Date In: 13/1/19-15:15	Jeb description	Date & Time Completed	Done l	
Res No: Ha INCIGOTION FLY	SAS e-filing			
Veh No: DHODIOL	E-mail (within Shrs, AIC 2hrs	)		
D.O.A: 12/10/19-12:00	i-Motor Claim Form	m/10×2636 001	171/19 16	Po
3	i-Motor W/O (Within: OD			
OD TP Reporting Only	i-Photo Uploaded			A.
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	,
TP Particulars: Veh No: XF	E898R INC	( )/Non-INC( )	9	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: (	0-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 ( )		3400 ( ) H	
Remarks:- (INC hotline: 6788 6610  1) Apply for Transport Allowance (	6) ) / Courtesy Car ( )	Date&Time Completed	Done	.,
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	( )			
July 2 Photo [Repair Cost:  Injury:  Date/Time Actions	Invoice I	Preparation Checklist	Anic (5)	Amt (\$)
July 2 Actions  NAMA Particulars:	Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Tow	Preparation Checklist:  Ideat Reporting (\$30);  Tage Assessment (\$100); INC (\$100);	Anic (5) fit Bill (580) (40/\$45	
3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  MAIGANSE  Litimant's Particulars:	1 Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Folle 5) FT: Folle	Preparation Checklist  ident Reporting (\$30);  nege Assessment (\$100); INC ( ing Fee ow-Through Survey  ow-Through Survey (Resurvey)	(\$80) (\$40/\$45 \$120 \$30	
July :  Date/Time Actions  MAIGONS  Claimant's Particulars:  Oriver/Owner:  Contact No:	Invoice I  1) AR : Acc 2) DA : Dan 3) TF : Tow 4) FT : Folio 5) FT : Folio For claim	Preparation Checklist  Ideat Reporting (\$30);  Inage Assessment (\$100); INC ( Ing Fee Sow-Through Survey  ow-Through Survey (Resurvey)  Ing against JNC Only (wef 10 Jan 20)	(\$\$0)   fit Bill.   (\$\$0)   \$40/\$45   \$120   \$30   (05)   \$75	
July:  Date/Time Actions  NAIGO SE  Claimant's Particulars:  Contact No:	Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idao	Preparation Checklist  Ident Reporting (\$30);  Thege Assessment (\$100); INC (\$100); INC (\$100); INC (\$100);  Through Survey (Resurvey)  Through Survey	(\$80) (\$40/\$45 \$120 \$30	
July :  Date/Time Actions  Laimant's Particulars :-  ontact No:  amaged Portion:	Invoice I  1) AR : Acci 2) DA : Dan  3) TF : Tow 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-i 7) N1 : Idao 3) NTUC Ac OD* *N5: Cou	Preparation Checkdist  Ident Reporting (\$30);  Inege Assessment (\$100); INC (\$100); INC (\$100);  Ing Fee Sw-Through Survey (Resurvey)  Ing against INC Only (wef 10 Jan 20 aspection  DA + SMRT Survey  Idditional Services:-  Intersy Car / Tpt Allowance	(\$\$0)   fst.Bill.   (\$\$0)   \$40/\$45   \$120   \$30   (\$\$0)   \$75   \$160	
3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Laimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  C Checked by (Engr-In-Charge):	Invoice I  1) AR: Acci 2) DA: Dan 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idao 3) NTUC A QD' *N5: Cou *N6: Rep *N7: Fos	Preparation Checklist  Ideat Reporting (\$30);  Tage Assessment (\$100); INC ( Ing Fee Sw-Through Survey (Resurvey)  Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	
3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Laimant's Particulars::  Oriver/Owner:  Contact No:  Damaged Portion:	Invoice I  I) AR: Acci 2) DA: Dan  3) TF: Tow 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-i 7) N1: Idao 3) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fos *N8: DV	Preparation Checkdist  Ident Reporting (\$30); Image Assessment (\$100); INC (\$1	(\$80)   fit Bill.   (\$80)   \$40/\$45   \$120   \$30   (05)   \$75   \$160   \$35   \$510   \$25	

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number

Contact Number

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.
- 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 aforesaid.

aroresaid,	
AD THE PIRES AND ASSESSMENT OF	ACCIDENT STATEMENT
Date Of Report	13/12/2019 15:15
Date Of Accident	12/12/2019 12:00
Exact Location Of Accident	TUAS WEST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH5310L
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816096
Alternative Phone No	OFFICE-91816096
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8X 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	NO
Policy Number	5091716769-02
Cover Note Number	
Driver	
Name of Driver	SEE SENG KEE
NRIC No	S7622377G
Date Of Birth	22/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97574307
	Mr. 58

OFFICE-97574307

NOEMAIL

BLK 810B CHOA CHU KANG AVENUE 7 Address

#15-517

682810 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

2

NO

NO

5

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

YES Was any body injured in the Accident?

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)

Passenger 1 NAME: 9.-

> : FEMALE GENDER:

Passenger 2 NAME:

> GENDER: : MALE

Passenger 3 NAME:

> GENDER: : MALE

Passenger 4 NAME: .

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191213/2080.

Attachment(s)

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

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

NRIC/Passport Number

Vehicle Category

Name of Driver

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**XE898R** 

COMMERCIAL VEHICLE

BALAKRISHNAN SIVAKUMAR

F8457694T

**DETAILS OF INJURED PERSON 1** 

SEE SENG KEE Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SJH5310L

YES

NO

### 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.
- 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:

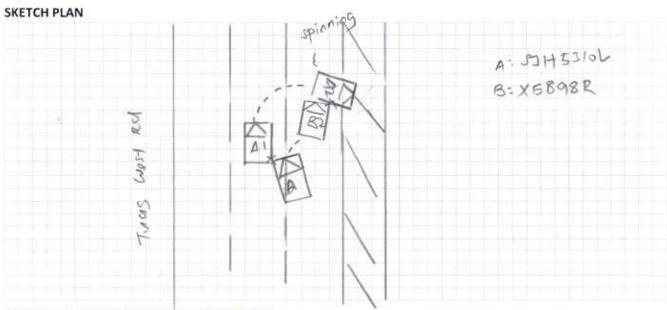
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Reg. No. 201605659R

Policyholder's Signature Date & Time: Ser

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	police	19port-7/2019/1/3/2080.	
16			

DECLARATION

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

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

NRIC/FIN No .:

CINIMIC SkateBRIMFarm VI

# **ACCIDENT STATEMENT**

ACCIDEN	IT DATE: ( 12 / 12 /	19 )(DD/MM/YYY	(MM:MM) ( 00 : 00 ) (HH:MM)
LOCATIO	N: Tyas West	pd.	
	ETAILS OF VEHICLE VEHICLE NUMBER:_	JOICE HES	
	INSURANCE COMPA		
d		75	ARTY / THÍRD PARTY FIRE &THEFT)
f)1	TYPE: (SALOON / COU		RY / MOTORCYCLE / OTHERS)
	VEHICLE CATEGORY: PURPOSE OF USING A	(PRIVATE / COMMERCE	CIAL / MOTORCYCLE)
i) A	REYOU CLAIMING U	INDER YOUR OWN INS THIRD PARTY CLAIM / F	URANCE (YES/NO)
	SURED / POLICY HOL	DER	CEI OKINING ONEIT
1,000	NAME: CATZONIPA	- 101-05-0	(MALE / FEMALE)
	NRIC/FIN/PASSPORT; ADDRESS;	× 100303-11c .	CONTACT: 9816096
1 1			
w., 1		RIVER ALSO POLICY H	OLDER
1 1	IVER NAME: See sing	Coo	(MALE / FEMALE)
	NRIC/FIN/PASSPORT:		CONTACT: 9754307
() c),	ADDRESS:		
4(i female) +d)	DATE OF BIDTUIL / 2	77 / 1976 100	4111 00000
	OCCUPATION: (INDO		/MM/TTTT)
	EARS OF DRIVING EX		_
			RED'S COMPANY? (YES / NO)
		OF THE DRIVER WITH	
	OAD SURFACE: (OR)		OTHERS
	S ANYBODY INJURED		
7. a)R	EPORTED TO POLICE	(YE) / NO)	
IF.	YES, PLEASE STATE W	HICH POLICE STATION	<b>1</b> :
8. THI	RD PARTY VEHICLE	VECGOR	
the of passenger a) Concluding driver) b)	VEHICLE NUMBER:	alakashara sua	MODEL:
(Including driver) D)	DRIVER'S NAME:	reu = 1 Caus	Ilcamar
	NRIC/FIN/PASSPOR	T: P84576947	CONTACT:
	VEHICLE NUMBER:_		MODEL:
A LANG SE THE THE PROPERTY OF			
(Induding driver)	NRIC/FIN/PASSPOR	T:	CONTACT;
()			77 Sec - 50-50 C (1000) 5-60 C (5 <sup>-6</sup> -100)
	¥ _		2
	50		

email =
fax =
VIDEO = X





1 of 4

Report No. T/20191213/2080

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 13/12/2019 14:23		Vide Report No.:	Station Diary No. 26	
Informa	nt's Partic	ulars		TO THE REAL PROPERTY AND THE REAL PROPERTY.	
Name of Informant: SEE SENG KEE			Address: APT BLK 810B CHOA CHU KANG AVENUE 7 #15-517 SINGAPORE 682810		
	D Type / ID No.; IRIC NO / S7622377G		Contact No.: Home/Office: Mobile: 97574307		
National SINGAF	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 22/07/1976	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab driver			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 12:00	Type of Location: Straight Road	
Location: Along Road 1 TUAS WEST  Opposite 10 1 Weather:		Dood Surface		Dood Consult Inch	
Clear		Road Surface: Dry		Road Speed Limit:	
	Traffic Flow: Traffic Control: Not Controlled				
				Traffic Volume: Moderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH5310L	Car	TOYOTA	Wish	Red		4
XE898R	Trailer					0

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





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

2 of 4 Report No. T/20191213/2080

CONTINUATION OF REPORT

Passenger						
Name	Palaavi		IC	ID No.		NIL
Related Vehicle	SJH5310L (Car)		С	onta	ct No.	+13474052729
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Inj		NIL	
Driver	WITH CHEW PRINCE	And Andrews			NAME OF	Charles and the second
Name	SEE SENG KEE			ID No.		S7622377G
Related Vehicle	SJH5310L (Car)			Contact No.		97574307
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			lass riving icend	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/12/2019		Date Dischar			/2019
No. of Days gran	ted Medical Leave	05	Degree of Inj		NIL	72019
Driver	AUTO DI PROPERTO				HEAT THE TRA	
Name	Balakrishnan Sivakum	nar	ID	No.		F845794T
Related Vehicle	XE898R (Trailer)			Contact No.		91804469
Hospital/Clinic	NIL			lass riving cend xpiry	3	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of Inju		NIL	

## Brief Details.

On the 12 December 2019 at about 1200hrs I was travelling in my vehicle SJH5310L along Tuas West Road towards Jalan Ahmad Ibrahim with 4 passengers. At there point of time the traffic volume was moderate and I was travelling on the 2nd lane. There were 2 heavy vehicles ahead of me on the first lane and 3rd lane. When I was moving ahead on the 2nd lane the vehicle XE898R on the first lane. The vehicle EX898R suddenly switched lane to my lane and knocked onto the rear right portion of my vehicle.

Due to the collision I had lost control of my vehicle and my vehicle and spin infront of the vehicle XE898R. The vehicle XE898R had knocked a my right side door again. My vehicle spin further into incoming road at the opposite lane. The driver of vehicle XE898R had stopped to check on us. My 4 passengers had no visible injuries however I felt pain my rear neck and right rib. The driver of vehicle XE898R informed that he did not spot my vehicle as I was on his blind spot.





3 of 4

Report No. T/20191213/2080

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

We exchange personal details at scene and there is no government property damage. I proceeded to seek medical treatment on 13 December 2019 and I was given 5 days MC.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

4 of 4 Report No. T/20191213/2080

CONTINUATION OF REPORT

## Sketch Plan

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 Rec G / Sr Staff Sgt LOI JUN FE	1/-	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 13/12/2019 14:23
Officer In Charge Of Cas TP / AEIT / Staff Sgt WONG SIEU LI		Classification Of Case:
Contact No.: 65476151	SHEAPRRE	
Authentication Stamp NP168	SIGNA	TURE

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date o	of Accident	- 1	12/12/2019	12:00	
	Vehicle	No.(For Motor)	SJH531	OL.		Certifi	cate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091716769- 02		CARZONRENT PTE LTD	201605659R	GPC	drivo CLASSIC	SJH5310	5JH5310L	12/08/2019	11/08/2020
					C	Continue					

Seguen	ce Date of Endorsement	S 10	Endorsement	Time	Endorsement	Chabin	Endorsement Content
□ Endors	ements						
1 Insure	d Object: SJH5310L						
Unit No.	04-10	Relati	ed Policy er	5104661588-01			
Address 4		Addre	ss Type	Singapore address		Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#03-47 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Additional Excess	1000	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	29/06/2019	Effective Date	12/08/2019	00:00	Expiry Date	11/08/2020 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	8 KAKI BUKIT AVENUE 4 #03-47	PREMIER @	KAKI BUKIT S	SINGAPORE 415875			
Certificate No.		apericans) à					
Policy No.	5091716769-02	Policyholder Name	CARZONRE	T PTE LTD	Policyholder NRIC	201605659R	

Continue Cancel

Claim Handling						
Accident MT/1075636						
Policy No.	5091716769-02	Vehicle No.	52H5310L		GST Registration No.	
Certificate No.						
Policyholder Name	CARZONRENT PTE LTD				Policyholder NRIC	201605659R
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	0
Contact No.(Mobile)	91816096	Contact No.(Office)	0		Contact No.(Home)	0
Email Address		Special Remark			eCode	TO V
KFK	® No ○ Yes	TCA	® No ○	res	eCode Reason	
NCIO Protection	No	NCD Entitlement(%)	30		Private Hire	Yes
Accident Details						
Report Date	13/12/2019 16:02	Accident Report Within 24 hrs.	Yes		Accident Type	Collision - Change / Cross lane
Date of Accident	12/12/2019	Time of Accident his mm	12:00		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	A SPACE OF THE PROPERTY OF THE
Accident Location	TUAS WEST RD	0.0000000000000000000000000000000000000			THE STATE OF	
Total Excess Applicable	j.					
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Except	2.000.00	TP Standard Excess		1,500.00		
YTED OD Excess	500,00	YIED TP Excess			Driver is Covered?	
Additional Excess	1000					
Total DO Excess Applicable	3500.00	Total TP Excess Applicable				
<b>▽</b> Benefita						
GST Registered Informa	ation					
GST Registered	No		G5	T Registration Date		
GST Registration No.		GST Status Venfled		Yes		
Modification History	13/12/2019 16:01:45 Syst	em changed GST Status Venfied fro	m No to Yes			
	52610					
Policyholder Mailing Ad		Prodesides	T DRIEST WHO			
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#03-47 PREMIER @ KAKI BUKTI		Address 3	SINGAPORE 415875
Address 4	850020	Address Type	Singapore		Post Code	415075
Unit No.	04-10	Related Pokcy Number	51046615	0s-0f		
₩ OI Driver Info						
Driver Name Unnamed driver Name	Unnamed Driver	Driver Type	Unnamed Driver		200022	00/2006000
	SEE SENG KEE	Driver NRIC	57622377G		Driver DDB	22/07/1976
Register Date of Driver Ucense		Driver Age	43		Driving Experience	20
Contact No.(Mobile)	97574307	Contact No.(Office)	ō		Contact No.(Home)	0
Address 1	BLK 5108	Address 2		KANG AVENUE 7	Address 3	KEAT HONG COLOURS
Address 4	SINGAPORE 6R2810	Andress Type	Singapore address		Post Code	682810
Unit No. Does he own a Singapore	15-517					
Registered car?	Sangapare ○ Yes ® No Driver V		tver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test						
Reading?	0 mg	Any injury?	® Yes ○	No		
Modification History						
Santa Santa						
Claim 001 New						
Caim Type *	ор-мх 🔍	Insured Name	CARZONRENT PTE LTD		Insured NRIC	201605659R
Cornact No. (Mobile)	91557911	Contact No.(Home)			Contact No. (Office)	NIL
Email Address		Of Vehicle Number	S3H5310L		TP Vehicle Number	XEB9BR
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Sel	ect V		No. of the Control of
Daimant Name *	22	Claimant NRIC *	1000			
Oalmant Address						
Claim Description	S3H5310L / XEB99R ON 12 Dec 2019				Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fau	di V		7.
No. Require Pinalisation	Yes V	Preferend Repair Option		Workshop, Name unknown	GIA report	Received
Date Registered	13/12/2019 16:04	Claim Close Date			Date Received	13/12/2019 00:00
Report Taken By	Jackson				3-62-61-02-03-03-03	W4400000000000000000000000000000000000
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Attachment						
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Accident No.	MT/L075636	Claim No.		001		
Last Doc. Received	● Yes ○ No	Upload Date		13/12/2019 16:05		
	Path *			Category *	Confidencial Urger	cy * Description *
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