NATIONAL ASSESSINENT C	enthe Senvices was inner	MINIMARTIN	10
131031308 17	5/ Job description	Date & Time Completed	Done by
HEINO: MBA/CTI/800 4281	SAS c-liling	Asset of Lines Statistics	17,014,41
Veli No: STE SIRZA			
P.O.A. 12/03/2018 17:	E-mall (while shire Aleshire)	1 1	1
OD TP Reponty Only	i-Mister W/O (Winings	December 1	
	I-Plioto Uplooded	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	**********
TP Insurch	Assessment/Survey Repor		
	Ass'l Report by Pax / Hon		
Proterred With LINC Heeld U. M. Kab. 1 O.M.	11	The second second second second	Faxt
TP Paraleularit Yell Mot	SJE 7538A. INC		7
Owner / Driver: (Tell	/
Polley No:(Perlod:(Cover Type: (
Confirmed by 1 (. Dales	Tlings	
	%) [Mole Bil Stant (WO): Hi O		100M)
Year of Regismatium: () Warranty: YES()/NO()	
Excess (\$) Loading :	(\$1,000()/\$2,000()		
scend Heining Co. 4. Progress of State			SEASON OF A STATE
) Wilkin Clivionar i Customer	s information strictly Confidential &	SUMIY NO rater of repairer	
Salara day Vision	nsurer URGENTLY,		
	Yolder YES() / MO()	Towing Cor (*)
emoris 1 1 118 (Lectine 578 8) 60		J. DYLATING GARDING	WEED Bone by
) Apply for Transport Allowance () / Courwy Car ()	AND ASSESSMENT OF STREET	WS3833 3 1 - 3 # 2
QC Check/Post Rept's Inspection	()		
) Uplood Resurvey Photo (Ropair Cos	()		
Injury i ·			
dicalmo Cioni		enemena en	MERCHANNET
particular person year responsibility of the contract of the c	ALLA MOSSOCIA DE CAMBOLO DE CAMBO	MERCURAL TRANSPORTATION OF THE LAST	mith million and
THE CONTRACTOR OF THE CONTRACT			was described to
			a se reining inter
100 105 10	Karatean		Application of the Committee of the Comm
NA1801635 VIII	in vice F	reparauon/GineKulsus ii	
NAIROIESS	1) AR (Actor	ini Resorving (530)	TE BOARD TO THE SECOND
NAIRO I Estima in residente de la companya della companya de la companya de la companya della companya della companya de la companya della co	1) AR (Accided to the control of the	tol Reporting (330)) 11 Annument (3100); THC (77 Kadal 17 Kadal 1971 Kadal
NATEO 1055	1) AR (Accided to the control of the	tal Reporting (320): pi Air Lumicel (3100): THC (p Fit J withough Survey (Resurvey)	((A) G(B) ((A) (A) (B) (A) (B) (A) (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
VAISOLOSS unentia Remievinas servinas	1) AR (Accided 2) DA (Octoor State of S	tal Reporting (320) pi Air Lumicel (3100): THC (pi Fit	W
NAIROIDSS Linearity Berrievings ver/Ovvier: 1 1 niect No: Linearity Property Pr	1) AR (Accided 2) DA (Demail 2) TP (Towler 2) PT (Follow 2	tal Reporting (320) plantitum tel (3100): THC (plantitum tel (3100): TH	V
VAIROTOSS Unitable Estriculors and a second	DAR Accided 2) DA De ma STETT For Inc. 3) TP : Towling 1) FT : For Inc. 4) FT : For Inc. 5) TR : Re-14 7) RI : I GU C AU 9) LU	tal Reporting (300) II ATHUMISE (\$100); THC (FIT TATALOUS SULVEY TALOUS SULVEY TALOUS SULVEY (PATURY) SEELING NO ONLY (PATURY) A + 5H RT SULVEY THEAL SELVED IN	(
VAIROTOSS Ver/Ovvier: niact No: Wesca Pornon: """ """ "" """ "" "" "" "" ""	1) AR (Accided 2) DA (De mail 1) TP (Tevino 1) FT (Fellow 1) FT (Fellow 1) FT (Fellow 1) FT (Fellow 1) R (Linux 1)	INTRODUCT (300) IN ALLEMENT (\$100); THO (FILE OTHER SULVEY OTHER SU	W
WATER DIES S Umranus Benieumes Iver/Ovvien mised No:	1) AR (Accided) 2) DA (Detro) 3) TP (Tevin) 4) FT (Fellow) 5) FT (Fellow) 6) TR (Red) 7) N1 (Gev C) 9 (10) N1 (Gev C) 1) NTUC Ad 9 (11) NTUC Ad 10 (11) NTUC Ad 11 (12) (13) (14) (15) (16) (16) (16) (16) (16) (16) (16) (16	tal Reporting (320) 11 Air Lame (3100): THO (2 Fit J 12 Thiough Survey (Resurvey) 2 Estate INC Only (Mar 10 by 21) 13 Estate INC Only (Mar 10 by 21) 14 Estate INC Only (Mar 10 by 21) 15 Estate INC Only (Mar 10 by 21) 16 Estate INC Only (Mar 10 by 21) 17 Estate INC Only (Mar 10 by 21) 18 Estate INC Only (Mar 10 by 21) 19 Estate INC Only (Mar 10 by 21)	(((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Umanus Benteums Iver/Ovviers nisot No: maged Pornon: """ Checked by (Bugg-In-Charge):	1) AR (Accided 2) DA (Octor 2) DA (Octor 2) DA (Octor 2) TP (Teviles 2) FT (Felles 2)	TO CONTINUE CONTINUE TO CONTINUE TO CONTINUE CONTINUE TO CONTINUE	(((, (, (, (, (, (, (, (, (, (, (, (, (,
WAISO 1635	1) AR (Accided 2) DA (Octor 2) DA (Octor 2) DA (Octor 2) TP (Teviles 2) FT (Felles 2)	tal Reporting (320) Fi Air Lumical (3100): THO (File	11 10 10 10 10 10 10 10 10 10 10 10 10 1

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.
- 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.
- 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 ladgement 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

sforesaid.	ACCIDENT CTATEMENT
	ACCIDENT STATEMENT
Date Of Report	13/03/2018 17:51
Date Of Accident	12/03/2018 17:35
Exact Location Of Accident	WEST COAST ROAD (WEST COAST VALE)
Country/State of Loss	SINGAPORE
District Dis	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF5182A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN ABDUL RAHMAN
NRIC No	S8519318Z
Email Address	FARHAN.ABDULRAHMAN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91140147
Alternative Phone No	OTHERS-91140147
Vehicle Particulars	
Manufacturer	HONDA
Model	CROSSROAD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3008731800
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN ABDUL RAHMAN
NRIC No	S8519318Z
Date Of Birth	04/07/1985
Occupation	INDOOR

Occupation INDOOR Date Of Driving Pass 27/02/2010

8 YEARS AND 0 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-91140147

Fax Number

Contact Number OTHERS-91140147

EMail Address FARHAN.ABDULRAHMAN@OUTLOOK.COM Address

BLK 21 TEBAN GARDENS ROAD

#06-115

Postcode

600021

OWNER

Was driver an employee of the Insured's Company NO

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

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

DAUGHTER

GENDER:

: FEMALE

Passenger 3

NAME:

SON

GENDER:

: MALE

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

SJE7538A

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NAKAMURA KUNIO

NRIC/Passport Number

S2764317E

Contact Number

93863805

Page 2 of 18

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YK551Y

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN ENG LEONG

NRIC/Passport Number

S1069665H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

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.
- 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) 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
- (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

13/03/18

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature
Name:
NRIC/FIN No.: 4 COS & White

WEST COHST ROAD

A) SJF 5182A B) SJE 7538A C) YK 551Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ΝT	1735 I was driving along west coast road. There's
	ric light which was on red. And my car stop on the
juntro	n along west coast road. After 30 serond there's
oud bar	ng and something hit my car from the back, when
	out, car SIE7538 A HIT my rear. The rause of the
	as due to Lorry YKSSIY hit mate SJE75384
100	
- FEET C 1	

DECLARATION

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

A

13/03/18

Policyholder i Signature Date & Time

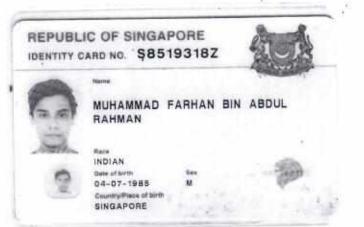
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

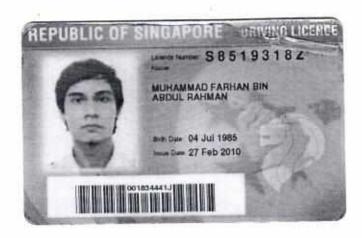
Name:

NRIC/FIN No.:

of 21 works

100 0
AGCIDENT STATEMENT
SCORENT DATE:/12 / 03, 2018 ((00/MM/YYYY), TIME:(.1735 ((HH:MM)
ACCIDENT DATE OF THE PARTY OF T
WEST COAST ROAD (WEST COUST VALE)
LOCATION WEST COAST ROAD (WEST TOTAL)
1. DETAILS OF VEHICLE
"LIVELING & MILMARRY SOFT
ANGUENICE COMPANY CHIMA TATPING
DINSUKANCE COMMINICATION OF TRIBUTAL
CIPOLICY NUMBER: AMENINE / THIRD PARTY FIRE &THEFT
DIPOLICY TYPE: (COMPREHENSIVE) CROSS ROAD
e) MAKE & MODEL: HOLD CROSS ROAD () TYPE: (SALOON) / COUPE / MPV /V AN / LORRY / MOTORCYCLE, / OTHERS)
(ITYPE: (SALOON) COUPE / MPY / VAN CORRY (LE)
1) TYPE: (SALOON) COUPE / MPY / V ANY CORNERCIAL / MOTORCYCLE)
1) ARE YOU CLAUMING UNDER YOUR OWN INSURANCE (YESMO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY)
2. INSURED / POLICY HOLDER . RIN HEDEL ENHANTE
2. INSURED / POLICY HOLDER - RIN HEDEL ENHANCE MALE / FEMALE ANAME: MUNICIPAL SESTIBLE CONTACT: 9114 0147
(2F) AINAME MUNICIPALITY SESTIBLE CONTACT: 9114 D14+ DINRIC/FIN/PASSPORT: 5851931EE CONTACT: 9114 D14+ DINRIC/FIN/PASSPORT: 5851931EE CONTACT: 9114 D14+
DINRIC/FIN/PASSPORT: SARBENS FEED # DE-ILS S'PURE GEOGET
(1 m) c)ADDRESS: ET TELEVISION HOLDER
CI
CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER
DRIVER ' INALE / FEMALE)
11.20(100 U100 U100 U100 U100 U100 U100 U100
Clarketing distary alNAME!CONTACT!CONTACT!
(Including driver.) b) NRIC/FIN/PASSPORT!
(Including driver.) b)NRIC/FIN/PASSPORT!
(Including driver.) b)NRIC/FIN/PASSPORT!
(4.) b) NRIC/FIN/PASSPORTI
(4.) b) NRIC/FIN/PASSPORTI
(4.) b) NRIC/FIN/PASSPORTI
(4.) b) NRIC/FIN/PASSPORT! C/ADDRESS! *d) DATE OF BIRTH: (64) 67) 19 65) [DD/MM/YYYY) *d) DATE OF BIRTH: (104) 67) 19 65) [DD/MM/YYYY) *DOCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASS 27 102 100 100 100 100 100 100 100 100 100
(4.) b) NRIC/FIN/PASSPORTI
(4.) b) NRIC/FIN/PASSPORT! C/ADDRESS! *d) DATE OF BIRTH: (CH) CT) 19 65) [DD/MM/YYYY) *B) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF DRIVING PASS I/DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! OUNCE IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!
(4.) b) NRIC/FIN/PASSPORT! C/ADDRESS! *d) DATE OF BIRTH: (CH) CT) 19 65) [DD/MM/YYYY) *B) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF DRIVING PASS I/DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! OUNCE IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!
(4.) b) NRIC/FIN/PASSPORT! CIADDRESS! *d) DATE OF BIRTH: (04) 07 19 65 (IDD/MM/YYYY) *e) OCCUPATION: (INDOOR / OUTDOOR) I) DATE OF DRIVING PASS I/DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! 5. 0) WEATHER CONDITION: (CLEARY RAINING / OTHERS) 5. 0) WEATHER CONDITION: (CLEARY RAINING / OTHERS)
(4.) Claddress: Claddress:
(4.) Claddress: Claddress:
(4.) (4.) (5) (ADDRESS: **d)DATE OF BIRTH: [04) 07 19 65 [DD/MM/YYYY) **e)OCCUPATION: (INDOOR / OUTDOOR) **I)DATE OF DRIVING PASS **JOTO OF DRIVING PASS **JOTO OF DRIVING PASS **JOTO OF DRIVING PASS **JOTO OF THE INSURED'S COMPANY? (YES / (NO)) **JOTO OF THE DRIVER WITH INSURED OF THE DRIVER WITH INSUR
(4.) (4.) (5) (ADDRESS: **d)DATE OF BIRTH: [04) 07 19 65 [DD/MM/YYYY) **e)OCCUPATION: (INDOOR / OUTDOOR) **I)DATE OF DRIVING PASS **JOTO OF DRIVING PASS **JOTO OF DRIVING PASS **JOTO OF DRIVING PASS **JOTO OF THE INSURED'S COMPANY? (YES / (NO)) **JOTO OF THE DRIVER WITH INSURED OF THE DRIVER WITH INSUR
(4.) CINDING PRIST COMPANY COMPANY COMPANY COMPANY
(4.) (1) (1) (1) (1) (1) (1) (1) (
(4.) (1) (1) (1) (1) (1) (1) (1) (
(4.) (4.) (ADDRESS: **ODATE OF BIRTH: [D4 / C7 / 19 65) [DD/MM/YYYY) **ODATE OF BIRTH: [D4 / C7 / 19 65) [DD/MM/YYYY) **OCCUPATION: (INDOOR / OUTDOOR) **IPATE OF DRIVING PASS **OF DRIVING PASS **OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! **OWEATHER CONDITION: (CLEAR) RAINING / OTHERS **OWEATHER CONDITION: (PES / NO) **OREPORTED TO POLICE (YES / NO) **IF YES, PLEASE STATE WHICH POLICE STATION: **IF YES, PLEASE STATE WHICH POLICE STATION: **ONE OF THE DRIVER STATION: **OWEATHER CONDITION: STATION: STATION: **OWEATHER CONDITION: STATION:
(Y.) CIADDRESS: TO DATE OF BIRTH: [04 / 07 / 19 65) [DD/MM/YYYY) OF OCCUPATION: (INDOOR / OUIDOOR) IDATE OF DRIVING PRSS OF THE INSURED'S COMPANY? (YES / NO) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED OWNER SO WEATHER CONDITION: (CLEARY RAINING / OTHERS) DIROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: OF VEHICLE NUMBER: SIE 7538 A MODEL: LEXUS (INDURING DIRITAL OF ARTY VEHICLE YES SITE ON TACT: 93663805
(Y.) DINRIC/FIN/PASSPORT! (Y.) CIADDRESS! *d)DATE OF BIRTH: [04 / 07 / 19 85) [DD/MM/YYYY) *e)OCCUPATION: (INDOOR / OUIDOOR) *IPATE OF DRIVING PRSS *IPATE OF DRIVING PRSS *IPATE OF DRIVING PRSS **ANS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED I OWNER 5. O)WEATHER CONDITION: (CLEARY RAINING / OTHERS) **D)ROAD SURFACE: (DRY / WET / OTHERS) **OWEATHER CONDITION: (CLEARY RAINING / OTHERS) **OWEATHER CONDI
(4.) DINRIC/FIN/PASSPORT! CIADDRESS! **didate of birth! [D4 / D7 / 19 85] [DD/MM/YYYY] **e)OCCUPATION! (INDOOR / OUTDOOR) **IPOCCUPATION! (INDOOR / OTHERS) **IPOCCUPATION! (INDO
(4.) (4.) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (10)
(4.) (4.) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (10)
(4.) (4.) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (10)
(4.) (4.) (4.) (A) (A) (A) (A) (A) (A) (A) (
(4.) (4.) (4.) (b) NRIC/FIN/PASSPORT! (c) ADDRESS! **d) DATE OF BIRTH: (CA / CT / 19 &S) (DD/MM/YYYY) **e) OCCUPATION: (INDOOR / OUTDOOR) **IPATE OF DRIVING PASS (T) OF DRIVING PASS (T) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (T) NO, RELATIONSHIP OF THE DRIVER WITH INSURED! (T) NO, RELATIONSHIP OF THE DRIVER WITH INSURED! (T) OWEATHER CONDITION: (CLEAR) RAINING / OTHERS (D) WEATHER CONDITIONS (EX / YES / NO.) (I) WEATHER CONDITIONS (I) WEATHER CONTACT: (S) AND CLEAR RAINING / OTHERS (I) WEATHER CONTACT: (S)
(4.) (4.) (4.) (b) NRIC/FIN/PASSPORT! (c) ADDRESS! **d) DATE OF BIRTH: (CA / CT / 19 &S) (DD/MM/YYYY) **e) OCCUPATION: (INDOOR / OUTDOOR) **IPATE OF DRIVING PASS (T) OF DRIVING PASS (T) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (T) NO, RELATIONSHIP OF THE DRIVER WITH INSURED! (T) NO, RELATIONSHIP OF THE DRIVER WITH INSURED! (T) OWEATHER CONDITION: (CLEAR) RAINING / OTHERS (D) WEATHER CONDITIONS (EX / YES / NO.) (I) WEATHER CONDITIONS (I) WEATHER CONTACT: (S) AND CLEAR RAINING / OTHERS (I) WEATHER CONTACT: (S)
(4.) CIADRESS: **dipate of Birth: [04 / 07 / 19 65] [DD/MM/YYYY] **e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O)WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED YES /NO) 7. O)REPORTED TO POLICE (YES / NO) 18 YES, PLEASE STATE WHICH POUCE STATION: 19 IN OF PASSYORT: SIETS AME: THE MANUEL KUNDO (INDURING ANY VEHICLE YK SITE CONTACT: 93663805 (Induding driver) O) NRIC/FIN/PASSPORT: SIETS Y MODEL: LOTTY 4 No of PASSMAGET OF DRIVER OF ASSPORT: SIEGH LEONG (Including driver) O) VEHICLE NUMBER: TAN ENGLEONG (Including driver) O) NRIC/FIN/PASSPORT: SIEGH LEONG (Including driver) O) NRIC/FIN/PASSPORT: SIEGH LE
(4.) CIADRESS: *dIDATE OF BIRTH: [D4 / D7 / 19 65] [DD/MM/YYYY] e) OCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O) WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED (YES /NO) 7. O) REPORTED TO POLICE (YES /NO) 14 NO of passenger of Yehicle (YES /NO) 8. THIRD PARTY VEHICLE (Induding driver) O) NRIC/FIN/PASSPORT: 52764317 E CONTACT: 93663805 (1) 9. THIRD PARTY VEHICLE 4 NO of passenger of VEHICLE NUMBER: S2764317 E CONTACT: 93663805 (1) 9. THIRD PARTY VEHICLE 4 NO of passenger of VEHICLE NUMBER: S2764317 E CONTACT: 93663805 (1) 9. THIRD PARTY VEHICLE 4 NO of passenger of VEHICLE NUMBER: S2764317 E CONTACT: 93663805 (1) 9. THIRD PARTY VEHICLE 4 NO of passenger of VEHICLE NUMBER: S2764317 E CONTACT: 93663805 (1) 10 NRIC/FIN/PASSPORT: S1069165 H CONTACT: S1069165 H CONTACT
(4.) CIADRESS: **dipate of Birth: [04 / 07 / 19 65] [DD/MM/YYYY] **e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O)WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED YES /NO) 7. O)REPORTED TO POLICE (YES / NO) 18 YES, PLEASE STATE WHICH POUCE STATION: 19 IN OF PASSYORT: SIETS AME: THE MANUEL KUNDO (INDURING ANY VEHICLE YK SITE CONTACT: 93663805 (Induding driver) O) NRIC/FIN/PASSPORT: SIETS Y MODEL: LOTTY 4 No of PASSMAGET OF DRIVER OF ASSPORT: SIEGH LEONG (Including driver) O) VEHICLE NUMBER: TAN ENGLEONG (Including driver) O) NRIC/FIN/PASSPORT: SIEGH LEONG (Including driver) O) NRIC/FIN/PASSPORT: SIEGH LE
(Induding driver) DINRIC/FIN/PASSPORT! CIADDRESS! *d)DATE OF BIRTH: [C4/CT/1985](DD/MM/YYYY) *e)OCCUPATION: (INDOOR/OUIDOOR) IDATE OF DRIVING PASS 27 02 1000 IDATE OF DRIVING PASS 27 02 1000 IDATE OF DRIVING PASS 27 02 1000 IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! OWNER 5. C)WEATHER CONDIDON: (CLEARY RAINING / OTHERS D)ROAD SURFACE: (DRY/WET/OTHERS) 6. WAS ANYBODY INJURED (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: ON REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: ON CHICLE NUMBER: SIETSSE A MODEL! LEXUS (Induding driver) O) DRIVER'S NAME: DAKABUER KUNIC O) NRIC/FIN/PASSPORT: SIEGHBES H CONTACT: (Induding driver) O) VEHICLE NUMBER: ON NRIC/FIN/PASSPORT: SIEGHBES H CONTACT: (Induding driver) O) NRIC/FIN/PASSPORT: SIEGHBES H CONTACT: (Induding driver) ON THE CONTACT SIGNED TO T
(4.) CIADRESS: **dipate of Birth: [04 / 07 / 19 65] [DD/MM/YYYY] **e)OCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. O)WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED YES /NO) 7. O)REPORTED TO POLICE (YES / NO) 18 YES, PLEASE STATE WHICH POUCE STATION: 19 IN OF PASSYORT: SIETS AME: THE MANUEL KUNDO (INDURING ANY VEHICLE YK SITE CONTACT: 93663805 (Induding driver) O) NRIC/FIN/PASSPORT: SIETS Y MODEL: LOTTY 4 No of PASSMAGET OF DRIVER OF ASSPORT: SIEGH LEONG (Including driver) O) VEHICLE NUMBER: TAN ENGLEONG (Including driver) O) NRIC/FIN/PASSPORT: SIEGH LEONG (Including driver) O) NRIC/FIN/PASSPORT: SIEGH LE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)
PAGE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 27 Feb 2010 of the driver, and other motor vehicles =< 2500kg

NP 428A

Licence No: \$8519316Z



中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE ISINGAPORE) PTE. LTD.

MXIP N SM AN0478A COMPREHENSIVE AUTOSAPE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysla) Motor Vehicles (Third-Pany Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSN3008731800

Engine No : R18A1003585

Chassis No: RT11005113

1. Index Mark and Registration

Number of Vehicle

SJF5182A

2. Name of Policy Holder

3. Effective date of the Commencement of Insurance for

27 JANUARY 2018

MR MUHAMMAD FARHAN BIN ABDUL RANMAN

the purposes of the Regulations, Ordinance or Enactment

5. Persons or Classes of Persons entitled to drive *

(11:46 HOURS)

IN ADDITION TO NAMED DRIVERS EX:

4. Date of Explry of Insurance

26 JANUARY 2019

. AGE AS AT DATE OF ACCIDENT

(A) THE POLICYHOLDER (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REQULATIONS 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.

5. Limitations as to use *

USE FOR SCILAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING. THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED

ONE TIME WAIVER OF EXCESS FOR THE FIRST 65500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OHN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. . PRIME STREET CAPITAL PTE LTD AS HP OWNER

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

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). Please see roverse sure

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Counters and By:

Authorised Officer

Authorised Signatory