Date In: 14/2/20-16:15	Jeb description		Date &Time Completed	Done	pì.
0.01	SAS e-filing				
Net No: haling 50003911 Jah	E-mail (within	Shrs, AIC 2hrs)			10
D.O.A: phpo-17:00	i-Motor Clai	m Form	m 1084241-001	14/420 16	.29
	i-Motor W/C	(Within: OD 2hr	THE RESERVE OF THE PARTY OF THE		
OD TP Reporting Only	i-Photo Uplo	aded			1
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	Transfer Carlot
TP Particulars: Veli No:		. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	-
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( 9/	6) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 30	)-100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading:	\$1,000()/\$2,000	( )			
		1 1 1 1	Heria Santa S	45000	
( ) Walk-In Customer: Customer's			manusch at the state of the sta	-	
( ) Total Loss Case : to e-mail In			Fa		
		VO / \ \ . 7	Cowing Co: (		)
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / I	10( ),.		N 4 - 1 2 . X 60 0 0 15 10	TO THE
Remarks:- (INC horline: 6788 661	6)		Date&Time Completed	Done	by .
1) Apply for Transport Allowance (	) / Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)	. 19		
			and the same of th		
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)			
	> \$3000] (	)			
3) Upload Resurvey Photo [Repair Cost Injury:	> \$3000] (	)			
Injury:	> \$3000] (				
Injury:	> \$3000] (	)	Annon experience on the control of the	Notice to the	
Injury:	> \$3000] (	)		- C122 E122 E122 E122 E122 E122 E122 E122	
Injury:	> \$3000] (	)			
Injury:	> \$3000] (		· · · · · · · · · · · · · · · · · · ·	3.732 27	
Injury:	> \$3000] (	)			
Injury: Onte/Time Actions	> \$3000] (	Invoice Pre	eparation Checklist	Ant'(5)	( Amu
Injury:  Date/Time Actions  Nazomb	> \$3000] (	1) AR : Acciden	paration Checklist	Ant(5)	( Amu
Injury: Date/Time Actions Nazomb	> \$3000] (	1) AR : Acciden 2) DA : Damage	eparation Checklist at Reporting (\$30); Assessment (\$100); INC	Anit (5) (5) (5) (5) (5)	( Amu
Injury:  Date/Time Actions  Navemb	> \$3000] (	1) AR : Acciden 2) DA : Damage 3) TF : Towing	paration Checklist at Reporting (\$30); Assessment (\$100); INC	Ant(5)	( Amu
Injury:  Date/Time Actions  Mazor b:  aimant's Particulars:-  iver/Owner:	> \$3000] (	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	paration Checklist  Reporting (\$30); Assessment (\$100); INC Fee Friough Survey Frough Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	( Amu
Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner: intact No:	> \$3000] (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) iT: Follow- For claiming	charation Checklist  At Reporting (\$30); Assessment (\$100); INC Fee Through Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	( Amu
Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner: intact No:	> \$3000] (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) iT: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA	cparation Checklist  It Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2  cetion  + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$100\$)	() Am
Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:  ontact No:	> \$3000] (	1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit	cparation Checklist  It Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2  cetion  + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$100\$)	( Amu
Injury:  Date/Time Actions  Nazorob  aimant's Particulars:- iver/Owner: ontact No: imaged Portion:	> \$3000] (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) i*T: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD*	cparation Checklist  It Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 2  cetion  + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	( Amu
Nazor b  laimant's Particulars:- river/Owner: ontact No: amaged Portion:	> \$3000] (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) i'T: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair	cparation Checklist  at Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey (Resurvey)  against INC Only (wef 10 Jan 3  cetion  + SMRT Survey  ional Services:-  y Car / Tpt Allowance  Co-ordination	(\$80) \$40/\$45 \$120 \$30 \$905) \$75 \$160	( Amt (
Date/Time Actions  Nazor b  laimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge):	> \$3000] (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) i'T: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD*  *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C	paration Checklist  at Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey (Resurvey)  against INC Only (wef 10 Jan 3  action  + SMRT Survey  ional Services:-  y Car / Tpt Allowance  Co-ordination pair Inspection  ollect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$35 \$10 \$25 \$35	( Amt (
Date/Time Actions	> \$3000] (	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) i'T: Follow- For claiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OD*  *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C	cparation Checklist  It Reporting (\$30);  Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 3  cetion  + SMRT Survey  ional Services:-  y Car / Tpt Allowance  Co-ordination  pair Inspection  ollect Excess Coordination  P (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	Amu (

#### 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	14/02/2020 16:13
Date Of Accident	13/02/2020 13:00
Exact Location Of Accident	CTE (SLE) TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC5356K
Insured/Policyholder	
Name Of Registered Owner	RZ TRANSPORT
Co Reg No	5XXXX213W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0 AUTO
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087974968-02
Cover Note Number	
Driver	
Name of Driver	ZAKIE FAUZI ABDAT

Driver	
Name of Driver	ZAKIE FAUZI ABDAT
NRIC No	SXXXX743E
Date Of Birth	10/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90062721
Fax Number	
Contact Number	OFFICE-90062721

NOEMAIL

**EMail Address** 

BLK 127C KIM TIAN ROAD Address

#29-543

Postcode 163127

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

NO

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

1

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGU2108S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver WU XIAOLING

NRIC/Passport Number

Contact Number 97307619

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 10

### 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 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:
  - (i) 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:

8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

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

2

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.:

Vehicle No.	PC5356K Model/Make loyota Hiace
Date of Accident	(3/2/2020
Time of Accident	(300 HRS
Location of Accident	Along CTE tods SLE Slip Road to Moulmein Road
Exact purpose use during ac	
Name of Owner	RZ Transport
Telephone No.	H/P: Home: Office:
NRIC	53325213W
Address	8 North Bridge Road #14-4088 s (190008)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5087974968-02
Name of Driver	As Above If No, Zatie Fauzi Abolat
NRIC	S8116743E Any Passengers:
Date of birth	10/6/1981
Occupation	Outdoor / Indoor
Driving License Pass Date	12/8/2002
Gender	Male / Female
Contact No.	H/P: 9006272   Home: Office:
Address	BLK 127 C Kim Tian Road #29-543 S(163127)
Driver have any own vehicl	
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	The state of the s
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SGU21089 Any Passengers: -
Name of Driver	Wu Xino Ling Contact No.: 9730 7619
Vehicle C No.	Any Passengers :
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	Front portion
Camera Recorder	Yes / No
Email Address	gable about a dahoo-com-sa
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi ling
FAX NO	6741 0510
WORKSHOP EMAIL ADDRES	ss sales @ n51. com. sg



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 1)	89)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

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

Certificate Number : 5087974968-02

1. Index mark and Registration Number of Vehicle
Chassis Number

2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5087974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02
50974968-02

- 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 ficensing 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 the carriage of passengers in connection with the Policyholder's business.
  - (b) Limited to carry 14 passengers

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
  - \* 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) : \$\$2,000

EXCESS (SECTION II) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE 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

THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 11 Feb 2019 21:31 hr

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change L	anguage	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy !	No.	2)			Date	of Accident	13	3/02/2020	13:00	
	Vehicle	No.(For Motor)	PC5356	PC5356K		Certificate Number					
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087974968- 02		RZ TRANSPORT	53325213W	GBS	Comprehensive	PC5356K	PC5356K	17/02/2019	16/02/2020
	200			30,310,300,000,000	C	ontinue					

Address Product	BLK 8 #14-4088 NORTH BRIDGE			7. T. C.	Group		
Product Name	BUS INSURANCE	Plan				N	
Policy issue Date	11/02/2019	Effective Date	17/02/201	9 00:00	Policy Flag Expiry Date	16/02/2020 23:	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Info	older Mailing Address						
Info Policyh	older Mailing Address BLK 8 #14-4088	Addres	s 2	NORTH BRIDGE RO	DAD	Address 3	SINGAPORE 190008
Info Policyh Address 1	-		ss 2 ss Type	NORTH BRIDGE RO		Address 3 Post Code	SINGAPORE 190008 190008
Certificate Info Policyh Address 1 Address 4 Unit No.	-	Addres	s Type d Policy	The second second second second			
Info Policyh Address 1 Address 4 Unit No.	BLK 8 #14-4088	Addres Relate	s Type d Policy	Singapore address			
Info Policyh Address 1 Address 4 Unit No.	BLK 8 #14-4088 14-4088 d Object: PC5356K	Addres Relate	s Type d Policy	Singapore address			

Continue Cancel

Certificate No. Policyholder Name RZ T Product Code BUS Cornact No. (Mobile) 0 Email Address KPK @ N NCD Protection No  Accident Details Raport Date 14/0	7974968-02 RANSPORT INSURANCE	Vehicle No.	-					
Certificate No.  Policyholder Name RZ T  Product Code BUS  Cornact No. (Hobile) 0  Email Address  KPK ® N  NCD Protection No  Accident Details  Report Date 14/6	RANSPORT	Vehicle No.						
Policyholder Name RZ T Product Code BUS Corract No. (Mobile) 0 Email Address KPK ® N NCD Protection No  Accident Details Report Oate 14/0			PC5356K		GST Registration N	40.		
Product Code BUS Cornact No.(Mobile) 0 Email Address KPK ® N NCD Protection No  Accident Details Report Oate 14/0								
Comact No. (Mobile) 0 Email Address KPK ® N NCD Protection No  Accident Details Report Date 14/0	INSURANCE				Policyholder NRIC		53325213W	
Email Address  OFK  NO Protection  Accident Details  Report Date  14/0		Cover Type	Comprehe	nsive	Loading		0	
OFK ® N  NCD Protection No  Accident Details  Report Date 14/0		Contact No.(Office)	0		Contact No.(Home	0	0	
NCD Protection No  Accident Details Report Date 14/0		Special Remark			eCode		NE V	
Seport Date 14/0	4o ○ Yes	TCA	® No ○Y	es	eCode Reason			
Report Date 14/0		NCD Entitlement(%)	15		Private Hire		No	
	02/2020 16:27	Accident Report Within 24 hrs	Yes		Accident Type		Damaged while	st parked
	02/2020	Time of Accident hhimm	13:00		Country of Acciden			
			13.00				Singapore	
Reporting Centre	3290 00 00 00 10 00 00 00	Orange Force			ICM No.			
	(SLE) TWDS MOULMEIN RD							
♥ Excess	100000	70000 12						
Own damage Excess	2,000.00	Additional Excess			Windscreen Excess	Ķ.	100.00	
Innamed Driver Excess		Dutside Singapore DD Excess						
Nird Party Excess	1,500.00	Outside Singapore TP Excess						
W Benefits								
S GST Registered Information								
ST Registered	No			Registration Date				
ST Registration No.				Status Venified	Yes			
fodification History	14/02/2020 16:28:56 System	n changed GST Status Verified fro	m No to Yes					
Policyholder Halling Address								
	8 #14-4088	Address 2	NORTH PP	IDGE ROAD	Address 3		SINGAPORE 1	90008
Address 4	* - * : 1985	Address Type	Singapore i		Post Code			PIONOS .
	And the second s				Post Code		190008	
	DSG	Related Policy Number	508797496	56-03				
9 OI Driver Info	CIPALITY			*****				
	imed Driver	Driver Type	Unnamed C				***************************************	
	IE FAUZI ABDAT IB/2002	Driver NRJC	SXXXX743 38		Driver DOS		10/06/1981	
	52721	Driver Age			Driving Experience Contact No.(Home		17	
37 58		Contact No.(Office)				,	0	
	127C	Address 2	KIM TIAN F		Address 3		KIM TIAN GRE	EN
	IAPORE 163127	Address Type	Singapore a	address	Post Code		163127	
Init No. 29-5	43							
Registered car?	es  ® No	Driver Vehicle No.			Driver Insurer Com	pany		
eclaration								
breathalyser or Blood Test		Any injury?	○ Yes ® F					
teading? Uniq		with admit.	O lea Wi	81/4				
fedification History								
Claim 001 New								
Daim Type * OD-1	их 💟	Contract Water	NY TOLLUC	www.	190000000000000000000000000000000000000		Panageri au	
6 (CONTR. 1/2) (200)		Insured Name	RZ TRANSP	QRT	Insured NR1C		53325213W	
	7907	Contact No. (Home)	NOL		Contact No.(Office)			
mail Address		Of Vehicle Number	PC5356K		TP Vehicle Number		SGU2108S	
laimant Type Claimant Type * Plear	se Select	Type of Benefit *	Please Sele	ect 🔻				
Palmant Name *	22	Claimant NRIC *						
Dairmant Address			-					
raim Description PCS3	56K / SGU2108S ON 13 Feb 2020				Name of Preferred	Workshop		
referred Workshop Coreact		Insured Liability *	Not at Faul				-	
equire Finalisation Yes	~	Preferered Repair Option		Vorkshop, Name unknown	GIA report		Received	V
	2/2020 16:29		Indiana A	roresnop, name unknown			provincia de la companya del companya de la companya del companya de la companya	NAME OF TAXABLE PARTY.
ate Registered 14/0:		Claim Close Date			Date Received		14/02/2020 0	0.00
	on J							
eport Taken By Dacks								
Seport Taken By Sacks Seport AK letter			Sere Supr	mt				
(4)								
d Print AK letter				77624				
d Print AK letter  Attachment	W7/1004391	Chim to		nos				
Attachment	MT/1084391	Claim No.		001				
Attachment  Coldent No.	® Yes ○ No	Claim No. Upload Date		14/02/2020 16:31			112 2	to SPSouth and a second
Attachment  Coldent No.				14/02/2020 16:31 Category •	Confidential	Urgency	·	Description •
Attachment  Coldent No.	® Yes ○ No		Cear	14/02/2020 16:31 Category •		Urgency	,· ☑	Description *
Attachment  Coldent No.	® Yes ○ No	Upload Date		14/02/2020 16:31 Category •	Z NO V	1		Description *
Attachment  Coldent No.	® Yes ○ No	Upload Date Browse	Cear	14/02/2020 16:31  Category *  Please Select   Prease Select   The control of the	2 80 V	Normal Normal	V	Description •
Attachment  Coldent No.	® Yes ○ No	Upload Date  Browse  Browse	Clear Clear	14/02/2020 16:31 Category • Pease Select S Pease Select S Pease Select S	2 NO V	Normal Normal	9 9	Description •
Attachment	® Yes ○ No	Upload Date  Browse  Browse  Browse	Cear	14/02/2020 16:31  Category *  Pease Select S  Pease Select S  Pease Select S  Pease Select S	2 NO V	Normal Normal Normal		Description •
Attachment  Coldent No.	® Yes ○ No	Upload Date  Browse  Browse	Clear Clear Clear	14/02/2020 16:31  Category •  Please Select	2 NO V	Normal Normal	9 9	Description •

	Uploaded By/Date	Folder Date	B	le Name		?	Source		Actio
Video List	CES) on 14	Feb 2020 16:29	Printing		Normal	Phot	os 2020-2-14		
Tent		ONAL ASSESSMENT CENTRE SERVI	Photos		Normal	Once	or 2000 2 14		
P.F.		IONAL ASSESSMENT CENTRE SERVI Feb 2020 16:29	Photos		Normal	Phot	ns 2020-2-14		
		IONAL ASSESSMENT CENTRE SERVI Feb 2020 16:29	Photos		Normal	Phot	os 2020-2-14		
		IONAL ASSESSMENT CENTRE SERVI Feb 2020 16:29	Photos		Normal	Pho	106 2020-2-14		
		IONAL ASSESSMENT CENTRE SERVI Feb 2020 16:29	Photos		Normal	Pho	108 2020-2-14		
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 16:29		Photos		Normal	Pho	105 2020-2-14		
1	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 16:30		SAS		Normal	SA	S 2020-2-14		
1		NAC_PAYA_uB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 16:31			Normal	SA	\$ 2020-2-14		
6 100 at	NAC_PAYA_UBI_BOOGO1( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 16:31				NRIC/ Driving License 2020-2-14				
3	NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 16:31		NR3C/ Driving License	Y	Normal	NRIC/ Drivi	ng License 2020-2-14		
	NAC_PAYA_UBI_B00601[ NATIONAL ASSESSMENT CENTRE SERV] CES) on 14 Feb 2020 16:31		NR3C/ Driving License	Y	Normal	NRIC/ Drivi	ing License 2020-2-14		
5-4:	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Feb 2020 16:31		NRIC/ Driving License	Y	Normal	NRIC/ Drivi	ng License 2020-2-14		
trachment	Uploa	ded By/Date	Category	9	Urgency	9	Description	(00)	