NATIONAL Assessment Centre Services. WHI I Jan'S MILL AND ING Date & Time Completed Done by Jeb description Date In: 11 19 19 14:00 Rel No: MA INCIGOR TOX 124 SAS e-filing Vch No: DH X4X E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form D.O.A : 10 12 M711067878-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tol: Veh No: 51 0517 TP Particulars: INC ()/Non-INC (Tel:) Owner / Driver: (Policy No: (Period: (Cover Type: () Date: Time: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () / NO () ; Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed) / Courtesy Car (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Invoice Preparation Checklist fit Bill Add Bill HO19079V8" 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-+N8: DV / Collect Excess Coordination \$5 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idno Mobile 温度(1) Fee Charges Invoice dated Cat. 2/3: Fee Charged Invoice dated

Taper of the

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.

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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| aforesaid. | |
|--|--|
| AND DESCRIPTION OF THE PROPERTY OF THE PARTY | ACCIDENT STATEMENT |
| Date Of Report | 21/10/2019 14:22 |
| Date Of Accident | 19/10/2019 23:20 |
| Exact Location Of Accident | CLEMENTI AVE 2 |
| Country/State of Loss | SINGAPORE |
| D. D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJN3540X |
| Insured/Policyholder | |
| Name Of Registered Owner | LEVIN RENTAL PTE LTD |
| Co Reg No | 201935555D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88121318 |
| Alternative Phone No | OFFICE-88121318 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | WISH 1.8 AUTO |
| 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 | YES |
| Policy Number | 5107039355 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MOHAMMAD FAIZAL BIN HASSAN |
| NRIC No | S7837255I |
| Date Of Birth | 22/12/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/07/2002 |
| Driving Experience | 17 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90223565 |
| Fax Number | |
| Contact Number | OFFICE-90223565 |
| | |

NOEMAIL

Address

BLK 122D RIVERVALE DRIVE

#16-450

Postcode

544122

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

YES

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME:

.

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS ON 1ST LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SJQ5131P

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

NRIC/Passport Number

97323633

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

4

GENDER:

Passenger 2

NAME:

:

Passenger 3

GENDER: NAME:

.

:

:

GENDER:

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD FAIZAL BIN HASSAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJN3540X

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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

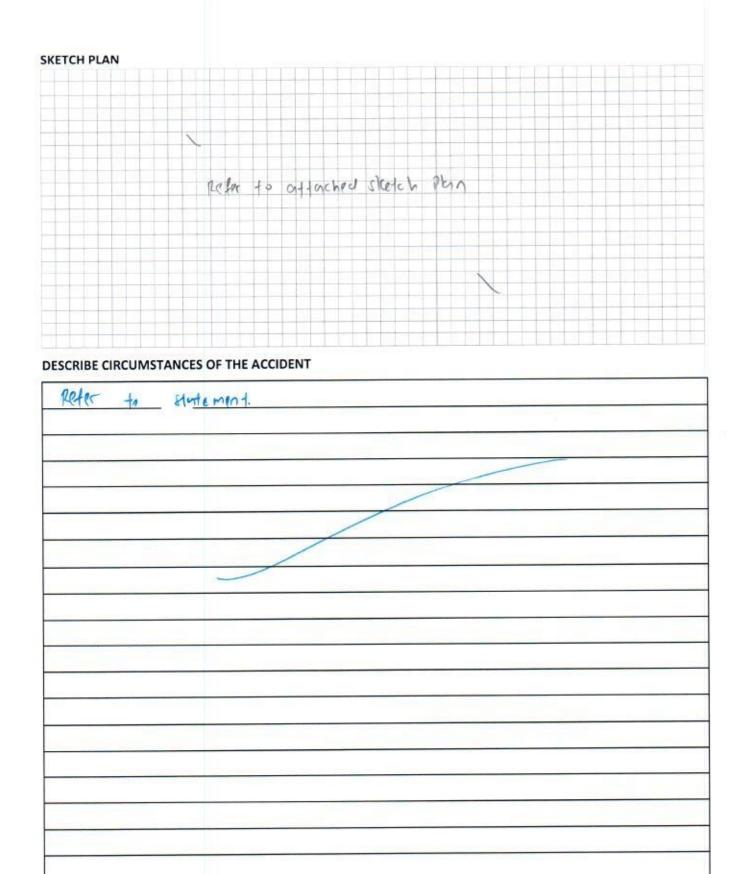
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

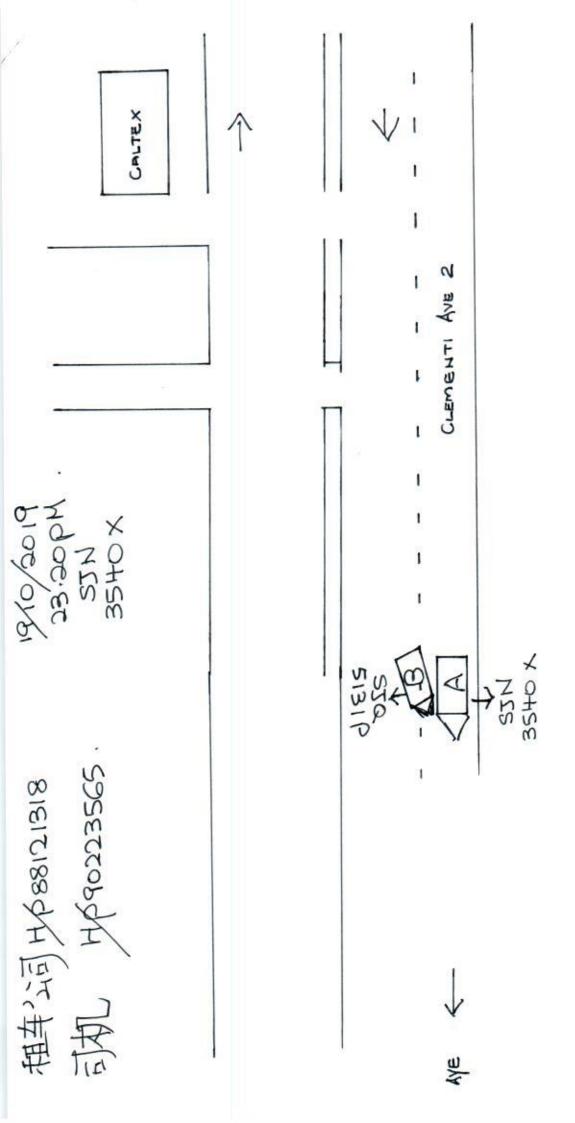


DECLARATION

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.:



ACCOUNTING AND CORPORATE REGULATORY AUTHORITY



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

| The Following Are The Br | rief Particulars of : | | | | | | | |
|---------------------------|---|--|--|----------------------------------|--|--|--|--|
| Registration No. | | 201935 | 555D | | | | | |
| Company Name. | | LEVIN | RENTAL PTE. LTD. | | | | | |
| Former Name if any | | | | | | | | |
| Incorporation Date. | | : 03/01/2019 | | | | | | |
| Company Type | | EXEMPT PRIVATE COMPANY LIMITED BY SHARES | | | | | | |
| Status | | Live Co | mpany | | | | | |
| Status Date | | : 03/01/2019 | | | | | | |
| Principal Activities | CONTRACTOR OF THE PARTY OF THE | | | | | | | |
| Activities (I) | | | NGER LAND TRANSPORT N.E.C. (EG PRIN RISHAWS) (49219) | /ATE CARS FOR HIRE WITH OPERATOR | | | | |
| Description | | : | A Committee Comm | | | | | |
| Activities (II) | | RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101) | | | | | | |
| Description | | : | | | | | | |
| Capital | Septimental March | SEC. | | | | | | |
| Issued Share Capital | Number of Sha | res * | Currency | Share Type | | | | |
| (AMOUNT) | | | | | | | | |
| 10000 | 1 | | SINGAPORE, DOLLARS | ORDINARY | | | | |
| * Number of Shares includ | es number of Treasury | Shares | | | | | | |
| Paid-Up Capital | Number of Sh | ares | Currency | Share Type | | | | |
| (AMOUNT) | | | | | | | | |
| 10000 | | | SINGAPORE, DOLLARS | ORDINARY | | | | |
| COMPANY HAS THE FOL | LLOWING ORDINARY | SHARES | HELD AS TREASURY SHARES | | | | | |
| Number Of Shares | Currency | 100 MARCH 180 | | | | | | |

Authentication No.: T19530357P

Page 1 of 3



Date: 24/07/2019

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

| Registered Office Address : 18 KAKI BUKIT ROAD 3 #03-15 | | | | | | | | | |
|---|---|---|------------|----------|----------------------------------|--|----------|--------|---------------------|
| Registered Office Address | | 31 | | | | | | | |
| Date o | of Address | 3 | 03/01/2019 | 9 | | | | | |
| Date o | of Last AGM | : | | | | | | | |
| Date o | of Last AR | 3 | | | | | | | |
| FYE A | YE As At Date of Last AR Audit Firms NAME Charges Charge No. Date Reg | : | | | | | | | |
| Audit | | | | Carlo | 15 17 17 5 11 1 | | SHEEK ST | | |
| NAM | E | | | | SED SED SED | | 3502000 | Page 1 | |
| Charg | and the Firms AME arges arge No. Date Re ficers/Authorised Representative(s) | * 105 P. S. | | Palaty | | 10000000 | | | |
| Hall St | narge No. Date Re | | d | Curren | icy | Amount Secu | ured | Char | gee(s) |
| Office | ers/Authorised Representative | e(s) | | | | | | | |
| Name | fficers/Authorised Representative(s) | | ID | LEAST OF | Nationality | | Source o | | Date of Appointment |
| Addre | | | | | Position Held | | Address | | |
| wor | NG QI KAI | | S83350 |)12A | SINGAPOR | RE CITIZEN | ZEN ACRA | | 03/01/2019 |
| #11- | JURONG WEST STREET 52 443 GAPORE (640533) | | | | Director | | | | |
| Share | eholder(s) | | | | | | | SA SA | |
| Name | | 10 |) | | ationality/Plac corporation/O | | Source | | Address Changed |
| Addr | ess | | | | corporations | | | | |
| 1 | | | S8335012A | | SINGAPORE C | ITIZEN | ACRA | | |
| | 533 JURONG WEST STREE #11-443 SINGAPORE (640533) | ET 52 | | | | | | | |
| | Ordinary(Number) | C | Currency | | | 10 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | | | CINCADOD | E DO | LADS | | | | |

Authentication No.: T19530357P

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA190724136170

DATE

: 24/07/2019

This is computer generated. Hence no signature required.



Authentication No.: T19530357P

Page 3 of 3

| | | 1,10,71,500,28 | THE LOCK OF THE PARTY | | AND STATE | TO COMPANY | 2000年11日1日1日 | Kell Brosses | | eneralC | |
|------------------------------|----------|----------------|-----------------------|---------------------------|----------------------|-------------|------------------------------|----------------|-------------------|------------------|----------------|
| fello, NAC_PAYA_UBI_80 | | | | | | · Change La | inguage | · Change Pa | ssword | Log Out | |
| My Desktop Notice of Loss | Poli | cy Query | | | | | | | | | |
| | Policy N | lo. | | | | Date of A | ccident | 19/1 | 0/2019 23:20 | 13 | |
| | Vehicle | No.(For Motor) | SJN3540 | X | | Certificat | e Number | | | | |
| | | | | | Se | arch | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5107039355 | | LEVIN RENTAL PTE, LTD. | 201935555D | GFT | Third Party, Fire & Theft | SJN3540X | 5JN3540X | 16/01/2019 | |

| Policy No. | 5107039355 | Policyholder Name | LEVIN RE | NTAL PTE, LTD, | Policyholder NRIC | 2019355550 | | |
|---|------------------------------|-----------------------------|-----------|-------------------|--|-------------|---|--|
| Certificate | | Name | | | THE STATE OF THE S | | | |
| ddress | 18 KAKI BUKIT ROAD 3 #03-15 | ENTREPRENE | UR BUSINE | SS CENTRE SINGAPO | RE 415978 | | | |
| roduct | | Plan | | | Group | N | | |
| lame | FLEET INSURANCE | | | | Policy Flag | | 2002 | |
| olicy ssue Date | 15/01/2019 | Effective Date | 14/01/20 | 19 00:00 | Expiry Date | 10/01/2020 | 23:59 | |
| xcess ype | | All Claims Excess | | | | | | |
| Third Party | | Own | | | Windscreen | 0 | | |
| xcess | 1500 | damage Excess | 0 | | Excess | | | |
| Additional | 0 | OS Premium | 855.82 | | | | | |
| Outside | | Outside | 1500 | | | Your | ng/Inexperience Driver Ex | cess |
| Singapore OD Excess | 0 | Singapore TP Excess | 1500 | | | 100 | | |
| gent | VV INSURANCE AGENCY PTE, L | .1 Agent Tel. | 6791380 | 8 | GST Flag | Y | | |
| Co- nsurance Flag Open Policy Info Certificate Info | No holder Mailing Address | | | | | | | |
| ddress 1 | 18 KAKI BUKIT ROAD 3 | Addre | 966.2 | #03-15 ENTREPRE | ENEUR BUSINI | Address 3 | SINGAPORE 41597 | 8 |
| Address 4 | 18 KAKI BOKIT KOAD 3 | | ess Type | Singapore address | | Post Code | 415978 | |
| | | | ed Policy | 5107386886 | | | | |
| Jnit No. | 03-15 | Numi | per | 310/300000 | | | | |
| ▶ Insure | ed Object: SJN3540X | | | | | | | |
| ♥ Endor | sements | | and at | | | ment Status | Endorsement Co | 2060.933 |
| 1 | 16/01/2019 00:00 | Basic Inform Endorsement | | 000001286989663 | Endorsem Effective | ent Take | Thank you for giving us opportunity to serve you confirm that this policy to cover the following verifollows: VEHICLE NUMB EFFECTIVE DATE PREMI GST) 1. SJN3540X 16-0 \$1,772.97 In view of the amendment, an addition of \$1,772.97 (inclusive payable under your politiquore this premium parequest if you have since payment. Otherwise, we appreciate it if you could payment to us within 14 the date of this letter. Find payment, please issue the favour of "NTUC Income name and policy number on the reverse of the chalternatively, you could payment at any of our broads or NETS. Thank you for giving us | J. We is extended is extended whicle(s) as ER UM (INCL 1-2019 is nal premium of GST) is cy. Please yment e made e would d make is days from or cheque he cheque will will be used in the cheque or indicated leque, also make by also make by also make the cheque or indicated leque, also make the children indicated leque, als |
| | | | | | | | opportunity to serve yo confirm that this policy to cover the following v follows: VEHICLE NUMB EFFECTIVE DATE PREMIGST) 1. SJJ9267S 21-0 \$1,748.35 In view of thamendment, an additio of \$1,748.35 (Inclusive | u. We is extended ehicle(s) as ER IUM (INCL 1-2019 is nal premiur |

| a premium on this policy has a coldent HT/1067878 | not been collected. | | | | | | | | | |
|--|---|----------------------|--|--|--|--|--------------------------------------|---|------------------|--|
| HEY No. | 5107039355 | | Vehicle No. | SJNJ540X | Maria de la compansión de | GST Registration N | D | | | |
| ertificate No. | | | | | | 800 to 980 contracts | | | | |
| Ecyholder Name | LEVIN RENTAL PTE. LTD. | | | | | Policyholder NRIC | | 2019355550 | | |
| oduct Code | FLEET INSURANCE | | Cover Type | r Type Third Party, Fire & Theft | | | | 0 | | |
| ntact No.(Mobile) | 88121318 | | Contact No.(Office) | 0 | | Contact No.(Home) | | 0 | | |
| neil Address | | | Special Remark | | | eCode | | N. V | | |
| K | ® No ○ Yes | | TCA | ® No OY | 5 | eCode Reason | | | | |
| CD Protection | No | | NCD Entitlement(%) | 0 | | Private Hire | | Yes | | |
| Accident Details | | | | | | | | | | |
| port Date | 21/10/2019 19:56 | | Accident Report Within 24 hrs | Yes | | Accident Type | | Collision - Cha | nge / Cross lane | |
| te of Accident | 19/10/2019 | | Time of Accident hh:mm | 23:20 | | Country of Accident | 1 | Singapore | | |
| porting Centre | | | Orange Force | | | ICM No. | | | | |
| cident Location | CLEMENTI AVE 2 | | 200000000000000000000000000000000000000 | | | | | | | |
| 7 Excess | A POST AND A STATE OF | | | | | | | | | |
| vri damage Excess | | 0.00 | Additional Excess | 0 | | Windscreen Excess | | 0.00 | | |
| named Driver Excess | | 15.55 | Outside Singapore OD Excess | 0.5 | 0.00 | | | | | |
| ind Party Excess | 4 | 500.00 | Outside Singapore TP Excess | | 1,500.00 | | | | | |
| 7 Benefits | 1 | ,500.00 | Ourside Singapore 17 Excess | | 1,300.00 | | | | | |
| P GST Registered Informa | tion | | | | | | | | | |
| r dist Registered Informa T Registered | tion No. | | | GST | Registration Date | | | | | |
| T Registration No. | .000 | | | | Status Venfied | Yes | | | | |
| diffication History | | | | | | | | | | |
| | | | | | | | | | | |
| Policyholder Mailing Ad | dress | | | | | | | | | |
| idress 1 | 18 KAKI BUKIT ROAD 3 | | Address 2 | #03-15 ENT | REPRENEUR BUSINI | Address 3 | | SINGAPORE 4 | 15978 | |
| dress 1 18 KAKI BUKIT ROAD 3 Address 2 dress 4 Address Type | | | Singapore a | | Post Code | | 415978 | | | |
| nit No. | 03-15 | | Related Policy Number | 510738688 | | | | | | |
| OI Driver Info | | | | | | | | | | |
| river Name | Unnamed Driver | | Driver Type | Unnamed D | iver | | | | | |
| nnamed driver Name | | HASSA | Driver NR3C | 578372551 | | Driver DOB | | 22/12/1978 | | |
| | | | Driver Age | 40 | | Driving Experience | | 17 | | |
| mact No.(Mobile) | 90223565 | | Contact No.(Office) | 0 | | Contact No.(Home) | 85 | 0 | | |
| Idress 1 | BLK 1220 | | Address 2 | RIVERVALE | DRIVE | Address 3 | | RIVERVALE B | NK. | |
| | | | Canada Ca | | Singapore address | | | | | |
| trivess 4 | SINGAPORE 544122 | | Address Type | Sincepore a | ddress | Post Code | | 544122 | | |
| | SINGAPORE 544122 | | Address Type | Singapore a | ddress | Post Code | | 544122 | | |
| nt No. pes he own a Singapore | 16-450 | | | Singapore a | ddress | | | 544122 | | |
| ddress 4 ht No, oes he own a Singapore egistered car? | | | Address Type Driver Vehicle No. | Singapore a | ddress | Post Code Driver Insurer Com | gany | 544122 | | |
| nt No. oes he own a Singapore egistered car? | 16-450 | | | Singapore a | odress | | pany | 544122 | | |
| nt No, oes he own a Singapore agistered car? claration reathalyser or Blood Test | 16-450 ○ Yes ® No | | Driver Vehicle No. | | 350-1-300 | | pany | 544122 | | |
| nt No. oes he own a Singapore apistered car? scianation reathalyser or Blood Test | 16-450 | | | Singapore a | 350-1-300 | | gány | 544122 | | |
| nt No. | 16-450 ○ Yes ® No | | Driver Vehicle No. | | 350-1-300 | | pany | 544122 | | |
| nit No, oes he own a Singapore agistered car? actianation reathalyser or Blood Test | 16-450 ○ Yes ® No | | Driver Vehicle No. | | 350-1-300 | | glany | 544122 | | |
| nt No. oes he own a Singapore registered car? clianation reathalyser or Blood Test ading? | 16-450 ○ Yes ® No | | Driver Vehicle No. | | 350-1-300 | | pany | 544122 | | |
| nt No. oes he own a Singapore registered car? clianation reathalyser or Blood Test ading? | 16-450 ○ Yes ® No | | Driver Vehicle No. | | 350-1-300 | | pany | 544122 | | |
| nt No. oes he own a Singapore claration wathalyser or Blood Test addification History | 16-450 ○ Yes ® No | | Driver Vehicle No. | | 350-1-300 | | gi kny | 5003927 | | |
| nt No. bes he own a Singapore gestered car? Claration wathalyser or Blood Test adding? dification History Claim 001 New | 16-450 ○ Yes ® No | V | Driver Vehicle No. | ® Yes ○ N | 350-1-300 | | glany | 2019355550 | | |
| nt No, oes he own a Singapore restriction reathalyser or Blood Test rading? Claim 001 New Warm Type * | 16-450 ○ Yes No | > | Driver Vehicle No. Any injury? | ® Yes ○ N | 9 | Driver Insurer Com | | 5003927 | | |
| nt No, ces he own a Singapore spistered car? claration wathalyser or Blood Test sading? claim 001 New arm Type * | 16-450 ○ Yes No | V | Driver Vehicle No. Any injury? Insured Name | ® Yes ○ N | 9 | Driver Insurer Com | | 2019355550 | | |
| nt No. oes he own a Singapore claration wathalyser or Blood Test sading? Claim 001 New arm Type * omac No. (Mobile) mail Address | 16-450 ○ Yes ® No 0 mg | S | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) | ¥ Yes ○ N LEVIN RENT | AL PTE, LTD. | Driver Insurer Com Insured NRIC Contact No. (Office) | | 2019355550 NJL | | |
| nt No. Does he own a Singapore restantion Heathalyser or Blood Test addition History Claim 001 New Bearm Type * Contact No. (Mobile) mail Address armant Type Claimant Type * | 16-450 ○ Yes ® No 0 mg | | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number | ® ves ○ N | AL PTE, LTD. | Driver Insurer Com Insured NRIC Contact No. (Office) | | 2019355550 NJL | | |
| et No. Nos he own a Singapore gatered car? Claration mathulyser or Blood Test ading? dification History Claim 001 New wm Type * mack No. (Mobile) tail Address amant Type Claimant Type * schant Name * | 16-450 ○ Yes ® No 0 mg | V | Insured Name Contact No.(Hame) Of Vehicle Number Type of Benefit * | ® ves ○ N | AL PTE, LTD. | Driver Insurer Com Insured NRIC Contact No. (Office) | | 2019355550 NJL | | |
| et No. has he own a Singapore gistered car? Claration eathalyser or Blood Test eding? dification History Claim OOL New em Type * mack No. [Mobile] half Address emant Type Claimant Type * symant Address em Description | 16-450 ○ Yes ® No 0 mg | 22 | Insured Name Contact No.(Hame) Of Vehicle Number Type of Benefit * | ® ves ○ N | AL PTE, LTD. | Driver Insurer Com Insured NRIC Contact No. (Office) | 10% | 2019355550 NJL | | |
| nt No. bes he own a Singapore gistered car? Claration wathalyser or Blood Test adding? discation History Claim 001 New am Type * what No. (Mobile) nail Address amant Type Claimant Type * aximant Address am Description eferred Workshop Contact | 16-450 Yes ® No Omg OD-MX Please Select | 22 | Insured Name Contact No.(Hame) Of Vehicle Number Type of Benefit * | ® ves ○ N | AL PTE LTD. | Insured NRIIC Contact No.(Office) TP Vehicle Number | 10% | 2019355550 NJL | | |
| nt No. Does he own a Singapore rigistered car? Claim 1001 New Claim 1001 New Arm Type * Contact No. [Mobile] mail Address armant Type Claimant Type * armant Address armant Description referred Workshop Contact o. | 16-450 Yes ® No Omg OD-MX Please Select | 22 | Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | ® ves O N LEVAN RENT SINOS40X Please Sale | AL PTE, LTD. | Insured NRIIC Contact No.(Office) TP Vehicle Number | 10% | 2019355550 NJL | y | |
| nt No. bes he own a Singapore rigistered car? Claration wathalyser or Blood Test redeng? dification History Claim 001 New arm Type * british Address armant Type Claimant Type * armant Address | 16-450 Yes ® No Omg OD-MX Please Select SUN3540X / SUQS131P C | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | ® ves O N LEVAN RENT SINOS40X Please Sale | AL PTE LTD. | Intered NRIIC Contact No.(Office) TP Vehicle Number | 10% | 2019355550 N3L 53Q5131P | | |
| not No. Does he own a Singapore repstered car? Claimation Claim OO1 New Claimant Type Claimant Type * Comant Name * Commant Address Commant Ad | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | ® ves O N LEVAN RENT SINOS40X Please Sale | AL PTE LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| No. Note the own a Singapore patiened Car? Claration wathalyser or Blood Test addication History Claim 001 New arm Type * critica No. [Mobile] nail Address armant Type Claimant Type * armant Name * armant Address armant Address armant Address armant Name * armant Address armant Name * arm | 16-450 Yes ® No Omg OD-MX Please Select SUN3540X / SUQS131P C | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | ® ves O N LEVAN RENT SINOS40X Please Sale | AL PTE LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nst No. Does he own a Singapore rigistered car? Claration Wathalyser or Blood Test sading? dification History Claim 001 | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | ® ves O N LEVAN RENT SINOS40X Please Sale | AL PTE LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nst No. Does he own a Singapore rigistered car? Claration Wathalyser or Blood Test sading? dification History Claim 001 | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | ® ves O N LEVAN RENT SINOS40X Please Sale | AL PTE, LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nt No. bes he own a Singapore gatered car? claration eathalyser or Blood Test sading? discation Hatary Claim 001 New arm Type * what No. (Mobile) nail Address armant Type Claimant Type * armant Name * armant Mame * arma | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | Ves O N LEVEN RENT SINGSHOK Please Sale Not at Faul Freferred V | AL PTE, LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nt No. bes he own a Singapore gatered car? claration eathalyser or Blood Test sading? discation Hatary Claim 001 New arm Type * what No. (Mobile) nail Address armant Type Claimant Type * armant Name * armant Mame * arma | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | Ves O N LEVEN RENT SINGSHOK Please Sale Not at Faul Freferred V | AL PTE, LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nt No. bes he own a Singapore gatered Car? Claration wathalyser or Blood Test addication History Claim 001 New arm Type * man Type * armant Type Claimant Type * armant Type Claimant Type * armant Address armant Type Claimant Type * armant Address armant Type Claimant Type * armant Address armant Address armant Type Taken armant Address armant Type Taken armant Type Type Type Type Type Type Type Type | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | Ves O N LEVEN RENT SINGSHOK Please Sale Not at Faul Freferred V | AL PTE, LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nt No. bes he own a Singapore rigistered car? Claration wathalyser or Blood Test rading? dification History Claim 001 New arm Type * british No. [Mobile] mail Address armant Type Claimant Type * armant Address a | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | Ves O N LEVEN RENT SINGSHOK Please Sale Not at Faul Freferred V | AL PTE, LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nt No. bes he own a Singapore gatered Car? Claration wathalyser or Blood Test seding? dification History Claim 001 New arm Type * minac No. [Mobile] nail Address armant Type Claimant Type * armant Address armant | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SIN3540X / SIQS131P C Yes 21/10/2019 19:57 Jackson | 22 0N 19 Oct 2019 | Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date | Ves O N LEVEN RENT SINGSHOK Please Sale Not at Faul Freferred V | AL PTE LTD. | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5131F | | |
| nt No. bots he own a Singapore rigistered car? Claration mathalyser or Blood Test redeng? dification History Claim 001 New arm Type * misc No. [Mobile] mail Address armant Type Claimant Type * armant Address arm | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | 22 0N 19 Oct 2019 | Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | Ves O N LEVEN RENT SINGSHOK Please Sale Not at Faul Freferred V | Ct V Sorkshop, Name unknown V | Intered NRIC Contact No.(Office) TP Vehicle Number Name of Preferred | 10% | 2019355550 N3L 53Q5331P Received 21/10/2019 0 | 0.00 | |
| In No. In No. | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | ≥≥≥ | Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | © Yes O N LEVAN RENT SINGS40X Pleace Sele Not at Faul Freferred V | OOL 21/10/2019 19:59 Category • | Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received | Wernshiep | 2019355550 N3L 53Q5331P Received 21/10/2019 0 | 0.00 | |
| nt No. bes he own a Singapore gatered Car? Claration wathalyser or Blood Test seding? dification History Claim 001 New arm Type * minac No. [Mobile] nail Address armant Type Claimant Type * armant Address armant | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | ≥≥≥ | Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date | © Yes O N LEVAN RENT SINGS40X Please Sele Not at Fault Freferred V Save Sub | OOL 21/10/2019 19:59 Category • | Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received Confidential | Werkshiep. | 2019355550 N3L 53Q5131F Received 21/10/2019 0 | 0.00 | |
| nt No. bes he own a Singapore gatered Car? Claration wathalyser or Blood Test seding? dification History Claim 001 New arm Type * minac No. [Mobile] nail Address armant Type Claimant Type * armant Address armant | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | ≥≥≥ | Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows | © Yes O N LEVAN RENT SINOSAGN Please Sale Not at Faul Preferred W Save Sub | OOL 21/10/2019 19:59 Category • Please Select | Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential NO Y | Werkshiep. Urgeno Normal | 2019355550 N3L 53Q5131F Received 21/10/2019 0 | 0.00 | |
| nt No. bots he own a Singapore rigistered car? Claration mathalyser or Blood Test redeng? dification History Claim 001 New arm Type * misc No. [Mobile] mail Address armant Type Claimant Type * armant Address arm | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | ≥≥≥ | Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Brows Brows Brows | © Yes O N LEVAN RENT SINOSAGN Please Sele Not at Faul Preferred W Save Sub | OOL 21/10/2019 19:59 Category * Please Select Please Select Please Select | Insured NRIIC Contact No. (Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential NO V | Urgenc Normal Normal | 2019355550 N3L 53Q5131F Received 21/10/2019 0 | 0.00 | |
| nt No, oes he own a Singapore gistered car? ccaration reathalyser or Blood Test ading? | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | ≥≥≥ | Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Brows Brows Brows Brows | © Yes O N LEVAN RENT SINOS40X Please Sele Not at Faul Preferred V Save Sub | OOL 21/10/2019 19:59 Category * Please Select Please Select Please Select Please Select Please Select | Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential NO V NO V NO V | Urgenc Normal Normal Normal | 2019355550 N3L 53Q5331F Received 21/10/2019 0 | 0.00 | |
| nt No. bots he own a Singapore rigistered car? Claration mathalyser or Blood Test redeng? dification History Claim 001 New arm Type * misc No. [Mobile] mail Address armant Type Claimant Type * armant Address arm | 16-450 ○ Yes ® No 0 mg 0D-MX Please Select SJN3540X / SJQS131P C Yes 21/10/2019 19:57 Jackson MT/L067878 ® Yes ○ No | ≥≥≥ | Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Brows Brows Brows | © Yes O N LEVAN RENT SINOSAGN Please Sele Not at Faul Preferred W Save Sub B Clear B Clear B Clear B Clear B Clear B Clear | OL 21/10/2019 19:59 Category * Please Select Pleas | Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred GSA report Date Received Confidential NO V NO V NO V NO V NO V | Urgenc Normal Normal | 2019355550 N3L 53Q5131F Received 21/10/2019 0 | | |

| Attachment | Uploaded By/Dete | | Category | 9 | Urgency | Description | 9 | Msg Sent? (CO) | |
|-------------------------------|--|--|-----------------------|---------|---------|-----------------------|------------|-------------------|----|
| 155 600 (52 800 (52 805 | NAC_PAYA_UB1_800601(NATION CES) on 21 Oct | AL ASSESSMENT CENTRE SERVI 2019 19:59 | NRIC/ Driving License | × | Normal | NRJC/ Driving License | 2019-10-21 | (00) | |
| 100 | NAC_PAYA_UB1_800601(NATION: CES) on 21 Oct | | SAS | | Normal | SAS 2019-10 | -21 | | |
| EN T | NAC_PAYA_UB1_800601(NATION: CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 19:SB | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 19:58 | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| | NAC_PAYA_UB1_800601(NATION/ CES) on 21 Oct | AL ASSESSMENT CENTRE SERVI 2019 19:58 | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| 1/4 | NAC_PAYA_UBL_800601(NATION: CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| 3.0 | NAC_PAYA_UBI_800601(NATION: CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| | NAC_PAYA_UB1_800601(NATIONAL CES) on 21 Oct | L ASSESSMENT CENTRE SERVI 2019 19:58 | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| C | NAC_PAYA_UB1_BDD601(NATION: CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| 6 | NAC_PAYA_UB1_800601(NATION/ CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| | NAC_PAYA_UBI_800601(NATIONAL CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| | NAC_PAYA_UB1_800601(NATION/ CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| -6 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 19:58 | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| 6 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 19:58 | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| 0 | NAC_PAYA_UB1_800601(NATIONAL OES) on 21 Oct | AL ASSESSMENT CENTRE SERVI 2019 19:58 | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| -7 | NAC_PAYA_UB1_800601(NATION/ CES) on 21 Oct | | Photos | | Normal | Photos 2019-1 | 0-21 | | |
| Video List | Uploaded By/Date | Folder Date | | He Name | | 9 | Source | | Ac |

Display in New Window Scan and uploading