Surface Lief -	1.1. Joseph Alexander	Date & Time Completed	Done	by
Date In: 12/5/18-11:23	Jeb description	Date & Time Completed	Done	
Ref No: 14   INC 18 20 8 698/24	SAS e-filing			
Veh No: JA 7561C	E-mail (within Shrs, AIC 2hrs)			•
D.O.A.: 11/18-15:50	i-Motor Claim Form	MT/0994054-001	12 2 18	11:59
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD 7 17 According Only	i-Photo Uploaded		HITEENIN AT DOLONERS	
TP Insurer:	Assessment/Survey Report			
17 Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	Controlled Activities	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:	)
TP Particulars: Veh No:	inknown . INC	( )/Non-INC( )	22	317.3-00
Owner / Driver: (	101	Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$	The state of the s			
General Remarks:-			S. C.	2
( ) Walk-In Customer : Customer's	information strictly Confidential &	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.	No man of the		
Drive-In ( )/ Towed-In ( ); Inve	oice: YES( ) / NO( );	Towing Co: (		)
Remarks: (INC horline: 6788 6616	no.	Date&Time Completed	Done	by
	) / Courtesy Car ( )			tare overest que
2) 00 (1) 12 12 12				
2) QC Check / Post Repair Inspection	( )	4 -		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost > Injury :	( ) >\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >	( )		4500000	
3) Upload Resurvey Photo [Repair Cost > Injury :	( )		1287 A.Y. 20160 A.S.P.	
3) Upload Resurvey Photo [Repair Cost > Injury :	( ) >\$3000] ( )		30.81 A.C. A.C. A.F.	
3) Upload Resurvey Photo [Repair Cost > Injury :	( ) >\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > Injury :	( )		28.0° (C. 1) 28.	
3) Upload Resurvey Photo [Repair Cost > Injury :			Ant(S)	Amt (\$)
3) Upload Resurvey Photo [Repair Cost > Injury :	1 Invoice Pi	eparation Checklist		:Amt(\$)
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	Invoice Pi  1) AR: Accide 2) DA: Dame	eparation Checklist; int Reporting (\$30); te Assessment (\$100); INC (\$8	Anit (S)	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA 180306	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towins	eparation Checklist: entReporting (\$30); e Assessment (\$100); INC (\$8; es \$40	Ant (S)	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MA 180300  laimant's Particulars:	Invoice Pi  1) AR: Accide 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) iT: Follow	eparation Checklist; int Reporting (\$30); te Assessment (\$100); INC (\$8; Fee \$40 Through Survey Through Survey (Resurvey)	Anit (5) fat Bill 0) /545 5120 \$30	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MA 180 200  Inimant's Particulars:- river/Owner: ontact No:	Invoice Pi  1) AR: Accide 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) iT: Follow	eparation Checklist:  Int Reporting (530); Int Assessment (\$100); INC (\$8; Fee \$40  Through Survey (Resurvey)  Lagainst INC Only (wef 10 Jan 2005) Dection	Ant (5)  fst Bill  0) /545 5120 530 ) \$75	
July:  Date/Time Actions  MA 180 200  Injury:  Injury:  Date/Time Actions  Injury:  Injury:  Ontact No:	Invoice Pr 1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) ifT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D	eparation Checklist:  Int Reporting (\$30); Int Reporting (\$100); I	Anit (5)  (5)  (5)  (5)  (5)  (5)  (5)  (5)	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA 180300  Itumant's Particulars :- river/Owner: ontact No: amaged Portion:	Invoice Pri  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) iFT: Follow For claiming 6) TR: Re-ins 7) N1: idae D 2 8) NTUC Add OD.*	eparation Checklist.  Int Reporting (\$30); Inc Assessment (\$100); INC (\$8; Fee \$40  Through Survey (Resurvey) I against INC Only (wef 10 Jan 2005) Section A + SMRT Survey	Ant (5)  fst Bill  0) /545 5120 530 ) \$75	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MA 180 200  laimant's Particulars:- river/Owner:	Invoice Pr  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 2 8) NTUC Add OD: *NS: Courte	eparation Checklist  Int Reporting (\$30); Inc Assessment (\$100); INC (\$8; Fee \$40  Through Survey (Resurvey) I against INC Only (wef 10 Jan 2005) Section A + SMRT Survey Itional Services:-  sy Car / Tpt Allowance	Ant (5)  fst Bill  0) /545 5120 530 ) \$75	
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3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pr  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) iFT: Follow For claiming 6) TR: Re-ins 7) N1: idae D  2 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	eparation Checklist  Int Reporting (\$30); Inc Assessment (\$100); INC (\$8; Fee \$40  Through Survey (Resurvey) I against INC Only (wef 10 Jan 2005) Section A + SMRT Survey Itional Services:  sy Car / Tpt Allowance Co-ordination	Ant (5)  fst Bill  0) /545 5120 530 ) \$75 5160  \$5 510 525 55 520	
3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NA 180300  Itumant's Particulars :- river/Owner: ontact No: amaged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) iFT: Follow For claiming 6) TR: Re-ins 7) N1: idae D  2 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / C	eparation Checklist  ant Reporting (\$30);  the Assessment (\$100); INC (\$8  Fee \$40  Through Survey (Resurvey)  tagainst INC Only (wef 10 Jan 2005)  section  A + SMRT Survey  Itional Services:  sy Car / Tpt Allowance  Co-ordination  epair Inspection  collect Excess Coordination  TP (Nun INC) against INC	Anit (5)  fit Bill  0)  /545  5120  \$30  )  \$75  5160  \$25  \$35  \$20  30	

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number EMail Address

Gender

- Please report <u>correctly</u> 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 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.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/05/2018 11:23
Date Of Accident	11/05/2018 15:50
Exact Location Of Accident	ALONG AYE (CITY) BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
Description of the second of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA7561C
Insured/Policyholder	
Name Of Registered Owner	ALLIANZ AUTO
Co Reg No	53325306C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81800536
Alternative Phone No	OFFICE-81800536
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ISIS 1.8LX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096685367
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHUZAIRI BIN KADIR
NRIC No	S8200703B
Date Of Birth	02/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2014

4 YEARS AND 1 MONTH

(LOCAL) +65-90978401

OFFICE-90978401

NOEMAIL

MALE

BLK 415 EUNOS ROAD 5 Address

#04-50

400415 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

3 Number of Passengers (Including Driver)

Passenger 1

NAME: : ANDY

GENDER: : MALE

Passenger 2

NAME: : ELAINA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180511/2141.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Page 2 of 32

DARREN Name of Driver

NRIC/Passport Number

98435447 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

1

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

MUHAMMAD KHUZAIRI BIN KADIR Name

Approximate Age

NECK & BACK Injuries Sustain SJA7561C Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

ANDY Name

Approximate Age

**NECK & BACK** Injuries Sustain SJA7561C Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

NO

Postcode

# **DETAILS OF INJURED PERSON 3**

Name **ELAINA** 

Approximate Age

Injuries Sustain **NECK & BACK** SJA7561C Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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:
  - 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

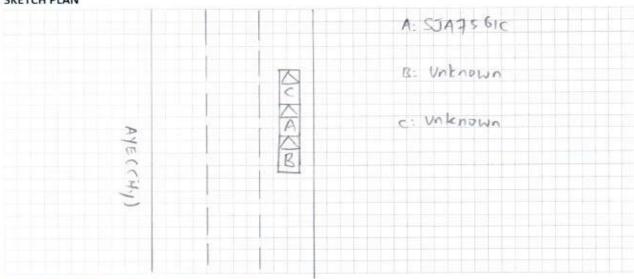
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

				00,02,11,					
ze for	fo	porte	report	-1/20180	511/2191.				
After	the	impac	, my	vehicle	moved	forward	and	hit	onto
rehicl	e c	rear	portio	۸.					
				/					
			/						
			/						
		_							

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.:





1 of 3

Report No. T/20180511/2141

Police Station Of Origin: Traffic Police Division HQ

10 Ubi. Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT
NEFUNI	UF A	INAFFIC	ACCIDENT

	ne Report M 18 21:57	fade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars		ANY COUNTRY OF THE PARTY OF THE		
Name of Informant: MUHAMMAD KHUZAIRI BIN KADIR			Address: APT BLK 415 EUNOS SINGAPORE 400415	RD 5 #04-50 HDB-GEYLANG		
ID Type / ID No.: NRIC NO / S8200703B			Contact No.: Home/Office: Mobile: 90978401			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 36	Date of Birth: 02/01/1982	Type of Informant: Driver	New Years		
Race:			Language:	Institution / School Name:		
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,3  Date of Expiry:			

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2018 15:50	Type of Location:
Location: Along Road 1 AYER RAJAH AYE, CTE, S NEAR ALEXA	H EXPRESSWAY			
Weather:		Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collis	sion: 1		a	Inyone conveyed by Imbulance: Io

Details of V	ehicle Invo	lved		Telephone Control		SHEET STATE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJA7561C	Car	TOYOTA	ISIS 1.8LX A			0
SKX6465X (Not Accurate)		KIA	SORENTO 2.4(A) GDI HID S/R			0





≥ of 3 Report No. T/20180511/2141

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Perso	n Involved				glassia (A		
Any Pedestrian Ir	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use	Use of Pedestrian Crossing: NA			
Driver	-AAS-INGSTAN	TO HALL BY	TALK I		STHE	MANUFACT (DANCE)	
Name	MUHAMMAD KHUZ	MUHAMMAD KHUZAIRI BIN KADIR			L.	S8200703B	
Related Vehicle	SJA7561C (Car)			Conta	ct No.	90978401	
Hospital/Clinic	NIL	IL			of g ce & y Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date	Discharge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degr	ee of Injury	NIL		

#### Brief Details.

ON 11/05/2018 AT ABOUT 1550 HRS, I WAS TRAVELING ALONG AYE CTE SLE NEAR ALEXANDRA EXIT TRAVELING ON 1ST OF 3 LANE ROAD WHEN A CAR IN FRONT OF ME SUDDENLY BRAKE. I MANAGE TO BRAKE IN TIME BUT A CAR BEHIND ME HIT ONTO MY CAR. I WAS IN A SHOCK AFTER THE ACCIDENT SO I JUST WENT OUT AND DIDN'T EXCHANGE ANYTHING BUT ONLY THE PHONE NUMBER. I REMEMBER HIS CAR PLATE WAS SKX6465X OR SKX6564X THERE WAS ALSO AN LTA OFFICER ON SCENE WHO TRIED TO ASSIST US BUT WE TOLD HIM WE TOLD HIM WE WILL PRIVATE SETTLE. I TOLD HIM I WILL CALL HIM AFTER I SEND MY 2 PASSENGER OFF BUT AFTER THE TRIP HE DID NOT PICK UP MY CALL AND REFUSE TO REPLY TO MY WHATSAPP AND ONLY RESPONDED AFTER I TOLD HIM I WILL MAKE A POLICE REPORT BUT STILL REFUSE TO MEET UP. I WAS DRIVING A RENTAL CAR, CARRYING 2 PASSENGER AT THAT TIME AND ONE OF THE PASSENGER MADE AN INJURY CLAIM ON ME. I AM HERE TO MAKE A POLICE REPORT BECAUSE I AM NOT SURE WHAT TO DO. I CAN'T REMEMBER THE CAR PLATE NUMBER BUT I AM CONFIDENT THE FIRST 3 ALPHABET AND THE LAST ALPHABET OF THE OTHER PARTY CAR PLATE NUMBER.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 3 of 3 Report No. T/20180511/2141

Tel No: 65470000

CONTINUATION OF REPORT

# Sketch Plan

NP168

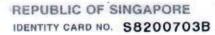
Informant is not able to provide sketch p	olar	D	tch	sket	de s	provid	to:	abl	not	is	formant	In
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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / SEBASTIAN NG JING PEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2018 21:57
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	

Nelsock









Name

MUHAMMAD KHUZAIRI BIN KADIR

بحبد كوزايري بن قادير

INDIAN

Date of birth S

02-01-1982 M
Country of birth
SINGAPORE







<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_800	601						Change Lan	guage	Change Passwo	ord Dog Out
My Desktop	Poli	cy Query								7.0
Notice of Loss	Policy A	lo.				Date of Acc	ident	11/05	5/2018 15:50	
	Vehicle	No.(For Motor)	S)A7561C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096685367	ALLIANZ AUTO	53325306C	GPC	drivo CLASSIC	SJA7561C	SJA7561C	19/12/2017	18/12/2018
					L	Continue				.01 474

Policy No.	5096685367	Policyholder Name	ALLIANZ A	ито	Policyholder NRIC	53325306C	
Address	BLK 227C #09-228 COMPASS	VALE DRIVE SIN	GAPORE 54	3227			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/12/2017	Effective Date	19/12/201	7 00:00	Expiry Date	18/12/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyl	holder Mailing Address						
Address 1	BLK 227C #09-228	Addre	rss 2	COMPASSVALE DR	IVE	Address 3	SINGAPORE 543227
Address 4		Addre	ess Type Singapore address			Post Code	543227
Unit No.	09-228	Relat Numl	ed Policy per	5096685367			
D Insure	ed Object: SJA7561C						
	sements						
☑ Endors							

cident MT/0994054								
	PARAMETER .	Adapted to No.	\$1A7561C	c	ST Registration No.			
cy No.	5094685367	Vehicle No.	SIA/361C				53325306C	
ynolder Name	ALLIANZ AUTO	ACCUSATION NO.	Control of Control		Policyhalder NR3C			
et Code	PRÍVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0	
Ct No.(Mobile)	81800536	Contact No. (Office)	0		Contact No.(Home)		0	
Appress		Special Remark		+0	Code		141.0	
	® No ○Yes	TCA	® No ○Yes	eC	Code Reason			
Protection	No	NCD Entitlement(%)	40		Private Hire		Yes	
Accident Details								
ort Date	12/05/2018 11:57	Accident Report Within 24 hrs	Yes	Ac	poident Type		Chain Collision	·
of Accident	11/05/5018	Time of Accident his men	15:50		Country of Accident		Singapore	
rting Centre		Orange Force		10	M No.			
ent Location	ALONG AYE (CITY) BEFORE ALEXANDRA R	D EXIT						
Benefits								
Excess								
damage Excess	2,000.00	Additional Excess	0	w	indscreen Excess		100.00	
amed Driver Excess		Outside Singapore OD Excess	2,000.00					
Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00					
		Cocade Singapore in Licess	4,444,44					
GST Registered Informa								
egistered	No.		GST Registration Date		Me			
agistration No.			GST Status Verified		No			
leation History								
Policyholder Mailing Ad	idreas							
Policyholder Mailing Ad	BLK 327C #09-228	Address 2	COMPASSVALE DRIVE	190	ddress 3		SINGAPORE S	643227
		Address Type	Singapore address		Post Code		543227	
ess 4	00.334	Address Type Related Policy Number	5096685367	1	J. Carlot			
ND.	09-228	HEISTED PORCY NUMBER	303000307					
OI Driver Info	- Venezia de la composition della composition de		W. 1. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					
er Name	Unnamed Driver	Oriver Type	Unnamed Driver		none DOR		03.001.0005	
amed driver Name	MUHAMMAD KHUZAIRI BIN KAC	Driver NR3C	58200703B		river DOB		02/01/1982	
ster Date of Driver License	27/03/2014	Driver Age	36		Driving Experience		4	
ect No.(Mobile)	90978401	Comact No (Office)	0	Cr	ontact No.(Home)		0.	
ess 1	BLK 415	Address 2	EUNOS ROAD 5	A	ddress 3		SINGAPORE 4	100415
ess 4		Address Type	Singapore address	Po	est Code		400415	
			arrigações e asserana.					
	04-50	SACTION CO.	angepore address					
t No. is he own a Singapore	04-50 ○ Yes <b>®</b> No	Driver Venicle No.	angepore moureus		nver Insurer Comp	упа		
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r No. is he own a Singapore istered car? laration athalyser or Blood Test	○ Yes  ® No	Driver Venicle No.			nver Insurer Comp	впу		
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No. The own a Singapone sered car?  ration Chalyser or Blood Test ling?  Scation History sim 001   Mext.  In Type + act No. (Mobile)  I Address In Description	○ Yes ( No  O mg  CO-MX  \$1,000516	Driver Venicle No.  Any injury?  Insured Name Contact No.(Home)	¥Yes ○No  ALLIANZ AUTO	Di 3rr Ci Ti	reured NRIC oncact No. (Office) P Vehicle Number		ND.	
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Attachment	Uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
200 H	NAC_PAVA_UBL.800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 12:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-12	Edit
<b>-9</b>	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 12:03	SAS		Normal	SAS 2018-5-12	Edit
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 12:01	Photos		Normal	Photos 2018-5-12	Edit
100	NAC_PAYA_UBL_BOOGOL  NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Ma y 2018 12:01	Photos		Normal	Photos 2018-5-12	Edit
	NAC_PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 12:01	Photos		Normal	Photos 2016-5-12	Edit
	NAC_PAYA_UB]. 800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma $_{\rm Y}$ 2018 12:00	Photos		Normal	Photos 2018-5-12	Edit
3/4	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 12:00	Photos		Normal	Photos 2018-5-12	Edit
3	NAC_PAYA_UBI_BOOK01( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 12:00	Photos		Normal	Photos 2018-5-12	Edit
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*	NAC_PAYA_UBIT_BOOKOT( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018-12:00	Photos		Normal	Photos 2018-5-12	Edit
B'	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2016 12:00	Photos		Normal	Photos 2018-5-12	Edit
8	NAC_PAVA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 11:59	Photos		Normal	Photos 2018-5-12	Edis
7	NaC_Paya_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma $_{\gamma}$ 2016 11:59	Photos		Normal	Photos 2018-5-12	Edit
E.A	NAC_MYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 11:59	Photos		Normal	Photos 2018-5-12	Edit
0	NAC_PAYA_LIB1_800A01( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 11:59	Photos		Normal	Photos 2018-5-12	Edit
13	NAC_PAYA_USL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 2018 11:59	Photos		Normal	Photos 2016-5-12	Edit
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▽ Video List	Uploaded by/Oate Folder Date	File Name		P	Source	Action

12/5/2018