Date In: 1410/19-14:18	Jcb description	Date & Time Completed	Done	pi
B (1)				
Ref No: UMINC 1902088724	SAS e-filing			- 4
Veh No: JKEG3264	E-mail (within Shrs, AIC 2hrs)		101 1	
D.O.A: 14/19.02:37	i-Motor Claim Form	10c-25825-001	16/14/19	14:30
OD TP Reporting Only				
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Han			
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: Un	18777. INC			
Owner / Driver: (Tel:		-
Policy No: () P	Period: () Cover Type: (-
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO (
	,000 ()/\$2,000 ()		**************************************	
General Remarks;-			State States	
() Walk-In Customer: Customer's in	formation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu				
		Towing Co: ()
			Done	hv
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	District Alberta	Ly
Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()	200000000000000000000000000000000000000		
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Injury:			TRACTOR	- C - 1, P - 1
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Injury: Date/Time Actions Actions	Invoice F 1) AR: Acci 2) DA: Dam	reparation Checklist: dent Reporting (530); age Assessment (\$100); INC (\$	Anit (S)	Amt (3
Injury: Date/Time Actions Antique Actions Antique Actions Antique Actions	1 Invoice I 1) AR: Acci 2) DA: Dam 3) TF: Towi	reparation Checklist: dent Reporting (\$30); age Assessment (\$100); INC (\$100)	Anif (\$) Tst Bill (80) (0/\$45 \$120	Amt (3
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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.
- 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.

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
The second contract of	ACCIDENT STATEMENT
Date Of Report	16/12/2019 14:18
Date Of Accident	14/12/2019 02:30
Exact Location Of Accident	JUNC BUKIT BATOK EAST AVE 3 & BUKIT BATOK ST 23
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE9326U
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN SURDI
NRIC No	S1140854J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81252467
Alternative Phone No	OFFICE-81252467
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5053878493-07

Cover Note Number

Driver

ISMAIL BIN SURDI Name of Driver

S1140854J NRIC No 27/06/1955 Date Of Birth INDOOR Occupation 16/03/1978 Date Of Driving Pass

Driving Experience 41 YEARS AND 8 MONTHS

MALE Gender

(LOCAL) +65-81252467 Mobile Number

Fax Number

OFFICE-81252467 Contact Number

NOEMAIL **EMail Address**

BLK 219 JURONG EAST STREET 21 Address

#02-601

600219 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions RAINING 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station Police Station Name

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191214/2128.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SGZ2877D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Postcode

Name ISMAIL BIN SURDI Approximate Age Injuries Sustain HEAD & NECK Injured person in which vehicle? SKE9326U Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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) 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
- 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.
- 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 (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - (111) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature Date / time:

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

reporting centre personnel's Signature Date / time:

SKETCH PLAN

A: SKE9326U

B: SGZ 2877 D

DESCRIBE CIRCUMSTANCES OF T	'HE ACCIDENT
	P. P. A sate
	Refer to police report

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.:

0---

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.

Date of accident	14/12/2019	D/MM/YY
Time of accident	0230	(HH:MM)
Exact location of accident	At the junction of Bukit Batck East Ave 3 and Bukit Batck St 23	(nn:iviivi)

Recognition of the second	DETAILS OF VEHICLE
Vehicle registration number	SKE 9326 U
Vehicle make and model	Huundai Elantra
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	/ motorcycle B
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only Reporting

Mild of the state of the state of	INSURANCE IN	FORMATION	AND SELECTION OF SERVICE
Insurance company	NTUC	and the second of the second s	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Name	INSURED / POLICY HOLDER Ismail Bin Surdi Male Fema			
NRIC / Fin / Passport number	\$ 1140 8547	ividie	Female	
Contact	8125 2467			
Address	BIK 219 Jurong East St 21 # 02-601 5(600 219)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	Wate B Tentale L
Contact	
Address	
Email address	
Date of birth	27/06/1955
Occupation	Indoor © Outdoor □
Driving date pass	16/03/1978

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noø	OF THE ACCIDENT	为人工工程的关系,但不是不是一个工程
the insured's company?	A STATE OF THE STA		driver and insured:	owner
Accident captured by camera?	Yes 🗆	No.	dilver and msured.	Cionei
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet	Others.	
No of passenger	01			(lealist of the
				(Inclusive of driver)
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Was anybody injured?	Yes	No 🗆		不管的影响。
Was other vehicle damaged?	Yes	No 🗆		
	100/2	110 11		
	DETAILS	OF POLICE STAT	TON ACTION	
Reported to police?		OF POLICE STAT	THE RESERVE OF THE PARTY OF THE	
Police station name	Yes 🗸	No □ If yes	please state which p	olice station.
. once station name				
Name		WITNESS 1		第一次,但是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Name				
		WITNESS 2		TO SELECT THE REAL PROPERTY.
Name			The state of the s	-

种自然 分化 化	THIRD PARTY VEHICLE 1
Vehicle registration number	SGZ 2877D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Mark Comment of the C	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	/
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NRIC / Fin / Passport number	
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Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
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NRIC / Fin / Passport number	
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Were seat belts worn?	Yes	No 🗆		
Was injured conveyed to	Yes	No 🗆		
hospital by ambulance?	/			
		INJURED PERSOI	N 2	FINE WAS DEED TO BE AND ADDRESS OF
Name	A Server Designation for the	INDUNES I ENSO	Manual	The state of the s
Injuries sustained				
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Was injured conveyed to	Yes 🗆	No 🗆		
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Injuries sustained				
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Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
		/	/	
Mark Carlos and Carlos		INJURED PERSON	14	
Name			A CONTRACTOR OF THE PARTY OF TH	公共
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 6		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
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的数数是是基本证券的		INJURED PERSON	5	
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njuries sustained				
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Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
nospital by ambulance?	10 P10 25 C-10			





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 1 of 3 Report No. T/20191214/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 16:35		Vide Report No.:	Station Diary No.: 60	
Informa	nt's Partic	ulars		《沙沙·罗 尔克·亚克斯·克尔克·克尔斯斯
Name of Informant: ISMAIL BIN SURDI		Address: APT BLK 219 JURONG EAST STREET 21 #02-601 SINGAPORE 600219		
ID Type / ID No.: NRIC NO / S1140854J		Contact No.: Home/Office:	Mobile: 81252467	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 64 27/06/1955		Type of Informant: Driver		
Race: Malay		Language: English	Institution / School Name:	
Occupation: Private security officer		Driving Licence Inform Class: 3	ation: Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No	Date/Time of Accident: 14/12/2019 02:30	Type of Location X-Junction	
BUKIT BATO	oad 1 and Road 2 K EAST AVENUE 3 K STREET 23	oad Surface:		Road Speed Limit:	
Heavy rain	1.000	/et			
Traffic Flow: Dual Carriage		raffic Control: raffic Light - Wo	rking	Traffic Volume: Light	
Type of Collis				Anyone conveyed by ambulance: Yes	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGZ2877D	Car				Seriously Damaged	I .
SKE9326U	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Black	Seriously Damaged	74000

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 2 of 3 Report No. T/20191214/2128

CONTINUATION OF REPORT

Details of V	ehicle Insurance			DELLE ST
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE9326U	NTUC Income Insurance Co-Operative Limited	5053878493-07	18/04/2019	17/04/2020

Details of Perso	n Involved					y and passed and passed
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver		E SEICE				
Name	ISMAIL BIN SURDI			ID No	.8	S1140854J
Related Vehicle	SKE9326U (Car)	Contact No.		81252467		
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	14/12/2019	Date Dis	charge	14/12	2/2019	
No. of Days gran	02		Degree of Injury Slight			

Brief Details.

On 14/12/2019 at about 0230hrs, I was driving my vehicle SKE9326U from Toh Tuck along Bukit Batok East Avenue 3. I was passing the cross junction of Bukit Batok East Avenue 3 and Bukit Batok Street 23 as the traffic light was in my favour. While my vehicle was halfway through the junction, one vehicle SGZ2877D from the opposite direction attempted to turn right onto Bukit Batok Street 23 and hit onto my vehicle. The front bumper of the two vehicles were damaged.

I then came out from my vehicle to take photos and also called my son namely Ismady HP: 9855 4340 to inform him of the accident. One ambulance then came to scene. I did not know who call for the ambulance. I felt pain on my head and neck area and was conveyed to hospital. The other driver did not wish to be conveyed. I left the handling of the scene to my son as he came before I was conveyed. I did not have the details of the other driver. However my son was in contact with the Traffic Police with regards to the accident. There was no camera in my vehicle.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20191214/2128

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 Recording The Report: D / Sgt 3 CHEN MIAOJUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2019 16:35
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476395	Classification Of Case:
Authent Carlor Starring	

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	e Languag	e + Chan	ge Password	· Log Out
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Notice of Lass	Policy N	Vo.				Date o	of Accident	1	14/12/2019 0	2:30	
	Vehicle	No.(For Motor)	SKE932	6U		Certifi	cate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5053878493- 07		ISMAIL BIN SURDI	S1140854)	GPC	drivo PREMIUM		SKE9326U	18/04/2019	17/04/2020
					C	ontinue					

Policy No.	5053878493-07	Policyholder Name	ISMAIL BI	N SURDI	Policyholder NRIC	51140854)	
Certificate No.							
Address	BLK 219 #02-601 JURONG EAS	T STREET 21 S	INGAPORE	600219			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	06/04/2019	Effective Date	18/04/201	9 00:00	Expiry Date	17/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 219 #02-601	Addres	s 2	JURONG EAST STR	EET 21	Address 3	SINGAPORE 600219
Address 4		Addres	s Type	Singapore address	9	Post Code	600219
Jnit No.		Related	f Policy	5053878493-07			
Insured	l Object: SKE9326U						
□ Endorse	ements						
		E	ndorsement		85 N N	Status	

Claim Handling					
Accident HT/1075857					
Palicy No.	5053878493-07	Vehicle No.	SKE9326U	GST Registration No.	
Certificate No.					
Policynorder Name:	ISMAIL BIN SURDI			Policyholder NRIC	511408541
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	81252467	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71.00
KERK	® No ○ Yes	TCA	⊕ No ⊜ Yes	eCode Reason	
NCD Protection	Yes	NCD Engitement(%)	50	Private Hire	No
Accident Details		M(8)			77
Report Date	114117170171111111111111111111111111111	Andrew Server Willer 74 hours	Mar.	Territor Torri	Wellinger Course & Course &
	16/12/2019 14:28	Accident Report Within 24 hrs	Yes	Acodem Type	Collision - Cross Junction
Date of Acodem	14/12/2019	Time of Accident Inh.mm	02:30	Country of Accident	Singapore
Reporting Centre		Grange Force		TCM No.	
Accident Location	JUNC BLIKIT BATOK BAST AVE 3 & BUKIT BA	TOK ST 23			
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
	1000000	20200300000000	2700.000		
OD Standard Excess	500,00	TP Standard Excess	0.00		
VIED OD Excess	0.00	YIED T# Excess	0.00	Oriver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
→ Benefits					
□ GST Registered Information	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
→ Policyholder Mailing Ad					
Address 1	BFK 513 ¥05-901	Address 2	SURONG BAST STREET 21	Address 3	SINGAPORE 600219
Address 4		Address Type	Singapore address	Post Code	600219
Unit No.		Related Policy Number	5053876493-07		
→ OI Driver Info					
Driver Name	ISMAIL BIN SURDI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRSC	\$1140854)	Driver DOB	27/06/1955
Register Date of Driver License	16/03/1976	Driver Age	64	Driving Experience	41.
Contact No.(Mobile)	81252467	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 219	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600219
Address 4		Address Type	Singapore address	Post Code	600219
Unit No.	02-601				
Does he own a Singapore					
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test			2. Harriston		
Reading?	Omg	Any ingury?	® Yes ○ No		
Modification History					
Claim 001 New					
Claim Type *	DD-MX	Insured Name	ISMAIL BIN SURDI	Insured NRIC	\$1140854)
Contact No.(Mobile)	82152467	Contact No.(Home)	65602887	Contact No. (Office)	62670069
Email Address		0) Vehicle Number	SKE9128U	TP Vehicle Number	SGZ28770
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select V		
Claimant Name *	25	Claimant NRIC +		í	
Claimant Address	Language (annual annual			l Laurence and a construction of the construct	
Claim Description	SKE9326U / SGZ2877D ON 14 Occ 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		And and the second
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/12/2019 14:30	Claim Close Date		Date Received	16/12/2019 00:00
Report Taken By	Jackson				
Print AK letter					
NO. CHIEF PARTIES					
			Saxe Submit		
Attachment					
39					
Accident No.	MT/1075857	Claim No.	001		
Last Doc, Received	● Yes ○ No	Upload Date	16/12/2019 14:30		
e ac observations.	Path *	6100000000	Category +	Confidential Urgeno	ty * Description *
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