| | | Jeb description | | Date &Time Comple | ed | Done by | |
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| Date In: 09/03/21 | | | | | - | | |
| Ref No NA/INO/C | | | | 1 | 1 | - | |
| Veli No SmT2 45 | 11-10-01-1 | E-mail (widen 81 | The second secon | <u> </u> | ato I | | |
| D.O.A. 09/03/21 | 0840 | i-Motor Claim | Form | 3: m7/1123772 | - 1001 | | |
| OD (TP) Reporting C | inly | i-Motor W/O | | (TP 4hrs) | | | |
| OD Tr Isoporanig C | All y | i-Photo Uploa | | | - | | |
| TP Insurer: | | Assessment/Sur | | | | | |
| Ass't Report by | | | Fax / Hand t | o Owner/Wksp | | | |
| Preferred Wksp / INC Assi | gn Wksp / QW: (| | | Tel: | Fax: | | |
| TP Particulars: | Veh No: | SJA99916 | . INC(|)/Non-INC(|) | | |
| Owner / Driver: (| | | | Tel: | |) | |
| Policy No. (|) P | eriod: (|) | Cover Type: (| |) | |
| Confirmed by : | (| | Date: | Time: | |). | |
| Insured/Driver Liability | y: (%) | [Note-Est. Status (W | 7O): N: 0-2 | 0%; P: 21-79%. F: | 80-100%] | | |
| Year of Registration: (|) | Warranty: YES (|)/NO(|) | | | |
| Excess: (\$ |) Loading: \$1 | 000 () / \$2,000 | () | | | | |
| General Remarks:- | | | 2 2 | Secretary states | Ag A | | |
| And the second s | rline: 6788 6616) | Courtesy Car (|) | Date&Time Comple | 'ed | Done b | <u>y</u> |
| 1) Apply for Transport A | | Courtesy Car (|) | | | | |
| 2) QC Check / Post Repa | | () | | | | | |
| | | | | | | | |
| 3) Upload Resurvey Pho | to [Repair Cost > | \$3000] (|) | | | | |
| | to [Repair Cost > | \$3000] |) | | | | |
| 3) Upload Resurvey Pho Injury: | to [Repair Cost > | \$3000] (| , | | | AND EAST | |
| 3) Upload Resurvey Pho Injury: | to [Repair Cost > | \$3000] (|) | | | | |
| 3) Upload Resurvey Pho Injury: | to [Repair Cost > | \$3000] (| | | | The Edward | |
| 3) Upload Resurvey Pho Injury: | to [Repair Cost > | \$3000] (| | | | | |
| 3) Upload Resurvey Pho Injury: | to [Repair Cost > | \$3000] (| | | | | |
| 3) Upload Resurvey Pho Injury: | to [Repair Cost > | \$3000] (|) | | | Anit (S) | Amt (\$ |
| 3) Upload Resurvey Pho Injury: | | | Invoice Pr | reparation Checklist | | Amt (\$) | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions | NA210203 | | 1) AR : Accide | ent Reporting (\$30); | INC (S80) | -0.2 | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: | NA210203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin | ent Reporting (\$30); ge Assessment (\$100); g Fee | INC (\$80) \$40/\$45 | -0.2 | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: | NA210203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow | ent Reporting (\$30); ge Assessment (\$100); g Fee | \$40/\$45 \$120 | -0.2 | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: | NA210203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 | \$40/\$45 \$120) \$30 Jan 2005) | -0.2 | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: | NA210203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 | \$40/\$45 \$120 \$30 | Ist Bill | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: | NA210203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae E 8) NTUC Add | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 | \$40/\$45 \$120) \$30 Jan 2005) \$75 | Ist Bill | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: | 1/42/0203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ine 7) N1 : Idae D 8) NTUC Add | ent Reporting (\$30); ge Assessment (\$100); g FeeThrough SurveyThrough Survey (Resurvey g against INC Only (wef 10 spection)A + SMRT Survey litional Services:- | \$40/\$45 \$120) \$30 Jan 2005) \$75 \$160 | 1st Bill | |
| 3) Upload Resurvey Pho Injury: | 1/42/0203 | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae E 8) NTUC Add OD.* *N5: Court *N6: Repai | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 spection OA + SMRT Survey ditional Services:- esy Car / Tpt Allowance ir Co-ordination | \$40/\$45 \$120) \$30 Jan 2005) \$75 \$160 | 1st Bill | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr- | In-Charge): | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae E 8) NTUC Add OD * *N5: Court *N6: Repa *N7: Post *N8: DV / | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 spection OA + SMRT Survey ditional Services:- esy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination | \$40/\$45 \$120) \$30 Jan 2005) \$75 \$160 \$5 \$10 \$25 | 1st Bill | |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-Auditors' Comments: | In-Charge): | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae I 8) NTUC Add OD!* *N5: Court *N6: Repai *N7: Fost I *N8: DV / TP (N11) | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 pection DA + SMRT Survey ditional Services:- lesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC | \$40/\$45 \$120) \$30 Jan 2005) \$75 \$160 \$5 \$10 \$25 | 1st Bill | Add Bi |
| 3) Upload Resurvey Pho Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: | In-Charge): | | 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae E 8) NTUC Add OD * *N5: Court *N6: Repa *N7: Post *N8: DV / | ent Reporting (\$30); ge Assessment (\$100); g Fee -Through Survey -Through Survey (Resurvey g against INC Only (wef 10 spection)A + SMRT Survey litional Services:- lessy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile | \$40/\$45 \$120) \$30 Jan 2005) \$75 \$160 \$25 \$5 | 1st Bill | Amt (\$ Add Bi |

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
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

09/03/2021 16:27 (SGT) Date of Submission 09/03/2021 08:40 (SGT) Date of Accident PIE, Singapore Exact Location of Accident TWDS JURONG B4 JLN EUNOS EXIT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMT2458R Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? MOHAMAD AZHAR BIN ABDUL KADER Name Of Registered Owner SXXXX275A NRIC No SGAZHAR@YAHOO.COM Email Address (Phone) +65-97360734 Mobile Phone No +65-97360734 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Vezel 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 Comprehensive Type of Coverage No Fleet Policy 5117007598 Policy Number Cover Note Number

DRIVER

MOHAMAD AZHAR BIN ABDUL KADER Name of Driver SXXXX275A NRIC No 26/06/1970 Date Of Birth Outdoor Occupation

03/06/1988 Date Of Driving Pass 32 YEARS AND 9 MONTHS Driving experience Male Gender (Phone) +65-97360734 Mobile Number +65-97360734 Alt. Phone Number SGAZHAR@YAHOO.COM Email Address BLK 306D PUNGGOL DRIVE Address #06-903 Address complement 824306 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No 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 Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? 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) No soliciting/offering accident claims assistance? PASSENGER 1 PASSENGER Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Yes Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SJA9991G Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

MR PATRICK

(Phone) +65-96155514

Vehicle Colour

Name of Driver

Contact Number

Vehicle Category

| 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 Formmust 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.
- 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.
- 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' 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.

| M73458 | DIE TW | £ 41 | VP.F | Ex 17 | H | | | | H | H | | T |
|---------|--------|------|------|-------|----|---|---|---|----|----|--|---|
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| Describe Circumstances of the Accident |
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| I was travelling strought along the tooks Juring |
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| -BH satur on the 1st lane of A3-lanes road. Inft of |
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| my och stop and I followed guit without any |
| impact to the fit well. Suddenly with B came for |
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| behind and lit onto my rear portion of my wek. |
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| P. P. Carlotte and C. Carlotte |
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Declaration

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

| A | CCIDENT DATE: (09 1 03) 21)(DD/M | (M/YYYY), TIME:(08 : 40)(HH:MM) |
|--------------------|----------------------------------------|-----------------------------------------|
| . Le | OCATION: PIE TWAS JURONO | 4 BG JEN EUNOS EXT |
| | 1. DETAILS OF VEHICLE | 1000 B |
| | a) VEHICLE NUMBER: SMTJ 458 | -R |
| 9 | b)INSURANCE COMPANY: NTUC | |
| | | |
| | c)POLICY NUMBER: | |
| | d)POLICY TYPE: (COMPREHENSIVE / TH | IRD PARTY / THIRD PARTY FIRE &THEFT) |
| | e)MAKE & MODEL: HONDA VETE | c(n) 7-5 |
| | f)TYPE: (SALOON / COUPE / MPV /VAN | / LORRY / MOTORCYCLE / OTHERS) |
| | g) VEHICLE CATEGORY: (PRIVATE / COM | MMERCIAL / MOTORCYCLE) |
| | h) PURPOSE OF USING AT ACCIDENT TIM | ME_ PRIVATE HIRC |
| | I) ARE YOU CLAIMING UNDER YOUR OV | |
| | IF NO, PLEASE STATE (THIRD PARTY CLA | AIM / REPORTING ONLY) |
| | 2. INSURED / POLICY HOLDER | KADER |
| | A)NAME: MOHAMAD AZHAR I | |
| | b) NRIC/FIN/PASSPORT: 57020278 | |
| | C)ADDRESS: BUC 3060 PUNG 60 | |
| 1000 100 | # 06-903 (824300 | |
| Mii A | * CONTINUE TO 3.d IF DRIVER ALSO POL | LICY HOLDER . |
| Ano of passing | 3. DRIVER | Y nov. Laborate state of the Announced |
| Claduding drive | d)NAME: 1/3 | (MALE / FEMALE) |
| C25 | DJAKIC/FIN/FASSFORT. | CONTACT: |
| | c ADDRESS: | |
| PASSENIGER (| 1 d) DATE OF BIRTH: (26 1 06 1 1970 | VDD/MM (VVVV) |
| | e)OCCUPATION: (INDOOR / OUTDOOR | |
| | f)YEARS OF DRIVING EXPRERIENCE: | |
| | 4. WAS DRIVER AN EMPLOYEE OF THE I | |
| | IF NO, RELATIONSHIP OF THE DRIVE | D WITH INCURED. |
| | 5. a) WEATHER CONDITION: (CLEAR / RAIN | |
| | b)ROAD SURFACE (DRY / WET / OTHERS | |
| | 6. WAS ANYBODY INJURED (YES /NO) | , , , , , , , , , , , , , , , , , , , , |
| | 7. a)REPORTED TO POLICE (YES (NO) | 10 ¹⁷ |
| | IF YES, PLEASE STATE WHICH POLICE ST | ATION: |
| | TUIDD PARTY VEHICLE | |
| the of passenger | a) VEHICLE NUMBER: SJA9991G | MODEL: |
| (Including driver |) b) DRIVER'S NAME: MR PATRICK | |
| () | c) NRIC/FIN/PASSPORT: | CONTACT: 96/555/9 |
| <u> </u> | THIRD PARTY VEHICLE | |
| tho of passenge | d) VEHICLE NUMBER: | MODEL: |
| Challe of prosenge | , e) DRIVER'S NAME: | |
| (Induding drive | f) NRIC/FIN/PASSPORT: | CONTACT: |
| () | 2 8 8 F | 200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
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| eBao Tech | | | | | | | | | | Genera | alClaim |
|-----------------------|---------------------------|-----------------------|-----------------------|----------------------------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_8 | 00601 | and the second second | | | | | • Chang | je Languag | e • Chan | ge Password | › Log Ou |
| My Desktop | Polic | cy Query | | | | | | | | | |
| Notice of Loss | Notice of Loss Policy No. | lo. | | | | Date | of Accident | | 09/03/2021 | 11:38 | |
| | Vehicle | No.(For Motor) | SMT2 | 458R | | Cert | ificate Numbe | er | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5117007598 | | MOHAMAD AZHAR BIN ABDUL KADER | S7020275A | GPC | drivo CLASSIC | SMT2458R | SMT2458R | 02/04/2020 | 01/04/2021 |
| | - | - | | 110000000 | | Continue | 1 | | | | |

Claim Handling

| The second secon | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| ident MT/1123772 | 19012000000 | Vehicle No. | SMT2458R | GST Registration No. | |
| icy No. | 5117007598 | YELLICE MAN | T (10 (10 (10 (10 (10 (10 (10 (1 | | |
| tificate No. | | | | Policyholder NRIC | 57020275A |
| | MOHAMAD AZHAR BIN ABDUL KADER | | | Loading | 0 |
| Cynology remain | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | | 0 |
| | | Contact No.(Office) | 0 | Contact No.(Home) | |
| stact No.(Mobile) | 97350734 | Special Remark | | eCode | No Y |
| ail Address | | | ⊚ No Yes | eCode Reason | |
| (| No Yes | TCA | | Private Hire | Yes |
| O Protection | No | NCD Entitlement(%) | 50 | \$05550 COM | |
| | | | | | A STATE OF THE PARTY |
| Accident Details | | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| oort Date | 09/03/2021 18:36 | | 08:40 | Country of Accident | Singapore |
| te of Accident | 09/03/2021 | Time of Accident hh:mm | 08:40 | ICM No. | |
| porting Centre | | Orange Force | | | |
| | PIE TWOS JURONG 84 JUN EUNOS EXIT | | | | |
| cident Location | PIE 1403 JONONG DE JECCE | | | | |
| Total Excess Applicable | | | 100.00 | | |
| cess Type | Per Accident | Windscreen Excess | | | |
| | | 0.0000000000000000000000000000000000000 | 1,500.00 | | |
| Standard Excess | 2,000.00 | TP Standard Excess | | Driver is Covered? | Covered |
| | 0.00 | YIED TP Excess | 0.00 | Divisi is control. | |
| ED OD Excess | 0.00 | | | | |
| Iditional Excess | | Total TP Excess Applicable | 1,500.00 | | |
| tal OD Excess Applicable | 2,000.00 | IMME I SHARES - BARRAGE | | | |
| ₽ Benefits | | | | | |
| GST Registered Informa | ation | | 1000) | | |
| and the second s | No | | GST Registration Date | The second | |
| T Registered | | | GST Status Verified | Yes | |
| ST Registration No. | | | | | |
| odification History | | | | | |
| | | | | | |
| Policyholder Mailing Ac | idress | | 200720202020 | Address 3 | SINGAPORE 824306 |
| | BLK 306D #06-903 | Address 2 | PUNGGOL DRIVE | | |
| ddress 1 | BEN SAME LANG SALE | Address Type | Singapore address | Post Code | 824306 |
| ddress 4 | | | 5117007598-01 | | |
| tnit No. | | Related Policy Number | 3117007370 01 | | |
| → OI Driver Info | | | | | |
| | MOHAMAD AZHAR BIN ABDUL KADER | Driver Type | Main Driver | | 25 125 (2020 |
| river Name | PIDITURA ILLIANI | Driver NRIC | 57020275A | Driver DOB | 26/06/1970 |
| Innamed driver Name | | Driver Age | 50 | Driving Experience | 32 |
| legister Date of Driver Licensi | e 03/06/1988 | | | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97360734 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 824306 |
| Address 1 | BLK 306D | Address 2 | PUNGGOL DRIVE | | (1) E 12 E 1 |
| Address 1 | | | | mary Code | |
| D02333443 | | Address Type | Singapore address | Post Code | 824306 |
| Address 4 | | Address Type | Singapore address | Post Code | 824306 |
| | #06-903 | | Singapore address | | 824306 |
| Address 4 Unit No. Does he own a Singapore | #06-903 Ves & No | Address Type Driver Vehicle No. | Singapore address | Post Code Driver Insurer Company | 824306 |
| Unit No. Does he own a Singapore | | | Singapore address | | 824306 |
| Unit No. Does he own a Singapore Registered car? | | | Singapore address | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration | | Driver Vehicle No. | 543.8 | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test | | | Singapore address | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration | Yes @ No | Driver Vehicle No. | 543.8 | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? | Yes @ No | Driver Vehicle No. | 543.8 | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test | Yes @ No | Driver Vehicle No. | 543.8 | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History | Ves No | Driver Vehicle No. | 543.8 | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History | Yes @ No | Driver Vehicle No. | 543.8 | | 824306 |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History | Ves No | Driver Vehicle No. | 513.8 | Driver Insurer Company | |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History | Ves No | Driver Vehicle No. Any injury? | 513.8 | | \$24306 \$7020275A |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History | Ves No | Driver Vehicle No. Any injury? Insured Name | Yes No MOHAMAD AZHAR BIN ABDUL H | Driver Insurer Company | |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX N | Ves No | Driver Vehicle No. Any injury? Insured Name. Contact No.(Home) | Yes III No MOHAMAD AZHAR BIN ABDUL H | Driver Insurer Company Insured NRIC Contact No.(Office) | |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX N Claim Type * Contact No.(Mobile) | Ong Omg OS-MX 97360734 | Driver Vehicle No. Any injury? Insured Name | Yes No MOHAMAD AZHAR BIN ABDUL H | Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number | \$7020275A \$3A9991G |
| Unit No. Does he own a Singapore Registered car? Declaration Bresthalyser or Blood Test Reading? Modification History Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address | O mg CO-MX 97360734 SGAZHAR®YAHDO.COM | Driver Vehicle No. Any injury? Insured Name. Contact No.(Home) | Yes III No MOHAMAD AZHAR BIN ABDUL H | Driver Insurer Company Insured NRIC Contact No.(Office) | \$7020275A \$3A9991G |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 1901 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description | OD-MX 97360734 SGAZHAR@YAHDD.COM SMT2458R / SJA9991G ON 9 Mar 2021 | Enver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number | Yes II No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R | Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number | \$7020275A \$3A9991G |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 09-MX Claim 1ype * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact | OD-MX 97360734 SGAZHAR@YAHDD.COM SMT2458R / SJA9991G ON 9 Mar 2021 | Driver Vehicle No. Any injury? Insured Name. Contact No.(Home) | Yes III No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work | \$7020275A \$3A9991G |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX N Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. | OD-MX 97360734 SGAZHAR®YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 | Enver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number | Yes II No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim 17pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation | OO-MX | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option | Yes III No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX N Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. | OD-MX 97360734 SGAZHAR®YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | Yes III No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim 17pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation | OO-MX | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option | Yes III No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 00-MX Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | Yes III No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Value Claim 190 * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | MOHAMAD AZHAR BIN ABDUL F NIL SMT2458R Not at Fault Preferred Workshop, Name unknown | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX N Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | Yes III No MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim 1001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | MOHAMAD AZHAR BIN ABDUL F NIL SMT2458R Not at Fault Preferred Workshop, Name unknown | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | MOHAMAD AZHAR BIN ABDUL F NIL SMT2458R Not at Fault Preferred Workshop, Name unknown | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
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| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By I Print AX letter | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | MOHAMAD AZHAR BIN ABDUL I NIL SMT2458R Not at Fault Preferred Workshop, Name unknown | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 00-MX No. Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | MOHAMAD AZHAR BIN ABDUL F NIL SMT2458R Not at Fault Preferred Workshop, Name unknown | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work GlA report Date Received | \$7020275A \$3A9991G Shop |
| Init No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indiffication History Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter | OD-MX | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL I NIL SMT2458R Not at Fault Preferred Workshop, Name unknown | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work GIA report Date Received Total Loss but Repaired | \$7020275A \$3A9991G Shop |
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| Init No. Does he own a Singapore tegistered car? lectaration Breathalyser or Blood Test Reading? Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault Preferred Workshop, Name unknown 001 09/03/2021 00:00 Category ** | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work GIA report Date Received Total Loss but Repaired | \$7020275A \$3A9991G \$shop Received 09/03/2021 00:00 |
| Init No. Does he own a Singapore legistered car? lectaration Sreathalyser or Blood Test Reading? Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. Last Doc, Received | OD-MX 97360734 SGAZHAR®YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 ® Yes ○ No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault Preferred Workshop, Name unknown Save Submit | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential NO. V | \$7020275A \$3349991G Received 09/03/2021 00:00 Urgency * De |
| Init No. Ini | OD-MX 97360734 SGAZHAR®YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 ® Yes ○ No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL II NIL SMT2458R Not at Pault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential NO. V | \$7020275A \$3A9991G \$shop Received 09/03/2021 00:00 |
| Init No. Ini | OD-MX 97360734 SGAZHAR@YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 • Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Pault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * Clear Please Select | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Conflidential V NO | S7020275A |
| Init No. Ini | OD-MX 97360734 SGAZHAR@YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL II NIL SMT2458R Not at Pault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential V NO | S7020275A |
| nit No. lose he own a Singapore egistered car? eclaration ireathalyser or Blood Test leading? Claim 001 OD-MX Claim 19pe * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received Choose File No file ch Choose File No file ch | OD-MX 97360734 SGAZHAR@YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Pault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * Clear Please Select | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential V NO | S7020275A |
| nit No. Noes he own a Singapore legistered car? eclaration ireathalyser or Blood Test leading? Claim 001 OD-MX No. Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dete Registered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received Choose File No file ch | OD-MX 97360734 SGAZHAR@YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Conflidential V NO | S7020275A |
| Init No. Ini | OD-MX 97360734 SGAZHAR@YAHDO.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 09/03/2021 18:39 ROSLINDA MT/1123772 Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * Clear Please Select | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential V NO | S7020275A S3A9991G Received 09/03/2021 00:00 Urgency * De lormal V lormal V vormal V vormal V |
| Init No. Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received Choose File No file ch | OD-MX 97360734 SGAZHAR®YAHDD.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 99/03/2021 18:39 ROSLINDA MT/1123772 ® Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL H NIL SMT2458R Not at Fault Preferred Workshop, Name unknown 5ave Submit 001 09/03/2021 00:00 Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select | Insured NRIC Contact No.[Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential V NO | S7020275A S3A9991G Received 09/03/2021 00:00 Urgency * De lormal V lormal V Normal V Normal V |
| Init No. Does he own a Singapore tegistered car? Init No. Does he own a Singapore tegistered car? Initial Singapore tegistered car? Initial Singapore tegistered car? Initial Singapore tegistered care to contact No. (Mobile) Email Address Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dete Registered Report Taken By Print AK letter Attachment Accident No. Last Doc. Received Choose File No file ch Choose File No file ch Choose File No file ch | OD-MX 97360734 SGAZHAR®YAHDD.COM SMT2458R / SJA9991G ON 9 Mar 2021 Yes 99/03/2021 18:39 ROSLINDA MT/1123772 ® Yes O No Path * | Insured Name Contact No.(Home) QI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer | MOHAMAD AZHAR BIN ABDUL I NIL SMT2458R Not at Fault Preferred Workshop, Name unknown Save Submit O01 09/03/2021 00:00 Category * Clear Please Select | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work V GIA report Date Received Total Loss but Repaired Confidential V NO | S7020275A S3A9991G Received 09/03/2021 00:00 Urgency * De lormal V lormal V vormal V vormal V |

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|------------|--------------------------------------------|-----------------------------------------------|-----------------------|-----------|---------|-------------------------|---------|-------------------|
| Attachment | Uploade | d By/Date | Category | Ŷ | Urgency | Description | м | Msg Sent7 (CO) |
| | NAC_PAYA_UBI_800601(NATIO CES) on 09 M | NAL ASSESSMENT CENTRE SERVI lar 2021 18:39 | NR3C/ Driving License | ٧ | Normal | NRJC/ Driving License 2 | 021-3-9 | |
| 10 | NAC_PAYA_UBI_800601(NATIO CES) on 09 F | NAL ASSESSMENT CENTRE SERVI lar 2021 18:39 | SAS | | Normal | SAS 2021-3-9 | | |
| 19 | NAC_PAYA_UBI_800601(NATIO CES) on 09 h | NAL ASSESSMENT CENTRE SERVI for 2021 18:39 | Photos | | Normal | Photos 2021-3- | 9 | |
| -20 | NAC_PAYA_UBI_BODGD1(NATIO CES) on 09 N | NAL ASSESSMENT CENTRE SERVI Nor 2021 18:39 | Photos | | Normal | Photos 2021-3- | 9 | |
| | NAC_PAYA_UBI_800601(NATIO CES) on 09 f | NAL ASSESSMENT CENTRE SERVI Nar 2021 18:39 | Photos | | Normal | Photos 2021-3- | 9 | |
| | NAC_PAYA_UBI_B00601{ NATIO CES} on 09 f | NAL ASSESSMENT CENTRE SERVI 1ar 2021 18:39 | Photos | | Normal | Photos 2021-3- | 9 | |
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