Date In: 3/92-13:46	Jeb description		Date & Time Complete	d De	ine py.
Res No: 44 46 2000 6113 /24	SAS e-filing			1	
Veh No: 6 KWID.	E-mail (within S	thrs, AIC 2hrs)	The second secon		
D.O.A : 1/6/12 -16:45	i-Motor Clair	n Form	M7/109367-031	3/6/20	W:W
^	i-Motor W/O	(Within: OD 2hr	s, TP 4hrs)		
OD / TP-/ Reporting Only	i-Photo Uplos	aded	1		
TDI	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksp	i	
Preferred Wksp / INC Assign Wksp / QW	l: (Tel:	Fax:	
TP Particulars: Veh No:	Jm 88897	INC ()/Non-INC()	V pi	
Owner / Driver: (VI June CI		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	%) [Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%. F: 8	0-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	: \$1,000 ()/\$2,000				
	MANAGEMENT AND	20-27-77-77-77-77-77-77-77-77-77-77-77-77-	ACCEPTANCE OF THE	STORY IS	
General Remarks:-			The state of the s	Walter State Control	
() Walk-In Customer : Customer	s information strictly Cor	ifidential & St	rictly NO refer of repair	er.	
() Total Loss Case : to e-mail I	nsurer URGENTLY.	**			
Drive-In ()/ Towed-In (); In	voice: YES () / N	O();T	owing Co: (,)
			Date&Time Completed	at 200 pa	ne hv
Remarks: (INC hotline: 6788 66			Date & Tarrie Continue 3	100	Mory
1) Apply for Transport Allowance ()/Courtesy Car ()			
				10 - 10 Contract	672
2) QC Check / Post Repair Inspection	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	() t>\$3000] ()				
3) Upload Resurvey Photo [Repair Cos	() t>\$3000] ()				
3) Upload Resurvey Photo [Repair Cos Injury:	() t>\$3000] ()				- 140 y
3) Upload Resurvey Photo [Repair Cost Injury:	() t>\$3000] ()) (1) 14 (1)			1.0
3) Upload Resurvey Photo [Repair Cos Injury:	() t>\$3000] ()				***
3) Upload Resurvey Photo [Repair Cos Injury:	() t>\$3000] ()				1
3) Upload Resurvey Photo [Repair Cost Injury:	() t>\$3000] ()			Pieto Car	***
3) Upload Resurvey Photo [Repair Cos Injury:	() t>\$3000] ()				
3) Upload Resurvey Photo [Repair Cos Injury:	() t>\$3000] ()				
3) Upload Resurvey Photo [Repair Cos Injury : ———————————————————————————————————	() t>\$3000] ()	Invaire Pre		Anti	S) Amil (3
3) Upload Resurvey Photo [Repair Cos Injury:	() t>\$3000] ()		paration Checklist		S) Amu (
3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions:	() t>\$3000] ()	1) AR : Acciden	paration Checklist; tReporting (\$30);	Anti	S) Amu (
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions: Luimant's Particulars:-	() t>\$3000] ()	1) AR : Acciden 2) DA : Damage 3) TF : Towing I	paration Checklist; tReporting (\$30); Assessment (\$100); INC	Ant (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	S)) Ariu (
Date/Time Actions Liminal Actions Actions Liminal Particulars:	() t>\$3000] ()	1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-I	paration Checklist; tReporting (530); Assessment (5100); INC Fee Through Survey	Ani (fi B	S)) Ariu (
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions: Lipaco3141 Linimant's Particulars:- river/Owner:	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming	paration Checklist; t Reporting (\$30); Assessment (\$100); INC Fee hrough Survey hrough Survey (Resurvey) tgoinst INC Only (wef 10 Jan	C (\$80) \$40/\$45 \$120 \$30 \$2005)	S) Amu (
Date/Time Actions: Liminat's Particulars:- river/Owner:	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe	paration Checklist: t Reporting (530); Assessment (5100); INC Fee hrough Survey hrough Survey (Resurvey) useinst INC Only (wef 10 Jen ction	C (\$80) \$40/\$45 \$120 \$30	S) Amu (
Date/Time Actions: Liminat's Particulars:- river/Owner:	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe	paration Checklist t Reporting (\$30); Assessment (\$100); INC Fee hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan ction + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	S) Amu (
Jipload Resurvey Photo [Repair Cost Injury: Date/Time Actions Liumant's Particulars:- river/Owner: ontact No: amaged Portion:	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 1 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	paration Checklist tReporting (\$30); Assessment (\$100); INC fee hrough Survey hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan ction + SMRT Survey onal Services:-	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	S) Amu (
Jipload Resurvey Photo [Repair Cost Injury: Date/Time Actions Liumant's Particulars:- river/Owner: ontact No: amaged Portion:	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I 6) TR: Re-inspt 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes	paration Checklist: t Reporting (\$30); Assessment (\$100); INC Fee hrough Survey hrough Survey (Resurvey) igninst INC Only (wef 10 Jan etion + SMRT Survey onal Services:- y Cer / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	S) Amu (
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions: Linimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Re)	paration Checklist: t Reporting (\$30); Assessment (\$100); ING fee hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan ction + SMRT Survey onal Services:- y Car / Tpt Allowance Ca-ordination mair Inspection	\$40,545 \$120 \$30 \$2005) \$75 \$160 \$35 \$10 \$25	S) Amil (3
3) Upload Resurvey Photo [Repair Cos Injury : ———————————————————————————————————	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes: *N6: Repair (*N7: Fost Re; *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC Fee hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan ction + SMRT Survey onal Services:- y Cer / Tpt Allowance Co-ordination hair Inspection Heet Excess Coordination	\$30 \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$5	S) Aint (3
3) Upload Resurvey Photo [Repair Cos Injury : ———————————————————————————————————	() t>\$3000] ()	1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes: *N6: Repair (*N7: Fost Re; *N8: DV / Co	paration Checklist: t Reporting (530); Assessment (\$100); ING Fee hrough Survey hrough Survey (Resurvey) tgeinst INC Only (wef 10 Jen- chion + SMRT Survey onal Services:- y Cer / Tpt Allowance Co-ordination hair Inspection liect Excess Coordination P (Non INC) against INC	\$40,545 \$120 \$30 \$2005) \$75 \$160 \$35 \$10 \$25	S) Amil (3

· · · pri +1 · · · · · ·

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.	to the district of the report of the control of the report
建设设在各种的 2000年间,是由1900年间,	ACCIDENT STATEMENT
Date Of Report	03/06/2020 13:46
Date Of Accident	01/06/2020 16:00
Exact Location Of Accident	STADIUM WALK OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
第一个大学工程,	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GK2211D
Insured/Policyholder	
Name Of Registered Owner	KSL LEASING PTE LTD
Co Reg No	2XXXXX864R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87770188
Alternative Phone No	OFFICE-87770188
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108955849-01
Cover Note Number	
Driver	
Name of Driver	S ZEIN BIN ABDULLAH BAHASHWAN
NRIC No	SXXXX550A
Date Of Birth	27/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1992
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88924078
Fax Number	
Contact Number	OFFICE-88924078

NOEMAIL

Address BLK 773 BEDOK RESERVOIR VIEW

#01-129

Postcode 470773

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

•

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ8889T

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)

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 (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 Signature Date & Time:

SIN

2016078646

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

NRIC/FIN No.:

of with	
By Reversed.	A. GK 2211 D. B: SMJ 88897
Alleng He	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AND THE PARTY OF T
on Hated date and time, as 2 approached the gentry, I noticed
that my cash rard value was low. I conly exit. I chede my
Hindsph Selbre I reversed. My year mirror was taking the
other angle, I did not noticed that vehicle is was quencing
behind. I slowly reversed my vehicle my vehicle rear portion
intacy with vehicle B fant propon

DECLARATION

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

Policyholder signature Date & Time: Oriver's Signature (If driver is not the policy)

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

201607864R

Date of Accident	: 1./6/2 Accident Time: 16:0 . (24-HR-Format)
Accident Place	: Icallang gladium wall open muce curparte
Vehicle. No. (Car Plate No.)	: alc 2211D Make/Model:
Insurace Company	N700 Policy No: 5108955849-01
Owner or Company Name /IC No.	KSL leasing the Led
Owner or Company Contact No.	: 8777 0188 Owner's HpCompany Tel
DRIVER'S Name / IC No.	s zein Bin Abdullah Buhashwan.
DRIVER'S Date Of Birth	DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hirr
DRIVER'S Address	
DRIVER'S Contact No./ Alt No.	(1) 88924078· 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	Repering Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 1 driver only
Was there any video Captured by of Exact purpose for which vehicle w Any Injury (If YES, Pls state):	as being used at the time of accident: Private use \ Work pumpose
Other	Party Driver's Particular (if any)
Vehicle. No: UMJ88597	Vehicle, No:
Vehicle Make Model:	Vehicle Make Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

^{*} NEW - Passenger's name & gender:

Hello, NAC_PAYA_UBI_8006	501						· Change L	anguage	+ Chang	e Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date o	of Accident	01	/06/2020 1	6:00	
	Vehicle	No.(Far Motor)	GK2211	0		Certifi	cate Number				2)
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108955849- 01	5108955849- 01-000021	KSL LEASING PTE LTD	201607864R	GFM	Comprehensive	GK2211D	GK2211D	28/04/2020	27/04/202

		Policyholder			Policyholder		
folicy No.	5108955849-01	Name	KSL LEAS	ING PTE LTD	NRIC	201607864R	
Certificate lo.	5108955849-01-000021						
Address	2A KIAN TECK AVENUE LEVEL	3 SINGAPORE 6	28896				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/04/2020	Effective Date	28/04/20	20 00:00	Expiry Date	27/04/2021 23	3:59
Excess Type	Per Accident	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	/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Agent Co- insurance Flag	ABWIN PTE LTD	Agent Tel.	6842330		GST Flag	Υ	
Co- insurance Flag Open		Agent Tel.	6842330		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate		Agent Tel.	6842330		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info		Agent Tel.	6842330		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info Policy!	No	Agent Tel.	, i de decido invertamente.	LEVEL 3	-	Y Address 3	SINGAPORE 628896
Co- nsurance Flag Open Policy Info Certificate Info Policyl	No holder Mailing Address	Addre	, i de decido invertamente.			Address 3 Post Code	SINGAPORE 628896 628896
Co- insurance Flag Open Policy Info Certificate Info	No holder Mailing Address	Addre Addre	ss 2 ss Type	LEVEL 3			The second
Co- nsurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	No holder Mailing Address 2A KIAN TECK AVENUE	Addre Addre Relate Numb	ss 2 ss Type	LEVEL 3 Singapore address			The second
Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	No holder Mailing Address 2A KIAN TECK AVENUE 03-03 d Object: 5108955849-01-00	Addre Addre Relate Numb	ss 2 ss Type	LEVEL 3 Singapore address			The second
Co- nsurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure	nolder Mailing Address 2A KIAN TECK AVENUE 03-03 d Object: 5108955849-01-00	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	LEVEL 3 Singapore address			The second
Co- insurance Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure Endors Sequer	nolder Mailing Address 2A KIAN TECK AVENUE 03-03 d Object: 5108955849-01-00	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	LEVEL 3 Singapore address 5117183744-01		Post Code	628896

No.		
Certificate No. \$108955849-01-000021 Policyholder Name KSL LIEASING PTE LTD Policyholder Name		
olicyholder Name KSL LEIASING PTE LTD Policyh	egistration No.	
VIII.	notes and a	301603064B
roduct Code PLEST MASTER INSURANCE Cover Type Comprehensive Loading		201607864R 0
	g ct No.(Home)	A. D.
		0
		19. 4
3.00	Reason	***
CD Protection No NCD Entitlement(%) O Privace	Hire	No
Accident Details		Collision - Head to Rear
5000	пі: Туре	
	y of Accident	Singapore
eporting Centre Orange Force IDM No.	0.	
codent Location STADIUM WALK OPEN SPACE CARPARK		
♥ Total Excess Applicable		
xcess Type Per Accident Windscreen Excess 100,00		
D Standard Excess 2,000.00 TP Standard Excess 1,500.00		
	is Covered?	
3.00		
distional Excess Mail OD Excess Applicable 2000.00 Total TP Excess Applicable		
A 2000 A		
♥ Benefits		
ST Registered Information ST Registered No GST Registration Date		
ST Registration No. GST Registration No.	Yes	
odification History		
Policyholder Malling Address		
ditress 1 24 KIAN TECK AVENUE Address 2 LEVEL 3 Address	sx 3	SINGAPORE 628896
ddress 4 Address Type Singapore address Post Ci	Code	626896
Init No. 03-03 Related Policy Number 5117183744-01		
© OI Driver Info		
river Name Unnamed Driver Driver Type Unnamed Driver		
nnamed driver kame S ZEIN SIN ABDULLAH BAHASH Driver RRIC SXXXSSGA Driver	DOB	27/05/1965
egister Date of Driver License 27/02/1992 Driver Age 55 Driver	g Experience	28
entact No. (Mobile) 88924078 Contact No. (Office) 0 Contact	ct No.(Home)	0
odress 1 BLK 773 Address 2 BEDOK RESERVOIR VIEW Address	ss 3	LONGVALE
address 4 SINGAPORE 470773 Address Type Singapore address Post Co	lade	470773
INC.NO. 01-129		
Oos he own a Singapore O yes ® No Driver Vehicle No. Driver	Insurer Company	
registered car?		
eclaration		
reathalyser or Blood Test. Annu Anumary O Yest @ No.		
Presthalyser or Blood Test. Once. Any intuing? O Yest @ No.		
Breadhalyser or Blood Test 0 mg Any injuny? ○ Yes ® No leading?		
Breadhalyser or Blood Test 0 mg Any injuny? ○ Yes ® No leading?		
Ireachalyser or Blood Test 0 mg Any injuny? ○ Yes ® No leading?		
reacharyser or Blood Test O mg Any injuny? ○ Yes ® No leading?		
reathalyser or Blood Test. O mg Any injury? O Yes ® No odification History Claim 001. New	NOV NOV	2016028642
reachalyser or Blood Test O mg Any injury? O Yes ® No oddincation History Claim 001 Next Islam Type * CO-MX V Insured Name KSL LEASING PTE LTD Insured	ed NRIC	2016078648
Insured Name Any injury? O Yes ® No Open Californ History Claim 001 New: Day Co-MX Insured Name KSL LEASING PTE LTD Insured Name Contact No. (Mobile) SE825505 Contact No. (Mobile) Contact No	ct No.(Office)	66945567
reachalyser or Blood Test ong Any injury? Over ® No odification History Claim 001 New: Itam Type * OD-MX V Insured Name KSL LEASING PTE LTD Insured contact No.(Mobile) 81825905 Contact No.(Home) Contact mail Address LEASING@MSLAUTO.SG Of Vehicle Number GK2211D TP Veh		
reachalyser or Blood Test ong Any injury? ○ Yes ® No odification History Claim 001 New Liaim Type * OD-MX ✓ Insured Name KSL LEASING PTE LTD Insured contact No.(Mobile) 81825505 Contact No.(Home) Contact mail Address LEASING@MSLAUTO.SG Of Vehicle Number GK2211D TP Veh Telmant Type Claimant Type * Please Select ✓ Type of Benefit * Please Select ✓	ct No.(Office)	66945567
reachalyser or Blood Test coding? Calm 001 New Calm 001 New Calm Vype * CO-MX ✓ Indured Name KSL LEASING PTE LTD Insured Contact No. (Mobile) 81825505 Contact No. (Home) Contact mail Address LEASING@MSLAUTO.SG Of Venice Number GK2211D TP Ven Talmare Type Columnat Type * Please Select ✓ Type of Benefit * Please Select ✓ Talmare Name *	ct No.(Office)	66945567
reathalyser or Blood Test casing? Claim 001 New Claim 001 New Claim 17pe * CO-MX ✓ Insured Name KSL LEASING PTE LTD Insured Contact No. (Mobile) 81825905 Contact No. (Home) Contact mail Address LEASING@MSLAUTO.SG Of Vehicle Number GK2211D TP Veh Talmare Type Cowmant Type * Please Select ✓ Type of Benefit * Please Select ✓ Talmare Name * Leasing Address	ct No.(Office) hicle Number	66945567
reathalyser or Blood Test codification History Claim 003 New Laim Type * CO-MX ✓ Indured Name KSL LEASING PTE LTD Insured Contact No.(Nobile) 81825505 Contact No.(Nobile) Contact No.(Nobile) GK2211D TP Veh Talimant Type Claimant Type * Please Select ✓ Type of Benate * Please Select ✓ Talimant Name * ∠≥ Claimant NRIC * Talimant Address	ct No.(Office)	66945567
reathalyser or Blood Test cading? Claim 003 New Claim 003 New Claim 7pe * CO-MX ✓ Insured Name KSL LEASING PTE LTD Insured Contact No. (Mobile) 81825905 Contact No. (Home) Contact mail Address LEASING@KSLAUTO.SG Of Vehicle Number GK2211D TP Veh Taimare Type Claimare Type * Please Select ✓ Type of Benafe * Prease Select ✓ Taimare Name * ≥ Claimare NRIC * Taimare Address Taimare Address Taimare Address Taimare Name * Insured Uablity * Not at Fault ✓	ct No.(Office) hide Number of Preferred Workshop	86945567 SM38889T
reathalyser or Blood Test cading? Claim 001 New Claim 001 New Claim 7pe * CO-MX ✓ Insured Name KSL LEASING PTE LTD Insured Contact No. (Mobile) 81825505 Contact No. (Mobile) Contact mail Address LEASING@MSLAUTO.SG Of Vehicle Number SK221ID TP Veh Talmare Type Claimare Type * Please Select ✓ Type of Senete * Please Select ✓ Talmare Address Leasing PTE LTD Insured TP Veh Talmare Address Leasing PTE LTD Insured Contact No. (Mobile) SK221ID TP Veh Talmare Address Talmare Address Leasing PTE LTD Insured TP Veh Talmare Address Talmare Type Contact TP Veh Talmare Address Talmare Address Talmare Type Contact Telegraph Address Talmare Type Contact Telegraph Address Teleg	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Insured Name	ct No.(Office) hide Number of Preferred Workshop	86945567 SM28889T
Insured Name * Claim Description Contact No. Pease Select	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Treathalyser or Blood Test capting? Claim 001 New Claim 001 New Claim 17pe * CO-MX ✓ Insured Name KSL LEASING PTE LTD Insured Name Contact No. (Mobile) 81825505 Contact No. (Mobile) GK2211D TP Veh Claimare Type Claimare Type © GK2211D TP Veh Claimare Type Claimare Name *	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Insured Name Claim 001 Next Claim 001 Next Claim 001 Next Contact No. (Mobile) BL825505 Contact No. (Home) Contact No. (Home) Contact No. (Mobile) BL825505 Contact No. (Home) Cont	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
reathalyser or Blood Test eading? Claim Go1 Nem Laim Type * CO-MX	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Insured Name Claim 001 Next Claim 001 Next Claim 001 Next Contact No. (Mobile) BL825505 Contact No. (Home) Contact No. (Home) Contact No. (Mobile) BL825505 Contact No. (Home) Cont	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Treathalyser or Blood Test reading? Claim GO1 Next Contact No. (Mobile) B1825505 Contact No. (Home) Contact No. (Mobile) B1825505 Contact No. (Home) Contact No. (Home) Contact No. (Home) Contact No. (Mobile) B1825505 Contact No. (Home) Type of Benefit * Prease Select * It No. (Home) Contact No	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Any injury?	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Any injury?	ct No.(Office) hide Number of Preferred Workshop sport	86945567 SM38889T
Any injury?	ct No.(Office) hide Number of Preferred Werkshop sport Received	86945567 SM38889T SM38889T Received 03/05/2020 00:00
restnainyser or Blood Test earning? Omp Any injury? Over ® No Operation History Claim Q03 Neer Do-MX	ct No. (Office) hide Number of Preferred Workshop sport Received	86945567 SM38889T Received 03/08/2020 00.00
Teachaiser or Blood Test leading? Any injury? Over ® No New Calm 001 New Calm 00	ct No. (Office) hide Number of Preferred Workshop sport Received ortidential Urgeno	B6945567 SM38889T SM38889T W Pescription W Pescription W W Pescrip
resonalyser or Blood Test on mg Any injury?	ct No. (Office) hide Number of Preferred Workshop sport Received orthdential Urgeno V Normal V Normal	86945567 SM38889T Received 03/08/2020 00.00 Description •
respinalyser or Blood Test eaging? Any injury? Order Shood Test eaging? New Claim 001 New Contact No. (Mobile) El825905	or No. (Office) hide Number of Preferred Workshop sport Received ortidential Urgeno Normal	Received
Any injury? ○ Yes ® No Insured Name Any injury? Name Any injury? Name Any injury? Name Any injury? Name Any injur	or No. (Office) hide Number of Preferred Werkshop sport Received orfidential Urgeno Normal	Received 03/08/2020 00:00 Description •
Breathwayser or Blood Test Omg Any injury? Over () No Noshication History Claim 001 Nee Claim 7 ype * CD-MX Insured Name KSL LEASING PTE LTD Insured Contact No (Mobile) 81825505 Contact No (Home) Contact Claimar Name * Contact Claimar Type Camain Type * Flease Select V Type of barrets * Please Select V Claimar Name * Save Submet Accident No. No No No No No No No	or No. (Office) hide Number of Preferred Workshop sport Received ortidential Urgeno Normal	Received

