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OD / TP)' Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: 5	INC (2008		Stadle
Owner / Driver: (13011	Tel:)	(E) (E)
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%: P: 21-79% P: 80-1	00%1	-
Year of Registration: ()	Warranty: YES ()/NO (1		
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	7.5		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	14/07/2020 09:11
Date Of Accident	13/07/2020 16:15
Exact Location Of Accident	CLEMENTI CAMP OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK164K
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	5XXXX868L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96735989
Alternative Phone No	OFFICE-96735989
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 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	NO
Policy Number	5115172412
Cover Note Number	
Driver	
Name of Driver	YAN FOOK KHONG
NRIC No	SXXXX337Z
Date Of Birth	05/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2009
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97366042
Fax Number	

OFFICE-97366042

NOEMAIL

Address BLK 706 PASIR RIS DRIVE 10

#11-151

Postcode 510706

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver) 1

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? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD7509P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR TEH

NRIC/Passport Number

Contact Number 98622412

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Page 2 of 14

Name

YAN FOOK KHONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLK164K

YES

NO

Page 3 of 14

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - 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.

EasyDrive Car Rental 20 Julian Sultan #02:38 Textile Centra Bingspore 199018

Policyholder's Signature

Date & Time:

Driver's Signature

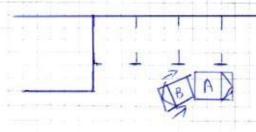
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:



Chen space arpa

Veh A: SLK164K Veh B: SJD750AP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Or	above date & time, my volucle A (SLK164K) was stationery
at Clam	enti Camp Open space carpark to waiting for the grow call.
Out of	sudden, vehicle B (STOTSORP) revered his vehicle without
checking	blind cpot. As a result, the rear portron of valide B
collided	conto the rear partion of my vehicle.
- Partie	

DECLARATION

EdWedeslare the foregoing particulars are true in every respect.

200 Jalan Sultan #02,38 Textile Centre Singapore 199018 Tel: 9673 5989 Fax: 6883 2418

UEROLCH DIGHT'S Signaturem

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

/ehicle No.	SLK 164K Model/Make Mitsubishi Attrago
Date of Accident	13 7 2020
ime of Accident	1615 HRS
ocation of Accident	Along Clementi Comp OSCP
xact purpose use during acc	
Name of Owner	Easy Drive Car Rental
Telephone No.	H/P: 96735989 Home: Office:
VRIC	53375868L
Address	200 Jalan Sultan Textrle Centre #02-38 S(199018)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5115172412
Name of Driver	As Above If No, Yan Fook Khang
NRIC	SI451337Z Any Passengers : -
Date of birth	5/1/1960
Occupation	Outdoor / Indoor
Driving License Pass Date	23 [1/2009]
Gender	Male / Female
Contact No.	H/P: 936 6042 Home: Office:
Address	BLK 706 Pasir Ris Drive 10 #11-151 S(510706)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Hirer
Weather condition	Clear Raining Other Drizzling
Road Surface	Dry Wet Other
Any Injuries	If Yes, Who?
Name And Contact No.	You Foot Known 9726 6042
Name And Contact No.	J
Police Report	No. If Yes, Where?
Vehicle B No.	SJD 7509P Any Passengers : \
Name of Driver	mr. Teh Contact No.: 9862 2412
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes / No
Email Address	markyan kfegmail-com
PARTICULAR WORKSHOP	N-51 Automotive Pte Hol
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510

EasyDrive Car Rental

200 Jalan Sultan Textile Centre #02-38 Singapore 199018

Tel: 63339441 Fax: 68832418 HP: 96735989

Registration No. 53375868L

Car Rental / Leasing Agreement

Date: 30/4/19. **Hirer Particulars** Name (as per NRIC): YAN FOOK KHONG License Pass Date: 201/2009 NRIC: 514 51337 7 Date of Birth: 5/1 /1960 (DD/MM/YYYY) Address: Bile Tob PASIR RIS DRIVZ 10 #11-151 5510706 Contact Number: 97366042 2nd Contact Number: Vehicle Description : MITSh BISHI Attrage Vehicle Car Plate No. : SLK 16 9K. Make/Model Date of Collection: 30 | 4119. Date of Return Time of Collection : 12 30 pm. __ Time of Return 3 months Insurance Excess 1 :_ 3,000 Insurance Excess 2: 3,000.

IM7: exetual contract to 30 oct 19.

Blio: exetual contract to 30 day 2020.

This: exetual contract to 30 Apr 2020.

Payment on every: The before 2359 hours

715: 4283 Petr 1 # 305 waking 14/5: \$305. (Hirer Signature & Date) before 2359 hours. Penalty of SGD 20 exclude car ude towing fee of SGD 100 to SGD 1,000 to UOB Account 631-305-661-6 or cash payment at 200 EasyDrive Car Rental 2-38 Textile Centre
19apore 199018
1: 9673 5989 Fax: 6883 2410
1: easydrivesg@gmail.com
1N: 53375868L



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 [MALAYSIA]

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

Certificate Number: 5115172412

Cover : drivo CLASSIC

: 19 Feb 2020

: 02 Jan 2021

: EASYDRIVE CAR RENTAL

1. Index mark and Registration Number of Vehicle

: SLK164K Chassis Number : MMBSTA13AHH003439

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any

enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 **EXCESS (SECTION 2)** : 5\$1,500 WINDSCREEN EXCESS : 55100 ADDITIONAL EXCESS : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : KENSO LEASING PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

ency : ASSURE PTE. LTD. (00000572842)

te of Issue : 27 Dec 2019 16:38 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

eBao Tech				Was to the						Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			- Contract of the last of the			· Change	e Languag	e · Cha	nge Password	Marie Control
My Desktop	Policy Query										170
Notice of Loss	Policy I	No.				Date o	of Accident		13/07/2020	16:15	
	Vehicle	No.(For Motor)	SLK164	IK .		Certifi	cate Number				
					i i	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115172412		EASYDRIVE CAR RENTAL	53375868L	GPC	drivo CLASSIC	SLK164K		19/02/2020	02/01/2021
					(Continue					

Certificate No.		5115172412	Policyholder Name	EASYDRIV	E CAR RENTAL	Policyholder NRIC	5337586	BL
Product Name Policy Flag Poli			name.			NRIC		
Name PRIVATE CAR INSURANCE Plan Policy Flag Policy Fla	Address	200 JALAN SULTAN #02-38 TE	CTILE CENTRE	SINGAPORE	199018			
Policy policy and policy and policy		PRIVATE CAR INSURANCE	Plan				N:	
Type Per Accident Excess Own Jamage 2000 Windscreen Excess Additional Excess 1500 OS OF Premium O Outside Singapore 2000 OS Singapore 2000 OS Singapore 2000 OS Singapore 1500 OS		27/12/2019		19/02/2020	0 00:00		02/01/20	21 23:59
Additional Excess Additional Excess Additional Excess Additional Excess Additional Excess Additional Excess 1500 OS Premium Outside Singapore 2000 Dutside Singapore 2000 OExcess Agent ASSURE PTE, LTD. Agent Tel. 68489119 GST Flag Y Consinsurance Flag Open Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Certificate Info Policy Info Policy Info Certificate Info Policy Info Polic		Per Accident						
Excess 1500 Premium 0 Outside Singapore 2000 Singapore TP Excess 1500 Young/Inexperience Driver Excess 1500 Young/Inexperience 15		1500	damage	2000			100	
Singapore 2000 Singapore TP Excess Agent ASSURE PTE. LTD. Agent Tel. 68489119 GST Flag Y Co- insurance No Flag Open Open Policy Info Certificate Info P Policyholder Mailing Address Address 1 200 JALAN SULTAN Address 2 #02-38 TEXTILE CENTRE Address 3 SINGAPORE 199018 Address 4 Address Type Singapore address Post Code 199018 Unit No. 02-38 Related Policy Number 5118133971 Insured Object: SLK164K Endorsements Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We would like to inform you that fill 19 Feb 2202, you are entitled in 10% NCD under your policy. The refund premium due to you is \$222.99 (inclusive of GST). Pile 1 19/02/2020 00:00 NCD Endorsement Endorsement Take Effective agent/broker after seven busin days from the date of this lette the following address: Agent/Broker/Insurance Adviss ASSURE PTE. LTD. Address: 11 LAVENDER STREET #06-90 CT		1500	170.75 D. C. A	0				
Co- Insurance No Filia Open Policy Info Open Policy Info Open Policy Info Policy Policy Notice Mailing Address Address 1 200 JALAN SULTAN Address 2 #02-38 TEXTILE CENTRE Address 3 SINGAPORE 199018 Address 4 Address Type Singapore address Post Code 199018 Unit No. 02-38 Related Policy Number 5118133971 Insured Object: SLK164K Findorsements Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We would like to inform you that find 19 Feb 2020, you are entitled 10% NCD under your policy, To refund premium due to you is \$222.99 (inclusive of GST). Pic collect this refund from your use in the following address: 1 Agent/Broker/Insurance Advisc ASSURE PTE. LTD. Address: 11 LAVENDER STREET #66-90 CT.	Singapore	2000	Singapore	1500			Y	oung/Inexperience Driver Excess
Open Open Open Open Open Open Open Open	Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Y	
Policy Info Certificate Info Policyholder Mailing Address Address 1 200 JALAN SULTAN Address 2 #02-38 TEXTILE CENTRE Address 3 SINGAPORE 199018 Address 4 Address Type Singapore address Post Code 199018 Unit No. 02-38 Related Policy Number 5118133971 Insured Object: SLK164K Endorsements Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We would like to inform you that fi 19 feb 2020, you are entitled 10% NCD under your policy. Trefund premium due to you is \$222.99 (inclusive of GST), Pier Sundays from the date of this lette the following address: Agent/Broker/Insurance Advisc ASSURE PTE. LTD. Address: 11 LAVENDER STREET #06-90 CT	insurance	No						
Info Policyholder Mailing Address Address 1 200 JALAN SULTAN Address 2 #02-38 TEXTILE CENTRE Address 3 SINGAPORE 199018 Address 4 Address Type Singapore address Post Code 199018 Unit No. 02-38 Related Policy Number 5118133971 Insured Object: SLK164K ■ Endorsements Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We would like to inform you that fing 19 Feb 2020, you are entitled in 10% NCD under your policy. The refund premium due to you is \$222.99 (inclusive of GST). Pic collect this refund from your agent/broker after seven busin days from the date of this letter the following address: Agent/Broker/Insurance Advisc ASSURE PTE. LTD. Address: 11 LAVENDER STREET #06-90 CT								
Address 1 200 JALAN SULTAN Address 2 #02-38 TEXTILE CENTRE Address 3 SINGAPORE 199018 Address 4 Address Type Singapore address Post Code 199018 Unit No. 02-38 Related Policy Number 5118133971 Insured Object: SLK164K Endorsements Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We would like to inform you that fill 19 Feb 2020, you are entitled in 10% NCD under your policy. The refund premium due to you is \$222.99 (inclusive of GST), Pic collect this refund from your agent/broker after seven busin days from the date of this letter the following address: Agent/Broker/Insurance Advise ASSURE PTE. LTD. Address: 11 LAVENDER STREET #06-90 CT.								
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Unit No. 02-38 Related Policy Number 5118133971 Insured Object: SLK164K	Address 1	200 JALAN SULTAN	Addres	s 2	#02-38 TEXTILE C	ENTRE A	Address 3	SINGAPORE 199018
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HUB 2 SINGAPORE 338729 Cod Number: 00000572842 Contac Number: 68489119 Email:	♥ Endorse	ements	Noestani	er .	2.00 Ones	Endorsement	Status	Endorsement Content

Claim Handling					
Accident MT/1096741					
Policy No. Certificate No.	5115172412	Vehicle No.	SLK164K	GST Registration No.	
Policyholder Name	EASYDRIVE CAR RENTAL				
Product Code	PRIVATE CAR INSURANCE	4000400	**************************************	Policyholder NRIC	5337586GL
Contact No.(Mobile)	95735989	Cover Type	drivo CLASSIC	Loading	0
Email Address	50133307	Contact No.(Office) Special Remark	0	Contact No. (Home)	0
KFK	® No ○Yes	TCA TCA	® No ○ Yes	eCode	hi 🕶
NCD Protection	No.	NCD Entitlement(%)	10 No () Yes	eCode Reason	20
P Accident Details		ace eminerality	10	Private Hire	Yes
Report Date	14/07/2020-09:23	Accident Report Within 24 hrs	11.004	(40.000,000,000	
Date of Accident	13/07/2020	Time of Accident Inhumm		Acadent Type	Damaged whilst parked
Reporting Centre	450375700	Orange Force	16:15	Country of Accident	Singapore
Accident Location	CLEMENTI CAMP OPEN SPACE CARPARK	The state of the s		ICM No.	
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100,00		
00 Standard Excess	Necessary				
	2,000.00	TP Standard Excess	2,500.00		
TEO DO Excess additional Excess	0.00	YEED TP Excess		Driver is Covered?	
total DD Excess Applicable	1500	H 15 M 10 12 12 13 13 14 15 17 17 17 17 17 17 17 17 17 17 17 17 17			
♥ Benefits	3500.00	Total TP Excess Applicable			
GST Registered Inform	arlan				
ET Registered	No No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
lodification History	14/07/2020 09:25:14 Syste	em changed GST Status Venfied from	m No to res		
Policyholder Mailing Ad	2000				
Address 1	200 IALAN SULTAN	PARKET	No. 2 Proceedings of the Control of		
Iddress 4	200 Mont sucing	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
init No	02-36	Address Type	Singapore address	Post Code	199018
OI Driver Info	02.30	Related Policy Number	5118133971		
Inver Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	YAN POOK KHONG	Driver NRIC	\$1451337Z	Driver DOS	05/01/1960
egister Date of Driver License.	23/01/2009	Driver Age	60	Driving Experience	11
contact No.(Mobile)	97366042	Contact No. (DMcsr)	0	Contact No.(Home)	0
ddress 1	BLK 706	Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE 510706
ddress 4		Address Type	Singapore address	Post Code	510706
Init No.	11-151		200	111111111111111111111111111111111111111	3.00
loes he own a Singapore legistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
SECTION OF THE SECTION				A.7501050-5-45045-4504-64-8-1	
eclaration					
reathelyser or Blood Test eading?	0 mg	Any injury?	® Yes ○ No		
tedification History					
Claim 001 New					
1.41					
aim Type •	DD-MX V	Institute branch		SERVICE DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR	
antact No.(Mobile)	10074	Insured Name	EASYDRIVE CAR RENTAL	Insured NRIC	53375868L
mell Address		Contact No.(Home)		Contact No. (Office)	+
laimant Type Claimant Type •	Please Select 🗸	OI vehicle Number Type of Benefit *	SLK164K Please Select	TP Vehicle Number	S307509P
aimant Name +	22	Claimant NRIC +	Please Select		
aimant Address					
wim Description	SLK184K / S307S09P ON 13 Jul 2020			Name of Preferred Workshop	
eferred Workshop Contact		Insured Dabliny *	Not at Fault		
quire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	The same of the sa
ite Registered	14/07/2020 09:25	Claim Close Date	printed the assing, name discussion	Date Received	Received V
sport Taken By	Jeckson		-	-5300/519000	1400000000
Print AK letter					
		2	Save Submit		
Attachment					
9					
cident No.	MT/1096741	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	14/07/2020 09:27		
	Path •			C PC-14 C C C C C C C C C C C C C C C C C C C	202 Speniocanna
	W. 44/2	Browse	Category •	Confidential Urgent	
		Browse			X
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			1	Y Normal	¥
		Browse	I deplete property and the second	y Normal	~
		Browse	Clear Please Select 5	V Normal	Y

