

MMA418069249

OD. TP Reporting Only

TP Insured:

colored Whop / INQ Arslan Whop / QW11

T 9-1

 $f(x)$ 

Owner / Drivers: {

Policy No: 6

Confirmed by 11

| Insured/Owner/Utility: ( | Date:    | Term:                 |
|--------------------------|----------|-----------------------|
| % (Note: Big Sign) (WO): | NI 9.79% | PI 21.79%, PI 30.110% |

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

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

( ) Work-in-Progress | Customer's information strictly Confidential & strictly NO 13187 01/18/2017

Driver In ( ) / Towed, lb ( ) / Invoiced YBS ( ) / NO ( ) / Towing Co ( )

Removal: 578810016

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Receipt Inspection ( )

2) Upload Recovery Photo (Repair Cost > \$3000)

Injury:

2187-6

NA1803365

### Important Particulars

river@wvnet

271801 No:

damaged portion  $\frac{1}{2}$  inch

Checked by (Ugr-In-Charge)

Webb, R. 1999. *Common*

|   |   |
|---|---|
| 1 | 2 |
|---|---|

1.912

Invoice Period: 01/01/2015 - 01/31/2015

1) AR: Accidental Reporting (100)

1) DA: Damsel in Distress (300)

JLTP (Twin) FU

1) PT - View through Survey

[illegible]

61 TR: 11/1/2011

7) N 1144 DA + SMRT Survey

1) NTUC Adhikari, 21/1/2021

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1960-1961

1944 Army Corporation

UNITED STATES DEPARTMENT OF AGRICULTURE

1912/1913/1914/1915/1916/1917/1918/1919/1920/1921/1922/1923/1924/1925/1926/1927/1928/1929/1930/1931/1932/1933/1934/1935/1936/1937/1938/1939/1940/1941/1942/1943/1944/1945/1946/1947/1948/1949/1950/1951/1952/1953/1954/1955/1956/1957/1958/1959/1960/1961/1962/1963/1964/1965/1966/1967/1968/1969/1970/1971/1972/1973/1974/1975/1976/1977/1978/1979/1980/1981/1982/1983/1984/1985/1986/1987/1988/1989/1990/1991/1992/1993/1994/1995/1996/1997/1998/1999/2000/2001/2002/2003/2004/2005/2006/2007/2008/2009/2010/2011/2012/2013/2014/2015/2016/2017/2018/2019/2020/2021/2022/2023/2024/2025/2026/2027/2028/2029/2030/2031/2032/2033/2034/2035/2036/2037/2038/2039/2040/2041/2042/2043/2044/2045/2046/2047/2048/2049/2050/2051/2052/2053/2054/2055/2056/2057/2058/2059/2060/2061/2062/2063/2064/2065/2066/2067/2068/2069/2070/2071/2072/2073/2074/2075/2076/2077/2078/2079/2080/2081/2082/2083/2084/2085/2086/2087/2088/2089/2090/2091/2092/2093/2094/2095/2096/2097/2098/2099/2100/2101/2102/2103/2104/2105/2106/2107/2108/2109/2110/2111/2112/2113/2114/2115/2116/2117/2118/2119/2120/2121/2122/2123/2124/2125/2126/2127/2128/2129/2130/2131/2132/2133/2134/2135/2136/2137/2138/2139/2140/2141/2142/2143/2144/2145/2146/2147/2148/2149/2150/2151/2152/2153/2154/2155/2156/2157/2158/2159/2160/2161/2162/2163/2164/2165/2166/2167/2168/2169/2170/2171/2172/2173/2174/2175/2176/2177/2178/2179/2180/2181/2182/2183/2184/2185/2186/2187/2188/2189/2190/2191/2192/2193/2194/2195/2196/2197/2198/2199/2200/2201/2202/2203/2204/2205/2206/2207/2208/2209/2210/2211/2212/2213/2214/2215/2216/2217/2218/2219/2220/2221/2222/2223/2224/2225/2226/2227/2228/2229/2230/2231/2232/2233/2234/2235/2236/2237/2238/2239/2240/2241/2242/2243/2244/2245/2246/2247/2248/2249/2250/2251/2252/2253/2254/2255/2256/2257/2258/2259/2260/2261/2262/2263/2264/2265/2266/2267/2268/2269/2270/2271/2272/2273/2274/2275/2276/2277/2278/2279/2280/2281/2282/2283/2284/2285/2286/2287/2288/2289/2290/2291/2292/2293/2294/2295/2296/2297/2298/2299/2300/2301/2302/2303/2304/2305/2306/2307/2308/2309/2310/2311/2312/2313/2314/2315/2316/2317/2318/2319/2320/2321/2322/2323/2324/2325/2326/2327/2328/2329/2330/2331/2332/2333/2334/2335/2336/2337/2338/2339/2340/2341/2342/2343/2344/2345/2346/2347/2348/2349/2350/2351/2352/2353/2354/2355/2356/2357/2358/2359/2360/2361/2362/2363/2364/2365/2366/2367/2368/2369/2370/2371/2372/2373/2374/2375/2376/2377/2378/2379/2380/2381/2382/2383/2384/2385/2386/2387/2388/2389/2390/2391/2392/2393/2394/2395/2396/2397/2398/2399/2400/2401/2402/2403/2404/2405/2406/2407/2408/2409/2410/2411/2412/2413/2414/2415/2416/2417/2418/2419/2420/2421/2422/2423/2424/2425/2426/2427/2428/2429/2430/2431/2432/2433/2434/2435/2436/2437/2438/2439/2440/2441/2442/2443/2444/2445/2446/2447/2448/2449/2450/2451/2452/2453/2454/2455/2456/2457/2458/2459/2460/2461/2462/2463/2464/2465/2466/2467/2468/2469/2470/2471/2472/2473/2474/2475/2476/2477/2478/2479/2480/2481/2482/2483/2484/2485/2486/2487/2488/2489/2490/2491/2492/2493/2494/2495/2496/2497/2498/2499/2500/2501/2502/2503/2504/2505/2506/2507/2508/2509/2510/2511/2512/2513/2514/2515/2516/2517/2518/2519/2520/2521/2522/2523/2524/2525/2526/2527/2528/2529/2530/2531/2532/2533/2534/2535/2536/2537/2538/2539/2540/2541/2542/2543/2544/2545/2546/2547/2548/2549/2550/2551/2552/2553/2554/2555/2556/2557/2558/2559/2560/2561/2562/2563/2564/2565/2566/2567/2568/2569/2570/2571/2572/2573/2574/2575/2576/2577/2578/2579/2580/2581/2582/2583/2584/2585/2586/2587/2588/2589/2590/2591/2592/2593/2594/2595/2596/2597/2598/2599/2600/2601/2602/2603/2604/2605/2606/2607/2608/2609/2610/2611/2612/2613/2614/2615/2616/2617/2618/2619/2620/2621/2622/2623/2624/2625/2626/2627/2628/2629/2630/2631/2632/2633/2634/2635/2636/2637/2638/2639/2640/2641/2642/2643/2644/2645/2646/2647/2648/2649/2650/2651/2652/2653/2654/2655/2656/2657/2658/2659/2660/2661/2662/2663/2664/2665/2666/2667/2668/2669/2670/2671/2672/2673/2674/2675/2676/2677/2678/2679/2680/2681/2682/2683/2684/2685/2686/2687/2688/2689/2690/2691/2692/2693/2694/2695/2696/2697/2698/2699/2700/2701/2702/2703/2704/2705/2706/2707/2708/2709/2710/2711/2712/2713/2714/2715/2716/2717/2718/2719/2720/2721/2722/2723/2724/2725/2726/2727/2728/2729/2730

$$\frac{LZ(N)}{LZ(N+1)} \approx \frac{1}{1 + \frac{LZ(N+1) - LZ(N)}{LZ(N)}} \approx \frac{1}{1 + \frac{1}{LZ(N)}}$$

2) *Heliconia biobelli*

Involvement of...

Pat. Exp. 114

**THE CHAIRMAN**

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

|                            |  |
|----------------------------|--|
| Date Of Report             | 28/05/2018 15:00                         |
| Date Of Accident           | 25/05/2018 18:05                         |
| Exact Location Of Accident | ALONG BENDEMEER ROAD TOWARDS JALAN BESAR |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLE9427A                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | CAR COVE LEASING PTE LTD |
| Co Reg No                   | -                        |
| Email Address               | AMRITA88KAUR@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-92329495     |
| Alternative Phone No        | OFFICE-92329495          |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | TOYOTA               |
| Model  | COROLLA-1.5 AXIO (A) |
| Exact Purpose for which vehicle was being used at time of accident           | DRIVING 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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT        |
| Fleet Policy              | NO                                   |
| Policy Number             |                                      |
| Cover Note Number         | 3100027220                           |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | RANDHAWA AMRITA KAUR   |
| NRIC No              | S8871683C              |
| Date Of Birth        | 19/08/1988             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 30/10/2007             |
| Driving Experience   | 10 YEARS AND 6 MONTHS  |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-92329495   |
| Fax Number           |                        |
| Contact Number       | OTHERS-92329495        |
| Email Address        | AMRITA88KAUR@GMAIL.COM |



|   |                                      |
|---|--------------------------------------|
| Address   | 34 TANAH MERAH KECHIL ROAD<br>#01-30 |
| Postcode  | 465560                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                        |
| Vehicle Registration Number of Driver's Own Vehicle | -                                    |
|   | -                                    |
| Insurance Company of Driver's Own Vehicle           | -                                    |
|   | -                                    |
|   | -                                    |

#### 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   | 2                                   |
| Was any body injured in the Accident?   | NO                                  |
| Was any injured conveyed to hospital by ambulance?  | NO                                  |
| Was any other material or property damaged?   | YES                                 |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                                  |
| Number of Passengers (Including Driver)   | 2                                   |
| Passenger 1   | NAME: : PASSENGER<br>GENDER: : MALE |

#### 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SGC924K     |
| Vehicle Make/Model/Colour           | MAZDA MX-5  |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) | 2           |

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

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

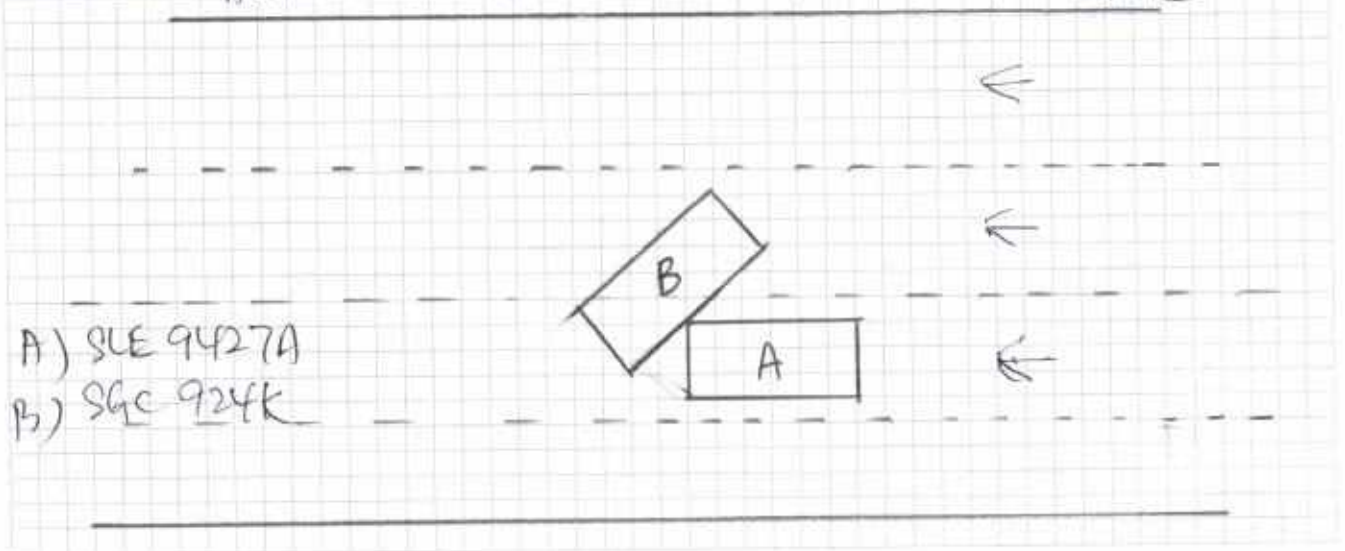
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



A - SLE 9427A  
B - SGC 924K

SKETCH PLAN

Along BENDEMEER ROAD TOWARDS JLN BANGAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING ALONG BENDEMEER ROAD TOWARDS THE CITY, ~~THAT~~ WHEN SGC924K DIDN'T CHECK HIS BLIND SPOT AND TRIED TO CUT IN FRONT OF ME. I GAVE A WARNING HORN AND MOVED TO MAKE SPACE, WHEN SGC924K GOT IMPATIENT AND CUT IN HITTING THE FRONT END OF MY CAR. DRIVER EXITS THE CAR AND GETS HOSTILE SAYING HE DOESN'T WANT TO EXCHANGE PARTICULARS.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

 28/05/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 28/05/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 05 / 2018 (DD/MM/YYYY), TIME: 18 : 05 (HH:MM)

LOCATION: BENDEMER RD TOWARDS CITY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8UK 9427A  
 b) INSURANCE COMPANY: NTL  
 c) POLICY NUMBER: 31E0027220  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA AYU  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY).

## 2. INSURED / POLICY HOLDER

- a) NAME: HTC LOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: RANDHAWA AMRITA KAUR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8871683C CONTACT: 92329495  
 c) ADDRESS: 34 TANAH MERAH KECIL ROAD, #01-30, SPOKE 465560  
 \*d) DATE OF BIRTH: 19 / 08 / 1988 (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 30/10/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE  
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGC924K MODEL: MAZDA MX-5  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 9. THIRD PARTY VEHICLE  
 a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

1) EMAIL : amrita88kaur@gmail.com

2) VIDEO :

PAX (M)  
 (2)  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

(2)  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER  
 (2)  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S8871683C**  
 Name: **RANDHAWA AMRITA KAUR**  
 Birth Date: **19 Aug 1988**  
 Issue Date: **30 Oct 2007**

001539480D

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S8871683C**



Name: **RANDHAWA AMRITA KAUR**  
 Race: **SIKH**  
 Date of birth: **19-08-1988** Sex: **F**  
 Country of birth: **UNITED KINGDOM**

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

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

PASS DATE: **30 Oct 2007**

Licence No: **S8871683C**

NP 428A

**S8871683C**



NRIC No: **S8871683C**



Nationality: **BRITISH**  
 Date of issue: **21-10-2003**

**34 TANAH MERAH KECIL ROAD #01-30**  
**SINGAPORE 465560**  
 NRIC No: **S8871683C** Date: **28/02/2018**

ORIGINAL

Co. Reg. No. 201009404M

Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents **within 30 days** from the inception date stated on this cover note, please contact AIG immediately.



**Cover Note:** 3100027220

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to 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).

**Schedule** (please circle where applicable)

|                      |                            |                        |                       |  |
|----------------------|----------------------------|------------------------|-----------------------|--|
| Policyholder/Insured | CAR COVE LEASING PTE LTD   |                        | Policy Period         | 14/02/2018 to 13/02/2019 23:59                         |
| Age Condition        | 1                          | All Age                | Registration Number   | SLE 9427A  |
|                      | 2                          | 30 Years Old and Above | Make/Model            | TOYOTA COROLLA AXIO 1.5X A                             |
|                      | 3                          | 35 Years Old and Above | CC/Tonnage            | 1496cc   |
|                      | 4                          | 40 Years Old and Above | Engine Number         | 2NR8654475   |
|                      | 5                          | Named Driver Basis     | Chassis Number        | NRE1610020193  |
| Policy Type          | Comprehensive              |                        | Year of Registration  | 2016   |
|                      | Third Party Fire and Theft |                        | Hire Purchase Company | Heritage Auto Enterprise Pte Ltd                       |
|                      | Third Party only           |                        | Excess:               | S\$ 2000 (Section 1 & Both)<br>S\$ (Windscreen excess) |

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

Issued in Singapore

14/02/2018

Date of issuance

Authorized Representative

6818P1

Agent Code

Manik Bucha, Personal Insurance

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.