

# NATIONAL Assessment Centre Services.

[Part 1 Jan'05]

|                          |   |                       |         |
|--------------------------|---|-----------------------|---------|
| Date In: 16/02/21        | Job description                           | Date & Time Completed | Done by |
| Ref No NA/INC21002207/13 | SAS e-filing                              |                       |         |
| Veh No SJ44036X          | E-mail (within 3hrs, A/C 2hrs)            |                       |         |
| ICIA 10/02/21            | I-Motor Claim Form 17/02 MT/1121289 - 001 |                       |         |
| OT (TP) Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)    |                       |         |
|                          | I-Photo Uploaded                          |                       |         |
|                          | Assessment/Survey Report                  |                       |         |
| TP Insurer:              | Ass't Report by Fax / Hand to Owner/Wksn  |                       |         |

Preferred Wksp / INC Assign Wksp / OW: (

Tel: \*

Fax:

TP Particulars:

Veh No: FBE31017

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel: ( )

Policy No: ( )

Period: ( )

Cover Type: ( )

Confirmed by: (

Date: ( )

Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

## Remarks (INC Ref No: 670846616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

| Date/Time | Location |
|-----------|----------|
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |
|           |          |

NA210668

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bug-In-Charge):

Auditors Comments:

Ref:

2/3

| Invoice Item                                    | Amount (\$) | Amount (\$) | Amount (\$) |
|---|-------------|-------------|-------------|
| 1) AR: Accident Reporting (\$30)                |             | 30          |             |
| 2) DA: Damage Assessment (\$100)                | INC (\$50)  |             |             |
| 3) TP: Towing Fee                               | \$40/\$45   |             |             |
| 4) PT: Follow-Through Survey                    | \$120       |             |             |
| 5) PT: Follow-Through Survey (Resurvey)         | \$30        |             |             |
| For claimant against INC Only (w/c 10 Jan 2005) |             |             |             |
| 6) TR: Re-inspection                            | \$75        |             |             |
| 7) NI: Idao DA + SMRT Survey                    | \$160       |             |             |
| 8) NTUC Additional Services:-                   |             |             |             |
| ON:   |             |             |             |
| *NS: Courtesy Car / Tpt Allowance               | \$3         |             |             |
| *NG: Repair Co-ordination                       | \$10        |             |             |
| *NT: Post Repair Inspection                     | \$25        |             |             |
| *NN: DV / Collect Excess Coordination           | \$3         |             |             |
| TP (N11): TP (Non INC) against INC              | \$20        |             |             |
| 9) N12: Idao Mobile                             | \$0         |             |             |
| Invoice dated                                   | Fee Charged |             |             |
| Invoice dated                                   | Fee Charged |             |             |



## 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 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. 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              | 16/02/2021 16:46 (SGT) |
| Date of Accident                | 10/02/2021 08:00 (SGT) |
| Exact Location of Accident      | Gul Rd, Singapore      |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJY4036X |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                         |
|--------------------------|-------------------------|
| Is company?              | Yes                     |
| Name Of Registered Owner | SHL MOTOR PTE. LTD.     |
| Company Reg No           | 2XXXXX814M              |
| Email Address            | sinhocklee@yahoo.com.sg |
| Mobile Phone No          | (Phone) +65-62826184    |
| Alternative Phone No     | (Office) +65-62826184   |

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

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

#### DRIVER

|                |                             |
|----------------|-----------------------------|
| Name of Driver | MOHAMED QASSIM BIN ABDULLAH |
| NRIC No        | SXXXX200F                   |
| Date Of Birth  | 25/09/1954                  |
| Occupation     | Outdoor                     |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass .....   | 04/05/1996                    |
| Driving experience .....   | 24 YEARS AND 9 MONTHS         |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-91404757          |
| Alt. Phone Number .....  | -                             |
| Email Address .....  | mohamedqassim259@gmail.com    |
| Address .....  | BLK 690 JURONG WEST CENTRAL 1 |
| Address complement .....   | #08-195                       |
| Postcode .....   | 640690                        |
| 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 .....   | Side Swipe |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....   | UNKNOWN |
| Gender ..... | Male    |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes                                     |
| Police Station Name .....                       | Jurong West Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18002689999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-62672438                      |
| Police Station Address .....                    | 700 Corporation Road Singapore 649818   |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210210/2020

#### 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 ..... | FBE3101Y |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |                      |
|---|----------------------|
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Motorcycle           |
| Name of Driver .....                          | SU                   |
| Contact Number .....                          | (Phone) +65-93655546 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |



## 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 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)**

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.

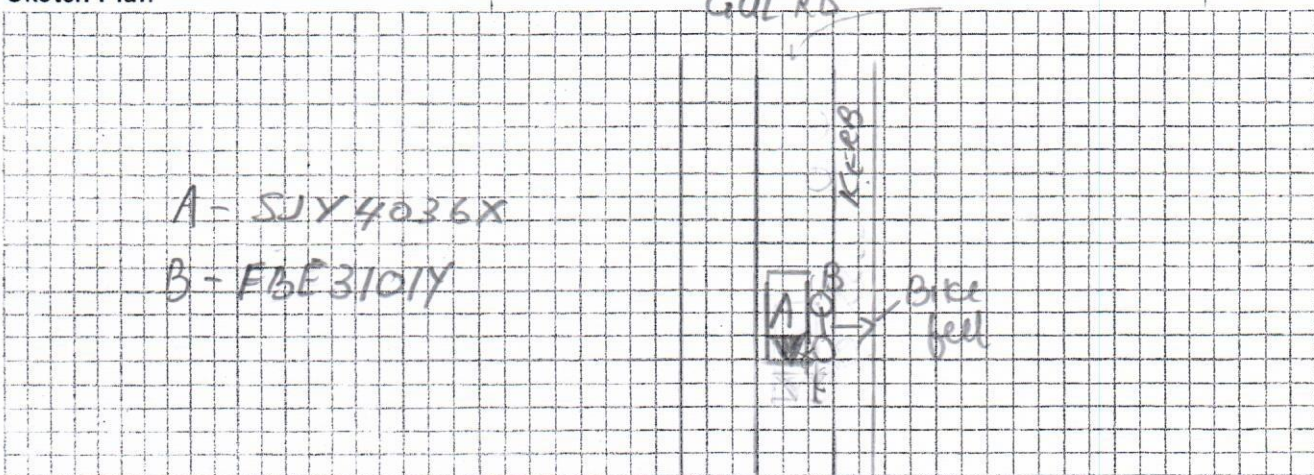


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

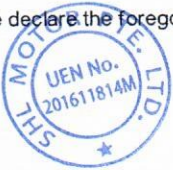
### Sketch Plan





P/s refer to the police report: T/20210210/2020

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



Signed 16/02/21

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210210/2020

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20210210/2020

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |   |                          |                            |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>10/02/2021 09:52        |            | Vide Report No.:             |   | Station Diary No.:<br>37 |                            |
| <b>Informant's Particulars</b>                    |            |                              |   |                          |                            |
| Name of Informant:<br>MOHAMED QASSIM BIN ABDULLAH |            |                              | Address:<br>APT BLK 690 JURONG WEST CENTRAL 1 #08-195<br>SINGAPORE 640690 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S0223200F          |            |                              | Contact No.:<br>Home/Office: Mobile: 91404757                             |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN                 |            |                              | Email:  |                          |                            |
| Sex:<br>Male                                      | Age:<br>66 | Date of Birth:<br>25/09/1954 | Type of Informant:<br>Driver  |                          |                            |
| Race:<br>Indian                                   |            |                              | Language:   |                          | Institution / School Name: |
| Occupation:<br>PRIVATE HIRED VEHICLE DRIVER       |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                  |                          |                            |

**General Information of the Accident**

|   |                  |                                    |  |                                     |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>10/02/2021 08:00 | Type of Location:<br>T-Junction     |
| Location:<br><br>GUL ROAD   |                  |                                    |  |                                     |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>Two Way  |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make | Model | Color | Condition        | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBE3101Y    | Motorcycle |      |       |       | Slightly Damaged | 0               |
| SJY4036X    | Car        |      |       |       | Slightly Damaged | 1               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20210210/2020

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20210210/2020

**CONTINUATION OF REPORT**

|                                   |                             |  |                                   |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Name                              | SU                          | ID No.                                 | NIL                               |
| Related Vehicle                   | FBE3101Y (Motorcycle)       | Contact No.                            | 93655546                          |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | MOHAMED QASSIM BIN ABDULLAH | ID No.                                 | S0223200F                         |
| Related Vehicle                   | SJY4036X (Car)              | Contact No.                            | 91404757                          |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                               |

**Brief Details.**

On 10/02/2021, at around 0800hrs, I was driving my saloon car, V1) SJY4036X along Gul Rd, as I was fetching my Gojek passenger from B/191 Boon Lay Ave. I was planning to turn right into Panasonic Refrigeration, 6 Gul Rd to alight my passenger. Gul Rd is a 2-way road. The traffic was moderate.

Then, I saw a motorbike, V2) FBE3101Y riding behind me, along Gul Rd. The motorbike was wobbling and riding at a high speed. I was driving slowly, maximally at 40km/h, and was deciding whether should I move slightly to my right to give way to the motorbike, which is on my left. However, there is non-stop oncoming traffic, thus I was unable to get into the lane which is driving in opposite direction, or else I will collide with the oncoming traffic.

The motorbike then tried to squeeze through the gap between my car and the left side kerb. Then, it collided onto the part right beside my left headlight. I wish to state that I did not sway my vehicle nor change lane at all. The said part sustained some minor scratches. One of foot pedals of the motorbike was broken. I was not injured and did not have any MC. My passenger was not injured as well. The motorcyclist has sustained some bruises on her knee. The motorcyclist fell down after a collision. After exchanging contact numbers with her, she quickly got back up and ride away, thus I did not manage to get her particulars. I wish to state that I suspect she could possibly talking on her phone as I observed her to be talking to herself, which is possibly talking on her phone using earpiece.

No pedestrian, cyclist, PMD rider not foreign vehicle was involved. No government property was damaged. No Traffic Police nor Ambulance has attended to scene. My in-car camera facing forward was working during the time of collision.





**SINGAPORE  
POLICE FORCE**



T/20210210/2020

3 of 4

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20210210/2020

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210210/2020

4 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999





Report No. T/20210210/2020

**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:<br>J /<br>SC2 CHENG DEREN<br> | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>10/02/2021 09:52  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Staff Sgt WONG SIEU LUI<br>Contact No.: 65476151   | Classification Of Case:   |
| Authentication Stamp<br>NP168<br>  | SN 126<br>                   |
| Signature : _____<br>Singapore Police Force   |   |



# ACCIDENT STATEMENT

private rule

ACCIDENT DATE: (16/02/21) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: GUL ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY4036X  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA VIOS (A) 1497  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SHL MOTOR PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MOHAMED QASSIM BIN ABDULLAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\*d) DATE OF BIRTH: (25/09/1954) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 04/05/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBE31017 MODEL:  
b) DRIVER'S NAME: SU (F)  
c) NRIC/FIN/PASSPORT: CONTACT: 93655546

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email = MOHAMED QASSIM 259@gmail.com

fax =

VIDEO =

\* No of passenger  
(Including driver)

(2)

Passenger (M)

\* No of passenger  
(Including driver)

( )

\* No of passenger  
(Including driver)

( )

Claim Handling

Accident MT/1121289

|                     |                        |                     |             |                      |            |
|---------------------|------------------------|---------------------|-------------|----------------------|------------|
| Policy No.          | 5109792828-01          | Vehicle No.         | SJY4036X    | GST Registration No. |            |
| Certificate No.     | 5109792828-01-000023   |                     |             | Policyholder NRIC    | 201611814M |
| Policyholder Name   | SHL MOTOR PTE. LTD.    | Cover Type          | Third Party | Loading              | 0          |
| Product Code        | FLEET MASTER INSURANCE | Contact No.(Office) | 62826184    | Contact No.(Home)    | 0          |
| Contact No.(Mobile) | 0                      | Special Remark      |             | eCode                | No         |
| Email Address       |                        | TCA                 | No Yes      | eCode Reason         |            |
| KFK                 | No Yes                 | NCD Entitlement(%)  | 0           | Private Hire         | Yes        |
| NCD Protection      | No                     |                     |             |                      |            |

Accident Details

|                   |                  |                               |       |                     |            |
|-------------------|------------------|-------------------------------|-------|---------------------|------------|
| Report Date       | 17/02/2021 09:33 | Accident Report Within 24 hrs | Yes   | Accident Type       | Side Swipe |
| Date of Accident  | 10/02/2021       | Time of Accident hh:mm        | 08:00 | Country of Accident | Singapore  |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |            |
| Accident Location | GUL ROAD         |                               |       |                     |            |

Total Excess Applicable

|                            |              |                            |          |                    |         |
|----------------------------|--------------|----------------------------|----------|--------------------|---------|
| Excess Type                | Per Accident | Windscreen Excess          |          |                    |         |
| OD Standard Excess         |              | TP Standard Excess         | 1,500.00 | Driver is Covered? | Covered |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00     |                    |         |
| Additional Excess          | 0.00         |                            |          |                    |         |
| Total OD Excess Applicable | 0.00         | Total TP Excess Applicable | 1,500.00 |                    |         |

Benefits

GST Registered Information

|                      |    |                       |  |     |  |
|----------------------|----|-----------------------|--|-----|--|
| GST Registered       | No | GST Registration Date |  |     |  |
| GST Registration No. |    | GST Status Verified   |  | Yes |  |
| Modification History |    |                       |  |     |  |

Policyholder Mailing Address

|           |                 |                       |                            |           |                |
|-----------|-----------------|-----------------------|----------------------------|-----------|----------------|
| Address 1 | 51 UBI AVENUE 1 | Address 2             | #01-09 PAYA UBI INDUSTRIAL | Address 3 | SINGAPORE 4089 |
| Address 4 |                 | Address Type          | Singapore address          | Post Code | 408933         |
| Unit No.  | 01-09           | Related Policy Number | 5115995291-01              |           |                |

OI Driver Info

|   |                          |                     |                       |                        |                |
|---|--------------------------|---------------------|-----------------------|------------------------|----------------|
| Driver Name                             | Unnamed Driver           | Driver Type         | Unnamed Driver        | Driver DOB             | 25/09/1954     |
| Unnamed driver Name                     | MOHAMED QASSIM BIN ABDUL | Driver NRIC         | S0223200F             | Driving Experience     | 24             |
| Register Date of Driver License         | 04/05/1996               | Driver Age          | 66                    | Contact No.(Home)      | 0              |
| Contact No.(Mobile)                     | 91404757                 | Contact No.(Office) | 0                     | Address 3              | SINGAPORE 6406 |
| Address 1                               | BLK 690                  | Address 2           | JURONG WEST CENTRAL 1 | Post Code              | 640690         |
| Address 4                               |                          | Address Type        | Singapore address     |                        |                |
| Unit No.                                | #08-195                  |                     |                       | Driver Insurer Company |                |
| Does he own a Singapore Registered car? | Yes No                   | Driver Vehicle No.  |                       |                        |                |

Declaration

|                                     |      |             |        |  |  |
|-------------------------------------|------|-------------|--------|--|--|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No |  |  |
|-------------------------------------|------|-------------|--------|--|--|

Modification History

Claim 001 OD-MX New

|                           |                                    |                         |                                  |                         |                  |
|---------------------------|------------------------------------|-------------------------|----------------------------------|-------------------------|------------------|
| Claim Type *              | OD-MX                              | Insured Name            | SHL MOTOR PTE. LTD.              | Insured NRIC            |                  |
| Contact No.(Mobile)       |                                    | Contact No.(Home)       |                                  | Contact No.(Office)     |                  |
| Email Address             |                                    | OI Vehicle Number       | SJY4036X                         | TP Vehicle Number       |                  |
| Claim Description         | SJY4036X / FBE3101Y ON 10 Feb 2021 |                         |                                  |                         |                  |
| Preferred Workshop        |                                    | Insured Liability       | Not at Fault                     | GIA report              | Received         |
| Contract No. Finalisation | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | Claim Close Date        | 17/02/2021 09:47 |
| Date Registered           |                                    |                         |                                  | Workshop Repairer       | ROSLINDA         |
| Report Taken By           |                                    |                         |                                  | Date Received           |                  |
|                           |                                    |                         |                                  | Total Loss but Repaired |                  |

Print AK letter

Save Submit

Attachment

|              |            |           |     |
|--------------|------------|-----------|-----|
| Accident No. | MT/1121289 | Claim No. | 001 |
|--------------|------------|-----------|-----|



Last Doc. Received☒ Yes ☐ No

Upload Date17/02/2021 00:00

Path \*

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| Attachment List |  |                       |   |         |                                 |
|-----------------|--|-----------------------|---|---------|---------------------------------|
| Attachment      | Uploaded By/Date   | Category              |   | Urgency | Description                     |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:47 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2021-2-17 |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:47 | SAS                   |   | Normal  | SAS 2021-2-17                   |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:47 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:47 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:46 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:46 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:46 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:46 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:46 | Photos                |   | Normal  | Photos 2021-2-17                |
|                 | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Feb 2021 09:46 | Photos                |   | Normal  | Photos 2021-2-17                |

| Video List       |             |                                  |                               |
|------------------|-------------|----------------------------------|-------------------------------|
| Uploaded By/Date | Folder Date | File Name                        | Source                        |
|                  |             | <div>Display in New Window</div> | <div>Scan and uploading</div> |