|  | ntre Services  | 70/07   | The university of the second o |  | 1                                     |
|--|--|---|--|--|---------------------------------------|
| Date In: 19/3/18-19: 19  | Jeb description  | Ď   | ne &Time Completed   | Done   | pì.                                   |
| Ref No: NA   INC 18005 (40) 24   | SAS e-filing   |   |  |  |                                       |
| Veh No: FOJ12740   | E-mail (within Shrs  | , AIC 2hrs)   | -  |  |                                       |
| D.O.A .: 18/1/18-13:55   | i-Motor Claim  | orm N   | 17/0986679   | 19/3/18 19   | :04                                   |
|  | i-Motor W/O (W   | ithin: OD 2hrs, TP  | hrs)   |  |                                       |
| OD : TP : Reporting Only   | i-Photo Uploade  | ed  .   |  |  | Y                                     |
|  | Assessment/Surve   | y Report  |  |  |                                       |
| TP Insurer:  | Ass't Report by F  | ax / Hand to Ov   | vner/Wksp  |  |                                       |
| Preferred Wksp / INC Assign Wksp / QW:   | (  | Т   | ol:  | Fax:   |                                       |
| TP Particulars: Veh No: JU   | 432998   | NC( )   | /Non-INC()   |  |                                       |
| Owner / Driver: (  |  | Т   | cl:  | )  |                                       |
| Policy No: ( )   | Period: (  | ) Co  | ver 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( )  |  | A THE REAL PROPERTY.   |                                       |
| Excess: (\$ ) Loading: \$  | \$1,000 ( )/\$2,000 (  | )   |  |  |                                       |
|  |  | 21. Year 12.  | 2.770 S. 6.778   | 100 S  | .72.                                  |
| ( ) Walk-In Customer : Customer's  | The state of the s | THE RESERVE AND ADDRESS OF THE PARTY NAMED IN   |  |  |                                       |
| ( ) Total Loss Case : to e-mail Ins  |  |   | *  |  |                                       |
|  |  | ( ); Towin  | og Co: (   |  | )                                     |
|  | oice: YES ( ) / NO   | ( ); 10w1   | ig co. (   | DOTAL ASSESSMENT ON  | , , , , , , , , , , , , , , , , , , , |
| Remarks:- 🤌 (INC hotline: 6788 6616  | 0  | 7. V. D   | te&Time Completed  | Done   | by                                    |
| Apply for Transport Allowance ( )  | / Courtesy Car ( )   |   |  |  | -                                     |
| 2) QC Check / Post Repair Inspection   | ( )  |   | 100  |  |                                       |
|  |  |   |  |  |                                       |
|  | > \$3000] ( )  |   |  |  |                                       |
| 3) Upload Resurvey Photo [Repair Cost  | > \$3000] ( )  |   |  |  |                                       |
| 3) Upload Resurvey Photo [Repair Cost >  | > \$3000] ( )  |   |  |  |                                       |
| 3) Upload Resurvey Photo [Repair Cost > Injury:  | > \$3000] ( )  |   | e to Year  | oracion.   |                                       |
| 3) Upload Resurvey Photo [Repair Cost > Injury:  | > \$3000] ( )  |   |  | STATE OF THE   |                                       |
| 3) Upload Resurvey Photo [Repair Cost > Injury:  | > \$3000] ( )  |   |  |  |                                       |
| 3) Upload Resurvey Photo [Repair Cost > Injury:  | > \$3000] ( )  |   |  |  |                                       |
| 3) Upload Resurvey Photo [Repair Cost > Injury:  | > \$3000] ( )  |   |  |  |                                       |
| Juliand Resurvey Photo [Repair Cost > Injury :   | Y  |   |  | Ant((S))   | Amu(3)                                |
| July:  Actions   | Y  | ivoice Prepara  | tion Checklist:  | Anr (S)  | Anu(3)                                |
| Injury:  Onte/Time Actions  A(80719  | 1  | AR : Accident Repo  | rting (530);   | fic Bill   | A COLUMN TO SERVICE                   |
| Injury:  Actions  Alannant's Particulars:  | 1 1) 2) 3)   | AR: Accident Repo<br>DA: Damage Asses<br>TF: Towing Fee   | rting (\$30);<br>sment (\$100); INC (  | 14t Bill<br>580)<br>40/545   | A COLUMN                              |
| Injury:  Actions  Alannant's Particulars:  | 1<br>1<br>1)<br>2)<br>3)   | AR: Accident Repo<br>DA: Damage Asses<br>TF: Towing Fee<br>FT: Follow-Throng  | rting (530);<br>sment (5100); INC (<br>5<br>h Survey   | 580)<br>40/545<br>\$120  | A COLUMN                              |
| Date/Time Actions  Alanant's Particulars:- iver/Owner:   | 1<br>1<br>1)<br>2)<br>3)<br>4)<br>5)   | AR: Ascident Repo<br>DA: Damage Asses<br>TF: Towing Fee<br>FT: Follow-Throng<br>FT: Follow-Throng<br>FO: Claiming against   | rting (\$30);<br>sment (\$100); INC (  | 580)<br>40/545<br>\$120<br>\$30<br>25)   | A COLUMN                              |
| Date/Time Actions  Alannant's Particulars:  iver/Owner:  ntact No:   | 1<br>11)<br>2)<br>3)<br>4)<br>5)   | AR: Ascident Repo<br>DA: Damage Asses<br>TF: Towing Fee<br>FT: Follow-Throng<br>FT: Follow-Throng<br>For claiming against<br>TR: Re-inspection  | rting (530); sment (5100); INC (5  b Survey h Survey (Resurvey) LINC Only (wef 10 Jan 20)  | 580)<br>40/545<br>\$120<br>\$30  | A COLUMN                              |
| Date/Time Actions  Alannant's Particulars:  iver/Owner:  ntact No:   | 1<br>1<br>1)<br>2)<br>3)<br>4)<br>5)   | AR: Ascident Repo<br>DA: Damage Asses<br>TF: Towing Fee<br>FT: Follow-Throng<br>FT: Follow-Throng<br>FO: Claiming against   | rting (530); sment (5100); INC (5  h Survey h Survey (Resurvey) LINC Only (wef 10 Jan 20)  RT Survey   | \$80)<br>40/545<br>\$120<br>\$30<br>\$75   | A COLUMN                              |
| Date/Time Actions  Alsonia  Aimant's Particulars:  iver/Owner:  ntact No:  maged Portion:  | 1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)   | AR: Accident Repo DA: Damage Asset TF: Towing Fee FT: Follow-Throng FT: Follow-Throng For claiming against TR: Re-inspection N1: Idac DA + SM NTUC Additional S OD*   | rting (530); sment (5100); INC (5  h Survey h Survey (Resurvey) UNC Only (wef 10 Jan 20)  RT Survey crvices.   | \$80)<br>40/545<br>\$120<br>\$30<br>25)<br>\$75<br>\$160   | A COLUMN TO SERVICE                   |
| Date/Time Actions  Alsonia  aimant's Particulars: iver/Owner: intact No: imaged Portion:   | 1)<br>1)<br>2)<br>3)<br>4)<br>5)   | AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throng FT: Follow-Throng FO: claiming against TR: Re-inspection N1: Idao DA + SM. NTUC Additional S OD* *N5: Courtesy Car/   | rting (530); sment (5100); INC (55) h Survey h Survey (Resurvey) INC Only (wef 10 Jan 20) RT Survey crvices  | \$80)<br>40/545<br>\$120<br>\$30<br>\$75   | A COLUMN TO SERVICE                   |
| Date/Time Actions  Algoria  Actions  Aumant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  | 1)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)   | AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throng FT: Follow-Throng For claiming agains! TR: Re-inspection N1: Idae DA + SM: NTUC Additional S OD* *N5: Courtesy Car/ *N6: Repair Co-ord *N7: Fost Repair In-                     | rting (530); sment (5100); INC (5  h Survey h Survey (Resurvey) INC Only (wef 10 Jan 20)  RT Survey crvices  Tpt Allowance ination spection  | \$80)<br>40/\$45<br>\$120<br>\$30<br>25)<br>\$75<br>\$160<br>\$53<br>\$10<br>\$25  | A COLUMN TO SERVICE                   |
| Date/Time Actions  Alsonia  Authors:  Actions  Authors:  Actions  Authors:  Actions  Authors:  Actions  Actions  Authors:  Actions  Action | 1)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)   | AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throng FT: Follow-Throng For claiming agains! TR: Re-inspection N1: Idae DA + SM. NTUC Additional S OD* *N5: Courtesy Car/ *N6: Repair Co-ord *N7: Fost Repair In- *N8: DV / Collect E | rting (530); sment (5100); INC (5  h Survey h Survey (Resurvey) UNC Only (wef 10 Jan 20)  RT Survey crvices  Tpt Allowance ination spection excess Coordination  | \$80)<br>40/545<br>\$120<br>\$30<br>25)<br>\$75<br>\$160   | ALCOHOLD STATE                        |
| July : Actions   | 1)<br>1)<br>2)<br>3)<br>4)<br>5)<br>6)<br>7)   | AR: Accident Repo DA: Damage Asses TF: Towing Fee FT: Follow-Throng FT: Follow-Throng For claiming agains! TR: Re-inspection N1: Idae DA + SM: NTUC Additional S OD* *N5: Courtesy Car/ *N6: Repair Co-ord *N7: Fost Repair In-                     | rting (530); sment (5100); INC (5  h Survey h Survey (Resurvey) UNC Only (wef 10 Jan 20)  RT Survey crvices  Tpt Allowance ination spection excess Coordination  | \$80)<br>40/545<br>\$120<br>\$30<br>25)<br>\$75<br>\$160<br>\$35<br>\$10<br>\$25<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30<br>\$30 | A COLUMN                              |

Fryn at 1 Ar

## 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.

- 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.

| and country  | ACCIDENT STATEMENT                     |
|--|--|
| Data Of Based  | 19/03/2018 14:19                       |
| Date Of Report  Date Of Accident   | 18/03/2018 13:55                       |
|  | PIE (CHANGI) AFTER CTE EXIT            |
| Exact Location Of Accident   | SINGAPORE                              |
| Country/State of Loss  | ETAILS OF OWN VEHICLE                  |
|  |  |
| Vehicle Registration Number  | FBJ7274D                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | MUHAMMAD TAUFIQ BIN TAHAR              |
| NRIC No  | S9112898E                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-94338134                   |
| Alternative Phone No   | OFFICE-94338134                        |
| Vehicle Particulars  |  |
| Manufacturer   | YAMAHA                                 |
| Model  | YZF-R15 MANUAL                         |
| Exact Purpose for which vehicle was being used at<br>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                                       | REPORTING ONLY                         |
| Vehicle Category   | MOTORCYCLE                             |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5089910640                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | MUHAMMAD TAHFIZ BIN TAHAR              |
| NRIC No  | S9820228E                              |
| Date Of Birth  | 27/06/1998                             |

 NRIC No
 \$9820228E

 Date Of Birth
 27/06/1998

 Occupation
 INDOOR

 Date Of Driving Pass
 22/03/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92220463

Fax Number

Contact Number OFFICE-92220463

EMail Address NOEMAIL

BLK 352 UBI AVENUE 1 Address #06-985

400352 Postcode

Was driver an employee of the Insured's Company NO

SIBLING 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO 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)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

KAMPONG UBI NEIGHBOURHOOD POLICE POST Police Station Name

1

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

Police Station Address **COUNTRY: SINGAPORE** 

TEL NO: 1800-7479999 - FAX NO: 67453410 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180319/2078.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

SLH3299B

# **DETAILS OF INJURED PERSON 1**

MUHAMMAD TAHFIZ BIN TAHAR Name

Approximate Age

BODY Injuries Sustain FBJ7274D Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such. Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

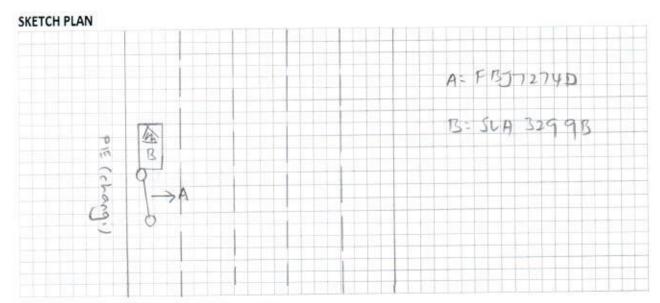
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refor to police report- 7/201803/9/2078. |
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## 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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Report No. T/20180319/2078

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

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

| Date/Time Report Made:<br>19/03/2018 13:47  |                         |              | Vide Report No.:  | Station Diary No.: 23 |  |  |  |
|---|-------------------------|--------------|---|-----------------------|--|--|--|
| Informa                                     | nt's Partic             | ulars        |   |                       |  |  |  |
|   | Informant:<br>MAD TAHF  | IZ BIN TAHAR | Address:<br>APT BLK 352 UBI AVENUE 1 #06-985 SINGAPORE 400352 |                       |  |  |  |
|   | / ID No.:<br>D / S98202 | 28E          | Contact No.: Home/Office: Mobile: 92220463                    |                       |  |  |  |
| Nationality:<br>SINGAPORE CITIZEN           |                         |              | Email:  |                       |  |  |  |
| Sex: Age: Date of Birth: Male 19 27/06/1998 |                         |              | Type of Informant:<br>Rider                                   |                       |  |  |  |
| Race:<br>Malay                              |                         |              | Language: Institution / School N<br>TEMASEK POLYTE            |                       |  |  |  |
| Occupation:<br>Student                      |                         |              | Driving Licence Information: Class: 2B,3  Date of Expiry:     |                       |  |  |  |

| Seneral Inform                | mation of the Acci           | dent                               |   |                                |  |
|-------------------------------|------------------------------|------------------------------------|---|--------------------------------|--|
| Type of<br>Accident:          | Injury<br>Others             | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>18/03/2018 13:55 | Type of Location<br>EXPRESSWAY |  |
| CENTRAL EX                    | EXPRESSWAY<br>OWARDS PIE(CHA |                                    |   | Road Speed Limit:              |  |
| Traffic Flow:<br>One Way      |                              | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy       |  |
| Type of Collis<br>Between Mov | Anyone cor<br>ambulance      |                                    |   |                                |  |

| Details of Vehicle Involved |            |      |       |       |                      |                |  |  |
|-----------------------------|------------|------|-------|-------|----------------------|----------------|--|--|
| Vehicle No.                 | Туре       | Make | Model | Color | Condition            | No of Passenge |  |  |
| FBJ7274D                    | Motorcycle |      |       |       | Seriously<br>Damaged | 32075          |  |  |
| SLH3299B                    | Car        |      |       |       | Slightly<br>Damaged  | 0              |  |  |

| Details of Vo | ehicle Insurance                           |              |            |             |
|---------------|--|--------------|------------|-------------|
| Vehicle No.   | Insurance Company                          | Insurance No | Effective  | Expiry Date |
| FBJ7274D      | NTUC Income Insurance Co-Operative Limited | 5089910640   | 07/04/2017 | 05/04/2018  |





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Report No. T/20180319/2078

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

#### CONTINUATION OF REPORT

| <b>Details of Perso</b> | n involved              |           |           |                    |                           |                                    |
|-------------------------|-------------------------|-----------|-----------|--------------------|---------------------------|------------------------------------|
| Any Pedestrian Ir       | nvolved: No             |           |           |                    |                           |                                    |
| No. of Pedestrian       | s Injured: NIL          |           | Use of Pe | destriar           | Cross                     | sing: NA                           |
| Rider                   |                         |           |           | Ç BATA             |                           |                                    |
| Name                    | MUHAMMAD TAHF           | ID No     |           | S9820228E          |                           |                                    |
| Related Vehicle         | FBJ7274D (Motorcycle)   |           |           |                    | ct No.                    | 92220463                           |
| Hospital/Clinic         | CHANGI GENERAL HOSPITAL |           |           |                    | of<br>g<br>ce &<br>Date   | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment          | 18/03/2018              | Date Disc | harge     | 3/2018             |                           |                                    |
| No. of Days gran        | ted Medical Leave       | 03        | Degree of | f Injury           | Sligh                     | t                                  |
| Driver                  |                         |           |           |                    |                           |                                    |
| Name                    | KANEASAMI               |           |           | ID No.             |                           | S7087867D                          |
| Related Vehicle         | SLH3299B (Car)          |           |           | Contact No.        |                           | 85002416                           |
| Hospital/Clinic         | NIL                     |           |           |                    | of<br>g<br>ce &<br>/ Date | Class: 3<br>Date of Expiry: NIL    |
| Date Treatment          | NIL                     |           | Date Disc | Date Discharge NIL |                           |                                    |
| No. of Days gran        | ted Medical Leave       | NIL       | Degree of | fInjury            | NIL                       |                                    |

## Brief Details.

On the above mentioned date and time, I was travelling from CTE(CITY) exiting towards PIE(CHANGI) on the fifth lane. The traffic was congested at that point of time as such I was travelling at a slow speed behind a vehicle (SLH3299B). While travelling, I intended to switch to the fourth lane susbsequently I checked my right side mirror and my blindspot before switching lane. As I was checking my blindspot, I did not realise that the vehicle infront had slow down as such the moment I turned to face front, I did not manage to brake in time. My front side vehicle hit onto the back left bumper of the said vehicle. I sustained light bruises on my right leg, pain on the right shoulder. No police came to scene. I was not conveyed by ambulance. I went to Changi General Hospital for my injuries and was given 3 days of MC.

While discussing with the vehicle owner, I proceed to my vehicle to check on my vehicle damages and I spotted one vehicle stopped directly behind my vehicle on the road shoulder and the passenger of the said vehicle came out to talk to us about his company with directing of insurance claiming and towing of vehicle. I was given his name card as written below;

M-GARAGE (24hrs service) Ken Lim (+6592317941)

I overheard the vehicle owner that I had hit on made an agreement with them however I was unsure of what they had agreed on. Subsequently while waiting for my brother to come over to my aid, both the said vehicle and the vehicle(SLH3299B) drove off.





T/20180319/2078

3 of 4

Report No. T/20180319/2078

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

I wish to state that I am lodging the report for insurance claiming purposes.





4 of 4

Report No. T/20180319/2078

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

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 / Staff Sgt MUHAMMAD IRSYAD BIN ABDUL KADER | Signature Of Informant:     |
|--|-----------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 19/03/2018 13:47 |
| Officer In Charge Of Case:   | Classification Of Case:     |
| TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325                                     | SINGAPORE POLICE FONCE      |
| Authentication Stamp   | SIGNATURE                   |



# ORIGINAL

# MEDICAL CERTIFICATE

EMD201852949

| Name<br>MUHAMMAD TAHFIZ BIN TA  | HAR              |               |                  |   | NRIC NO.<br>\$9820228E                               |    |  |
|---|------------------|---------------|------------------|---|--|----|--|
| This is to certify that the above-named i<br>inclusive.  Type of medical leave granted: |                  | nod of        | 3                | days from                                   | m 18-Mar-2018 to 20-Mar-2018                         |    |  |
| Hospitalization Leave  Admitted on:  Discharged on:                                     |                  | ]             | Matemi           | ent Sick Leave<br>ty Leave,<br>ation Leave, | Delivered on :                                       | to |  |
| This certificate is not valid for a<br>Diagnosis  | absence from cou | rt attendance |                  | Surgical Ope                                | veration (if applicable)                             |    |  |
| Fit for light duty from  Comments:  | N.A.             | to            | N.A.             | - 0   |  |    |  |
| The above-named patient attended my<br>No medical leave is necessary.                   | y clinic at      |               | N.A.             | and left at                                 |  |    |  |
| Emergency Medicine Date   |                  |               | cident & Em      | ergency                                     | Signature, Name (In BLOCK LETTERS) and Designation/M |    |  |
|   |                  |               | te<br>3-Mar-2018 |   | LIM HUI PHENG , 05365A                               |    |  |

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9820228E





# MUHAMMAD TAHFIZ BIN TAHAR

محمد تحفيظ بن طه

MALAY Date of birth

SINGAPORE

27-06-1998





5223639



26-09-2013

APT BLK 352 UBI AVENUE 1 #06-985 SINGAPORE 400352

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

Matercycles == 200 CC Motor cars == 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2000 kg

SONTHERNE

S / No.9000239094

| <b>eBao</b> Tech       |                             |                |                                 |                      |            |                              |                |                   | GeneralClaim     |               |  |
|------------------------|-----------------------------|----------------|---------------------------------|----------------------|------------|------------------------------|----------------|-------------------|------------------|---------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601                        |                |                                 |                      |            | ,                            | Change Lan     | guage ,           | Change Passwo    | ord • Log Out |  |
| My Desktop             | Polic                       | cy Query       |                                 |                      |            |                              |                | ALC:              |                  |               |  |
| Notice of Loss         | Policy No. Date of Accident |                |                                 | 18/03/               | 2018 13:55 | 3                            |                |                   |                  |               |  |
|                        | Vehicle                     | No.(For Motor) | FB37274D                        |                      |            |                              |                |                   |                  |               |  |
|                        |                             |                |                                 |                      | 1          | Search                       |                |                   |                  |               |  |
|                        | Select                      | Policy Na.     | Policyholder<br>Name            | Policyholder<br>NRIC | Product    | Cover Type                   | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date   |  |
|                        | 0                           | 5089910640     | MUHAMMAD<br>TAUFIQ BIN<br>TAHAR | S9112898E            | GMC        | Third Party,<br>Fire & Theft | FB37274D       | FB)7274D          | 07/04/2017       | 06/04/2018    |  |
|                        |                             |                | Intibit                         |                      |            | Continue                     |                |                   |                  |               |  |

| Policy No.                           | 5089910640                   | Policyholder<br>Name              | MUHAMMAD TAUFIQ BIN TAHAF | Policyholder<br>NRIC | S9112898E           |
|--------------------------------------|------------------------------|-----------------------------------|---------------------------|----------------------|---------------------|
| Address                              | BLK 352 #06-985 UBI AVENUE 1 | SINGAPORE                         | 400352                    |                      |                     |
| Product<br>Name                      | MOTORCYCLE INSURANCE         | Plan                              |                           | Group<br>Policy Flag | N                   |
| Policy<br>Issue<br>Date              | 07/04/2017                   | Effective<br>Date                 | 07/04/2017 00:00          | Expiry Date          | 06/04/2018 23:59    |
| Third<br>Party<br>Excess             | 0                            | Own<br>damage<br>Excess           | 0                         | Windscreen<br>Excess |                     |
| Additional<br>Excess                 |                              | OS<br>Premium                     | 0                         |                      |                     |
| Outside<br>Singapore<br>OD<br>Excess |                              | Outside<br>Singapore<br>TP Excess |                           |                      |                     |
| Agent                                | WTT INSURANCE AGENCIES PTI   | Agent Tel.                        | 62965445                  | GST Flag             | Υ                   |
| Co-<br>insurance<br>Flag             | No                           |                                   |                           |                      |                     |
| Open<br>Policy Info                  |                              |                                   |                           |                      |                     |
| Certificate<br>Info                  |                              |                                   |                           |                      |                     |
| Policyl                              | nolder Mailing Address       |                                   |                           |                      |                     |
| Address 1                            | BLK 352 #06-985              | Address 2                         | UBI AVENUE 1              | Address 3            | SINGAPORE 400352    |
| Address 4                            |                              | Address<br>Type                   | Singapore address         | Post Code            | 400352              |
| Unit No.                             |                              | Related<br>Policy<br>Number       | 5089910640-01             |                      |                     |
| <b>1</b> Insure                      | d Object: FBJ7274D           |                                   |                           |                      |                     |
| ♥ Endors                             | sements                      |                                   |                           |                      |                     |
| Sequenc                              | ce Date of Endorsement       | Endorse                           | ment Type Endorseme       | ent Status           | Endorsement Content |

| laim Handling  |   |   |   |   |  |   |                                       |  |             |
|--|---|---|---|---|--|---|---------------------------------------|--|-------------|
| ccident MT/0986679   |   |   |   |   |  |   |                                       |  |             |
| nicy No.   | 5089910640  |   | Vehicle No.   | FBJ7274D  |  | GST Registration No.  |                                       |  |             |
| olicyholder Name   | MUHAMMAD TAUFIQ BI  | IN TAHAR                                  |   |   |  | Policyholder NRIC   |                                       | 5911289NE                                      |             |
|  | MOTORCYCLE INSURANCE  |   | Cover Type  | Third Party,  | Fire & Thaft   | Loading   |                                       | 0  |             |
| roduct Code<br>(ontact No.(Mobile)   | 9433834   |   | Contact No. (Office)  | 0   |  | Contact No.(Home)   |                                       | Ü .  |             |
| mail Address   | 24220007  |   | Special Remark  |   |  | eCode   |                                       | Sec 💙  |             |
| the mountain   | ® No ○ Yes  |   | TCA   | ® No ○Yes   |  | eCode Reason  |                                       |  |             |
| ACD Protection   | No  |   | NCD Entitlement(%)  | 0   |  | Private Hire  |                                       | No   |             |
| Accident Details   | NO.   |   |   |   |  |   |                                       |  |             |
|  | 19/03/2018 19:02  |   | Accident Report Within 24 hr  | s Yes   |  | Acodent Type  |                                       | Collision - H                                  | ead to Rear |
| keport Date  | 18/03/2018  |   | Time of Accident hh:mm  | 13:55   |  | Country of Accident   |                                       | Singapore                                      |             |
| Date of Accident   | 10/03/2010  |   |   |   |  | ICM No.   |                                       |  |             |
| Reporting Centre   |   |   | Orange Force  |   |  |   |                                       |  |             |
| Accident Location  | PIE (CHANGI) AFTER C  | CTE EXIT                                  |   |   |  |   |                                       |  |             |
| 9 Benefits   |   |   |   |   |  |   |                                       |  |             |
| ₩ Excess   |   |   |   |   |  |   |                                       |  |             |
| Own damage Excess  |   | 0.00                                      | Additional Excess   |   |  | Windscreen Excess   |                                       |  |             |
| Annamed Driver Excess  |   |   | Outside Singapore OD Exces  | 16  |  |   |                                       |  |             |
| Third Party Excess   |   | 0.00                                      | Outside Singapore TP Excess   | 9   |  |   |                                       |  |             |
| GST Registered Informa   | ation   |   |   |   |  |   |                                       |  |             |
| SST Registered   | No  |   |   |   | Registration Date  |   |                                       |  |             |
| SST Registration No.   |   |   |   | GST   | Status Verified  | Yes   |                                       |  |             |
| Hodification History   |   |   |   |   |  |   |                                       |  |             |
|  |   |   |   |   |  |   |                                       |  |             |
| ▼ Policyholder Halling Ad  | dress   |   |   |   |  |   |                                       | SINGAPORE                                      | 400353      |
| Address 1  | BUX 352 #06-985   |   | Address 2   | UBI AVENUE  | EI   | Address 3   |                                       |  | : 400332    |
| Address 4  |   |   | Address Type  | Singapore a   |  | Post Code   |                                       | 400352   |             |
| Unit No.   |   |   | Related Policy Number   | 5089910640  | 0-01   |   |                                       |  |             |
| □ Of Driver Info   |   |   |   |   |  |   |                                       |  |             |
| Oniver Name  | MUHAMMAD TAHFIZ B   | IN TAHAR                                  | Driver Type   | Named Drive   |  |   |                                       |  |             |
| Unnamed driver Name  |   |   | Driver NRIC   | \$9820228E  |  | Driver DOS  |                                       | 27/06/1990                                     |             |
| Register Date of Driver License  | 22/03/2017  |   | Driver Age  | 19  |  | Driving Experience  |                                       | 0  |             |
| Contact No.(Mobile)  | 92220463  |   | Contact No.(Office)   | 0   |  | Contact No.(Home)   |                                       | 0  |             |
| Address 1  | BLK 352   |   | Address 2   | Company or or and the   | E 4  | Address 3   |                                       | SINGAPORE                                      | 1 400352    |
|  |   |   | Address 2   | UBI AVENUE  | e I  | With East 2   |                                       |  |             |
|  | 173 WES   |   | Address Type  | Singepore a   |  | Post Code   |                                       | 400352   |             |
| Address 4<br>Unit No.  | 06-985  |   |   |   |  |   |                                       |  |             |
| Address 4  |   |   |   |   |  |   | any                                   |  |             |
| Address 4<br>Unit No.<br>Does he own a Singapore<br>Registered car?  | 06-985  |   | Address Type  |   |  | Post Code   | any                                   |  |             |
| Address 4<br>Unit No.<br>Does he own a Singapore   | 06-985  |   | Address Type  |   | podress  | Post Code   | any                                   |  |             |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text  | 06-985<br>○ Yes <b>®</b> No   |   | Address Type Driver Vehicle No.   | Singepore a   | podress  | Post Code   | any                                   |  |             |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text Reading?   | 06-985<br>○ Yes <b>®</b> No   |   | Address Type Driver Vehicle No.   | Singepore a   | podress  | Post Code   | any                                   |  |             |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 001 New  | 06-985<br>○ Yes <b>®</b> No<br>0 mg   | TAN .                                     | Address Type  Driver Vahicle No.  Any injury?   | Singepore a   | odress<br>40   | Post Code   | any                                   |  |             |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  | 06-985<br>○ Yes <b>®</b> No<br>0 mg   | N. C. | Address Type  Driver Vehicle No.  Any Injury?  Insured Name   | Singepore e   | podress  | Post Code  Driver Insurer Comple  Insured NRIC  | any                                   | 400352   |             |
| Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Contact No. (Mobile)  | 06-985  Ves ® No  mg  |   | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  | Singepore a  © Yes O N  MUHAMMAI  NIL   | odress<br>40   | Post Code  Driver Insurer Comp  Insured MRIC  Cornact No.(Office)   | any                                   | 400352<br>591120968                            |             |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  | 06-985  Yes ® No  mg  DD-MX  94338134  eagle_91-200@notm  | all.com                                   | Address Type  Driver Vehicle No.  Any Injury?  Insured Name   | Singepore e   | odress<br>40   | Post Code  Driver Insurer Comp  Insured NkIC  Comact No. (Office)  TP Valuate Number  |                                       | 400352   |             |
| Address 4 Unit No. Does he own a Singapore Registered Cat?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile) Email Address  Claim Description  | 06-985  Ves ® No  mg  | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  | © Yes ○ N  MUHAMMAI  NIL  FB372740  | odress  TALIFIQ SIN TAHAR  | Post Code  Driver Insurer Comp  Insured MRIC  Cornact No.(Office)   |                                       | 400352<br>591120968                            |             |
| Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Text Reating?  Modification History  Claim 603 New  Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact   | 06-985  Yes ® No  mg  DD-MX  94338134  eagle_91-200@notm  | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  | © Yes ○ N  MUHAMMAI  NIL  FB372740  | D TALIFIQ SIN TAHAR  | Post Code  Driver Insurer Comp  Insured NRIC  Contact No (Office)  To Vahicle Number  Name of Preferred W   |                                       | 591128988<br>SLH32998                          |             |
| Address 4 Unit No. Does he own a Singapore Registered Cat?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile) Email Address  Claim Description  | 06-985  Yes ® No  mg  DD-MX  94338134  eagle_91-200@notm  | all.com                                   | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number   | © Yes ○ N  MUHAMMAI  NIL  FB372740  | odress  TALIFIQ SIN TAHAR  | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text Reading?  Claim 601 New  Claim 7ype + Corract No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.  | 06-985<br>○ Yes ® No<br>0 mg<br>DO-MX<br>94338134<br>F8372740 / St. H3299   | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  OI Vehicle Number   | © Yes ○ N  MUHAMMAI  NIL  FB372740  | D TALIFIQ SIN TAHAR  | Post Code  Driver Insurer Comp  Insured NRIC  Contact No (Office)  To Vahicle Number  Name of Preferred W   |                                       | 591128988<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Text Reading?  Claim 601 New  Claim 601 New  Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation   | 06-985<br>○ Yes  No<br>0 mg<br>00-MX<br>94338134<br>689(e_91-200@notm<br>FB372740 / SLH3299<br>Yes                        | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No. (Home) OI Vehicle Number  Insured Liability * Proferered Repair Option   | © Yes ○ N  MUHAMMAI  NIL  FB372740  | D TALIFIQ SIN TAHAR  | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Text Reading?  Claim 601 New  Claim 601 New  Claim 709-* Contact No. (Mobile) Email Address Colim Description Preferred Workshop Contact No. Require Finalisation Dete Registered   | 06-985  ○ Yes  No  0 mg  0 mg  00-MX  94338134  6agle_91-200@hotm. FB372740 / SLH3299  Yes LEV03/2018 19:04               | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No. (Home) OI Vehicle Number  Insured Liability * Proferered Repair Option   | © Yes ○ N  MUHAMMAI  NIL  FB372740  | D TALIFIQ SIN TAHAR  | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Cat'?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By                             | 06-985  ○ Yes  No  0 mg  0 mg  00-MX  94338134  6agle_91-200@hotm. FB372740 / SLH3299  Yes LEV03/2018 19:04               | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No. (Home) OI Vehicle Number  Insured Liability * Proferered Repair Option   | © Yes ○ N  MUHAMMAI  NIL  FB372740  | D TALIFIQ BIN TAHAR  | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Text Reading?  Claim 601 New  Claim 601 New  Claim 7ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken 69  Empire AK lotter                    | 06-985  ○ Yes  No  0 mg  0 mg  00-MX  94338134  6agle_91-200@hotm. FB372740 / SLH3299  Yes LEV03/2018 19:04               | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No. (Home) OI Vehicle Number  Insured Liability * Proferered Repair Option   | Singapore a  W Yes N  MUHAMMAI  NIL  Fully at Fai  Preferred v  | D TAUFIQ BIN TAHAR   | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 605. New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Frantisation Date Registered Report Taken By  Prins As letter  Attachment | 06-985  ○ Yes  No  0 mg  0 mg  00-MX  94338134  6agle_91-200@hotm. FB372740 / SLH3299  Yes LEV03/2018 19:04               | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name  Contact No. (Home) OI Vehicle Number  Insured Liability * Proferered Repair Option   | Singapore a  W Yes N  MUHAMMAI  NIL  Fully at Fai  Preferred v  | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  Workshop, Name unknown   | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 001. New  Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Report Taken By  D Print Act lotter  Attachment                       | 06-985  ○ Yes  No  0 mg  CD-MX  94338134  8896, 91-200@notm  FB372740 / St, h3299  Yes  L9/02/2018 19:04  Jackson         | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Proferential Repair Option Claim Close Date                             | Singapore a  W Yes N  MUHAMMAI  NIL  Fully at Fai  Preferred v  | D TAUFIQ BIN TAHAR   | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591120986<br>SLH32998                          | 8 00:00     |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Proferential Repair Option Claim Close Date  Claim No.                   | Singapore a  W Yes N  MUHAMMAI  NIL  Fully at Fai  Preferred v  | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  Workshop, Name unknown   | Post Code  Driver Insurer Comp  Insured NRIC  Cornact No. (Office)  To Valuate Number  Name of Preferred W  GNA report                              |                                       | 591123998<br>S1H32998<br>Received<br>19/03/201 | <u> </u>    |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | as.com<br>vs GN 18 Mar 2018               | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Proferential Repair Option Claim Close Date  Claim No. Upload Date      | Singepore a  Singepore a  Wyes N  MUHAMMA  NIL  FB37224D  Fully at Pa  Preferred v  Save Sub                  | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  Workshop, Name unknown  19/03/2010 19:04  Cebegery *   | Post Code  Driver Insurer Comp  Insured NRIC  Contact No. (Office)  TO Valvice Number  Name of Preferred W  GNA report  Date Received               | Vorkshop                              | 591123998<br>S1H32998<br>Received<br>19/03/201 | 8 00:00     |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Proferentel Repair Option Claim Close Date  Claim No. Upload Date  Bro  | Singepore a  Wyes N  MUHAMMAI  NIL  FB372240  Fully at Pa  Preferred v  Save Sub                              | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  Workshop, Name unknown  19/03/2010 19:04  Cebegory *  Please Select  | Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Varicle Number Name of Preferred W GIA report Date Received  Confidential                  | Verkshop                              | 59112098<br>5112098<br>51132998<br>19/03/201   | 8 00:00     |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liability * Proferential Repair Option Claim Close Date  Claim No. Upload Date  Bro | Singepore a  Wyes N  MUHAMMAI  NIL  FB372240  Fully at Pa  Preferred v  Save Sub                              | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  Workshop, Name unknown  W  | Driver Insurer Comp  Insured NkIC Contact No. (Office) TD Varicle Number Name of Preferred V GIA report Date Received                               | Vorkshop<br>Urgen<br>Normal<br>Normal | 591120998<br>S1H32998<br>19/03/201             | 8 00:00     |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liebility * Proferential Repair Option Claim Close Date  Bro Bro Bro                | MUHAMMAI NIL FB372740 Fully at Pa Preferred v Save Sub  | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  WORKSHOD, Name unknown   WORKSH | Driver Insurer Comp  Insured NkIC Contact No. (Office) TP Varicle Number Name of Preferred V GIA report Date Received                               | Vorkshop  Urgen  Normal  Normal       | 591120998<br>S1H32998<br>19/03/201             | 8 00:00     |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liebility * Proferential Repair Option Claim Close Date  Bro Bro Bro Bro            | MUHAMMAI MUHAMMAI MIL FB37224D  Fully at Pa Preferred v  Save Sub  WSe Clear WSe Clear WSe Clear              | D TAUFIQ BIN TAHAR  D TAUFIQ BIN TAHAR  WORKSHOD, Name unknown   WORKSH | Driver Insurer Comp  Insured NkIC Contact No. (Office) TP Varicle Number Name of Preferred V GIA report Date Received                               | Vorkshop  Urgen Normal Normal Normal  | 591120998<br>S1H32998<br>19/03/201             | 8 00:00     |
| Address 4 Unit No. Does he own a Singapore Registered Car?  Declaration Breathalyser or Blood Text Reading?  Modification History  Claim 601 New  Claim 709 * Contact No. (Mobile) Email Address Claim Description Praferred Workshop Contact No. Require Finansation Date Registered Report Taken By  Print Accident  Attachment    | 06-985  ○ Yes  No  0 mg    DD-MX   94338134   8896, 91-200@notm   FB372740 / 51,115299   Yes   19/02/2018 19:04   Iackson | all.com                                   | Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No. (Home) OI Vehicle Number  Insured Liebility * Proferential Repair Option Claim Close Date  Bro Bro Bro Bro Bro        | MUHAMMAI MUHAMMAI MIL FD37274D  Fully at Pa Preferred v  Save Sub  WSG Clear WSG. Clear WSG. Clear WSG. Clear | D TALFIQ SIN TAHAR  DTALFIQ SIN TAHAR  UIT  Workshop, Name unknown  19/03/2018 19:04  Cebegory *  Please Select  Please Select  Please Select  Please Select  Please Select  | Driver Insurer Comp  Insured NRIC Contact No.(Office) TD Varicle Number Name of Preferred V GIA report Date Received  Confidential V NO V NO V NO V | Vorkshop  Urgen  Normal  Normal       | 591120998<br>S1H32998<br>19/03/201             | 8 00:00     |

| Attachment   |  | uploaded By/Date  | Category              | 9 | Urgency | Description                     | Sent? Action<br>(CO) |
|--------------|--|---|-----------------------|---|---------|---------------------------------|----------------------|
| r es         | NAC PAYA_UBI_800601( NATIO   | onal assessment centre services) on 19 Ma<br>r 2018 19:04 | NR3C/ Driving License |   | Normal  | NRIC/ Driving License 2018-3-19 | Edit                 |
| 40           | NAC_PAYA_UB3_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | SAS                   |   | Normal  | SAS 2018-3-19                   | Edit                 |
| *            | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-2-19                | Edit                 |
|              | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>+ 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
|              | NAC_PAYA_UB1_800601( NATIO   | DNAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04 | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
|              | NAC_PAYA_UBI_80050)( NATIO   | INAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04 | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
| A            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
|              | NAC_PAYA_UBI_ROOROT( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
| 4            | NAC_PAYA_UBI_BOGGOI[ NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma $_{\rm f}$ 2018 19:04 |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
|              | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
|              | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
| 1            | NAC_PRVA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma<br>r 2018 19:04       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
|              | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Ma                       |   | Photos                |   | Normal  | Photos 2018-3-19                | Edit                 |
| ₩ Video List |  |   |                       |   |         |                                 |                      |
|              | Uploaded By/Date   | Folder Date   | File Name             |   | 9       | Source                          | Action               |