ATIONAL Assessment Centr	Date & Time Co	ompleted Done by
Date 10: 15/01/2018 14:5	5 Jep description	
1-1-1-17-18117/24	SAS e-filing	
Re[No NA/INC1800091217	E-mail (within Slars, AIC 2hrs)	0 -1 0 10 16:15
VehNo SJF 2577P	i-Motor Claim Form : MT097	822 81/18 (0.12)
DOA 00 101 2018 0123	i-Motor W/O (Within: OD 2hrs. TP 4hrs)	
OD TP Pepolung Only	1-Photo Uploaded	
OD TP Proporting only	Assessment/Survey Report	
The Langer	Ass't Report by Fax / Hand to Owner/Wksp.	
TP Insurcr:	Tel:	Fax:
Preferred Wksp / INC Assign Wksp / QW: (50 1 1199 V INC()/ Non-INC	()
rp Particulars: Veh No:	FB L 4199 Y . INC () / Non-184)
Owner / Driver: () Cover Type:	(
Policy No: (Period: () Cott. 1)	
Confirmed by : (Note-Est. Status (WO): N: 0-20%; P: 21-79	%. F: 80-100%)
Insuicubille	Warranty: YES ()/NO ()	
in institution (Tr dittary.	
EXCESS. (4	1,000()/\$2,000()	Walter of the same
General Remarks:	5 Stantial & Strictly NO rafe	of repairer.
Carron or Landon or Landon or State of the Control	III OTT THE TOTAL THE TOTA	
() Walk-In Customar : Coe-mail Ins	surer UNGELLIC	.)
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Drive-in (), 10	Time	Completed Done by
Remarks: (INC horline, 6788-66)	Date&Time	Comple ed
Remarks:- (INC horline: 6788 66) t	Date&Time) / Courtesy Car ()	Completed Done by
Remarks: (INC horline: 6788 66) (1) Apply for Transport Allowance (2) OC Check / Post Repair Inspection	Date&Time () ()	Completed Done by
Remarks: (INC horline: 6788 66) (1) Apply for Transport Allowance (2) OC Check / Post Repair Inspection	Date&Time () ()	Comple: 3d
Remarks: (INC horline: 6788 66) (1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	Date&Time () ()	Comple ad Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- you hereby consent to the archiving of this report at the centre and to copies of the report being made available

int to the archiving of this report at the centre and to copies of the report being made available
ACCIDENT STATEMENT
05/01/2018 14:55
05/01/2018 09:50
SENGKANG EAST ROAD / SENGKANG EAST WAY
SINGAPORE
ETAILS OF OWN VEHICLE
SJF2577P
VASRO RENTALS
53367446L
NOEMAIL
(LOCAL) +65-87421323
OFFICE-87421323
MAZDA
MAZDA3SP LUX
WORK
NO
THIRD PARTY
PRIVATE HIRE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5093371571 Policy Number

Cover Note Number

Driver

MUHAMMAD AKIF BIN SANUSI Name of Driver

S9205979J NRIC No 25/02/1992 Date Of Birth **INDOOR** Occupation 22/05/2012 Date Of Driving Pass

5 YEARS AND 7 MONTHS **Driving Experience**

Gender

(LOCAL) +65-87421323 Mobile Number

Fax Number

OTHERS-87421323 Contact Number

NOEMAIL EMail Address

BLK 289B COMPASSVALE CRESCENT Address

#04-341

542289 Postcode

NO Was driver an employee of the Insured's Company

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

Passenger 1

: NADRAH BINTE OSMAN NAME:

GENDER:

: FEMALE

Passenger 2

NAME:

: NAURAH

GENDER:

: FEMALE

Passenger 3

NAME:

: ADAM

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE TEL NO: 1800 - 3438999 - FAX NO:

Police Station Contact

NO

YES NO

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180105/2039

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBL4199Y

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 25

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MUHAMMAD AKIF BIN SANUSI Name

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SJF2577P YES Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

YES

NADRAH BINTE OSMAN Name

Approximate Age

SLIGHT Injuries Sustain SJF2577P Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

Polic holder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

KETCH PLAN	131211111	
	TA AB	SENGKANG EFK
-SJE2577P -FBL4199Y	3211	2 3 4 SERVIGERIA EAS
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	1/2
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		1205
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	· //re	70
	01/201	
Q	ele	
015		
Kin		

hature Date & Ime

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Report No. T/20180105/2039

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

	1	TOAFEIC	ACCIDENT
REPORT	OF A	IKAFFIC	ACCIDENT

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 05/01/2018 11:36		ade:	Vide Report No.:	32	
Informar	t's Particu	lars			
Informant's Particulars Name of Informant: MUHAMMAD AKIF BIN SANUSI			Address: APT BLK 289B COMPASSVA SINGAPORE 542289	LE CRESCENT #04-341	
ID Type / ID No.: NRIC NO / S9205979J Nationality: SINGAPORE CITIZEN		79J	Contact No.: Home/Office: Mobile: 87421323		
		- KRESTELLE	Email:		
Sex: Male	Age:	Date of Birth: 25/02/1992	Type of Informant: Driver	La maria d'Ochael Name:	
Race:	Race:		Language: English	Institution / School Name:	
Occupation: SUPERVISOR		18	Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink Date/Time of		Type of Location X-Junction	
Location: Along Road 1 SENGKANG SENGKANG	EAST ROAD EAST WAY				
Weather:	9.7	Road Surface: Dry		Road Speed Limit:	
Traffic		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate	
Type of Collis Between Mo		Anyone conveyed by ambulance: Yes			

Details of V	ehicle Involve	a	Madal	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIOI	Slightly	0
FBL4199Y	Motorcycle				Damaged	
					Slightly	3
SJF2577P	Car				Damaged	

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



T/20180105/2039

2 of 3

Report No. T/20180105/2039

Police Station Of Origin: Sengkang N.P.C. 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

)river		IN CANILIC		ID No		S9205979J
Name	MUHAMMAD AKIF B	IN SANUS	1	15 110		
				Conta	ct No.	87421323
Related Vehicle	SJF2577P (Car)			Come		
				Class	of	Class: 3,4
Hospital/Clinic	NIL			Drivin Licen	g ce &	Date of Expiry: NIL
					y Date	
Date Treatment	NIL		Discharge	scharge NIL		
No. of Days granted Medical Leave NIL			Degr	ee of Injury	INIL	CONTRACTOR OF THE REAL PROPERTY.
Passenger				ID No		S9225680D
Name	NADRAH BINTE OS	MAN		ID NO	J.	00220000
				Cont	act No.	91697041
Related Vehicle	SJF2577P (Car)			Cont		To the state of th
		OLIII DDE	NIC	Clas	s of	Class: NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Drivi Lice		Date of Expiry: NIL	
French St.			1	Discharge	NIL	
Date Treatment	05/04/0018		05/01/2018 Date Dis nted Medical Leave NIL Degree			

Brief Details.

On 05/01/2018 at about 0950hrs, I was driving in vehicle bearing no. SJF2577P along Sengkang East Road. I then came up to a traffic junction of Sengkang East Road and Sengkang East Way. The traffic light was was amber at that time. As I was nearing the junction, I proceeded on with the traffic light in my favor. I observed that the bus from the opposite side had already stopped at the pocket.

As I was proceeding on and was already nearing the other side of the junction, suddenly a motorcycle bearing no. FBL4199X made a U-turn. I immediately applied my brakes and my car swerved to the left hitting the rear right passenger door of my car against the said motorcycle. I had 3 passengers with me at that time which consisted of my wife and 2 children.

My wife, who was seating at the rear left seat felt unwell and was conveyed by the ambulance to KK Hospital. TP officer was also at scene to interview both parties.

Ref: F/20180105/0094 10 Abdillah





3 of 3 Report No. T/20180105/2039

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Contact No.: 65476246

Authentication Stamp

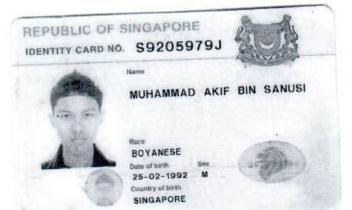
NP168

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD SYAZWAN BIN MOHAMAD YASIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2018 11:36
Officer In Charge Of Case: TP / GIT / Sr Staff Sqt MOHAMMAD ABDILLAH BIN PALIL	Classification Of Case:

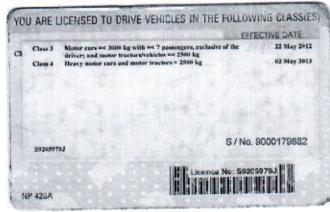
ACCIDENT STATEMENT

ACCID	ENT DATE: 15/1/2	a (8)(DD/MM/YYYY),	TIME: (09:50)(HH:MM)
LOCAT	521000	erra East Rd	I sengkang Ear	t way .
LOCAL				
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER:	SJFZ5	77 P_	70.
	b)INSURANCE COMPAN	Y·		
106				
	dIPOLICY TYPE: (COMPF	REHENSIVE / THIRD PART	Y / THÍRD PARTY FIRE &THEFT)	
	LILLYE & MODEL			·
	f)TYPE:(SALOON / COUP g)VEHICLE CATEGORY:(E / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS)	
	h) PURPOSE OF USING A	ACCIDENT TIME:		
	TARE YOU CLAIMING UN	NDER YOUR OWN INSUR	RANCE (YES/NO)	
	IF NO, PLEASE STATE (TH	HIRD PARTY CLAIM / RE	PORTING ONLY)	40 gr
2.,	INSURED / POLICY HOLD	ER	(MALE / FEMALE)	
	A) NAME:		CONTACT:	
65	c) ADDRESS:			
w 8	1		1050	= (8)
	* CONTINUE TO 3.d IF DE	RIVER ALSO POLICY HO	LDER	
*No of passenga	DRIVER a) NAME:	X	(MALE / FEMALE)	70.7
(Including driver)	b)NRIC/FIN/PASSPORT:_		_CONTACT:_ 87421	307
(<u>4</u>)	c)ADDRESS:			
5 se- Ninte	*d) DATE OF BIRTH: (/ /)(DD//	MM/YYYY)	
winds in	e)OCCUPATION: (INDO	OR / OUTDOOR)		7.0
Nadvalman (4)	FYEARS OF DRIVING EX	PRERIENCE:	ED'S COMPANY? (YES / NO	HIRER
	IF NO, RELATIONSHIP	OF THE DRIVER WITH	H INSURED:	2 0
- IDANE	a) WEATHER CONDITION	: (CLEAR / RAINING / C	OTHERS	<u>)</u> .
WOUND (WA)	b)ROAD SURFACE: (DRY	/ WET / OTHERS		-1
6.	WAS ANYBODY INJURED OF REPORTED TO POLICE	(YES / NO)		
/1.	IF YES, PLEASE STATE W	HICH POLICE STATION		
8.				
the of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	I BL CI CI	MODEL:	
	b) DRIVER'S NAME: c) NRIC/FIN/PASSPOR	Т:	CONTACT:	
() 9.	THIRD PARTY VEHICLE		50000000	12 12 12 12 12 12 12 12 12 12 12 12 12 1
* No of passenger	d) VEHICLE NUMBER:_		MODEL:	
	\	т.	CONTACT:	
()	TOO DEV. SURGESTING VALUE OF SUPERIOR SHOP		The sign of the	, a
()	· ·	Ah	Tay 47: 91883495 Ltd. tel:	tank illali
, , , e	7 TL que	to services Pte	itd. tel:	6704 466
Ka	Ç'	- 51	V	
Ke	werkslop: em	ail =	tay 08323 @	grail con.
Huge King	Pa	x = '	9	(MU)
W.	19		2 1 6)
X	ex T	Mari Lav	Volièle Photos	n.
	W	aiting 10	t t	
			- 72	











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185	9)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093371571 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJF2577P

Chassis Number : JM6BK106280412725

2. Name of Policyholder : VASRO RENTALS

3. Effective Date of Insurance : 28 Aug 2017
4. Expiry Date of Insurance : 27 Aug 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

EVCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 1)	
EXCESS (SECTION 2)	; S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
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	: N/A
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

: IVAN INSURANCE AGENCY (00000614519)

Date of Issue

: 11 Aug 2017 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

- Da - Tack						N/STATE			Gener	ralClaim
eBaoTech Hello, NAC_PAYA_UBI_80	00601			September 1) (change Lan	guage ,	Change Password	b Log Out
My Desktop Notice of Loss		y Query				Date of Acc	ident	05/01/	2018 09:50	
	No. of the Contract of the Con	No.(For Motor)	SJF2577P			Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	100 MARKET	Vehicle No.	Insured Object	Commence Date	Expiry Date
	6	5093371571	VASRO RENTALS	53367446L	GFT	drivo CLASSIC	SJF2577P	SJF2577P	28/08/2017	
	0	5093371571		53367446L	GFT	drivo CLASSIC	SJF2577P	SJF2577P	28/08/2017	

Policy Informatio	7	Polic	cv I	Info	rm	ati	io	ı
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V FUIL	y Information				
Policy No.	5093371571	Policyholder , Name	VASRO RENTALS	Policyholder NRIC	53367446L
Address	BLK 272 #03-22 TAMPINES	STREET 22 SINGAP	ORE 520272		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	11/08/2017	Effective Date	11/08/2017 00:00	Expiry Date	06/08/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	1838.44		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	IVAN INSURANCE AGENCY	Agent Tel.	64400220	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info	haldar Mailing Address				
Address 1	holder Mailing Address BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
Unit No.	03-22	Related Policy Number	5095128194		
▶ Insure	ed Object: SJF2577P				
▽ Endor	650 m-22			-Avenos	THE STATE OF THE S
Sequen	ce Date of Endorsement	Endorsement Type Basic Information	Endorsement Number	Endorsement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ334R 17-08-2017 \$1,571.4 In view of this amendment, an additional premium of \$1,571.43 (inclusive of GST) is payable under your policy. Please ignore this premium
	16/08/2017 00:00	Endorsement	000001286620316	Effective	payment request if you have since made payment. Otherwise, we would apprecia
1	10/00/2017 00:00				it if you could make payment us within 14 days from the da of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on th reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

Claim Handling

The premium on this policy has not been collected.

ccident MT/0976825					DESCRIPTION OF THE PROPERTY OF	_
Policy No.	5093371571		Vehicle No.	SJF2577P	GST Registration No.	
Policyholder Name	VASRO RENTALS				Policyholder NRIC	533
Product Code	FLEET INSURANCE		Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87421323		Contact No.(Office)	0	Contact No.(Home)	0
Email Address			Special Remark		eCode	No
KFK	No Yes		TCA	No Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Report Date	08/01/2018 15:53		Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	05/01/2018		Time of Accident hh:mm	09:50	Country of Accident	Sing
Reporting Centre			Orange Force		ICM No.	
Accident Location	SENGKANG EAST ROAD /	SENGKANG EAST WA				
♥ Benefits		220/2017				
▼ Excess						
Own damage Excess	2.0	00.000	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	-		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1	500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa	23	300.00				
	No			GST Registration Date		
GST Registered GST Registration No.	140			GST Status Verified	Yes	
Modification History						
The state of the state of						
Policyholder Mailing Ad	dress					
Address 1	BLK 272 #03-22		Address 2	TAMPINES STREET 22	Address 3	SIN
Address 4			Address Type	Singapore address	Post Code	520
Unit No.	03-22		Related Policy Number	5095128194		
♥ OI Driver Info						
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD AKIF BIN SA	NUSI	Driver NRIC	\$92059793	Driver DOB	25/
Register Date of Driver License	22/05/2012		Driver Age	25	Driving Experience	5
Contact No.(Mobile)	87421323		Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 289B		Address 2	COMPASSVALE CRESCENT	Address 3	
Address 4	Section and the		Address Type	Singapore address	Post Code	542
Unit No.	#04-341					
Does he own a Singapore	Yes - No		Driver Vehicle No.		Driver Insurer Company	
Registered car?						
Declaration						
Breathalyser or Blood Test	0 mg		Any injury?	☐ Yes · No		
Reading?	×9		i Dodelik inter			
Modification History						
	, Da					
Claim 001 OD-MX Nex	w.					
				processor to the same of the s	STREET, TOPOLO	
Claim Type *	OD-MX	•	Insured Name	VASRO RENTALS	Insured NRIC	533
Contact No.(Mobile)	90187349		Contact No.(Home)		Contact No.(Office)	NIL
Email Address			OI Vehicle Number	SJF2577P	TP Vehicle Number	FBI
Claim Description	S)F2577P / FBL4199Y O	N 5 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact			Insured Liability *	Partially at Fault ▼		
No.	Yes	•	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Re
Require Finalisation			Claim Close Date		Date Received	08
Require Finalisation	08/01/2018 16:10					
Date Registered	08/01/2018 16:10		Workshop Repairer		Total Loss but Repaired	
	08/01/2018 16:10 KRISHNASAMY		Workshop Repairer		Total Loss but Repaired	

		96819 335 2352			
Accident No.	MT/0976825	Claim No.	001		
Last Doc. Received	yes W No	Upload Date	08/01/2018 16:15		
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♥ Video List						
	Uploaded By/Date	Folder Date	File Name		9	Source