AUTOMOBII Singapore address	LE MEGAMAF /		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Jnit No. Insured	older Mailing Address 61 UBI AVENUE 2 04-12 d Object: 5108502848-00003	Addre: Addre: Relate Numbi	ss 2 ss Type d Policy er	#04-12 AUTOMOBII Singapore address	LE MEGAMAF I		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	older Mailing Address 61 UBI AVENUE 2 04-12 d Object: 5108502848-00003	Addres Addres Relate Numbi	ss 2 ss Type d Policy er	#04-12 AUTOMOBII Singapore address 5108502848	LE MEGAMAF I	Post Code	408898

Claim Handling										
Accident MT/1063197										
Policy No.	5108502848	Vehicle No.		SLR8757K		G	ST Registration N	0.		
Certificate No.	5108502848-000030									
Policyholder Name	H & H RENTAL & LEASING PTE, LTD.					Po	silcyholder NRIC		20170	3965Z
Product Code	PLEET MASTER INSURANCE	Cover Type		drive CLAS	isic	La	lading.		0	
Contact No.(Mobile)	0	Contact No.(Office)		0		Co	ontact No.(Home)		0	
Email Address		Special Remark				eC	Code		N. V	-
KPK	® No ○ Yes	TCA		® No ○1	es	40	Code Reason			
NCD Protection	No	NCD Engitlement(%	6)	0		Pr	ivace Hire		Yes	
Report Date	19/09/2019 17:30	Acadent Report W	thin 24 hrs	Yes		Ac	cident Type		Collisio	on - Head to Rear
Date of Accident	18/09/2019	Time of Accident hi	h:mm	19:50		Co	ountry of Accident		Singap	iore.
Reporting Centre		Orange Force					M.No.		aniger	
Accident Location	SLIP RD SIMS WAY TWDS GEYLANG RD	6.7073713630033				199				
♥ Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess			100.00					
170505704F5D1	V-014013000	175100000000000000000000000000000000000			100,00					
OO Standard Excess	2,000.00	TP Standard Excess	1		1,500.00					
YIEO OO Excess	0.00	YIED TP Excess				Dr	iver is Covered?			
Additional Excess	a									
Total OD Excess Applicable	2000.00	Total TP Excess Ap	piicabile							
♥ Benefits	00000000		Grand?							
♥ GST Registered Informa	etion									
GST Registered	No			gs	Registration Date					
GST Registration No.	Automotive Control of the Control of				Status Verified		Yes			
Modification History										
	200									
9 Policyholder Mailing Ad										
Address 1	61 UBI AVENUE 2	Address 2		#04-12 AL	TOMOBILE MEGAMAS	Ad	ktress 3		SINGA	PORE 408898
Address 4		Address Type		Singapore	oddress	Pg	Post Code		40889	5
Unit No.	94-12	Related Policy Num	ber	510850284	6					
♥ OI Driver Info										
Driver Name	Unnamed Driver	Driver Type		Unnamed C						
Unnamed driver Name	KOH TI SHUBN, DICKSON (XU E	Driver NRIC		58036990			iver 008		20/11/	1980
Register Date of Driver License		Driver Age		36		Dri	lving Experience		4	
Contact No.(Mobile)	87680262	Contact No.(Office)		0		Co	ntact No.(Home)		0	
Address 1	BLK 106	Address 2		RIVERVALE	WALK	Ad	dress 3		SINGA	PORE 540106
Address 4		Address Type		Singapore i	oddress	Por	st Code		54010	
Unit No.	13-116									
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.				Dri	iver Insurer Comp	eny		
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?		® res Or	io .					
Modification History										
Claim 001 New										
Claim 001 New										
Claim Type *	00-MX	Insured Name		HAHREN	TAL & LEASING PTE.	Ins	sured NRIC		20170	1965Z
Contact No.(Mobile)		Contact No. (Home)		NIL	(1)	Cer	ntact No.(Office)		NIL	
Email Address		OI Vehicle Number		SLRB757K			TP Vehicle Number			366
Claimant Type Claimant Type *	Please Select	Type of Senetit *	_	Please Sele	et 🔻					
Claimant Name *	25	Claimant NRIC +		7						
Claiment Address										
Claim Description	SLR8757K / SLT6038E ON 18 Sept 2019					Nan	me of Preferred W	orkshop		
Preferred Workshop Contact No.		Insured Liability *		Not at Fau						
Require Finalisation	Yes.	Preferered Repair O		2.7.50000	Vorkshop, Name unknown	GIA	A report		Receiv	ed 🔽
Date Registered	19/09/2019 17:32	Claim Close Date	3				te Received		-	2019 00:00
Report Taken By	Jackson								-	
Print AK letter	3-400100									
E PTITE AK HEDET										
			S	ave Sub	nit					
Attachment										
23										
•										
Accident No.	MT/1063197	Claim N			001					
Last Doc. Received	● Yes ○ No	Upload	Date		19/09/2019 17:33					
-	Path *			aya arana	Category •	de Fran	Confidential	Urgen	4.	Description *
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