NATIONAL Assessment Cent			1410068422-01	Done t	11.
Date In: 13/9/20 - 09:43	Job description		Date &Time Completed	Done	<u> </u>
Ref No: 44/14C200836174	SAS e-filing		1		
Veh No: 57 187 187	E-mail (within 8	ihrs, AIC 2hrs)			
D.O.A: 11/12-09:15	i-Motor Clair	n Form	100-85 EPPOIL W.	2/8/20 09	II
	i-Motor W/O	(Within: OD 2hrs	7P 4hrs)		
OD TP Reporting Only	i-Photo Uplo:	aded	1		-
an I	Assessment/Su	rvey Report	-		
TP Insurer:	Ass't Report by	y <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 504	27395	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000()/\$2,000	()		The second secon	
General Remarks:-			PERMISSION AND A CO	ASSESS TO LOS	
() Walk-In Customer: Customer's in	formation strictly Cor	nfidential & St	rictly NO refer of repaire	r	
() Total Loss Case : to e-mail Insu		-			
	ce: YES () / N	(O();T	owing Co: (74)
				Done	hv
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	T SHEET WAS ALL THE SHEET	-3
1) Apply for Transport Allowance ()/	Courtesy Car ()	-		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	1		
Injury:					
Date/Time Actions	inga.				
Jate/Time Actions			2100		
WILLIAM DIVINE STREET, SECOND STREET					
The state of the s					
	1	200 200 200			
***	1	Invoice Pro	naration Checklist	Anit (\$)	
HAZDYV W.	1	079533999900A8	paration Checklist	Anit (\$).	
HADOVY W.	1	1) AR : Acciden 2) DA : Damage	t Reporting (\$30); : Assessment (\$100); INC	(\$80)	
nimant's Particulars :-	1	1) AR : Acciden 2) DA : Damego 3) TF : Towing	t Reporting (\$30); : Assessment (\$100); INC	friBill	
nimant's Particulars :- iver/Owner:	3	1) AR : Acciden 2) DA : Damego 3) TF : Towing 4) FT : Follow-	t Reporting (\$30); : Assessment (\$100); INC Fee : Through Survey Chrough Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	
nimant's Particulars:- iver/Owner:	1	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	
numant's Particulars:- iver/Owner:	1	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cetion + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$905)	
nimant's Particulars:- iver/Owner:		1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idne DA 8) NTUC Addit	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cetion + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$95) \$75	
nimant's Particulars :- iver/Owner: ontact No: amaged Portion:		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey (Resurvey) asejust INC Only (wef 10 Jan 2 cotion + SMRT Survey ional Services:- y Cas / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$95) \$75 \$160	
nimant's Particulars :- iver/Owner: ontact No: amaged Portion:		1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-impp 7) N1: Idne DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair	Assessment (\$100); INC Fee Through Survey Phrough Survey (Resurvey) assignst INC Only (wef 10 Jan 2 cetion + SMRT Survey ional Services: y Car / Tpt Allowance Ca-ordination	(\$80) \$40/\$45 \$120 \$30 (995) \$75 \$160	
numant's Particulars :- iver/Owner: intact No: imaged Portion: C Checked by (Engr-In-Charge):		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey (Resurvey) Assessment (\$100); INC Fee Through Survey (Resurvey) Assessment (\$100); As	(\$80) \$40/\$45 \$120 \$30 (993) \$75 \$160 \$3 \$35 \$35 \$30	
Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idne DA 8) NTUC Addit OD* *N5: Courles *N6: Repair *N7: Fost Re *N8: DV / Courle (Court) TP (N11): T	Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cotion + SMRT Survey ional Services: - y Car / Tpt Allowance Ca-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 (993) \$75 \$160 \$5 \$5	Add Bi
		1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 cotion + SMRT Survey ional Services: - y Car / Tpt Allowance Ca-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 \$90 \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	Add Bi

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.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	13/08/2020 09:43
Date Of Accident	13/08/2020 08:15
Exact Location Of Accident	JLN JURONG KECHIL TWDS BUKIT BATOK EAST AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN8718T
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE LTD
Co Reg No	2XXXXX814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5109792828-01
Cover Note Number	
Driver	
Name of Driver	MOHD MAHAYUDDIN BIN MUHAMMED
NRIC No	SXXXX099Z
Date Of Birth	07/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90078664
ax Number	
Contact Number	OFFICE-90078664
EMail Address	NOEMAIL

Address	BLK 243 BUKIT PANJANG RING ROAD #04-179
Postcode	670243
Was driver an employee of the Insured's Company	
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own	·
Vehicle	ras
Insurance Company of Driver's Own Vehicle	
misdrance company of briver's Own Vehicle	-
C	
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET
Other Information	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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?	NO
Was there any audio recorded?	NO
DETAILS	OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SLH2739E
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)	1

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>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(Including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

UEN NO. 201611814N

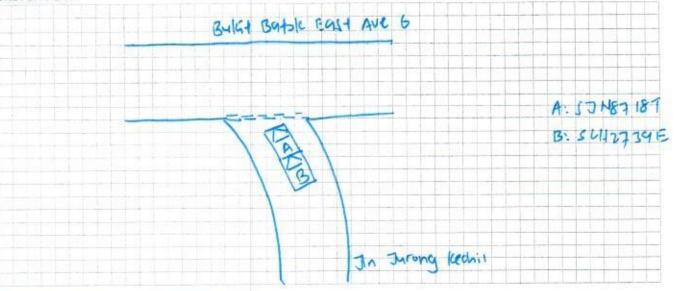
> Driver 16 ig wature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name.

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on Harley o	date and fic	71, 18	spped	my uch	icle	before .	the Hop	ping
ne to check	on (aming	vehicles	along	the main	rd	Le tore	1 con	1:4er
nt. Judde My	1 felt on	impact of	my	vehicle	and	reulised	that	vehicle
hit onto	my vehicle	rear p	rtion					
					19			

DECLARATION R

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: 13 /8 / 20)(DD/	MM/YYYY), TIME:(<u>08</u> :15)(HH:MM)
LOCATION: (1/7 Rd JIn mone	leeded tous Buleit Bartole.
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: 174 870	
b)INSURANCE COMPANY:NTU	
c)POLICY NUMBER: 510979282	
	HIRD PARTY / THÏRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
그 전에 살아가면 하게 하는데	N / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CC	
h) PURPOSE OF USING AT ACCIDENT T	
I) ARE YOU CLAIMING UNDER YOUR O	아이는 것은 아니는 아이는 아이는 아이는 아이는 아이는 아이는 아이는 아이는 아이는 아이
IF NO, PLEASE STATE (THIRD PARTY C 2. INSURED / POLICY HOLDER	LAIM / REPORTING ONLY)
AJNAMESHU MOTOR PLE UN	(14.4) 5 / 554441 51
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE) CONTACT: 62826184
c)ADDRESS:	CONTACT. OUT
C/NOCKEON_	
* CONTINUE TO 3.d IF DRIVER ALSO PO	OLICY HOLDER
HUG OF DESCRIPTION OF	Lammed
Chaduding diana al al NAME: Moha Mahayuddin	(MALE / FEMALE)
	CONTACT: 90078664.
c)ADDRESS:	Commence of the commence of th
*ALDATE OF DISTURY	1/00/11/10/00/1
*d)DATE OF BIRTH: (// BJOCCUPATION: (INDOOR / OUTDOOR))(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	28)
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES //NO)
IF NO, RELATIONSHIP OF THE DRIV	
5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHE	RS
6. WAS ANYBODY INJURED (YES / NO)	
7. a)REPORTED TO POLICE (YES / NO)	and the same of th
IF YES, PLEASE STATE WHICH POLICE	STATION:
8. THIRD PARTY VEHICLE SUHD 39E	
b) Deliver's NAME:	MODEL:
Inducting driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	CONTACT
(1) PARTY VEHICLE	CONTACT
d) VEHICLE NUMBER:	MODEL:
THO OF PROSENGER . O DRIVER'S NAME:	
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
() VEHICLE NUMBER: ————————————————————————————————————	
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1 1776	



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: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: 59487 87 Original Report No : MNA 1 200 68422 Name(as shown in NRIC): SHL MOTOR PTE UD. NRIC/FIN/Passport No : 2 XXXXX814M (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(62826184 Contact (Tel) Mobile No.: **Email Address** __Time of Accident : ___08 : 15 Date of Accident tuds Bulit Butok East are Place of Accident : Jin Jurany Kechil Insurance Company: NTVC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: No video fuotaa OR UEN NO. 01611814M Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name:

NRIC/FIN No.: Date:



Certificate of Insurance

Cover : Third Party

: MR053HY9305096389

: SHL MOTOR PTE. LTD.

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: 5109792828-01-000014

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder **Effection**

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.

: SJN8718T

: 22 May 2021

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	; N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency

: ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue

: 18 May 2020 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					The state of the s	Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy No.					Date o	f Accident		13/08/2020	08:15	
	Vehicle No. (For Motor)		SJN871	N8718T		Certificate Number		1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	\$109792828- 01	5109792828- 01-000014	SHL MOTOR PTE, LTD.	201611814M	GFM	Third Party	SJN87187	SJN8718T	23/05/2020	22/05/2021
					C	ontinue					

9 Pol	icy Information						
Policy No.	5109792828-01	Policyholder Name	SHL MOT	OR PTE, LTD.	Policyholder NRIC	201611814M	
Certificate No.	5109792828-01-000014						
Address	51 UBI AVENUE 1 #01-09 PAYA	UBI INDUSTRI	AL PARK	SINGAPORE 408933			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/05/2020	Effective Date	23/05/20	20 00:00	Expiry Date	22/05/2021 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667	6	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	nolder Mailing Address						
Address 1	51 UBI AVENUE 1	Address	5 2	#01-09 PAYA UBI II	NDUSTRIAL A	ddress 3	SINGAPORE 408933
Address 4		Address	з Туре	Singapore address	P	ost Code	408933
Jnit No.	01-09	Related Number		5109793423-01			
) Insured	d Object: 5109792828-01-0000	014					
□ Endors	ements						
	and an arming and an armine of the con-	Endorsement	Type	Endorsement Number	Endorsem	ent Status	Endorsement Content
Sequen	ce Date of Endorsement ate Endorsements	Endorsement	.,,,,	charachient Number	and a series	en status	Endorsement Content

Continue Cancel

Claim Handling					
Accident MT/1099738					
Poncy No.	5109792828-01	Vehicle No.	53965718T	GST Registration No.	
Cortificate No.	5109792828-01-000014				
Policyholder Name	SHL MOTOR PTE, LTD.			Policyholder NRIC	201611814M
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Perty	Loading	0
Contact No. (Motife)	0	Contact No. (Office)	62826184	Contact No.(Home)	0
Cimail Address		Special Remark		eCode	10 V
KFK	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	
NCD Protection	No.	NCO Entitlement(%)	0	Private Hire	Yes
 Accident Details 					
Report Date	13/08/2020 09:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/08/2020	Time of Accident th:mm	09:15	Country of Academ	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN JURONG KECHIL TWOS BUKIT BAYO	K EAST AVE 6			
▼ Total Excess Applicable	€ montolesean				
Excess Type	Per Accident	Windscreen Excess			
		STEAT IS	5333		
OD Standard Excess	940	TP Standard Excess	1,500.00	2017/03/03/03/03	
YIED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
▽ Benefits					
GST Registered Inform			aucht sein		
GST Registered GST Registration No.	No		GST Registration Date GST Status Venified	Yes	
Modification History			Sar) status ventes	7,42	
⇒ Pelicyheider Hailing Ad	ldress				
Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
une No.	01-09	Related Policy Number	5109793423-01		73073
♥ OI Driver Info	200000		POTATION DECISION		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHD MAHAYUDDIN BIN MUHA	Driver NR3C	51735099Z	Driver DOB	07/06/1966
Register Date of Driver License		Driver Age	54	Driving Experience	11
Contact No.(Mobile)	90078664	Contact No.(Office)	0	Consact No.(Home)	0
Address 1	BLK 243	Address 2	BUKIT PANJANG RING ROAD	Address 1	SINGAPORE 670243
Address 4		Address Type	Singapore address	Post Code	670243
Unit No.	04-179	5 15 15 CO 1			Salata de la companya del companya de la companya del companya de la companya de
Opes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	1. Sept. To Sept. 10.	200.0000 200.0000		principality company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊖ Yes ® No		
neading:					
Modification History					
Claim 001 New					
3370747072					
900					
Claim Type *	ор-мк	Insured Name	SHL MOTOR PTE, LTD.	Insured NRIC	201611814M
Contact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	•
Email Address		OI Vehicle Number	SIN8718T	TP Vehicle Number	SLH27398
Daimant Type Claimant Type *		Type of Banefit *	Please Select		
Daimant Name *	22	Claimant NRIC +			
Dalmant Address Dalm Description	ENGRAPH COLUMNIA OF THE COLUMNIA				
Darm Description Preferred Workshop Contact	SIN8718T / SLH2739E ON 13 Aug 2020	Sport More and	P	Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown		Received
Date Registered	13/08/2020 09:55	Claim Close Date		Date Received	13/08/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Support		
			Save Submit		
Attachment					
Accident No.	MT/1099738	Claim No.	por		
Last Doc. Received	® Yes ○ No	Upload Date	13/08/2020 09:56		
	Path •	approved to the control		gargana a sanca	100000 1000000000000
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