Date In: ((14,9-1417)				
	Jeb description	Date & Time Completed	Done b	y
Res No: Na Inc 1901 gray hy	SAS e-filing			
Veh No: DX YYM	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 19/19-12:53	i-Motor Claim Form	M7/1064918-201	1110/19 15:0	11
6	i-Motor W/O (Within: OD 2hr			
OD : TP Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: QX ?	990 . INC(	)/Non-INC( )	::	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	- 2
Year of Registration: ( ) V	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,0	00()/\$2,000()			
General Remarks:	Berger St. A. St. St. St.		1000	
( ) Walk-In Customer: Customer's infor	rmation strictly Confidential & St	rictly NO refer of repairer.		-
( ) Total Loss Case : to e-mail Insure		*		-
Drive-In ( )/ Towed-In ( ); Invoice		owing Co: (	· <del></del>	)
			All the second sections.	-
Remarks:- (INC hotline: 6788 6616)		Date& Time Completed	Done b	y · ·
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			10000
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )			
Indiam'r.		7 (5)		
Injury:		- 1		
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Date/Time Actions		paration Chrcklist	λη(( <b>5</b> ))	
Pate/Time Actions	1) AR : Acciden	paration Checklist Reporting (\$30);	Anet (S)	
Pate/Time Actions	1) AR : Accident 2) DA : Damage 3) TF : Towing I	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);	Ant (\$) fit Bill 80)	
Date/Time   Actions	1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T	paration Chrcklist  Reporting (330);  Assessment (\$100); INC (\$100	Anet (\$) 7\$1.Bill 80) 0/\$45 \$120	
Date/Time Actions  NAMONIA  Jamant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);	And (\$) 75: Bill 80) 60/\$45 \$120 \$30	
Date/Time Actions  NAMANA  Inimant's Particulars:-  river/Owner:  Ontact No:	1) AR : Accident 2) DA : Damege 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspe	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$700); INC (\$700	Anet (S) 751 Bill 80) 10/\$45 \$120 \$30 5) \$75	
Date/Time Actions  NAMONIA  Lamant's Particulars:-  river/Owner:  Ontact No:	1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$200); INC (\$300); INC (\$300	Ant (S) 1st Bill 80) 10/\$45 \$120 \$30	
Date/Time Actions  NAME OF THE PROPERTY OF THE	1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$700; INC (\$700	Ant (S) 1st Bill 80) 10/\$45 \$120 \$30 5) \$75 \$160	
Date/Time Actions  NAMA  NAMA  Inimant's Particulars:-  river/Owner:  Ontact No:  amaged Portion:	1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspe 7) N1 : Idao DA 2 8) NTUC Additi OD* *N5: Courtesy	paration Chrcklist Reporting (\$30); Assessment (\$100); INC (\$70); Res \$40 Assessment (\$100); INC (\$70); Assessment (\$100); INC (\$70); Assessment (\$100); INC (\$70); Assessment (\$100); A	Ant (S) 1st Bill 80) 10/\$45 \$120 \$30 5) \$75 \$160	
Date/Time Actions  NAMA  Sumant's Particulars:-  river/Owner:  Ontact No:  Immaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For cleiming 6 6) TR: Re-inspe 7) N1: Idae DA 2 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$700);  Rese \$400;  Assessment (\$100); INC (\$700);  Rese \$400;  Assessment (\$100);  Reservey  Action  Howard Survey  Action  Howard Survey  Action  Conformation	Ant (S) 1st Bill 80) 10/\$45 \$120 \$30 5) \$75 \$160	
Date/Time Actions  NAMA  Sumant's Particulars:-  river/Owner:  Ontact No:  Immaged Portion:  C Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming 8 6) TR : Re-inspe 7) N1 : Idae DA 5 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$700);  Rese \$400;  Assessment (\$100); INC (\$700);  Rese \$400;  Assessment (\$100);  Reservey  Action  Howard Survey  Action  Howard Survey  Action  Conformation	\$0) 191 Bill 80) 10/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$5	
Date/Time Actions	1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming 8 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11) : TF	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); Assessment (\$10	\$0) 19t Bill 80) 10/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$5 \$20	Amt (5)
Date/Time Actions  NAMANA  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); Assessment (\$10	\$0) \$0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30	

## 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.	
	ACCIDENT STATEMENT
Date Of Report	01/10/2019 14:50
Date Of Accident	27/09/2019 17:50
Exact Location Of Accident	WEST COAST HWY
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX4439Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD FIRDAUZ BIN SAMSUDIN
NRIC No	S8324183G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90688424
Alternative Phone No	OFFICE-90688424
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109293848
Cover Note Number	
Driver	
Name of Driver	VIKNESWARAN S/O GOVINDARAJOO
NRIC No	S8504849Z
Date Of Birth	31/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85713373
Fax Number	

OFFICE-85713373

NOEMAIL

Address BLK 729 JURONG WEST AVENUE 5

#10-216

Postcode 640729

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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 NO

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) 3

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2

NAME:

S #

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

2

NO

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190928/7011.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number QX299C

Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

Vehicle Category GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SAW WEE KIAT S9803503F

# **DETAILS OF INJURED PERSON 1**

VIKNESWARAN S/O GOVINDARAJOO Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SJX4439Y

YES

NO

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report egyrectly the details of the occident to speed up the claims produce
- 2. This Form must be completed by the Policyholder and/or the Authorised Orlean
- Information provided must be as truthful and eccyptic as possible. Any withit misrepresentation or withholding of material. facts may allow insurance companies to repudiate policy liability.
- 4. The issue and asseptance of this Form by incurance companies is not an admission of policy liability on the cost of the incurance campanies.
- . Any false resembning year be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Contra assablished by the General Insurance Association of Singapore (GIA) for atchining and that copies of this report will for a fee be made evallable upon application by
- 7. By the lodgment of this report to the insurers, you hereby thesent to the archiving of this report at the centre and to copies of the report being made available aforessid.
- 2. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (1) My insurer, my workshop and the General insurance Association of Singapora ("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/javz firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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 mag
  - (Iv) administering my cizims (including the malling of correspondence, statements, invoices, reports or notices to me, which sould involve disclesura of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail peckages); and/or
  - (v) complying with applicable low in administering, processing, handling and/or dealing with my dains. (collectively the
- (a) ell insurer(a) who have insured vehicle(s) involved in this accident and the insurers' iswyers/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/ran be disclosed by say of the insurers and/or GIA to their third party service providers to scensurgluding their lawyers aw firms), which may be sted outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile dalms history for the purpose of freud detection, investigation and management in present and all future dains.
- (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, fave enforcement and government agencies as reasonably required for the purposes stated, or

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

Policytologies Signature Oxio & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature Name:

KRIC/FIN No.:

SKETCH PLAN				
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de D. Formatio	(If driver is no	I (he policyholder)	Name:	1

Date of Accident	:37/9/19 Accident Time: 1750 (24-HR-Format)
Accident Place	: West Coast Hallow (Infront of Mac)
Vehicle Reg. No. (Car Plate No.)	: SJX 4439 Y
Vehicle Make/Model	: Mitshubishi Lorcer
Insurance Company	: N-4C Policy No
Owner or Company Name /IC No.	: Mohamad Firdauz Bin samsudin 1)
Owner or Company Contact No.	. 40 68 8424 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: VIKNESWARAN S/O GOVINDARATOO / S8504849Z
DRIVER'S Date Of Birth	: 31 /01 /85 DRIVER'S License Pass Date NOU 2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 16400
DRIVER'S Address	: BIK 729 Jurong West Ave 5 #10-216 S (640729)
DRIVER'S Contact No./ Alt No.	:1) Technician 2) 85713373
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: viknessg@gmail.com
Weather & Road Surface	: CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance (only driver lajury)
Number of Passengers (Including D	river): 3 Passenger both duy
Was there any video Captured by ca Exact purpose for which vehicle wa	r camera YES NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: Qx 299C	Vehicle Reg. No:
Vehicle Make Wodel: Toyota	
Name Driver: INSP(NS) Swo U	Dec kint Name Driver:
IC No. Driver: \$9803503 F	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3

Report No. T/20190928/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 28/09/20	ne Report N 019 13:43	lado:	Vide Report No.:	Station Diary No.		
Informa	nt's Particu	ulars				
Name of Informant: VIKNESWARAN S/O GOVINDARAJOO			Address: APT BLK 729 JURONG WEST AVENUE 5 #10-216 SINGAPORE 640729			
ID Type	/ ID No.: D / S850484	49Z	Contact No.: Home/Office:	Mobile: 85713373		
Nationality: SINGAPORE CITIZEN			Email: viknessg@gmail.com			
Sex: Male	Age: 34	Date of Birth: 31/01/1985	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Technician			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2019 17:50	Type of Location Straight Road
Location: WEST COAS	T HIGHWAY	Road Surface:		Road Speed Limit:
Weather:		Dry		50 Km/h
Weather: Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wo	rking	50 Km/h Traffic Volume: Moderate

Type	Make	Model	Color	Condition	No of Passenger
	mane				0
Car					"
0	MITCHIDICHI	Lancor	10-	Slightly	2
Car	MITSUBISHI	Lancer			-
	Type Car	Car	Car	Car	Car

Details of Person Involved	NUMBER OF STREET WAS DESCRIBED TO STREET
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190928/7011

2 of 3

CONTINUATION OF REPORT

Driver	CONTRACTOR OF THE PARTY OF THE	THE ROLL SHIP							
Name	VIKNESWARAN S/O GOVINDARAJOO					S8504849Z			
Related Vehicle	SJX4439Y (Car)			SJX4439Y (Car)		JX4439Y (Car) Contact No.		ct No.	85713373
Hospital/Clinic	NIL				of g ce & y Date	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		charge	NIL					
No. of Days gran	ted Medical Leave	02	Degree o	of Injury	Slight				

## Brief Details.

On the stated date and time, i was driving my vehicle SJX4439Y at west coast highway, I was going straight at lane 1 and my lane was clear. I drive and saw a police car turning out from minor road towards lane 1, I precaution him my horning and i stop in time by swerving to the right, then the police car QX299C reverse and drive forward and collided to my side, My car was stationery. I do not have my passenger particular. I felt uncomfortable and consult a doctor and got 2 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190928/7011

CONTINUATION OF REPORT

Sketch Plan	
Informant is not	able to provide sketch pla

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2019 13:43
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy No.					Date o	f Accident	2	7/09/2019	7:50	
	Vehicle	No.(For Motor)	SJX443	9Y		Certific	cate Number	[			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109293848		MOHAMAD FIRDAUZ BIN SAMSUDIN	S8324183G	GPC	Third Party, Fire & Theft	5JX4439Y	53x4439Y	06/05/2019	14/12/2019
	-				C	Continue	1				

Policy No.	5109293848	Policyholder Name	MOHAMAD	FIRDAUZ BIN SAMSU	Policyholder NRIC	S8324183G	
Certificate No.		, rune					
Address	BLK 316 #02-178 TAMPINES :	STREET 33 SINC	APORE 5203	316			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/05/2019	Effective Date	06/05/2019	00:00	Expiry Date	14/12/2019	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	161.42				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyh	older Mailing Address						
Address 1	BLK 316 #02-178	Addre	ss 2	TAMPINES STREET	33	Address 3	SINGAPORE 520316
Address 4		Addre	ss Type	Singapore address		Post Code	520316
Unit No.		Relate Numb	ed Policy er	5109293848			
▶ Insure	d Object: SJX4439Y						27
♥ Endors	Tan Belongs Follows	19(4)	Endorsemen	dest Cour	Endorsement	2077	Endorsement Content

ccident MT/1064918								
olicy No.	5109293848	Vehicle No.	SJX4439Y		GST Registration No			
ertificate No.	3103233040	VENCE NO.	22044291		da i negovacion inc	20		
Nicyholder Name	MOHAMAD FIRDAUZ BIN SAMSUDIN				Ballon ford day \$18.00		****	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third State - Size & Ti		Policyholder NRIC		58324	1836
intact No.(Mobile)		Contact No.(Office)	Third Party, Fire & Ti	iert.	Contact No.(Home)		0	
	90688424		u.				Char	
neil Address 'K	® No ○Yes	Special Remark TCA	® No ○Yes		eCode eCode Reason		NI Y	
CD Protection	No.	NCD Entitlement(%)	0		Private Hire		Yes	
Accident Details		ness consumeracy	*		Private New			
port Date	01/10/2019 15/39	Accident Report Within 24 hrs	Yes		Accident Type		College	on - Major Minor Road
ite of Accident	27/09/2019	Time of Accident hh:mm	17:50		Country of Accident		Singap	
porting Centre		Orange Force			ICM No.		- Jangar	
cident Location	WEST COAST HWY	0.004272.00			550000000.			
Total Excess Applicable								
cess Type	Per Accident	Windscreen Excess		0.00				
CONTRACTOR OF THE PROPERTY OF				1000				
Standard Excess	0.00	TP Standard Excess		1,500.00				
ED OD Excess	500.00	YIED TP Excess			Driver is Covered?			
ditional Excess								
tal OO Excess Applicable	500.00	Total TP Excess Applicable						
7 Benefits								
GST Registered Informa								
T Registered	No		GST Registrat		traject t			
T Registration No. idification History			GST Status V	rines	Yes			
Policyholder Mailing Ad	dress							
idress 1	BLK 316 #02-176	Address 2	TAMPINES STREET 3	3	Address 3		SING	PORE 520316
dress 4		Address Type	Singapore address		Post Code		52031	6
nit No.		Related Policy Number	5109293848					
OI Driver Info								
tver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	VIKNESWARAN S/O GOVINDAR	Driver NRIC	\$85048492		Driver DOB		31/01	/1985
gister Date of Driver License	01/11/2007	Driver Age	34		Driving Experience		11	
intact No.(Mobile)	85713373	Contact No.(Office)	0		Contact No.(Home)		0	
idress 1	BLK 729 =	Address 2	JURONG WEST AVEN	ue s	Address 3		SINGA	PORE 640729
dress 4		Address Type	Singapore address		Post Code		64072	9
nit No.	10-216							
ses he own a Singapore sgistered car?	O Yes ® No	Driver Vehicle No.			Driver Insurer Comp	запу		
deration								
eathalyser or Blood Test ading?	0 mg	Any injury?	Yes ○ No					
odification History								
Claim 001 New								
111-11								
sim Type *	00-MX	Insured Name	MOHAMAD FIRDAUZ	BIN SAMSU	Insured NRIC		58324	183G
intact No.(Mobile)	90688424	Contact No.(Home)	NIL		Contact No. (Office)			
hall Address	DUDE_LOVE999@HOTMAIL.COM	OI Vehicle Number	SJX4439Y		TP Vehicle Number		QX299	IC .
simant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	~				
imant Name *	22	Claimant NRIC *						
nimant Address							-	
sim Description	SJX4439Y / QX299C ON 27 Sept 2019	20002000000000			Name of Preferred V	Vorkshop		
eferred Workshop Contact		Insured Liability *	Not at Fault	~				
quire Finalisation	Yes	Preferened Repair Option	Preferred Workshop,	Name unknown			Receiv	
te Registered	01/10/2019 15:41	Claim Close Date			Date Received		01/10	2019 00:00
port Taken By	Jackson							
Print AK letter								
			Save Submit					
Machiner			- Contract					
Attachment								
,								
cident No.	MT/1064918	Claim No.	001					
	€ Yes ○ No	Upload Date		10/2019 15:43				
			24	Category *	Confidential	Urgeno	· ·	Description
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tot Doc. Received	Path •	Browse.	Clear Please S	elect elect elect	kg   v   kg   v   kg   v	Normal	V	

