Date in: Viales 11.			A119131624		
Date In: Ylolig-1650)	Jeb description		Date & Time Completed	De	one by
Res No: HA HUGGOI 7578 24	SAS e-filing				
Veh No: 57 R837P.	E-mail (within 8h	s, AIC 2hrs)			-
D.O.A: 3)10/19-18:10	i-Motor Claim	Form	M7 1065442 001	Ulat	11.00
OD : TP! Reporting Only	i-Motor W/O (Vithin: OD 2hrs,		Molin	16.70
The porting only	i-Photo Upload				
TP Insurer:	Assessment/Surv	ey Report		112110	
	Ass't Report by F	ax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: Jels	605 E	. INC()/Non-INC()		HOUSE!
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: (- <u>'</u>	
Confirmed by : (I	ate:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO)	: N: 0-209	%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () W	arranty: YES ()	/NO()			
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
General Remarks		ENERGY W	TOTAL BUILDING SERVERS	12 C 17 C	-
() Walk-In Customer: Customer's inform	nation strictly Confide	antial 9 Ctale	with Company of the Art Company	See Fri.	
() Total Loss Case : to e-mail Insurer	IID CIPAINT Y		ay NO Isler of repailer.		- 10
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Drive-In ()/ Towed-In (); Invoice:	YES () / NO () ; Tov	ring Co: (17)
Remarks: (INC hotline: 6788 6616)				14:5W3EW.	K-1/2 1-1-1
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July : ———————————————————————————————————	() 00] () liny 1) Al 2) Do 3) TF 4) FT	R: Accident Rep A: Damege Asse : Towing Fee : Follow-Throu	orting (\$30); sament (\$100); INC (\$80) \$40/\$ gh Survey \$1	1	
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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.
- 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,	354 U.S. 100
THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	04/10/2019 16:03
Date Of Accident	03/10/2019 18:10
Exact Location Of Accident	PIE (CHANGI) BEFORE CTE (SLE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR837P
Insured/Policyholder	
Name Of Registered Owner	SYAHRIL BIN SAHID
NRIC No	S8129116J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81009352
Alternative Phone No	OFFICE-81009352
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	5107072850
Cover Note Number	
Driver	
Name of Driver	SYAHRIL BIN SAHID
NRIC No	S8129116J
Date Of Birth	22/09/1981
Occupation	INDOOR
Date Of Driving Pass	19/09/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81009352
Fax Number	

OFFICE-81009352

NOEMAIL

BLK 526D PASIR RIS STREET 51 Address

#10-539

Postcode 514526

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO 3

Number of Passengers (Including Driver)

NAME:

: SAHID BIN SISWO

GENDER:

Passenger 2

Passenger 1

ambulance?

NAME:

: SITI KASMIRA HASHIDAH BINTE HASHIM

GENDER: : FEMALE

: 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

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191004/7020.

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

SKZ5605E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 98179760

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ito. Or r asseriger (including Driver)

NAME:

2

Passenger 1

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKQ4830A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 97210663

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

SYAHRIL BIN SAHID

.

DETAILS OF INJURED PERSON 1

Approximate Age

Name

Injuries Sustain BODY

Injured person in which vehicle? SJR837P

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

2

Address Postcode

DETAILS OF INJURED PERSON 2

Name SAHID BIN SISWO

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJR837P
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name SITI KASMIRA HASHIDAH BINTE HASHIM

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJR837P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (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 or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

SKETCH PLAN PIECHANDI), before CIE(SUE) VEHICLE A: SJR 837 P A EUR CTE U: 2KS 2 POZE NEMICLE C: SEO 4830 A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER THE TO POCICIE REPORT 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) Reporting Centre Personnel's Signature

Date & Time:

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

\$6 s •	. DETAILS OF VEHICLE	, before CTE (SI	
		SOR 837P	2 3
	a) VEHICLE NUMBER:		
*	b)INSURANCE COMPAN	Y:	
	C)POLICY NUMBER:		TALLED BARTY FIRE STHEFT
	d)POLICY TYPE: (COMPR	REHENSIVE / THIRD PAR	RTY / THIRD PARTY FIRE &THEFT
	e)MAKE & MODEL:	Nissan Sulpi	
	f)TYPE:(SALOON / COUP	E / MPV /V AN / LORR	Y / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (I	PRIVATE / COMMERCI	Phyate
	h)PURPOSE OF USING AT	ACCIDENT TIME:	
	I) ARE YOU CLAIMING UN	IDER YOUR OWN INSU	KANCE (TEX/IND)
2	IF NO, PLEASE STATE (TH	IND PARTY CLAIM ! KE	FORTING ONLY
2.	INSURED / POLICY HOLD	nil Bin Sanid	(MAZE / FEMALE)
	A)NAME: : 3901 b)NRIC/FIN/PASSPORT:_	581291167	CONTACT: 81009350.
	c) ADDRESS: 5260	Pasir Pis Street	51 H10-539 S(5145)6
	CINDONES. 1000	101311 - 12 01.401	
10	* CONTINUE TO 3.d IF DR	IVER ALSO POLICY HO	OLDER
# Ho of pessones	DRIVER	TER ALBO TOLICITIE	
City of Passanger	Actions		(MALE / FEMALE)
(Induding driver)	b) NRIC/FIN/PASSPORT:		CONTACT:
(<u>v3</u> .)	c) ADDRESS:		•
of female passenge	v	-ra ani	
The second secon	d) DATE OF BIRTH: (16		MM/YYYY)
of male passage			ET 5985
•	f) YEARS OF DRIVING EXP	RERIENCE:	THE COMPANY WEE ! (D)
4.	WAS DRIVER AN EMPLO	YEE OF THE INSURE	ED'S COMPANY? (YES / (D)
¥8	IF NO, RELATIONSHIP C	IF THE DRIVER WITH	1.11001.110
5.	a)WEATHER CONDITION:	CLEAR / KAINING / C	DIFIERS
	b)ROAD SURFACE: (DRY /		
	WAS ANYBODY INJURED (
	IF YES, PLEASE STATE WH		*
8	THIRD PARTY VEHICLE	City Office Strains	
# Ho of passenger	a) VEHICLE NUMBER:	SKZ 5605E	_MODEL:
(ladde dead	b) DRIVER'S NAME:		
(Including driver)	c) NRIC/FIN/PASSPORT:		CONTACT:_ 1817 976
and (Commenter)	THIRD PARTY VEHICLE		
THE PROPERTY.	d) VEHICLE NUMBER:	SKO 4830A.	_MODEL:
		The state of the s	
* No of passenger	AL DRIVER'S NAME		
	e) DRIVER'S NAME:		_CONTACT: 9721066
* No of passenger	AL DRIVER'S NAME	1	CONTACT: . 9721066
(Induding driver)	e) DRIVER'S NAME:		_CONTACT: 9721066
* No of passenger	e) DRIVER'S NAME:		CONTACT: . 9721066
(Induding driver)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:_		_CONTACT: 9721066
(Induding driver)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:_		_CONTACT: 9721066
(Induding driver)	e) DRIVER'S NAME:	<u></u>	_CONTACT: . 9721066

Scanned by CamScanner





1 of 4

Report No. T/20191004/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 14:25	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	THE RESERVE THE RE	A TOTAL CHARGE CONTINUES		
Name of Informant: SYAHRIL BIN SAHID			Address: APT BLK 526D PASIR RIS STREET 51 #10-539 SINGAPOR 514526			
ID Type NRIC N	/ ID No.: O / S81291	16J	Contact No.: Home/Office: Mobile: 81009352			
National SINGAP	ity: ORE CITIZ	EN	Email: syah.spy05@gmail.com			
Sex: Male	Age: 38	Date of Birth: 22/09/1981	Type of Informant: Driver			
Race: Javanes	Race: Javanese		Language: English	Institution / School Name:		
Occupation: UBER DRIVER			Driving Licence Information: Class: Date of Expiry:			

General Inform	mation of the Acci	dent	No. of Concession, Name of Street, or other Designation, or other		- Proposition of the Control of the	
Type of Accident:	Injury Others			Date/Time of Accident: 03/10/2019 18:10	Type of Location: Straight Road	
), BEFORE CTE(SL		0		Devil Constitution	
Weather: Clear		Dry	Road Surface: Dry		Road Speed Limit:	
			Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear					Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJR837P	Car	NISSAN	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Grey	Seriously Damaged	2		
SKQ4830A	Car		100.000		Slightly Damaged	1		
SKZ5605E	Car				Seriously Damaged	1		

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				





2 of 4

Report No. T/20191004/7020

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

CONTINUATION OF REPORT

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SJR837P	NTUC Income Insurance Co-Operative Limited	5107072850	17/01/2019	16/01/2020				

Details of Perso	n Involved	JE KENTER	SOUTH PARTY	9991		ENGLISHED BY
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	destriar	Cross	ing: NA
Driver				ALCOHOLD !	endis	THE REAL PROPERTY.
Name	SYAHRIL BIN SAHII	D		ID No		S8129116J
Related Vehicle	SJR837P (Car)			Conta	ct No.	81009352
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2019		Date Disc	narge	04/10	/2019
A THE STREET AND A	ted Medical Leave	07	Degree of		Serio	us
Passenger	DEC. THE RESIDENCE	NOVALE SECTION	DAR MANUEL	No.	West Co	MINERAL MARKET AND ASSESSMENT
Name	SAHID BIN SISWO			ID No		S0155958C
Related Vehicle	SJR837P (Car)			Contact No.		90480045
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2019		Date Discl	charge 04/10/2019		
	ted Medical Leave	NIL	Degree of		Serio	CONTRACTOR CONTRACTOR
Passenger		2 42 h		COLUMN TO A	WALES.	The State of the same
Name	SITI KASMIRA HAS	HIDAH BINT	E HASHIM	ID No.		S8300982I
Related Vehicle	SJR837P (Car)			Contact No.		86845636
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2019		Date Disc	narge	04/10	/2019
	ted Medical Leave	01	Degree of		Serio	- CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-C





3 of 4

Report No. T/20191004/7020

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

CONTINUATION OF REPORT

Brief Details.

ON 03/10/2019, AT ABOUT 18:10HR, I WAS DRIVING MY VEHICLE ALONG PIE IN THE DIRECTION OF CHANGI WITH MY WIFE & FATHER IN MY VEHICLE. BEFORE THE EXIT TO CTE(SLE), FRONT VEHICLE SLOWED DOWN & STOPPED THUS, I STOPPED AS WELL. ABOUT 2-3SECONDS LATER, VEHICLE NUMBER SKZ5605E, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE FRONT VEHICLE - SKQ4803A.

MY PASSENGERS & I THEN FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT CHANGI GENERAL HOSPITAL & I WAS GIVEN 7 DAYS MC & MY WIFE HAS 1 DAY MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20191004/7020

CONTINUATION OF REPORT

Ske	tch	PI	an
ONG	COLL		an

Informant is not able to provide sketch plan

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: 04/10/2019 14:25
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601							e Languag		nge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	of Accident		03/10/2019	18:10	
	Vehicle	No. (For Motor)	SJR837	Р		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107072850		SYAHRIL BIN SAHID	S8129116)	GPC	drivo CLASSIC	SJR837P	SJR837P	17/01/2019	16/01/2020
					C	Continue	4				

Sequen	ce Date of Endorsement		Endorsement Type		Endorsement Status		Endorsement Content		
▼ Endors	ements								
▶ Insure	d Object: SJR837P	S. I SECONDARY							
Jnit No.	10-539	Relate Number	d Policy er	5107072850					
Address 4	SINGAPORE 514526	Addres	is Type	Singapore address	3	Post Code	514526		
Address 1	BLK 526D #10-539	Addres	ss 2	PASIR RIS STREET	51	Address 3	COSTA RIS		
→ Policyl	nolder Mailing Address								
Certificate info									
Open Policy Info									
nsurance Flag	No								
Co-	LQ INSURANCE AGENCY PIE EII	Agent ret.	1500 63340783		GST Flag	1			
OD Excess Agent	LQ INSURANCE AGENCY PTE LTI	TP Excess				v			
Outside Singapore	2000	Outside Singapore				Young/Inexperience Driver Excess			
Additional Excess	0 OS Premiur		ium 0						
Excess	1500	damage Excess	2000		Excess	100			
Third Party	**************************************	Own	TERRY CT.		Windscreen				
Excess Type	All Claims Excess								
Policy ssue Date	16/01/2019	Effective Date	17/01/2019 00:00		Expiry Date	16/01/2020 2	16/01/2020 23:59		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
Address	BLK 526D #10-539 PASIR RIS S	TREET 51 CO	STA RIS SI	NGAPORE 514526					
Certificate No.					ALC:				
Policy No.	5107072850	Policyholder Name	SYAHRIL	BIN SAHID	Policyholder NRIC	581291163			

Accident MT/1065443						
Policy No.	5107072850	Vehicle No.	SJR837P	GST Registration No.		
Certificate No.						
Policyholder Name	SYAHRIL BIN SAHID			Policyholder NRJC	581291161	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		991591191	
Contact No.(Mobile)		Contact No.(Office)		Loading		
	81009352		0	Contact No.(Home)	o No ❤	
Email Address CFK	****	Special Remark	0.0	eCode		
	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
VCD Protection	No.	NCD Entitlement(%)	10	Private Hire	Yes	
♥ Accident Details					Chain Collsion Singapore	
Report Date	04/10/2019 16:21	Academt Report Within 24 hrs	Yes	Academ Type		
late of Accident	03/10/2019	Time of Accident hh:mm	18:10	Country of Accident		
eporting Centre		Orange Force		ICM No.		
coident Location	PIE (CHANGI) BEFORE CTE (SLE)					
7 Excess						
en damage Excess	2,000.00	Additional Excess		DAY AND THE PROPERTY OF	******	
			0	Windscreen Excess	100.00	
vnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00			
ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
Benefits						
7 GST Registered Informa	tion					
T Registered	No		GST Registration Date			
T Registration No.			GST Status Verified	Yes		
diffication Plistory				100		
Policyholder Mailing Add	Irens					
dress 1	BLK 526D #10-539	Address 2	PASIR RIS STREET 51	Address 3	COCTA BIS	
dress 4	SINGAPORE 514526				COSTA RIS	
		Address Type	Singapore address	Post Code	514526	
it No.	10-539	Related Policy Number	\$107072850			
OI Driver Info		-511-01	NEW COLORS			
iver Name	SYAHRIL BIN SAHID	Driver Type	Main Driver			
named driver Name		Driver MRIC	58129116)	Driver DOB	22/09/1981	
gister Date of Driver License	19/09/2005	Driver Age	38	Driving Experience	14	
ntact No.(Mobile)	81009352	Contact No. (Office)	0	Contact No.(Home)	0	
dress 1	BLK 5260	Address 2	PASIR RIS STREET 51	Address 3	COSTA RIS	
dress 4	SINGAPORE 514526	Address Type	Singapore address	Post Code	514526	
it No.	10-539	Post Cas Tape	and the same of th	Post Code	514540	
ses he own a Singapore						
gistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company		
claration						
reathalyser or Blood Test reding?	0 mg	Any injury?	® Yes ○No			
22044774777						
odification History						
Claim 001 New						
		**************************************		Service Service		
aim Type •	00-MX	Insured Name	SYAHRIL BIN SAHID	Insured NRIC	58129116J	
intact No.(Mobile)	81009352	Contact No.(Home)		Contact No. (Office)		
		OI Vehicle Number	SJR837P			
al Address				TP Vehicle Number	SKZ560SE	
	Please Select			TP Vehicle Number	SKZ560SE	
imant Type Calmant Type •	Please Select	Type of Benefit *	Please Select	TP Vehicle Number	SKZ560SE	
imant Type Claimant Type *	Please Select ≥≥			TP Vehicle Number	SKZ560SE	
imant Type Claimant Type * imant Name * imant Address	22	Type of Benefit *			SKZ560SE	
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ilmant Type Caimant Type * ilmant Name * ilmant Address ilm Description iferned Workshop Contact	\$28.00 P / SK256056 ON 3 Oct 2019	Type of Benefit * Claimant NRIC * Insured Liability *			SKZ560SE	
ilmant Type Caimant Type * ilmant Name * ilmant Address ilm Description iferned Workshop Contact	22	Type of Benefit * Claimant NRIC *	Please Select		Received .	
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Imark Type Calmark Type * ilmark Name * ilmark Address ilm Description referred Workshop Contact quire Finalisation te Registered	ESRB37P / SK256056 ON 3 Oct 2019 Yes	Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	Please Select	Name of Preferred Workshop Gli4 report	Received 🔻	
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	Uploaded By/Date	Folder Date	rate File Name			?	Source	8	Act
Video List	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 16-22 NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 16-22 NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 16-22		E SERVI Photos Normal			Photos 2019-10-4			
			CES) on 04 Oct 2019 16:22 Photos 2019-10-4 BI, 900601 (NATIONAL ASSESSMENT CENTRE SERVI		os 2019-10-4				
					06 2019-10-4				
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-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Oct 2019 16:23		NRIC/ Driving License	(X)	Normal	NRIC/ Oriving License 2019-10-4			
ttachment	Uploaded By/Date		Category	Y	Urgency	1	Description	(00)	

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