NATIONAL Assessment Centre Services	Mel 1 Jan'06MJ	doct on		
Date In: (2) My - 10:2M Jeb description	1	Date & Time Completed	Done	pì.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			1	
KOTTO. NA 110000 300 100	a Shrs, AIC 2hrs)			a
VEH NO. PISH 9143 C		100-1202 HILLM	10/10/20	10,29
D.O.A: 17/11/23-13:03 i-Motor Cla	O (Within: OD 2hr	The second secon		
OD : TP)! Reporting Only				
	Survey Report			
		to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 18877C	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: () .	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-2	20%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO()	-	
Excess: (\$) Loading: \$1,000 ()/\$2,00	0()			
			\$3.50 Miles	<u> </u>
() Walk-In Customer: Customer's information strictly C	confidential & S	trictly NO refer of repaire	r	
() Total Loss Case : to e-mail Insurer URGENTLY	•)
Drive-In () / Towed-In (); Invoice: YES () /	NO();	Towing Co: (
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Don	thy
1) Apply for Transport Allowance ()/ Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:				
				garragina (agarragina) garragina (agarragina)
Date/Time Actions				
		•		
•		an vermanen	Anit (S) Amt (3)
NAV.	Invoice Pr	eparation Checklist	fit Bill	
HOWNEY .	1) AR : Accide	ent Reporting (\$30);	2 (000)	
laimant's Particulars :-	2) DA : Dama 3) TF : Towing	go Madonamin /	C (\$80) \$40/\$45	
river/Owner:	4) FT · Follow	-Through Survey	\$120 \$30	
Contact No:	5) FT : Follow For claimin	-Through Survey (Resurvey) g against INC Only (wef 10 Jan	2005)	
	6) TR : Re-ins	pection	\$160	
Parmaged Portion:	8) NTUC Add	A + SMRT Survey illional Services:-		
	OD*		\$5	
C Checked by (Engr-In-Charge):	*N6: Repai	csy Cor / Tpt Allowance r Co-ordination	510	
	N7: Post I	Repair Inspection Collect Excess Coordination	\$25 \$5	
Auditors' Comments::	TP (N11):	TP (Non INC) against INC	\$20	
Cat. 1:	9) N12: Idac	Mobile	30 rgea	September 1
at. 2 / 3;	Invoice dated	ti Ch-	100 TO 15	12

april of the

SN0920CA0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/12/2020 10:24 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (10/12/2020 10:24 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly 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

Date of Submission 10/12/2020 10:24 (SGT) 27/11/2020 23:00 (SGT) Date of Accident Exact Location of Accident Tampines Ave 7, Singapore Additional Location Information junction with tampines street 45 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH9275Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner RENT-A-BIKE PTE LTD Company Reg No 2XXXXX523C **Email Address** honedy2412@hotmail.com (Phone) +65-89999999 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer JUPITER 135 MANUAL Model Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Motorcycle Vehicle Category

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5108631899-01 Cover Note Number

DRIVER

Name of Driver MUHAMMAD EDDY BIN NORDIN SXXXX600H NRIC No Date Of Birth 14/10/1989 Occupation Outdoor

Date Of Driving Pass 17/03/2008 Driving experience 12 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-81807530 Alt. Phone Number Email Address honedy2412@hotmail.com **BLK 498L TAMPINES STREET 45** Address Address complement #07-488 Postcode 528498 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 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? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Tampines North Neighbourhood Police Post Police Station Name Police Station Phone No (Phone) +65-18007818999 Alt. Police Station Phone No (Fax) +65-67838603 Blk 461 Tampines Street 44 #01-56 Singapore 520461 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201128/2106. 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 XD8817C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **CHEW SOI LIANG** Contact Number

Address	_
Address complement	_
Postcode	_
Insurance Company Name	•
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD EDDY BIN NORDIN
Address	-
Address Complement	±.
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBH9275Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:

- (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:
 - (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' 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:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

PRINCE STAS Veh A: FBH9735 Veh B: XD88170 Refer to poter report Report No: T >0701128 / 21056	Compares Ava 7	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to potre report		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to potre report	pmes St 34	Tampinas St45
· · · ·	111	Veh A: FBH92757 Veh B: XD8817C
Report No : T 20201128 / 2106	Refer to poince report	
	K _Q	RAUT NO: T/20201128/2106
		1 0201120 1 0100

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ekicle No.	FBH 92752 Model/Make Youraha Jupiter 135
ate of Accident	27 11 2020
me of Accident	A300 HRS
ocation of Accident	Along Tampines Avenue 7 / Tampines Street 45
cact purpose use during accid	
ame of Owner	Rent - A - Bike Pte Ltd
elephone No.	H/P: Home: Office:
RIC	201907523C
ddress	25 Kaki Bukit Road 4 #03-37 S(417800)
laim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
olicy No.	5108631899-01-000031
,	
lame of Driver	As Above If No, Muhammad Eddy Bin Nordin
IRIC	S 8935600H Any Passengers:
Date of birth	14/10/1989
Occupation	Outdoor / Indoor
Driving License Pass Date	12 8 2015
Gender	Male / Female
Contact No.	H/P: 81807530 Home: Office:
Address	BLK 4981 Tampines Street 45 #07-488 s(528498)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, (f Yes, Who?
Name And Contact No.	Muhammad Eddy Bin Wirdin 81807530
Name And Contact No.	
Police Report	No, If Yes, Where? Tampines North NPP
Vehicle B No.	XD8817C Any Passengers:
Name of Driver	Chen Soi Lang Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers:
Vehicle E no.	Any Passengers:
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	Hit on the rear, fall to the left
Camera Recorder	Yes (No
Email Address	honedy 2412@ hotmail.com
PARTICULAR WORKSHOP	Moto 51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg





1 of 3 Report No. T/20201128/2106

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

REPORT	OF	A TR	AFFIC	ACCID	ENT
KEPUKI	UF	M IN	AFFIC		- 14 :

	ne Report M 20 20:00	fade:	Vide Report No.: G/20201127/0193	Station Diary No.: 14			
Informa	nt's Partic	ulars					
	Informant: MAD EDD	Y BIN NORDIN	Address: APT BLK 498L TAMPINES STREET 45 #07-488 SINGAPORE 528498				
	/ ID No.: O / S89356	00H	Contact No.: Home/Office: Mobile: 81807530				
National	ity: ORE CITIZ	ŒN	Email:				
Sex: Male	Age:	Date of Birth: 14/10/1989	Type of Informant:				
Race: Malay			Language: Institution / School Nan				
	Occupation:		Driving Licence Information: Class: 2B.3 Date of Expiry:				

General Infor	mation of the Accider	n .		Salar Contract of
Type of Accident: Injury Others		Drink Drive: No	Date/Time of Accident: 27/11/2020 23:00	Type of Location: X-Junction
Location:				YY.M
TAMPINES A	VENUE 7			
Weather:		Road Surface:	F	Road Speed Limit:
Clear		Dry		
i i di ii di		Traffic Control: Traffic Light - Wor		Fraffic Volume: Moderate
Type of Collis				Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9275Z	Motorcycle				Slightly Damaged	0
XD8817C	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Class: 2B.3

Date of Expiry: NIL

Class of

Driving

Report No. T/20201128/2106

Police Station Of Origin: Tampines North NPP

461 Tamoines Street 44 #01-F6 SINGAPORE

NIL

CONTINUATION OF REPORT

Tel No: 1800-7818999

Hospital/Clinic

Date FI S8935600H ID No. MUHAMMAD EDDY BIN NORDIN Name 81807530 Contact No. Related Vehicle FBH9275Z (Motorcycle)

Licence & Expiry Date Date Discharge NIL NIL Date Treatment No. of Days granted Medical Leave NIL Degree of Injury NIL Driver

S0179733F ID No. Chew Soi Liang Name Contact No. Related Vehicle XD8817C (Lorry) Class: NIL Class of Hospital/Clinic NIL Date of Expiry: NIL Driving Licence & **Expiry Date**

Date Discharge NIL Date Treatment | NIL No. of Days granted Medical Leave Degree of Injury | NIL NIL

Blef Details.

HICHWON

song Asset

On 27/11/2020 @ around 11pm, I was riding my rental m/cycle FBH9275Z along Tampines Ave 7 waiting for the Traffic Light to turn green (And there was also Turn Right Arrow Signal as well). When the Traffic light turned green, the rest of the vehicles on my left proceeded to move forward. However, the Turn Right Only Signal was still Red. But the prime mover XD8817C behind me, still moved forward and causing my motorcycle to be crushed underneath the prime mover.

*I managed to evade but I sustained injuries to my left ankle, lower back and neck. I was conveyed to Changi General hospital by Ambulance and was given 3 days MC. My bike was badly damaged.





T/20201128/2106

3 of 3

Report No. T/20201128/2106

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Tel No: 1800-7818999

1el No: 1800-7818999

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 references.

Signature Of Officer Recording The Report:
G /
SI MOHAMMAD ABDULGHANI BIN MOHD
ADNAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

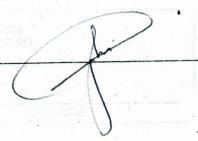
Contact No.: 65476204

Authentication Stamp

Signature Of Informant:

Date/Time: 28/11/2020 20:00

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: 5108631899-01-000031

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBH9275Z

Chassis Number

: MH355S004DK120927

2. Name of Policyholder

: RENT-A-BIKE PTE. LTD.

Effective Date of Insurance
 Expire Date of Insurance

: 10 Jun 2020

4. Expiry Date of Insurance

: 09 Jun 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	:	N/A	
INSURE WITH COE	:	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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 13 Mar 2020 12:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					No. of the local division in the local divis	→ Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query							4040004111		
	Policy N	lo.				Date o	f Accident	2	7/11/2020 2	3:00	
	Vehicle	No.(For Motor)	FBH927	5Z		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108631899- 01	5108631899- 01-000031	RENT-A-BIKE PTE, LTD.	201907523C	GFM	Third Party	FBH9275Z	FBH9275Z	10/06/2020	02/04/2021
					C	ontinue	Commission of the Commission o				

olicy No. 5108631899-01		Policyholder Name RENT-A-BIKE PTE. LTD.		Policyholder NRIC 201907523C				
ertificate	5108631899-01-000031							
ddress	BLK 737 #07-36 TAMPINES ST	REET 72 SING						
roduct Name	FLEET MASTER INSURANCE	Plan	03/04/2020 00:00		Group Policy Flag Expiry Date Windscreen Excess	N 02/04/2021 23:59		
Policy ssue Date	13/03/2020	Effective Date						
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess						
Additional Excess	OS Premiun		0					
Outside Singapore OD Excess	SININS AGENCY PTE. LTD.	Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Agent		Agent Tel.	69503050		GST Flag	Y		
Co- nsurance Flag Open Policy Info	No							
Certificate								
Info								
	nolder Mailing Address							
Policyl	nolder Mailing Address BLK 737 #07-36	Addre	ss 2	TAMPINES STREE	Г 72	Address 3	SINGAPORE 520737	
Policyl			ess 2 ess Type	TAMPINES STREE		Address 3 Post Code	SINGAPORE 520737 520737	
Policyh Address 1 Address 4		Addre	ess Type ed Policy					
Policyl Address 1 Address 4 Unit No.	BLK 737 #07-36	Addre Relate Numb	ess Type ed Policy	Singapore address				
Policyl Address 1 Address 4 Unit No.	BLK 737 #07-36 07-36 od Object: 5108631899-01-00	Addre Relate Numb	ess Type ed Policy	Singapore address				
Policyl Address 1 Address 4 Unit No. Insure	BLK 737 #07-36 07-36 od Object: 5108631899-01-00	Addre Relate Numb	ess Type ed Policy per	Singapore address				
Policyl Address 1 Address 4 Unit No. Insure Endors Sequer	BLK 737 #07-36 07-36 od Object: 5108631899-01-00	Addre Relate Numb	ess Type ed Policy per	Singapore address 5108631899-01		Post Code	520737	

ident MT/1113031		V-bide No	FBH9275Z	GST Registration No.		
,	5108631899-01	Vehicle No.	PDII32/32			
ificate No.	5108631899-01-000031			Delicebolder NRIC	201907523C	
cyholder Name	RENT-A-BIKE PTE. LTD.			Policyholder NRIC		
duct Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0 NC 🗸	
tact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)		
ail Address		Special Remark		eCode		
(No ○ Yes	TCA	No ○Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	0	Private Hire	No	
Accident Details						
	10/12/2020 10:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear Singapore	
port Date		Time of Accident hh:mm	23:00	Country of Accident		
te of Accident	27/11/2020			ICM No.		
porting Centre		Orange Force				
cident Location	Tampines Ave 7					
7 Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess				
		Color of Warrings	0.00			
Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?		
ED OD Excess	0.00	YIED TP Excess		Briver is covered.		
dditional Excess						
tal OD Excess Applicable	0.00	Total TP Excess Applicable				
P Benefits						
GST Registered Informa	ation					
	No		GST Registration Date			
ST Registered ST Registration No.			GST Status Verified	Yes		
odification History						
Policyholder Mailing Ad	dress					
ddress 1	BLK 737 #07-36	Address 2	TAMPINES STREET 72	Address 3	SINGAPORE 520737	
ddress 4	PARTICIPATION OF THE PROPERTY.	Address Type	Singapore address	Post Code	520737	
	22.26	Related Policy Number	5108631899-01			
Init No.	07-36	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER				
OI Driver Info		S T	Unnamed Driver		the second secon	
ver Name Unnamed Driver		Driver Type	S8935600H	Driver DOB	14/10/1989	
Innamed driver Name	MUHAMMAD EDDY BIN NORDIN	Driver NRIC		Driving Experience	12	
egister Date of Driver License	17/03/2008	Driver Age	31			
Contact No.(Mobile)	The state of the s		0	Contact No.(Home)	SINGAPORE 528498	
Address 1	BLK 498L	Address 2	TAMPINES STREET 45	Address 3		
Address 4	Address Type		Singapore address	Post Code	528498	
Unit No.	07-488					
Does he own a Singapore	and the state of t			Driver Insurer Company		
Registered car?	○ Yes No					
Declaration						
Breathalyser or Blood Test		Any injury?	Yes No			
athalyser or Blood Test 0 mg ading?		7,,				
Addification History						
- X-M						
Claim 001 New						
	OD-MX	Insured Name	RENT-A-BIKE PTE, LTD.	Insured NRIC	201907523C	
Claim Type *	OD-MX	Contact No.(Home)		Contact No.(Office)	NIL	
Contact No.(Mobile)			FBH9275Z	TP Vehicle Number	XD8817C	
Email Address		OI Vehicle Number				
Claimant Type Claimant Type	nant Type Claimant Type * Please Select		Please Select			
Claimant Name *	22	Claimant NRIC *				
Claimant Address				Name of Preferred Worksho	0	
Claim Description	FBH9275Z / XD8817C ON 27 Nov 2020			Name of Preferred Worksho		
Preferred Workshop Contact		Insured Liability *	Not at Fault			
No.	quire Finalisation Yes Preferend Repair Option		Preferred Workshop, Name unknow	n GIA report	Received	
Require Finalisation				Date Received	10/12/2020 00:00	
Date Registered	10/12/2020 10:29	Cidilii Cidde Date				
Report Taken By	Jackson					
Print AK letter						
Secretary Constitution of the Constitution of			Save Submit			
			Dave Submit			
Attachment						
•		Claim No.	001			
	MT/1113031		10/12/2020 10:31			
•	MT/1113031 ③ Yes ○ No	Upload Date	.,,		2010 March	
Accident No.	● Yes ○ No	Upload Date	Category			
Accident No.				Confidential Urg		
Accident No.	● Yes ○ No	Brov	Category Cat		al 🗸	
Accident No.	● Yes ○ No	Brov	Category • wse Clear Please Select wse Clear Please Select	NO V Norm	al V	
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-ideo List	Uploaded By/Date	Folder Date		File Name		9	Source		Act
Video List		DAL ASSESSMENT CENTRE SERVI Dec 2020 10:29	Photos		Normal	Photos 2020-1	2-10		
7	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:29		Photos		Normal	Photos 2020-1	2-10		
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:29		Photos		Normal	Photos 2020-1	2-10		
20	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:29		Photos		Normal	Photos 2020-1	2-10		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:30		Photos		Normal	Photos 2020-1	2-10		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:30		Photos		Normal	Photos 2020-1	2-10		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:31 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:30		Photos Normal		Photos 2020-12-10				
10			SAS	Normal	Normal	SAS 2020-12-10			
A	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Dec 2020 10:31				Normal	NRIC/ Driving License 2020-12-10			
Attachment	Uploade	d By/Date	Category	?	Urgency	Description	1	Msg Sent? (CO)	