NATIONAL Assessment Centre Se	ervices. P	ve! 1 Jan'05/1/	920 (9000)		
Date In: 9/12/2-16:09 Jo	b description		Date &Time Completed	De	one py
	SAS e-filing				
	E-mail (within 81	irs, AIC 2hrs)			
	i-Motor Claim	Form	M7/11/2982-001	9/11/2	16:13
	-Motor W/O	(Within: OD 2hrs,	7'P 4hrs)		
OD : TP ! Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 50497		. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-	Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80	0-100%]	5.00
Year of Registration: () Warra	anty: YES ()/NO()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-					
() Walk-In Customer: Customer's information	on strictly Conf	idential & Str	ictly NO refer of repaire	г.	
() Total Loss Case : to e-mail Insurer UF	RGENTLY.				
Drive-In ()/ Towed-In (); Invoice: YE	S()/NO	O(); To	owing Co: ()
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	D.	one by
1) Apply for Transport Allowance ()/ Courte	sy Car ()		-		
2) QC Check / Post Repair Inspection	()			, ,	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:					
Oste/Time Actions					335.
		· · · · · · · · · · · · · · · · · · ·			
				Ant (S) Amt (
1700057 ·		Invoice Prep	aration Checklist	fst B	XXII
aimant's Particulars :-		1) AR : Accident		(\$30)	
		2) DA : Damage A 3) TF : Towing Fe	180000011111111111111111111111111111111	\$40/\$45	
iver/Owner:	T-	4) FT : Follow-Th	rough Survey (Resurvey)	\$120 \$30	
ntact No:		For claiming as	ainst INC Only (wef 10 Jan 2	(105)	
maged Portion:		6) TR: Re-inspec 7) N1: Idac DA +		\$75 \$160	
		8) NTUC Additio			
Checked by (Engr-In-Charge):		OD* .	Car / Tpt Allowance	35	
7, (-18, 11, 21, 21, 21, 21, 21, 21, 21, 21, 21		*N6: Repair Co	o-ordination	510	
iditors' Comments::-		*N7: Fost Repr	nir Inspection	\$25 \$5	
	(445), (44), (44), (45), (44)		(Non INC) against INC	\$20	·
		9) N12: Idac Mol		30	2460)
1. 2/3;		Invoice dated	Fee Charg	MARKET NO.	

Figure 1 1 and

SN0920C9000J-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/12/2020 16:09 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 2 (10/12/2020 14:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

09/12/2020 16:09 (SGT) Date of Submission 08/12/2020 18:05 (SGT) Date of Accident Exact Location of Accident CTE, Singapore twds sle after braddell exit Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJN9965P

INSURED/POLICYHOLDER

Is company? SHL MOTOR PTE LTD Name Of Registered Owner Company Reg No 2XXXXX814M Email Address kscgp8@gmail.com (Phone) +65-89999999 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Wish Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage **ThirdParty** Fleet Policy 5109792828-01 Policy Number Cover Note Number

DRIVER

ISMAIL BIN KARSANI Name of Driver SXXXX685A NRIC No 26/10/1981 Date Of Birth Occupation Outdoor

Date Of Driving Pass	09/11/2007
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-89225669
Alt. Phone Number	-
Email Address	kscgp8@gmail.com
Address	BLK 404 ADMIRALTY LINK
Address complement	#02-48
Postcode	750404
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	drizzling
Road Surface	Wet
OTHER INFORMATION	
2 de la constanta	No
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	
If yes, against whom?	*
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201209/2060.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
was there any addio recorded:	110
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SDQ407Z
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	· ·
Vehicle Category	Private car
Name of Driver	•
Contact Number	
Address	

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF3687A
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	-
Address complement	-
Postcode	S=
Insurance Company Name	n=
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLQ4022A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	- 35
Contact Number	-
Address	-
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	ISMAIL BIN KARSANI
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJN9965P
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 Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (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, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Mann

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan		
		A. 50N 9965P.
	4	B: 5024572
		C. SUF 3687A D. SUQ 4022A
	B	CTE TWOS SUE OFFET

olac I	umstances of the Accident	
eter to	police report - 1/22/209/2060.	
-		
		_
		-10
8		

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCI	DENT DATE:	1121	20)(DD/MM/Y	YYYY), TIME:(_	18	(MM:MM)
	TION:(1	- hade	CLE	0.1300	Buddell	PXit	
LOCA	TION:C	= 7001	3 VE	470	Orangiacii	011.	
1.	DETAILS OF \	/EHICLE	-				
	a) VEHICLE	NUMBER:	JOH 9	1945 P.			
	b)INSURANC	ECOMPAN	1Y:	NINC			
•	c)POLICY NU						
	dipolicy ty	DE- COMPE	PEHENSIV	F / THIRD	PARTY / THÍR	DPARTY	FIRE &THEFT)
		,	KE I ICI 401 A	C) IIIIKD	TAKIT / ITIIK	DITAKI	
	e)MAKE & M	ODEL:	T (MD)/	// A NI / I /	ORRY / MOTO	PCYCLE	(OTHERS)
	THE: (SALO	ATECOPY:	E / IAFV	COMM	ERCIAL / MO	TORCYCI	F)
	h)PURPOSE (DE LISINIC AT	LACCIDE	NT TIME	100/1600	.01.0101	,
	NARE YOU C	LAIMING UN	IDFR YOU	JP OWN I	INSURANCE (YES/NO	
	IF NO. PLEA	SE STATE (TH	IRD PART	Y CLAIM	/ REP.ORTING	ONLY)	
2.	INSURED / PC						
	A)NAME:						/ FEMALE)
	b) NRIC/FIN/F	ASSPORT:_			CONT	ACT:	
	C)ADDRESS:_						
	* CONTINUE	10 3.d IF DR	IVER ALS	O POLIC'	Y HOLDER		
The of personger	DRIVER					42	
(Including driver)	a) NAME:					-(MAJE	FEMALE)
()	DIMICITAL				CONT	ACT:	9225669.
	c) ADDRESS:_	,					
	*d)DATE OF B	IDTH- /	/ /	1/1	DD/WW/YYY	Yl	
•	e)OCCUPATI				00/10/10/		
	f)YEARS OF D						
	WAS DRIVER	AN EMPLO	OYFF OF	THE INS	SURED'S CO	MPANY?	(YES / NO)
٠٠.	IF NO, RELA	TIONSHIP	OF THE	DRIVER	WITH INSUR	ED: HI	1
5	a) WEATHER C	CONDITION:	CLEAR	/ RAINING	G / OTHERS_	Dizzlin	g
0.	b)ROAD SURF	ACE: (DRY	/WED/C	THERS_			
6.	WAS ANYBOR	Y INJURED	(YES)/ NO)			
7.	a)REPORTED	TO POLICE	(YES) NO)	53 - 3		
	IF YES, PLEA	SE STATE WH	HICH POL	ICE STAT	ION:	-	
8.	THIRD PARTY	/EHICLE	ma 43	27	1100		
the of passenger	a) VEHICLE	NUMBER:	200-10	70	MODE	:L:	·
(Induding driver)	c) NRIC/FIN	NAME:			CON	TACT:	
	THIRD PARTY	/1 A331 OK1	·			.,,	
		C1	£36871	0	MODE	1 ·	
tho of passenger	a) DRIVER'S	NAME.	4 -				
No of passenger (Including driver)) fl NDIC/FIN	/PASSPORT			CONI	ACT:	
	ij indojina	, , , , , , , , , , , , , , , , , , , ,				ore the said	
((17)				
							•

Cimail =

fax =

VIDEO -





Date of Expiry:

1 of 4

Report No. T/20201209/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

Javanese

Occupation:

GRAB DRIVER

Date/Time Report Made: 09/12/2020 13:37			Vide Report No.:	Station Diary No.: 48		
	nt's Particu	lars				
Name of	Informant:		Address: APT BLK 404 ADMIRALTY LINK #02-48 SINGAPORE 7504			
ID Type	BIN KARSA / ID No.: D / S813268		Contact No.: Home/Office:	No.: Mahila: 80225669		
National		EN	Email:			
Sex: Male	Age: 39	Date of Birth: 26/10/1981	Type of Informant: Driver	Institution / School Name:		
Race:			Language:	monda		

	nation of the Accid	Dillin	Date/Time of Accident:	Type of Location: Straight Road
Type of Accident:	Others	Drive:	08/12/2020 18:05	SE SE
Location: CENTRAL EX	(PRESSWAY			
THE RESERVE OF THE PERSON OF T	A TIESS			
		Road Surface:		Road Speed Limit: 90 Km/h
Weather: Drizzling Traffic Flow:	ATTECOTION OF THE PROPERTY OF	Road Surface: Wet Traffic Control: Not Controlled		

Driving Licence Information:

Class: 2B,3,4

Details of V	ehicle Invo	lved	Madal	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color	Slightly	2
SDQ407Z	Car				Damaged	
					Seriously	0
SJN9965P	Car				Damaged	
					Slightly	1
SLF3687A	Car				Damaged	

ny Pedestrian Involved: No Use of Pedestrian Crossing: NA	•	
ny Pedestrian Involved: No	etails of Person Involved	
	ny Pedestrian Involved: No lo. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20201209/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver			ID No.		S1583009C	
Name	IRVIN NG CHUAN HAO		וט ועט.		01000000	
Related Vehicle	SDQ407Z (Car)	Contac	t No.	94878581		
Related Vehicle	3DQ4072 (Gai)					
Hospital/Clinic	NIL	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (Class of		Class: NIL	
103pital/Ollino			Licence &		Date of Expiry: NIL	
			Expiry			
Date Treatment	NIL	Date Disch		NIL		
No. of Days grant	ted Medical Leave NIL	Degree of	injury	NIL		
Driver •		第一个四个字形 形形	ID No.		S8132685A	
Name	ISMAIL BIN KARSANI		ID No.		30132003A	
	(2)		Contac	et No	89225669	
Related Vehicle	SJN9965P (Car)		Contact No.		00220000	
	KHOO TECK PUAT HOSPITAL		Class of		Class: 2B,3,4	
Hospital/Clinic	KHOO TECK POAT HOSPITAL		Driving Licence & Expiry Date		Date of Expiry: NIL	
					the state of the s	
Date Treatment	08/12/2020	Date Disc	harge 08/12		2/2020	
No of Days gran	ted Medical Leave 03	Degree of	Degree of Injury Slight			
Driver						
Name	ZAINI BIN AHMED		ID No.		S6904936B	
Traine					24224400	
Related Vehicle	SLF3687A (Car)		Conta	ct No.	91284499	
Contraction of the Contraction o			Oleve		Class: NIL	
Hospital/Clinic	NIL		Class		Date of Expiry: NIL	
			Licen		Date of Expiry. Hit	
			Expir			
	NIII	Date Disc		NIL		
Date Treatment	NIL NIL NIL NIL	Degree o		NIL		
No. of Days gran	nted Medical Leave NIL	203.000	, j .]			

Brief Details.

On 8/12/2020 at about 1805hrs, I was travelling on CTE(SLE). I had just passed by the Braddell exit and wanted to go to Woodlands. Traffic was heavy on SLE, as there was an accident on the first lane. I shifted to the second lane and continued my journey.

Out of nowhere, I felt a strong impact and loud bang. That was when I realized that my vehicle had been hit. At the time, my vehicle was in drive gear and my foot was on the brake. I was about 3/4 car length away from the vehicle in front, and my vehicle propelled forward and hit the vehicle in front of me, SLF3687A. This impact also caused the front vehicle to hit the vehicle in front of him. After composing myself for a while due to the impact, I got out of the vehicle. I noticed the other drivers were getting out as well and exchanging particulars, to which I followed suit.





)20120012000

3 of 4

Report No. T/20201209/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

I asked the vehicle who had hit me, SDQ407Z, on how he had hit me, and he said he had realized the situation, but had not enough time to brake, causing his car to collide with me. I noticed everyone had not suffered any injuries that were visible. No police nor ambulance came down to the scene. After exchanging, we all went our own separate ways, to which I realized that I did not take the first vehicle's plate number, but I had taken his IC, namely: Ong Ching Soong, S6871016B.

After dropping the car off at the workshop, my friend sent me to Khoo Teck Puat Hospital, where I was given 3 days medical leave due to the whiplash I had suffered. Aside from the front and rear vehicle, both cars in the middle experienced damages to our front and rear. My bumper and rear door was badly dented, and my front bumper was badly dented as well.





T/20201209/2060

4 of 4

Report No. T/20201209/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Sgt 2 NG YU KIT	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/12/2020 13:37
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI 2 JUREMAH BINTE AHMAD	AND THE PROPERTY OF THE PROPER
Contact No.: 65476219	SN 130
Authentication Stamp NP168 Signature:	
Singapore Police	Force



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: S66SS0020G / GST Reg. No.: M400017735

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

		AD	DENDUM	
PARTICUL	ARS OF PERS	SON MAKING THE AMEN	DMENTS:	
Original Re	eport No :_	SN 092009000J	Vehicle Registration No: _	JH9965P.
Name(as sho	ownin NRIC): _		NRIC/FIN/Passport No:_	
(*Vehicle [Driver/Vehi	cle Owner) (*) Please de	lete as appropriate	
Address	:_			Singapore(
Contact (T	el) :_		Mobile No. :	
Email Add	ress :_			
Date of Ac	cident :_	8/2	Time of Accident : _ 🔓 '. 0 -	<u> </u>
Place of Ac	cident :_	CTE that SLE of	er Bryddell eit.	
Insurance	Company: _	NTUC		
No vi	ides for	19ge-		
7	*		4	
			3.	
•				
		UEN NO.	A	A
Policyhold Date:	er / Driver's	Signature	Reporting Centre Perso Name: NRIC/FINNo.:	onnel's Signature

Date:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						→ Change	e Language	→ Chan	ge Password	→ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	0	8/12/2020	18:05	
	Vehicle	No.(For Motor)	SJN9965	5P		Certifi	cate Number				The state of the s
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109792828- 01	5109792828- 01-000015	SHL MOTOR PTE. LTD.	201611814M	GFM	Third Party	SJN9965P	SJN9965P	23/05/2020	22/05/2021
	***************************************				C	ontinue					

Policy No.	5109792828-01	Policyholder Name	SHL MOTO	OR PTE. LTD.	Policyholder NRIC	201611814M	
Certificate No.	5109792828-01-000015	Marine			INC		
Address	51 UBI AVENUE 1 #01-09 PAYA	UBI INDUSTR	IAL PARK S	SINGAPORE 408933			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/05/2020	Effective Date	23/05/202	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/	Inexperience Driver Excess
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667		GST Flag	Υ	
Co- nsurance Flag	No						
Open							
Policy Info							
Certificate							
Certificate Info	older Mailing Address						
Certificate info Policyh	older Mailing Address 51 UBI AVENUE 1	Addres	s 2	#01-09 PAYA UBI II	NDUSTRIAL A	Address 3	SINGAPORE 408933
Certificate info Policyh Address 1	- Managara and a second and a s	Addres Addres	V 1000	#01-09 PAYA UBI If		Address 3	SINGAPORE 408933 408933
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	- Managara and a second and a s	Addres	s Type d Policy				
Certificate info Policyh Address 1 Address 4 Unit No.	51 UBI AVENUE 1	Addres Related Numbe	s Type d Policy	Singapore address			
Certificate nfo Policyh Address 1 Address 4 Unit No.	51 UBI AVENUE 1 01-09 01-09000000000000000000000000000	Addres Related Numbe	s Type d Policy	Singapore address			
Policyh Address 1 Address 4 Unit No. Insured Endorse Sequence	51 UBI AVENUE 1 01-09 1 Object: 5109792828-01-0000	Addres Related Numbe	s Type d Policy er	Singapore address	F		

Accident MT/1112982					
		The second secon			
Policy No.	5109792828-01	Vehicle No.	S3N9965P	GST Registration No.	
ertificate No.	5109792828-01-000015			Control of the Market Relief Market	
olicyholder Name	SHL MOTOR PTE. LTD.			Policyholder NRIC	201611814M
roduct Code	FLEET MASTER INSURANCE	Cover Type	Third Party		
Contact No.(Mobile)	0			Loading	0
		Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Nc V
(FK	● No ○ Yes	TCA	No ○Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
leport Date	09/12/2020 16:11	Accident Report Within 24 hrs	Yes		
				Accident Type	Chain Collision
Pate of Accident	08/12/2020	Time of Accident hh:mm	18:05	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	CTE				
▼ Total Excess Applicable	•				
xcess Type	Per Accident	Windscreen Excess			
D Standard Excess		TP Standard Excess	1,500.00		
IED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0			Sitter is covered.	
otal OD Excess Applicable	0.00	Total TP Excess Applicable			
▽ Benefits					
GST Registered Inform	ation			The state of the s	
ST Registered	No		GST Registration Date		erice soli
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408933
ddress 4		Address Type	Singapore address	Post Code	408933
nit No.	01-09	Related Policy Number	5119845112		40033
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	ISMAIL BIN KARSANI				
		Driver NRIC	S8132685A	Driver DOB	26/10/1981
egister Date of Driver License		Driver Age	39	Driving Experience	13
ontact No.(Mobile)	89225669	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 404	Address 2	ADMIRALTY LINK		
		, E		Address 3	SINGAPORE 750404
ddress 4		Address Type			SINGAPORE 750404 750404
	02-48		Singapore address	Address 3 Post Code	750404
nit No. oes he own a Singapore		Address Type		Post Code	
nit No. oes he own a Singapore	02-48 ○ Yes ③ No				
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nit No. bes he own a Singapore gistered car? claration eathalyser or Blood Test		Address Type		Post Code	
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