NATIONAL Assessment Cen		MHALI 9169269	Done by
Date In: 76 19-15:06	Jeb description	Date &Time Completed	25010 07
Res No: Halmagonessity	SAS e-filing		
Veh No: SMIC1478K	E-mail (within Shrs, AIC 2h	rs)	
D.O.A: W/1/19.16:05	i-Motor Claim Form	100-5kattel/w	26/14/19 12:00
	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)	
OD (T) / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Rep	ort	
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No:	Proxit In	IC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N	: 0-20%; P: 21-79%. F: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO		
Excess: (\$) Loading: \$			
General Remarks;-	THE RESERVE THE PROPERTY AND ADDRESS OF THE PARTY.		Sign Spiles I have
() Walk-In Customer : Customer's in	Charles Comment and the comment of t		The state of the s
() Total Loss Case : to e-mail Ins	The state of the s	200	
	ice: YES () / NO (); Towing Co: (.)
Drive-In ()/ Towed-In (); Invo	icc. TES()/ I/O(477908840° OC
Remarks:- (INC horline: 6788 6616		Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:	20 20 20 20 20 20 20 20 20 20 20 20 20 2		
		To the Property (See	
Date/Time Actions	A Company of the Comp	and the second second	THE RESIDENCE OF THE PARTY OF T
21	1		
			Anit (S) Amt (S)
the description of the state of	Invoic	e Preparation Checklist	f#Bill Add Bil
NA 2000046 .	1) AR : A	coident Reporting (530);	(082)
laimant's Particulars :-	2) DA : I		\$40/\$45
Driver/Owner:	4) FT · F	ollow-Through Survey	\$120 \$30
Contact No:	5) FT : F	ollow-Through Survey (Resurvey) siming against INC Only (wef 10 Jan 2	
Ontact No.	6) TR: F	Re-in-spection	\$75
Parmaged Portion:	7) N1 : I	dac DA + SMRT Survey Additional Services	\$160
	OD.		
C Checked by (Engr-In-Charge):	*N5:	Courtesy Car / Tpt Allowance	\$5 310
TANK AND AND THE AND T	•N7:	Repair Co-ordination Fost Repair Inspection	\$25
Auditors! Comments :-	•N8:	DV / Collect Excess Coordination	\$5 \$20
at. 1:	TP(N	III) : TP (Non INC) against INC Idao Mobile	30
at 2/2/	Involce	dated Fee Charg	ENGLISH COLOR
at. 2/3;	Invoice	dated Fee Charg	ST POSTAGE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
White the state of	ACCIDENT STATEMENT
Date Of Report	26/12/2019 15:06
Date Of Accident	24/12/2019 16:05
Exact Location Of Accident	PIE (CHANGI) BEFORE JLN EUNOS EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK1978K
Insured/Policyholder	
Name Of Registered Owner	RICO 60 AUTO SERVICES PTE LTD
Co Reg No	2XXXXX623M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62866060
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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	YES
Policy Number	5108526526
Cover Note Number	
Driver	
Name of Driver	GANASAN S/O PALANYSAMY
NRIC No	SXXXX736Z
Date Of Birth	02/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1994
Driving Experience	25 YEARS AND 2 MONTHS

MALE

NOEMAIL

(LOCAL) +65-98170133

OFFICE-98170133

Address

BLK 213 MARSILING CRESCENT

#12-79

Postcode

730213

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

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

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)

NO 2

Passenger 1

NAME:

: NG ZHAO XUN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191226/7008.

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

Vehicle Registration Number Vehicle Make/Model/Colour

SMP2038R

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 19

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKU3628D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLD8358C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SHD5166G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GANASAN S/O PALANYSAMY

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? SMK1978K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 truthful 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.
- 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 3 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

	41	4 1	1	
	- 1		12	AMES 2UN SISSA
	1			WhD = SLD 835BC
			A	Veh C = Stru 36280
	1.		A	Veh B = SMR 1978K Veh B = SMP 2038R
SKETCH PLAN	1 1			China Commission V

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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stop.	1 follow	ed 9	art. Sub	donly. 1	deit an	inpart	from "	y ren	and
realized	the	vehice	le B	@llided	1sto my	rear.	then	realised	that
1 am	muslikel	in	a s	- can	chain	collisi	٥٨.		7 11

DECLARATION

I/We declare the joregoing 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.:

Date of Accident	24/12/2019 Accident Time. 16 05 (24-HR-Format)
Accident Place	PIE TOWARDS CHANGE BEFORE DEN EUROS GIME FORT
Vehicle No. (Car Plate No.)	SMK1978K Make Model HONDA FREED
Insurace Company	Muc. Policy No. 5108526526- 000001
Owner or Company Name /IC No.	: RICO GO AUTO SERVICES PTE LTD 201807623m
Owner or Company Contact No.	Owner's Hp 62866060 Company Tel
DRIVER'S Name / IC No.	: GANASAN SIO PALANGAMY SZIGGZGE
DRIVER'S Date Of Birth	: 02 11 1965 DRIVER'S License Pass Date 26 09 1994
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: HRGR
DRIVER'S Address	: APT BLK 213 MARGLING CRESENT #12-79 5' 730213
DRIVER'S Contact No./ Alt No.	:1) 98170133 2)
DRIVER'S Occupation	: ENDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
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):
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state): NG	s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: SMP LOBER	Vehicle. No: JKM 36280
Vehicle Make\Model:	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver/Contact: SLD 8358 C SHO S166 G.	
* NEW - Passenger's name &	gender:

O. NG ZHAO YUN (SKY) - MALE





1 of 3

Report No. T/20191226/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 26/12/20	ne Report N 019 11:23	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: AN S/O PA	LANYSAMY	Address: APT BLK 213 MARSILING CF 730213	RESCENT #12-79 SINGAPORE
ID Type NRIC N	/ ID No.: D / S21967	36Z	Contact No.: Home/Office:	Mobile: 62866060
National SINGAP	ity: ORE CITIZ	EN.	Email: enquiry@rico60.com	
Sex: Male	Age: 54	Date of Birth: 02/11/1965	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupat GOJEK	ion: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2019 16:05	Type of Location Straight Road
Location: Pan Island Ex Weather: Clear	kpressway	Road Surface:		Road Speed Limit:
		Tariffic Control	1	raffic Volume:
Traffic Flow: One Way		Traffic Control: Not Controlled		Moderate

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD5166G	TAXI					0
SKU3628D	Car			Black		0
SLD8358C	Car			Brown		0
SMK1978K	Car					0
SMP2038R	Car			White		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191226/7008

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver		ALL AND AND A		S 3 15	ALC: UNITED BY	
Name	GANASAN S/O PAI	LANYSAM'	Y	ID No	9	S2196736Z
Related Vehicle	SMK1978K (Car)			Conta	ict No.	62866060
Hospital/Clinic	SENGKANG GENE LTD.	RAL HOSE	PITAL PTE.	Class Drivin Licen Expiry	q	Class: 3 Date of Expiry: NIL
Date Treatment	24/12/2019		Date Disc	charge	25/12	2/2019
No. of Days gran	ted Medical Leave	05	Degree o	f Injury	Sligh	t

Brief Details.

On the stated date and time, i vehicle A was travelling straight on the said venue. As the front vehicle slowed down and stop, i followed suit. Suddenly, i felt and impact from my rear and realised that vehicle b collided into my rear. I then realised that i am involved in a 5-car chain collision.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191226/7008

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2019 11:23
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:



Define Leasing Pte Ud co. Reg: 2018286742

Rental Agreement

Date:	30	7	19	160
		ì		

Rehtal Vehicle Details venicle Model Freed Hybrid car Mate: SMK1978K Leasing Detail From: 5th Aug 19 to 4th Feb 20 11mth / 3mth / 6mth) / Iyear 1 Payment Commence Date 30 2/19 Deposit Due: \$500 / \$1.500 Deposit Collected: \$ 750 6 months from the commencing date, deposit of \$ All payable(s) are to be made to Define Leasing Pte Ltd. OCBC Banking Account: 7128-7262-1001 Hirer Particulars Name: Gangsan S/O Palanysamy NRIC No: SU967362 DOB: 02-11-1965 Address: BIK 213 Marsiling Crescept #12-79 Postal Code: 730213 Mobile No: 9817 0133 Pls Answer all below Questions Have you been Declared Bankrupt / Undischarged Bankrupt? Have you Owed any Rental Company Outstanding Payments? Have you been convicted in a court of law and Suspended for any Serious Traffic Violations? Vehicle insurance Local (Singapore) Excess Fees: \$2,000 Own Damage, Excess Fees: \$1,500 3rd Party Damage Overseas (Out of Singapore) Excess Fees: \$4,000 Own Damage, Excess Fees: \$3,000-31 > rty Dc mage

Main Renter's Signature

* Eligible for 5 days leave, 2 days MC * Collected \$750 banktransfer, \$250 will be paid on first week of rental.



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108526526-000001

Cover : drivo PREMILIM

1. Index mark and Registration Number of Vehicle

: SMK1978K

Chassis Number

: GB71060155

2. Name of Policyholder

: RICO 60 AUTO SERVICES PTE LTD

3. Effective Date of Insurance

: 29 Mar 2019

4. Expiry Date of Insurance

: 28 Mar 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) \$\$1,500 WINDSCREEN EXCESS · \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE · NO EXCESS WAIVER : NO PRIMARY DRIVER - N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : INDEX CREDIT PTE LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: CCL INSURANCE AGENCY PTE LTD (00000614988)

Date of Issue

: 28 Mar 2019 13:10 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

TEL: 6344 9990 FAX 6342 9088 / 6344 7554

Countersigned By:

Authorised Officer

Hotline: 96214 666

24 Hours / 7 Days



Policy No.	5108526526	Policyholder Name	RICO 60	AUTO SERVICES PTE L'	Policyholder NRIC	201807623	4.
Certificate No.	5108526526-000001	en e e e e e e e e e e e e e e e e e e			on AMERICA		
Address	8 KAKI BUKIT AVENUE 4 #02-2	4 PREMIER @	KAKI BUK	(IT SINGAPORE 415875			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/03/2019	Effective Date	29/03/2	019 00:00	Expiry Date	28/03/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	CCL INSURANCE AGENCY PTE I	Agent Tel	65 6344	19990	GST Flag	Y	
	CCE INSURANCE AGENCT FTE	Agent res.	03.0344	,,,,,,	0011109		
Co- insurance Flag Open Policy Info Certificate Info	No	. Agent res	63 6344				
Co- insurance Flag Open Policy Info Certificate Info		. Agent res	63 6344				
Co- insurance Flag Open Policy Info Certificate Info Policyh	No			#02-24 PREMIER @			SINGAPORE 415875
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address	Addre			KAKI BUKIT		SINGAPORE 415875 415875
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre Addre	ss 2 ss Type	#02-24 PREMIER @	KAKI BUKIT	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 8 KAKI BUKIT AVENUE 4	Addre Addre Relate Numb	ss 2 ss Type	#02-24 PREMIER @ Singapore address	KAKI BUKIT	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 8 KAKI BUKIT AVENUE 4 02-24 d Object: 5108526526-00000	Addre Addre Relate Numb	ss 2 ss Type	#02-24 PREMIER @ Singapore address	KAKI BUKIT	Address 3	
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Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen 1	No solder Mailing Address 8 KAKI BUKIT AVENUE 4 02-24 d Object: 5108526526-00000 ements ce Date of Endorsement	Addre Addre Relate Numb 1 Endorsemei Basic Informat	ss 2 ss Type ed Policy er	#02-24 PREMIER @ Singapore address 5108526526 Endorsement Number	KAKI BUKIT	Address 3 Post Code	415875 Endorsement Content
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen 1	No solder Mailing Address 8 KAKI BUKIT AVENUE 4 02-24 d Object: 5108526526-00000 ements ce Date of Endorsement 29/03/2019 00:00	Addre Addre Relate Numb 1 Endorsemei Basic Informat	ss 2 ss Type ed Policy er nt Type clon	#02-24 PREMIER @ Singapore address 5108526526 Endorsement Number	Endorser Endorser Endorser Effective	Address 3 Post Code	415875 Endorsement Content

laim Handling					
cident MT/1077275					
licy No.	5108526526	Vehicle No.	SMK1978K	GST Registration No.	201807623M
tricate No.	5108526526-000001				
icyholder Name	RICO 60 AUTO SERVICES PTE LTD			Policyholder NRIC	201807623M
duct Code	PLEET MASTER INSURANCE	Cover Type	drivo PREMOUM	Loading	0
riact No.(Motrile)	0	Comact No. (Office)	62866060	Contact No.(Home)	0
ail Address		Special Remark		eCode	F 0
6	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
2 Protection	No.		0	Private Hire	Yes
	rws.	NCD Encidement(%)	*	Private rere	7948
Accident Details					
ort Date	26/12/2019 15:18	Accident Report Within 24 hrs	Yes	Academ Type	Chain Collaion
e of Accident	24/12/2019	Time of Accident hh:mm	16.05	Country of Accident	Singapore
orting Cantre		Orange Force		ICM No.	
dent Location	PIE (CHANGI) BEFORE ILN EUNOS I	EXIT			
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
time of their	Tal Harmania		200.00		
Standard Excess	2,000.00	TP Standard Excess	2,500.00		
D OD Excess	0.00	VIED TP Excess		Driver is Covered?	
		TICLE IV CASCAS			
Ittorial Excess	0				
of CO Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	etion				
Registered	Yes		GST Registration Date	16/07/2018	
Registration No.	201807623M		GST Status Verified	Yes	
afication History					
Policyholder Mailing Ad	dress				
fress 1	8 KAKI BUKIT AVENUE 4	Address 2	#D2-24 PREMIER @ KAKI BUKIN	Address 3	SINGAPORE 415875
tress 4		Address Type	Singapore address	Post Code	415875
t No.	02-24	Related Policy Number	5108526526		
OI Driver Info					
ver Name	Unnamed Driver	Onver Type	Unnamed Oniver		
amed driver Name	GANASAN S/O PALANYSAMY	Driver NR3C	SXXXX736Z	Driver DOB	02/11/1965
ister Date of Driver License		Driver Age	54	Driving Experience	25
			0		0
rtact No.(Mobile)	98170133	Contact No. (Office)		Contact No.(Home)	
fress 1	BLK 213	Address 2	MARSILING CRESCENT	Address 3	CAUSEWAY VIEW
tress 4	SINGAPORE 730213	Address Type	Singapore address	Post Code	730213
it No.	t2-79				
es he own a Singapore	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?					
claration					
atharyser or Blood Test	0 mg	Any injury?	Yes ○ No		
sting?	100				
dification History					
Claim 001 New					
laim 001 New					
m Type *	00-мх	Insured Name	RICO 50 AUTO SERVICES PTE L'	Insured NRIC	201807623M
					62966060
ract No.(Mobile)		Contact No. (Home)		Contact No.(Office)	(Automotive Control
HI Address		OI Vehicle Number	SMK1978K	TP Vehicle Number	5MP2038R
mant Type Claiment Type *	Please Select Y	Type of Banefit *	Please Select		
mant Name *	22	Claimant NRIC •			
ment Address				Local magnetina messation	
m Description	SMK1978K / SMP2038R ON 24 Dec	2019		Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
	Yes V	Preference Repair Option		GIA report	Received
pure Pinalisation				Date Received	26/12/2019 00:00
				CONTRACTOR OF THE PARTY.	
e Registered	26/12/2019 15:20	Claim Close Date			
e Registered port Taken By					
e Registered port Taken By	26/12/2019 15:20				
e Registered port Taken By	26/12/2019 15:20		Sauel School		
e Registered sort Taken By Print AK letter	26/12/2019 15:20		Save Submit		
e Registered sort Taken By Print AK letter	26/12/2019 15:20		Save Submit		
e Registered sort Taken By Print AK letter stachment	26/12/2019 15:20		Save Submit		
e Registered port Taken By Print AK letter Attachment	26/12/2019 15: 20 Jackwon	Claim Close Date	2020		
e Registered port Taken By Print AK letter	26/12/2019 15:20		Save Submit		
e Registered oort Taken By Print AK letter ttachment	26/12/2019 15: 20 Jackwon	Claim Close Date	2020		
Registered ort Taken By Print AK letter ttachment	26/12/2019 15: 20 Jackwon HT/1077275	Claim Close Date Claim No.	001	Confidential Urge:	ncy * Descriptio
Registered ort Taken By Print AK letter ttachment	26/12/2019 15:20 Jackwon HT/1077275 ② Yes ○ No	Claim Close Date Claim No. Upload Date	001 26/12/2019 15:20 Category •		
Registered ort Taken By Print AK letter stachment	26/12/2019 15:20 Jackwon HT/1077275 ② Yes ○ No	Claim Close Date Claim No. Upload Date Browse	001 26/12/2019 15:20 Category •	▼ Normal	V
e Registered ort Taken By Prior AK letter ttachment dent No.	26/12/2019 15:20 Jackwon HT/1077275 ② Yes ○ No	Claim No. Upload Date Browse Browse	001 26/12/2019 15:20 Category * Clear Please Solect	Normal V Normal	
e Registered port Tween By Print AK letter ttachment	26/12/2019 15:20 Jackwon HT/1077275 ② Yes ○ No	Claim No. Upload Date Browse Browse	001 26/12/2019 15:20 Category * Clear Please Select Clear Please Select	V Normal V Normal V Normal	9
e Registered port Taken By Print AK letter Attachment	26/12/2019 15:20 Jackwon HT/1077275 ● Yes ○ No	Claim No. Upload Date Browse Browse	001 26/12/2019 15:20 Category * Clear Please Select Clear Please Select	Normal V Normal	<u> </u>
quire Finalisation te Registered port Taken By Priot AK letter Attachment P Edent No. Et Doc. Received	26/12/2019 15:20 Jackwon HT/1077275 ● Yes ○ No	Claim No. Upload Date Browse Browse	OOL 26/12/2019 15:20 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	V Normal V Normal V Normal	9

