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Veh No: 11cu3994	E-mail (within Shrs, AIC 2hrs)			
D.O.A: Walg-12:05	i-Motor Claim Form	m/1064784-001	20/4/19 1	20:05
OD / TP Reporting Only	i-Motor W/O (Within: OD 2hi	s, TP 4hrs)		
OD / Reporting Only	i-Photo Uploaded		1702—3166.7666 1	
TP Insurer:	Assessment/Survey Report			
11 Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: W	CYBYIL . INC ()/Non-INC()	14	
Owner / Driver: (Tel:		
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		= = 100 (1)
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Figure 1 1.55

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/09/2019 19:48
Date Of Accident	28/09/2019 12:05
Exact Location Of Accident	RANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL399G
Insured/Policyholder	
Name Of Registered Owner	GENZ CAR RENTAL
Co Reg No	53337779W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE 2.4X WELCAB A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	NO
Policy Number	5083315356-02
Cover Note Number	
Driver	
Name of Driver	MURRALLDURAL

Dilvei	
Name of Driver	MURRALI DURAI
NRIC No	S7431184I
Date Of Birth	28/09/1974
Occupation	INDOOR
Date Of Driving Pass	29/08/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508074
Fax Number	
Contact Number	OFFICE-94508074

NOEMAIL

EMail Address

BLK 524 SERANGOON NORTH AVENUE 4 Address

#08-46

Postcode 550524

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

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

5

Number of Passengers (Including Driver)

Passenger 1

NAME:

: HARSHINTAA DURAI

GENDER:

: FEMALE

Passenger 2

NAME:

: DURAI PANDIAN K

GENDER:

: MALE

Passenger 3

NAME:

: LAKSHANYA MURRALI

GENDER:

: FEMALE

Passenger 4

NAME:

: MUTHUPANDIAN MALINI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Contact

If Yes, against whom?

SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709, POSTCODE:

550108, COUNTRY: SINGAPORE

Was notice of intended Prosecution given? NO

TEL NO: 1800-2849999 - FAX NO: 63431742

Circumstances of Accident

REFER TO POLICE REPORT - T/20190928/2161.

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

Page 2 of 25

Vehicle Registration Number

WC4641K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

gory COMMERCIAL VEHICLE

Name of Driver

WANG LEI

NRIC/Passport Number

G2502462T

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MURRALI DURAI

Approximate Age

Injuries Sustain

ARM

Injured person in which vehicle?

SKL399G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

HARSHINTAA DURAI

Approximate Age

Injuries Sustain

ARM

Injured person in which vehicle?

SKL399G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

DURAI PANDIAN K

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

SKL399G

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

Name

LAKSHANYA MURRALI

Approximate Age

Injuries Sustain

FACE

Injured person in which vehicle?

SKL399G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Page 3 of 25

Postcode

DETAILS OF INJURED PERSON 5

Name MUTHUPANDIAN MALINI

Approximate Age

Injuries Sustain LEG

Injured person in which vehicle? SKL399G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of malerial 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 their surance 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 (POPA)

l 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 dollectively 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:
 - (I) 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, involces, 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 of 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:

Reg. No. 53337779W

JW.

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

Reporting Centre Personnel's Signature

NRIC/FIN No.

SKETCH PLAN	V	
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Reg. No. 1	riculars are true in every respect.	
West Company	M Mura Puru	
rollcynoider's Signature	Oriver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name;
Partie West & Marchan and	Date & Time:	NRIC/FIN No.1

:

Salarin Sayut Assalgan jala

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 acts 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 and time of accident	Date: 28	ROT 2019	(DD/MM/YY) Time:	12:05	(HH-MM)
Exact location of accident	Alony	Konguen	Koaol.	,5.03	paramery

Details of vehicle

Vehicle registration number	1	EL 3996		7	-
Vehicle make and model			veuffre.		And the second s
Type of vehicle	Saloon Lorry	MPV Bus	CRV	o Van	Others:
Vehicle category	Private 🗆	Comme		Motorcy	The second name of the second name of the second
Purpose of using at said time		grade.	THE	Motorcy	cie u
Are you claiming under your own insurance company?	Yes Third part c	No	if no, plea	se select:	

Insurance information

MTUC		
Comprehensive 🗆	Third party fire & theft n	TP only a

Insured / Policy holder

Name	Crenz Car Lental.	Male D Female D
NRIC / Fin / Passport number	5333777796	Maie D Telliale D
Contact		
Address		

Driver

Same as insured above □ (skip to D.O.B)

Name	Murrate Oura: Male - Female
NRIC / Fin / Passport number	874311841
Contact	9450 8014.
Address	Block SJY Serongeon MONTL Avenue 4 \$08-46 Senjapore 550524.
Email address	1 2000
Date of birth	28 Sept 1974
Occupation	Indoor D Outdoor D
Driving date pass	29 Aug 1996

General information of the accident

Was driver an employee of the insured's company?	Yes a	No ationship of the	driver and insured:	Hirer
Accident captured by camera?	Yes 🗆	Non		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet		
No of passenger	2		#	(Inclusive of driver)

Passenger 1

Name	Muthupandian Walling			
Gender	Male 🗆	Female		

Passenger 2

Name	Lakshanyer Mural?	
Gender	Male a Female a	

Passenger 3

Name	Ourai Pandian K	
Gender	Male a Female D	

Passenger 4

Name	Harshintag aras	
Gender	Male D Female D	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name		
Gender	Male D Female D	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes 🗆	No.II	

Details of police action

Reported to police?	Yes No c	If yes, pl	lease state which police station.	
Police station name	Perantoon		PP	

Third party vehicle 1 (Vehicle 15)

Name	Dong les	
Contact number		
NRIC / Fin / Passport number	625024627.	
Vehicle registration number	WC 4641K.	
Vehicle make model	- 10 111-	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
Witness 2	
Name	

Injured person 1

Name	Murrals Ouras
Injuries sustained	Any para
Which vehicle person in?	ILL 3996
Were seat belts worn?	Yes P No D
Was injured conveyed to hospital by ambulance?	Yes D No.2

Injured person 2

Name	Muthipandian Malini
Injuries sustained	Lea pain
Which vehicle person in?	Str 3994
Were seat belts worn?	Yes P No D
Was injured conveyed to hospital by ambulance?	Yes D No.

Injured person 3

Name	lakshamya Murrali
Injuries sustained	face polin
Which vehicle person in?	SKL 3996
Were seat belts worn?	Yes a No o
Was injured conveyed to hospital by ambulance?	Yes D Not

Injured person 4

Name	Oursi Panchan K
Injuries sustained	Ley vala
Which vehicle person in?	St 286
Were seat belts worn?	Yes a No o
Was Injured conveyed to hospital by ambulance?	Yes D No.0

Injural Person S

Harshintaa Qurai
Anu pain
Sk. 1399h
Leat Best worn

X conveyed.





Report No. T/20190928/2161

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 19:22	/lade:	Vide Report No.: S		Diary (c.)
linonpa	nt's Partic	ulars			
	Inverment: LI CURAI		Address: APT BLK 524 SERANGOON SINGAPORE 550524		A646 10:46
	/ ID No.: O / S74311	841	Contact No.: Home/Office: Mobile: 94508074		
National SINGAP	ity: ORE CITIZ	EN	Email:	Email:	
Sex: Male	Age:	Date of Birth: 28/09/1974	Type of Informant: Driver		14
Race:			Language: English	Institution / School	Name:
Occupation: Technical Officer			Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:	The A

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2019 12:05	Type of Location: X-Junction
RANGOON R KEIST ROAD				
Vinamer: Sleat		Road Surface: Dry		Road Speed Limited & & 60 Km/h4 *UC ~
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: - Light
Type of Collisi		Swipe - Same Direction		Anyone conveyed hy ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passinge
SKL399G	Car	TOYOTA	Vellfire	Black	Seriously Damaged	0
WC4641K	Lorry					0

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





A POST AND

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

Report No. T/20190928/2161

CONTINUATION OF REPORT

Passenger 4					
Name	HARSHINTAA DURAI		ID No),	S7835134I
Related Vehicle	SKL399G (Car)			act No.	NIL 5
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licen Expir	g '	Class: NIL Date of Expiry: NIL
Date Treatment	28/09/2019 Date Disch		harge	28/09	9/2019
No. of Days gran	ted Medical Leave 03	Degree of			
Passenger			No.		ersonsons and extra
Name	DURAI PANDIAN K		ID No		S0176078E
Related Vehicle	SKL399G (Car)		Conta	ct No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	28/09/2019	Date Disc	harge	28/09	9/2019
	ted Medical Leave 04	Degree of			
Driver 1995			新疆 沙拉	621215	
Name	MURRALI DURAI		ID No		S7431184I
Related Vehicle	SKL399G (Car)		Contact No.		94508074
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licent Expire	g	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	28/09/2019	Date Disch			
	ted Medical Leave 03	Degree of			
		School Service	NEWSCOOLS DEED	BURNEY AND SOUTH	
Name	LAKSHANYA MURRALI		ID No		T0528934Z
Related Vehicle	SKL399G (Car)		Conta	ct No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	97 100	Class Driving Licence	g	Class: NIL Date of Expiry: NIL
		area and a second	Expiry	Date	
Date Treatment	28/09/2019	Date Disch	THE RESERVE OF THE PERSON NAMED IN		/2019





Paice Station Of Origin: Satingous North NPP 108 Satingoon North Ave 1 #01-709 SINGAPORE 550108

Tel No: 1800-2849999

CONTINUATION OF REPORT

Report No. T/2019092

Passenger					海沿海	
Name	MUTHUPANDIAN MALINI		ID No		X3907821Z	
Related Vehicle	SKL399G (Car)		Contact No.		NIL .	
Hospital/Clinic	TAN TOCK SENG H	HOSPÍTAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	28/09/2019		Date Disc	harge	28/09	9/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Sligh	t
Driver		eren et 1815		他的规则	1号总数	estates una virtual de la companie d
Name	WANG LEI			ID No		G2502462T
Related Vehicle	WC4641K (Lorry)	N .		Conta	ct No.	NIL CONTRACTOR
Hospital/Clinic	NIL :	17 9		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	1111

Brief Details.

On 28/09/2019 @1205hrs, I was driving a rented car (SKL399G) along Rangoon Road towards Serangoon Road and there were 4 of my family members inside the vehicle. When I was about to neach the junction of Rangoon Road and Kent Road, I noticed that there was a cement truck which was stationary at the side of the road. I then continued to drive forward and the said cement truck suddenly made a right turn from a stationary position into Kent Road and in the process collided onto the left rear side of my vehicle causing my vehicle to mount the kerb. I then alighted from my vehicle to make a sheck and discovered that the other driver is a Chinese National and we were not able to communicate as to language barrier. As I worried that my family members could be injured due to the accident, I called for a Grab car and went to Tan Tock Seng Hospital for check-up leaving my car behind. While I was seeking treatment at Tan Tock Seng Hospital, I received a call from Traffic Police officer enquiring about the accident and also the extent of the injury. I was then advised to lodge an accident report. My car was towed away by the towing vehicle engaged by the car rental company. I and my family members were given medical leaves for 3 days except for my father who was given 4 days medical leave. The junction where the accident took place is not a controlled junction as there is no traffic light.





Report No. T/2019 928/2161

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108

Tel No: 1800-2849999

CONTINUATION OF REPORT

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C17	4-1		-
	1101	1 212	an

ment 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: F / SI ABDUL RASHID BIN ABDULLAH	Signature Of Informant:						
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2019 19:22	5 ***					
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:	***					
SI ANG YI TING, STEPHANIE Contact No.: 65476414	SN 154						
Authentication Stamp		* 1					

eBao Tech			General							alClaim	
Hello, NAC_PAYA_UBI_80	00601						• Change	e Languag	e • Char	nge Password	· Log Ou
My Desktop Notice of Loss	Poli	cy Query									
	Policy N	¥o.				Date o	of Accident	[28/09/2019	12:05	
	Vehicle	No.(For Motor)	SKL399	SKL399G			Certificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5083315356- 02		GENZ CAR RENTAL	53337779W	GPC	drivo CLASSIC	SKL399G	5KL399G	29/12/2018	28/12/2019

▶ Insure ♥ Endors	ements							
Insure								
200000000000	d Object: SKL399G	Numb	er					
Jnit No.	01-49		d Policy	5111385048			C4424335	
Address 4		Addres	s Type	Singapore address		Post Code	417800	
Address 1	25 KAKI BUKIT ROAD 4	Addre	ss 2	#01-49 SYNERGY 6	в кв	Address 3	SINGAPORE 417800	
	nolder Mailing Address							
Certificate nfo								
Open Policy Info								
nsurance lag	No							
Co-	The second secon							
Agent	ASSURE (SINGAPORE) PTE. LTD Agent Tel.		68038751		GST Flag	Υ		
Singapore OD Excess	2000	Singapore TP Excess	1500			Young/Inexperience Driver Excess		
Dutside	372	Outside	503					
Additional	0	OS Premium	0					
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100		
Гуре		Excess						
Excess	All Cla				5000	LAN ME SA	2008	
Policy ssue Date	14/12/2018	Effective Date	29/12/201	8 00:00	Expiry Date	28/12/2019 2	23:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	25 KAKI BUKIT ROAD 4 #01-4	19 SYNERGY @ I	B SINGAPO	RE 417800				
Certificate No.								
	5083315356-02	Policyholder Name	GENZ CAR	RENTAL	Policyholder NR1C	53337779W		

Accident MT/1064784							
Policy No.	5083315358-02	Vehicle No.	SKL399G	GST Registration No.			
ertificate No.							
olicyholder Name	GENZ CAR RENTAL			Policyholder NR3C	53337779W		
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0		
intact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0		
nell Address	2004200	Special Remark		eCode	No V		
×	No ○ Yes	TCA	® No ○ Yes	eCode Reason			
D Protection	W. S.		0	Private Hire	Yes		
P Accident Details							
port Date	30/09/2019 20:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane		
te of Accident	28/09/2019	Time of Accident hh:mm	12:05	Country of Accident	Singapore		
porting Centre		Orange Force		ICM No.			
cident Location	RANGOON RD						
Excess							
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00		
named Driver Excess		Outside Singapore OD Excess	2,000.00				
od Party Excess Benefits	1,500.00	Outside Singapore TP Excess	1,500.00				
GST Registered Inform	atta						
Registered			***				
Registration No.	No		GST Registration Date GST Status Verified	Yes			
dification History			58 ALASSO (1995 - 1995)	100			
Policyholder Halling Ad	fdrese						
tress 1	25 KAKI BUKIT ROAD 4	Address 2	#01-49 SYNERGY @ KB	Address 3	SINGAPORE 417800		
dress 4		Address Type	Singapore address	Post Code	417800		
t No.	01-49	Related Policy Number	5111385048				
OI Driver Info			2010500110				
ver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	MURRALI DURAI	Driver NRJC	574311841	Driver DOB	28/09/1974		
aster Date of Driver License		Driver Age	45	Driving Experience	23		
stact No.(Mobile)	94508074	Contact No. (Office)	0	Contact No.(Home)	0		
iress 1	BLK 524	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550524		
Iness 4		Address Type	Singapore address	Post Code	550524		
it No. es he own a Singapore	08-46						
gistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
claration							
eathalyser or Blood Test	A ma	PERMITTER	A				
eathalyser or Blood Test	0 mg	Any injury?	Yes ○No				
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No				
eathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No				
eathalyser or Blood Test ading? dification History	0 mg	Any injuny?	® Yes ○ No				
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