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Owner/Driver: (, INC(Tel:	() . ,	·
Policy No: (,) Period: (Cover Type: (-	
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Insured/Driver Liability: (%) [Note-Bst Status ()
Year of Registration: () Warranty: YES ()/NO(77) [[2 (7 7 7)	0. r: 50410	O74)
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SINGAPORE ACCIDENT STATEMENT

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.
- 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 policy ability.
- 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.

- This report will be forwarded by the insurers of 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.

	ACCIDENT STATEMENT
Date Of Report	06/12/2017 15:32
Date Of Accident	06/12/2017 10:20
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6 TOWARDS PIE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM1262T
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	201414828K
Email Address	WEIWANG_ANDY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90018451
Alternative Phone No	OFFICE-90018451
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING UBER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082409493-01
Cover Note Number	
Driver	
Name of Driver	TIANG CHANG WAI(CHENG ZHANGWEI)
NRIC No	S7431410D
Date Of Birth	17/09/1974

 NRIC No
 \$7431410D

 Date Of Birth
 17/09/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/03/2006

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90018451

Fax Number

Contact Number OTHERS-90018451

EMail Address WEIWANG_ANDY@YAHOO.COM.SG

Address

BLK 30 TEBAN GARDENS ROAD

#6-202

Postcode

600030

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

GBB8148X

Vehicle Make/Model/Colour

NISSAN NV200

Details Of Properties

Name of Driver

MUHAMMAD RAIFANSHAH BIN MOHAMED ARIFIN

NRIC/Passport Number

S9122617J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (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)
 - (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.: Kefal WAARS

SKETCH PLAN HONG ()	rememore by Journes	Pik.
A) SLM 1262T B) GBB 8148 T	BINIT	
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
STOP AT 2HAR -	IWAS THAVELLING ALOM IRAFFIC LIGHT SUDDENLY CAME OUT & SAW A VE R OF MY CAR SLM 126	I FELT A BUMP STROK
DECLARATION LEAST I/We declare the foregoing particle of the 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.: Royal Wards

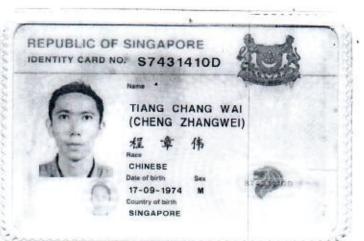
The premium on this policy has	not been collected.			
Accident MT/0972630				
Policy No.	5082409493-01	Vehicle No.	SLM1262T	GST Registration No.
Policyholder Name	VINCAR LEASING AND RENTAL PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	90018451	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	© No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	
→ Accident Details				
Report Date	06/12/2017 16:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/12/2017	Time of Accident hh:mm	10:20	Country of Accident Sir
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CLEMENTI AVENUE 6 TOWARDS PIE			
♥ Benefits ♥ Excess				
Own damage Excess	2,000.00	*************		mine shows to support to
Unnamed Driver Excess	2,008.00	Additional Excess Outside Singapore OD Excess	2,000.00	Windscreen Excess
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
GST Registered Informa		outside singapore in Encess	23000	
GST Registered	Yes		GST Registration Date	08/09/2014
GST Registration No.	201414828K		GST Status Venified	Yes
Modification History				
 Policyholder Mailing Ad Address 1 	1 CHANG CHARN ROAD	Address 2	≠05-02 OC	Address 3
Address 4	a grinno drinini nono	Address Type	Singapore address	Post Code
Unit No.	05-02	Related Policy Number	5066599910-03	7 401 6006
⇒ OI Driver Info		/1000000 /E029 //E03900		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TIANG CHANG WAI[CHENG ZHA	Driver NRIC	574314100	Driver DOB
Register Date of Driver License	07/03/2006	Driver Age	43	Driving Experience
Contact No.(Mobile)	90018451	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 30 #06-202	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	06-202			
Does he own a Singapore Registered car?	Yes © No	Driver Vehicle No.	SLM1262T	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes @ No	
Modification History				
Claim 001 OD-MX New	à la company de			
Claim Type *	00-MX ▼	Insured Name	VINCAR LEASING AND RENTAL	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLM1262T	TP Vehicle Number
Claim Description	SLM1262T / GBB8148X ON 6 Dec 2017			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability •	Not at Fault	
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	06/12/2017 16:45	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired
Print AK letter				
Attachment			Save Submit	
9				
Accident No.	MT/0972630	Claim No.	001	
Last Doc. Received	Yes C No	Upload Date	06/12/2017 16:48	
	Path *	apraval Marie	Category *	Confidential Urgency

	Uploaded By/Date	Folder Date	Fil	e Name			Ŷ			Sou
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ACCIDENT STATEMENT

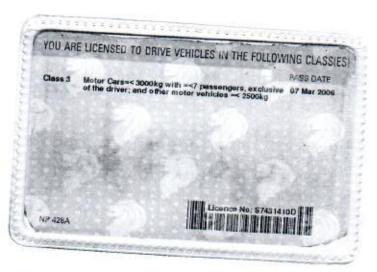
ACCIDENT DATE: 10 6 / 12 / 2017 (DD/MM/YYY), TIME: 10. 20 MM/HHMM) LOCATION: A CRULE (ACCIDI	NT DATE O 6 / G	2,2017,000	TI ANNOT BUT	10.20A	nimmon
1. DETAILS OF VEHICLE O)VEHICLE NUMBER: LAM 12627 b)INSURANCE COMPANY: NTUC c)POLICY NUMBER: DIPOLICY TYPE: (COMPARTHERSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: HONDAY (ALL) () TYPE: (SALODA) COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) () POLICY FUNDAMENTAL COMMERCIAL / MOTORCYCLE / OTHERS) () IN ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/MO) IF NO, PLEASE STATE (HINED PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: YIMCHA D) NRICY/FIN/PASSPORT: CONTACT: CONTACT: C) ADDRESS: () CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER D) NRICY/FIN/PASSPORT: SYSTYLE (MALE) D) NRICY/FIN/PASSPORT: SYSTYLE (MALE) D) NRICY/FIN/PASSPORT: SYSTYLE (MALE) D) NRICY/FIN/PASSPORT: SYSTYLE (MALE) C) ADDRESS: IK SO TERM GARDAN POAD # 06 - 702 "D) ADDRESS: IK SO TERM GARDAN POAD # 06 - 702 "D) ADDRESS: IK SO TERM GARDAN POAD # 06 - 702 "D) ADDRESS: IK SO THE DRIVER WITH INSURED: () ADDRESS: INSURED YELD (MALE) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) D) DRIVER ON THE DRIVER WITH INSURED: () ONTACT: HOLDE YES AND IF YES, PLEASE STATE WHICH POLICE STATION: 8. ITHIRD PARTY VEHICLE () VEHICLE NUMBER: MODEL: MODEL: () VEHICLE NUMBER: MODEL: () VEHICLE NUMBE					1	- MHH:MMI
O)VEHICLE NUMBER: STM 1262: b)INSURANCE COMPANY: NTW c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: HONDA YAZA ()TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE DE USING AT ACCIDENT TIME: DOMAGE (YES/MO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: VIMEPASSED RT: CONTACT: CONTACT: C)ADDRESS: LA JO TERM GARDAN ROAD # 06 - 702 **ONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: S) 12/14/10D CONTACT: 900/245 1 c)ADDRESS: LA JO TERM GARDAN ROAD # 06 - 702 **ODATE OF BIRTH: [] J J J J J J D J DOMMYYYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1) DOME OF DRIVING [JCALCL 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES MORE) 5. C)MEATHER CONDITION: (CLEAR / RAINING / OTHERS B) ROAD SURFACE (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO). 7. C)REPORTED TO POLICE (YES / NO). 10. O) REPORTED TO POLICE (YES / NO). 11. THIRD PARTY VEHICLE 12. NAME: MUTHIN MAD LANGUAL DAY MODEL: MISSIAN MY JO ON NAME MUTHIN MAD LANGUAL DAY MODEL: 1. INSURED PARTY VEHICLE 1. ON VEHICLE NUMBER: MODEL: MODEL: 1. ON VEHICLE NUMBER: MODEL: MODEL: 1. ON VEHICLE NUMBER: MODEL: MODEL: 1. ON VEHICLE NUMBER: MODEL: 1. MODEL: 1. ON VEHICLE NUMBER: MODEL: 1. MODEL:	LOCATI	ON: HOWLY (ZHMHOX) 1	HVICHUR	6 low	BOOK ALIC
DINSURANCE COMPANY: NOW OIPOLICY NUMBER: SUMPACHENSIVE, THIRD, PARTY FIRE ATHEFT) OIPOLICY TYPE: (COMPREHENSIVE), THIRD, PARTY FIRE ATHEFT) OIMAKE & MODEL: HONDA VAZA (ITYPE: (SALOGN) COUPE / MPY / NAN / LORRY / MOTORCYCLE, / OTHERS) OINEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE, / OTHERS) OINEROS OF USING AT ACCIDENT TIME: DOWN MOTORCYCLE, OTHERS) OINEROS OF USING AT ACCIDENT TIME: DOWN MOTORCYCLE, OTHERS) IF NO, PLEASE STATE (HIHRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: VIMORY BINRIC/FIN/PASSPORT: CONTACT: GONTACT: GO	¥1	DETAILS OF MELLIOLS				
DINSURANCE COMPANY: MTWC CIPOLICY TUMBER: CIPOLICY TUMBER: CIPOLICY TOWNER: CIPOLICY MODER TOWNER TOWN TO TORCYCLE, OTHERS) CIPOLICY MODER TOWNER: CIPOLICY MODER TOWN TOWN TOWNER TOWNER TOWNERS CIPOLICY HOLDER A) NAME: THAT CIPOLICE A) NAME: THAT CIPOLICE CIPOLICY HOLDER A) NAME: THAT CIPOLICE CIPOLICY HOLDER A) NAME: THAT CIPOLICE CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CONTINUE TO 3. DIF DRIVER ALSO POLICY HOLDER CIPOLICATION TOWNERS CIPOLICATION TOWNERS CONTACT: TOWNERS CIPOLICATION TOWNERS CONTACT: THAT CONDITION TOWNERS CONTACT: THAT	t.	DETAILS OF VEHICLE	C/M 126.	J.T.	- 2	
CIPOLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT) e) MAKE & MOOEN: HONDA YRZA (INTERPRE) f) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: DONG (INTERPRE) I) JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: YIMCH b) NRIC/FIN/PASSPORT: CONTACT: CONTACT: C) ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: TIMIG (INTERPRE) CONTACT: GODISUS (INTERPRE) DINICR FINIP ASSPORT: SY RELIGION (INTERPRE) C) ADDRESS: IK 30 FEBM GRIVER (INTERPRE) C) ADDRESS: IK 30 FEBM GRIVER (INTERPRE) C) ADDRESS: IK 30 FEBM GRIVER (INTERPRE) C) ODER OF BIRTH: (IT) - 9 - 1 TT		alvericle Number	8: 75. 1 120.	111		
DIPOLICY TYPE: (COMPREHENSIVE I THIRD PARTY / THIRD PARTY FIRE & THEFT) a) MAKE & MODEL: (ITYPE: (SALODN) / GOUPE / MPV / VAN / VORKY / MOTORCYCLE, / OTHERS) g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE, / OTHERS) g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE, / OTHERS) B) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE, / OTHERS) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESZAD) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / PQLICY HOLDER A) NAME: YIMCH R. () INCHER ON ASSPORT: CONTACT: CONTACT: OTHERS C) ADDRESS: INC. JO TERM GARRING / OTHERS () INCHER OF BIRTH: II / OP / 17TH (DD/MM/YYYY) a) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF BIRTH: II / OP / 17TH (DD/MM/YYYY) a) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF BIRTH: II / OP / 17TH (DD/MM/YYYY) a) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF DRIVING (LICLE CL.) 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES; NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: INSURED 5. O] WEATHER CONDITION: (LICLEAR / RAINING / OTHERS) 6. WAS ANYBOOY INJURED (YES_MO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GBB BY A MODEL: WISSON MY POLICE INSURANCE ON TACHERS (INCHER) PARTY VEHICLE O) VEHICLE NUMBER: MODEL: MODEL: (INCHER) PARTY VEHICLE (INCHER)				uc		
e)MAKE & MODEL: HONDA YRZAC ()TYPE:(SALOON, COUPE / MPY / VAN / LORRY / MOTORCYCLE, OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: DONG (MBMC) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: YMCHAR D)NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: (Including driver) C) ADDRESS: L'K 30 TEBM GARDEN POAD & 06-702 C) ADDRESS: L'				CHAR BARRA CTA	(00 0 4 077 5	DE . TUESTI
() TYPE: (SALOON) COUPE / MPY / Y AN / LORRY / MOTORCYCLE, OTHERS) givehicle Category: (private / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: DONG MALE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / PQLICY HOLDER A) NAME: YULGH (MALE) D) NRIC/FIN/PASSPORT: CONTACT: CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DORVERS: DINAME: TANG CHANG WAT (A) DRIVER D) NRIC/FIN/PASSPORT: STATE (THOM GARDEN POND # 06-70) "O) DATE OF BIRTH: (11 29 / 1774) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) I) DRIVER OF DRIVING LICKLIC. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED: COMPANY? (YES MODE) 15. C) WEATHER CONDITION: (LOLEAR / RAINING / OTHERS) D) ROAD SURFACE: (DRY / MET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO.) 17. C) REPORTED TO POLICE (YES / NO.) 18. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: MODEL: 19. THIRD PARTY VEHICLE O) NRIC/FIN/PASSPORT: 912017 CONTACT: O) NRIC/FIN/PASSPORT: 912017 CONTACT: O) NRIC/FIN/PASSPORT: MODEL: O) DRIVER'S NAME: MODEL: O) ORIC/FIN/PASSPORT: MODEL: O) DRIVER'S NAME: MODEL:					ROPARITE	KE WINELII
9) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE) h PURPOSE OF USING AT ACCIDENT TIME: DOVICE UBLIC JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/AD) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / PQLICY HOLDER A) NAME: YIMCH R B) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: SYSILLIOD CONTACT: 9001845 C) ADDRESS: L/K 30 TERM GARDEN PORD + 06 - 202 **JOATE OF BIRTH: L/J 9/17TH J(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) I) DRIFE OF DRIVING L/CK; CK. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES DI) OR OF THE PORT OF THE INSURED: FINO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROAD SURFACE; (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: ITHIRD PARTY VEHICLE D) DRIVER'S NAME WITHING PARTY VEHICLE O) VEHICLE NUMBER: GAB BILLS NO OF PRISMAGE G) VEHICLE NUMBER: MODEL: HICKORY MODEL: MYSSAR MY OR O) NRIC/FIN/PASSPORT: 91226173 CONTACT: O) ORIVER'S NAME:				The same of the sa	ORCYCLE /	OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIME: DONCY URWILL I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: YIMCHE B) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: SYSTYLLOD CONTACT: 90018451 B) NRIC/FIN/PASSPORT: SYSTYLLOD CONTACT: 90018451 B) NRIC/FIN/PASSPORT: SYSTYLLOD CONTACT: 90018451 C) ADDRESS: LIK 30 TERM GRADEN FORD # 06 - 700 "d) DATE OF BIRTH: (17) 99 1974 J(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF DRIVING LICKLIC. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ON AN EMPLOYEE) 5. Q) WEATHER CONDITION: (LCLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. QIREPORTED TO POLICE (YES NO) 1. THIRD PARTY VEHICLE 1. MODEL: MISSON MARE WHITHING PAINTED FOR AN EMPLOYERS NAME WHITHING PAINTED FOR AND						
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IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: VIMULA (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: TIANG (HANG WAT) (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S/42/4/0D CONTACT: 900/845/ C)ADDRESS: LK 30 TEAM GARDEN ROAD # 06 702 **C)DATE OF BIRTH: (17 1 99)/1774 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF BIRTH: (17 1 99)/1774 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING LICKLE 4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES: D)COLUPATIONSHIP OF THE DRIVER WITH INSURED: 1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE NO OF PASSENGER O) VEHICLE NUMBER: GBB SHUS X MODEL: MISSAAR WOODEL: INCLUDING OF ARTY VEHICLE O) DRIVER'S NAME: MODEL: 10 OF PASSUNGER: MODEL: 10 OF PASSUNGER: MODEL: 11 OF PARTY VEHICLE 12 OF PASSUNGER: MODEL: 13 OF PASSUNGER: MODEL: 14 OF PASSUNGER: MODEL: 15 OR PASSUNGER: MODEL: 16 OF PASSUNGER: MODEL: 17 OR PARTY VEHICLE 18 OF PASSUNGER: MODEL: 18 OF PASSUNGER: 19 OF PASSUNGER: 19 OF PASSUNGER: 19 OF PASSUNGER		And the second s				C-100
2. INSURED / POLICY HOLDER A) NAME: VINCET (MALE / FEMALE) B) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DNRIC/FIN/PASSPORT: SYSTEM GARDEN ROAD # 06-702 C) ADDRESS: L/K JD TERM GARDEN ROAD # 06-702 C) ADDRESSE ROAD # 06-702 C) ADDRESS: L/K JD TERM GARDEN ROAD # 06-702 C) ADDRESS: L/K JD TERM GARDEN ROAD # 06-702 C) ADDRESSE ROAD # 06-702 C) ADDRESS						
A) NAME: VIMENTE (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER SPORT GOTO 30 **C) DATE OF BIRTH: [17] 09/1974 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING LICKLE WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: DIROAD SURFACE: (DRY / WET / OTHERS) 5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) 6. WAS ANYBODY INJURED (YES: NO.) 7. C) REPORTED TO POLICE (YES: NO.) 17. C) REPORTED TO POLICE (YES: NO.) 18. THIRD PARTY VEHICLE DD OR VEHICLE NUMBER: GRADELING MODEL: 19. THIRD PARTY VEHICLE DD OR VEHICLE NUMBER: MODEL: 10. VEHICLE NUMBER: MODEL: 10. VEHICLE NUMBER: MODEL: 10. OR VEHICLE NUMBER: MODEL: 11. OR OF PARTY VEHICLE DD OR VER'S NAME: 12. ONTACT: 13. ONTACT: DO ONTACT:	2.			WEST TOTAL	io Onch	
D)NRIC/FIN/PASSPORT: CONTACT: C ADDRESS: CONTINUE TO 3.d F DRIVER ALSO POLICY HOLDER DRIVER DNAME: TIANG CHANG WAT C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 30 TERM GARDEN! ROAD + 06-702 SORE 600320 C ADDRESS: BIK 4000 OUTDOOR 00-100 OUTDOOR	7.0	AINAME: VIMCA	2		IMALE /	FEMALE)
CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DRIVER (Including driver) DINRIC/FIN/PASSPORT: STRILLIOD CONTACT: 90018451 C) ADDRESS: RIK 3D TEBAN GARDEN FOND # 06-902 **d) DATE OF BIRTH: [17 / 09/1971/)(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) I) DRIVE OF DRIVING LICK (L. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES, IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: THIRDER 5. G) WEATHER CONDITION: (LCLEAR/RAINING/OTHERS) B) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES/NO) 7. G) REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE B) DRIVER'S NAME (WHAMMAD RAIFMANHAH) C) NRIC/FIN/PASSPORT: 29(2) F HO OF PRESINGER: MODEL: NODEL: MODEL:						MERCH VEREA
CINCLUDING driver) CINCLUDING driver) CINCLUDING driver) CINCLUSING CHANG WAT CINCLUSING DESCRIPTION CONTACT: 90018451 CINCLUSING CHANG WAT CINCLUSING CONTACT: 90018451 CINCLUSION						
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(Including driver) (Inclu	- fi		IF DRIVER ALSO P	OLICY HOLDER		34.0
DINRIC/FIN/PASSPORT: STATUD CONTACT: 90018451 C) ADDRESS: LIK 30 TEBAN GARDEN! ROAD # 06-202 **ODATE OF BIRTH: 1/7 09 1974 J(DD/MM/YYYY) **ODCOUPATION: (INDOOR / OUTDOOR) I) DRIF OF DRIVING LICKLIC. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES, INDICATIONS HIP OF THE DRIVER WITH INSURED: HIRCKIN 5. ODWEATHER CONDITION: (CLEAR / RAINING / OTHERS) 6. WAS ANYBODY INJURED (YES/NO) 7. ODREPORTED TO POLICE (YES/NO) 17. ODREPORTED TO POLICE (YES/NO) 18. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 19. ORIC/FIN/PASSPORT: 9122673 CONTACT: 10. OF PASSINGER 10. OF PASSINGER 10. OF PASSINGER 11. OPPOSEDINGER: MODEL: MODEL: 11. OPPOSEDINGER: MODEL: 12. ONTACT: MODEL: 13. OPPOSEDINGER: MODEL: 14. OPPOSEDINGER: MODEL: 15. ODRIVER'S NAME: MODEL: 15. ODRIVER'S NAME: MODEL: 16. OPPOSEDINGER: MODEL: 17. ODRIVER'S NAME: MODEL: 18. OPPOSEDINGER: MODE	Also of buscondes	DRIVER TIME	CHIANGINA)		Constant of	FELLALE)
C) ADDRESS: RIK 30 TERM GARDEN ROAD # 06-702 **O) DATE OF BIRTH: [17 09 1974) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DRIFE OF DRIVING LICKILC. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: DOWN IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. Q) WEATHER CONDITION: CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. Q) REPORTED TO POLICE (YES / NO) 17. Q) REPORTED TO POLICE (YES / NO) 18. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 10. OF PASSENGEY 11. O PRICE NUMBER: AND MINIMAD RAINING HAMED ARE MINIMAD PARTY VEHICLE 11. O PRICE NUMBER: MODEL: 12. O PRICE NUMBER: MODEL: 13. O PRICE NUMBER: MODEL: 14. O PRICE NUMBER: MODEL: 15. O PRICE NUMBER: MODEL: 16. O PRICE NUMBER: MODEL: 17. O PRICE NUMBER: MODEL: 18. O PRICE NUMBE	(Including driver)	JINAME: ITTIO	02/12/1/0	1		
SPORE 600030 *d) DATE OF BIRTH: [17 / 09 / 1971 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING LIKELIC. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: NO.) 15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HICKER 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	. 1 .) NRIC/FIN/PASSPO	ORT JERNAL CA	PNEUL POUL		
**ODATE OF BIRTH: 17 / 09/1974 (DD/MM/YYYY) **OCCUPATION: (INDOOR / OUTDOOR) I) DIFFE OF DRIVING LICKILCK. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES DOOR IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GBB SHUF X MODEL: MISSAW MY 100 Induding driver) b) DRIVER'S NAME! MUHAMMAD PAIRMINGHAM BIM MOHAMMO ACIPUL 6. NO OF PRESSURGER O) VEHICLE NUMBER: MODEL: O) WHICH NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:	(()	ADDRESS: KIN	OF LATER OF	KDE~ KOND	1 00-1803	*
e) OCCUPATION: (INDOOR / OUTDOOR) 1) DIFFE OF DRIVING LICKED. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 190) 15. DIWEATHER CONDITION: LOLEAR / RAINING / OTHERS 5. DIWEATHER CONDITION: LOLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 18 THIRD PARTY VEHICLE 10 VEHICLE NUMBER: GBB SIGN MODEL: MISSAU MY 100 10 Induding driver) 10 DRIVER'S NAME MUHAMMAD PATAMENA AND MODEL: 11 OF PRESUNDARY 12 ONTACT: 13 VEHICLE NUMBER: MODEL: 14 OF PRESUNDARY 15 NO OF PRESUNDARY 16 OF PRESUNDARY 17 ONTACT: 18 ONTACT: 18 OF PRESUNDARY 19 ONTACT: 19 ONTACT: 10 OF PRESUNDARY 10 OF PRESUNDARY 11 DRIVER'S NAME: 12 ONTACT: 13 ONTACT: 14 ONTACT: 15 NO OF PRESUNDARY 16 ONTACT: 17 ONTACT: 18		ALD THE OF BIBLING	17 189 197	TE VODALLOV	·VV1 .	
1) DISTE OF DRIVING LICKLE. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HICKER 5. a) WEATHER CONDITION: LOLEAR / RAINING / 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 HIS OF DASSENGEY O) VEHICLE NUMBER: HIS BY YES MODEL! MISSON MY JOB INCLUDING PARTY VEHICLE O) DRIVER'S NAME MUHAMMAD RAISONSHAH BY MOHAWAD ACITY C) NRIC/FIN/PASSPORT: 21226(77) CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL!					111	2.5
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / 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 B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GBB 8148 X MODEL: MISSAU MINOR ACIDAL Induding driver) b) DRIVER'S NAME! MUHAMMAD PATRIMENTAL BIM MOHAMAD ACIDAL (1) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: WODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL: MODEL:				J.,,	- 6	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: LCLEAR / RAINING / 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 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GBB 8148 X MODEL: MISSON MY 200 Induding driver) b) DRIVER'S NAME MUHAMMAD PATROLPHAH BAM MOHAMAD APPARTY C) NRIC/FIN/PASSPORT: 29(2) CONTACT: 9. THIRD PARTY VEHICLE WODEL: MODEL: MISSON MOHAMAD APPARTY O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:	4.	WAS DRIVER AN E	MPLOYEE OF TH	E INSURED'S C	OMPANY? (YES (NO)
b) ROAD SURFACE: DRY / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO). 7. C) REPORTED TO POLICE (YES / NO). 18. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 10. OF passenger O) VEHICLE NUMBER: GBB SIUS X MODEL: MISSAU MV 200 10. Induding driver) b) DRIVER'S NAME: MUHAMMAD PAIRAUSHAH BIM MOHAMMA ACIPAN 10. OF PASSENGER OI VEHICLE 10. OF PASSENGER OI VEHICLE 10. OF PASSENGER OI DRIVER'S NAME: MODEL:	1	F NO, RELATIONS	HIP OF THE DRI	VER WITH INSU	JRED:	HICKYLL
6. WAS ANYBODY INJURED (YES/NO) 7. OJREPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 6. DRIVER'S NAME MUHAMMAD PARAMELAR BIM MOHAMMO ACIPAL 6. Induding driver) 6. WAS ANYBODY INJURED (YES/NO) 7. OJREPORTED TO POLICE STATION: 8. THIRD PARTY VEHICLE 6. DRIVER'S NAME: 6. WAS ANYBODY INJURED (YES/NO) 7. OJREPORTED TO POLICE STATION: 8. THIRD PARTY VEHICLE 6. OF PRESUNGER 6. WAS ANYBODY INJURED (YES/NO) 7. OJREPORTED TO POLICE STATION: 8. THIRD PARTY VEHICLE 6. OF PRESUNGER 6. ORIVER'S NAME: 10. OF PRESUNGER 1						
7. GIREPORTED TO POLICE (YESTNO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: GBB 8148 X MODEL: MISSAU MY 200 11 Induding driver) b) DRIVER'S NAME: MUHAMMAD RATIONAL BIM MOHAMMO ACIPAL 12 Induding driver) c) NRIC/FIN/PASSPORT: 2912613 CONTACT: 9. THIRD PARTY VEHICLE 10 OF PRESUNGER OF DRIVER'S NAME:				ERS		· · · · · · · · · · · · · · · · · · ·
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE C) VEHICLE NUMBER: GBB 8148 X MODEL: MISSAUL MY 200 MODEL: MISSAUL MY 200 MODEL: MOHAMAD ACIPAL C) NRIC/FIN/PASSPORT: 29122673 CONTACT: C) NRIC/FIN/PASSPORT: 29122673 CONTACT: B. THIRD PARTY VEHICLE MODEL: MODEL: DRIVER'S NAME:				*:		M1 120
8. THIRD PARTY VEHICLE GBB 8148 X MODEL: MISSAR MY 200 [No of passenger a) VEHICLE NUMBER: GBB 8148 X MODEL: MISSAR MY 200 [Induding driver) b) DRIVER'S NAME! MUHAMMAD RAIFANDHAH BIM MOHAMMO ACIFUL [Induding driver) c) NRIC/FIN/PASSPORT: \$91226175 CONTACT: [Induding driver) 9. THIRD P'ARTY VEHICLE [Induding driver) 9. T	7. (REPORTED TO PO	FICE (JEZY NOT	07.171011		,
No of passenger a) VEHICLE NUMBER: 486 8798 X MODEL: MISSAU AV 29 1 INDUMENTAL DIM MOHAMIO ACIPAL AND ACIPAL CONTACT: 9. THIRD PARTY VEHICLE NO of passunger a) VEHICLE NUMBER: MODEL:						
Induding driver) b) DRIVER'S NAME MUHAMMAD RATIFOLD BY MOHAMAD ACIFOLD O NRIC/FIN/PASSPORT: \$9(2)6(7) CONTACT: 9. THIRD PARTY VEHICLE NO of passinger of DRIVER'S NAME: DRIVER'S NAME:	Lila of hierana	AL VEUICLE KILLER	ED. GABB 8148	X	DEL MISSA	20 141 200
9. THIRD PARTY VEHICLE No of passinger of Driver's NAME:	the of passenger	a) venicle homo	MUHAMMAN	PATERICHAL P	SIM MOE	FAMILIO ARIFFI
No of passinger of Driver's NAME: MODEL!	(Induding driver)	a) NRIVER'S NAME	PORT: 591226	777 00	NTACT:	
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(_) NRIC/EN/PASSPORT! CONTACT!	A 100 of bastonides	OI DRIVER'S NAME				1 - 1 - 1
	(Including driver)	() NRIC/FIN/PASS		cc	NTACTILL	
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email: weiwarg-andy@yahoo.com.sg fax = 1











Certificate of Insurance

Cover : drivo PREMIUM

: VINCAR LEASING AND RENTAL PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Num	ber: 5082409493-01	
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1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SLM1262T

: RU31132393

: 19 Jul 2017

: 18 Jul 2018

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	; YES
NCD PROTECTION	; NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: VINCAR PTE LTD (00000614250)

Date of Issue

: 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive