Dute In: - 0 - 0	Jeb description	Date & Time Completed	Done by	
Date In: AND 16:14	SAS e-filing			
Res No: 49 14 (220 8755) 24	E-mail (within Shrs, AIC 2hrs			•
Veh No: GBC 1291R	i-Motor Claim Form	M7110622-001	20/1/20 16:	35
D.O.A: 201720-14:3>	i-Motor W/O (Within: OD			
OD / TD! Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Repor	et i		
TP Insurer:	Ass't Report by Fax / Har			****
	Ass t Report of That and	and the Party of t	Fax:)
Preferred Wksp / INC Assign Wksp / QW: (Mark INC	C()/Non-INC().		N-3+1-2-74
TP Particulars: Veh No: (M)	K1014K	Tel:)	
Owner / Driver: (Period: () Cover Type: ()	
Folicy 140. (Date:	Time:)	
Confirmed by: ([Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]	
Indutor 2 in the second	Warranty: YES ()/NO			
Year of Registration. (1,000 ()/\$2,000 ()			
General Remarks: () Walk-In Customer: Customer's in	formation strictly Confidential			
() Walk-In Customer : Customer's in	THE LIBORNTLY.	+41 5 11	13	
() Total Loss Case : to e-mail Inst		; Towing Co: ()
Drive-In () / Towed-In (); Invo	ice: YES()/NO(b Done b	v
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Santan Are Standard	-
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	/ Courtesy Car ()			
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() () () () ()	Preparation Checklist	Ant(S)	
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Napours? Claimant's Particulars:	/ Courtesy Car ()	ceident Reporting (\$30); barnage Assessment (\$100); INCopying Fee	ist Bill	
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Plansport Actions Claimant's Particulars:	Courtesy Car () ()	ceident Reporting (\$30); Darmage Assessment (\$100); INComing Fee Dillow-Through Survey Dillow-Through Survey (Resurvey) Dinning against INC Only (wef 10 Jan	(\$80) \$40/\$45 \$120 \$30 \$3005) \$75	
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Contact No: Damaged Portion:	/ Courtesy Car () () () () () () () () () ()	ceident Reporting (\$30); Darmage Assessment (\$100); INCowing Fee Collow-Through Survey (Resurvey) Collow-Through Survey Collow-Throu	(\$80) \$40/\$45 \$120 \$30 \$3005) \$75 \$160	Amt (3
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Courtesy Car () ()	ceident Reporting (\$30); Darmage Assessment (\$100); INCowing Fee Collow-Through Survey (Resurvey) Collow-Through Survey Collow-Throu	\$100 \$25 \$25 \$25	
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	/ Courtesy Car () () () () () () () () () ()	ceident Reporting (\$30); Darmage Assessment (\$100); INCowing Fee Dillow-Through Survey Collow-Through Survey (Resurvey) Diming against INC Only (wef 10 Jan Re-inspection day DA + SMRT Survey Cadditional Services. Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	\$100 \$100 \$25	

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.
- 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.

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建 自然的 (1) 14 (4) 2 (2) (4) (4)	ACCIDENT STATEMENT
Date Of Report	20/08/2020 16:24
Date Of Accident	20/08/2020 14:30
Exact Location Of Accident	SLIP RD CTE (AYE) TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1091R
Insured/Policyholder	
Name Of Registered Owner	MSBUILDER PTE LTD
Co Reg No	2XXXXX562C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96275687
Alternative Phone No	OFFICE-96275687
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 3.0 5MT ABS AB 5DR LWB PANEL
Exact Purpose for which vehicle was being used time of accident	d at WORKING
Are you claiming under your own insurance poli for repair to your vehicle?	cy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107014250-01
Cover Note Number	
Driver	
Name of Driver	PRINCE MD MASUD RANA
Passport No/FIN	GXXXX411Q
Date Of Birth	02/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81874824
Fax Number	
Contact Number	OFFICE-81874824
EMail Address	NOEMAIL

BLK 283 GEYLANG ROAD Address #02-01 389330 Postcode Was driver an employee of the Insured's Company YES 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 COLLISION - HEAD TO REAR Type Of Accident 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 NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 3 Number of Passengers (Including Driver) Passenger 1 NAME: : RAKIB GENDER: : MALE Passenger 2 NAME: : SAIFUL GENDER: : MALE **Details of Police Action** Was the accident reported to the police? NO If Yes.Please state which Police Station NO Was notice of intended Prosecution given? 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 NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMK5674K Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category

Name of Driver

Contact Number

Address Postcode

NRIC/Passport Number

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

PRINCE MD MASUD RANA Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Postcode

Address

BODY

GBC1091R

YES

NO

DETAILS OF INJURED PERSON 2

Name RAKIB

Approximate Age

BODY Injuries Sustain

GBC1091R Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

SAIFUL Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NO

BODY

GBC1091R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

MS BUILDER PTE LTD 201705562C

R. Carl

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

NRIC/FIN No .:

Policyholder's Signature Date & Time:

	ON	THE	STATED	DATE	ann -	nlw.r	7 (NA D	THE PAGE		
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and person	ip.										
ny pa	1P.										

DECLARATION

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

MS BUILDER PTE LTD

201705562C Policyholder's Signature Date & Time:

10 mm - 14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

	COURT DATE (DO / 08 / DOG)(DD/MM/YYY)	
ţ	OCATION: SCIP ROAD TO PIECCHIANIC	1) Flom CTECAYED
	1. DETAILS OF VEHICLE	
	alvehicle NUMBER: GRC 1091 P	78
	DINSURANCE COMPANY: NTUC	
	c)POLICY NUMBER:	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PAR	TV / TUŠOD D / DTV 5105 A TUST
	OMAKE & MODEL: NISSAY URVAN	IT / THIRD PARTY FIRE &THEFT
	f)TYPE:(SALOON / COUPE / MPV / AN / LORR)	/
	g) VEHICLE CATEGORY: (PRIVATE / COMMERC)	/ MOTORCYCLE / OTHERS)
	h)PURPOSE OF USING AT ACCIDENT TIME:	AL / MOTORCYCLE)
	1) ARE YOU CLAIMING UNDER YOUR OWN INSUR	ANCE VER WANT
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REI	BOBTING ONLY
	2. INSURED / POLICY HOLDER	FORTING ONLY)
	AINAME: MSBUILDER PTZ LTD	(MALE / FEMALE)
¥	b)NRIC/FIN/PASSPORT: 201705562C	CONTACT 9(22 SC:2
	C)ADDRESS: 36 KALLANG PUPPING ROAD #	07 -01
F 8	TOWN TOWN	35.06
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DEP
18 Ho of persons	3. DRIVER	DER
Cladedong deta	a) NAME: PRINCE MD MASUD RANA	MARE / FEMALE)
7 7	b) NRIC/FIN/PASSPORT: G82784110	CONTACT: 8182 4814
(3)		1-01
M) RAKIB	CANAL CALL PROPERTY.	
	"d)DATE OF BIRTH: (02 / 66 / 88)(DD/M	M/YYYY)
cm) caiful	e)OCCUPATION: (INDOOR / OUTDOOR)	
1	f)YEARS OF DRIVING EXPRERIENCE:	
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED	O'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
	5. a) WEATHER CONDITION: CLEAR / RAINING / OT	HERS
950	b)ROAD SURFACE: ORY / WET / OTHERS	•
	WAS ANYBODY INJURED (CESY NO)	
10 10 10	a) REPORTED TO POLICE (YES / NO)	63
8	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	
the of passenger	-1 1/5/100-1-100-100-100-100-100-100-100-100-1	170000
Chedudin day	b) DRIVER'S NAME:	MODEL:
c making diriver		CONTACT
() 9	THIRD PARTY VEHICLE	CONTACT:
· × 1. A	d) VEHICLE NUMBER:	MODEL.
Ho of passinger	e) DRIVER'S NAME:	MODEL:
(Induding drive		
C	/ f) NRIC/FIN/PASSPORT:	00117107
()) f) NRIC/FIN/PASSPORT:	CONTACT:

email =

Pax =

eBao Tech	eBao Tech				GeneralClain						alClaim
Hello, NAC_PAYA_UBI_8	00601					WI COME	' Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy 1	No.				Date	of Accident		20/08/2020	14:30	
	Vehicle No.(For Motor)		GBC10	GBC1091R		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	5107014250- 01		MSBUILDER PTE, LTD.	201705562C	GCV	Third Party	G8C1091R	GBC1091R	14/01/2020	26/11/2020
					0	Continue	J				

→ Polic	y Information						
Policy No.	5107014250-01	Policyholder Name	MSBUILDER	PTE. LTD.	Policyholder NRIC	201705562C	
Certificate No.							
Address	30 KALLANG PUDDING ROAD #0	3-06 VALIAN	INDUSTRIA	L BUILDING SINGA	PORE 349312		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	21/11/2019	Effective Date	14/01/2020	00:00	Expiry Date	26/11/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	Inexperience Driver Excess
Agent	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	lder Mailing Address						
Address 1	30 KALLANG PUDDING RO	AD Addres	s 2	#03-06 VALIANT I	NDUSTRIAL E	Address 3	SINGAPORE 349312
Address 4		Addres	s Type	Singapore address	1	Post Code	349312
Unit No.		Relate Numbe	d Policy er	5107014250-01			
Insured	Object: GBC1091R						
	ments						
Sequenc	e Date of Endorsement	E	indorsement	Туре	Endorsement	Status	Endorsement Content
110			-	ntinue Cancel			14 255 4-201 802-0-0000

Claim Handling								
Accident MT/1100622								
Policy No.	5107014250-01	venicle No.		GBC10918			GST Registration No.	
Certificate No.								
Policyholder Name	MSBUILDER PTE. LTD.						Policyholder NRJC	201705562C
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type		Third Part	,		Loading	0
Contact No.(Mobile)	96275687	Contact No.(Office)		0			Contact No. (Home)	0
Email Address		Special Remark					eCode	10.90
KFK	® No. ○ Yes	TCA		® No ○	/es		eCode Reason	
NCD Protection	No	NCD Entitlement(%	1	0			Private Hire	No
→ Accident Details								
Report Date	20/08/2020 16:33	Acodent Report Wa	hin 24 hrs.	Ves			Acodent Type	Collision - Head to Rear
Date of Accident.	20/08/2020	Time of Accident his	mm	14:30			Country of Accident	Singapore
Reporting Centre		Orange Force					ICM No.	
Accident Location	SLIP RD CTE (AVE) TWDS PIE (CHANGE)							
 Total Excess Applicable 								
Excess Type	Per Acodem	Windstreen Excess			0.00			
OD Standard Excess	0.00	TP Standard Excess			0.00			
YIED OD Excess	0.00	YJED TP Excess					Onver is Covered?	
Additional Excess								
Total OD Excess Applicable	0.00	Total TP Excess App	ricable					
⊕ Benefits	retire:							
GST Registered Informa								
GST Registered	No				Registration Date			
GST Registration No. Modification History	20/08/2020 16:34:38 System	- management from from a con-			f Status Venified		Ves	
Prodrication History	20/08/2020 10:34:36 39668	n changes that atects s	verned indin	140 10-165				
Policyholder Mailing Ad	dress							
Address I	30 KALLANS PUDDING ROAD	Address 2		ent-ne so	LIANT INDUSTRIAL E		Address 3	SINGAPORE 349312
Address 4		Address Type		Singapore			Post Code	349312
Unit No.		Related Policy Numb		51070142			right some	343112
OI Oriver Info		national Party Harris						
Driver Name	Unnamed Driver	Driver Type		Unnamed 1	Sriver:			
Unnamed driver Name	PRINCE MD MASUD RANA	Driver WRIC		G8278411			Driver DOS	02/06/1988
Register Date of Oriver License	10/01/2019	Driver Age		32			Driving Experience	i
Contact No.(Mobile)	81874824	Contact No.(Office)		0			Contact No.(Home)	0
Address 1	283 GEYLANG ROAD	Address 2		20			Address 3	SINGAPORE 389330
Address 4		Address Type		Singapore	address		Post Code	389330
Unit No.	02-01	7700000		or gapara			FOR COLO	303330
Does he own a Singapore	○ Yes ⑥ No	Driver Vehicle No.					25.07	
Registered car?	C) THE (B) NO	Univer Venicle No.					Driver Insurer Company	
Declaration								
Sreathalyser or Blood Test	0 mg			® ves 🔾				
Reading?	u mg	Any injury?		e res O	75			
Modification History								
Claim 001 New								
Claim Co.								
Claim Type •	00-MX	Insured Name		MSBUILDE	R PTE. LTD.		Insured NRIC	201705562C
Contact No.(Mobile)		Contact No (Home)		MIL			Contact No.(Office)	
Email Address		OI Vehicle Number		GBC1091R			TP Vehicle Number	5MK5674K
Claimant Type Claimant Type •	Please Select.	Type of Benefit *	- 3	Please Sel	ect 💟			
Claimant Name +	25	Claimant NRTC *						
Claimant Address								
Claim Description	GBC1091R / SMK5674K ON 20 Aug 2020						Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	9	Not at Fau	ı 🔻			
Require Finalisation	Yes	Preferered Repair Op	otion	Preferred 1	Workshop, Name unknown	V	GIA report	Received: V
Date Registered	20/08/2020 16:35	Claim Diose Date					Date Receives	20/08/2020 00:00
Report Taken By	Jackson							
Print AK letter	STORY OF THE PARTY							
				- ,				
				eve Sub	mit			
Attachment								
9								
	APPLIES APPLIES	2000000	255					
Accident No.	MT/1100622	Claim No			001			
Last Doc. Received	● Yes ○ No	Uplead C	Date		20/08/2020 16:36			
	Path *			12000	Category *		Confidential Urgen	
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