| Date In: add 1 | The second livery with the last term of | | A19156112 | 100000000000000000000000000000000000000 | |
|---|---|--|--|--|---|
| Date In: 21/11/19-14:00 | Jcb description | | Date &Time Completed | Done | o'i. |
| Ref No: 40 HC192289874 | SAS e-filing | | i | | |
| Veli No: SIXTINGY | E-mail (within 8 | hrs, AIC 2hrs) | | | æ |
| D.O.A: 16) 11/19-701.00 | i-Motor Clain | n Form | 100-1965-001 LW | 26/11/19/14 | :78 |
| | i-Motor W/O | (Within: OD 2hrs | TP 4brs) | | |
| OD / P Reporting Only | i-Photo Uploa | ded | | | |
| | Assessment/Sur | vey Report | | | |
| TP Insurer: | Ass't Report by | Fax / Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: 61 | HS2364 | . INC(|)/Non-INC() | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | | | 0%; P: 21-79%. P: 80- | 100%] | - |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| Excess: (\$) Loading: \$1 | ,000 ()/\$2,000 | () | ris Americanist A. A. S. T. T. and C. T. T. | 1417 E 17 17 17 17 17 17 17 17 17 17 17 17 17 | |
| General Remarks:- | | | | SHAPE PERSON | - + |
| () Walk-In Customer: Customer's in | formation strictly Cor | fidential & St | rictly NO refer of repairer | · | |
| () Total Loss Case : to e-mail Insu | rer URGENTLY. | 0 | The state of | | |
| | ice: YES () / N | O();T | owing Co: (| |) |
| 900)25168 | No. | | Date&Time Completed | Done | by |
| Remarks: (INC hotline: 6788 6616) | | \ \ | - | | |
| | / Courtesy Car (| , | | - | |
| 2) QC Check / Post Repair Inspection | | | | | |
| | | | | | |
| 3) Upload Resurvey Photo [Repair Cost> | |) | | | |
| | |) | | | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | |) | | Signal Course | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | |) | | STATE OF STATE | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | |) | | 27.2 CASE | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | |) | | | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | |) | | | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | | | | Ant(s) | Ami (3) |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | | | paration Checklist | Ant (5) | 120,00000000000000000000000000000000000 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Lla [908916] | | Invoice Pre | paration Checklist, tReporting (\$30); | fit Bill | Park Bridge Control |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Lamant's Particulars:- | | Invoice Pre 1) AR: Acciden 2) DA: Damage | paration Checklist, tReporting (\$30); Assessment (\$100); INC | fit Bill | Park Bridge Control |
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| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions La [908916] Laimant's Particulars:- river/Owner: | | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 | paration Checklist, t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) | (\$80) (\$40/\$45 \$120 \$30 | Park Bridge Control |
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| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Lamant's Particulars: river/Owner: ontact No: amaged Portion: | | Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi | paration Checklist; t Reporting (\$30); Assessment (\$100); INC Fee hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 20 hetion + SMRT Survey honal Services. | (\$80) \$40/\$45 \$120 \$30 \$75 \$160 | THE RESERVE OF THE |
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200 11

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

| By the lodgement of this report to the insurers, you hereby consaforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| Charles College Comment of the State of the College Co | ACCIDENT STATEMENT |
| Date Of Report | 26/11/2019 14:20 |
| Date Of Accident | 25/11/2019 20:00 |
| Exact Location Of Accident | KIM KEAT RD |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJX7146Y |
| Insured/Policyholder | |
| Name Of Registered Owner | FOCUS RENTALS PTE LTD |
| Co Reg No | 201836450G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96518877 |
| Alternative Phone No | OFFICE-96518877 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | JAZZ 1.3 GLI 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 | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5106629800 |
| Cover Note Number | |
| Driver | |
| Name of Driver | JUMARY BIN AHMAD |
| NRIC No. | S7706131B |

| Dillion | |
|----------------------|------------------------|
| Name of Driver | JUMARY BIN AHMAD |
| NRIC No | S7706131B |
| Date Of Birth | 04/02/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/01/2006 |
| Driving Experience | 13 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98114027 |
| Fax Number | |
| Contact Number | OFFICE-98114027 |
| EMail Address | NOEMAIL |

Address BLK 705 CLEMENTI WEST STREET 2

#04-223

Postcode 120705

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

Comments of Debugge Ours Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

2

NAME: : ·

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

W-- th--- -- sudia assessed

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBH5536Y

Vehicle Make/Model/Colour FZ-16

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver HAZIQ

NRIC/Passport Number

Contact Number 87767352

Address Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The Issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance
 companies.
- 5 Any false reporting may be referred to the Police for Investigation.
- 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 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 dalms 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 enquirles by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature

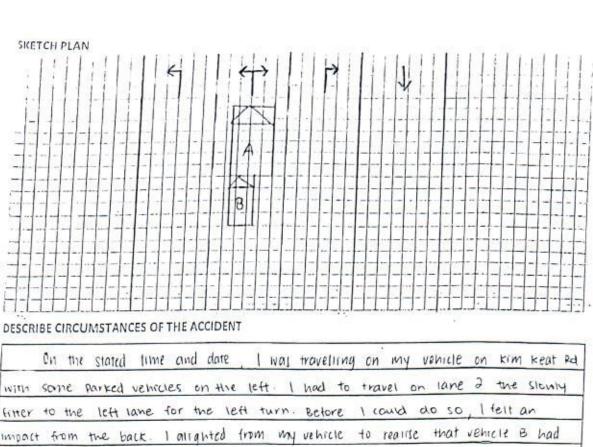
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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DECLARATION

(/Wo peclare the foregoing particulars are true in every respect.

(N. COOST 8364500) (NO: COOST 900) (NO: COOST

Polis Notice's Standure

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| Date of Accident | Accident Time: 8 pm (24-HR-Format) |
|---|---|
| occident Place | : kim teat food |
| Vehicle Reg. No. (Cer Plate No.) | Y3P1EXTS : |
| Vehicle Make/Model | : Honda Jazz |
| Insurance Company | : NTU C Policy No. |
| Owner or Company Name /IC No. | : Focus Pentals Pte Ltd |
| Owner or Company Contact No. | : 965 8877 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | : Jumary, Bin Ahmad (577061318) |
| DRIVER'S Date Of Birth | : 04 01 1977 DRIVER'S License Pass Date 20 0 1 2006 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: \tau |
| DRIVER'S Address | : BIK 705 crement west st 2 #04-223 s12070S |
| DRIVER'S Contact No./ Alt No. | (1) 98114017 2) |
| DRIVER'S Occupation | : INDOOR \ OUTDOOR (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 D | river): 02 - Jassenger temale |
| Was there any video Captured by ca Exact purpose for which vehicle was | r camera YES NO s being used at the time of accident: Private use \ Work purpose |
| Other F | arty Driver's Particular (if anv) |
| Vehicle Reg. No: FBH5536Y | Vehicle Reg. No: |
| Vehicle MakeWodel: Ft -1(| Vehicle Make\Model: |
| Name Driver: Haziq | Name Driver: |
| IC No. Driver: | IC No. Driver: |
| Driver's Contact & Add: 877673 | Driver's Contact & Add: |
| * No injury for Driver * Passenger left at acco | rdent scene (Infurite uhknown) |



| Policy No. | 5106629800 | Policyholder Name | FOCUS RE | NTALS PTE. LTD. | Policyholder NRIC | 201836450G | |
|---|------------------------------|------------------------------|-----------------|--------------------|-----------------------|-------------|---|
| ertificate | out the second | Name | | | OMETICAL STREET | | |
| 10. | 26 SIN MING LANE #05-114 MID | WIEW CITY & | INCAPORE | 573071 | | | |
| roduct | | | INGAPORE | 373371 | Group | N | |
| lame | FLEET INSURANCE | Plan | | | Policy Flag | | 2000 |
| olicy ssue Date | 26/12/2018 | Date | 26/12/201 | 8 00:00 | Expiry Date | 25/12/2019 | 23:59 |
| xcess ype | | All Claims Excess | | | | | |
| hird Party excess | 1500 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| Additional | 0 | OS Premium | 31226.25 | | | | |
| xcess Outside | | Outside | SEPTEMBER STORY | | | No. | Barrette Barrette |
| Singapore OD Excess | 0 | Singapore TP Excess | 1500 | | | Your | ng/Inexperience Driver Excess |
| Ngent | TIMES INS BROKERS (MOTOR B | Agent Tel. | 62528888 | | GST Flag | Y | |
| co- nsurance lag Open Policy Info Certificate nfo | No | | | | | | |
| Section 1995 | holder Mailing Address | Addre | er 2 | #05-114 MIDVIEW | CITY | Address 3 | SINGAPORE 573971 |
| Address 1 | 26 SIN MING LANE | | ess Type | Singapore address | | Post Code | 573971 |
| Address 4 | | | ed Policy | | | | |
| Unit No. | 03-02 | Numb | | 5106629800 | | | |
| | ed Object: SJX7146Y | | | | | | |
| ♥ Endors | sements | 7 WORLDWOOD VOOR | | Endorsement Number | nne notesposed | ment Status | Endorsement Content |
| 1 | 27/12/2018 00:00 | Basic Informa Endorsement | | 000001286971728 | Endorsem Effective | ent Take | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJS9308K 27-12-2018 \$1,269.81 2. SJU6842T 27-12-201 \$1,269.81 3. SJU6916P 27-12-201 \$1,269.81 In view of this amendment, an additional premium of \$3,809.42 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. |
| 2 | 07/01/2019 00:00 | Basic Informa Endorsement | | 000001286982404 | Endorsen Effective | nent Take | opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGF608H 07-01-2019 \$1,231.44 In view of this amendment, an additional premium of \$2,462.88 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque |

| he premium on this policy has | | | | | | | | | |
|--|---|------------------------|---|---|--|---|--|----------------------------------|---------|
| ccident MT/1073061 | sot been collected. | | | | | | | | |
| | 2011211212 | | Vehicle No. | \$3X7146Y | | OST Registration No | | | |
| folicy No. | 5106629800 | | Service No. | 20072401 | | COT NEGOCIONAL | | | |
| Dertificate No. | | *** | | | | Policyholder NRJC | | 201836450G | |
| Policyholder Name | FOCUS RENTALS PTE. LT | ID. | 12/03/2000 | Third Party | | | | 0 | |
| hoduct Code | FLEET INSURANCE | | Cover Type | | | Loading Contact No.(Home) | | 0 | |
| Contact No. (Mobile) | 96516877 | | Contact No. (Office) | 0 | | | | | |
| mail Address | | | Special Remark | F2200122011 | | eCode | | 11.4 | |
| CFK | ® No □ Yes | | TGA | ® No ○Yes | | eCode Reason | | | |
| VCD Protection | No | | NCD Entitlement(%) | 0 | | Private Hire | | Yes | |
| Accident Details | | | | | | | | | |
| Report Date | 26/11/2019 14:34 | | Academ Report Within 24 hrs. | Yes | | Accident Type | | Collision - Head | to Rear |
| Nate of Accident | 25/11/2019 | | Time of Accident nhimm | 20:00 | | Country of Academ | t | Singapore. | |
| leporting Centre | | | Orange Force | | | TOM No. | | | |
| ccident Location | KIM KEAT RD | | | | | | | | |
| ▼ Excess: | | | | | | | | | |
| Own damage Excess | | 0.00 | Additional Excess | 0 | | Windscreen Excess | | 0.00 | |
| mnamed Driver Excess | | | Outside Singapore DO Excess | | 0.00 | | | | |
| bird Party Excess | | 3,500.00 | Outside Singapore TP Excess | | 1,500.00 | | | | |
| → Benefits | | | HOROTAFUENALVI LEGIMA | | 1200000 | | | | |
| | 2027 | | | | | | | | |
| GST Registered Informa | No | | | GST Registra | enno Data | | | | |
| ST Registered ST Registration No. | 30 | | | GST Status | | Yes | | | |
| fodification History | | | | | | | | | |
| and the second | | | | | | | | | |
| ▽ Policyholder Hailing Ad | fress | | | | | | | | |
| ddress 1 | 26 SIN MING LANE | | Address 2 | #05-114 MIDVIEW | CITY | Address 3 | | SINGAPORE 57 | 73971 |
| uddress 4 | A STATE STATE CARRE | | Address Type | Singapore address | Table 1 | Post Code | | 573971 | 7000 |
| init No. | 03-02 | | Related Policy Number | 5106629800 | | 300 30000 | | ALMER N | |
| OI Driver Info | 03-02 | | Realed Policy Number | 2100053000 | | | | | |
| Driver Name | Unnamed Driver | | Driver Type | Unnamed Driver | | | | | |
| Innamed driver Name | JUMBRY BON SHMAD | | Driver NRJC | 577061318 | | Driver DDB | | 04/02/1977 | |
| legister Date of Driver License | 20/01/2006 | | Driver Age | 42 | | Driving Experience | | 13 | |
| | | | 18 | .0 | | Contact No.(Home) | | 0 | |
| Contact No. (Mobile) | 98114027 | | Contact No. (Office) | CLEMENTS WEST S | TRACE A | Address 3 | | SINGAPORE 12 | 0204 |
| Address 1 | BLK 705 | | Address 2 | | REE 1 2 | | | 120705 | |
| Address 4 | | | Address Type | Singapore address | | Post Code | | 120705 | |
| unit No. | | | | 200 | | | | | |
| | 04-223 | | | | | | | | |
| Does he own a Singapore | 04-223 ○ Yes ® No | | Oriver Vehicle No. | 57,577,000,000 | | Dower Insurer Com | ipany: | | |
| | | | Oriver Vehicle No. | 57,570,010 | | Driver Insurer Com | ipany. | | |
| Does he own a Singapore Registered car? Declaration | | | Driver Vehicle No. | | | Dower Insurer Com | ipany | | |
| Does he own a Singapore Registered car? | | | Oriver Vehicle No. Any injury? | ○ Yes ® No | | Dower Insurer Com | spany. | | |
| Does he own a Singapore Registered car? Declaration Broatharwser or Blood Test | ○ Yes ® No | | | 3,2571,000,000 | | Driver Insurer Com | ipany | | |
| Does he own a Singapore Registered car? Declaration Broathleyser or Blood Test Reading? | ○ Yes ® No | | | 3,2571,000,000 | | Dower Insurer Com | ipeny | | |
| Does he own a Singapore Registered car? Declaration Broatharwser or Blood Test | ○ Yes ® No | | | 3,2571,000,000 | | Dower Insurer Com | ipany. | | |
| Does he own a Singapore Registered car? Declaration Broathelyser or Blood Test Reading? | ○ Yes ® No | | | 3,2571,000,000 | | Driver Insurer Com | pany. | | |
| oos he own a Singapore Registered car? ecclaration dreathers or Bleod Test Reading? | ○ Yes ® No | | | 3,2571,000,000 | | Driver Insurer Com | ipany | | |
| oces he own a Singapore Registered car? Declaration Broatheyser or Blood Test Reading? Foothcation History Claim 901 New | ⊙ Yes (€) No O'mg | TO TO | Any injuny? | ○ Yes ® No | TE LTD. | | грапу | 2018364506 | |
| Does he own a Singapore Regetered car? Declaration Irreathelyser or Blood Test Reading? Codification History Claim 001 New Claim Type + | ○ Yes ® No | 9 | Any injury? Insured Name | 3,2571,000,000 | TE LTD. | Insured NRIC | | 2018364506 | |
| Does he own a Singapore Regetered car? Reclaration Breatheyser or Blood Test Reading? Codification History Claim 001 New Claim Type + Contact No. (Mobile) | ⊙ Yes (€) No O'mg | 5 | Any injury? Insured Name Contact No.(Home) | ○ ves (® No FOCUS RENTALS P | TE LTD. | Insured NRIC Contact No.(Office) | | + | |
| Does he own a Singapore Registered car? Declaration dreatheyser or Bleod Test Reading? Claim 001 New Claim 101 No. (Mobile) | O was (®) No | 2 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number | ○ Yes ® No POCUS RENTALS P | | Insured NRIC | | - | |
| Does he own a Singapore Registered car? Declaration dreatheyser or Bleod Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claiment Type Claimant Type * | O was (®) No | × | Any injuly? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * | ○ ves (® No FOCUS RENTALS P | TE LID | Insured NRIC Contact No.(Office) | | + | |
| coes he own a Singapore Registered car? Declaration Broad Test Reading? Codification History Claim 001 New Claim Type + Contact No. (Mobile) Email Address Claimant Type Claimant Type * | O was (®) No | 2 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number | ○ Yes ® No POCUS RENTALS P | | Insured NRIC Contact No.(Office) | | + | |
| coss he own a Singapore registered car? rectaration breatheyser or Blood Test reading? codification History Claim 001 New Chaim 17pe + Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * | O mg OD-MX Flease Select | ▼ ≥≥ | Any injury? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Claymant NKIC * | ○ Yes ® No POCUS RENTALS P | | Insured NRIC Contact No. (Office) TP Vehicle Number | | + | |
| coes he own a Singapore registered car? rectaration restheyser or Blood Test reading? Coalm 001 New Claim 1001 New Claim Type * Contact No. (Mobile) mail Address Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claim Coestription | O was (®) No | ▼ ≥≥ | Any injury? Insured Name Contact No.(Home) C) Vehicle Number Type of Benefit * Claymant NKIC * | O Yes ® No POCUS RENTALS P SIX7346Y Freasie Select | ¥ | Insured NRIC Contact No.(Office) | | + | |
| coes he own a Singapore Registered car? Reclaration Broad Test Reading? Rodification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Mackatop Contact Preferred Workshop Contact | O mg OD-MX Please Select SIX7 140Y / FBH3330Y | ≥≥ ON 29 Nov 2015 | Any injury? Insured Name Contact No.(Home) C) Vehicle Number Type of Benefit * Claymant NKIC * | O Yes ® No POCUS RENTALS P SIX7346Y Please Select | v | Insured NRIC Contact No. (Office) TP Vehicle Number | | + FBHSS36Y | |
| coes he own a Singapore Regetered car? Rectaration Breatheyser or Blood Test Reading? Rodification History Claim 901 New Chaim 1904 New Chaim Type + Contact No. (Mobile) Email Address Claimant Type Claimant Type * Chaimant Name * Claimant Name + Claimant Name + Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Machanop Contact No. | O mg OD-MX Flease Select | ▼ ≥≥ | Any injury? Insured Name Contact No.(Home) C) Vehicle Number Type of Benefit * Claymant NKIC * | O Yes ® No POCUS RENTALS P SIX7346Y Freasie Select | v | Insured NRIC Confact No.(Office) TP Vehicle Number | | #BHSS38Y | |
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| coes he own a Singapore Registered car? Rectaration Breatheyser or Blood Test Residing? Rectaration History Claim 001 New Claim 1091 New Claim Type + Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name + Claimant Name + Claimant Name + Claimant Name + Claimant Report Contact No. Require Finalisation Date Registered Report Taken By | O mg OD-MX Flease Select SSX7140Y / FB15330Y Ves 26/11/2019 14:38 | ≥≥ ON 29 Nov 2015 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Clasmant NRIC * Insured Liability * Preferend Repair Option | POCUS RENTALS P SIX7346Y Prease Select Not at Pault Preferred Worksho | v | Insured NRIC Confact No.(Office) TP Vehicle Number | | #BHSS38Y | |
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| coes he own a Singapore Registered car? Rectaration Breatheyser or Blood Test Residing? Rectaration History Claim 001 New Claim 1091 New Claim Type + Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name + Claimant Name + Claimant Name + Claimant Name + Claimant Report Contact No. Require Finalisation Date Registered Report Taken By | O mg OD-MX Flease Select SSX7140Y / FB15330Y Ves 26/11/2019 14:38 | ≥≥ ON 29 Nov 2015 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Clasmant NRIC * Insured Liability * Preferend Repair Option | POCUS RENTALS P SIX7346Y Prease Select Not at Pault Preferred Worksho | v | Insured NRIC Confact No.(Office) TP Vehicle Number | | #BHSS38Y | |
| Does he own a Singapore Registered car? Declaration Breatheysor or Blood Test Reading? Doeshoation History Claim 001 New Claim 1091 New Claim 17pc + Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name + Cla | O mg OD-MX Flease Select SSX7140Y / FB15330Y Ves 26/11/2019 14:38 | ≥≥ ON 29 Nov 2015 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Clasmant NRIC * Insured Liability * Preferend Repair Option | POCUS RENTALS P SIX7346Y Prease Select Not at Pault Preferred Worksho | v | Insured NRIC Confact No.(Office) TP Vehicle Number | | #BHSS38Y | |
| Does he own a Singapore Registered car? Rectaration Breatheysor or Blood Test Reading? Rectaration Reading Singapore Rectaration Rectaration Makes Claim 001 New Claim 1001 New Claim | O mg OD-MX Please Select SIX/140Y / FBrt5330Y Yes 26/11/2019 14:38 Jackson | ≥≥ ON 29 Nov 2015 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Claviflant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | POCUS RENTALS P SIX7346Y Please Select Not at Pault Preferred Worksho Save Submit | p, Name unknown | Insured NRIC Confact No.(Office) TP Vehicle Number | | #BHSS38Y | |
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| Does he own a Singapore Registered car? Declaration Broathlyser or Bland Test Reading? Modification History Claim 001 New Claim 1001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Emails and Contact No. Require Finals and Contact No. Regular Finals and Emails Extra Print AK letter Attachment | O mg OD-MX Flease Select S3X7140Y / FR15330Y Yes 20/11/2019 14:38 3arkson MT/1073061 ● Yes ○ No | ≥≥ ON 23 Nov 2033 | Any injury? Insured Name Contact No.(Home) O) Vehicle Number Type of Benefit * Claviflant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | POCUS RENTALS P SIX7346Y Please Select Not at Fault Preferred Worksho Save Submit | p, Name unknown V | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received | Washings | * FBHSS38Y | 0.00 |
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