Date In: 14/11/19-16:08	7 1 1 1	1		Fa	16
	Jeb description	Date	&Time Completed	Doi	ie by
ROTNO: NA INCIG-2026V My	SAS e-filing				
Veh No. Shaqqy87	E-mail (withia Shrs, /	AIC 2hrs)		10000000	
D.O.A: 1711/9-10:17	i-Motor Claim Fo	orm M	100-cH1F01	14/11/19	16:20
OD / TP Reporting Only	i-Motor W/O (wit	hin: OD 2hrs, TP 4hrs			
	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
The state of the s	Ass't Report by Fax	/ Hand to Owne	/Wksp	Comment of the Co	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	F	ix:	-
TP Particulars: Veh No: (U)	47718.	INC()/N	on-INC()		
Owner / Driver: (Tel:)	
Policy No: () P	eriod: () Cover	Type: (,	
Confirmed by : (Da	te:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P:	21-79%. F: 80-10	0%]	
Year of Registration: ()		NO()			
Excess: (\$) Loading: \$1,)			
General Remarks;		Ned Sandrage	\$48G8\$#125X!!	SI2 12 11 1	
() Walk-In Customer : Customer's info	ormation strictly Confiden	tial & Strictly NO	rafer of renairer	USC C1	
() Total Loss Case : to e-mail Insur		indi a cincay 110	Total of reporter.		-
Drive-In ()/ Towed-In (); Invoic) ; Towing C	0.1	-	· · · · · ·
	e: 125 () / NO (), Towning C	0. (/
Remarks:- (INC hotline: 6788 6616)		Date&	Firms Completed	Done	by
1) Apply for Transact Allennant					
The second secon	Courtesy Car ()				
2) QC Check / Post Repair Inspection	Courtesy Car ()				
	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()			Zwit in the second seco	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	()			Ant (S)	Amt (5
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	() 3000] ()	ice Preparation	Checklist	Ant (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	() 3000] ()		Checklist (\$30);	STATE OF THE RESERVE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	() 3000] () Inve	ice Preparation Accident Reporting Damage Assessment Towing Fee	Checklist (\$30); (\$100); INC (\$80) \$40/5	fit Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Almonds aimant's Particulars:- iver/Owner:	() 3000] () Inve 1) AR 2) DA 3) TF: 4) FT:	ice Preparation Accident Reporting Damage Assessment	Checkdist (\$30); (\$100); INC (\$80) \$40/\$-	fát Bill 45	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Almant's Particulars :- iver/Owner:	Inve	ice Preparation Accident Reporting Damage Assessment Towing Fee Follow-Through Surv Follow-Through Surv pleiming against INC	(\$30); (\$100); INC (\$80) \$40/5- ey \$1: by (Resurvey) \$3: only (wef 10 Jan 2005)	19t Bill 45 20 30	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Almonds aimant's Particulars:- iver/Owner:	Inve	ice Preparation Accident Reporting Damage Assessment Towing Fee Follow-Through Surv Follow-Through Surv Seleming against INC C	Checklist (\$30); (\$100); INC (\$80) \$40/5- ey \$1: ey (Resurvey) \$1: hgly (wef 10 Jan 2005) \$7	1st Bill 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Almant's Particulars :- iver/Owner:	Inve	ice Preparation Accident Reporting Damage Assessment Towing Fee Follow-Through Surv Follow-Through Surv pleiming against INC	Checklist (\$30); (\$100); INC (\$80) \$40/5- ey \$1: ey (Resurvey) \$1: only (wef 10 Jon 2005) vey \$1:	1st Bill 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: imaged Portion:	Investment Inv	ice Preparation Accident Reporting Damage Assessment Towing Fee Follow-Through Surv Follow-Through Surv teinning against INC C Re-inspection Idao DA + SMRT Sur IC Additional Services	Checklist (530); (5100); INC (580) 540/5 ey 51: ey (Resurvey) 5: inly (wef 10 Jan 2005) vey 51:	19t Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Almant's Particulars :- iver/Owner:	Inve 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 2) N5:	Courtesy Car / Tpt Al	Checklist (530); (5100); INC (580) 540/5 ey 51: ey (Resurvey) 5: inly (wef 10 Jan 2005) vey 51:	19t Bill 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	()	ice Preparation Accident Reporting Damage Assessment Towing Fee Follow-Through Surv teining against INC S Re-inspection Idae DA + SMRT Sur JC Additional Services Courtesy Cet / Tpt Al Repair Co-ordination Fost Repair Inspectio	Checklist (530); (5100); INC (580) 540/5 cy \$1: cy (Resurvey) \$2: only (wef 10 Jan 2005) vey \$1: lowance \$3: 51: 52: 53: 54: 55: 55: 56: 57: 58: 58: 58: 58: 58: 58: 58	19t Bill 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions alimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	() 3000] () 3000] () 3000] () 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 2	Courtesy Car / Tpt Al Repair Co-ordination Fost Repair Inspection Fost Repair Inspection Fost Repair Inspection Fost Repair Inspection DV / Collect Excess (Checklist (\$30); (\$100); INC (\$80) \$40/5 ey \$1: ey \$1: ey (Resurvey) \$1: only (wef 10 Jon 2005) vey \$10	191 Bill 1	Amt (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	() 3000] () 3000] () 3000] () 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 2	ice Preparation Accident Reporting Damage Assessment Towing Fee Follow-Through Surv teining against INC S Re-inspection Idae DA + SMRT Sur JC Additional Services Courtesy Cet / Tpt Al Repair Co-ordination Fost Repair Inspectio	Checklist (\$30); (\$100); INC (\$80) \$40/5 ey \$1: ey (Resurvey) \$1 Only (wef 10 Jon 2005) vey \$10 lowance \$1 Coordination \$2 gainst INC \$2	19t Bill	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

offoresaid.	A THEOREM AND ADMINISTRATION OF THE SECOND SECTION OF THE SECOND SEC
Kinds Will to be talk of the bars	ACCIDENT STATEMENT
Date Of Report	14/11/2019 16:08
Date Of Accident	13/11/2019 10:10
Exact Location Of Accident	JUNC CROSS ST & CHEANG WAN SENG PL
Country/State of Loss	SINGAPORE
0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG9348T
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91779812
Alternative Phone No	OFFICE-91779812
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 A
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111764192
Cover Note Number	
Driver	
Name of Driver	PAMESH S/O CANGASALAM

Dille	
Name of Driver	RAMESH S/O CANGASALAM
NRIC No	S1834071B
Date Of Birth	19/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1996
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91779812
Fax Number	
Contact Number	OFFICE-91779812
EMail Address	NOEMAIL

Address BLK 672A EDGEFIELD PLAINS

#04-535

Postcode 821672

Was driver an employee of the Insured's Company N

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 - 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

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

2

NO

NO

1

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

SINGAPORE 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/20191114/7008.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS4771P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

RAMESH S/O CANGASALAM Name

Approximate Age

BODY Injuries Sustain

SGG9348T Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report correctly the details of the actident to speed up the claims product.
- 2. This form most be completed by the Policyholder and/or the Authorised Defree.
- toformation provided must be as trushful and accurate as possible. Any wilful misrepresentation or withholding of material facts every allow insurance commanies to repudiate policy flability.
- 4. The issue and soceptance of this Form by incurance 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 Control established by the General Insurance
 Association of Singapore (GIA) for atching 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aloresaid.
- 5. 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/javx 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dalms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my cizims (including the mailing of correspondence, statements, involves, 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 dains. (collectively the "Purposes")
- (ii) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are parmitted
 to collect, use, dicclose 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 steed outside of Singapore, for one or more of the choice 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 claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all inturers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government againers as reasonably required for the purposes stated, or
 - (F) for complying with requirements under any regulations, laws or court orders.

Policybolcons Signal

Diriver's Signature (If driver is not the policyholdier)

Date & Time:

Reporting Centre Persooners Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			17777
			1:1-11:5
Olive a	ng pilitan Jerio Pi	THINAS	366984
the interest of the same of th			RICE T
	TO NOT THE REAL PROPERTY OF THE PERTY OF THE		100
41-4 1-1			+
	7	╶╂┰╇╪┈╁┡╢╇╁╁┇┸┸┸	
			1-1-1-1-1
		* 	1
	11111111111111111	÷ · · · · · · · · · · · · · · · · · · ·	I/SI
	+		TW/FAZ
	- I Hootk	risi of	15/1
17177	7		V236
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Addition to the speed of the best of the second of the sec	
0,0	er to police Pepo	4	
- 121	a no police repo		-
			i d
		The state of the s	
		The second secon	
		The second secon	
	***************************************		-
	Variation of the first of the second		200000000000000000000000000000000000000
	CONTRACTOR MARKET CONTRACTOR CONT		
		A COLLEGE STATE OF ST	
		The second second	
			N.
CLARATION			St. deste
e dedate the foregoing particul	ars are truom every resposs.		
TY REAL	CY.	Y	
FAZVS			
cyhelder a signoture	Orlect's Signature	Reporting Centre Personnel's Sign	store
	(If driver is not the policy Agider)	Name:	

Date of Accident	13NOV 2-519 Accident Time: 1010 9m (24-HR-Format)				
Accident Place	: Oxper cross st x Cheang Wan Seng Pl				
Vehicle Reg. No. (Car Plate No.)	: 9GG9348T				
Vehicle Make/Model	: Toyuta Wish				
Insurance Company	: NTUC Policy No. 51176419~				
Owner or Company Name /IC No.	: Eazy Pentals				
Owner or Company Contact No.	. 41779812 Owner's Hp Company Tel				
DRIVER'S Name / IC No.	: Ramesh, slo Cangasalam \$18340718				
DRIVER'S Date Of Birth	: 19-12-1967 DRIVER'S License Pass Date 10 Jan 1996				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Perta				
DRIVER'S Address	: 672A Edgefield Plains #04-535 1'(821672)				
DRIVER'S Contact No J Alt No.	:1) 91779812 2)				
DRIVER'S Occupation	: INDOOR \ QUTDOOR (e.g. working inside or outside office)				
Email Address	: Admin@Mycar.sg				
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET				
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance				
Number of Passengers (Including)	Driver):				
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES NO vas being used at the time of accident: Private use \ Work purpose				
Other	Party Driver's Particular (if any)				
Vehicle Reg. No: 9LS 4771P	Vehicle Reg. No:				
Vehicle Make\Model:					
Name Driver:	Name Driver:				
IC No. Driver:	ARMS Bullions				
Driver's Contact & Add:	WW V 60 X 1 6 731				





1 of 3

Report No. T/20191114/7008

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

REPORT C	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 14/11/2019 11:59		lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars			
	Informant H S/O CAN	GASALAM	Address: APT BLK 672A EDGEFIELD I 821672	PLAINS #04-535 SINGAPORE	
ID Type NRIC NO	D Type / ID No.: NRIC NO / S1834071B		Contact No.: Home/Office:	Mobile: 91779812	
National SINGAP	ity: ORE CITIZ	EN	Email: azendecors@yahoo.com.sg		
Sex: Male	Age: 51	Date of Birth: 19/12/1967	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Grab driver			Driving Licence Information: Class:	Date of Expiry:	

		dent Drink	Date/Time of	Type of Location:
Type of Accident:	Injury Others	Drive:	Accident: 13/11/2019 10:10	Straight Road
Location: CROSS STR	EET			
Weather:		Road Surface: Dry	F	Road Speed Limit: 50 Km/h
Clear				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG9348T	Car				Slightly Damaged	0
SLS4771P	Car					0

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





2 of 3

Report No. T/20191114/7008

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

CONTINUATION OF REPORT

Driver			CARL DESCRIPTION OF	LIDAL	The same of	S1834071B
Name	RAMESH S/O CANGASALAM			ID No		S1834071B
Related Vehicle	SGG9348T (Car)			Conta	ct No.	91779812
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NII Date Dise			NIL	
	ted Medical Leave	07	Degree o	f Injury	Sligh	t

Brief Details.

On the stated time and date, I was driving my vehicle SGG9348T at cross st, I was at most right lane going straight, suddenly i felt an great impact from my right and realise SLS4771P had collided to my side from side road.

I felt uncomfortable and consult a doctor got 7days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 3 of 3 Report No. T/20191114/7008

CONTINUATION OF REPORT

Sketch Plan				
Informant is not	altito t	o provide	sketch	pla

Authentication Stamp

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: 14/11/2019 11:59
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:



Policy No.	5111764192	Policyholder Name	EAZY RENT	ALS PTE LTD	Policyholder NRIC	201723629E		
Certificate	5111764192-000005							
Address	10 BUROH STREET #02-20 WEST CONNECT BUILDING SINGAPORE 627564							
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	27/09/2019	Effective Date	26/09/2019	00:00	Expiry Date	25/09/2020 23	:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	o	OS Premium	9869.28					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Info	holder Mailing Address							
Info Policyl	holder Mailing Address	Addre	ess 2	#02-20 WEST CON	NECT BUILD!	Address 3	SINGAPORE 627564	
Info Policyl Address 1	V2-200-3-200-3-200-00-00-00	93.09650	ess 2	#02-20 WEST CON Singapore address		Address 3 Post Code	SINGAPORE 627564 627564	
Certificate Info Policyl Address 1 Address 4 Unit No.	V2-200-3-200-3-200-00-00-00	Addre	ess Type ed Policy				175 (40.00)	
Info Policyl Address 1 Address 4 Unit No.	10 BUROH STREET	Addre Relati Numb	ess Type ed Policy	Singapore address			175 (40.00)	
Info Policyl Address 1 Address 4 Unit No.	10 BUROH STREET 14 24 Object: 5111764192-0000	Addre Relati Numb	ess Type ed Policy	Singapore address			175 (40.00)	
Info Policyl Address 1 Address 4 Unit No. Insure	10 BUROH STREET 14 2d Object: 5111764192-0000	Addre Relati Numb	ess Type ed Policy per	Singapore address	7 27 29 4 1000		175 (40.00)	
Info Policyl Address 1 Address 4 Unit No. Insure Endors Sequel	10 BUROH STREET 14 2d Object: 5111764192-0000	Addre Relati Numt	ess Type ed Policy per	Singapore address 5111764192	7 27 29 4 1000	Post Code	627564	

aim Handling					
e premium on this policy has n cident HT/1071410	ot been collected.				
icy No.	5111764192	Vehicle No.	5GG9348T	GST Registration No.	
	5111764192-000005	Talliana Hall			
triicate No. cyholder Name	EAZY RENTALS PTE LTD			Paircynaider NRIC	2017236298
	PLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
duct Code		Contact No.(Office)	0	Contact No.(Home)	0
nact No.(Mobile)	91779812			eCode	100
ali Address	2002	Special Remark	® No ○Yes	eCode Reason	
	® No ⊜Yes	TCA		Private Hire	Yes
D Protection	No	NCD Entitlement(%)	0	- Principle Princip	20.75
Accident Details			1800	Section Total	Collision - Hajor Minor Road
ort Date	14/11/2019 16:19	Acodem Report Within 24 hm	Yes	Academ Type	Singapore
e of Accident	13/11/2019	Time of Accident hh:mm	10:10	Country of Accident	singapore
orting Centre		Orange Force		ICM No.	
ident Location	JUNC OROSS ST & CHEANG WAN SENG PL				
Total Excess Applicable					
ous Type	Per Accident	Windscreen Excess	100.00		
		THE RESERVE THE PARTY OF THE PA			
Standard Excess	2,000.00	TP Standard Excess	1,500.00	DESCRIPTION OF	
D OD fixcess	0.00	VIED TP Excess		Driver is Covered?	
tional Excess	0				
I CO Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	tion				
Registered	740		GST Registration Date		
Registration No.			GSY Status Verified	Yes	
Effication History					
	w(1000				
Policyholder Malling Ad				100000000000000000000000000000000000000	SINGAPORE 627564
tress 1	10 BUROH STREET	Address 2	#02-20 WEST CONNECT BUILDS	Address 3	
iress 4		Address Type	Singapore address	Post Code	627564
t No.	14	Related Policy Number	5111764192		
OI Driver Info					
ver Name	unnamed Oriver	Driver Type	Unnamed Driver		
named driver Name	RAMESH S/O CANGASALAM	Driver NRIC	518340718	Driver DOB	19/12/1967
ster Date of Driver License	10/01/1996	Driver Age	51.	Oriving Expenience	23
otact No.(Mobile)	91779012	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 672A	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
dress 4	SINGAPORE 821672	Address Type	Singapore address	Post Code	521572
E No.	04-535				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gutered car?	575-975				
claration					
eathalyser or Blood Test	0 mg	Any injury?	Yes ○ No		
ading?					
diffication History					
Claim 001 New					
THE PARTY OF THE P					
im Type *	00-MX V	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	201723629E
ntact No. (Mobile)	88694660	Contact No.(Home)		Contact No. (Office)	NIL
ail Address	SHAWN.APEXAUTOMOTIVE@GH	Of Vehicle Number	BGG9348T	TP Vehicle Number	SLS4771P
emant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
imant Name *	2.2	Claimant NRIC *			
imant Address				THE DECEMBER NUMBERS OF	
im Description	SGG9348T / SLS4771P ON 13 Nov 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
and Designation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
quire Finalisation	14/11/2019 16:20	Claim Close Date		Date Received	14/11/2019 00:00
te Registered		- was were			
port Taken By	Jackson				
Print AK letter					
			Save Submit		
			The process of the control of the co		
Attachment					
9					
	MT/1071410	Claim No.	100		
cident No.		upload Date	14/11/2019 16:22		
st Doc. Received	Yes ○ No	upoad bate		Confidential Urger	ncy + Description
	Path *		Category *		
		Brows			
		Brows	Contract Property and Contract of the Contract	V Normal	¥
		Brows	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	V Normal	~
		Brows	e Clear Please Select	V Normai	2
				V Sormal	V

