

# NATIONAL Assessment Centre Services

|                                   |                                                 |                       |         |
|-----------------------------------|-------------------------------------------------|-----------------------|---------|
| Date In <b>19/03/18</b>           | Job description                                 | Date & Time Completed | Done by |
| Ref No <b>NA/CT/18005072/13</b>   | SAS e-filing                                    |                       |         |
| Veh No <b>SLR84414</b>            | E-mail (within 8hrs, APC 2hrs)                  |                       |         |
| D.O.A <b>17/03/18</b> <b>1615</b> | i-Motor Claim Form                              |                       |         |
| OD <b>(TP)</b> Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)          |                       |         |
|                                   | i-Photo Uploaded                                |                       |         |
|                                   | Assessment/Survey Report                        |                       |         |
| TP Insurer                        | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( **MOTOR INTEL** ) Tel: Fax: )

TP Particulars: Veh No: **SLR84470** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:-

) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

|                                                        |                       |         |
|--------------------------------------------------------|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616)                     | Date & Time Completed | Done by |
| ) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| ) QC Check / Post Repair Inspection ( )                |                       |         |
| ) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury :

| ate/Time | Actions |
|----------|---------|
|          |         |
|          |         |
|          |         |
|          |         |
|          |         |
|          |         |
|          |         |
|          |         |
|          |         |

|                              |                                                 |                      |                      |
|------------------------------|-------------------------------------------------|----------------------|----------------------|
| <b>NA1801710</b>             | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| Claimant's Particulars:-     | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Owner/Owner:                 | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Contact No:                  | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| Damaged Portion:             | 4) FT: Follow-Through Survey \$120              |                      |                      |
| Checked by (Engr-In-Charge): | 5) RT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
| Editors' Comments:-          | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| 1:                           | 6) TR: Re-inspection \$75                       |                      |                      |
| 2/3:                         | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                              | 8) NTUC Additional Services:-                   |                      |                      |
|                              | ON*                                             |                      |                      |
|                              | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                              | *N6: Repair Co-ordination \$10                  |                      |                      |
|                              | *N7: Post Repair Inspection \$25                |                      |                      |
|                              | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                              | TP (N11): TP (Non INC) against INC \$20         |                      |                      |
|                              | 9) N12: Idac Mobile 30                          |                      |                      |
|                              | Invoice dated                                   | Fee Charged          |                      |
|                              | Invoice dated                                   | Fee Charged          |                      |



## 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 withholding 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.

### ACCIDENT STATEMENT

|                            |                                     |
|----------------------------|-------------------------------------|
| Date Of Report             | 19/03/2018 12:36                    |
| Date Of Accident           | 17/03/2018 16:15                    |
| Exact Location Of Accident | JUNC OF PASIR RIS DR 1 & LOYANG AVE |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SJR8441U                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | NORADILAH BINTE ABDUL KARIM |
| NRIC No                     | S7408796E                   |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             | (LOCAL) +65-91594661        |
| Alternative Phone No        | OTHERS-91594661             |

### Vehicle Particulars

|                                                                              |               |
|------------------------------------------------------------------------------|---------------|
| Manufacturer                                                                 | HYUNDAI       |
| Model                                                                        | I30           |
| Exact Purpose for which vehicle was being used at time of accident           | OTW BACK HOME |
| 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             | DMPCSN3050521700                              |
| Cover Note Number         |                                               |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | NORADILAH BINTE ABDUL KARIM |
| NRIC No              | S7408796E                   |
| Date Of Birth        | 25/03/1974                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 06/11/1997                  |
| Driving Experience   | 20 YEARS AND 4 MONTHS       |
| Gender               | FEMALE                      |
| Mobile Number        | (LOCAL) +65-91594661        |
| Fax Number           |                             |
| Contact Number       | OTHERS-91594661             |
| Email Address        | NOEMAIL                     |

|                                                     |                          |
|-----------------------------------------------------|--------------------------|
| Address                                             | 67 FLORA DRIVE<br>#01-48 |
| Postcode                                            | 506850                   |
| Was driver an employee of the Insured's Company     | NO                       |
| If No, Relationship of the Driver with the Insured  | OWNER                    |
| Vehicle Registration Number of Driver's Own Vehicle | -                        |
|                                                     | -                        |
| Insurance Company of Driver's Own Vehicle           | -                        |
|                                                     | -                        |
|                                                     | -                        |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|                                                                                             |                                                         |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Was any foreign vehicle involved in this accident?                                          | NO                                                      |
| Number of vehicles involved in the accident                                                 |                                                         |
| Was any body injured in the Accident?                                                       | YES                                                     |
| Was any injured conveyed to hospital by ambulance?                                          | NO                                                      |
| 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)                                                     | 3                                                       |
| Passenger 1                                                                                 | NAME: : MUHAMMAD NAJWAN BIN NORIRWAN<br>GENDER: : MALE  |
| Passenger 2                                                                                 | NAME: : ARISSA IMANI BINTE NORIRWAN<br>GENDER: : FEMALE |

#### Details of Police Action

|                                           |                                                                                 |
|-------------------------------------------|---------------------------------------------------------------------------------|
| Was the accident reported to the police?  | YES                                                                             |
| If Yes, Please state which Police Station |                                                                                 |
| Police Station Name                       | TAMPINES EAST NPP                                                               |
| Police Station Address                    | ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-7839999 - FAX NO:                                                  |
| Was notice of intended Prosecution given? | NO                                                                              |
| If Yes, against whom?                     |                                                                                 |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 | SLE8347D         |
| Vehicle Make/Model/Colour   |                  |
| Details Of Properties       |                  |
| Vehicle Category            | PRIVATE CAR      |
| Name of Driver              | R.RADHA KRISHNAN |

NRIC/Passport Number S1749447C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NORADILAH BINTE ABDUL KARIM  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SJR8441U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MUHAMMAD NAJWAN BIN NORIRWAN  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SJR8441U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode




## 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:

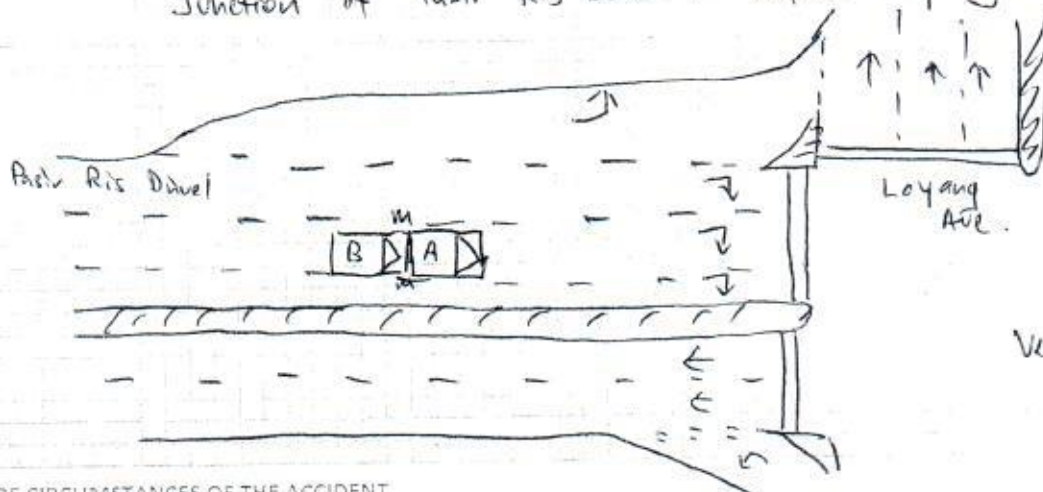
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
Date & Time:

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

 19/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Junction of Pasir Ris Drive 1 before Loyang Ave.



Vehicle: SSR 8441 U  
SLE 83470.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20180318/2055.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

 19/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:





# SINGAPORE POLICE FORCE



T/20180318/2055

1 of 3

Report No. T/20180318/2055

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

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                  |                          |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made:<br>18/03/2018 16:05 | Vide Report No.: | Station Diary No.:<br>24 |
|--------------------------------------------|------------------|--------------------------|

**Informant's Particulars**

|                                                   |            |                              |                                                    |                            |                  |
|---------------------------------------------------|------------|------------------------------|----------------------------------------------------|----------------------------|------------------|
| Name of Informant:<br>NORADILAH BINTE ABDUL KARIM |            |                              | Address:<br>67 FLORA DRIVE #01-46 SINGAPORE 506850 |                            |                  |
| ID Type / ID No.:<br>NRIC NO / S7408796E          |            |                              | Contact No.:<br>Home/Office:                       |                            | Mobile: 91594661 |
| Nationality:<br>SINGAPORE CITIZEN                 |            |                              | Email:                                             |                            |                  |
| Sex:<br>Female                                    | Age:<br>43 | Date of Birth:<br>25/03/1974 | Type of Informant:<br>Driver                       |                            |                  |
| Race:<br>Malay                                    |            |                              | Language:<br>English                               | Institution / School Name: |                  |
| Occupation:<br>AP Manager                         |            |                              | Driving Licence Information:<br>Class: 3           |                            | Date of Expiry:  |

**General Information of the Accident**

|                                                                                   |                  |                                             |                                            |                                     |
|-----------------------------------------------------------------------------------|------------------|---------------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident:                                                                 | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>17/03/2018 16:15 | Type of Location:<br>T-Junction     |
| Location:<br>Junction of Road 1 and Road 2<br>PASIR RIS DRIVE & \\\nLOYANG AVENUE |                  |                                             |                                            |                                     |
| Weather:<br>Clear                                                                 |                  | Road Surface:<br>Dry                        |                                            | Road Speed Limit:                   |
| Traffic Flow:<br>Dual Carriage Way                                                |                  | Traffic Control:<br>Traffic Light - Working |                                            | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                      |                  |                                             |                                            | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model              | Color  | Condition        | No of Passenger |
|-------------|------|---------|--------------------|--------|------------------|-----------------|
| SJR8441U    | Car  | HYUNDAI | FD I30 CW<br>1.6 A | Silver | Slightly Damaged | 2               |
| SLE8347D    | Car  | HONDA   | VEZEL              | Blue   |                  | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                                | Insurance No         | Effective  | Expiry Date |
|-------------|--------------------------------------------------|----------------------|------------|-------------|
| SJR8441U    | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSN30505217<br>00 | 16/07/2017 | 15/07/2018  |





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

Report No. T/20180318/2055

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                              |                                        |                                   |
|-----------------------------------|------------------------------|----------------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                              |                                        |                                   |
| No. of Pedestrians Injured: NIL   |                              | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                              |                                        |                                   |
| Name                              | NORADILAH BINTE ABDUL KARIM  | ID No.                                 | S7408796E                         |
| Related Vehicle                   | SJR8441U (Car)               | Contact No.                            | 91594661                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL      | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 17/03/2018                   | Date Discharge                         | 17/03/2018                        |
| No. of Days granted Medical Leave | 05                           | Degree of Injury                       | NIL                               |
| <b>Passenger</b>                  |                              |                                        |                                   |
| Name                              | MUHAMMAD NAJWAN BIN NORIRWAN | ID No.                                 | T0721401J                         |
| Related Vehicle                   | SJR8441U (Car)               | Contact No.                            | NIL                               |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 17/03/2018                   | Date Discharge                         | 17/03/2018                        |
| No. of Days granted Medical Leave | 04                           | Degree of Injury                       | NIL                               |

**Brief Details.**

On 17/03/2018 at about 1615hrs I was driving on the 2nd lane of Pasir Ris Drive 3 towards Loyang Ave together with my son and daughter. I stopped at the traffic junction of Pasir Drive 3 and Loyang Avenue. While my car was stationary suddenly I felt an impact from the rear part of my car. I made a check and discovered that a blue Honda Vezel had collided onto the rear part of my car. My car's rear bumper and boot was dented.

I wish to state that my car has no in-car camera. I and my son went to seek medical treatment as both our neck felt pain due to the impact of the collision and was given Medical Certificate by Mount Alvernia Hospital.





**SINGAPORE  
POLICE FORCE**



T/20180318/2055

3 of 3

Report No. T/20180318/2055

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

**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:  
18/03/2018 16:05

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 654764



**SINGAPORE  
POLICE FORCE**

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

|                                                                                            |                                               |                                        |                            |
|--------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|----------------------------|
| <b>Vehicle No.</b>                                                                         | SSR 8441 U                                    | Model / Make                           | Hyundai i30.               |
| Date of Accident                                                                           | 17 Mar 2018.                                  |                                        |                            |
| Time of Accident                                                                           | 1615hrs. HRS                                  |                                        |                            |
| Location of Accident                                                                       | Junction of Panir Ris Drive 1 and Layang Ave. |                                        |                            |
| Exact purpose use during accident                                                          | On the way home.                              |                                        |                            |
| <b>Name of Owner</b>                                                                       | Noradilah Binte Abdul Karim.                  |                                        |                            |
| Telephone No.                                                                              | H/P: 91594661                                 | Home:                                  | Office:                    |
| NRIC                                                                                       | S7408796 E.                                   |                                        |                            |
| Address                                                                                    | 67 Flora Drive #01-46 S1506850.               |                                        |                            |
| Claim type                                                                                 | OD                                            | <u>THIRD PARTY</u> REPORTING ONLY      |                            |
| Insurance Company                                                                          | China Taiping.                                |                                        |                            |
| Type of Coverage                                                                           | <u>Comprehensive</u>                          | Third Party                            | Third Party / Fire / Theft |
| Policy No.                                                                                 | DMPCSN3050521700                              |                                        |                            |
| <b>Name of Driver</b>                                                                      | <u>As Above</u> if No,                        |                                        |                            |
| NRIC                                                                                       | Any Passengers: 02                            |                                        |                            |
| Date of birth                                                                              | 25 Mar 1974                                   | Gender: <u>male</u> / <u>female</u>    |                            |
| Occupation                                                                                 | Outdoor / <u>Indoor</u>                       | Son: Muhammad Najwan Bin Norirwan      |                            |
| Driving License Pass Date                                                                  | 06 Nov 1997.                                  | Daughter: Arissa Imani Binte Norirwan. |                            |
| Gender                                                                                     | Male / <u>Female</u>                          |                                        |                            |
| Contact No.                                                                                | H/P: 91594661                                 | Home:                                  | Office:                    |
| Address                                                                                    | 67 Flora Drive #01-46 S1506850.               |                                        |                            |
| Driver have any own vehicle                                                                | No,                                           | If yes, Reg No.                        |                            |
| Relationship                                                                               | Employee,                                     | If no, state owner.                    |                            |
| Weather condition                                                                          | <u>Clear</u>                                  | Raining                                | Other                      |
| Road Surface                                                                               | <u>Dry</u>                                    | Wet                                    | Other                      |
| Any Injuries                                                                               | No,                                           | If Yes, Who? Driver & son.             |                            |
| Name And Contact No.                                                                       | Driver, as above.                             |                                        |                            |
| Name And Contact No.                                                                       |                                               |                                        |                            |
| Police Report                                                                              | No,                                           | If Yes, Where?                         |                            |
| <b>Vehicle B No.</b>                                                                       | SLE 8347D.                                    | Any Passengers:                        | —                          |
| Name of Driver                                                                             | R. Radha Krishnan S1749447C                   | Contact No.:                           | —                          |
| <b>Vehicle C No.</b>                                                                       | —                                             | Any Passengers:                        | —                          |
| <b>Vehicle D No.</b>                                                                       | —                                             | Any Passengers:                        | —                          |
| <b>Vehicle E no.</b>                                                                       | —                                             | Any Passengers:                        | —                          |
| <b>Vehicle F No.</b>                                                                       | —                                             | Any Passengers:                        | —                          |
| <b>Vehicle G No.</b>                                                                       | —                                             | Any Passengers:                        | —                          |
| Witness Name                                                                               | —                                             | Witness Contact:                       | —                          |
| <b>Accident Portion</b>                                                                    | Rear Portion.                                 |                                        |                            |
| Camera Recorder                                                                            | Yes / <u>No</u> .                             |                                        |                            |
| <b>Email Address</b>                                                                       | noravantgarde@gmail.com.                      |                                        |                            |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? |                                               |                                        |                            |
| Yes / <u>No</u> .                                                                          |                                               |                                        |                            |
| <b>PARTICULAR WORKSHOP</b>                                                                 | Motor Intel Automo Pte. Ltd.                  |                                        |                            |
| <b>CONTACT NO.</b>                                                                         | 8838 3318 / 6281-0087.                        |                                        |                            |
| <b>CONTACT PERSON</b>                                                                      | WILSON ONG                                    |                                        |                            |
| <b>FAX NO</b>                                                                              | 6281-0187                                     |                                        |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>                                                              | sales@mia.com.sg / ong-wilson3@hotmail.com.   |                                        |                            |



3570101



IDC No. S7408796E



67 FLORA DRIVE #01-46  
SINGAPORE 506850

NREG No. S7408796E

Date of issue  
23-06-2004

Date  
15/08/2016

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 7500 kilograms 06 Nov 1997



License No. S7408796E

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7408796E



Name

NORADILAH BINTE ABDUL  
KARIM

نورادילה بنت عبدالكاريم

Race

MALAY

Date of birth

25-03-1974

Sex

F

Country of birth

SINGAPORE



+65 (2) 711

License Number

S7408796E

Name

NORADILAH BINTE ABDUL  
KARIM

Birth Date 25 Mar 1974

Issue Date 20 Oct 2003



000934510H



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

MODEL NO.  
AND1018  
Cov. Type: C  
AUTOMOBILE

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

**DMPCSN3050521700**

CERTIFICATE No.

DMPCSN3050521700

Policy No: DMPCSN3050521700  
CRASHIS NO: DMPCSN3050521700

1. Index Mark and Registration  
Number of Vehicle

3-064411

2. Name of Policy Holder

BERNARDINE BINTI ABUL KARIM

3. Effective date of the Commencement of Insurance for  
the purposes of the Regulations, Ordinance or Enactment

14 JULY 2017

NAMED DRIVERS EX. BENT. 1 ..... \$8750.00

ADDITIONAL EX. OTHER THAN NAMED DRIVERS:

EX. BENT. 1 - AGE <= 25 ..... \$43,000.00

EX. BENT. 1 - AGE >= 26 ..... \$5500.00

\* AGE AS AT DATE OF ACCIDENT

EX. ON RENEWAL ..... \$1100.00

4. Date of Expiry of Insurance

15 JULY 2018

5. Persons or Classes of Persons entitled to drive \*

(1) THE POLICYHOLDER

(2) 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 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 BREACH OR REGULATION IN THAT REGARD FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.

THE POLICY DOES NOT COVER USE FOR RACE OR RACING TUITION DRIVING TEST RACING RACE-PAKING, 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 VEHICLE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSS OF OCCUPANCY OUTSIDE SINGAPORE (AGGREGATIVE TOTAL LOSS/THREAT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$5500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT ONE AUTHORIZED WORKSHOP FOR EACH POLICY YEAR.

WIFE: SUNDAY CO. 1 MAY 2017 AS JIP OWNER

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (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

### 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 reverse

ITRUST PTE LTD

32 POCH ROAD

#01-02

SINGAPORE 209274

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Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Countersigned By

3 Arson Road #15-00 Springwell Tower Singapore 078905 Tel: 6386 8111 Fax: 6225 3582 Website: [www.sg.taiping.com](http://www.sg.taiping.com)