NATIONAL Assessment Cen		The state of the s	. The second second	-	
Date In: 12/7/12-18: 47	Jeb description	Date &Time C	ompleted	Do	ne by
Res No: MA JUENOUZY88/14	SAS e-filing	i	- 1		
Veh No: JMS79784	E-mail (within Shrs, AIC	2hrs)		TO SET IN SOME	
D.O.A: 19/7/20-17:55	i-Motor Claim Form	m7/109740	100-	2/2/2	19:01
OD : (IP)! Reporting Only	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)			
- Topating Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Re	port			
The state of the s	Ass't Report by Fax / I	land to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fa	x:	West of the last
TP Particulars: Veh No: 12	95847	NC( )/Non-INC	( ).	***	
Owner / Driver: (		Tel:	-	)	
Policy No: ( ) P	Period: (	) Cover Type: (			
Confirmed by : (	Date:	Time:		)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N	: 0-20%; P: 21-79%.	P: 80-10	0%1	
Year of Registration: ( )	Warranty: YES ( )/NO				-
Excess: (\$ ) Loading: \$1,	000()/\$2,000()				
General Remarks;-		Santa de la constanta de la co	#1875 (T	45 6 17	7 1
A A STATE OF A STATE OF THE STA	ormation etictly Confidential	S Chief NO	Carlo Mark	APR 32:1, 13	-
( ) Walk-In Customer : Customer's info		& Strictly NO refer of	repairer.		
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.	(20 mm) Port		- 1	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO (	); Towing Co: (	4	- 85	)
Remarks: (INC botline: 6788/6616)		T	TA SMARTY	TANK SERVICE	QXP.
Remarks: (INC hotline: 6788 6616)	Courter Cont	Date&Time Con	pletod /	Done	by
1) Apply for Transport Allowance ( )/0	Courtesy Car ( )	Date&Time Con	pler5d	Done	by
Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection	( )	Date&Time Con	ple od	Done	by
1) Apply for Transport Allowance ( )/0	( )	Date&Time Con	pierad*	Done	by
Apply for Transport Allowance ( )/(     QC Check / Post Repair Inspection	( )	Date&Time Con	pletod*	Done	by
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:	( )		pletod	Done	by
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:	( )	Date&Time Con		Done	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:	( )				
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:	( )				
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:	( )				
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:	( )				
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:	( )				
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions	( )			Anic(S)	Amu
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions	( ) 3000] ( )	Preparation Checklis			AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions	( ) 3000] ( ) Invoice 1) AR: Acc 2) DA: Day	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100);	INC (\$80)	Anit (\$) Ist Bill	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions	Invoice:  1) AR: Acc 2) DA: Dai 3) TF: Tow	Preparation Checklis ident Reporting (\$30); rage Assessment (\$100); ing Fee	INC (\$80) \$40/\$4	Anit (S) (M B)	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  Actions  aimant's Particulars:	( ) 3000] ( )  Invoice  1) AR: Acc 2) DA: Dar 3) TF: Tow 4) FT: Follo	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100);	INC (\$80) \$40/\$4 \$12	Ant (S) (MB)	Amu
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner:  ntact No:	( ) 3000] ( )  Invoice  1) AR: Acc 2) DA: Day 3) TF: Tow 4) FT: Follo 5) FT: Follo For claim	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef 16	INC (\$80) \$40/\$4 \$12 y) \$30 ) Jan 2005)	Ant (S)  Tet Bill  S	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  Actions  aimant's Particulars:	( ) 3000] ( )  Invoice  1) AR: Acc 2) DA: Day 3) TF: Tow 4) FT: Folio 5) FT: Folio Forelsim 6) TR: Re-i	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef 16 aspection	INC (\$80) \$40/\$4 \$12 y) \$3	Ant (S)  Tet Bill  S  O	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner:  ntact No:	( ) 3000] ( )  Invoice  1) AR : Acc 2) DA : Dar 3) TF : Tow 4) FT : Follo 5) FT : Follo Forelaim 6) TR : Re- 7) N1 : Idao 2 3) NTUC Ac	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef 16	INC (\$80) \$40/\$4 \$12 y) \$3 ) Jan 2005)	Ant (S)  Tet Bill  S  O	Amu
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner:  ntact No:	( ) 3000] ( ) 30	Preparation Checklis ident Reporting (\$30); nege Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef 16 aspection DA + SMRT Survey idditional Services.	INC (\$80) \$40/\$4 \$12 y) \$3 0 Jan 2005) \$7: \$160	Ant (S)  Tet Bill  S  O	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  Actions  iver/Owner:  Intact No:  maged Portion:	( ) 3000] ( ) 30	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef 16 aspection DA + SMRT Survey iditional Services rtesy Car / Tpt Allowance air Co-ordination	INC (\$80) \$40/\$4 \$12 y) \$3 2 Jan 2/05) \$77 \$160	Anit (S)  Ist Bill  S  O	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  Actions  iver/Owner:  Intact No:  maged Portion:	( ) 3000] ( ) 30	Preparation Checklis ident Reporting (\$30); nege Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey ing against INC Only (wef 16 nspection DA + SMRT Survey iditional Services ricesy Car / Tpt Allowance air Ca-ordination Repair Inspection	INC (\$80) \$40/\$4 \$12 y) \$30 Jan 2005) \$77 \$160 \$21	Ant (S)  (Matter)  (Matter	AMU
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S:  Injury:  Date/Time Actions  Actions  Actions  iver/Owner:  Intact No:  maged Portion:  Checked by (Engr-In-Charge):	( ) 3000] ( ) 3000] ( ) 3000] ( ) 3000] ( ) 4	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef 16 aspection DA + SMRT Survey iditional Services rtesy Car / Tpt Allowance air Co-ordination	INC (\$80) \$40/\$4 \$12 y) \$30 Jan 2005) \$77 \$166	Anit (S) The Bill	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5:  Injury:  Date/Time Actions  Actions  aimant's Particulars:- iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments:-	( ) 3000] ( ) 3000] ( ) 3000] ( ) 3000] ( ) 4	Preparation Checklis ident Reporting (\$30); nage Assessment (\$100); ing Fee ow-Through Survey ow-Through Survey (Resurve ing against INC Only (wef If nspection DA + SMRT Survey Iditional Services ritesy Car / Tpt Allowance air Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC Mobile	INC (\$80) \$40/\$4 \$12  y) \$30 Jan 2005) \$77 \$160 \$22 \$25	Ant (S) Ist Bill	Amu

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement 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.

foresaid,			
And the second of parties and the second	ACCIDENT STATEMENT		
Date Of Report	20/07/2020 18:45		
Date Of Accident	19/07/2020 13:55		
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT		
Country/State of Loss	SINGAPORE		
The state of the s	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMS2958U		
Insured/Policyholder			
Name Of Registered Owner	J AUTO LEASING PTE LTD		
Co Reg No	2XXXXX286N		
Email Address	NOEMAIL		

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer TOYOTA

Model SIENTA HYBRID 1,5X CVT

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-89999999

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 SHAIK SYARIF BIN SHAIK HUSSEIN

 NRIC No
 SXXXX470A

 Date Of Birth
 30/06/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 17/02/2020

Driving Experience 0 YEAR AND 5 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93876795

Fax Number

Contact Number OFFICE-93876795

EMail Address NOEMAIL

Address BLK 313 UBI AVENUE 1

#01-467

Postcode 400313

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

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)

Passenger 1

NAME:

2

NO

NO

4

: SHAIK HUSSEIN

GENDER: : MALE

Passenger 2

NAME:

: SARMINAH SALLEH

GENDER:

: FEMALE

Passenger 3

NAME:

: SHAIK SYAZA

GENDER: : MALE

**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

SJS9584T

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)

#### **DETAILS OF INJURED PERSON 1**

Name SHAIK SYARIF BIN SHAIK HUSSEIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMS2958U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name SHAIK HUSSEIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMS2958U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 3**

Name SARMINAH SALLEH

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMS2958U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 4**

Name SHAIK SYAZA

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SMS2958U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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:
  - 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 201939286N

2019392867

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

_							
21	207					nequelling F	sirmi 4HT
IWA	ig the	Lad	love of	hie court)			
	out of	a de	POFN , 3	PELT A	th inr	act on my	penge.
	STOPPEN	THE	OF AND	ASIESTE	D THE	simplion -	VEHICLE II
mp	ENOCK	-n ovy	n my pe	MIR.			
							Side Line
						A DESCRIPTION OF THE PARTY OF T	

#### DECLARATION

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

J AUTO LEASING PTE LTD 201939286N

Policyholder's Signature

Date & Time:

Driver's Signature

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

20.07.20 4:30pm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### 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 and time of accident	Date: /	7 tely	2020 (DD	/MM/YY) Tin	ne: /35/	(HH:MM)
Exact location of accident		10. March 1971	20.00	Hevens		

#### Details of vehicle

Vehicle registration number	Sms 29584
Vehicle make and model	Tayola Sienta
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private   Commercial Motorcycle   Motorcycle
Purpose of using at said time	Jordsuf
Are you claiming under your own insurance company?	Yes  No pif no, please select:  Third part claim Reporting only

### Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only a

### Insured / Policy holder

	Auto	Leasters	nte	Hal	Male o	Female o
			DEVE			· ciliare a
100						
E. ///-	DE S					
			286N 286N			

#### Driver

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

	Hullein
Name	Shark Syarif Sin Shark Male & Female o
NRIC / Fin / Passport number	4704
Contact	9387 6795
Address	Block 313 US: Avenue 1 #01-467 finjapore Uco313
Email address	
Date of birth	30 June 1988
Occupation	Indoor D Outdoor D
Driving date pass	17 865 2000

### General information of the accident

Was driver an employee of the insured's company?	Yes No No of the driver and insured:	Heren
Accident captured by camera?	Yes D No.	
Weather condition	Clear Raining Others:	
Road surface	Dry a Wet o	
No of passenger	4	(Inclusive of driver)

### Passenger 1

Name		,	
Gender	Male	Female	

### Passenger 2

Name			1111
Gender	Male 🗆	Female p	

### Passenger 3

Name		/	THE PARTY WAS A PROPERTY OF
Gender	Male o	Female	

### Passenger 4

Name		THE RESIDENCE OF THE PARTY OF T
Gender	Male D Female D	

### Passenger 5

Name		
Gender	Male D Female D	

### Passenger 6

Name			A TO SHIP AND A STATE OF THE ST
Gender	Male 🗆	Female	AND THE PARTY OF T

### Other information

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

### Details of police action

Reported to police?	Yes 🗆	Noe	If yes, please state which police station.
Police station name		-	

### Third party vehicle 1

NRIC / Fin / Passport number Vehicle registration number

Vehicle make model

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	278 95847
Vehicle make model	333 780 1
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	
/ehicle registration number	A STATE OF THE STA
/ehicle make model	
Third party vehicle 6	
lame	
Contact number	

# Witness 1

Name	
Witness 2	

### Name

# Injured person 1

Name	Shack Sygrif Bin Shark Hussein
Injuries sustained	Neck d back
Which vehicle person in?	Sms 2958U
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No.

# Injured person 2

Name	Shask Hussen
Injuries sustained	Meck & back
Which vehicle person in?	PM8 2958U
Were seat belts worn?	Yes. No o
Was injured conveyed to hospital by ambulance?	Yes D No.2

# Injured person 3

Name	Sarmingh Salleh
Injuries sustained	Neck 2 back
Which vehicle person in?	Sme 2858U
Were seat belts worn?	Yes, a No o
Was injured conveyed to hospital by ambulance?	Yes D No.2

### Injured person 4

Name	Shailc Lyaza
Injuries sustained	Meek & Back
Which vehicle person in?	Sms 29584
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No.

								the CANADA	AND RESIDENCE AND RESIDENCE	
						· Chang	e Languag	e • Chan	ge Password	· Log Ou
Polic	y Query									
olicy No	0.				Date	of Accident	3	19/07/2020 1	3:55	
ehicle f	Na.(For Motor)	SMS295	58U		Certif	icate Number				
				1	Search					
elect	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5115262377	5115262377- 000014	J AUTO LEASING PTE LTD	201939286N	GFM	drivo CLASSIC	SMS2958U	SMS2958U	20/02/2020	26/12/2020
	olicy No ehicle !		elect Policy No. Certificate Number  5115262277  5115262277  5115262277	elect Policy No. Certificate Number Name  O 5115262377 5115262377 DOMONA LEASING PTE	elect Policy No. Certificate Policyholder Name NRIC  O 5115262377 5115262377 JAJTO  LEASING PTE 201939286N	Date	elect Policy No. Certificate Number Name NRIC Product Cover Type  O 5115262377 5115262377 000014 CASSING PTE 201939286N GFM CASSING PTE 201939280 GFM CASSIN	elect Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. S115262377 S15262377 S1526237	elect Policy No. Certificate Number Search  Certificate Number Search  Certificate Number Name NRIC Product Cover Type Vehicle No. O 5115262377  Date of Accident 19/07/2020 1	elect Policy No.  Certificate Number  Search  Certificate Number  Search  Certificate Number  Search  O 5115262377  CERTIFICATE Number  Date of Accident  Certificate Number  Search  O 5115262377  CERTIFICATE Number  Name  NRIC  Product Cover Type  O 6710 CASSIC SMS2958U  CASSIC SMS2958U  Date  O 50102/2020

Policy No.	5115262377	Policyholder Name	J AUTO	LEASING PTE LTD	Policyholder NRIC	201939286	N .
Certificate No.	5115262377-000014	Name			MRIC		
Address	87 DEFU LANE 10 #03-13 SIN	GAPORE 53921	.9				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/12/2019	Effective Date	27/12/2	2019 00:00	Expiry Date	26/12/2020	23:59
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	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENC	Y Agent Tel.	6515533	33	GST Flag	Υ	
	No						
Flag Open Policy Info							
20100-00							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policyh	older Mailing Address 87 DEFU LANE 10	Addre	ss 2	<b>*</b> 03-13	,	Address 3	SINGAPORE 539219
Open Policy Info Certificate Info	Marie Company		ss 2 ss Type	#03-13 Singapore address		Address 3	SINGAPORE 539219 539219
Open Policy Info Certificate Info  Policyh Address 1	Marie Company	Addre	ss Type d Policy	10 TE ST		10.76.75.15.15.15.15.15.15.15.15.15.15.15.15.15	
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	87 DEFU LANE 10	Addre Relate Numb	ss Type d Policy	Singapore address		10.76.75.15.15.15.15.15.15.15.15.15.15.15.15.15	
Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No.	87 DEFU LANE 10 03-13 1 Object: 5115262377-00001	Addre Relate Numb	ss Type d Policy	Singapore address		10.76.75.15.15.15.15.15.15.15.15.15.15.15.15.15	
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	87 DEFU LANE 10 03-13 I Object: 5115262377-00001	Addre Relate Numb	ss Type d Policy er	Singapore address		10.76.75.15.15.15.15.15.15.15.15.15.15.15.15.15	
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequence	87 DEFU LANE 10 03-13 I Object: 5115262377-00001	Addre Relate Numb	ss Type d Policy er	Singapore address 5115262377		Post Code	539219
open olicy Info certificate onfo Policyho ddress 1 ddress 4 init No. Insured Sequence	87 DEFU LANE 10  03-13  1 Object: 5115262377-00001  ements  te Date of Endorsement ate Endorsements	Addre Relate Numb	ss Type d Policy er nt Type	Singapore address 5115262377	Endorsen	Post Code	539219

Accident MT/1097407 Policy No.					
economic NO	National states (	200000	200100		
	5115262377	Vehicle No.	SMS2958U	GST Registration No.	
Dertificate No.	5115262377-000014				
Policyholder Name	2 AUTO LEASING PTE LTD	172009-009		Policyholder NRIC	201939206W
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No (Office)	0	Contact No.(Home)	0
Email Address	WEST CONTRACTOR	Special Remark		eCode	11-12
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	20/07/2020 18:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/07/2020	Time of Accident hh:mm	13:55	Country of Accident	Singapore
leparting Centre		Orange Force		ICM No.	W. 4041140
Codent Cocation	PIE (TUAS) AFTER STEVEN RD EXIT				
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
IC Standard Excess	2,000.00	TP Standard Excess	1,500.00		
IEO OO Excent	0.00	VIED TP Excess		Driver is Covered?	
dditional Excess					
otal DD Excess Applicable	2000.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
lodification History					
Policyholder Mailing Ad	dress				
ddiress 1	87 DEPU LANE 10	Address 2	#03-13	Address 3	SINGAPORE S39219
ddress 4		Address Type	Singapore address	Post Code	539219
nit No.	03-13	Related Policy Number	5115262377		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	SHAIK SYARIF BIN SHAIK HUSS	Driver NRIC	58822470A	Driver DOS	30/06/1988
egister Date of Driver License.	17/02/2020	Driver Age	32	Driving Experience	0
entact No. (Mobile)	93876795	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 313	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400313
ddress 4		Address Type	Singapore address	Post Code	400313
Init No.	01-457				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?				priver mourer company	
ederation					
reachalyser or Blood Test	0.ma	Ány iraun/3	® vec/DNe		
reachalyser or Blood Test	0 mg	Any injuny?	® Yes ○No		
reachalyser or Blood Test meding?	0 mg	Any inguny?	® Yes ○ No		
ediaration reachalyser or Brood Test leading?	Omg	Any injury?	® Yes ○ No		
reachalyser or Blood Test eading? addition History	0 mg	Any injury?	® Yes ○No		
reathalyser or Blood Test eading? addication History	0 mg	Any injury?	® Yes ○No		
eachalyser or Blood Test lading? diffication History	0 mg	Any injury?	Yes   No		
eachalyser or Blood Test. Inding? Idfication History Claim 001 New	O mg	Any injury? Insured Name	Yes ○ No      Auto leasing FTE LTD	Insured NRIC	201939286N
reachalyser or Blood Test leading?  codification History  Colaim 001 New  daim Type *	2007			Insured NRIC Contact No.(Office)	201939256N
reachaivser or Broad Test eading?  Claim 001 Next  Idam Type *	2007	Insured Name			A CONTRACTOR OF THE CONTRACTOR
rechalyser or Blood Test. leading?  Claim 001 Next  Idin Type * Intact No. [Mobile]  half Address	2007	Insured Name. Contact No.(Home)	) AUTO LEASING PTE LTD	Contact No.(Office)	NIL
reachaivser or Brood Test eading?  Claim 001 Nexe  Islam Type * entact No. [Mobile] mail Address armant Type Claimant Type *	OD-MX V	Insured Name Contact No. (Home) Of Vehicle Number	J AUTO LEASING PTE LTD SMS2958U	Contact No.(Office)	NIL
rechaiser or Blood Test lading?  Claim 001 New  sim Type * lotted No. (Mobile) hall Address elmant Type Claimant Type * elmant Name *	OD-MX	Insured Name. Contact No. (Home) OI Vehicle Number Type of Benefit *	J AUTO LEASING PTE LTD SMS2958U	Contact No.(Office)	NIL
reachalyser or Blood Test leading?  Claim 001 New  Islam Type *  Islam Address  Islam Type Claimant Type *  Islam Type Claimant Type Claimant Type Claimant Type *  Islam Type Claimant Type Claimant Type Claimant Type *  Islam Type Claimant	OD-MX V	Insured Name. Contact No. (Home) OI Vehicle Number Type of Benefit *	J AUTO LEASING PTE LTD SMS2958U	Contact No.(Office) TP Vehicle Number	NIL
reachalyser or Blood Test leading?  Claim 001 New  Islam Type * Islam Address Islam Ad	OD-MX   Please Select   ≥≥	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	J AUTO LEASING PTE LTD SMS29SBU Please Select.	Contact No.(Office)	NIL
reachaiver or Blood Test lading?  Claim 001 New  John Type * John Common Type * John Common Type * John Common Type * John Common Type Claimant Type * John Common Type Claimant Type * John Common Co	OD-MX     Please Select   V     ≥≥   SMS2958U / S359584T ON 19 Jul 2020	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	J AUTO LEASING PTE LTD SMS2958U Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL \$259584T
reachalyser or Blood Test leading?  Claim 001 New  Idem Type *  Initial Address  Initial Ad	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option	J AUTO LEASING PTE LTD SMS29SBU Please Select.	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reachalyser or Blood Test lading?  Claim 001 New  Idin Type * Initiac No. (Mobile) Inail Address almant Type Claimant Type * almant Name * almant Address arm Description referred Workshop Contact is paying Finalization the Registered	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	J AUTO LEASING PTE LTD SMS2958U Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL \$259584T
rechalyser of Blood Test lading?  Claim 001 New  John Type *  John Type *  John Address  John Addres	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option	J AUTO LEASING PTE LTD SMS2958U Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
eachalyser or Blood Test lading?  Claim 001 New  sim Type * Intact No. (Mobile) hall Address smant Type Claimant Type * smant Address smant Address sm Description piferred Workshop Contact ouve Finalisation te Registered port Taken By	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option	J AUTO LEASING PTE LTD SMS2958U Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reachaiver or Blood Test lading?  Claim 001 New  John Type * John Type * John Address John Addre	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	J AUTO LEASING PTE LTD  SMS2988U  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
rectnaryser or Blood Test lading?  Idification History  Claim 001 New  aim Type *  Intact No. (Mobile)  Initial Address  Initial Address  Initial Address  Initial Address  Initial Contract  In	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	J AUTO LEASING PTE LTD SMS2958U Please Select  Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reacharver or Blood Test leading?  Claim 001 New  Isim Type *  Isim Type *  Isim Type Claimant Type *  Isim Address  Isim Address  Isim Messer  Isim Address  Isim Messer  Isi	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	J AUTO LEASING PTE LTD  SMS2988U  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reacharyser or Blood Test eading?  Claim 001 New  Islam Type *  Islam Type *  Islam Type Claimant Ty	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	J AUTO LEASING PTE LTD  SMS2988U  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reachaivser or Blood Test eading?  Claim 001 New  Islam Type *  Islam Type *  Islam Type Claimant Type *  Islam Type Claimant Type *  Islam Type Claimant Type *  Islam Address  Islam Obscription  Islam Secretion  Islam Secretio	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date	J AUTO LEASING PTE LTD  SMS2958U  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reachalyser or Blood Test leading?  Claim 001 New  Islam Type * Islam Type * Islam Type Claimant Type * Islam Type Type Type * Islam Type Type * Islam Type Type Type Type * Islam Type Type Type Type Type Type Type Type	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date  Claim No.	J AUTO LEASING PTE LTD  SM\$29\$8U  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Bubmit	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	NIL S359594T
reachalver or Blood Test leading?  Chalm 001 New  Initial No. (Mobile)  Inall Address  Initial No. (Mobile)	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date	J AUTO LEASING PTE LTD  SMS2958U  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001 20/07/2020 19:02	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received	NIL 5359584T Received 2007/2029 00:00
reachalver or Blood Test leading?  Chalm 001 New  Initial No. (Mobile)  Inall Address  Initial No. (Mobile)	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date  Claim No. Upload Date	J AUTO LEASING PTE LTD  SM\$29\$8U  Please Select  Not at Fault  Preferred Workshop, Name unknown  20/07/2020 19:02  Category **	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received  Confidential Urger	NIL   S359594T   S359574T   S3595
reachalyser or Blood Test leading?  Claim 001 New  Islam Type * Islam Type * Islam Type Claimant Type * Islam Type Type Type * Islam Type Type * Islam Type Type Type Type * Islam Type Type Type Type Type Type Type Type	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferened Repair Option Claim Close Date  Claim No. Upload Date  Browse.	J AUTO LEASING PTE LTD  SM\$29\$8U  Please Select  Not at Fault  Preferred Workshop, Name unknown  20/07/2020 19:02  Category •  Cear Please Select	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received	NIL 5359594T Received 2007/2029 00:00
reachalyser or Blood Test eading?  Claim 001 New  Claim 001 New  Igam Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Properties  Print Address  Attachment  Scodent No.	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebility * Preference Repair Option Claim Close Date  Claim No. Upload Date	J AUTO LEASING PTE LTD  SM\$29\$8U  Please Select  Not at Fault  Preferred Workshop, Name unknown  20/07/2020 19:02  Category **	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received  Confidential Urger	NIL   S359594T   S359574T   S35
reachalyser or Blood Test reachalyser or Blood Test reachalyser  Claim 001 Name  Claim 001 Name  Seriact No. (Mobile)  mail Address  Jamant Name *  Johnant Address  John Description  referred Workshop Contact  course Finalisation  ate Regulatered  eport Taken By  Print AK letter	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferened Repair Option Claim Close Date  Claim No. Upload Date  Browse.	J AUTO LEASING PTE LTD  SM\$29\$8U  Please Select  Not at Fault  Preferred Workshop, Name unknown  20/07/2020 19:02  Category •  Cear Please Select	Confidential Urger	Received 20.007/2020 00:00
reachalyser or Blood Test eading?  Claim 001 New  Claim 001 New  Igam Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Properties  Print Address  Attachment  Scodent No.	OD-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse.	J AUTO LEASING PTE LTD  SM\$29\$8U  Please Select  Not at Fault  Preferred Workshop, Name unknown  20/07/2020 19:02  Category *  Clear Please Select  Cear Please Select	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  Date Received  Confidential Urger    Normal   Normal   Normal	NIL

