NATIONAL Assessment Centre	Services 100	1 35 799]			
Date In 16 12/2017 15:58	Job description		Date & Time Completed	Done by	·
ResNo NATINC17023887 K4	SAS e-filing		1		
VehNo PC 2925M	E-mail (within 8hrs	, AIC Shray		Committee Committee	
DOA [6[12/2017 07:15	i-Motor Claim	Form	: MT/0974009!	16 12 17	17:11
TON CONTRACT	i-Motor W/O (W	ithin: OD 2hrs.	TP 4hrs)		1V.00 5401* 0*
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	Assessment/Surv	ey Report	1		president some
TP Insurer:	Ass't Report by I	ax / Hand to	Owner/Wksp		
Andrew When J OW: I				ax;)
Preferred Wksp / INC Assign Wksp / QW: (C 3087A	INC ()/Non-INC()		
	CSUBIA		Tel:)	
Owner / Driver: (Policy No: () Perio	od: (Cover Type: ()	
roncy (vo. (Date:	Time:)	
Confirmed by : (0%; P: 21-79%. F: S0-	100%]	
	arranty: YES ()/NO()		
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Excess: (\$) Loading: \$1,00	July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	South Transport	31 ST 18 18 18 18 18 18 18 18 18 18 18 18 18	7	
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() Total Loss Case : to e-mail Insure	URGENTLY.				
Drive-In ()/ Towed-In (); Invoice:)();1	Towing Co. (
Remarks:- (INC horline: 6788 6616)	es constitution	100	Date&Time Completed	Done	by
The state of the s	ourtesy Car ()	8.5081853323527	31 - 72 February - 1		
2) QC Check / Post Repair Inspection	()				
	0001 ()				Carlo Senator C
3) Upload Resurvey Photo [Repair Cost > \$3	,				
Injury:	10000 10000 1000 1000 1000 1000 1000 1				
Date/Time Actions	179912413636	STATE OF THE STATE		Mary Mary Control	
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NALL	0 1001	1) AR : Accide	Assert Anna Charles Commenter	134 Dim	
laimant's Particulars :-		2) DA : Dame	ge Assessment (\$100); INC	\$40/\$45	
river/Owner:		3) TF : Towing	·Through Survey	\$120	
		A LEEP AT ALL AND	-Through Survey (Resurvey) g against INC Only (wef 10 Jan :	2005)	-
ontact No:		6) TR : Re-ins	pection	\$75 \$160	-
Carl Destion:		0) 110.100		3-16011	
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Damaged Portion.	-1	7) N1 : Idae D 8) NTUC Add OD*	A + SMRT Survey ditional Services:-		-
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		7) N1 : Idae D 8) NTUC Add OD* *N5: Court *N6: Repa	OA + SMRT Survey ditional Services:- lesy Car / Tpl Allowance ir Co-ordination Repair Inspection	\$5 \$10 \$25	
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OC Checked by (Engr-In-Charge): Auditors' Comments:-		7) N1 : Idae D 8) NTUC Add OD.* *N5: Court *N6: Repa *N7: Post *N8: DV /	A + SMRT Survey ditional Services:- lesy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination : TP (N-in INC) against INC Mobile	\$5 \$10 \$25 \$5 \$20 340	
Oamaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Ent. 1: Ent. 2/3:		7) N1 : Idae D 8) NTUC Add OD* *N5: Court *N6: Repa *N7: Post *N8: DV / TP (N11)	A + SMRT Survey ditional Services:- lesy Cor / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC Mobile Fee Chai	\$5 \$10 \$25 \$3 \$20 \$30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to

- 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 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.

ASSIVAL A BENEFIT AND COMMENT OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	16/12/2017 15:58
Date Of Accident	16/12/2017 07:15
Exact Location Of Accident	TUAS SOUTH AVE 3 TWDS TUAS SOUTH AVE 2
Country/State of Loss	SINGAPORE
Description of the property of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2925M
Insured/Policyholder	
Name Of Registered Owner	ZION EXPRESS PTE. LTD.
Co Reg No	201424312W
Email Address	SHAIKNA_BE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92345926
Alternative Phone No	OFFICE-92345926
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067709661-03
Cover Note Number	
Driver	
Name of Driver	MOHAMED ABDUL KADER SHAIKNA LEBBAI
NRIC No	S7979506B
Date Of Birth	10/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-92345926

SHAIKNA_BE@YAHOO.COM

OTHERS-92345926

BLK 249 COMPASSVALE ROAD

#02-604

540249 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4

NO

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

JURONG EAST NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8999999 - FAX NO: 66655791 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171216/2074

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

PC3087A

Vehicle Make/Model/Colour

Details Of Properties

LI JIAN JUN Name of Driver G5243527M NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC95X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ZHAO YONG YI

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLE2956K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

LOKE YEW CHOONG

Approximate Age

Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
SLIGHT
PC2925M
YES

Was injured conveyed to hospital by ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

SYED ISMAIL BAKKAR SAHIB

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? PC2925M
Were seat belts worn? YES

Page 3 of 27

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MOHAMED ABDUL KADER SHAIKNA LEBBAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

SLIGHT

PC2925M

YES

Was injured conveyed to hospital by ambulance? YES

Address Postcode

DETAILS OF INJURED PERSON 4

Name CHOO CHIN ENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

YES

Address Postcode

SKETCH PLAN

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 <u>truthful</u> and accurate as <u>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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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 .:

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.:





T/20171216/2074

1 of 5

Report No. T/20171216/2074

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

REPORT O	F A TRAFFIC	ACCIDENT		Lotation Dion; No :		
Date/Time Report Made: 16/12/2017 13:14			Vide Report No.: J/20171216/0128	Station Diary No.: 43		
Informa	nt's Particu	lars	The state of the s	The second of the second		
Name of MOHAM	Informant: ED ABDUL		Address: APT BLK 249 COMPASSVAL 540249	E ROAD #02-604 SINGAPORE		
SHAIKNA LEBBAI ID Type / ID No.: NRIC NO / S7979506B			Contact No.: Home/Office: Mobile: 92345926			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 38 10/10/1979			Type of Informant: Driver			
Race:			Language: English	Institution / School Name:		
Occupation: DRIVER			Driving Licence Information: Class: 3A Date of Expiry:			

Type of Accident:	Lonveved by Ambulai		Drink Date/Time of			
TUAS SOUT	H AVENUE 2			Deed Speed Limit		
Clear Dr Traffic Flow: Tr		Road Surface: Dry		Road Speed Limit:		
		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate		
Type of Colli			-	Anyone conveyed by ambulance: Yes		

THE RESERVE OF THE PERSON NAMED IN	hicle Involved	Make	Model	Color	Conditión	No of Passenger
Vehicle No. PC2925M	Type Van	Wate	MANAGE		Seriously Damaged	3
PC3087A	Bus/Coach/Mi				Seriously Damaged	1
PC95X	Bus/Coach/Mi				Slightly Damaged	0
SLE2956K	nibus Car				Slightly Damaged	1





2 of 5

Report No. T/20171216/2074

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

CONTINUATION OF REPORT

ny Pedestrian Inv	Involved: No	The state of the s				
lo. of Pedestrians	Injured: NII		Use of Pe	destrian	Crossi	ng: NA
The second section and company of the second	Manager Control of the Control of th		The Paris Justice 1	"福利尼斯		THE RESERVE OF THE PARTY OF THE
Passenger Name	LOKE YEW CHOON	G		ID No.		S0226807H
Related Vehicle	PC2925M (Van)			Contac	t No.	91788283
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
- 1 - 1 1	16/12/2017		Date Dis			/2017
Date Treatment		01	Degree o			Secretarian management
	ed Medical Leave	State of South	INTERNATION OF THE PARTY OF THE	No. of Street, Square	2005	1997年1月1日 1998年1日
Passenger	SYED ISMAIL BAKK	AR SAHIR		ID No	No. of London	G6149417R
Name	STED ISWAIL DAKE	U II O/ II II D		200100000000000000000000000000000000000		
Related Vehicle	PC2925M (Van) NG TENG FONG GENERAL HOSPITAL			Conta	ct No.	84990841
Hospital/Clinic				Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
	46/40/2017		Date Dis	scharge	•	
Date Treatment	ted Medical Leave	03	Degree	of Injury	Sligh	nt
	Ted Medical Leave		A COLUMN			
Name	MOHAMED ABDUL	KADER SI	HAIKNA	ID No).	S7979506B
Related Vehicle	PC2925M (Van)			Contact No.		. 92345926
Hospital/Clinic	NG TENG FONG G	SENERAL H	IOSPITAL	. ("Section of the company")		Class: 3A Date of Expiry: NIL
D-t- Transpar	16/12/2017		Date D	ischarge	16/	12/2017
Date Treatment	nted Medical Leave	03		of Injury		



3 of 5

Report No. T/20171216/2074

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

CONTINUATION OF REPORT

Passenger	Call the Contract of the Contr	NAME OF TAXABLE PARTY.	The same of the same of	STATE OF STATE OF	S1349478I
Name	CHOO CHIN ENG		ID No.		513494701
Related Vehicle	PC2925M (Van)			t No.	98267846
Hospital/Clinic	NG TENG FONG GENERAL HO	Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
	16/12/2017	Date Dis	charge	16/12	/2017
Date Treatment	red Medical Leave 03		of Injury	Slight	
	The state of the s	ALCOHOL:		建	A STATE OF THE PARTY OF THE PARTY.
Driver Name	LI JIANJUN		ID No.		G5243527M
Related Vehicle	PC3087A (Bus/Coach/Minibus)	Conta	ct No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Di	scharge	NIL	
No of Dave gran	ited Medical Leave NIL		of Injury	NIL	
Driver Driver	red Wedical Education				
Name	ZHAO YONGYI		ID No		S2667865Z
Related Vehicle	PC95X (Bus/Coach/Minibus)		Contact No.		. NIL
Hospital/Clinic	NIL		Class Drivir Licen	ng	Class: NIL Date of Expiry: NIL
	NIL	Data D	ischarge	NIL	W
Date Treatment					

Brief Details.

On the 16/12/2017 at about 0713hrs along Tuas South Avenue 3, I was driving my company's vehicle bearing registration number PC2925M along lane 4. As I was approaching the junction of Tuas South Avenue 2, the traffic light indicator turn red and I slowed down and stopped behind one black in colour vehicle bearing registration number SLE2956K. I observed that there was one red in colour bus bearing registration number PC95X on lane 5. On board my vehicle there were three other passenger and I was heading to No.81 Tuas South Street 5"See Hup Seng Pte Ltd" to send off my passenger to their workplace.

While we were in the vehicle waiting for the traffic light to turn green, we felt a great impact for the rear of the vehicle. Our vehicle was pushed forward due to the impact, my vehicle hit onto both vehicle registration number SLE2956K and PC95X. Then I discovered that a white in colour bus bearing





4 of 5

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

Report No. T/20171216/2074

CONTINUATION OF REPORT

registration number PC3087A collided onto the rear of my vehicle. I then made a check on my passengers and called for the Ambulance.

Upon arrival of Ambulance two of my passenger namely Choo Chin Eng and Loke Yew Choong was conveyed to Ng Teng Fong General Hospital by Ambulance. After investigation by the Traffic Police, My company's insurance agent then send me and my another passenger named Seyed Ismal Bakkar Sahib to Ng Teng Fong General Hospital for check up. Choo Chin Eng, Seyed Ismail Bakkar Sahib and myself were granted three days of medical leave from 16/12/2017 till 18/12/2017. And for Loke Yew Choong he was granted with one day of medical leave on the 16/12/2017.

VEHICLE NO: PC 2925M. MAKE & MODEL: Nissan NY350

16/12/2017. **Date of Accident** 07:15 (AM) / PM Time of Accident Purase Work Location of Accident Personal / Private Hire (Uber / Grab) / Commercial **Exact Purpose Usage** Express Pte Hd 2700 NAME OF OWNER: Contact No. 201424312W. Nric No Third Party / Own Damage / Reporting only Type Of Claim VTUC Income Insurance Co. Comprehensive / Third Party / Third Party Fire & Theft Type of Coverage Le bhai 5067709661-03. Policy No As above / If No: Mohamed Abdu Shaikna coder NAME OF DRIVER: Any Passenger: 3 C 7979 506B Nric No 1 10 / 1979. Date Of Birth Outdoor / Indoor Occupation 13/06/2016-**Date Of Driving Pass** Male. / Female Gender Home: 92345926 Office: Contact no #25-07 International Plaza 10 Anson Road Address S(079903) NO / If Yes (Reg no): Driver Have Any Own Vehicle Employee / If No : Relationship Clear / Raining / Other: Weather Condition Dry / Wet / Other: **Road Surface** NO / If Yes Who? Loke Yew Chang (SO226807H) **Any Injuries** Balcar Sahi b Contact : Sued. smail Name Contact: Loke Yew Charing Name East N.P.C No / If Yes : Where? Turons Police Report Any Passenger: PC 3087A. Vehicle B No: Jian Jun G52 4352AM). Name Of Driver Contact No: PC 95X. Any Passenger: 2hao Youg Vehicle C No: 1 Any Passenger: SLE 2956K. Vehicle D No: Any Passenger: Vehicle E No: Any Passenger: Vehicle F No: **Any Witness** Witness Contact No Have you been approach by unknow person soliciting (s) / YES /(NO offering accident claims assistance? PRECISE AUTO SERVICE PARTICULAR WORKSHOP 1 Kaki Bukit Ave 6 #02-34 Address Kaki Bukit @ Auto Bay Singapore 417883 Tel: 6745 7367 Fax: 6841 3390 Shaikna be @ Yahoo. wm Email:

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S7979506B

Name : MOHAMED ABOUL KADER SHAIKNA L

ssue Date : 13/6/2016

Please visit www.tta.gov.sg to check the status of this vocational licence

DRIVING LICENCE REPUBLIC OF SINGAPORE S7979506B MOHAMED ABDUL KADER SHAIKNA LEBBAI Birth Date: 10 Oct 1979 ue Date: 17 Mar 2015

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7979506B





MOHAMED ABDUL KADER SHAIKNA LEBBAI

INDIAN

10-10-1979 Country of birth INDIA

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description 03 04

BUS ATTENDANT

13/06/2016

Issue Date

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

17 Mar 2015



NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 18	19)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Certificate Number : 5067709661 03

1. I index mark and Registration Number of Vehicle Chassis Number

Name of Policyholder

Effective Date of Insurance

4. Expiry Date of Insurance

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.

Cover : Comprehensive

JN1UC4E2620001815

ZION EXPRESS PTE LTD

PC2925M

16 Oct 2017

: 22 Sep 2018.

Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business

(b) Limited to carry 15 passengers

This Policy does not cover

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

(b) Use whast drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled

* - 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.

WITHIN THE REPUBLIC OF SINGAPORE ONLY GEOGRAPHICAL LIMIT

5\$2,000 EXCESS (SECTION I) 5\$3,000 EXCESS (SECTION II) \$\$500 WINDSCREEN EXCESS YES INSURE WITH COE

TAN CHONG CREDIT PTE LTD

HIRE PURCHASE COMPANY MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

16 Oct 2017 11:16 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITE

Authorised Officer

Chief Executive

Countersigned By:

Change Li Accident		Change Passwor	d · Log Out
Accident	16/12	10047 07:45	7
Accident	10/12		
		72017 07:15	_
vehicle No.	Insured Object	Commence Date	Expiry Date
sive PC2925M	4 PC2925M	16/10/2017	22/09/2018
en	ype No.	ype No. Object ensive PC2925M PC2925M	ype No. Object Date ensive PC2925M PC2925M 16/10/2017

Unit No. Insure Endors Sequen	d Object: PC2925M sements	Endors Basic Infor	ement Type Endorseme mation Endorsement Tak		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 08 Nov 2017, the Hire Purchase Company, TAN CHONG
♪ Insure	d Object: PC2925M sements			nt Status	Endorsement Content
∂ Insure	d Object: PC2925M	Number			
Participans	774.75	Number			
Unit No.	77. 77.	Number			
	30-11	Related Policy	5067709661-03		
Address 4		Address Type	Singapore address	Post Code	079903
Address 1	10 ANSON ROAD	Address 2	#25-07 INTERNATIONAL PLAZA	Address 3	SINGAPORE 079903
	nolder Mailing Address				
Certificate Info					
Open Policy Info					
insurance Flag	No				
Agent Co-	KHC HOLDINGS FIE LID	. igunt ren	100000000000000000000000000000000000000	50	
OD Excess	KHC HOLDINGS PTE LTD	TP Excess Agent Tel.	62538288	GST Flag	Y
Outside Singapore		Outside Singapore			
Additional Excess		OS Premium	0		
Party Excess	3000	damage Excess	2000.0	Excess	300.0
ssue Date Third		Own	*****	Windscreen	500.0
Policy	16/10/2017	Effective Date	16/10/2017 00:00	Expiry Date	22/09/2018 23:59
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Address	10 ANSON ROAD #25-07 INTE	RNATIONAL PLA			
	5067709661-03	Policyholder Name		Policyholder NRIC	201424312W

Continue Cancel

laim Handling				
ccident MT/0974009				GST Registration No.
olicy No.	5067709661-03	Vehicle No.	PC2925M	
	ZION EXPRESS PTE. LTD.			Policyholder NRIC Loading
roduct Code	BUS INSURANCE	Cover Type	Comprehensive	Contact No.(Home)
onfact No.(Mobile)	92345926	Contact No.(Office)	0	eCode
mail Address		Special Remark	2 22	eCode Reason
PK.	No Yes	TCA	@ No ← Yes	Private Hire No
ICD Protection	No	NCD Entitlement(%)	20	private rire
Accident Details				
	16/12/2017 16:59	Accident Report Within 24 hrs	Yes	Accident Type Cha
cepart same		Time of Accident hh:mm	07:15	Country of Accident Sing
Date of Accident	16/12/2017			ICM No.
Reporting Centre		Orange Force		
Accident Location	TUAS SOUTH AVE 3 TWDS TUAS SOUTH AVE			
⇒ Benefits				
⇒ Excess	20 Gen (2000)	URLEYTOR WOULD		Windscreen Excess
Own damage Excess	2,000.00	Additional Excess		
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		
GST Registered Informa	tion		GST Registration Date	
GST Registered	No		GST Registration Date GST Status Verified	No
GST Registration No.			GOT GRANDE FERRINGS	
Modification History				
Policyholder Mailing Add	dress	2 W 10 2	#25-07 INTERNATIONAL PLAZA	Address 3
Address 1	10 ANSON ROAD	Address 2		Post Code
Address 4		Address Type	Singapore address	11.
Unit No.	30-11	Related Policy Number	5067709661-03	
OI Driver Info		- V 100 V	Unnamed Driver	
Driver Name	Unnamed Driver	Driver Type	57979506B	Driver DOB
Unnamed driver Name	MOHAMED ABOUL KADER SHAD	Driver NRIC	38	Driving Experience
Register Date of Driver License	17/03/2015	Driver Age		Contact No.(Home)
Contact No.(Mobile)	92345926	Contact No.(Office)	0	Address 3
Address 1	BLK 249	Address 2	COMPASSVALE ROAD	Post Code
Address 4		Address Type	Singapore address	rust code
Unit No.	#02-604			
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Reading?	o mg	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
Modification History				
Claim 001 OD-MX No	w			
Claim Type *	OD-MX *	Insured Name	ZION EXPRESS PTE, LTD.	Insured NRIC
Contact No.(Mobile)	86931985	Contact No.(Home)	NIL	Contact No.(Office)
	PAKIANATHAN22@GMAIL.COM	OI Vehicle Number	PC2925M	TP Vehicle Number
Email Address	PC2925M / PC3087A ON 16 Dec 2017			Name of Preferred Workshop
Claim Description	LCTATON 1 LCOROLU OU TO DEC TOTAL	Insured Liability *	Partially et Fault	
Preferred Workshop Contact No.			Preferred Workshop, Name unknown	▼ GIA report
Require Finalisation	Yes	Preferered Repair Option	FIGURE STORESTON COMPANY	Date Received
Date Registered	16/12/2017 17:07	Claim Close Date		Total Loss but Repaired
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Pros and pelanter
Print AK letter				
			Save Submit	
Attachment				
⇒				
Accident No.	MT/0974009	Claim No.	001	
Last Doc, Received		Upload Date	16/12/2017 17:10	
	Path *		Category *	Confidential Urgenic) NO * Normal
		Brov	vse Clear Please Select	A MANUAL

