NATIONAL Assessment Centre	Services, port Danion.	: MMA 11915	5435
Date III. 25/11/19 15:19	Jeb description	Date &Time Completed	Done by
Ref 110 MAI INC 19020802/14	SAS e-filing		
	E-mail (white this, AIC this)		
11 (1) A : 23 11 19 19:30 ·	I-Motor Claim Form	MT[107281400]	25/11/19 15:38
	1-Motor W/O (Within; OD 2h		
(II) (IV)' Reporting Only	i-Photo Uploaded		
- 1	Assessment/Survey Report	N= 1000 / 200 - 200 / 200	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksiz	CHILLING WAS A PROPERTY OF THE PARTY OF THE
Proferred Wksp / INC Assign Wksp / GW: (Designation of the Control of the Co		(ax:)
	GY 333.4 C INC (.)/Non-INC().	
Owner/Driver: (Tcl:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : (Date:	Tlme:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () W	arranty: YES ()/NO ()	
Baccss: (\$) Loading: \$1,000)()/\$2,000()		Maria de la companya del la companya de la companya
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() Total Loss Case : to e-mall Insurer	URGENTLY. ·		
Drive-In ()/ Towed-In (); Invoice:	YES() / NO(); T	owing Co: (· , "	.)
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3) Upload Resurvey Photo [Repair Cost > \$300		. "1	
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Claumant stracticulars (#)	DA I Damego	Vasarament (2100); JMC (24	0)
Driver/Owner: .	3) TP : Towing P 4) PT : Follow-T	brough Burvey	120
Contact No:	S UT' - MullawaT	hrongh Burvey (Resurvey) calust ING Only (wof 10 Jan 200)	530
	6) TR: Re-Inspec	dion .	313
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OC Charlest Na Co In Charles	on:		\$5
C Checked by (Engr-In-Charge):	• NG; Repair C	Cos / Tpt Allowence e-ordination	510 525
vaditors Comments :	A AUTHOR OF THE PARTY OF THE PARTY OF	led Excess Coordination	23
al. J.	TP (NII) : TP	(Kun INC) against INC	30 - :
	9) N12t Idea Mb	Fee Charged	MANAGE TALLY
32 2 7.35 1-2	Involce dated	Fee Charged	TATES TON

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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.
- 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.
- 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.

推销基本的基础区域和对关证明	ACCIDENT STATEMENT
Date Of Report	25/11/2019 15:19
Date Of Accident	23/11/2019 19:30
Exact Location Of Accident	10 KITCHENER LINK
Country/State of Loss	SINGAPORE
THE MENDER OF PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1733K
Insured/Policyholder	
Name Of Registered Owner	EAM ENGINEERING P L
Co Reg No	201807544N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85797541
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107123432
Cover Note Number	
Driver	
Name of Driver	SOHIDUL ISLAM
NRIC No	G8276990R
Date Of Birth	02/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85797541
Except Process	

NOEMAIL

Address 245A LAVENDER ST

Postcode 338786

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

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) 5

Passenger 1 NAME: : UNKNOWN

> GENDER: : MALE

NO

Passenger 2 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 4 NAME: : UNKNOWN

GENDER: **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

: MALE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191124/2004

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES YES

WITH DRIVER

NO

Details of Witness 1

Name

EDDIE KOH

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GY3334C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

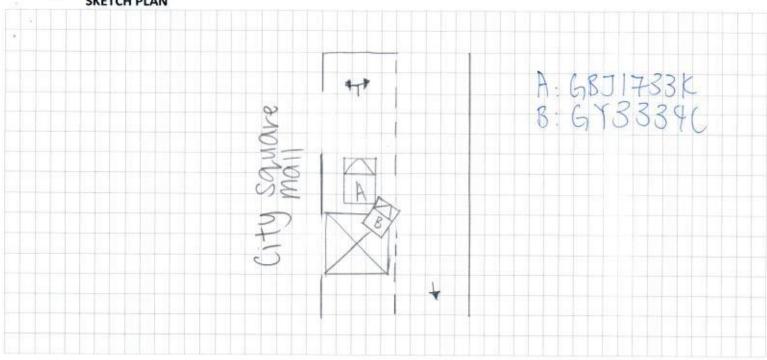
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

UEN 2018075440 PM

Policy holder's signature Date / time: Sus

Driver's signature (if driver is not policy holder) Date / time: tool

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
refer to police report. T/2019/1124/2004

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

位现在的大学企业企业	ACCIDENT DETAILS	THE RESERVE THE PERSON NAMED IN
Date of accident	23/11/2019	(DD/MM/YY)
Time of accident	7:30pm	(HH:MM)
Exact location of accident	10 Citchevner Link	(111111111)

A Karal Carle Control		ETAILS OF	VEHICLE	大海 记	AND REAL PROPERTY.
Vehicle registration number	GB7173	3K			
Vehicle make and model	toucta	hiace			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV 🗆 Motor	Van z	Others:
Vehicle category	Private	Comm	ercial 🗹	Motorcycl	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part of	No 🗷	if no, plea Reporting		

以多名。是《社会》	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

	INSURED / POLICY HOLDER	KER HAND	Marie Marie Marie
Name	EAM ENGINEERING PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	201807544N	18,330,000,000,000,000	
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	AT LOCATION
Name	SOHIOVL ISLAM	Male 🗆	Female
NRIC / Fin / Passport number	G8276990R		
Contact	8579 7541		
Address			
Email address			
Date of birth	0210311983		
Occupation	Indoor Outdoor		
Driving date pass	12/11/2019		

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes	No 🗆		
the insured's company?	The second second		driver and insured:	
Accident captured by camera?		No 🗆		
Weather condition	Clear p	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	5			(Inclusive of driver
	No. of the last of			(melasive of arriver
	-FIRST IN	PASSENGE	R 1 most operation was ear	JOSEPH RESERVE
Name	8055			
Gender	Male 🗷	Female		
	7	,		
		PASSENGE	P 2	LENGTH STORY
Name	a finence	THE RESERVE TO SHARE THE PARTY OF THE PARTY		EXHIBITED YOUR
Gender	Male p	Female		
	IVIAIC 1	remale [
		DACCENCE		
Name	100	PASSENGE	R 3	
Gender	friend	Female		
Gender	Male 🗩	remale 🗆		
	C d D	PASSENGE	R 4	
Name	frienc			
Gender	Male	Female 🗆		
	at the h	PASSENGE	R 5	
Name	1000			
Gender	Male 🗆	Female		
		PASSENGE	R 6	
Name				
Gender	Male 🗆	Female 🗆		
《大学》的第三人称单数的一个一个	THE CO	OTHER INFORM	MATION	THE PARTY NAMED IN
Was anybody injured?	Yes 🗆	No 🗹		
Was other vehicle damaged?	Yes	No □		
Section 1987 Property of the section	DETAIL	S OF POLICE ST	ATION ACTION	
Reported to police?	Yes		es, please state which polic	e station.
Police station name		1.0000000		
是表现的表现的。如果是有效的	***	WITNESS	1	CONTRACTOR OF THE
Name	FDDIE			
	h (mistally)	WITNESS	2	STEEL STREET
Name		WITNESS		

建筑建筑业建筑。 中华东南部	THIRD PARTY VEHICLE 1
Vehicle registration number	GY3334C
Vehicle make model	9.0001
Name	
NRIC / Fin / Passport number	
Contact	
经 国产的基础设施(国际)	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD FART VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
D. G. San	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE PARTY VEHICLE
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
- Contact	
	THIRD BARTY VEHICLE E
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	TIUDD DADTY VEILLOID C
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	
V-1-1-/-	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

建筑建设。	distance of	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	No. 15 of the	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
	30 To 10	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	""""	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	1	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗷	No 🗆
hospital by ambulance?		
	y from the same	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 6
Name /		
Interest of the second	_	
Which vehicle person in?		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Unjuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	No :
Which vehicle person in? Were seat belts worn?		





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

1 of 4 Report No. T/20191124/2004

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No .: 24/11/2019 00:16 Station Diary No.: 6 Informant's Particulars Name of Informant: Address: SOHIDUL ISLAM 245A LAVENDER STREET SINGAPORE ID Type / ID No .: Contact No .: FIN NO / G8276990R Home/Office: Mobile: 85797541 Nationality: Email: BANGLADESHI Sex: Age: Date of Birth: Type of Informant: Male 36 02/03/1983 Driver Race: Language: Institution / School Name: Indian Occupation: Driving Licence Information: CONSTRUCTION WORKER Class: 3 Date of Expiry:

23.05.00 (CHESTORY PARTIES NO. 1.	mation of the Accide			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/11/2019 19:30	Type of Location
Location: Along Road 1 KITCHENER I	INK SQUARE MALL ENT			
Weather:		Road Surface:	R	Road Speed Limit:
Clear		Dry	THE RESERVE OF THE PARTY OF THE	
Clear Traffic Flow:		Traffic Control:	T	raffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ1733K	Van			White	Contailion	4
				vviinte		4

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



Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

2014 Report No. T/20191124/2004

CONTINUATION OF REPORT

Driver		A CONTRACTOR		AN TOTAL		MALE YES
Name .	SOHIDUL ISLAM			ID No.		G8276990R
Related Vehicle	GBJ1733K (Van)			Conta	ct No.	85797541
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	Editor Delicate
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
WITNESS				de de sa		
Name	EDDIE KOH			ID No		NIL
Related Vehicle	NIL			Conta	ct No.	90605206
Hospital/Clinic	NIL			Class Drivin Licens Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the 23/11/2019 at about 1930hrs, I was driving the company van with my supervisor seat at the front passenger seat. There are also 3 other workers seated at the rear of the van. I was travelling on Kitchener Link beside City Square Mall travelling towards the direction of Petain Road. The traffic in front of me was congested and my van was in stationary mode just after the entrance/ exit of City Square Mall. Suddenly, I felt an impact from the rear of the van. I then switched on the van hazard lights and wanted to go down to take a look and there was a white van than zoom pass me. I made a check and no one was injured and the company van's rear right taillight was damage, paint damaged and also dented on the rear right side bumper.

I was then approached by a vehicle owner that is coming out from the entrance/ exit of City Square Mall and he told me that he had an in car cam in his vehicle and the accident was recorded. He forwarded the video to my supervisor mobile phone. The said driver was unable to see the registration plate of the involved white van that had hit our van. From the video footage, it is also unable to see the registration plate of the said van. Neither me nor my supervisor managed to get the registration plate of the said van. From the video footage, the said van had stopped quite close behind our van in the yellow junction box and suddenly the van made a right steer and hit my van. After hitting my van, the van did a reverse and quickly drove off on the right.

That is all.





4 of 4 Report No. T/20191124/2004

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 LEOW CHONG WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2019 00:16
Officer In Charge Of Case: TP / HRT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:
Authentication Stamp SN 085	

Signature:



TRAFFIC POLICE - SINGAPORE

CLASS 3 DRIVING TEST REPORT

CANDIDATE ID NO

: G8276990R

NAME OF CANDIDATE : SOHIDUL ISLAM

TEST CENTRE

: SSDC

TEST DATE

: 12/11/2019 03:40 PM

PASSING GRADE

: Accumulation of less than 20 demerit points with no immediate failure

mistake.

Dear Sir/Madam

Congratulations! You have performed well in your driving test. However, we still urge you to improve on the mistakes listed below and we require you to observe all traffic rules and be a safe and courteous driver on the road. A qualified CLASS 3 driving licence will be issued to you and we would like to extend a warm welcome to you to the motoring society.

If you do not have an existing Singapore Qualified Driving Licence (QDL), please apply for your QDL online via https://www.police.gov.sg. Before you apply for your QDL online, please ensure that you have taken a digital photograph at the driving centre where you had passed your practical test.

If you have an existing valid Singapore Qualified Driving Licence (QDL) for another class of licence, please request for the driving tester to paste the endorsement sticker of all the valid class(es) of your driving licence at the back of your photo card driving licence.

Remarks from the tester

NIL

Mistakes made during the test

Demerit Item Description	Location	Pts	Count	Free Count	Immediate Failure Count	Awarded Pts
Turn steering whilst vehicle is stationary	In Circuit - Vertical Parking	- 2		1 0		2
Insufficient acceleration	SSDC - Circuit	2		2 1	0	2
Turn steering whilst vehicle is stationary	In Circuit - Parallel Parking	2	,	1 0	0	2
Insufficient acceleration	Exit (Gate)	2		0	0	2

Fail to slow down when approaching road hazards	Woodlands Ind. Park E4 x Woodlands Ave 9	6	1	0	0	6
Total number of Demerit F	Points : 14					

Total number of Immediate Failures : 0

Result : PASS

Yours Sincerely,

HAMIR BIN BAKHTIAR

Name and signature of tester

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			The state of the s		The state of the s	• Chang	e Languag	e + Chan	ge Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy No).				Date	of Accident		23/11/2019	15:17	
	Vehicle f	No.(For Motor)	GB)1	733K		Certi	ficate Numbe	58			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107123432		EAM ENGINEERING P L	201807544N	GCV	Preferred Workshop Plan	GB)1733k	GB)1733K	23/01/2019	22/01/2020
						Continue					

Claim Handling

Policy No.	5107123432	Vehicle No.	GBJ1733×		GST Re	gistration N	0.			
Certificate No.						750000000				
Policyholder Name	EAM ENGINEERING ₱ L				Policyno	older NRIC		2018	107544N	
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Work	shop Plan	Loading			0		
Contact No.(Mobile)	85797541	Contact No.(Office)			Contact	No.(Home)	í.			
Email Address		Special Remark			eCode			No	•	
Kfk.	⇒ No. Yes	TCA	= No Yes		eCode 9	Reason			100	
NCD Protection	No	NCD Entitlement(%)	0		Private	Hire		No		
Accident Details										
Report Date	25/11/2019 15:35	Accident Report Within 24 hrs	Yes		Acoden	т Туре		Collis	ion - Change	e / Cross
Date of Accident	23/11/2019	Time of Accident hh:mm	19:30		Country	of Accident		Sings	pore	
Reporting Centre		Orango Force			ICM No.					
Accident Location	10 Kitchener Link									
Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess		100.00						
OD Standard Excess	600.00	TP Standard Excess								
VIED OD Excess	1000.00	VIED TP Excess		0.00	W-0.000			20200		
Additional Excess		17 20200		0:00	Driver is	Covered?		Cove	red	
Total OD Excess Applicable	1600.00	Total TP Excess Applicable		0.00						
⇒ Benefits				370.0						
GST Registered Informa	tion									
GST Registered	No		GST Re	gistration Date						
GST Registration No.				atus Venfied		Yes				
Modification History	25/11/2019 15:37:25 Sy	stem changed GST Status Verified from No	to Yes							
Policyholder Mailing Add										
Address 1		FEW COSTA								
Address 4	2 YISHUN INDUSTRIAL STREET	Address 2	#07-17 NORTH		Address			SING	APORE 7681	59
Unit No.	07-17	Address Type	Singapore addre	56	Post Cod	le .		7661	59	
⇒ OI Driver Info	WALL.	Related Policy Number	5107123432							
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver							
Unnamed driver Name	SOHIDUL ISLAM	Driver NRIC	G8276990R		Driver D	De.				
Ragister Date of Driver License	12/11/2019	Driver Age	36			xperience			V1983	
Contact No.(Mobile)	85797541	Contact No.(Office)	1000			No.(Home)		0		
Address 1	245 #A LAVENDER STREET	Address 2	SINGAPORE 338	786	Address					
Address 4		Address Type	Singapore addre		Post Cod			33876	16.	
			militable and a	20				1507777	STATE OF THE STATE	
Unit No.	A		angepore addre		Post Cod					
Does he own a Singapore	A Yes - No	Oriver Vehicle No.	angepore addre	30			arry			
Does he own a Singapore			angapore address	39		surer Comp	ainy			
Does he own a Singapore Registered car? reclaration			37799010 30010	22			any			
Does he own a Singapore Registered car? Reclaration Sneathalyser or Blood Test			Yes a No	99			any			
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes « No	Oriver Vehicle No.	Section Control	99			any			
Does he own a Singapore Registered car? Declaration Sneathalyser or Blood Test Reading?	Yes « No	Oriver Vehicle No.	Section Control	99			arry			
Does he own a Singapore Registered car? reclaration Breathalyser or Blood Test Reading?	Yes « No	Oriver Vehicle No.	Section Control	99			any			
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes « No	Oriver Vehicle No.	Section Control	207			arry			
Does he own a Singapore Registered car? reclaration Breathalyser or Blood Test Reading?	Yes « No	Oriver Vehicle No.	Section Control	209			arny			
Does he own a Singapore Registered car? Inclaration Sheathalyser or Blood Test Reading? Inclaim 1001 New	Yes « No	Oriver Vehicle No.	Section Control	GO-HX	Driver In	surer Comp	any	E	Insured	20180
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type *	Yes « No	Oriver Vehicle No.	Section Control		Driver In Insured Name Contact	Surer Comp		Ľ	Insured NRIC Contact	20180
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Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile)	Yes « No	Oriver Vehicle No.	Section Control		▼ Insured Name Contact No. (*46me)	EAM ENG	ineering p	L	Contact No. (Office)	Proposition
Does he own a Singapore Registered car? Inclaration Sheathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.; Mobile) Imail Address	Yes « No	Oriver Vehicle No.	Section Control		Insured Name Contact No. (Home) OI Vehicle Number	EAM ENG	ineering p	i.	NRIC Contact No. (Office) TP Vehicle Number Name of	NII. Graaa
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Claim OO1 New Claim Type * Contact No., (Mobile) mail Address Claim Gescription. referred post No., (Mobile) mail Address Claim Rescription. referred post No., (Mobile) mail Address Claim Rescription. referred post No., (Mobile) Post Rescription. referred post No., (Mobile) Attachment Attachment Set Doc., Received	Ves = No O mg Insured Liability Preferred Workshop, Preferred Workshop,	Driver Vehicle No. Any injury? GEA Name unknown GEA report Received.	Yes a No	C631733K / GY3339C OF 25/11/2019 15:38 ALEW SHAN HUI 001 25/11/2019 15:38 Category *	Insured Name Contact No. (Home) Vehicle Number Claim Clase Date	EAM ENG GB317334	INCERING P	· ·	NRIC Contact No. (Office) TP Vehicle Number Number Workshop Date	NIL G1333
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