	19/12/	ntre Services (+	
D. SEX	29/03/18	Jeb description	Date & Time Complete	dį E	one by
KCI (vi)	NA/INIC18005829/1	SAS e-filing			
Veh No	5KT3994B 28/03/18 1010	E-mail (w.ma xlas, Alt. 2hrs)			
DUA	28/03/18 1010	i-Motor Claim Form	107/0988185		
1	Perporting Only	i-Motor W/O (Within OE) 2hrs.	TP 4hrs)		
TP Insur	ret	Assessment/Survey Report	1		
		Ass't Report by Fax / Hand to	Owner/Wksp		
	Wksp / ING Assign Wksp / QW: (Tel;	Fax:	
TP Partic		SCM3814M INC()/Non-INC()	0.000000	
501 100 0000	Driver (Tel)	
Policy N		Period: ()	Cover Type: (,	
	onfirmed by : (Date:	Times	1	
20.00	Driver Liability (%)	[Note-Est. Status (WO): N: 0-20%	%; P: 21-79%. F: 80-	100%1	
	Registral in (Warranty: YES () / NO ()			
Excess: (, coading p	,000 () / \$2,000 ()			
General R	200 Mar 200 April 10	formation strictly Confidential & Strict			
1) Apply fo	(INC horline: 6788 6616) or Transport Allowance () /		Date&Time Completed	Don	ie by
2) QC Chec 3) Upload R	(*** - 10. 10. 0.788 0010)	Courtesy Car ()	Date&Time Completed	Don	ie by
2) QC Chec 3) Upload R Injury :	or Transport Allowance () / ck / Post Report Inspection Resurvey Photo [Repair Cost > \$	Courtesy Car ()	Date&Time Completed	Don	ie by
2) QC Chec 3) Upload R	or Transport Allowance () /	Courtesy Car ()		Don	ie by
2) QC Chec 3) Upload R Injury:	or Transport Allowance () / ck / Post Report Inspection Resurvey Photo [Repair Cost > \$	Courtesy Car ()			ie by
2) QC Chec 3) Upload R Injury:	Por Transport Allowance () / Ck / Post Repair Inspection Resurvey Photo [Repair Cost > 5] Actions	Courtesy Car ()		Amt (\$)	Amt (\$
2) QC Chec 3) Upload R Injury: Date/Time	Pr Transport Allowance () / ck / Post Repair Inspection Resurvey Photo [Repair Cost > 5] Actions	Courtesy Car () () () () () () () () () (ition Checklist	Amt (\$) List Bill	Amt (\$
2) QC Chec 3) Upload R Injury: Date/Time	Actions MAISO1969 Walsurs:-	Courtesy Car () () () () () () () () () ()	tion Checklist rting (\$30); sment (\$100); INC (\$30)	Amt (\$) 1st Bill	Amt (\$
2) QC Chec 3) Upload R Injury: Pate/Time	Actions MAISO1969 Walsurs:-	Courtesy Car () () () () () () () () () ()	rtion Checklist rting (\$30); sment (\$100); INC (\$80) \$40.5	Amt (\$) 1st Bill 45	Amt (\$
2) QC Chec 3) Upload R Injury: Pate/Time imant's Pa ver/Owner: stact No:	Actions NA/80/969 WA/80/969 Waticulars:	Invoice Prepara Invoice Prepara I) AR: Accident Repo 2) DA: Damage Asses 3) TF: Towing Fee 4) FT: Follow-Through For claiming against 6) TR: Re-inspection	rtion Checklist rting (\$30); sment (\$100); INC (\$80) \$40/\$ i Survey \$1 i Survey (Resurvey) \$ INC Only (wef 10 Jan 2005)	Amt (\$) 1st Bill 45 20 30	Amt (\$
2) QC Chec 3) Upload R Injury: Pate/Time pate/Time ver/Owner: naged Porti	Actions Na/80/969 Walsolders:	Invoice Prepara Invoice Prepara I) AR: Accident Repo 2) DA: Damage Asses 3) TF: Towing Fee 4) FT: Follow-Through For claiming against	rtion Checklist rting (\$30); sment (\$100); INC (\$80) \$ Survey \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amt (\$) 1st Bill 45 20 30	Amt (\$
2) QC Chec 3) Upload R Injury: Pate/Time pate/Time ver/Owner: naged Porti	Actions NA/80/969 WA/80/969 Waticulars:	Invoice Prepara Invoice Prepara I) AR: Accident Repo 2) DA: Damage Asses 3) TF: Towing Fee 4) FT: Follow-Through 5) FT: Follow-Through For claiming against 6) TR: Re-inspection 7) NI: Idae DA + SME 8) NTUC Additional Se OD*	rtion Checklist rting (\$30); sment (\$100); INC (\$80) \$40/\$ i Survey \$1; i Survey (Resurvey) \$ INC Only (wef 10 Jan 2005) \$7 CT Survey \$10	Amt (\$) 1st Bill 45 20 30	Amt (\$
2) QC Chec 3) Upload R Injury: Date/Time uimant's Pa ver/Owner: ntact No: naged Porti	Actions Na/80/969 articulars:- Oy (Engr-In-Charge):	Invoice Prepara Invoice Prepara I) AR: Accident Repo 2) DA: Damage Asses 3) TF: Towing Fee 4) FT: Follow-Through 5) FT: Follow-Through For claiming against 6) TR: Re-inspection 7) NI: Idae DA + SMF 8) NTUC Additional Se OD!* *NS: Courtesy Carf *N6: Repair Co-ordin	ttion Checklist rting (\$30); sment (\$100); INC (\$80) \$40/\$ is Survey \$1; is Survey (Resurvey) \$ INC Only (wef 10 Jan 2005) \$5 CT Survey \$16 rvices	Amt (\$) 1st Bill 45 20 30 75	Amt (\$)
2) QC Chec 3) Upload R Injury: Date/Time Da	Actions Na/80/969 articulars:- Oy (Engr-In-Charge):	Invoice Prepara Invoice Prepara I) AR: Accident Repo 2) DA: Demoge Asses 3) TF: Towing Fee 4) FT: Follow-Through 5) FT: Follow-Through For claiming against 6) TR: Re-inspection 7) NI: Idae DA + SMF 8) NTUC Additional Se OD!* *N5: Courtesy Car /* *N6: Repair Co-ordin *N7: Fost Repair Co-ordin *N7: Fost Repair Co-ordin *N7: Fost Repair Co-ordin	rtion Checklist rting (\$30); sment (\$100); INC (\$80) \$1 Survey \$1 \$1 Survey (Resurvey) \$5 \$1 Survey \$16 \$2 Survey \$16 \$3 Survey \$16 \$40/\$ \$40/\$ \$40/\$ \$5 \$5 \$5 \$5 \$5 \$6 \$7 \$6 \$7 \$8 \$7 \$8 \$8 \$8 \$8 \$8 \$8 \$8 \$8 \$8 \$8 \$8 \$8 \$8	Amt (\$) Ist Bill 45 20 30 75 60 55 0 5	Amt (\$
2) QC Chec 3) Upload R Injury: Date/Time Date/Time ver/Owner: naged Porti	Actions Na/80/969 articulars:- Oy (Engr-In-Charge):	Invoice Prepara Invoice Prepara I) AR: Accident Repo 2) DA: Damage Asses 3) TF: Towing Fee 4) FT: Follow-Through 5) FT: Follow-Through For claiming against 6) TR: Re-inspection 7) NI: Idae DA + SMF 8) NTUC Additional Se OD!* *NS: Courtesy Carf *N6: Repair Co-ordin	ttion Checklist rting (\$30); sment (\$100); INC (\$80) S40/3 I Survey (Resurvey) \$ INC Only (wef 10 Jan 2005) CT Survey \$10 Tyrices. Fpt Allowans \$2 action \$2 cess Coordination \$2	Amt (\$) Ist Bill 45 20 30 75 60 55 5	Amt (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.	g of the report of the define and to copies of the report being made available
THE MALEST LOSS HARRY THE PLANTS OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	29/03/2018 10:58
Date Of Accident	28/03/2018 10:10
Exact Location Of Accident	HARBOURFRONT FERRY TERMINAL(COACH BAY)
Country/State of Loss	SINGAPORE
Mr. San	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3994B
Insured/Policyholder	
Name Of Registered Owner	GOODRIDE AUTO
Co Reg No	53364825D
Email Address	BLUERAIN_214@HOTMAIL.COM
Mobile Phone No	all destroy that describes = 0 years 1 and
Alternative Phone No	OFFICE-96828864
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5092235245
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TAWFIQ BIN MELING
NRIC No	\$86225541
Date Of Birth	08/08/1986
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2011
Oriving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91924496
ax Number	The state of the s
Contact Number	

NOEMAIL

Address BLK 50 CHAI CHEE STREET #04-807

461050

1070

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

.

NO

NO

1

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
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? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 Witness 1

Name UNKNOWN
Phone Number 81260854

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful</u> and accurate as possible. 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.
- 5. 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:
 - (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:

28/03/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

HARBOURFR	ont	FERRY	TERMINA
	1.6.1	1 (001	ACH BAY)
	B		

A- SKT3994B B-SLM3814M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refe to the attached statement.	Pls	refr	to the	e atla	ched	statenie	nf.
		/					

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: 28/03/18

Name:

NRIC/FIN No.:

I STOP MY VEH AT HARBOURFRONT FERRY TERMINAL(COACH BAY) TO ALIGHT MY PASSENGER. WHEN I SAW THE VEH(B) DRIVER REVERSED HIS VEH, I HORNED AT HIM TO WARNED THAT MY VEH WAS BEHIND HIS VEH. THE VEH B DRIVER KEEP ON REVERSING HIS VEH AND HIT ONTO MY LEFT SIDE PORTION OF MY VEH.

ACCIDENT STATEMENT

•	TIAND DECLE TOO	v	(OACH BAY)	
LOCA	TION: HARBOUR FRONT FERR	T TERMINAL (
	At 5 Section 1 well as the section 1			_
1.	DETAILS OF VEHICLE			
	a) VEHICLE NUMBER: SKT 3994 B	The second secon	W = a	
100	b)INSURANCE COMPANY: NTUC	INCOME		
	CJPOLICY NUMBER: 5092235			
	d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY)/ THI	RD PARTY FIRE &T	HEFT
	e MAKE & MODEL: HONDA ATR	NAVE		
	FITYPE: (SALOONY COUPE / MPV /VA	N / LORRY / MOT	ORCYCLE / OTHE	RS1
	g) VEHICLE CATEGORY: (PRIVATE) CO	OMMERCIAL / MC	TORCYCLE)	8
	h) PURPOSE OF USING AT ACCIDENT	TIME: GRAB		
	I) ARE YOU CLAIMING UNDER YOUR	DWN INSURANCE	(YES/NO)	
	IF NO, PLEASE STATE THIRD PARTY C	LAIM / REPORTING	G ONLY)	
	INSURED / POLICY HOLDER		183	
	A)NAME: GOODRIDE AUTO		(MALE / FEMAL	E)
		CON	TACT: 4682 886	
	c)ADDRESS:			- 498
				P
٨	* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER	4	
Al 200- 2 1	D D IV / CD			
+ passenger	DRIVER			
udina drivar)	O)NAME: MUHAMMAD TAWELD BE	N MELSNG	(MALE) FEMALE	≣)
1 7	O)NAME: MUHAMMAD TAWELD BEI	t CONT	(MALE) FEMALI	
1 7	O)NAME: MUHAMMAD TAWELD BE	ttCONT		
1)	O)NAME: MUHAMMAD TAWEIR BIO O)NRIC/FIN/PASSPORT: SE62255C C)ADDRESS: BLK SO CHAI CHEE S	ET #04-804	SPORE 461050	
	DINAME: MUHAMMAD TAWELD BEI DINRIC/FIN/PASSPORT: SE622556 DIADDRESS: BLK SO CHAI CHEE C	#I CONT	SPORE 461050	
	O)NAME: MUHAMMAD TAWELD BEI O)NRIC/FIN/PASSPORT: SE622556 C)ADDRESS: BLK SO CHAL CHEE G O)DATE OF BIRTH: (68/08/1986)	T ZOU-804 S ZOU-804 DRID	SPORE 461050	
<u>1</u>) .	D)NAME: MUHAMMAD TAWELD BETTO DINRIC/FIN/PASSPORT: SE622550 DIADDRESS: BLK SO CHAI CHEE STONDARD OF BIRTH: (08/08/1986)OCCUPATION: (INDOOR (OUTDOO) YEARS OF DRIVING EXPRERIENCE:	E CONT ET 7204-804 S)(DD/MM/YYYY) OR) OGYEADS	ACT: 91924 SPORE 461050	<u></u>
1) (e f f 4. V	DINAME: MUHAMMAD TAWEER BETTON PRICE PROPERTY SE622556 DINRIC/FIN/PASSPORT: SE62256 DINRIC/FIN/PAS	IL CONT FI #204-804 S (DD/MM/YYY) OR) OG YEARS	ACT: 91924 SPORE 461050	<u></u>
1) e	O)NAME: MUHAMMAD TAWELD BETTO DINRIC/FIN/PASSPORT: SE622556 CHAL CHEE CONTROL OF BIRTH: (S) S S 1986 CHAL CHEE CONTROL OF BIRTH: (S) S S 1986 CHAL CHEE CONTROL OF BIRTH: (S) S S 1986 CHAL CHEE CONTROL OF BIRTH: (S) S S S 1986 CHAL CHEE CONTROL OF BIRTH: (S) S S S S S S S S S S S S S S S S S S	IL CONT FI 7204-804 ODD/MM/YYY OF YEARS INSURED'S CONT /ER WITH INSUR	ACT: 91924 SPORE 461050	<u></u>
1) 6 6 f. 4. V II 5. a	O)NAME: MUHAMMAD TAWELD BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE62250 DINRIC/	DE JOHERS	ACT: 91924 SPORE 461050	<u></u>
1) () () () () () () () () ()	DINAME: MUHAMMAD TAWEER BETTO DINRIC/FIN/PASSPORT: SE62255CE) ADDRESS: BLK SO CHAIL CHEE SEDIED CONTROL OF BIRTH: (OB) OB) 1986 OCCUPATION: (INDOOR (OUTDOO) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE F NO, RELATIONSHIP OF THE DRIVENCE ON THE DRIVENCE OF	DE JOHERS	ACT: 91924 SPORE 461050	<u></u>
1) 6 6 6 W	DINAME: MUHAMMAD TAWELD BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC	DE JOHERS	ACT: 91924 SPORE 461050	<u></u>
1) 6 6 6 M 7. a	O)NAME: MUHAMMAD TAWEER BEINDONNIC/FIN/PASSPORT: SE622556 C)ADDRESS: BLK SO CHAL CHEE CONDITION: (INDOOR NOUTDOON) PEARS OF DRIVING EXPRERIENCE: VAS DRIVER AN EMPLOYEE OF THE F NO, RELATIONSHIP OF THE DRIVING EXPRENCE: WEATHER CONDITION: (CLEAR / RAIN) PROAD SURFACE: (DRY / WET / OTHE / AS ANYBODY INJURED (YES / NO) PREPORTED TO POLICE (YES / NO)	IL CONTENT PROPERTY OF YEARS INSURED'S CONTENT PROPERTY OF THE PROPERTY OF TH	ACT: 91924 SPORE 461050	<u></u>
1) () () () () () () () () ()	DINAME: MUHAMMAD TAWEER BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE622550 DINRICH POLICE: SE622550 DINRICH POL	IL CONTENT PROPERTY OF YEARS INSURED'S CONTENT PROPERTY OF THE PROPERTY OF TH	ACT: 91924 SPORE 461050	<u></u>
1) 6 6 6 4 V 7. a	DINAME: MUHAMMAD TAWEER BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC	IL CONTENT TO THE PROPERTY OF YEARS E INSURED'S CONTENT TO THE PROPERTY OF TH	MPANY? (YES/ NED:	10)
1) 6 6 6 W 7. a 8. Th	DINAME: MUHAMMAD TAWEER BETTON PRICE STATE OF THE CONDITION: (INDOOR LOUIDOC) YEARS OF DRIVING EXPRESIENCE: VAS DRIVER AN EMPLOYEE OF THE F NO, RELATIONSHIP OF THE DRIVING EXPRESIENCE: (DRY / WET / OTHE / AS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE: (INDOOR / NO) VEHICLE NUMBER: SLM 3814	IL CONTENT PROPERTY OF THE PRO	MPANY? (YES) NED:	10)
1) 6 6 7. a 8. The passenger of liney driver)	DINAME: MUHAMMAD TAWELD BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC	IL CONTEST #204-804 ODD/MM/YYY OGYEAGE INSURED'S CONTERS_ INS	MPANY? (YES) NED:	10) SSEY
4. V II 5. a 6. W 7. a 8. Th Passenger colony driver b	DINAME: MUHAMMAD TAWELD BIT DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE62250 DINRIC/FIN/PA	IL CONTEST #204-804 ODD/MM/YYY OGYEAGE INSURED'S CONTERS_ INS	MPANY? (YES) NED:	10) SSEY
1) 6 6 7 4. V 11 5. a 6. W 7. a 8. Th passenger colored believed by 11 10 11 11 12 12 13 14 15 16 17 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	DINAME: MUHAMMAD TAWELD BETTO DINAME: MUHAMMAD TAWELD BETTO DINAME: SE622550 DINAME: SE62250 D	IL CONTEST #204-804 ODD/MM/YYY OGYEAGE INSURED'S CONTERS_ INS	MPANY? (YES) NED:	10) SSEY
4. V II 5. ob 6. W 7. o 8. Th Passenger of ling driver) b Passenger of 9. Th	DINAME: MUHAMMAD TAWEER BETTO DINAME: MUHAMMAD TAWEER BETTO DINAME: SE622550 DINAME: SE62250 D	IL CONTEST #204-804 ODD/MM/YYY OGYEAGE INSURED'S CONTERS_ INS	MPANY? (YES) N ED:	10) SSEY
4. V II 5. a 6. W 7. a 8. The Passenger b Line, driver) b 9. TH	DINAME: MUHAMMAD TAWEED BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE6220 DINRIC/FIN/PASSPORT: SE62220 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT	CONT	MPANY? (YES) N ED:	10) SSEY
ding driver) 1 5. of 6. w 7. of 8. Th passenger of ling driver) 1 1 1 1 1 2 1 2 3 4. V 1 5 6 6 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1	DINAME: MUHAMMAD TAWEED BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE6220 DINRIC/FIN/PASSPORT: SE62220 DINRIC/FIN/PASSPORT: SE62220 DINRIC/FIN/PASSPORT: SE62220 DINRIC/FIN/PASSPORT: SE62220 DINRIC/FIN/PASSPORT: SE62220	IL CONTEST #204-804 ODD/MM/YYY ODD/MM/YY ODD/MM/YY ODD/MM/YYY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/YY ODD/MM/Y ODD	MPANY? (YES) N ED:	10) SSEY
4. V II 5. a 6. W 7. a 8. The Passenger b Line, driver) b 9. TH	DINAME: MUHAMMAD TAWEED BETTO DINRIC/FIN/PASSPORT: SE622550 DINRIC/FIN/PASSPORT: SE6220 DINRIC/FIN/PASSPORT: SE62220 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT: SE6222550 DINRIC/FIN/PASSPORT	IL CONT	MPANY? (YES) N ED:	10) SSEY

email = bluerain_214@ Hormail com (ATTIN & KATHERINE)



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$86225541



MUHAMMAD TAWFIQ BIN MELING

BUGIS Date of birth 08-08-1986 Country/Place of birth

SINGAPORE



5777181

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 16 Apr 2011 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:58622554(

NP 428A

01-08-2017

APT BLK 50 CHAI CHEE STREET #04-807 SINGAPORE 461050



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)

Certificate Number: 5092235245 Cover : Third Party

1. Index mark and Registration Number of Vehicle : SKT39948

Chassis Number : G111127133

Chassis Number : GJ11127133
2. Name of Policyholder : GOODRIDE AUTO
3. Effective Date of Insurance : 27 Jun 2017
4. Expiry Date of Insurance : 26 Jun 2018

- 5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : S\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : N/A NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : HONG LEONG FINANCE LTD SUM INSURED : N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HUANG GUOQING TERRY (00000573375)
Date of Issue : 27 Jun 2017 11:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Policy No.					
	5092235245	Vehicle No.	SKT3994B	GST Registration No.	
Policyholder Name	GOODRIDE AUTO			Policyholder NRIC	53364825D
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96828864	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No T
KFK	» No Yes	TCA	No Yes	eCode Reason	1.00
NCD Protection	No	NCD Entitlement(%)	0		4.3
▽ Accident Details		The annual section of the section of	:0	Private Hire	Yes
Report Date	30/02/2010 14:24		144		
	29/03/2018 11:24	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	28/03/2018	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HARBOURFRONT FERRY TERMINAL(COACH	BAY)			
▼ Benefits					
₩ Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500,00		
	ation		975,24,00		
SST Registered	No		GST Registration Date		
SST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	ldress				
Address 1	BLK 836 #03-65	Address 2	JURONG WEST STREET 81	1100000	100000000000000000000000000000000000000
Address 4		Address Type		Address 3	SINGAPORE 6408
Unit No.	03-65		Singapore address	Post Code	640836
♥ OI Driver Info	03.65	Related Policy Number	5092235245		
Driver Name	Unnamed Driver				
Unnamed driver Name		Driver Type	Unnamed Driver		
Register Date of Driver License	NUHAMMAD TAWFIQ BIN MELIN	Driver NRIC	\$86225541	Driver DOB	08/08/1986
		Driver Age	31	Oriving Experience	6
Contact No.(Mobile)	91924496	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 50	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 4610
		CONTRACTOR OF THE PROPERTY OF	Classes of the control of the contro		
Address 4		Address Type	Singapore address	Post Code	461050
Jnit No.	#04-807	Address Type	oingapore address	Post Code	461050
Jnit No. Joes he own a Singapore	#04-807 Yes = No	Address Type Driver Vehicle No.	omgapore address		461050
Jnit No. Joes he own a Singapore			Singapore address	Post Code Driver Insurer Company	461050
Init No. loes he own a Singapore legistered car?			Singapore address		461050
Unit No. Does he own a Singapore Registered car? eclaration reachalyser or Blood Test	Yes - No	Driver Vehicle No.			461050
Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test			Yes • No		461050
Address 4 Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Leading?	Yes - No	Driver Vehicle No.			461050
Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test	Yes - No	Driver Vehicle No.			461050
Init No. Noes he own a Singapore legistered car? eclaration reathalyser or Blood Test leading? odification History	Yes - No	Driver Vehicle No.			461050
init No. noes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading?	Yes - No	Driver Vehicle No.			461050
init No. noes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading?	Yes - No	Driver Vehicle No.			461050
Init No. Noes he own a Singapore legistered car? ecclaration reathalyser or Blood Test eading? odification History Claim 001 OD-MX	Yes - No	Driver Vehicle No. Any Injury?	∵Yes → No		461050
Init No. Noes he own a Singapore legistered car? eclaration reathalyser or Blood Test leading? colification History Claim 001 OD-MX New laim Type *	Yes - No	Driver Vehicle No. Any Injury? Insured Name			461050 53364825D
init No. noes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading? Claim 001 OD-MX New laim Type * ontact No.(Mobile)	Yes - No	Driver Vehicle No. Any Injury?	∵Yes → No	Driver Insurer Company	
Init No. Noes he own a Singapore legistered car? eclaration reachalyser or Blood Test eading? claim 001 OD-MX New laim Type * ontact No.(Mobile) mail Address	Yes - No	Driver Vehicle No. Any Injury? Insured Name	∵Yes → No	Driver Insurer Company Insured NRIC	53364825D
Init No. Noes he own a Singapore legistered car? ecclaration reathalyser or Blood Test eading? odification History Claim 001 OD-MX New Initial Type * ontact No.(Mobile) mail Address laim Description.	Yes - No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	GOODRIDE AUTO	Driver Insurer Company Insured NRIC Contact No. (Office)	53364825D NIL
Init No. Noes he own a Singapore legistered car? ecclaration reathalyser or Blood Test leading? codification History Claim 001 OD-MX New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact	Ves = No 0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	GOODRIDE AUTO	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	53364825D NIL
Init No. Joes he own a Singapore legistered car? eclaration reathalyser or Blood Test leading? Claim 001 OD-MX New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o.	OD-MX	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	GOODRIDE AUTO SKT3994B Not at Fault	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	53364825D NIL SLM3814M
Init No. Does he own a Singapore Registered car? eclaration freathalyser or Blood Test leading? Odification History Claim 001 OD-MX New Inim Type * Ontact No. (Mobile) mail Address Islam Description referred Workshop Contact o. equire Finalisation	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability 4 Preferered Repair Option	Yes - No GOODRIDE AUTO SKT3994B	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	53364825D NIL SLM3814M Received
Init No. Joes he own a Singapore legistered car? ecclaration reachalyser or Blood Test leading? odification History Claim 001 OD-MX New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Clase Date	GOODRIDE AUTO SKT3994B Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M
Init No. Init N	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability 4 Preferered Repair Option	GOODRIDE AUTO SKT3994B Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	53364825D NIL SLM3814M Received
Init No. Init N	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Clase Date	GOODRIDE AUTO SKT3994B Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Init N	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Joes he own a Singapore legistered car? eclaration eclaration eclaration for a singapore leading? Diffication History Claim 001 OD-MX New New Iaim Type * Ontact No. (Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ata Registered aport Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Init N	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Init N	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Joes he own a Singapore legistered car? ecclaration ecclaration forest leading? odification History Claim 001 OD-MX New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By Print AK letter Attachment	Ves = No 0 mg OD-MX V SKT39948 / SLM3814M ON 28 Mar 2018 Ves Ves ROSLINDA	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Joes he own a Singapore legistered car? ecclaration reachalyser or Blood Test leading? odification History Claim 001 OD-MX New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Init Address Init No. In	Ves = No 0 mg OD-MX V SKT39948 / SLM3814M ON 28 Mar 2018 Ves Ves ROSLINDA	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	53364825D NIL SLM3814M Received
Init No. Init N	OD-MX ▼ SKT39948 / SLM3814M ON 28 Mar 2018 Yes ▼ 25/03/2018 11:30 ROSLINDA MT/0988185 • Yes □ No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Clase Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V Save Submit 001 29/03/2018 00:00	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired	53364825D NIL SLM3814M Received 29/03/2018 00:00
Init No. logs he own a Singapore legistered car? ecclaration reathalyser or Blood Test leading? Claim 001 OD-MX New laim Type * ontact No. (Mobile) mail Address laim Description late Registered leport Taken By Print AK letter Attachment cident No. st Doc. Received	OD-MX ▼ SKT39948 / SLM3814M ON 28 Mar 2018 Yes ▼ 25/03/2018 11:30 ROSLINDA MT/0988185 * Yes □ No Path *	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Clase Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown U01 29/03/2018 00:00 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired	53364825D NIL SLM3814M Received 29/03/2018 00:00
init No. loses he own a Singapore legistered car? lectoration reathalyser or Blood Test leading? Claim 001 OD-MX New Claim 001 OD-MX New Initiation History Claim 001 OD-MX Initiation History Claim 001 OD-MX New Initiation History Claim 001 OD-MX New Initiation History I	OD-MX ▼ SKT39948 / SLM3814M ON 28 Mar 2018 Yes ▼ 25/03/2018 11:30 ROSLINDA MT/0988185 * Yes □ No Path *	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Clase Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown U01 29/03/2018 00:00 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired	53364825D NIL SLM3814M Received 29/03/2018 00:00
Init No. Init N	OD-MX ▼ SKT39948 / SLM3814M ON 28 Mar 2018 Yes ▼ 25/03/2018 11:30 ROSLINDA MT/0988185 * Yes □ No Path *	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Clase Date Workshop Repairer	GOODRIDE AUTO SKT3994B Not at Fault Preferred Workshop, Name unknown V Save Submit 001 29/03/2018 00:00 Category * Clear Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Total Loss but Repaired	53364825D NIL SLM3814M Received 29/03/2018 00:00

3/29/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Read	1

Clear	Please Select	*	NO	*	Normal	•	
Clear	Please Select	*	NO	,	Normal	7	
Clear	Please Select	•	NO	•	Normai	-	

Attachment List

Ų	/ploaded By/Date	Folder Date	File Name	9	Source
o List	Alteria de la compansión de la compansió				
	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
-4		NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
4		NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
- 0		(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
		(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
		(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_80060	(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
9	NAC_PAYA_UB1_80060	1(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
	NAC_PAYA_UBI_80060	1(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	Photos	Normal	Photos 2018-3-29
9	NAC_PAYA_UBI_BOOSC	11 (NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	SAS	Normal	SAS 2018-3-29
:: **	NAC_PAYA_UB1_80060	01(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 11:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-
achment		Uploaded By/Date	Category	Urgency	Description

Display in New Window Scan and uploading