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D.O.A: 16/1/20 -17:30	i-Motor W/O (Within: OD	- W		
OD TP ! Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Har			
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
	19936L INC	()/Non-INC()		
Owner / Driver: (749360	Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N:	0-20%: P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO (
	CALL CALL CONTROL OF THE CALL CONTROL	STORES OF STATE OF STATE	राष्ट्राहर है	SE SHE
Seneral Remarks:-	The state of the s		The second secon	10000
) Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer.		- 12-12-12-12-12-12-12-12-12-12-12-12-12-1
() Total Loss Case : to e-mail Ins	surer URGENTLY.			
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temarks;- (INC hotline: 6788 6616		Date&Time Completed	Done	by
The second secon		· ·		
) / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			-
) Upload Resurvey Photo [Repair Cost	> \$30001 ()	4 3 3 3 3 3		
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Injury:				
Injury:	,			7077
				1 - 11
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5 . 300 st 1 (20)

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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/01/2020 12:31
Date Of Accident	16/01/2020 15:30
Exact Location Of Accident	SLIP RD JALAN BUKIT MERAH TWDS COLLEGE RD
Country/State of Loss	SINGAPORE
Market State West of Inches in	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG6647R
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX284H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer HONDA

Model VEZEL 1.5X CVT

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?

NO

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

YES Fleet Policy

Policy Number 5107104393

Cover Note Number

Driver

MOHAMAD NASER BIN ASADAR Name of Driver

NRIC No SXXXX544C Date Of Birth 03/08/1981 INDOOR Occupation Date Of Driving Pass 07/05/2008

11 YEARS AND 8 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-87481743

Fax Number

Contact Number OFFICE-87481743

EMail Address NOEMAIL Address BLK 603 JURONG WEST STREET 62

#04-187

Postcode 640603

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

80

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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: : NURULANI BINTI KAMARUZAMAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200117/2023.

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 SLQ9363L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 15

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

4

Vehicle Registration Number SHC6273D

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

3

NO

Name MOHAMAD NASER BIN ASADAR

Approximate Age

Injuries Sustain BODY

SLG6647R Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

NURULANI BINTI KAMARUZAMAN Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLG6647R

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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:
 - (i) 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	- 111		
WA KA KA	Jalan Butst Merah		Veh A: SLG 66478 Veh B: SLQ 9363L Veh C: SHC 62731
SCRIBE CIRCUMSTANCE	S OF THE ACCIDE	:NI	
	Refer to	police report	
		Report No: 7/20	200117/2023
CLARATION		A	

Date & Time:

NRIC/FIN No.:

/ehicle No.	SLG 6677R Model/Make Hongy Virel
Date of Accident	16 (1) 2020
ime of Accident	LS30 HRS
ocation of Accident	Along Ialan Bukit Mean Slip road to College Road
xact purpose use during accid	
Name of Owner	WJ Car Rental Pte Ltd
Telephone No.	H/P: 8608 9649 Home: Office:
NRIC	201843284H
Address	6001 Beach Rund #13-06 S(199589
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5114559335-000044
Name of Driver	As Above If No, Mohamad Naser Bin Asadar
NRIC	88122544C Any Passengers: \ (F)
Date of birth	3/8/ 1981
	Outdoor / Indoor
Occupation	7/5/2008
Driving License Pass Date	
Gender	Male / Female H/P: 878 8 1743 Home: Office:
Contact No.	H/P: 8748 1743 Home: Office: BUK 603 Jurong West Street 62 #04-187 5 (640603)
Address	
Driver have any own vehicle	If yes, Reg No.
Relationship	Employee, If no, state Hirtr
Weather condition	Clear Raining Other Dizzling
Road Surface	Dry Wet Other
Any Injuries	No, If Yes Who?
Name And Contact No.	Mohamad Naser Bin Asadar 8748 1743
Name And Contact No.	Nurulani Binti Kangruzaman 91889603
Police Report	No, If Yes, Where? Wanyang N.P.C.
Vehicle B No.	SLQ9363L Any Passengers: 3
Name of Driver	Contact No. :
Vehicle C No.	SHC 6273D Any Passengers: 2
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	nazascaffa/Ggmail.com.
PARTICULAR WORKSHOP	N51
CONTACT NO.	6842 0051 / 6744 0510
	ZITing
CONTACT PERSON	





1 of 4

Report No. T/20200117/2023

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 17/01/2020 10:00		Vide Report No.:	Station Diary No.: 22
Informa	nt's Partic	ulars		
STATE OF THE STATE	Informant: AD NASEF	R BIN ASADAR	Address: APT BLK 603 JURONO SINGAPORE 640603	G WEST STREET 62 #04-187
A CONTRACTOR OF THE PARTY OF TH	/ ID No.: D / S81225	44C	Contact No.: Home/Office:	Mobile: 87481743
National SINGAP	ity: ORE CITIZ	ZEN .	Email:	
Sex: Male	Age:	Date of Birth: 03/08/1981	Type of Informant: Driver	
Race: Boyanes	se		Language:	Institution / School Name:
Occupat SMRT T		OFFICER	Driving Licence Inform Class: 2B,3	ation: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2020 15:3	Type of Location Zebra Crossing
Location: Along Road 1 JALAN BUKI JIn Bukit Mera Weather: Drizzling	T MERAH	g Bahru Rd, at the zebra Road Surface: Wet	a crossing of College	Rd Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Cross	sing	Traffic Volume: Light
	sion:			Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHC6273D	Car				Slightly Damaged	2
SLG6647R	Car				Slightly Damaged	1
SLQ9363L	Car				Slightly Damaged	3





2 of 4

Report No. T/20200117/2023

Police Station Of Origin. Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Perso		THE CASE OF	est plan		
Any Pedestrian					
No. of Pedestria	ns Injured: NIL	Use of P	edestria	n Cros	sing: NA
Driver	是《TROUD AND AND AND AND AND AND AND AND AND AN	N. P. PRINCE		1117230	
Name	Abdul Rahim Bin Mohamed	× 1 1 1 1 1 1 1 1 1 1	ID No).	S1314926G
Related Vehicle	SHC6273D (Car)		Conta	act No.	96924058
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL.	Date Dis		NIL	
	ted Medical Leave NIL	Degree o		NIL	
Driver			,,	FISHER	
Name	MOHAMAD NASER BIN ASAD	AR	ID No		S8122544C
Related Vehicle	SLG6647R (Car)		Conta	ct No.	87481743
Hospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	The second secon		
	ed Medical Leave 03	Degree o	of Injury	Slight	
Driver		Y , HIS WITH MY		9.10	
Name	Ong Chee Seng (Wang Zhicher	ng)	ID No.		S7833107J
Related Vehicle	SLQ9363L (Car)		Conta	ct No.	97335794
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On 16/01/2020 at about 1530hrs, I was driving my rental vehicle SLG6647R with my wife namely Nurulaini at the passenger seat. We were going to Singapore General Hospital (SGH). I was driving along Jin Bukit Merah towards Kampong Bahru Rd. I then made a left turn at the zebra crossing at the junction of College Rd. I stopped my vehicle as there were pedestrians going to cross the road. My vehicle came to a complete stop. Suddenly, I felt an impact from the rear. I then got down from my vehicle and realized that I had been hit on the rear. It was a chain collision involving 3 vehicles and my vehicle was the first vehicle. The second vehicle's registration plate is SLQ9363L and the last vehicle is a Taxi with registration plate SHC6273D. The other drivers of the vehicles also got down and the driver of the second





T/20200117/2023

3 of 4

Report No. T/20200117/2023

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

vehicle namely Mr Ong claimed that it was not his fault and that he also stopped his vehicle completely before being hit on his rear by the Taxi. The Taxi Driver namely Mr Abdul also seemed to be clueless about how the accident happened. I took pictures of the accident and all of the drivers exchanged particulars. My vehicle suffered some dents and scratches to the rear bumper. The second vehicle suffered some dents and scratches on the front part of the vehicle and some dents and scratches on the rear bumper. Part of the rear bumper was dislodged and dropped on the ground. The Taxi suffered some slight damages to the front bumper. No Government property damage. No Police or ambulance at scene. I only have a front in-car camera installed in my vehicle. No pedestrians were injured.

My wife and I both suffered some strain and soreness on my neck. My wife and I both went to Central 24-Hr Clinic (Pioneer North) for medical attention. My wife and I were both given 3 days of MC. I wish to state that my wife is 8 months pregnant and the Doctor told her to go to hospital immediately if she feels any discomfort. I am lodging this report for insurance claim purposes. I have informed the rental company as well.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

4 of 4 Report No. T/20200117/2023

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 J / Sgt 2 WU JIALEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2020 10:00
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	

					COLUMN TWO IS NOT THE OWNER.	The same of the sa		and the second		-
601						Change Las	nguage	· Change P	assword .	Log Out
Poli	cy Query									
Policy N	io,	5107104	393		Date of	Accident	16/01	/2020 15:30		
Vehicle	No.(For Motor)	5LG6647	'R		Certifica	te Number				
				Se	arch					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5107104393		WI CAR RENTAL PTE. LTD.	201843284H	GFT	drivo CLASSIC		SLG6647R	01/02/2019	
	Policy N Vehicle Select	O 5107104393	Policy No. 5107104 Vehicle No.(For Motor) SLG6647 Select Policy No. Certificate Number O 5107104393	Policy No.	Policy No.	Policy No. S107104393 Date of Vehicle No.(For Motor) SLG6647R Certificate Search Select Policy No. Certificate Number Name NRIC Product WJ CAR RENTAL PTE 201843284H GFT LTD. LTD. LTD. Certificate Policyholder NRIC Product NRIC Product NRIC Product NRIC NRIC Product NRIC NR	Policy No. S107104393 Date of Accident Vehicle No.(For Motor) SLG6647R Certificate Number Select Policy No. Certificate Number Policyholder Name NRIC W3 CAR RENTAL PTE. 201843284H GFT drivo CLASSIC LTD.	Policy No. 5107104393 Date of Accident 16/01 Vehicle No.(For Motor) SLG6647R Certificate Number Select Policy No. Certificate Number Policyholder Name NRIC	Policy No. S107104393 Date of Accident 16/01/2020 15:30 Vehicle No. (For Motor) SLG6647R Certificate Number Search Select Policy No. Certificate Number Policyholder Name NRIC Product Cover Type Vehicle Insured No. Object WJ CAR RENTAL PTE 201843284H GFT drivo CLASSIC SLG6647R SLG6647R LTD.	Policy No. S107104393 Date of Accident 16/01/2020 15:30 Vehicle No.(For Motor) SLG6647R Certificate Number Search Select Policy No. Certificate Number Policyholder Name NRIC Product Cover Type Vehicle Insured Date W3 CAR RENTAL PTE. 201843284H GFT drivo CLASSIC SLG6647R SLG6647R 01/02/2019 LTD. LTD. Certificate Number Commence Name NRIC Product Cover Type Vehicle Insured Name NRIC Product Cover Type Vehicle Insured Name NRIC Product Cover Type Name NRIC

Policy No.	5107104393	Policyholder Name	WJ CAR	RENTAL PTE. LTD.	Policyholder NRIC	201843284	4H
Certificate No.		Harrie			IVEL		NO.
Address	6001 BEACH ROAD #13-06 (OLDEN MILE TO	WER SIN	GAPORE 199589			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/01/2019	Effective Date	22/01/2	019 00:00	SUCTION OF EASILY	21/01/202	0 23:59
Excess Type		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	ung/Inexperience Driver Excess
gent	HAMILTON AUTOHUB PTE. LT		647519	46	GST Flag	Y	
nsurance lag Open olicy Info certificate nfo	No						
	older Mailing Address						
ddress 1	6001 BEACH ROAD	Addres	ss 2	#13-06 GOLDEN M	ILE TOWER	Address 3	SINGAPORE 199589
Address 4 Unit No.	13-06		ss Type d Policy	Singapore address 5114559335		Post Code	199589
2010/1884	7.00.00	Numbe	er	3114334332			
	d Object: SLG6647R						
Endorse	ements						
	22/01/2019 00:00	Basic Informati Endorsement	ion	000001286991836	Endorseme Effective	ent Take	We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUI (INCL GST) 1. SLEB175H 24-01-2019 \$1,840.96 2. SLEB556S 24-01-2019 \$1,840.96 3. SLE9412S 24-01-2019 \$1,840.96 5. SLG1286 24-01-2019 \$1,840.96 5. SLG1286 24-01-2019 \$1,840.96 In view of this amendment, an additional premium of \$11,045.76 (inclusive of GST) is payable under your policy. Please ignore this premium paymer request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the
	22/01/2019 00:00	Basic Informati Endorsement	on	000001286993390	Endorseme Effective	nt Take	opportunity to serve you. We confirm that the following vehicle(s; has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLE8556S 24-01-2019 \$1,840.96 In view of this amendment, a refund of \$1,840.96 (inclusive of GST) will be adjusted against the outstanding premium. Thank you for giving us the opportunity to serve you. We

Accident MT/1080583								
Policy No.	5107104393	Vehicle No.	SLG6647R		GST Registration	No.		
Certificate No.								
Policyholder Name	WI CAR RENTAL PTE. LTD.				Policyholder NR30		201543284H	
Voduct Code	FLEET INSURANCE	Cover Type	drive CLASSIC		Loading		0	
Contact No.(Mobile)	86089649	Contact No.(Office)	0		Contact No. (Hom	e)	0	
mail Address		Special Remark			eCode	1200	16.43	
FK	® No ○ Yes	TCA	® No ○Yes		eCode Reason			
CD Protection	No	NCD Entitlement(%)	0				2	
Accident Details		NCD Entirement of			Private Hire		No	
ALL PERSONAL PROPERTY.								
port Date	17/01/2020 14:04	Accident Report Within 24 hrs	Yes		Accident Type		Chain Collision	Ĝ
ste of Acordent	16/01/2020	Time of Accident hhomm	15:30		Country of Accide	int.	Singapore	
porting Centre		Orange Force			ICM No.			
cident Location	SLIP RD JALAN BUKIT MERAH TWOS COL	LEGE RD						
P Excess								
vn damage Excess	2,000.00	Additional Excess	0		Windscreen Exces		100.00	
nnamed Oriver Excess		Outside Singapore OD Excess		2,000.00	Mindochen Cxoes	13	100.00	
and Party Excess	2,500.00							
Benefits	2,300.00	Outside Singapore TP Excess		1,500.00				
GST Registered Inform								
T Registered	No		GST Regist					
T Registration No.			GST Status	Verified	Yes			
dification History								
Policyholder Mailing Ad	idress							
dress 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN N	NLE TOWER	Address 3		SINGAPORE 1	99589
Mress 4		Address Type	Singapore address		Post Code		199589	
Ht No.	13-06	Related Policy Number	5114559335		WESTATA AND		2000000	
OI Driver Info								
iver Name	Unnamed Driver	Driver Type	Unnamed Driver					
named driver Name	MÖHAMAD NASER BIN ASADAR	Driver NRIC	SXXXX544C		Driver DOB		*******	
gister Date of Driver License		Driver Age	38				03/08/1981	
ntact No.(Mobile)	57451743				Driving Expenence		11	
cener continuency	0/401/44	Contact No.(Office)	0		Contact No. (Home	9	0	
	2000						SINGAPORE 64	10603
	BLK 603	Address 2	JURONG WEST STE	REET 62	Address 3		market some of	
	BLK 603	Address 2 Address Type	JURONG WEST STE Singapore address	SEET 62	Address 3 Past Code		640603	
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Iress 4 t No. es he own a Singapore jotered car? laration bathalyser or Blood Test eding? Infication History Infication New	54-187 ○ Yes ® No	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore address		Post Code	npahy		
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	Uploaded By/Date	Folder Date	File Name			9	Source	A	Action
Video List									
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Jan 2020 14:06		Photos Normal Photos 2020-2-17		os 2020-1-17				
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79	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Jun 2020 14:06		SAS	Normal 5A5 2020-1-17		5 2020-1-17			
v ==	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Jan 2020 14:07		NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2020-1-17			
Attachment - 7578	Uploaded By/Date		Category	9	Urgency	10	Description	(00)	