I Data Inc. I L. L. L. C. L. C	Italian de la constanta de la	Date & Time Completed	Done by	v 1
Date In: 6 19-10:19	Jcb description	Date to Timo Octopiolos		
Rel No: NA IN CIGON 555/W	SAS c-filing	1		
Veh No: JMKN5985	E-mail (within Shrs, AIC 2hrs)			•
D.O.A: 5/M/9-10:35	i-Motor Claim Form	M11074603-001	ama m	2
OD : RP) Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : (1P). Reporting Only	i-Photo Uploaded			
Th. I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: ME	980A INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [P	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: S0-	100%]	
Year of Registration: () V	Varranty: YES () / NO ()		
Excess: (S) Loading: \$1,00	00()/\$2,000()		7 1975 S. 1-7 - 7 - 7	
General Remarks:-	AND ADDRESS OF THE PARTY OF THE			
() Walk-In Customer: Customer's infor	mation strictly Confidential & S	Strictly NO refer of repairer	<u> </u>	
() Total Loss Case : to e-mail Insure				
Drive-In () / Towed-In (); Invoice	: YES() / NO();	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done b	У
	ourtesy Car ()		V LOVE - ST. 1811 1-114-117 F. 1	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	+		
Injury:				
				3 7.1.
Date/Time Actions		CONTRACTOR OF THE PARTY	Sec 4500000 130-1400 - 5-1	
	l Invoice Pi	eparation Checklist	Anit (S)	Amt(3)
441909135	1) AR : Accid	ent Reporting (\$30);	fitBill	CHARLES OF THE PARTY OF THE PAR
MA1409135	1) AR : Accid 2) DA : Dama	ent Reporting (\$30); ge Assessment (\$100); INC	fitBill	
Laimant's Particulars :-	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow	ent Reporting (530); ge Assessment (5100); INC g Fee -Through Survey	(\$30) (\$40/\$45 \$120	CHARLES OF THE PARTY OF THE PAR
LA (909) 35 Claimant's Particulars :- Priver/Owner:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow	ent Reporting (530); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey)	(\$30) (\$40) \$40/\$45 \$120 \$30	
LA (909) 35 Claimant's Particulars :- Priver/Owner: Contact No:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins	ent Reporting (\$30); ge Assessment (\$100); INC g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection	(\$80) (\$40/\$45 \$120 \$30 (95) \$75	
LA (909) 35 Claimant's Particulars :- Priver/Owner: Contact No:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D	ent Reporting (\$30); ge Assessment (\$100); INC g Fee S -Through Survey -Through Survey (Resurvey) g acajust INC Only (wef 10 Jan 30 pection A + SMRT Survey	(\$80) (\$40/\$45 \$120 \$30 (95)	CHARLES OF THE PARTY OF THE PAR
LA (909) 135 Claimant's Particulars :- Priver/Owner: Contact No: Parnaged Portion:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD*	ent Reporting (\$30); ge Assessment (\$100); INC ge Fee S -Through Survey -Through Survey (Resurvey) geognet INC Only (wef 10 Jan 30 pection A + SMRT Survey itional Services.	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	CHARLES OF THE PARTY OF THE PAR
LA (909) 135 Claimant's Particulars :- Priver/Owner: Contact No: Parnaged Portion:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD* *N5: Court *N6: Repai	ent Reporting (\$30); ge Assessment (\$100); INC ge Assessment (\$100); INC ge Fee	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	CHARLES OF THE PARTY OF THE PAR
Claimant's Particulars:- Priver/Owner: Contact No: Parmaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD* *N5: Court *N6: Repai	ent Reporting (\$30); ge Assessment (\$100); INC ge Assessment (\$100); INC ge Fee Through Survey Through Survey (Resurvey) geognist INC Only (wef 10 Jan 30 pection A + SMRT Survey Itional Services csy Car / Tpl Allowance r Co-ordination Repair Inspection	(\$80) (\$40/\$45 \$120 \$30 (\$05) \$75 \$160	CHARLES OF THE PARTY OF THE PAR
LA (909)35 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Cuditors' Comments:-	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ine 7) N1 : Idae D 8) NTUC Add OD'* *N5: Court *N6: Repai *N7: Fost I *N8: DV	ent Reporting (\$30); ge Assessment (\$100); INC ge Assessment (\$100); INC ge Fee	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$3 \$10 \$25 \$3 \$10	
Claimant's Particulars :- Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ine 7) N1 : Idae D 8) NTUC Add OD'* *N5: Court *N6: Repai *N7: Fost I *N8: DV	ont Reporting (\$30); ge Assessment (\$100); INC (ge Assess	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$25 \$3 \$10 \$25 \$3 \$10 \$25 \$3	

Figure 11 to 120

SINGAPORE ACCIDENT STATEMENT

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.
- 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 indigement 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.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
and a female of section and account of	ACCIDENT STATEMENT
Date Of Report	06/12/2019 10:19
Date Of Accident	05/12/2019 10:35
Exact Location Of Accident	GEYLANG RD CARPARK
Country/State of Loss	SINGAPORE
A POST OF THE PARTY OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK2598S
Insured/Policyholder	
Name Of Registered Owner	RELIABLE LIMO PTE LTD
Co Reg No	201906408Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

TOYOTA Manufacturer

VOXY HYBRID 7-SEATER 1.8V CVT Model

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 PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

YES Fleet Policy

5108014852 Policy Number

Cover Note Number

Driver

PANG TOW KWANG (FENG DAOGUANG) Name of Driver

S7121314E NRIC No 04/06/1971 Date Of Birth OUTDOOR Occupation 01/12/1993 Date Of Driving Pass

Driving Experience 26 YEARS AND 0 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-92314994

Fax Number

OFFICE-92314994 Contact Number

NOEMAIL EMail Address

BLK 408 BUKIT BATOK WEST AVENUE 4 Address

#05-124

Postcode 650408

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

2

NO

1

NO

NO

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)

Details of Police Action

Was the accident reported to the police?

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE7980A

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver HO PECK CHYE NRIC/Passport Number S1165568H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:

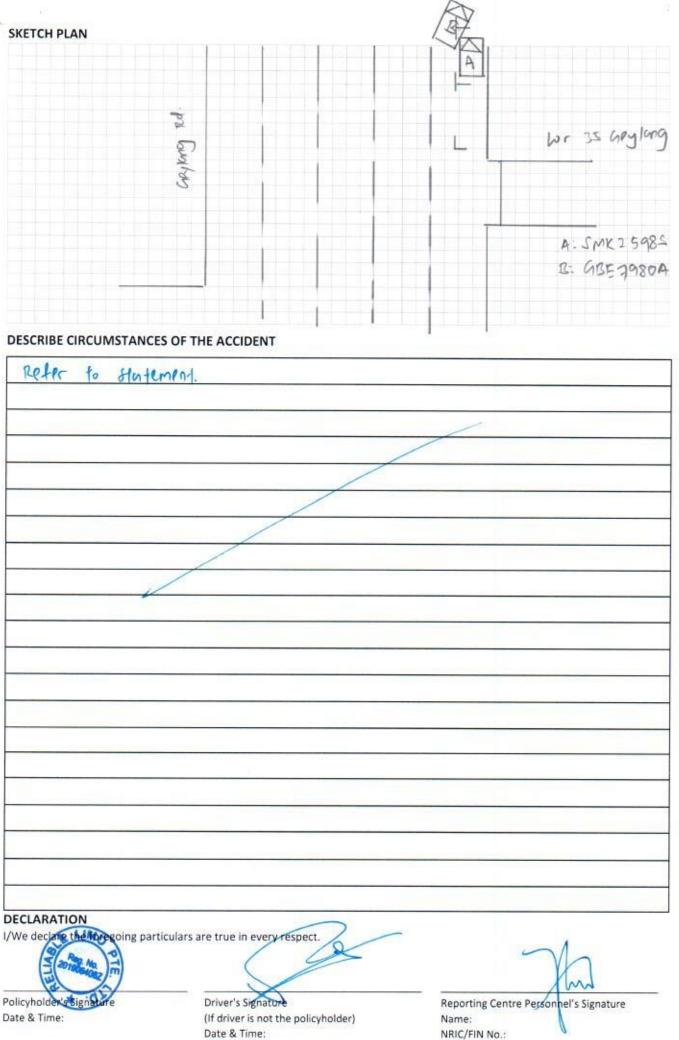
Oriver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



GORMC SustemplanFarm, VX

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ONTO THE CARPARK LOT. SUDDNELY VEHICLE B ENTER THE CARPARK LOT AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 5 N 19 1(DD)	/MM/YYYY), TIME:(12 : 35 ·)(HH:MM)
LOCATION: begling red cargo	
1. DETAILS OF VEHICLE	- W
a) VEHICLE NUMBER: SMK2591	85-
DINSURANCE COMPANY: NTUC	Service Servic
CIPOLICY NUMBER: 5108 01 4850	
a) POLICY TYPE: (COMPREMENSIVE / T	HIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	TAKE THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAI g)VEHICLE CATEGORY:(PRIVATE / CO	N/IOPRY/MOTOROUS
h) PURPOSE OF USING AT ACCIDENT TI	MOTORCYCLE)
IF NO PLEASE STATE (TURBO 2)	IME: Worling-
IF NO, PLEASE STATE (THIRD BATTAGE)	WN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER	-AIM / REPORTING ONLY)
Alname: Reliable Limo He H	d.
b) NRIC/FIN/PASSPORT: 1019 064 08	(MALE / FEMALE)
C)ADDRESS:	CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO PO	
The of passengs. DRIVER DRIVER ALSO PO	LICY HOLDER
(Including driver) alname: Pang Tow Kwang (F	ena Mogy 909) a
1 - IF LO E)	(NA(N) E / EELAATE)
(1.) DINRIC/FIN/PASSPORT: S 71 24314E	CONTACT: 92314994
7/10 DKE33	
*dIDATE OF RIPTU.	
*d)DATE OF BIRTH: (V / 6 / 1971.	_)(DD/MM/YYYY)
THE PARTY OF THE P	
f) YEARS OF DRIVING EXPRERIENCE	11993.
4. WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED: MAC.
- WOUNDING NOTIFIED / DAIRI	NIO / OFFICE
b)ROAD SURFACE: (DR) / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STA	ATION:
He of passenger a) VEHICLE NUMBER: WE 780A.	
The of passenger a) VEHICLE NUMBER: MBE 79804.	MODEL:
Including driver) b) DRIVER'S NAME: to RCC Chye	
(1.) C) NRIC/FIN/PASSPORT: SIIGS	CONTACT:
9. THIRD PARTY VEHICLE	
No of pastanas - Villiote NUMBER:	MODEL:
Induding driver) DRIVER'S NAME:	
Including driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	CONTACT

email =

fax =

VIDEO = /

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Chang	ge Languag	je • Chan	ge Password	• Log Out
My Desktop	Policy Query								.98		
Notice of Loss	Policy No. Vehicle No. (For Motor)		510801	5108014852 SMK2598S		Date of Accident Certificate Number			05/12/2019 10:35		
			SMK259								
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108014852	5108014852- 000002	RELIABLE LIMO PTE.LTD.	2019064082	GFM	drivo CLASSIC	SMK25985	SMK25985	01/04/2019	31/12/2019
						Continue	1				

Policy No.	5108014852	Policyholder Name	RELIABI	E LIMO PTE.LTD.	Policyholder NRIC	201906408Z	
Certificate No.	5108014852-000002						
Address	B KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUK	IT SINGAPORE 415875			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	07/03/2019	Effective Date	07/03/2	7/03/2019 00:00 Expire		Expiry Date 31/12/2019 23:59	
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	2500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	4000	Outside Singapore TP Excess	4000			Young	/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co-							
Flag Open Policy Info	No						
Flag Open Policy Info Certificate Info							
Flag Open Policy Info Certificate Info Policyh	older Mailing Address 8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4	older Mailing Address		T.F. 100	CONTRACTOR PRODUCTION OF THE PROPERTY OF THE P			
Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addre	ss Type d Policy	#05-50 PREMIER @ Singapore address 5108014852		Address 3 Post Code	SINGAPORE 415875 415875
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 8 KAKI BUKIT AVENUE 4	Addre Relate Numb	ss Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 8 KAKI BUKIT AVENUE 4 05-50 d Object: 5108014852-000007	Addre Relate Numb	ss Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	older Mailing Address 8 KAKI BUKIT AVENUE 4 05-50 d Object: 5108014852-00000	Addre Relate Numb	ss Type d Policy er	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	older Mailing Address 8 KAKI BUKIT AVENUE 4 05-50 d Object: 5108014852-00000	Addre Relate Numb	ss Type d Policy er	Singapore address 5108014852		Post Code	415875
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	05-50 d Object: 5108014852-000002 ements ce Date of Endorsement ate Endorsements	Addre Relate Numb	ss Type d Policy er nt Type	Singapore address 5108014852	Endorser	Post Code	415875
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen Gertific Sequen	05-50 d Object: 5108014852-000002 ements ce Date of Endorsement ate Endorsement ce Date of Endorsement	Addre Relate Numb 2 Endorsemen	ss Type d Policy er nt Type nt Type	Singapore address 5108014852 Endorsement Number	Endorser	Post Code	415875 Endorsement Content
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen Certific	05-50 d Object: 5108014852-000002 ements ce Date of Endorsement ate Endorsement 07/03/2019 00:00	Addre Relate Numb 2 Endorsement Endorsement Basic Informati	ss Type d Policy er nt Type nt Type	Singapore address 5108014852 Endorsement Number	Endorser Endorser	nent Status nent Status ent Undo	415875 Endorsement Content

Claim Handling					
Accident MT/1074603					
Policy No.	5108014852	Vehicle No.	SMK2S985	GST Registration No.	
Certificate No.	5108014852-000002				
Policyholder Name	RELIABLE LIMO PTE LTD.			Poscyholder NRIC	2019064082
Product Code	PLEET MASTER INSURANCE	Cover Type	arive CLASSIC	Loading	0
Contact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TICY.
KFK	® No ⊜ Yes	TCA	® No ⊜Yes	eCode Reason	M(10399)
NCD Protection	No.		0	Private Hire	Yes
	NO	NCO Entitlement(%)	0	Private rare	163
 Accident Details 					
Report Date	06/12/2019 12:04	Accident Report Within 24 hrs	Yes	Acadent Type	Damaged whilst parked
Date of Accident	05/12/2019	Time of Accident nh.mm	10:35	Country of Acodent	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD CARPARK				
→ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	2,500.00		
YIED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
▽ Benefits					
GST Registered Informa	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	ldress				
Address 1	II KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Past Code	415875
UNIT NO.	05-50	Related Policy Number	5109014852		
OI Driver Info		3510101a - 1 5 - 1 1 1 2 3			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PANG TOW KWANG (FENG DAD)	Driver NR3C	571213146	Driver DOB	04/06/1971
Register Date of Driver License		Driver Age	48	Driving Experience	26
					0
Contact No. (Mobile)	92314994	Contact No. (Office)	0	Contact No.(Home)	
Address 1	BLK 408	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650408
Address 4		Address Type	Singapore address	Post Code	650408
Unit No.	05-124				
Does he own a Singapore Registered car?	☐ Yes (E) No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ® No		
Market Control					
Modification History					
Claim 001 New					
Cleim Type *	00-их	Insured Name	RELIABLE LIMO PTE,LTD.	Insured NR1C	201906408Z
Contact No.(Mobile)		Contact No.(Home)	MIL	Contact No.(Office)	NIL
Email Address		Of Vehicle Number	SMK25985	TP Vehicle Number	GBE7980A
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant kame *	22	Claimant NR3C *			
Claimant Address					
Claim Description	SMK2596S / GBE7980A ON 5 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	The state of the s		province marketup, wante unercom	Date Received	06/12/2019 00:00
Date Registered	06/12/2019 12:07	Claim Close Date		Page Sectioned	0012/2019/00/00
Report Yaken By	Jackson				
Print AK letter					
			Save Submit		
			sere suctiful		
Attachment					
9					
-	Associate and the second	Table 1	440		
Accident No.	MT/1074603	Claim No.	001		
Last Doc. Received	● Yes ○ Na	Upload Date	06/12/2019 12:07		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	Clear Please Select	V Normal	V
		Browse	Cear Please Select	V Normal	V
		Browse		y Normal	v
			The second secon	V Normal	I I
		Browse	A STATE OF THE PARTY OF THE PAR		1500
		Browse	Oear Please Select	∨ Normal	

