NATIONAL Assessment Ce	ntre Services well Jan'05]	MNA 1180769 11	
Date In: 13/6/18 - 19:31	Job description	Date & Time Completed	Done by
Ref No: HA INC 1801 0825/24	SAS e-filing		
Vch No: FBk3653P	E-mail (within Shrs, AIC 2hrs)		y*
D.O.A: 11/6/18-09:41	i-Motor Claim Form	M10998894-001	13/6/18 19:52
	i-Motor W/O (Within: OD :	2hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded	1	
70.1	Assessment/Survey Report	1	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:)
TP Particulars: Veh No: F	BM319P INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 30-1	00%]
Year of Registration: (Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:			
() Walk-In Customer's	information strictly Confidential &	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In	surer URGENTLY.		
Drive-In ()/Towed-In (); Inv	oice: YES() / NO();	Towing Co: (.)
Remarks:- (INC hotline: 6788 6610		Date& Limb Completed	Washington Co.
		Dates in the Completa	Man A spound by
2) QC Check / Post Repair Inspection) / Courtesy Car ()		
3) Upload Resurvey Photo [Repair Cost:			
3) Optoble Result by Filodo [Repair Cost-	>35000] ()		
Injury:			
Date/Time Actions	Salas Sa	- F 1944	Rod Coarse
200 A 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	44		4300001.001.001.00
	•		
•	4		
NA1803731	Inveice Po	eparation Checklist	Anit (S) Anit (S)
	1) AR : Accide	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	fit Bill Add Bill
laimant's Particulars :-	2) DA : Dame	ge Assessment (\$100); INC (\$8	0) /\$45
Priver/Owner:	3) TF : Towing 4) FT : Follow		5120
Contact No:	5) FT : Follow	-Through Survey (Resurvey) a sesinst INC Only (wef 10 Jan 2005)	\$30
arranged Portion	6) TR : Re-ins		\$75
amaged Portion:		A + SMRT Survey itional Services:-	5160
C Charlest by Co I- Charles	OD.		
C Checked by (Engr-In-Charge):	The same and the s	sy Car / Tpt Allowance Co-ordination	\$5 \$10;
aditors' Comments:-	•N7: Fost R	epair Inspection	\$25
20, 50, 50, 50, 50, 50, 50, 50, 50, 50, 5		Collect Excess Coordination TP (Non INC) against INC	\$20
it. 1:	9) N12: Idac N	fobile	30
1. 2/3:	Invoice dated	Fee Charged	SAME SAME
	Invoice dated	Fee Charged	PERMITTED

to produce the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

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,
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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

	ACCIDENT STATEMENT
Date Of Report	13/06/2018 19:31
Date Of Accident	11/06/2018 09:45
Exact Location Of Accident	TPE TWDS PIE AFTER PUNGGOL EAST FLYOVER
Country/State of Loss	SINGAPORE
RESIDENCE TO LANGE TO THE PARTY OF THE PARTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK3653P
Insured/Policyholder	
Name Of Registered Owner	JURINO BIN HARITH
NRIC No	S8320622E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93662541
Alternative Phone No	OFFICE-93662541
Vehicle Particulars	
Manufacturer	HONDA
Model	VFR800X ABS M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082170915-01
Cover Note Number	
Driver	
Name of Driver	JURINO BIN HARITH
NRIC No	S8320622E
Date Of Birth	07/07/1983
Occupation	INDOOR
Date Of Driving Pass	10/02/2009
Driving Experience	9 YEARS AND 4 MONTHS

MALE

NOEMAIL

(LOCAL) +65-93662541

OFFICE-93662541

BLK 471A FERNVALE STREET Address

#09-99

Postcode 791471

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

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

Police Station Name CHANGI NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

YES

NO NO

FBM319P

MOTORCYCLE

MOHD SHAJIDILAH

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5872999 - FAX NO: 65872900

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180611/2067.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number S9047382D Contact Number 86661796

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 28

DETAILS OF INJURED PERSON 1

Name JURINO BIN HARITH

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBK3653P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name MOHD SHAJIDILAH

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBM319P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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: 12/8/2016

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

Name:

NRIC/FIN No .:

	TPE	TWOS	PIE A	55	PUN	660L	
1 - FBK3653P _ 5 - FBM319P _							FLYOV
3- FBM319P					-		
				1	6-		
	A D	P			4		
	d'.	4		of section 1			
DESCRIBE CIRCUMSTANCES OF THE							
	ACCIDENT						
	ACCIDENT						
	ACCIDENT						
		n his	(en)	4.0	/2-	244	
		no hie	report	1:7	1001	80611	10067
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		no hie	report	1:7	1001	80611	12067
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		no hie	report	·: T	1001	80611	12067
		no hie	report	4:5	1001	80611	12067

DECLARATION

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

Policyholder's Signature
Date & Time: 12/6/2018

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Stenature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FBK36	23P
b)INSURANCE COMPANY: N74	
C)POLICY TYPE: /COMPREHENSIVE	(71,000 0,000 (6,000)
e)MAKE & MODEL: HONDA	/ THIRD PARTY THIRD PARTY FIRE &THEFT
	AN / LORRY (MOTORCYCLE) OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL MOTORCYCLES OTHERS)
h) PURPOSE OF USING AT ACCIDEN	TIME PRIVATE TICK
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES NO)
IF NO, PLEASE STATE THIRD PARTY	CLAIM REPORTING ONLY)
INSURED / POLICY HOLDER	The state of the s
A)NAME: JURINO BIN HA	INVIOLD (LEWIGLE)
b)NRIC/FIN/PASSPORT:	CONTACT: 93662541
c)ADDRESS:	
* CONTINUE TO A LIE DOWN	(°
* CONTINUE TO 3.d IF DRIVER ALSO PRISON 9.3. DRIVER	POLICY HOLDER
GINAME:	MANAGE
ing driver) a)NAME:	(MALE / FEMALE) CONTACT:
) c)ADDRESS:	CONTACT:
90 ° 240 ° 1200 1200 1200 1	
*d)DATE OF BIRTH:	J(DD/MM/YYYY)
e)OCCUPATION: (INDOOP)/ OUTDO	OOR)
f) YEARS OF DRIVING EXPRERIENCE:_	
4. WAS DRIVER AN EMPLOYEE OF THE	HE INSURED'S COMPANY? (YES / 10)
IF NO, RELATIONSHIP OF THE DR	IVER WITH INSURED: OWNER
 DINOAD SURFACE: ORY/ WET / OTH 	AINING / OTHERS
6. WAS ANYBODY INJURED (ES) NO)	IERS
7. a) REPORTED TO POLICE (YES / NO)	CONVEYED
IF YES, PLEASE STATE WHICH POLIC	HOITATE
8 THIRD PARTY VEHICLE	ESTATION.
SSEASER a) VEHICLE NUMBER: FBM 319	P MODEL:
deliver) b) DRIVER'S NAME: MOHD SHA	
c) NRIC/FIN/PASSPORT: 590473	820 CONTACT: 86661796
9. THIRD PARTY VEHICLE	SOUTH OIL & DUG TE
d) VEHICLE NUMBER:	MODEL:
e) Driver 3 NAME:	
f) NRIC/FIN/PASSPORT:	CONTACT:
)	
N (2)	
	4
N .	o. harith @ qmail . com/globalmotorpteltd





Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3 Report No. T/20180611/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 13:48			Vide Report No.:	Station Diary No.: 23	
Informa	nt's Partic	ulars		The state of the s	
	f Informant: BIN HARI		Address: APT BLK 471A FERNVALE STREET #09-99 SING 791471		
	/ ID No.: O / S83206	22E	Contact No.: Home/Office: Mobile: 93662541		
	Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 07/07/1983	Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupat Police of			Driving Licence Informat Class: 2B,2A,2,3	Date of Expiry:	

seneral infor	nation of the Accident		THE RESIDENCE OF STREET	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/06/2018 09:45	Type of Location Straight Road
Along TPE to	XPRESSWAY	East Flyover		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK3653P	Motorcycle	HONDA	VFR800X ABS M	Black	Seriously Damaged	0
FBM319P	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK3653P	NTUC Income Insurance Co-Operative Limited	5082170915-01	13/07/2017	12/07/2018	





T/20180611/2067

2 of 3

Report No. T/20180611/2067

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

Details of Perso	n Involved	THE RESERVE	TABLE COM			
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Use of Ped	lestrian Cros	sing: NA		
Rider		No. of Park 1985		THE REAL PROPERTY.		
Name	JURINO BIN HARITH		ID No.	S8320622E		
Related Vehicle	FBK3653P (Motorcycle)		Contact No.	93662541		
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Driving Licence &		Driving	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch				
No. of Days gran	ted Medical Leave 07	Degree of		nt		
Rider			TREETING TO A ST	William Company		
Name	MOHD SHAJIDILLAH		ID No.	S9047382D		
Related Vehicle	FBM319P (Motorcycle)		Contact No.	86661796		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disch	arge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of				

Brief Details.

On the above mentioned date, time and location, I was riding on the most left lane near the road shoulder. The traffic was heavily congested and slow moving due to an accident. While I was riding, a motorcycle (FBM319P) came out of a blind spot in front of me and did not check his left, I swerved towards the road shoulder to prevent an accident, however, I was unable to brake in time, resulting in the accident. Both motorcycles fell and both riders were conveyed by ambulance to CGH.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

3 of 3 Report No. T/20180611/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

	0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Signature Of Officer Recording The Report: G / Sgt 2 THIVIYASHINI D/O PANNIRSELVAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2018 13:48
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.; 65476365	Classification Of Case:
Authentication Stamp	



ORIGINAL

MEDICAL CERTIFICATE

EMD2018112458

JURINO BIN HARITH		NRIC No. S8320622E	
This is to certify that the above-named is unfit for duty for inclusive.	r a period of 7 da	ys from 11-Jun-2018 to	17-Jun-2018
Type of medical leave granted : Hospitalization Leave Admitted on : Discharged on : This certificate is not valid for absence from	Outpatient Sick Maternity Leave Sterillization Lea	Delivered on :	
Diagnosis		al Operation (if applicable)	- 10 1 112 SB
Fit for light duty from N.A. Comments :	10 N.A.	left at N.A.	
The above-named patient attended my clinic at No medical leave is necessary. Hospital/Clinic	N.A. and	Signature, Name (In BLOCKLETT	ERS) and Designation/MCR No.
Emergency Medicine Changi General Hospital	CGH Accident & Emergency Date 11-Jun-2018	\sim	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8320622E



JURINO BIN HARITH

جورينو بن هاريط

MALAY

07-07-1983

SINGAPORE





5273237





26-02-2014

APT BLK 471A FERNVALE STREET #09-99 SINGAPORE 791471

NRIC No: \$8320622E

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

EFFECTIVE DATE

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

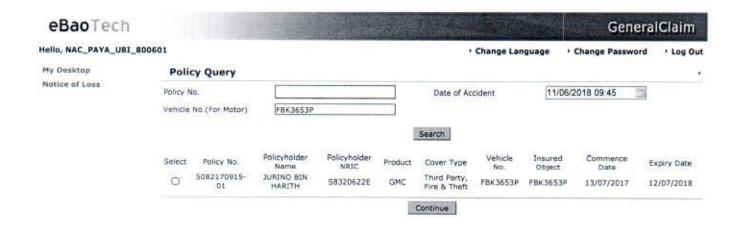
16 Sep 2003 25 Sep 2007 10 Feb 2009 07 Aug 2006



	Certificate	of Insurance	
MOTOR VEHICLES (THIRD PARTY RISKS MOTOR VEHICLES (THIRD PARTY RISKS ROAD TRANSPORT ACT, 1987 (MALAYSI MOTOR VEHICLES (THIRD PARTY RISKS)	AND COMPENSATION	I) RULES, 1960	
Certificate Number : 5082170915-01		Cover : Third Party, Fire & Theft	
Index mark and Registration Number Chassis Number Name of Policyholder Effective Date of Insurance	er of Vehicle	: FBK3653P : JH2RC80A1FK002530 : JURINO BIN HARITH : 13 Jul 2017	
 Expiry Date of Insurance 		: 12 Jul 2018	
the Motor Vehicle or has been s	g is permitted in acco	rdance with the licensing or other laws or regulations to driv ot disqualified by order of a Court of Law or by reason of any	e
enactment or regulation in that	behalf from driving t	he Motor Vehicle.	
6. Limitations as to Use#			
	asure purposes and in	connection with the Policyholder's business or profession.	
This Policy does not cover			
(a) Use for hire or reward.	SAME TO THE STATE OF THE STATE		
(b) Use for racing, pace-making, rel	iability trial or speed-	testing.	
(d) Use for any purpose in connecti	ther than samples) in	connection with any trade or business.	
(Chapter 189) and Section 95 of headings.	e by Section 8 of the the Road Transport A	Motor Vehicle (Third Party Risks and Compensation) Act Act, 1987 (Malaysia), are not to be included under these	
EXCESS (SECTION 1)	; N/A		_
EXCESS (SECTION 2)	: N/A		
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER	OVERLEAF	
INSURE WITH COE	: YES		
NAMED DRIVER (1)	: JURINO BIN HA	ARITH	
NAMED DRIVER (2)	: N/A		
HIRE PURCHASE COMPANY	: N/A		
SUM INSURED	: MARKET VALU	E OF INSURED VEHICLE AT TIME OF LOSS	
Vehicles (Third Party Risks and Compens	ation) Act (Chapter 1: IUA HONG PU (00000 11:03 hrs	Plates is issued in accordance with the provisions of the Moto (89) and Part IV of the Road Transport Act, 1987 (Malaysia) (602321) For NTUC INCOME INSURANCE CO-OPERATIVE LIMI	
Countersigned By:	7		

Chief Executive

Authorised Officer



olicy No.	5082170915-01	Policyholder Name	JURINO BIN	N HARITH	Policyholder NRIC	S8320622E		
Address	BLK 471A #09-99 FERNVALE STREET FERNVALE RIVERGROVE SINGAPORE 791471							
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N		
Policy Issue Date	11/07/2017	Effective Date	13/07/2017	7 00:00	Expiry Date	12/07/2018 2	3:59	
Excess Type		All Claim Excess						
Third Party Excess	0	Own damage Excess	0		Windscreen Excess			
Additional Excess		OS Premium	0					
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess	
Agent	VINCENT CHUA HONG PU	Agent Tel.	98526796		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
	holder Mailing Address							
Address 1	BLK 471A #09-99	Addre	ss 2	FERNVALE STREET		Address 3	FERNVALE RIVERGROVE	
	SINGAPORE 791471	Addre	ss Type	Singapore address		Post Code	791471	
Address 4	SHOW ONE 131411							
	3110/10/12 /314/1		ed Policy er	5082170915-01				
Unit No.	ed Object: FBK3653P	Relate		5082170915-01				
Unit No.	ed Object: FBK3653P	Relate		5082170915-01				

cident MT/0998594								
olicy No.	5082170915-01		Vehicle No.	FBK3653P	GST Regist			
olicyholder Name	JURINO BIN HARITH				Policyholde	r NRIC	9832062	2E
roduct Code	MOTORCYCLE INSURAN	KCE	Cover Type	Third Party, Fire & Theft	Loading		0	
antact No.(Mobile)	93662541		Contact No.(Office)	0	Contact No	(Home)	0	
nali Address			Special Remark		eCode		No.	
*	® No ○Yes		TCA	® No ○Yes	eCode kear	100	1000000	
D Protection	No		NCO Entitlement(%)	20	Private Him		No	
Accident Details								
port Date	13/06/2018 19:51		Accident Report Within 24 hrs.	Yes	Accident Ty	pe	Collision	Change / Cross lane
te of Accident	11/06/2018		Time of Accident hh:mm	09:45		- Angel		
	11/00/2010			09.43	Country of	Acodem	Singapor	
parting Centre			Orange Force		ICM No.			
cident Location	TPE TWDS PIE AFTER P	UNGGOL EAST FLY	OVER					
Benefits								
Excess								
n damage Excess		0.00	Additional Excess		Windscreen	Excess		
named Driver Excess			Outside Singapore OD Excess					
d Party Excess		0.00	Outside Singapore TP Excess					
GST Registered Inform	nation							
Registered	No			GST Registration Date				
Registration No.	1			GST Registration Date GST Status Verified	Ye			
				man arects vernes	Ye			
tification History								
Policyholder Mailing A	ddraus							
ress 1	BLK 471A #09-99		Address 2		1000000		-	a successor -
				FERNVALE STREET	Address 3		FERNYAL	E RIVERGROVE
fress 4	51NGAPORE 791471		Address Type	Singapore address	Post Code		791471	
t No.			Related Policy Number	5082170915-01				
OI Driver Info								
rer Name	JURINO BIN HARITH		Driver Type	Main Driver				
named driver Name	Total and The City				12/10/2003		UE-07028407	22
			Driver NRIC	58320622E	Driver DOB		07/07/19	183
ister Date of Driver Licens	e 10/02/2009		Driver Age	34	Driving Exp	erience	9	
ntact No.(Mobile)	93662541		Contact No.(Office)	0	Contact No	(Home)	0	
tress 1	BLK 471A		Address 2		1011 E. V.		ements on a	E RIVERGROVE
			Aggress 2.	FERNVALE STREET	Address 3			
tones a	CHARLES SELECT			FERNVALE STREET	Address 3			
	SINGAPORE 791471		Address Type	FERNVALE STREET Singapore address	Address 3 Post Code		791471	
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