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| Date In: 17/6/20-10:27 | Jeb description | | Date &Time Completed | Done | pi. |
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| Veh No: JMS 362 G | E-mail (within | Shrs, AIC 2hrs) | | | |
| D.O.A: 14 5/20 - 15:00 | i-Motor Clai | m Form | M11093576-002 | 17/6/20 | 12:49 |
| | i-Motor W/C | (Within: OD 2hr: | | | |
| OD : (TP): Reporting Only | i-Photo Uplo | aded | | | |
| | Assessment/St | irvey Report | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand t | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: F | ax: | |
| TP Particulars: Veh No: 340 6 | iooth . | INC (|)/Non-INC(). | | - |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () Pc | riod: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | |
| Insured/Driver Liability: (%) | Note-Est. Status (V | WO): N: 0-2 | 0%; P: 21-79%. P: 80-1 | 00%] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | A |
| Excess: (\$) Loading: \$1,0 | 000()/\$2,000 | () | | | |
| General Remarks | | | | 324 5 | 1 |
| () Walk-In Customer : Customer's info | rmation strictly Co | THE RESERVE | manusana a an an an an | 1 | |
| () Total Loss Case : to e-mail Insure | | | | | |
| Drive-In ()/ Towed-In (); Invoice | | 10 () · T | owing Co: (| |) |
| Dive-in ()/ / dwed-in (); invoice | . IES()/I | 10(),1 | owing co. (| GAZ GOOZ TOO | de in |
| Remarks: (INC hotline: 6788 6616) | | | Date&Time Completed | Done | by |
| 1) Apply for Transport Allowance ()/C | Courtesy Car (|) | | | |
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| | () |) | *** | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 | () |) | | | |
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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.
- 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 hereby consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

| Were the late of the second states | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 17/06/2020 10:27 |
| Date Of Accident | 29/05/2020 15:00 |
| Exact Location Of Accident | OUTSIDE OF BEDOK MALL |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMS3362G |
| Insured/Policyholder | |
| Name Of Registered Owner | J AUTO LEASING PTE LTD |
| Co Reg No | 2XXXXX286N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FIT 1.3GF CVT |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5115262377 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM SOON HOCK |
| NRIC No | SXXXX163G |
| Date Of Birth | 06/05/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/03/1984 |
| Driving Experience | 36 YEARS AND 2 MONTHS |
| Gender | MALE |
| | |

(LOCAL) +65-85715594

NOEMAIL

Address

BLK 521 BEDOK NORTH AVENUE 1

#09-280

Postcode

460521

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE

Type Of Accident Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident?

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:

: FEMALE

Passenger 2

NAME:

GENDER:

: -

GENDER:

: FEMALE

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

SHD6005G

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

| 270.279 10.16.3 20.00 10.00 | DETAILS OF INJURED PERSON 1 | |
|--|-----------------------------|--|
| Name | LIM SOON HOCK | |
| Approximate Age | | |
| Injuries Sustain | NECK & BACK | |
| Injured person in which vehicle? | SMS3362G | |
| Were seat belts worn? | YES | |
| Was this injured conveyed to hospital by ambulance? | NO | |
| Address | | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report exceetly the details of the accident to speed up the claims process.
- Z. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- S. Any false reporting may be referred to the Police for investigations
- 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 temples 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 disurer, my workshop and the General insurance Association of singapore ("GIA") may/are permetted 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 sections (all insurer(s) who have insured vehicle(s) involved in this sections (all insurer(s) who have insured vehicle(s) involved in this sections (all insurer(s) who have insured vehicle(s) involved in this sections (all insurer(s) who have fraunced to as the "insurers"), the insurers 'involved fraunced to a sure of the insurers of insurers and any reterent 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;
 - (iii) Investigating the accident and/or my claims:
 - (III) carrying out and/or dealing with my instructions or responding to any enquiries by may
 - (iv) administering my claims finefulling the mailing of correspondence, statements, involves, 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 end/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vahicle(s) involved in this accident and the insurers' lawyers/law tirms, 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/cart be disclosed by any of the insurers and/or GIA to their third party service providers or agents including their lawyers/law forms), which may be sited outside of Singapore, for one or more of the shove Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the surpose 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.

J AUTO LEASING PTE LTD

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyheider) Date & Timps

Reporting Centre Personnel's Signature Numer NNIC/Fin No.

Bowl Hit Phage of

| SKETCH PLAN | | |
|---|-------------|--|
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| e declare the foregoing particulars are true in every res | ect | own - |
| LEASING PTE LTD | ect | John |
| declare the foregoing particulars are true in every resp | | Reporting Centre Personnel's Signal |

promise administration of the contract of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

Accident details

| Date: 19 Mas | 1 2020 (DI | /MM/yy) Time: | 1000 | (HH:MM) |
|--------------|--------------|------------------|--|---|
| Outside of | Beclok | Mall | 1500 | (HH:IVIIVI) |
| | Date: 19 Man | Outside of Bedok | Date: 19 May 2020 (DD/MM/YY) Time: Outside of Beelok Mall | Date: 19 May 2020 (DD/MM/YY) Time: 1500 |

Details of vehicle

| Vehicle registration number | Sms 33626 |
|---|--|
| Vehicle make and model | Honda Fet |
| Type of vehicle | Saloon MPV CRV Van C |
| Vehicle category | Private Commercial Motorcycle Motorcycle |
| Purpose of using at said time | Workful |
| Are you claiming under your own insurance company? | Yes No if no, please select: Third part claim Reporting only |

Insurance information

| Insurance company | MTUC | | |
|-------------------|---------------|--------------------------|---------|
| Policy number | - Truck | | |
| Type of policy | Comprehensive | Third party fire & theft | TP only |

Insured / Policy holder

| Name | 1 | Auto | Leaning | 14e | Hel | Male o | Female 🗆 |
|------------------------------|---|------|---------|-----|--------------|--------|----------|
| NRIC / Fin / Passport number | | | 7 | | FIEL | Ividie | remaie L |
| Contact | | | | | | | |
| Address | | | | | Edillo Verse | | |

Driver

Same as insured above □ (skip to D.O.B)

| Name | I'm Soon Hock | Male Female o |
|------------------------------|--|---------------------|
| NRIC / Fin / Passport number | 16367 | Iviale D Pelliale D |
| Contact | 8571 5594 | |
| Address | Block SI Reglok Holls Avenue 409-280 Senjapore 460521 | / |
| Email address | sugapore 400531 | |
| Date of birth | 06 May 1965 | |
| Occupation | Indoor D Outdoor D | |
| Driving date pass | 19 MGV 1984 | |

General information of the accident

| Was driver an employee of the insured's company? | Yes 🗆 If no, rel | No pationship of the | driver and insured: | Hiver |
|---|---------------------|----------------------|---------------------|-----------------------|
| Accident captured by camera? | Yes | No p | and modified. | 77110 |
| Weather condition | Clear | Raining | Others: | |
| Road surface | Dry a | Wet 🗆 | Others. | |
| No of passenger | 3 | | | (Inclusive of driver) |

Passenger 1

| Name | | CONTRACTOR OF THE PROPERTY OF | |
|--------|--------|---|--|
| Gender | Male 🗆 | Female p | |

Passenger 2

| Name | | | |
|--------|--------|----------|--|
| Gender | Male 🗆 | Female 2 | |

Passenger 3

| Name | | |
|--------|-----------------|--|
| Gender | Male D Female D | |

Passenger 4

| Name | | |
|--------|------------------------|--|
| Gender | Male Female Female | |

Passenger 5

| Name | | |
|--------|-----------------|--|
| Gender | Male D Female D | |
| | , and a second | |

Passenger 6

| Male Female | |
|---------------|---------------|
| | Male Female |

Other information

| Was anybody injured? | Yes | No 🗆 | |
|----------------------------|-----|------|--|
| Was other vehicle damaged? | Yes | No 🗆 | |

Details of police action

| Reported to police? | Yes | Noa | If yes, please state which police station. |
|---------------------|-----|-----|--|
| Police station name | | | a yes, prease state which police station. |

Third party vehicle 1

| Name | | |
|------------------------------|----------|--|
| Contact number | | |
| NRIC / Fin / Passport number | | |
| Vehicle registration number | SHD6005G | |
| Vehicle make model | | |

Third party vehicle 2

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| Name | |
|------------------------------|--|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| Name | , |
|------------------------------|---|
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| Name | |
|-----------|--|
| Witness 2 | |
| Name | |

Injured person 1

| Name | 19m from stock |
|---|----------------|
| Injuries sustained | Heck & Back |
| Which vehicle person in? | Pms 33624 |
| Were seat belts worn? | Yes No D |
| Was injured conveyed to hospital by ambulance? | Yes D No.D |

Injured person 2

| Name | |
|---|------------|
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes D No D |
| Was injured conveyed to hospital by ambulance? | Yes D No D |

Injured person 3

| Name | |
|--|------------|
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes 🗆 No 🗆 |
| Was injured conveyed to hospital by ambulance? | Yes D No D |

Injured person 4

| Name | |
|--|------------|
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes D No D |
| Was injured conveyed to hospital by ambulance? | Yes D No d |



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

| Original Repo | rt No : MNA120052066 | Vehicle Registration No: SMS3362G |
|-----------------|-------------------------------------|-----------------------------------|
| | | NRIC/FIN/Passport No : SXXXX163G |
| (*Vehicle Driv | er / Vehicle Owner) (*) Please dele | |
| Address | 3 | Singapore(|
| Contact (Tel) | : | Mobile No. : 85715594 |
| Email Address | i <u> </u> | |
| Date of Accide | ent : 29/05/2020 | Time of Accident : 15:00 |
| Place of Accide | ent : OUTSIDE OF BEDOK M | 1ALL |
| Insurance Com | npany: NTUC Income Insurance | e Co-operative Ltd |
| ADDITIONALI | NFORMATION / AMENDMENTS: | |
| <u></u> | | |
| | | |
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GIARMC addendumform_V3

| Claim Handling Accident MT/1094610 | | | | | | | | | |
|--|--|--|--|---------------------------|----------------|----------------|--------------|--|------------------|
| Policy No. | 5115262377 | Vehicle No. | SMS3362G | | GST Rec | gistration No. | 10000000 | 100000 | |
| Certificate No. | 5115262377-000017 | 5034189204774 | 00000000000000000000000000000000000000 | | So ne | , an otton no. | | | |
| Policyholder Name | J AUTO LEASING PTE LTD | | | | Policyho | lder NRIC | 201 | 939286N | |
| Product Code | FLEET MASTER INSURANCE | Cover Type | drivo CLASSIC | | Loading | | 0 | 1939280W | |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | | | No.(Home) | 0 | | |
| Email Address | The state of the s | Special Remark | | | eCode | reo.(rionie) | | - | |
| KFK | O No ○ Yes | TCA | © No ∵ Yes | | | | (V) | | |
| NCD Protection | No. | | O THES | | eCode R | | - | | |
| Accident Details | ND . | NCD Entitlement(%) | | | Private I | Hire | Yes | - | |
| Accident Details | | | | | 11500 | GENERAL ST | 1,000 | | OF STREET |
| Report Date | 17/06/2020 10:41 | Accident Report Within 24 hrs | Yes | | Accident | Туре | Side | Swipe | |
| Date of Accident | 29/03/2020 | Time of Accident hh:mm | 15:00 | | Country | of Accident | Sing | apore | |
| Reporting Centre | | Orange Force | | | ICM No. | | | | |
| Accident Location | OUTSIDE OF BEDOK MALL | | | | | | | | |
| Total Excess Applica | ible | | | | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | 100.00 | | | | | |
| OD Standard Excess | 2,000.00 | TO Consider A Process | | 7 200 40 | | | | | |
| YIED OD Excess | 0.00 | TP Standard Excess | | 1,500.00 | | | - | | |
| Additional Excess | 0.00 | YIED TP Excess | | 0.00 | Driver is | Covered? | Cov | rered | |
| | ***** | | | 778277 | | | | | |
| Total OD Excess Applicable | 2000.00 | Total TP Excess Applicable | | 1,500.00 | | | | | |
| Benefits | | | Market Street | | - 517/8 | SHEET DE | | | CHAIR. |
| GST Registered Info | | Market Services | ACHE AND A | | 1100 | 13846 | | V Second | |
| GST Registered | No | | | stration Date | | | | | |
| GST Registration No. | | | GST Stat | us Verified | | Yes | | | |
| Modification History | | | | | | | | | |
| Belle holds to the | | With the same in t | Total Commence | | | - | | Circles . | |
| Policyholder Mailing | WHICH THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM | 1000 | The state of the s | | Hiritie | | | | OU BENE |
| Address 1 | 87 DEFU LANE 10 | Address 2 | #63-13 | | Address | | | GAPORE 539219 | |
| Address 4 | resident to the second | Address Type | Singapore address | | Post Cod | le | 539 | 219 | |
| Unit No. | 03-13 | Related Policy Number | \$115262377 | | Marie Control | | | | |
| OI Driver Info | | | | EARNALE | 1.7 | BUST | 2-64 | | A 1 1 1 4 |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Drive | | | | | | |
| Unnamed driver Name | LIM SOON HOCK | Driver NRIC | SXXXX163G | | Driver D | ОВ | 06/1 | 05/1965 | |
| Register Date of Driver | 19/01/1984 | Driver Age | 54 | | Delules | Evperience | 36 | | |
| License | 3979000 | Driver Age | | | Driving I | Experience | 36 | | |
| Contact No.(Mobile) | 85715994 | Contact No.(Office) | 0 | | Contact | No.(Home) | 0 | | |
| Address 1 | BUK 521 | Address 2 | BEOOK NORTH AVER | IUE 1 | Address | 3 | SIN | GAPORE 460521 | |
| Address 4 | | Address Type | Foreign address | | Post Cod | | 460 | | |
| Unit No. | 09-280 | (4)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1) | | | | (50) | | | |
| Does he own a Singapore Registered car? | ○Yes ② No | Driver Vehicle No. | | | Driver In | surer Compa | ny | | |
| Declaration | | | | | | 45000000 | DBUST | and a second | and the second |
| Breathalyser or Blood Test | | W-0.00 - 120 | | | | | | | |
| Reading? | 0 mg | Any injury? | O Yes ○ No | | | | | | |
| | | | | | | | | | |
| Modification History | | | | | | | | | |
| douncation History | | | | | | | | | |
| Claim 001 New | | | | | | | | | |
| CONTRACTOR OF STREET | | TO SECURE THE PARTY OF THE PART | CHARLES ! | THE REST RESIDENCE | ST. D | | | No. of Lot, House, etc., in case, and the case, are the case, and the case, and the case, and the case, and the ca | |
| A THEORY OF THE PARTY OF THE PA | | | | THE RESIDENCE | | | | | |
| Claim Type * | | | | OD-MX | Insured | J AUTO LEASING | PTE LTD | Insured | 201939286N |
| | | | | | | | | | |
| Contact No.(Mobile) | | | | | Contact No. | | and the same | Contact No. | NIL |
| contact (to:(/roune) | | | | | (Home) | | | (Office) | Crac |
| | | | | | 10 | | | TP | |
| Email Address | | | | | Vehicle | SMS3362G | | Vehicle | SHD6005G |
| | | | | | Number | | | Number | |
| | | | | | | 0.000 | | Name of | |
| Claim Description | | | | SMS3362G / SHD6005G ON 29 | Mar 2020 | | | Preferred | |
| | | | | | | | | Workshop | |
| Preferred | Profesered Not at | C. 10 PD | | | | | | | |
| the dealers of | Preference Not at | Contract of the same of the sa | ed D | | | | | | |
| Welkshop Ves | Reball Professed Mile | orkshop, Name u preport Receiv | | | Claim | | | 1244 | |
| Heldshop History | Option Preferred Wi | report | | 17/06/2020 10:46 | Close | | MELIN- | Date | 17/06/2020 00:00 |
| | | epart | | | | | | Received | |
| | | report | | | Date | | | | |
| Date Registered | | report | | Jackson | Date | | | | |
| Date Registered | | report | | (Jackson | Date | | | | |
| Date Registered | | report | | 286830h | Date | | | | |
| Date Registered | | report | Save (Slamt) | Jackson | Date | | | | |
| Date Registered | | report | Save Suama | Jackson | Date | | | | |
| Date Registered | | report | Serve Suama | Jackson | Date | | | | |
| Date Registered Report Taken By Print AK letter | | report | Seve Suama | Jackson | Date | | | | |
| Date Registered Report Taken By Print AK letter | | report | | | Date | | | | |
| Date Registered Report Taken By Print AK letter Attachment | | report | | Jackson 01 | Date | | | | |

| Accident MT/1093576 | | | | | |
|--|--|---|--|--|--|
| Policy No. | 5115262377 | Vehicle No. | SM53362G | 100000000000000000000000000000000000000 | |
| ortificate No. | 5115262377-000017 | VEHICLE NO. | BM83362G | GST Registration No. | |
| Reynolder Name | J AUTO LEASING PTE LTD | | | | |
| oduct Code | PLEET MASTER INSURANCE | | | Policyholder NRIC | 201939286N |
| ntact No.(Hobile) | NA | Cover Type | erve CLASSIC | Loading | 0 |
| nail Address | No. | Contact No. (Office) | | Contact No. (Home) | 1000 |
| K. | | Special Remark | 32 10 49 (11) | eCode | 100 V |
| | No ○ Yes | TCA | ® No ○ Yes | eCode Reason | |
| D Protection | No | NCD Entitlement(%) | 0 | Private Hire | Not available |
| Accident Details | | | | | |
| port Date | 02/06/2020 11:18 | Accident Report Within 24 hrs | Yes | Accident Type | Unknown |
| tte of Accident | 29/05/2020 | Time of Accident hh;mm | 04:00 | Country of Accident | Singapore |
| eporting Centre | | Orange Force | | JCM No. | CONTRACTOR CO. |
| coident Location | NA | | | | |
| Total Excess Applicable | | | | | |
| cess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | | | | | |
| Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| ED OD Excess | | YTED TP Excess | | Driver is Covered? | Not Applicable |
| Iditional Excess | | | | | |
| tal OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | | |
| P Benefits | | ASSESSMENT OF THE PARTY OF THE | 2,200.00 | | |
| GST Registered Inform | ation | | | | |
| T Registered | No | | GST Registration Date | | |
| T Registration No. | | | GST Status Verified | Yes | |
| diffication History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | Idress | | | | |
| dress 1 | 87 DEFU LANE 10 | Address 2 | #03-13 | Address 3 | SINGAPORE 539219 |
| dress 4 | | Address Type | Singapore address | Post Code | |
| et No. | 03-13 | | | FUSE CODE | 539219 |
| OI Driver Infe | 100.43 | Related Policy Number | 5115262377 | | |
| 101211000 | | 1000000 | | | |
| iver Name | | Driver Type | | | |
| named driver Name | | Driver NR3C | | Driver DOS | |
| gister Date of Driver License | | Detroit day | | THE DIST WHO COME A | |
| | | Driver Age | | Driving Expenence | |
| | | Contact No.(Office) | | Contact No.(Home) | |
| mact No. (Mobile) | | | | | |
| ontact No. (Mobile) Idress 1 | | Contact No.(Office) | Foreign address | Contact No.(Home) Address 3 | |
| ontact No. (Mobile) Idress 1 Idress 4 NI No. | | Contact No.(Office) Address 2 | Foreign address | Contact No.(Home) | |
| mact No. (Mobile) idress 1 dress 4 if No. es ne own a Singapore | ○ Yes ® No | Contact No.(Office) Address 2 | Foreign address | Contact No.(Home) Address 3 | |
| ortact No.(Mobile) Idress 1 Idress 4 | | Contact No. (Office) Address 2 Address Type | Foreign address | Contact No.(Home) Address 3 Post Code | |
| ntact No. (Mobile) Idress 1 Idress 4 Id No. Idress A Singapore Idress A Singapore Idress A Singapore Idration History Chaim 002 New | ○ Yes ® No | Contact No. (Office) Address 2 Address Type | Foreign address | Contact No.(Home) Address 3 Post Code | |
| ntact No. (Mobile) dress 4 in No. es ne own a Singapore pistered car? dification History Chalm 002 New | | Contact No. (Office) Address 2 Address Type | Foreign address J AUTO LEASING PTE LTD | Contact No.(Home) Address 3 Post Code | 201939286N |
| ntact No. (Mobile) dress 4 if No. es he own a Singapore gistered car? dification History Chalm 002 New | ○ Yes ® No | Contact No. (Office) Address 2 Address Type Driver Vehicle No. | | Confact No. (Home) Address 3 Post Code Driver Insurer Company | |
| mact No. (Mobile) dress 4 it No. es ne own a Singapore gistered car? Sheaton History Chaim 002 New im Type * mact No. (Mobile) | ○ Yes ® No | Contact No. (Office) Address 2 Address Type Driver Vehicle No. | | Confact No. (Home) Address 3 Post Code Driver Insurer Company Insured NRIC | 201939286N |
| mact No. (Mobile) dress 1 dress 4 if No. es he own a Singapore gistered car? Chaim 002 New im Type * mact No. (Mobile) asi Address | ○ Yes ® No | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) |) AUTO LEASING PTE LTD | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) | 201939286N NIL |
| mact No. (Mobile) dress 4 if No. es he own a Singapore pistered car? Sheation History Chairn 002 New im Type * mact No. (Mobile) all Address imant Type Claimant Type * | ○ Yes ® No | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number | 3 AUTO LEASING PTE LTD SMS3362G | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) | 201939286N NIL |
| mact No. (Mobile) dress 1 fress 4 if No. es ne own a Singapore pistered car? Chairm 002 New mact No. (Mobile) all Address imant Type 1 imant Type 2 imant Type 2 imant Type 5 imant Name 4 | OD-MX ✓ | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Bonefit • | 3 AUTO LEASING PTE LTD SMS3362G | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) | 201939286N NIL |
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| mact No. (Mobile) dress 1 in No. es ne own a Singapore pistered car? africation History thairm 002 New im Type * Mact No. (Mobile) eli Address imant Type Claimant Type * imant Address imant Address imant Address imant Address im Description ferred Workshop Contact | OD-MX Please Select >> SMS3362G / SH06005G ON 29 May 2020 | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Bonefit * Clamant NRIC * | DAUTO LEASING PTE LTO SMS3362G Please Select V | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Works | 201939266N NIL SH06005G |
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| mact No. (Mobile) dress 1 dress 4 if No. es he own a Singapore gistered Car? Chaim 002 New Im Type * mact No. (Mobile) all Address Imant Type Claimant Type * Imant Address Imant Addr | OD-MX Please Seriect ≥≥ SMS3362G / SH06005G ON 29 May 2020 Yes 25/05/2020 31:24 | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Glose Date | DAUTO LEASING PTE LTO SMS3362G Please Select V | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Works | 201939286N NIL SHD6005G |
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| mact No. (Mobile) dress 1 if No. es he own a Singapore pistered car? Shelm 002 New Mact No. (Mobile) all Address imant Type * imant Type Claimant Type * imart Address im Description ferred Workshop Contact quire Finalsation e Registered bort Taken By Print AK letter Stackment | OD-MX Please Select ≥≥ SMS1362G / SHD6005G ON 29 May 2020 Yes ≥5/05/2020 31:24 Jackson | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date | SMS33626 Please Select Not at Fault Preferred Workshop, Name unknown Save Subma | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Works | 201939286N NIL SHD6005G |
| ntact No. (Mobile) dress 1 fives 4 fi No. so no own a Singapore intered car? Interest No. Inter | OD-MX Please Serect >>> SMS1362G / SHD6005G ON 29 May 2020 Yes 25/06/2020 31:24 Jackson | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date | SMS33626 Please Select Not at Fault Preferred Workshop, Name unknown Save Subme | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Works | 201939286N NIL SHD6005G |
| mact No. (Mobile) dress 1 I No. es ne own a Singapore jistered car? Afication History Talim 002 New m Type * mact No. (Mobile) all Address mant Type Clarmant Type * mart Address m Description ferred workshop Contact user Finalsation e Registered ont Taken By Print AK letter ttachment | OD-MX Please Select ≥≥ SMS1362G / SHD6005G ON 29 May 2020 Yes ≥5/05/2020 31:24 Jackson | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Clamant NRIC * Insured Liability * Preference Repair Option Claim Close Date | SMS33626 Please Select Not at Fault Preferred Workshop, Name unknown Save Subma | Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Works | 201939286N NIL SHD6005G |
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| nact No. (Mobile) iress 1 ivess 4 i No. is ne own a Singapore sitered car? Ification History Iaim 002 New In Type * tact No. (Mobile) If Address mant Type Clamant Type * mare Address in Description erred workshop Contact ure Finalisation Registered pri Taken By Print AK letter Ident No. | OD-MX | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Bonefit * Claimant NRIC * Insured Listinty * Preferend Repair Option Claim Close Date | DAUTO LEASING PTE LTO SMS33626 Please Select Not at Fault Preferred Workshop, Name unknown 002 25/06/2020 11:25 Category * | Conflict No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Conflict No.(Office) TP Vehicle Number Name of Preferred Works V GIA report Date Received | 201939286N NIL SHD6005G Received 25/06/2020 00:00 |
| tact No. (Mobile) ress 1 ress 4 No. I No. In cown a Singapore stered car? fication History leim 002 New In Type * tact No. (Mobile) If Address mant Type Clarmant Type * mant Address m Description cered workshop Contact are Finalisation Registered ort Taken By Print AK letter tachmeent | OD-MX | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Senels * Claimant NRIC * Insured Listrity * Preferend Repair Option Claim Gose Date Claim No. Upload Date Browse Browse | DAUTO LEASING PTE LTO SMS33626 Please Select Workshop, Name unknown OD2 25/06/2020 11:25 Category * Clear Please Select | Conflict No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Conflict No.(Office) TP Vehicle Number Name of Preferred Works QIA report Date Received Conflictnial No. V Nor | 201939286N NIL SHD6005G Received 25,06/2020 00:00 Irgency * Description Page 1 Page 1 |
| ntact No. (Mobile) dress 1 fives 4 fi No. so no own a Singapore intered car? Interest No. Inter | OD-MX | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Listinty * Preferend Repair Option Claim Glose Date Enowse Browse Browse Browse | DAUTO LEASING PTE LTO SMS33626 Please Select V Not at Fault Preferred Workshop, Name unknown 002 25/06/2020 11:25 Category * Clear Please Select Clear Please Select | Conflict No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Conflict No.(Office) TP Vehicle Number Name of Preferred Works V Sid v Nor V Nor V No v Nor | 201939286N NIL SHD6005G S |
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| mact No. (Mobile) dress 1 I No. es ne own a Singapore jistered car? Afication History Talim 002 New m Type * mact No. (Mobile) all Address mant Type Clarmant Type * mart Address m Description ferred workshop Contact user Finalsation e Registered ont Taken By Print AK letter ttachment | OD-MX | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Listinty * Preferend Repair Option Claim Glose Date Enowse Browse Browse Browse | DAUTO LEASING PTE LTO SMS33626 Please Select V Not at Fault Preferred Workshop, Name unknown 002 25/06/2020 11:25 Category * Clear Please Select Clear Please Select | Conflict No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Conflict No.(Office) TP Vehicle Number Name of Preferred Works V Sid v Nor V Nor V No v Nor | 201939286N NIL SHD6005G S |
| mact No. (Mobile) dress 4 it No. es he own a Singapore pistered car? Shication History Chaim 002 New Image Address Imant Type Claimant Type * Imant Address Imant Address Imant Address Imant Address Imant Address Im Description ferred Workshop Contact pure Finalsation e Registered out Taken By Print AK letter | OD-MX | Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Listinty * Preferend Repair Option Claim Close Date Enowse Browse Browse Browse Browse Browse | DAUTO LEASING PTE LTO SMS33626 Please Select V Preferred Workshop, Name unknown OD2 25/06/2020 11:25 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select | Conflict No. (Home) Address 3 Post Code Driver Insurer Company Insured NRIC Conflict No. (Office) TP Vehicle Number Name of Preferred Works V NAME OF PR | 201939286N NIL SHD6005G S |

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| | Uploaded By/Date | Folder Date | Pi | e Name | P Source | Acts |
| Video List | | IONAL ASSESSMENT CENTRE SERVI Jun 2020 11:24 | Photos | Normal | Proces 2020-6-25 | |
| | | IONAL ASSESSMENT CENTRE SERVI Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| | NAC_PAYA_UB1_800601(NAT CES) on 25 | IONAL ASSESSMENT CENTRE SERVI Jun 2020 13:24 | Photos | Normal | Photos 2020-6-25 | |
| 0 | | IONAL ASSESSMENT CENTRE SERVI Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
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| | | IONAL ASSESSMENT CENTRE SERVI 5 Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| | | IONAL ASSESSMENT CENTRE SERVI Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| | | IONAL ASSESSMENT CENTRE SERVI Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| | | JONAL ASSESSMENT CENTRE SERVI Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| | | IDNAL ASSESSMENT CENTRE SERVI 3 Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| 3 | NAC_PAYA_UBI_800601(NAT CIS) on 21 | TONAL ASSESSMENT CENTRE SERVI 5 Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| | | IDNAL ASSESSMENT CENTRE SERVI 5 Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| 201 | | TONAL ASSESSMENT CENTRE SERVI 5 Jun 2020 11:24 | Photos | Normal | Photos 2020-6-25 | |
| 6.8 | | DONAL ASSESSMENT CENTRE SERVI 5 Jun 2020 11:24 | Photos | Normal . | Photos 2020-6-25 | |
| 19 | | FIONAL ASSESSMENT CENTRE SERVE 5 Jun 2020 11:25 | SAS | Normal | SAS 2020-6-25 | |
| NAME OF THE PARTY OF | NAC_PAYA_UBI_B00601(NAT CES) on 2 | TIONAL ASSESSMENT CENTRE SERVI 5 Jun 2020 11:28 | NR3C/ Driving License | Y Normal | NRIC/ Driving License 2020-6-25 | |
| | | | | 9 | | (00) |