NATIONAL Assessment Centre Services.	We! 1 Jan'05 JN	109267009	
Date In: 7/1/2-14:16 Jeb description	N	Date & Time Completed	Done by
Ref No: KA   NC120   7451   SAS e-filing			
Veh No: Sky yyram E-mail (within	n Shrs, AIC 2hrs)		4
D.O.A: 4/12-17:17 i-Motor Cla	im Form	M7/11/2623-001	7/12/4:2
i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)	
OD TP Reporting Only i-Photo Upl	oaded		
	Survey Report	j	
TP Insurer: Ass't Report	by <u>Fax / Hand</u>	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: 0732672	. INC(	)/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Period: (	)	Cover Type: (	
Confirmed by : (	Date:	Time:	)
		20%; P: 21-79%. P: 80-	-100%]
Year of Registration: ( ) Warranty: YES (		)	
Excess: (\$ ) Loading: \$1,000 ( )/\$2,00	PROPERTY AND TOTAL		
General Remarks:-	IL ITELL MAN I AND		
( ) Walk-In Customer: Customer's information strictly C		trictly NO refer of repairer	
( ) Total Luss Case : to e-mail Insurer URGENTLY.		<u> </u>	
Drive-In ( )/ Towed-In ( ); Invoice: YES ( )/	NO();	Towing Co: (	)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/ Courtesy Car (	)	*	
2) QC Check / Post Repair Inspection (	)		<u> </u>
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)		
Injury:			
Onte/Time Actions			
		•	
3			
•			Ant(S) Amt(S
Line of the Co.	Invoice Pr	eparation Checklist	Ant (5) Amt (5) fit Bill Add Bil
NA1206619:	1) AR : Accide	nt Reporting (\$30); re Assessment (\$100); INC	(\$80)
laimant's Particulars :-	2) DA : Damag 3) TF : Towing		\$40/\$45
river/Owner:	4) FT : Follow-	Through Survey	\$120 \$30
ontact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 20	105)
amaged Portion:	6) TR: Re-insp	A + SMRT Survey	\$75 \$160
1	8) NTUC Addi	itional Services:-	
C Checked by (Engr-In-Charge):	OD*	sy Car / Tpt Allowance	35
onceased by (Digi-In-Charge).	I INJ. COUILO	.,	
	*N6: Repair	Co-ordination	510
	*N6: Repair	epair Inspection	\$25
uditors: Comments::-	*N6: Repair *N7: Fost R *N8: DV / C TP (N11): 1	epnir Inspection Collect Excess Coordination TP (N°10 INC) against INC	\$25 \$5 \$20
	*N6: Repair *N7: Fost R *N8: DV/C	epnir Inspection Collect Excess Coordination TP (N°10 INC) against INC	\$25 \$3 \$20 30

3 . per at 1.70



# 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

- 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.

#### **ACCIDENT STATEMENT**

Date of Submission 07/12/2020 14:16 (SGT) Date of Accident 04/12/2020 17:25 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information TWDS CITY AFTER ALEXANDRA EXIT Country/State of Loss

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLU4482M** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner BE RENTAL LLP Company Reg No TXXXXX239J

Email Address nicholas.lfh91@gmail.com Mobile Phone No (Phone) +65-89999999

Alternative Phone No

VEHICLE PARTICULARS

Infiniti Manufacturer Model Q30

Variant .....

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private hire

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5119104705

Cover Note Number

DRIVER

NICHOLAS LAM FOO HOE Name of Driver

NRIC No

SXXXX657F Date Of Birth 05/04/1991 Occupation Outdoor

Accident report SN0920C7000G

Date Of Driving Pass 12/12/2011 Driving experience 9 YEARS ....... Gender Male Mobile Number (Phone) +65-87204292 Alt. Phone Number Email Address nicholas.lfh91@gmail.com Address BLK 465 ANG MO KIO AVENUE 10 Address complement #14-1052 Postcode 560465 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201205/7067. 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 SLZ3267Z Vehicle Manufacturer Renault Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	6 <b>-</b> 0
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	NICHOLAS LAM FOO HOE
Address	-
Address Complement	
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	NECK, SHOULDER & LOWER BACK
Injured person in which vehicle?	SLU4482M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation:
- 6. 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.
- 7. 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:
  - 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)
    - (i) 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, involces, 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, disclase and/or process my Personal Information for one or more of the above Purposes; and
- 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.
- 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 Sign Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN NO.

Reporting Centre Personnel's Si

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		11212
<del>▕▕▗</del> ╇╼ <del>┊</del> ╍╟┉╼┋╼┼╶┊		
DECCRIPE CONCLUSION	ANCES OF THE ACCIDENT	4- <u>3:1,-4                                    </u>
DESCRIBE CIRCUMSTA	INCES:OF THE ACCIDENT	
	JULY 07 03330	160017
	ATER O POLICE	REPORT
		·
	T/20201205/7	7067
•		
CIADATION WELL		
CLARATION JUEL *		
o decised the decise of	articulars are true in every respect.	
o decised the decise of	articulars are true in every respect.	$\mathcal{M}_{\Lambda}$
o decised the decise of	2	Ma
CLARATION VUCI & Ve declare the foregoing or Cyholder's Signature E & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

School Skyrthyafore vs

## 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: 412	1000	(DD/MM/YY) Time	17:17	(HH:MM)
Exact location of accident			ALEXAMORA		

#### **Details of vehicle**

Vehicle registration number	SUNALSOM
Vehicle make and model	INFINITI Q30
Type of vehicle	Saloon MPV CRV Van C
	Lorry  Bus  Motorcycle  Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	WORK
Are you claiming under your	Yes No if no, please select:
own insurance company?	Third part claim  Reporting only

#### **Insurance information**

insurance company	JUTH		
Policy number	151191047015		
Type of policy	Comprehensive 🗹	Third party fire & theft □	TP only

## Insured / Policy holder

Name	BE Rental LLP	Male 🗆	Female
NRIC / Fin / Passport number	72046, 12397		
Contact		Control of the Contro	
Address	*	***************************************	

#### **Driver**

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

Name	Micholan Lam Roo Hoe Male - Female -
NRIC / Fin / Passport number	89114657P
Contact	8720 4192
Address	Block 465 AMIL Are 10 #14-1052 Sing apore 560465 nicholos. 18691 @ gmail-com
Email address	nicholas. 18691 @ gmail. com
Date of birth	OS Apr 1931
Occupation	Indoor  Outdoor
Driving date pass	4 Oec 2011

# General information of the accident

Was driver an employee of the insured's company?	Yes o	No D ationship of the o	driver and insured:	
Accident captured by camera?	Yes 🗆	No D		
Weather condition	Clear	Raining 🗷	Others:	
Road surface	Dry 🗆	Wet 🗹		
No of passenger	2			(Inclusive of driver)

## Passenger 1

Name			
Gender	Male 🗆	Female 🗷	

## Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

## Passenger 3

Name			
Gender	Male 🗆	Female	

## Passenger 4

Name			
Gender	Male 🗆	Female	

## Passenger 5

Name		
Gender	Male □	Female

## Passenger 6

Name			
Gender	Male 🗆	Female D	

## Other information

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

## Details of police action

Reported to police?	Yes 🗷	No 🗆	If yes, please state which police station.	. 45
Police station name	TP	H(2		

# Third party vehicle 1 (15)

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	51754517	-
Vehicle make model	THAMA	

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

## Third party vehicle 3

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

## Third party vehicle 4

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

## Third party vehicle 5

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

## Third party vehicle 6

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

#### Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? SI 4 44 82M Were seat belts worn? Yes & No o Was injured conveyed to Yes 🗆 No. hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No o hospital by ambulance?

Injured person 4

Yes 🗆

Yes 🗆

No 🗆

No a

Name

Injuries sustained
Which vehicle person in?
Were seat belts worn?

Was injured conveyed to

hospital by ambulance?





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201205/7067

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 05/12/2020	1.5	ade:	Vide Report No.:	Station Diary No.:
Informant	s Particul	ars		
Name of In		О НОЕ	Address: 465 ANG MO KIO AVENUE	10 #14-1052 SINGAPORE 560465
ID Type / II NRIC NO /		7F	Contact No.: Home/Office:	Mobile: 87204292
Nationality: SINGAPOR		N	Email: nicholas.lfh91@gmail.com	
Sex: Male	Age: 29	Date of Birth: 05/04/1991	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation Grab Drive			Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Accide	nt		<b>发展的基本企业</b>
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2020 17:25	Type of Location: Straight Road
Location:				
AYER RAJAH	H EXPRESSWAY			
Weather: Heavy rain		Road Surface: Wet		oad Speed Limit: 0 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled	100,200	raffic Volume: eavy
Type of Collis Between Mov	ion: ring Vehicles - Head To	o Rear		nyone conveyed by mbulance: o

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLU4482M	Car					0
SLZ3267Z	Car	RENAULT		Orange	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201205/7067

#### CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA	
Driver							
Name	NICHOLAS LAM FO		ID No		S9114657F		
Related Vehicle	SLU4482M (Car)			Contact No.		87204292	
Hospital/Clinic	SENGKANG GENEF LTD.	SENGKANG GENERAL HOSPITAL PTE. LTD.			of g ce &	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	•	NIL		
No. of Days gran	ted Medical Leave	04	Degree of		Serio	us	

#### Brief Details.

I was driving my vehicle bearing number plate SLU4482M on Lane 1 AYE(CITY) after Alexandra Exit when I was hit behind by vehicle bearing number plate SLZ3267Z. I got down my vehicle and find that I was involved in a 2 vehicle collision. The impact from the vehicle caused me discomfort on my neck, shoulders and lower back. I visited the A&E and consulted a doctor at Sengkang General Hospital and was given 4 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201205/7067

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2020 13:24
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:



#### 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: 5119104705

: SLU4482M

1. Index mark and Registration Number of Vehicle

: SJKDAAH15U1018815

Chassis Number

: BE RENTAL LLP

Cover : drivo PREMIUM

2. Name of Policyholder

3. Effective Date of Insurance

: 17 Sep 2020

4. Expiry Date of Insurance

: 16 Sep 2021

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.

: S\$2,000 **EXCESS (SECTION 1)** : S\$1.500 **EXCESS (SECTION 2)** : \$\$100 WINDSCREEN EXCESS **ADDITIONAL EXCESS** : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

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

: TAI THONG LEE TRADING (PRIVATE) LIMITED HIRE PURCHASE COMPANY

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)

Agency

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 17 Sep 2020 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech	GeneralClaim									lClaim	
Hello, NAC_PAYA_UBI_80	0601		The second secon				· Chang	e Language	→ Chan	ge Password	· Log Ou
My Desktop	Polic	y Query									1
Notice of Loss	Policy N	0.				Date	of Accident	[0	04/12/2020 1	7:25	
	Vehicle	No.(For Motor)	SLU448	2M		Certif	icate Number	[			
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5119104705		BE RENTAL	T20LL1239J	GPC	drivo PREMIUM	SLU4482M	SLU4482M	17/09/2020	16/09/2021
						Continue					

Policy No.	5119104705	Policyholde Name	BE RENTAL	LLP	Policyholder NRIC	T20LL1239J	
Certificate No.							
Address	25 KAKI BUKIT ROAD 4 #0	5-80 SYNERGY @	KB SINGAPO	RE 417800			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/09/2020	Effective Date	17/09/2020	0 00:00	Expiry Date	16/09/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE	LTD Agent Tel.	68038751		GST Flag	Y	
	Control of the Contro						
Co- insurance Flag Open Policy Info	No						
Co- nsurance Flag Open Policy Info Certificate Info	No						
Co- nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address	D.4. Add		#AS_9A CVNEDGY	@ KB	Address 3	SINGAPORE 417800
Co- insurance Flag Open Policy Info Certificate Info	No		ress 2 ress Type	#05-80 SYNERGY Singapore address		Address 3 Post Code	SINGAPORE 417800 417800
Co- Insurance Flag Open Policy Info Certificate Info Policyt Address 1	No nolder Mailing Address	Add	ress Type				
Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 25 KAKI BUKIT ROA	Add Rela	ress Type	Singapore address			
Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 25 KAKI BUKIT ROA 05-80  dd Object: SLU4482M	Add Rela	ress Type	Singapore address			
Co- nsurance Flag Open Oplicy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	nolder Mailing Address  25 KAKI BUKIT ROA  05-80  dd Object: SLU4482M	Add Rela Nun	ress Type	Singapore address		Post Code	
Co- nsurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No. Insure Endors	nolder Mailing Address  25 KAKI BUKIT ROA  05-80  dd Object: SLU4482M	Add Rela Nun	ress Type ited Policy ober	Singapore address 5119104705  nt Type		Post Code	417800

cident MT/1112623		MALA N	CILIAROM	GST Registration No.	
icy No.	5119104705	Vehicle No.	SLU4482M	GST REGISTRATION NO.	
rtificate No.					
icyholder Name	BE RENTAL LLP			Policyholder NRIC	T20LL1239J
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	Nc 🗸
K	No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	07/12/2020 14:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
		Time of Accident hh:mm	17:25	Country of Accident	Singapore
te of Accident	04/12/2020		17.25	ICM No.	
porting Centre		Orange Force		ICH NO.	
cident Location	AYE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	07/12/2020 14:19:32 System	changed GST Status Verified from	m No to Yes		
Policyholder Mailing Ad	iress				
ddress 1	25 KAKI BUKIT ROAD 4	Address 2	#05-80 SYNERGY @ KB	Address 3	SINGAPORE 417800
ddress 4		Address Type	Singapore address	Post Code	417800
	AND AND ADDRESS OF THE PARTY OF	Related Policy Number	5119104705		
nit No.	05-80	Related Policy Number	3119104703		
OI Driver Info			Unas med Delver		
river Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/04/1991
nnamed driver Name	NICHOLAS LAM FOO HOE	Driver NRIC	S9114657F		
egister Date of Driver License	12/12/2011	Driver Age	29	Driving Experience	8
ontact No.(Mobile)	87204292	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 465	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
ddress 4	SINGAPORE 560465	Address Type	Singapore address	Post Code	560465
Init No.	14-1052				
oes he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
eading?					
odification History					
Claim 001 New					
laim Type *	OD-MX	Insured Name	BE RENTAL LLP	Insured NRIC	T20LL1239J
ontact No.(Mobile)	98711104	Contact No.(Home)		Contact No.(Office)	
		OI Vehicle Number	SLU4482M	TP Vehicle Number	SLZ3267Z
mail Address		And the second of the second o			
	Diago Select	Type of Benefit *	Please Select		
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laimant Type Claimant Type * laimant Name * laimant Address	>>		Please Select	Name of Preferred Workshop	
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ttachment	Uploade	ed By/Date	Category	9	Urgency	Description	Msg Sent? (CO)
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 14:22	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2020-12-7	
in the	NAC_PAYA_UBI_800601( NATIO CES) on 07 (	DNAL ASSESSMENT CENTRE SERVI Dec 2020 14:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-7	
3		DNAL ASSESSMENT CENTRE SERVI Dec 2020 14:22	SAS		Normal	SAS 2020-12-7	
(m)		DNAL ASSESSMENT CENTRE SERVI Dec 2020 14:21	Photos		Normal	Photos 2020-12-7	
	NAC_PAYA_UBI_800601( NATIO CES) on 07 I	DNAL ASSESSMENT CENTRE SERVI Dec 2020 14:21	Photos		Normal	Photos 2020-12-7	
P	NAC_PAYA_UBI_800601( NATIO CES) on 07 (	DNAL ASSESSMENT CENTRE SERVI Dec 2020 14:21	Photos		Normal	Photos 2020-12-7	
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3		ONAL ASSESSMENT CENTRE SERVI Dec 2020 14:21	Photos		Normal	Photos 2020-12-7	
Video List	Uploaded By/Date	Folder Date		ile Name		Source	A