| Data Inc. ald a serie | Job description | · Date &Time Completed | Done | DY |
|--|---|--|--|---------------------|
| Date In: 2 5 18-15214 | | Day services | | - |
| Ref No: NA INCIS 008022 124 | SAS e-filing | | | • |
| Veh No: PA6724K | E-mail (within Shrs, AIC 2hrs |) | | • |
| D.O.A .: 30/4/8-04:55 | i-Motor Claim Form | 100-141CB0 LW | 2/8/18/1 | 9.46 |
| OD TP Reporting Only | I-Motor W/O (Within: OD | 2hrs, TP 4hrs) | | |
| OB . It's reporting only | i-Photo Uploaded | | | |
| TP Insurer: | Assessment/Survey Repor | t j . | | |
| IF Insurer. | Ass't Report by Fax / Han | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: | |
| TP Particulars: Veh No: SHD | ואל ואלט INC | ()/Non-INC() | | - |
| Owner / Driver: (| | Tel: |) | _ |
| Policy No: () | Period: (|) Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): N: 0 |)-20%; P: 21-79%. P: 30-1 | 00%] | |
| Year of Registration: () | Warranty: YES () / NO (|) | | |
| | ,000()/\$2,000() | APT TO | Charles Andrews | |
| General Remarks:- | | | - or P | |
| () Walk-In Customer: Customer's in | | | | |
| () Total Loss Case : to e-mail Insu | | | | |
| | | ; Towing Co: (| 16 |) |
| Drive-In ()/ Towed-In (); Invoi | ice. PES()/NO() | | | X III |
| Remarks:- (INC horline: 6788 6616) | | Date&Time Completed | Done | by · |
| 1) Apply for Transport Allowance ()/ | (Counters Cor () | | | |
| 1) Teppi) to Hansport Anowance () | Courtesy Car (| man and the second | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 2) QC Check / Post Repair Inspection | () | | | -1976- |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > | () | | | |
| 2) QC Check / Post Repair Inspection | () | | • | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | ************ | 1 1 - F |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | TOPACATIE. | 200 p. |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions | () \$3000] () | Genaration Checklist | Ant (5) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | () \$3000] () | reparation Checklist | | * S - 1 1 3 2 2 2 3 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAI802736 | () \$3000] () Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$3 | Ant (5) fst Bill 50) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAISO 736 Inimant's Particulars: | () \$3000] () Invoice F 1) AR: Acci 2) DA: Dam 3) TF: Towi | dent Reporting (\$30); age Assessment (\$100); INC (\$40); ng Fee \$40 | Ant (5) fs: Bill 30) 0/\$45 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAISO 736 Inimant's Particulars: | () \$3000] () Invoice f 1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo | dent Reporting (\$30); age Assessment (\$100); INC (\$40) age Fee \$40 w-Through Survey w-Through Survey (Resurvey) | Ant (5) Ist Bill 80) 0/\$45 \$120 \$30 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAISO 736 Inimant's Particulars: | () \$3000] () Invoice F 1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claimi | dent Reporting (\$30); age Assessment (\$100); INC (\$100); ng Fee \$40 w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 200); | Ant (5) Ist Bill 80) 0/\$45 \$120 \$30 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MAISO 736 Inimant's Particulars :- river/Owner: | Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200); aspection DA + SMRT Survey | Ami (5) Ist Bill 30) 2/545 5120 \$30 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MAISO 736 Inimant's Particulars :- river/Owner: | Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$30); ng Fee \$40 w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 200); aspection | Ant (5) fit Bill 80) 0/\$45 \$120 \$30 1) \$75 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MAISO 736 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: | Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$30); ng Fee \$40 w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jen 200); spection DA + SMRT Survey idditional Services. | Ant (5) Ist Bill 80) 0/\$45 \$120 \$30 1) \$75 \$160 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAISO 736 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: | () | dent Reporting (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200); aspection DA + SMRT Survey difficult Services: attest Cer / Tpt Allowance air Co-ordination | Ant (5) Ist Bill 80) 0/\$45 \$120 \$30 1) \$75 \$160 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAISO 736 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); age Assessmen | Amt (5) fit Bill 80) 0/\$45 \$120 \$30 i) \$75 \$160 \$5 510 \$25 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA[802-736 laimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:- | Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$30); age Assessment (\$100); INC (\$30); age Fee \$40 w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 200); aspection DA + SMRT Survey difficult Services: attest Cer / Tpt Allowance air Co-ordination | Amt (5) fit Bill 80) 0/\$45 \$120 \$30 i) \$75 \$160 \$5 \$10 \$25 \$5 \$20 | Amt (3 Add Bi |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | Invoice F | dent Reporting (\$30); age Assessment (\$100); INC (\$50); age Assessment (\$100); age Assessm | \$60) \$75 \$120 \$30 \$75 \$160 \$55 \$510 \$25 \$520 \$30 \$30 | |

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- repudiate policy ability. 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

| foresaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 02/05/2018 15:15 |
| Date Of Accident | 30/04/2018 04:55 |
| Exact Location Of Accident | ALONG AIRPORT BLVD TWDS T4 |
| Country/State of Loss | SINGAPORE |
| District the state of the state | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | PA6724K |
| Insured/Policyholder | |
| Name Of Registered Owner | RZ TRANSPORT |
| Co Reg No | 53325213W |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91907907 |
| Alternative Phone No | OFFICE-91907907 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | REGIUS ACE 2.5 A |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | BUS |
| 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 | 5076553999-02 |
| Cover Note Number | |
| Driver | |
| | |

MUHAMMAD SYAFI'EE BIN MOHAMED ZAINI Name of Driver S9425071D NRIC No. 20/07/1994 Date Of Birth INDOOR Occupation 27/08/2015 Date Of Driving Pass 2 YEARS AND 8 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-91157990 Mobile Number

Fax Number

OFFICE-91157990 Contact Number

NOEMAIL EMail Address

Address

BLK 513 BEDOK NORTH AVENUE 2

#02-257

Postcode

460513

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD2125U

TAXI

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

No. Of Passenger (Including Driver)

Page 2 of 15

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 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 .:

| refer to | statement | |
|----------|-----------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.:

ON TUESDAY, 30th APRIL 2019, a about 0455HRS, I WAS DRIVINE

PA 6724K, DROPPING OFF PARSENCER OF TI. AFTER THAT, I MOVE OFF

TO THE NEXT POINT WHICH IS TH. AS I WAS TRAVELLING A TOWARDS

AT

THE HORM/HR, A TAXI SHO 2125U WHICH ON MY RIGHT. SUPPENLY

SWIFT INTO MY LANE. BECAUSE THE TAXI WAS TOO NEAR, I COULD NOT

BREA BRAKE ON TIME AND HIT THE LEFT ADE OF THE TAXI. I ASSUME

THAT THE TAXI DO SO BECAUSE HE WANTED TO MAKE A U-TURN

TO TI. WHICH IS ON THE EXTREME LEFT LANE. THATS ALL

ACCIDENT STATEMENT

| | DENT DATE: 33. 14 18 1(DD/MM/) | 10 716 | (A) | |
|-----|--|--------------------------|-----------------|--------------|
| CA | MON: Along Airport blud + | was 19 | + - | |
| | | | | 3.4 |
| 1. | DETAILS OF VEHICLE | mitt. | | 3 |
| 94 | a) VEHICLE NUMBER: 14 6779 K | | | |
| 10 | b)INSURANCE COMPANY: NTOC c)POLICY NUMBER: 507 655 3999 - 03 | 1 | | 20 |
| | d)POLICY TYPE: (COMPREHENSIVE / THIRD | DARTY / THIRD PA | RTY FIRE &THEFT | ĺ |
| | d)POLICY TYPE: (COMPREHENSIVE / THIRD | PARITY ITING | | 2.5 |
| | e)MAKE & MODEL: | TOPCY | CLE / OTHERS) | |
| | FITYPE: (SALOON / COUPE / MPV /VAN / L | ORRY / MOTORCT | VCIEL . | |
| | | EKCIAL / MOTORC | , I CLL) | 90 |
| | h)PURPOSE OF USING AT ACCIDENT TIME: | WALLET DECA | (61) | |
| | TARE YOU CLAIMING LINDER YOUR OWN | INSURANCE (1ES/1 | 301 | |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM | A / REPORTING ON | LTJ | * * |
| 2. | INSURED / POLICY HOLDER | | (EEMALE) | 8 |
| | Tranchact | (M | ALE / FEMALE) | 7 |
| 38 | b)NRIC/FIN/PASSPORT: 53335213W | CONTACT | 9195790 | - X Ho of |
| | c)ADDRESS: | | (e) | hscenger. |
| (() | Service and the Control of the Contr | | | - (Including |
| | * CONTINUE TO 3.d IF DRIVER ALSO POLICE | Y HOLDER | a 2 9 60 | (1) |
| 3. | DRIVER | Bin mohameth | Za'A | |
| | | | Internation | 0 |
| | HINDIC/EIN/PASSPORT: 394330410 | CONTACT | | . |
| | CIADDRESS: TILC 513 Bedok North D | VE Z | 476. | |
| | *d)DATE OF BIRTH: (20) 7 1994) | (DD/MM/YYYY) | * | |
| | *d)DATE OF BIRTH: | (DD)/mm// | 75 | |
| | e)OCCUPATION: (INDOOR / OUTDOOR) | 12012 | . 6 | - 10 |
| | f)YEARS OF DRIVING EXPRERIENCE: 3 WAS DRIVER AN EMPLOYEE OF THE IN | SURED'S COMPA | NY? (YESY NO | |
| 4. | IF NO, RELATIONSHIP OF THE DRIVER | WITH INSURED: | | <u> </u> |
| c | DWEATHER CONDITION; (CLEAR / RAININ | IG / OTHERS | | |
| Э. | b)ROAD SURFACE: (DRY / WET / OTHERS_ | | |) |
| , | WAS ANYBODY INJURED (YES / NO) | 80 | ** ** | 200 |
| 0. | a)REPORTED TO POLICE (YES /NO) | | | 86 |
| | IF YES, PLEASE STATE WHICH POLICE STA | TION: | | |
| В. | THIRD PARTY VEHICLE | | | , 1 d par |
| 7.7 | a) VEHICLE NUMBER: (AD)125 U | MODEL: | | - XNO of par |
| | b) DRIVER'S NAME: | | | - Clududing |
| | | CONTACT | | - (-) |
| | c) NRIC/FIN/PASSPORT: | | | |
| 9. | c) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE | 2012/2014/10/2014/05/5-1 | N S | |
| 9. | | MODEL: | | - Ho of D |
| | THIRD PARTY VEHICLE | MODEL: | | Ho of p |

Qmail = athisyafice @ hotmail.com | ras





VOCATIONAL LICENCE

Licence No: \$9425071D Name : MUHAMMAD SYAFTEE BIN MOHAMED ZAINI

Card Issue Date : 03/11/2017

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE Leonico Sorter S 9 4 2 5 0 7 1 D MUHAMMAD SYAFI'EE BIN MOHAMED ZAINI Gem Date: 20 Jul 1994 maus Date: 27 Aug 2015

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9425071D



MUHAMMAD SYAFI'EE BIN MOHAMED ZAINI

BOYANESE

20-07-1994

SINGAPORE



03/11/2017 03 03/11/2017 04 BUS ATTENDANT

Description

Type

please return to LTA, 10 Sin Ming Drive, Singapore 575701.



This card is not transferable and is the property of the Land Transport

Authority (LTA). It must be surrendered to the LTA on request. If found,

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Motor cycles we IIB CC.

Motor cycles between 301 CC and 400 CC.

Motor care or June leg with se 7 passwares, exclusive of the drewn; and mater tractures cheles. — 2000 bg.

15 67 Mer 2016 18 Sen 2017 17 Aug 2015

S / No.9000273651

NP 428A

Class 2B Class 24 Class 3

4784003

Issue Date





18-10-2011

APT BLK 513 BEDOK NORTH AVENUE 2 SINGAPORE 460513

| eBaoTech | | | | | | | | | GeneralClaim | | |
|------------------------|----------|-------------------|----------------------|----------------------|---------------|------------------------------|----------------|-------------------|------------------|--------------|--|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | The second second | To make White | | Change Lan | guage | Change Passwo | rd • Log Out | |
| My Desktop | Polic | cy Query | | | | | | | | , | |
| Notice of Loss | Policy N | lo. | | | | Date of Ac | cident | 30/04 | 4/2018 04:55 | 3 | |
| | Vehicle | No.(For Mator) | PA6724K | | | | | | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date | |
| | 0 | 5076553999- 02 | RZ TRANSPORT | 53325213W | GBS | Third Party, Fire & Theft | PA6724K | PA6724K | 29/12/2017 | 28/12/2019 | |
| | | | | | | Continue | | | | | |

| Seque | ence Date of Endorsen | nent | Endorsemen | nt Type | Endorsemen | t Status | Endorsement Content |
|----------------------------|----------------------------|-----------------------------------|------------------|------------------|----------------------|--------------|-----------------------------|
| □ Endor | sements | | | | | | |
| D Insur | ed Object: PA6724K | | | | | | |
| Jnit No. | 14-4088 | Relat Num | ed Policy ber | 5087974968-01 | | | |
| Address 4 | | Addr | ess Type | Singapore addres | ss | Post Code | 190008 |
| Address 1 | BLK 8 #14-4088 | Addr | ess 2 | NORTH BRIDGE | ROAD | Address 3 | SINGAPORE 190008 |
| The second | holder Mailing Address | | | | | | |
| Certificate Info | | | | | | | |
| Open Policy Info | | | | | | | |
| insurance Flag | No | | | | | | |
| Agent Co- | IVAN INSURANCE AGENCY | Agent Tel. | 64400220 | | GST Floy | 30 | |
| Excess | The second section | | 64400220 | | GST Flag | Y | |
| Dutside Singapore OD | | Outside Singapore TP Excess | | | | Young | /Inexperience Driver Excess |
| Additional Excess | | OS Premium | 0 | | | | |
| hird Party excess | 3000 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| xcess ype | | All Claim Excess | | | | | |
| Policy ssue Date | 24/11/2017 | Effective Date | 29/12/2017 | 00:00 | Expiry Date | 28/12/2018 2 | 3:59 |
| roduct Name | BUS INSURANCE | Plan | | | Group Policy Flag | N | |
| ddress | BLK 8 #14-4088 NORTH BRIDG | GE ROAD SING | APORE 19000 | 08 | | | |
| olicy No. | 5076553999-02 | Policyholder Name | RZ TRANSP | ORT | Policyholder NRIC | 53325213W | |

| im Handling | | | | | | | | | | |
|--|--|--------------------|--|---|--|---|--|---|---------------------------------|-----------------|
| ident MT/0992441 | | | | | | | | | | |
| cy No. | 5076553999-02 | Ve | hicle No. | PA6724K | | | Registration No. | | | 2 |
| cynoider Name F | Z TRANSPORT | | | | | | cyholder NR3C | | 53325213W | 9 |
| | BUS INSURANCE | 00 | ver Type | Third Party, F | ire & Their | | ding | | 0 | |
| mack No. (Mobile) | NA: | Ce | entact No. (Office) | | | | sact No.(Home) | 1 | | |
| as Address | | Sp | secial Remark | | | eCo | | | Nr. Y | |
| | ® No O Yes | TO | A. | ® No ○Yes | | | de Resson | 5 | Net available | |
| D Protection | No: | MC | DD Entitlement(%) | 15 | | Priv | ate Hire | - 0 | Not availab | • |
| Accident Details | | | | | | | | | | D-POXIONE CONT |
| | 30/04/2018 16:18 | Ac | oddent Report Within 24 hrs | Yes | | Acc | ident Type | | | sead to Rear |
| | 30/04/2018 | Tie | me of Accident Nhomm | 04125 | | Cou | untry of Accident | | Singapore | |
| | | Dr. | range Force | | | 308 | t No. | | | |
| arting Centre | AURPORT BOULEVARD | | 201000 | | | | | | | |
| | WINCH! BOCKSTAKD | | | | | | | | | |
| Benefits | | | | | | | | | | |
| Excess | 0.0 | | addional Excess | | | ·Wi | ndscreen Excess | | 0.00 | |
| n damage Excess | 0,0 | *** | | | | | | | | |
| named Driver Excess | 5762 | | utside Singapore DD Excess | | | | | | | |
| p Party Excess | 2,000.0 | 00 D | Lucude Singapore TP Excess | | | | | | | |
| GST Registered Informat | | | | GST | Registration Date | | | | | |
| Registered | No | | | | Status Verified | | Yes | | | |
| Registration No. | | 1-16-27 Nov States | s Hassan changes GST Stat | | | | | | | |
| smewtion History | 0200140101 | 1,10,27 (40) (319) | | | | | | | | |
| Policyholder Melling Ade | Iress | | | | | 17553 | 2002 | | SINGAPOR | is tohons |
| dress 1 | BLK 8 #14-4088 | A | ddress 2 | NORTH BRID | | | idress 3 | | 190008 | - ARROWS |
| dress 4 | | | ddress Type | Singapore as | | Pa | et Code | | 190008 | |
| n No. | 14-4088 | | telated Policy Number | 5087974960 | 1-01 | | | | | |
| OI Driver Info | | | | | | | | | | |
| ver Name | | | oriver Type | | | 100 | | | | |
| named driver Name | | | oriver NRIC | | | | river DOS | | | |
| gater Date of Driver Liceme | | | Onver Age | | | | riving Experience | | | |
| | | | | | | | | | | |
| ntect No.(Motive) | | 0 | Contact No.(Office) | | | Cr | ontact No.(Home) | | | |
| | | | Contact No.(Office) Address 2 | | | | ontact No.(Home) doress 3 | | | |
| adress 1 | | | | Foreign addr | ***** | A | | | | |
| adress 1 daness 4 | | | Address 2 | Foreign addr | ************************************** | A | ogress 3 | | | |
| odress 1 daness 4 nit No. | Charleton | | Address 2 | Poreign addr | ess | Pe | ogress 3 | any | | |
| adress 1 daness 4 mit No. osa he own a Singapore | ○ ves ® No | | Address 2 Address Type | Foreign addi | ***** | Pe | ogress 3 est Code | any | | |
| ontwo No. (Mosre) doress 1 doress 4 hit No. sea he own a Singapore egistered car? | ○ Yes 	No | | Address 2 Address Type | Poreign add | 1650 | Pe | ogress 3 est Code | any | | |
| diress 1 diress 4 hit No. bea he own a Singapore spistered car? | ○ Yes 	• No | | Address 2 Address Type | Poreign addr | *************************************** | Pe | ogress 3 est Code | вту | | |
| dress 1 tress 4 if No. eached with 5 Singapore gatered car? gdication History | 332 12 | | Address Z Address Type Drivier Vetricle No. | | | Pe D | ooreas 3 Sat Cade niver Insurer Comp | вту | 5332521 | JW |
| dress 1 dress 4 iit No. less his own a Singapara gysteried carth diffication Hattory Coulim 002 New | 332 12 | | address Z address Type Driver Veticle No. | RZ TRANSP | | As De | opress 3 set Code niver Insurer Comp | ату | 5332521 | JW. |
| dress 1 Idress 4 Ill No. Ill N | 332 12 | | Address Z Address Type Drivier Vetricle No. | RZ TRANSP | | A4 04 04 04 04 04 04 04 04 04 04 04 04 04 | corea 3 core Code niver Insurer Comp nsured NRIC contact No. (Office) | ату | | |
| dress 1 Idress 4 Ill No. Ill N | 332 12 | , , | address Z address Type Driver Veticle No. | RZ TRANSP | | Di C | spread of the state of the stat | | 5332521 SHD2125 | |
| Idress I Idress 4 Idress 4 Idress 4 Idress 6 Idress 7 Idress | 332 12 | | address Z address Type Driver Vehicle No. [Insured Name Contact No.(Home) | RZ TRANSP | | Di C | corea 3 core Code niver Insurer Comp nsured NRIC contact No. (Office) | | | |
| Idress I Idress 4 Int No. I | CO-MX | 0 Apr 2018 | address Z address Type Driver Vehicle No. [Insured Name Contact No.(Home) | RZ TRANSP | CRT | Di C | spread of the state of the stat | | | |
| dress 1 Idness 4 Ill No. Ill N | DO-MS PA6724K / SHDZIZSU ON 3 | 0 Apr 2018 | Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number | RZ TRANSP WIL PAG724K Nik at Fau | CRT | D D D D D D D D D D D D D D D D D D D | spread of the sp | | | iu |
| dress 1 dress 4 if No. is the own a Singapore gatered car? Claim 002 _ New aim Type * intact No. (Mobile) nail Address aim Description efferred Workshop Contact pequire Finalisation | DO-MN | 0 Apr 2018 | address Z address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetrice Number Insured Listility * Preferend Repair Option | RZ TRANSP WIL PAG724K Nik at Fau | CRT | Pe Di li Co | spread of Preferred V | | SHD2125 | iu |
| dress 1 dress 4 iit No. iit | PA6724K / SHDZ1Z5U ON 30 Pes 02/05/2018 19:46 | 0 Apr 2018 | Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number | RZ TRANSP WIL PAG724K Nik at Fau | CRT | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| Idress I Idress 4 Idress 4 Idress 6 Idress 6 Idress 7 Idress | DO-MN | 0 Apr 2018 | address Z address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetrice Number Insured Listility * Preferend Repair Option | RZ TRANSP WIL PAG724K Nik at Fau | CRT | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| dress 1 dress 4 iit No. iit | PA6724K / SHDZ1Z5U ON 30 Pes 02/05/2018 19:46 | 0 Apr 2018 | address Z address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetrice Number Insured Listility * Preferend Repair Option | RZ TRANSP NOL PAG724K Not at Faul Preferred V | CRT t Verkshop, Name unknown | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| Idress I Idress 4 Idress 6 Idress 6 Idress 6 Idress 6 Idress 7 Idress | PA6724K / SHDZ1Z5U ON 30 Pes 02/05/2018 19:46 | 0 Apr 2018 | address Z address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetrice Number Insured Listility * Preferend Repair Option | RZ TRANSP WIL PAG724K Nik at Fau | CRT t Verkshop, Name unknown | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| dress 1 dress 4 if No. is the own a Bingapore gistered car? Claim 002 New with Type * entact No. (Mobile) neal Address arm Description eferred Workshop Contact sequese Englishment ster Registered port Taken By 8 Price AK Letter | PA6724K / SHDZ1Z5U ON 30 Pes 02/05/2018 19:46 | 0 Apr 2018 | address Z address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetrice Number Insured Listility * Preferend Repair Option | RZ TRANSP NOL PAG724K Not at Faul Preferred V | CRT t Verkshop, Name unknown | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| dress 1 dress 4 if No. is the own or Bingapore gatered car? discation History Claim 002 New Interpret Type * eriact No. (Mobile) half Address sim Description eferred Workshop Contact squire Englishion the Registered port Taken By B. Prine AK letter Attachment | PA6724K / SHDZ1Z5U ON 30 Pes 02/05/2018 19:46 | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Driver Vehicle No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date | RZ TRANSP NOL PAG724K Not at Faul Preferred V | t vorkshop, Name unknown | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| press 1 tress 4 ti No. us he own a Bingapore gatered car? idication History Claim 002 New arm Type * eriact No. (Mobile) hall Address sum Description eferred Workshop Contact quire Finalisation the Registered port Taken by id Price AM Letter Attachment | PA6724K / SHDZ1Z5U ON 30 Pes 02/05/2018 19:46 | 0 Apr 2018 | address Z address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetrice Number Insured Listility * Preferend Repair Option | RZ TRANSP NOL PAG724K Not at Faul Preferred V | t V Workshop, Name unknown | Pe Di li Co | spread of the sp | | SHD2125 | au 💌 |
| iress 1 I No. Is the own a Bingapore patiened car's Idication History Claim 002 New Image: No. (Mobile) Isal Address I | PA6724K / SHD2125U ON 30 PA6724K / SHD2125U ON 30 Pres D2/05/2018 19:46 Dackson | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Driver Vehicle No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date | RZ TRANSP NOL PAG724K Not at Faul Preferred V | t vorkshop, Name unknown | Pe Di li Co | osteea 3 ost Code near Insurer Comp nsured NRIC ontact No. (Office) p Vehicle Number name of Preferred V il A report | Jorkshop | SH02125 Received 02/05/20 | 50 516 00 00 |
| ress 1 ress 4 ress 5 ress 6 ress 6 ress 6 ress 6 ress 7 ress 7 ress 7 ress 7 ress 8 re | DO-MN PA6724K / SHD2125U ON 30 Pes 02/05/2018 19:46 Jackson MT/0992443 | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date | RZ TRANSP NIL PAG724K. Preferred V | ORT t Workshop, Name unknown 002 02/05/2018 19:47 Category * | Pe Di li Co | oseeas 3 ose Code niver Insurer Comp nivered NRIC contact No. (Office) P Vehicle Number name of Preferred V GIA report | Jorkshop Urgen | SH02125 Received 02/05/20 | au 💌 |
| ress 1 ress 4 t No. ta he own a Singapara sitered car? dication Hattory Daim 002 New Hact No (Mobile) ail Address am Description ferred Workshop Contact quire Englishing te Registered port Taken By I Brice AK Letter Attachment p | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date | RZ TRANSP NIL PAG724K. Preferred V | ORT t Verkshop, Name unknown ond ond ond ond ond ond ond | Pe D | oseeas 3 ose Code niver Insurer Comp nivered NRIC contact No. (Office) P Vehicle Number name of Preferred V GIA report | Jorkshop | SH02125 Received 02/05/20 | 50 516 00 00 |
| ress 1 I No. Is the own a Singapore splened car? Idication History Dain 00.2 New Im Type * Imact No (Mobile) Iail Address Im Description Interned Workshop Contact Quire Finalisation to Registered port Taken By I Brine AK Letter Attachment Proceeding No. | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Ensured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Daim No. Upload Date Bro. | RZ TRANSP NIL PAG724K Preferred V Seve Sub | ORT t Workshop, Name unknown 002 02/05/2018 19:47 Category * | Pe D | ose Code risured NRIC ontact No. (Office) p Vehicle Number name of Preferred V Ida report Late Received Confidential | Jorkshop Urgen | SH02125 Received 02/05/20 | 50 516 00 00 |
| press 1 tress 4 ti No. sa he own a Bingapore pstered car? Idication History Claim 002 New Im Type = erisct No. (Mobile) half Address sim Description preried Workshop Contact | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Driver Date Brow Brow Brow | RZ TRANSP NIL PAG724K Preferred V Save Sub | ORT Verkshop, Name unknown OC2 O2/05/2018 19:47 Category * Please Select Please Select | A A P P P P P P P P P P P P P P P P P P | ose Code nsured NRIC ontact No. (Office) p Vehicle Number name of Preferred V illa report care Received | Urgen Normal | Received: 02/05/20 | 50 516 00 00 |
| dress 1 dress 4 if No. ea he own a Bingapone gatered car? didication Hatory Claim 002 New arm Type * erract No. (Mobile) hall Address sim Description eferred Workshop Contact sequere Englishion ate Registered eport Taken by B Price AK Letter Attachment | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | address Z Address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetricle Number Insured Listrility * Preferend Repair Option Claim Close Date Driver Date Brow Brow Brow Brow Brow Brow Brow Bro | RZ TRANSP NOL PAG724K Poterrad V Preferrad V Save Sub | ORT Workshop, Name unknown OO2 O2/O5/2018 19:47 Category * Please Select Please Select Please Select | A A P P P P P P P P P P P P P P P P P P | ose Code nsured NRIC ontact No. (Office) p Vehicle Number name of Preferred V Confidential Confidential | Urgen Normal Normal | Received 02/05/20 | 50 516 00 00 |
| dress 1 dress 4 if No. is the own or Bingapore gatered car? discation History Claim 002 New Interpret Type * eriact No. (Mobile) half Address sim Description eferred Workshop Contact logure Final solid port Taken By B Print AK letter Attachment | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | address Z Address Type Driver Vehicle No. Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Driver Date Brow Brow Brow | RZ TRANSP NIL PAG724K Palet at Faul Proterrad V Save Sub Wso Clear Wso Clear Wso Clear Wso Clear | ORT Verkshop, Name unknown OO2 O2/O5/2018 19:47 Category * Please Select Please Select Please Select | A A P P P P P P P P P P P P P P P P P P | ose Code nsured NRIC ontact No. (Office) p Vehicle Number name of Preferred V Confidential Confidential | Urgen Normal Normal Normal | Received 02/05/20 | 50 516 00 00 |
| dress 1 dress 4 if No. es he own a Bingapore gatered car? diffication Hatory Claim 002 New am Type * cortact No. (Mobile) neal Address aim Description eferred Workshop Contact begare Englishion ate Registered approx Taken By B Price AK Letter Attachment | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | address Z Address Type Driver Vetricle No. [Insured Name Contact No. (Home) Of Vetricle Number Insured Listrility * Preferend Repair Option Claim Close Date Driver Date Brow Brow Brow Brow Brow Brow Brow Bro | RZ TRANSP NIL PAG724K PAG724K Pagrand V Save Sub Save Sub Save Cear wse Cear wse Cear | ORT Workshop, Name unknown OO2 O2/O5/2018 19:47 Category * Please Select Please Select Please Select | A A P P P P P P P P P P P P P P P P P P | ose Code Insured NRIC Insured NRIC Insured Number | Urgen Normal Normal Normal Normal | Received 02/05/20 | 50 516 00 00 |
| dress 1 dress 4 iit No. iit | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | Address Z Address Type Driver Vehicle No. [Insured Name Contact No. (Home) Of Vehicle Number Insured Listrility * Preferend Repair Option Claim Close Date Bro. Bro. Bro. Bro. Bro. Bro. Bro. Bro. | RZ TRANSP NIL PAG724K Pater at Faul Preferrad V Save Sub Save Sub Save Cear wso Cear wso Cear wso Cear | ORT Verkshop, Name unknown OO2 O2/O5/2018 19:47 Category * Please Select Please Select Please Select | A A P P P P P P P P P P P P P P P P P P | ose Code Insured NRIC Insured NRIC Insured Number | Urgen Normal Normal Normal | Received 02/05/20 | Description * |
| dress 1 dress 4 iit No. sea for own a Bingapore gatered car? diffication Hattary Claim 002 New am Type * botact No. (Mobile) mail Address laim Description referred Workshop Contact seque Englishing ate Registered point Taken by Binne AK letter Attachment | PA6724K / SHD212SU CN 30 PA6724K / SHD212SU CN 30 Pres D2/05/2018 19:46 Jackson MT/0392443 **Yes \(\circ \) No | 0 Apr 2018 | Address Z Address Type Driver Vehicle No. [Insured Name Contact No. (Home) Of Vehicle Number Insured Listrility * Preferend Repair Option Claim Close Date Bro. Bro. Bro. Bro. Bro. Bro. Bro. Bro. | RZ TRANSP NOL PAG724K Pater Tau Preferrad V Save Sub Save Sub MAG. Clear MSG. Clear MSG. Clear MSG. Clear | ORT Vorkshop, Name unknown OO2 O2/O5/2018 19:47 Category * Please Select Please Select Please Select Please Select Please Select Please Select | A A P P P P P P P P P P P P P P P P P P | ose Code Insured NRIC Insured NRIC Insured Number | Urgen Normal Normal Normal Normal | Received 02/05/20 | 50 516 00 00 |

http://giclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2459784&objectId=0... 2/5/2018

NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma

| | obrospen phicone | | n New Window Scan and | 1 uploading | | |
|------------|------------------------------|--|-----------------------|-------------|--------------------------------|--------|
| Video List | Uploaded Sy/Date | Folder Date | File Name | ? | Source | Action |
| | NAC PAYA, UBI, BOOGOLI NATIC | NAI, ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46 | Photos | Normal | Photos 2018-5-2 | East |
| | | NAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:45 | Phatos | Namel | Photos 2018-5-2 | Edit |
| | NAC_PAYA_UBI_800GOL[NATIO | NAL ASSESSMENT CENTRE SERVICES) of 02 Ma y 2018 18:46 | Photos | Normal | Photos 2016-5-2 | Edit |
| | NAC_PAYA_URL_BOOSDI(NATIO | C_PAYA_UBI_BODBDI(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma v 2018 19:46 | | Normal | Photos 2018-5-2 | Edit |
| | NAC_PAYA_UBI_800603(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46 | Photos | Normal | Photos 2018-5-2 | Edit |
| | NAC_PAYA_UBI_800001(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46 | Photos | Normal | Photos 2018-5-2 | Edis |
| 2 | NAC_PAVA_UBI_800601; NATIO | NAL ASSESSMENT CENTRE SERVICES) on D2 Ma $_{\rm V}$ 2018 19:46 | Photos | Normal | Photos 2018-5-2 | Edit |
| U | NAC_PAYA_URL_800601 NATIO | VAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:46 | Photos | Normal | Photos 2018-5-2 | tan |
| | NAC PAYA UBI 800603(NATIO | NAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:45 | Photos | Normal | Photos 2018-5-2 | Edit |
| 59, | NAC PAYA_UBI_B00001(NATYO | UAL ACCESCIMENT CENTRE SERVICES) on 02 Ma y 2018 19:46 | PTIOCOS | Normal | Photos 2018-5-2 | Edit |
| 19 | NAC_PAYA_UBI_B00601(NATIO | VAL ASSESSMENT CENTRE SERVICES) on 02 May 2018 19:47 | SAS | Normal | SAS 2018-5-2 | Ean |
| | | | NRIC/ Driving License | Normal | NRtC/ Driving License 2018-5-2 | Edit |
| 421-321 | | y 2018 19:47 | | | | F 410 |