NATIONAL Assessment Centre	e dervices.   wet i Jamos	MNA 118010 86 )		
Date In: 22/1/8-16:59	Jeb description	Date &Time Completed	Done	by:
Ref No: NO /NC18001315/24	SAS e-filing			
Veh No: SGN53330	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 31/1/18-14:40	i-Motor Claim Form	M710978937	22/1/18 19	):11
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD TP/ Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: SLLS	783k INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	riod: (	Cover Type: (	),	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	7))
Year of Registration: ( ) V	Varranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,00	00()/\$2,000()			
General Remarks:-				
( ) Walk-In Customer: Customer's infor	A THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS	manufacture of the second	- Landson - Company	
( ) Total Loss Case : to e-mail Insure		5 3	101	
Drive-In ( )/ Towed-In ( ); Invoice:	and the second s	Towing Co: (		)
				W
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
	ourtesy Car ( )	-		
2) QC Check / Post Repair Inspection	( )	1000		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )			gelvo - ere
Injury:				
Date/Time Actions	50.000.000	and house	00124	-4 mile Pare
Fire cone Alchons			EXSORPTIMENTS STO	
and the same of th				(*)
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NA1800492		paration Checklist	Ant (\$)	Amt(\$)
NA1800492.	1) AR : Acciden	t Reporting (\$30);	fáBill	ASIS 100 AND 18 TO
NA 1800492 . laimant's Particulars :-	1) AR : Acciden 2) DA : Damage 3) TF : Towing	t Reporting (\$30); Assessment (\$100); INC (\$	fát Bill (80) (0/\$45	ASIS 100 AND 18 TO
NA 180492 . laimant's Particulars :- river/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey	fit Bill (80)	ASIS 100 AND 18 TO
NA 180492 . laimant's Particulars :- river/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200	ficBill 880) 10/\$45 \$120 \$30	ASIS 100 AND 18 TO
NA 1800 492 Inimant's Particulars :- river/Owner: ontact No:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 ection	580) 580) 50/\$45 \$120 \$30	ASIS 100 AND 18 TO
14 A MAISON (12)	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey	56 Bill (880) 10/\$45 5120 530 55) \$75	ASIS 100 AND 18 TO
NA 1800 P2	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 3) NTUC Additi OD*	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey onal Services:-	580) 10/\$45 \$120 \$30 55) \$75 \$160	ASS - 100 ASS - 1
NA 1800 P2	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi OD!* *N5: Courtes *N6: Repair 0	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination	\$80) \$00/\$45 \$120 \$30 \$5) \$75 \$160	ASS 1 111 4 4 5 5 4
NA 1800 P2 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idao DA 3) NTUC Additi OD!* *N5: Courtes *N6: Repair 0 *N7: Fost Re	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination pair Inspection	\$80) \$10/\$45 \$120 \$30 \$5) \$75 \$160 \$5	ASS 1 111 4 4 5 5 4
NA 1800 492 Inimant's Particulars :- river/Owner: ontact No:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idao DA 3) NTUC Additi OD!* *N5: Courtes *N6: Repair ( *N7: Fost Re *N8: DV / Ce TP (N11) : TI	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Frough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination pair Inspection Heat Excess Coordination P (N:in INC) against INC	\$80) \$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$5 \$5 \$25 \$20	ASS 1 111 4 4 5 5 4
NA 1800 492  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): unditors' Comments:-	1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 5) NTUC Addition OD* *N5: Courtes *N6: Repair ( *N7: Fost Re *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Frough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination pair Inspection Heat Excess Coordination P (N:in INC) against INC	\$80) \$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$5 \$25 \$20 \$30	ASS 1 111 4 4 5 5 4

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

- 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.

ACCI	DEVL	C CTA	TEM	IΕΝ	т
ACC	DEN				

Date Of Report 22/01/2018 16:59
Date Of Accident 21/01/2018 14:40

Exact Location Of Accident ECP TWDS CHANGI AIRPORT

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGN5323D

#### Insured/Policyholder

Name Of Registered Owner ARTISAN TRANSPORT

Co Reg No 53352428L Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-82398235

 Alternative Phone No
 OFFICE-82398235

#### Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

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 PRIVATE HIRE

#### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5092330469

Cover Note Number

#### Driver

Name of Driver S AMEEN BIN ABDULLAH BAHASHWAN

 NRIC No
 \$1773683C

 Date Of Birth
 01/09/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/02/2011

Driving Experience 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97566636

Fax Number

Contact Number OFFICE-97566636

EMail Address NOEMAIL

**BLK 355 TAMPINES STREET 33** Address

#04-636

520355 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 4

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TAMPINES EAST NEIGHBOURHOOD POLICE POST Police Station Name

NO

ROAD: BLK 263 TAMPINES STREET 21 #01-128, POSTCODE: 520263, Police Station Address

**COUNTRY: SINGAPORE** 

TEL NO: 1800-7839999 - FAX NO: 67832500 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180121/2120.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**SLL5783K** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKJ6934K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKU5073R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# 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.
- 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.
- 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) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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 .:

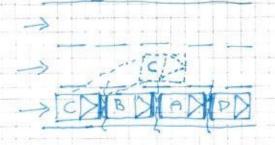
SKETCH PLAN

VEHICLE A - SGN 5323D.

VEHICLE B - SLL 5793K

VEHICLE C - SKS 6934K

VEHICLE O - SKU 5073 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As PER POLICE REPORT	REPORT NUMBER:
	7/2018 0121/2120
ACCIDENT INVOLVING OF	TAMPINES EAST NEP
- SGN 5323 P	
- SLL 57 83 K	OPFICER IN - CHARGE
- 5KS 6934K	SSGT SHAHRUL NIZAMIBIN
- SKU 5073R	SAMARRI
(	

DECLARATION

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

Policyh

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

NRIC/FIN No.:

## quire PARF/COE Rebate for Registered Vehicle

#### chicle Overser Particulars

mer ID Type:

Business

mer ID:

3716W

shicle Details

nicle No.:

SGN5323D

nicle to be Exported:

Yes

ended De-registration Date:

30 May 2017

nicle Make:

TOYOTA

nicle Model:

COROLLA ALTIS 1.6 AUTO

mary Colour:

Silver

nufacturing Year.

2006

gine No.:

3ZZ4619892

assis No.:

MR053ZEC107137016

atimum Power Output:

81.0 kW (108 bhp)

en Market Value:

\$15,355.00

ginal Registration Date:

21 Nov 2006

st Registration Date:

21 Nov 2006

insfer Count:

0

tual ARF Paid:

\$16,891.00

#### tended PARF Rebute Details

RF Eligibility:

Forfeited

RF Eligibility Expiry Date:

.

RF Rebste Amount:

\$0.00

#### tended COE Rebate Details

E Expiry Date:

20 Nov 2021

E Category:

E - Open Category

E Period(Years):

5

P Paid:

\$25,821.00

E Rebate Amount:

\$23,109.00

al Rebete Amount:

823,109.00

#### iessage

ase note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when I ichever is earlier.

information contained herein is correct as at 24 May 2017



OK

Land Transport Authority
Please read through the Privacy Statement, Terms of Use and Disclaimer

Please do not use the Back or Forward buttons on your browser as this may elter the results of the t Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution Copyright © 2017 LTA 1 Project Statement 1 Terms of Use 1 Dischaimer 1 Rate the Website I Rate this e 10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

25 May 2017

Our ref 2505170401N013113786

ARTISAN TRANSPORT APT BLK 450D TAMPINES STREET 42 #02-420 SINGAPORE 524450

Dear Sir/Madam

# NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. SGN5323D

We are pleased to inform you that your vehicle, SGN5323D, has been successfully converted from N18 - Passenger (Co) Company Car (Single Rate) / Normal to Z10 - Private Hire (Chauffeur) Motor Car / Normal with effect from 25 May 2017. The Business Transaction Reference No. is 20170525131319862981.

 The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

1.	Name	: ARTISAN TRANSPORT
2.	Identification No. Type	: Business
3.	Identification No.	: 53352428L
4.	Place Of Passport Issue	1-
5.	Vehicle No.	: SGN5323D
6.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
7.	Vehicle Scheme	: Normal
8.	Vehicle Make Description	: TOYOTA
9.	Vehicle Model	: COROLLA ALTIS 1.6 AUTO
10.	Remarks	: The vehicle will be de-registered upon expiry of its 5-year COE on 20 Nov 2021. No further renewal will be allowed.

Vehicle No.	SGN 5323D Model / Make TOMOTA ALTIS
Date of Accident	21/01/19
Time of Accident	1440 HRS
ocation of Accident	ECP TOWARDS CHANGI PIRPORT
Exact purpose use during acci	dent WORKING HOUR
Name of Owner	ARTISAN TRANSPORT
Telephone No.	H/P: \$239 \$235 Home: Office:
NRIC	53352428L
Address	BLK 4500 TAMPINES ST 42 \$02-420 S(524450)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTIC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	50 91351133
Name of Driver	As Above If No. S AMEEN BIN ABDULLAH BAHASHNAN
NRIC	SIF F3683C Any Passengers:
Date of birth	01/69/1966
Occupation	Outdoor / Indoor
Driving License Pass Date	15 FBB 2011
Gender	Male / Female
Contact No.	H/P: 9756 6636 Home: Office:
Address	BLK 385 TAMPINES ST 33 404 -636 S( \$20155)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state RENTAL
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where? TAMPINES EAST NOP
Vehicle B No.	SLL 5783k Any Passengers :
Name of Driver	Contact No.:
Vehicle C No.	SKS 6734K Any Passengers:
Vehicle D No.	SKU 5073R Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	FROM / REAR
Camera Recorder	Yes / No
Email Address	
HAVE YOU BEEN APPROACH	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	S ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg





1 of 4 Report No. T/20180121/2120

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

	ne Report M 18 22:21	lade:	Vide Report No.:	(9. <del>6</del> ))	Station Diary No.: 41
Informa	nt's Particu	ulars			
	Informant: N BIN ABD	ULLAH	Address: APT BLK 355 TAMPINES ST 520355	REET 33 #	04-636 SINGAPORE
ID Type / ID No.: NRIC NO / S1773683C			Contact No.: Home/Office: Mobile: 97566636		
National		439eV	Email:		
Sex: Male	Age: 51	Date of Birth: 01/09/1966	Type of Informant: Driver		
Race: Arab			Language: English	Institutio	on / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of	Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2018 14:40	Straight Road	
NO.	T EXPRESSWAY	ARINE PARADE B	RIDGE		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Moderate	
Type of Colli	sion: ving Vehicles - Head To F	Rear	V	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGN5323D	Car	TOYOTA	ALTIS	Silver	Seriously Damaged	1
SKM5073R	Car			127		0
SKS6934K	Car					0
SLL5783K	Car					0





T/20180121/2120

2 of 4

Report No. T/20180121/2120

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

# CONTINUATION OF REPORT

Any Pedestrian In	volved: No				4
No. of Pedestrian		Use of Pe	destrian	Crossi	ng: NA
Driver					
Name	S AMEEN BIN ABDULLAH BAH	ID No.		S1773683C	
Related Vehicle	SGN5323D (Car)	-	Contac	ct No.	97566636
Hospital/Clinic	NIL			of e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
	ted Medical Leave NIL	Degree o		NIL	
Driver	Co modical Eco. C				
Name	CHONG KIT MUN, MARC	ID No	8 W	S8137592E	
Related Vehicle	SKM5073R (Car)	Contact No.		NIL	
Hospital/Clinic	NIL .	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		-	
Driver		THE REAL PROPERTY.			
Name	ANG AIK KOON		ID No		S7324354H
Related Vehicle	SKS6934K (Car)	Contact No.		NIL	
Hospital/Clinic	NIL	Class Drivin Licen Expir	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	charge	NIL	
Date Treatment	nted Medical Leave NIL		of Injury	NIL	





T/20180121/2120

3 of 4

Report No. T/20180121/2120

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

#### CONTINUATION OF REPORT

Driver					The same	
Name	K RAJESH KHANNA			ID No		S7199103B
Related Vehicle	SLL5783K (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licend Expin	g ·	Class: NIL - Date of Expiry: NIL	
Date Treatment	NIL Date Disc			charge	NIL	
	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 21/01/2018 at about 1440hrs while I was driving my car p[late number SGN5323D along the 1st lane along ECP towards Airport just after Marine Parade Flyover with a passenger when suddenly the car infront of me plate number SKU5073R jammed brake and I did the same but manage to stop in time. When my car was stationary, there was 2 other impact from the rear. A car plate number SLL5783K hit onto my rear and the last car plate number SKS6934K hit onto the car behind me. It was a chained accident.

I wish to state that TP was at scene and was advised to lodge a police report.





Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138

SINGAPORE 520263 Tel No: 1800-7839999 4 of 4 Report No. T/20180121/2120

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2018 22:21
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt SHAHRUL NIZAM BIN SAMARRI SINGAPORE POLICE FORCE	
Authentication Stamp NP168	ATURE

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1773683C





### S AMEEN BIN ABDULLAH BAHASHWAN

امين بن عبدالله باحشوان

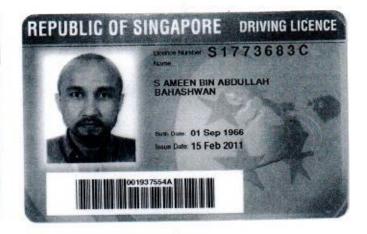
ARAB

Date of Birth Sex

01-09-1966 M Country of Birth

SINGAPORE

STERRE





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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 15 Feb 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: \$1773683C



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MACITOR VEHICLES (THERD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1950 (MALAYSIA) Cover 1 drive CLASSIC

Certificate Number: 5091351133

 Index mark and Registration Number of Vehicle Charssia Humber

2. Name of Padcyholder

3. Effective Date of Insurance

4. Exploy Date of Insurance

5. Parsons or Classes of Persons entitled to drived

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her pertrission. 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 thiving the Motor Vehicle.

: SGMS323D

: 25 May 2017

: 24 May 2016

: MAROS3ZEC107137016

: ARTISAN TRANSPORT

6. Limitedians as to Usoff

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

#### This Policy Boes 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) the for any purpose in connection with the Motor Trade.

il 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.

: 552,000 EXCESS (SECTION 1) : 551,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNHEAMED DRIVER EXCESS : 200

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE · NO **NCD PROTECTION** . 800 TRANSPORT ALLOWANCE · NO **EXCESS WARVER** : N/A PRIMARY DRIVER

± M/A NAMED DRIVER (1) : N/A HAMED DRIVER (2)

HIRE PURCHASE COMPART : LIAN MONE PRIVATE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

L/We hereby Certify that the Policy to which this Certificate relates is issued in socondance with the provisions of the Motor vehicles (Nerd Perty Risks and Compensation) Act (Chapter 189) and Pert IV of the Road Transport Act, 1987 (Maleysia)

AUDBESCY.

: LIAN HONG PTE LTD (00000611606)

Date of issue

: 24 May 2017 15:27 hrs

of Intric Income Prisurance Co-operative Limited

Countriumigned By:

**Authorised Officer** 

Chief Exaceties

<b>eBao</b> Tech		11053	Genera						ralClaim	
Hello, NAC_PAYA_UBI_80	0601	Des yamaya	S. CO. COLUMN	THE PARTY SHAPE AND ADDRESS.		•	Change Lan	guage ,	Change Passwo	rd • Log Out
My Desktop Notice of Loss		cy Query			_	Date of Acc	rident	21/01/	2018 14:40	,
	Vehicle	no. (For Motor)	SGN5323D		$\exists$	bate of Acc	Cident	211011	2010 14.40	=
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092330469	ARTISAN TRANSPORT	53352428L	GFT	drivo CLASSIC	SGN5323D	SGN5323D	01/07/2017	
					1	Continue				

Sequenc	re .	Date of	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
♥ Endors	ements					
D Insure	d Object: S	GN5323D				
Unit No.	02-420		Related Policy Number	5092330469		
Address 4			Address Type	Singapore address	Post Code	524450
Address 1	(Sevil-Sevil	#02-420	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE 524450
	older Mail	ing Address				
Certificate Info						
Open Policy Info						
Co- insurance Flag	No					
Agent	LIAN HON	G PTE LTD	Agent Tel.	67694850	GST Flag	Y
OD Excess	2000		Singapore TP Excess	1500		
Outside Singapore			Outside	Then		
Additional Excess	0		OS Premium	0		
Party Excess	1500		damage Excess	2000	Windscreen Excess	100
Date Third			Own		Windscreen	
Policy ssue	30/06/201	7	Effective Date	01/07/2017 00:00	Expiry Date	30/06/2018 23:59
Product Name	FLEET INS	URANCE	Plan		Group Policy Flag	N
Address	BLK 450D	#02-420 TAMP	INES STREET 42 SIN	GAPORE 524450		
olicy No.	509233046	59	Policyholder Name	ARTISAN TRANSPORT	Policyholder NRIC	53352428L

laim Handling								Ex
ocident MT/0978937			S. 31007971					
sticy No.	5092330469	Venicle No.	50N5323D		GST Registration No.			
olicyholder Name	ARTISAN TRANSPORT				Policyholder NRIC		53352428L	
roduct Code	FLEET INSURANCE	Cover Type	drive CLASS	10	Loading		0	
ontact No.(Hobile)	82398235	Contact No.(Office)	0		Contact No.(Home)		0	
mail Address		Special Remark			eCode		Tec. 🕶	
FK	® No ⊜Yes	TCA	® No ○Yes	3	pCode Reason			
		NCD Entitlement(%)	0		Private Hire		Yes	
CD Protection	No	HCD CHINGS AND AND						
Accident Details					Accident Type		Chain Collision	
eport Date	22/01/2018 19:09	Accident Report Within 24 hrs			Country of Accident		Singapore	
ate of Accident	21/01/2018	Time of Acodem hhimm	14:40		ICM No.		onga,	
eparting Centre		Orange Force			JUH NO.			
ccident Location	ECP TWDS CHANGI AIRPORT							
▽ Benefits								
© Excess								100.00
wn damage Excess	2,000.00	Additional Excess		0.00	Windscreen Excess			100.00
nnamed Driver Excess		Outside Singapore OD Excess		2,000.00				
hird Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
GST Registered Informa	ation							
ST Registered	No		GST	Registration Date				
ST Registration No.			GST	Status Verified	Yes			
odification History								
Policyholder Mailing Ad	dress							
ddress 1	BLK 4500 #02-420	Address 2	TAMPINES S	STREET 42	Address 3		SINGAPORE 524450	
oddrena 4	500 M 100 M	Address Type	Singapore a		Post Code		524450	
init No.	02-420	Related Policy Number	5092330469					
OI Driver Info	02.740	A CONTRACTOR AND A STATE OF ST						
	Unnamed Driver	Driver Type	Unnamed D	river				
inver Name Innamed driver Name	S AMEEN BIN ABDULLAH BAHAS	Driver NRIC	51773683C		Driver DOB		01/09/1966	
register Date of Driver License		Driver Age	51		Driving Experience		6	
		Contact No.(Office)	0		Contact No.(Home)		0	
Contact No. (Mobile)	97566636	State of the state	TAMPINES S	CTRACET 33	Address 3		SINGAPORE 520355	
Address 1	BLK 355	Address 2						
Address 4		Address Type	Singapore a	oddress	Poet Code		520355	
Unit No.	04-636							
Does he own a Singapora Registered car?	○ Yes  No	Driver Vehicle No.			Driver Insurer Comp	pany		
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	O Yes ® N	to .				
Addition Pastory								
A CONTRACTOR OF THE PARTY OF TH								
Claim 001 New								
V DO TO POST OF		4-3-2-2-2			January MDM		E33E34391	
Dam Type *	DD-MX	Insured Name	ARTISAN T	RANSPORT.	Insured NRIC		53352428L	
Contact No. (Mobile)	12	Consect No.(Home)			Contact No.(Office)		SLL5783K	
Email Address		OI Venicle Number	SGN5323D		TP Vehicle Number		Susresk	
Daim Description	SGN5323D / SLL5783K ON 21 Jan 2018		9		Name of Preferred V	workshop		
Preferred Workshop Contact		Insured Liability *	Not at Faul	R 🔻				
No. Require Finalisation	Ves U	Preferered Repair Option	Preferred V	Workshop, Name unknown	GIA report		Received	V
Date Registered	22/01/2016 19:11	Claim Close Date			Date Received		22/01/2018 00:00	20
Report Taken By	Jackson		27-	42				
Print AK letter	14 MA							
LEL Print AK, Tester			Save Sub	mit I				
Attachment			Pave   Son					
Accident No.	MT/0978937	Claim No.		001				
Last Doc. Received	® Yes O No	Upload Date		22/01/2016 19:13				
Const. Scotter College Street		14 TO 16 TO		Category *	Confidential	Urgen	cy + De	escription *
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NAC_PAYA_UBI_800601( NATIO	nai, assessment Centre Services) on 22 Ja n 2018 19:12	Photos		Normal	Photos 2018-1-22	Let
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