NATIONAL Assessment Cent	re Services. 1	MISONEL 1 14W	p120012/2/2		
Date 10:26 1/2-15:03	Jeb description		Date &Time Completed	Done	pi.
Res No: NA Juc was they	SAS e-filing		i		
Veh No: suczoTVA	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A: 26/20-69:55	i-Motor Clain	n Form	M7 1085938-01	26/2/20 11	4:30
12	i-Motor W/O	(Within: OD 2hr.	s, TP 4hrs)		
OD (TP)! Reporting Only	i-Photo Uploa	ided			
)	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: SF	9836	, INC (	)/Non-INC( ).		
Owner / Driver: (		The second second	Tel:	)	
I NOTON STORES CONTROL OF CONTROL OF CONTROL	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. F: 80	-100%]	-
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1					
Entropy (	WE THE SERVICE CHOOSE A	# 2017/23/2/28	A DURAGO ANGLIA (CA)	THE TOTAL	Ar H
General Remarks;-			Heat State and the pains	Line and the last of the last	
( ) Walk-In Customer: Customer's in		ifidential & Si	thetiy NO 13ler of repaire	·	
( ) Total Loss Case : to e-mail Insu					
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / N	0();	Cowing Co: (		,
Remarks: (INC hotline: 6788 6616)	Section 1		Date&Timb Completed	Done	by
1) Apply for Transport Allowance ( )/		)			
2) QC Check / Post Repair Inspection	( )				- 000200
3) Upload Resurvey Photo [Repair Cost >	530007				
3) Opload Resurvey Photo [Repair Cost >	33000]				
Injurý:			· ·	W-200 Biograph AK	200 CHE 920
Date/Time Actions	Transfer of the Control			PERSONAL PROPERTY.	<u> </u>
				-	प्रस्टिक्ट राज
(Inc. 1)		Inveice Pr	eparation Checklist	Ant (S) fit Bill	Amt (\$)
HAZOULIG .		1) AR : Accide	nt Reporting (\$30);		
laimant's Particulars :-		2) DA : Damag	e Assessment (\$100); INC	(\$80) \$40/\$45	
river/Owner:		3) TF : Towing	Fee Through Survey	\$120	
		5) FT . Follow-	Through Survey (Resurvey)	\$30	
ontact No:	111	6) TR : Re-insp	ection	\$75	
amaged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160	
	3		tional Services:-		1
C Checked by (Engr-In-Charge):	1	*N5: Courte	sy Car / Tpt Allowance	<b>2</b> 5	
		*N6: Repair	Co-ordination	\$10	-
uditors Comments:		*N7: Post R	epnir Inspection Collect Excess Coordination	\$5	
uditors Comments:-	which a chear we had and a	TP (N11): 7	P (Non INC) against INC	\$20	
at. 1:		9) N12: Idac M	lobile Fee Charg	30 rad	Carte San
at. 2/3;		Invoice dated	Fee Charg	Market Street	<b>I</b>
		The second secon			

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

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

aloresaid,	
A CONTRACTOR OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	26/02/2020 15:03
Date Of Accident	26/02/2020 09:55
Exact Location Of Accident	KPE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK7052R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYAZWAN BIN MOHAMAD YASIN
NRIC No	SXXXX159G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98460230
Alternative Phone No	OFFICE-98460230
Vehicle Particulars	
Manufacturer	BMW
Model	3161
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094989988-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAZWAN BIN MOHAMAD YASIN
NRIC No	SXXXX159G
Date Of Birth	26/02/1991
Occupation	INDOOR
Date Of Driving Pass	10/08/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE

(LOCAL) +65-98460230

OFFICE-98460230

NOEMAIL

Address BLK 217B SUMANG WALK

#04-228

Postcode 822217

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

enicle

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NURUL ADAWIYAH BINTE MUHAMMAD SYAZWAN

GENDER: : FEMALE

Passenger 2

NAME:

: NURUL AMEERA BINTE ISMAIL

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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/20200226/7011.

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? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJF9830L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Page 2 of 18

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 2**

Vehicle Registration Number

SHD443P

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 MUHAMMAD SYAZWAN BIN MOHAMAD YASIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK7052R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name NURUL ADAWIYAH BINTE MUHAMMAD SYAZWAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK7052R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 3**

Name NURUL AMEERA BINTE ISMAIL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKK7052R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address

#### 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.
- 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 interested parties.
- 7. 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
- 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

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel Signature

# SKETCH PLAN A: SICK 7052R B: SJF 9830L C: SHD VY3P B C

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Police	16 boct - 4 horoure	L 011.	
14	71.10		7-411	
		1		
		+-		

# DECLARATION

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

Policyholder's Signature
Date & Time: 20 2 2 6 1305

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

NRIC/FIN No.:

# ACCIDENT STATEMENT

	CIDENT DATE: 16 17	O. / )(DD/MM/YY	YY), TIME: ( 69 :55 )	нн:мл
* roc	ATION: ICPE.	A	2	
	1. DETAILS OF VEHICLE	41 4		
	a) VEHICLE NUMBER:	SKK7052 PL.		
	DJINSURANCE COMPANY			
	C)POLICY NUMBER:	- KIII		
		LICAIGN (E. / E. VIII	Marie San Land Color Col	
	d)POLICY TYPE: (COMPRE e)MAKE & MODEL:	HENSIVE / THIRD PA	ARTY / THĪRD PARTY FIRE &	(THEFT)
		/MDV/ OVANIAL DES		
	f)TYPE:(SALOON / COUPE g) VEHICLE CATEGORY: (PI	PIVATE / COMMEDI	RY / MOTORCYCLE / OTH	IERS)
	h)PURPOSE OF USING AT	COIDENT TIME	JAL / MOTORCYCLE)	14
	I) ARE YOU CLAIMING UND	ER YOUR OWN NO	rainze.	
	IF NO, PLEASE STATE (THIR	D PARTY OWN INSE	JRANCE (YES/NO)	
2.	INSURED / POLICY HOLDER	CANTI GLAIM / K		
	A) NAME (Muha mmad	Sugzhan Bin	Mohamad yasin	
	b)NRIC/FIN/PASSPORT:	591061394	[MALE / FEMA	
	c)ADDRESS:		CONTACT: 48 4 601	153.
# 2 2	<b>8</b>			
1	* CONTINUE TO 3.d IF DRIVE	ER ALSO BOLICY LIS	NO.	1 - 1
Ho of passenga.	DRIVER	-K ALSO FOLICY HO	DLDER	
(Including driver)	a)NAME:		120000000000	
(7)	b)NRIC/FIN/PASSPORT:		(MALE / FEMAL	LE)
2 female.	c)ADDRESS:		CONTACT:	
0	AND CONTROL CO			
900	*d)DATE OF BIRTH: ( 16)	V/1991/100/	AM /VVVVI	
	SICCOLVIION: [IMDOOK]	OUTDOORI		
19	TYEARS OF DRIVING EXPRES	IENICE.	¥2	
4.	WAS DRIVER AN EMPLOYE	E OF THE INCLINE	D'S COMPANYS (VEC.	rio)
		THE DRIVED WITE	TAICLIBES IN / NOC	ND)
27.0	STATE OF THE PROPERTY OF THE P	FAD / DAININIO / O	THERE	
L	DIKOND SUKFACE: (DRY / W	FT / OTHERS	TITEKS	
O. V	AND ANARODA INTINEED IN	UINION POURS	perstenger.	
7. c	INCEPORTED TO POLICE (YES	V NOI		
	IF TES, PLEASE STATE WHICH	POLICE STATION:		
	HIND PARIT VEHICLE			
of pussenger o	) VEHICLE NUMBER: 5	48301	_MODEL:	
Including driver) t	DRIVER'S NAME:			-
( )	INCIC/FIN/PASSPORT:		_CONTACT:	
9. TH	IRD PARTY VEHICLE	-0		
so of passenger o	VEHICLE NUMBER: SHO	1437	MODEL:	19 23
nduding driver) f	DRIVER'S NAME:		MODEL	
( ) ( ) ( )	NRIC/FIN/PASSPORT:		CONTACT:	
()	4)		CONTACT.	
4000 Am 30 Am	*			
	8			
	20 to 1	£	A 25	137
92	· Ohnor		€t.	





1 of 4

Report No. T/20200226/7011

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 26/02/20	ne Report N 020 11:58	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
MUHAM	f Informant: IMAD SYAZ IAD YASIN	WAN BIN	Address: APT BLK 217B SUMANG WA 822217	ALK #04-228 SINGAPORE	
ID Type	/ ID No.: O / S91061	010 8	Contact No.: Home/Office:	Mobile: 98460230	
National SINGAP	ity: ORE CITIZ	EN	Email: Syazwanyasin@gmail.com		
Sex: Male			Type of Informant: Driver		
Race: Bengali			Language: English	Institution / School Name:	
	Occupation: Police officer		Driving Licence Information: Class: 3 Date of Expiry:		

Seneral Infor	mation of the Acci			Design Strangers	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2020 09:55	Type of Location Straight Road	
	AYA LEBAR EXPRE				
		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: Not Controlled			Traffic Volume: Heavy		
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Rear		Anyone conveyed by ambulance: No	

Details of V	enicie invo	ivea	ALEST AND DESCRIPTION OF			Place of the second
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD443P	Car					0
SJF9830L	Car					0
SKK7052R	Car	BMW	3161	Maroon		0

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





2 of 4

Report No. T/20200226/7011

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

# CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK7052R	NTUC Income Insurance Co-Operative Limited	5094989988-02	23/08/2019	22/08/2020

Any Pedestrian II	nvolved: No	in. Continues		Centerelle	
No. of Pedestrian	s Injured: NIL	Use of Pe	edestriar	Cross	sing: NA
Driver		5-3 10 X-22			
Name	HONG YAW MIN		ID No		S8070274D
Related Vehicle	SJF9830L (Car)		Conta	ct No.	97472062
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		NIL	
Passenger		THE REAL PROPERTY.	100		
Name	NURUL ADAWIYAH BINTE MUHAMMAD SYAZWAN		ID No	•	T1836256I
Related Vehicle	SKK7052R (Car)		Conta	ct No.	98460230
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	26/02/2020	Date Disc	charge	26/02	2/2020
	ted Medical Leave 03	Degree o		Serio	
Passenger					
Name	NURUL AMEERA BINTE ISMA	IL	ID No		S9148752G
Related Vehicle	SKK7052R (Car)		Conta	ct No.	81983352
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	26/02/2020	Date Disc	charge	26/02	2/2020
	ted Medical Leave 03	Degree o		Serio	





3 of 4

Report No. T/20200226/7011

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

#### CONTINUATION OF REPORT

Name	MUHAMMAD SYAZWAN BIN MOHAMAD YASIN			ID No		S9106159G
Related Vehicle	SKK7052R (Car)			Conta	ct No.	98460230
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	26/02/2020 Date Dis		charge	26/02	2/2020	
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Serio	us

#### Brief Details.

On 26/02/2020 at about 0955hrs, I was driving along KPE on lane 1 in vehicle number SKK7052R. While driving, the vehicle in front of me made an emergency stop. As such, I applied my brakes and managed to stop in time. While stationary, I felt an impact from the rear a few seconds later. I made a check on my passenger who are my wife and daughter. My wife informed she is fine and no immediate medical attention was required. I then alighted from my vehicle and discovered two other vehicles involved in the accident. The vehicle behind mine was a white Honda Vezel bearing number SJF9830L and behind the said car is a taxi bearing no. SHD443P. Both drivers informed they were fine.

My vehicle sustained damage at the rear side consisting of dented rear bumper, rear bonnet and damages to the tail light.

On the same day at about 1030hrs, my wife informed she felt pain at the neck region and I felt pain and discomfort at the upper shoulder region. On the same day, I proceeded to Unihealth Clinic and were given 3 days MC for myself, my wife and daughter.

I have front in car camera installed in my vehicle.





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

4 of 4 Report No. T/20200226/7011

# 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: 26/02/2020 11:58
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Hello, NAC_PAYA_UBI_80	0601						Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy f	No.				Date of Accident		2	26/02/2020 09:55		
	Vehicle	No.(For Motor)	SKK7052R			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094989988- 02		MUHAMMAD SYAZWAN BIN MOHAMAD YASIN	59106159G	GPC	drivo CLASSIC	SKK7052R	SKK7052R	23/08/2019	22/08/2020

Policy No.	5094989988-02	Policyholder Name	минамма	D SYAZWAN BIN MOR	Policyholder NRIC	S9106159G	
Certificate No.		10000000000000000000000000000000000000			and the second		
Address	BLK 217B #04-228 SUMANG WA	LK MATILDA	PORTICO SI	NGAPORE 822217			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/08/2019	Effective Date	23/08/2019	9 00:00	Expiry Date	22/08/2020 23	: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	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 217B #04-228	Addre	s 2	SUMANG WALK		Address 3	MATILDA PORTICO
Address 4	SINGAPORE 822217	Addres	ss Type	Singapore address		Post Code	822217
	08-16	Relate Numb	d Policy er	5094989988-02			
Unit No.	1 OL 1 CHUZOFAD						
	d Object: SKK7052R						
Unit No.  Insured  Endors							

Claim Handling					
10.00.00.00	N2000200000000000000000000000000000000	CONTRACT	102-102-10	40.000 March 10.000 March 10.000	
Policy No.	5094989988-02	Vehicle No.	SKK7052R	GST Registration No.	
Certificate No.	Control of the Contro				
Policyholder Name	MUHAMMAD SYAZWAN BIN MOHAMAD YASIN			Policyholder NRIC	S9106159G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98460230	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	II admirator	Special Remark		eCode	No. 🕶
KENC	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
Report Date	26/02/2020 16:27	Academ Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/02/2020	Time of Accident hh:mm	09:55	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	2200000
Accident Location	IOE				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
			100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>▽</b> Benefits		66	4.00		
♥ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History				70.22	
→ Policyholder Hailing Ad	Idress				
Address 1	BLK 2178 #04-228	Address 2	SUMANG WALK	Address 3	MATILDA PORTICO
Address 4	SINGAPORE 822217	Address Type	Singapore address	Post Code	822217
Unit No.	08-16	Related Policy Number	5094989988-02	Post Code	822217
♥ OI Driver Info		Melania Linck Induses	3034903900-02		
Driver Name	MUHAMMAD SYAZWAN BIN MOHAMAD YASIN	Driver Type	Main Driver		
Unnamed driver Name	Control of the Contro	Driver NRJC	59106159G	Driver DOB	74 (57 (1971)
Register Date of Driver License	10/08/2010	Driver Age			26/02/1991
Contact No.(Mobile)	98450230	Contact No.(Office)	29	Driving Experience	9
Address 1	BLK 2178	Address 2	SUMANG WALK	Contact No.(Home)	0
Address 4	SINGAPORE 822217			Address 3	MATILDA PORTICO
Unit No.		Address Type	Singapore address	Post Code	822217
Does he own a Singapore	04-228				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
20020030000					
Declaration Sneathalyser or Blood Test	0.9852	e veri totto	W. III. W. III.		
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Claim 001 New					
Claim Type *	00-MX	Insured Name	MUHAMMAD SYAZWAN BIN MOH	Insured NRIC	FR. 62.505
Contact No.(Mobile)	98460230	Contact No.(Home)	NOL		S9106159G
Email Address	Invested to	OI Vehicle Number	SKK7052R	Contact No.(Office)	G4444544
Claimant Type Claimant Type *	Please Select V	Type of Benefit *		TP Vehicle Number	SJF9830L
Claimant Name *		Claimant NRIC +	Please Select		
Claimant Address	25	Comment MAIC 7		H.	
	CONTRACTOR A PROPERTY AND ASSESSMENT		The second secon		
Owim Description Preferred Workshop Contact	SKK7052R / SJF9830L ON 26 Feb 2020			Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/02/2020 16:30	Claim Close Date		Date Received	26/02/2020 00:00
Report Taken By	Jackson				
Print AK letter	427				
		1	Save Submit		
Attachment					
0.00					
Accident No.	HT/1085938	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	26/02/2020 16:31		
	Path *		Category *	Confidential Urgeno	y * Description *
		Browse	The second secon	e teo ∨ Normal	<u> </u>
		Browse		NO Y Normal	
		Browse		≥ NO V Normal	9
		Browse			A 101
				Normal V Normal	V
		Browse		Normal V Normal	⊽
		Browse	. Clear Please Select	NO. V Normal	~

