

Date In: 6/7/18 13:27	Job description:	Date & Time Completed:	Done by:
Ref No: NAI GAZ18012330164	SAS e-filing		
Veh No: FBL 68280	E-mail (within 5hrs, AP: 2hrs)		
DOA: 12/6/18 22:30	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SHC 4653D	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%, F: 80-100%)			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1804288	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee: \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey: \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey): \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Int. 1:	6) TR: Re-inspection: \$75		
Int. 2/3:	7) NI: Idac DA + SMRT Survey: \$160		
	8) NTUC Additional Services:-		
	9) NI: Idac Mobile		
	10) NI: Idac Mobile		
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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	06/07/2018 13:27
Date Of Accident	12/06/2018 23:30
Exact Location Of Accident	JALAN AFIFI TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6828C
Insured/Policyholder	
Name Of Registered Owner	ABDUL SAMAD BIN MANAN
NRIC No	S7434877G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91031748
Alternative Phone No	OFFICE-91031748

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	-
Cover Note Number	MT2018TR00117

Driver

Name of Driver	ISMAIL BIN MOHKREH
NRIC No	S7215678A
Date Of Birth	05/05/1972
Occupation	INDOOR
Date Of Driving Pass	16/06/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91031748
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 117 PASIR RIS ST 11 #05-521
Postcode	510117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : HASLINDAWATI BINTE SAID
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SHC4653D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAU CHANG TIA
NRIC/Passport Number	S0566929D
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ISMAIL BIN MOHKREH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBL6828C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HASLINDAWATI BINTE SAID

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBL6828C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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:

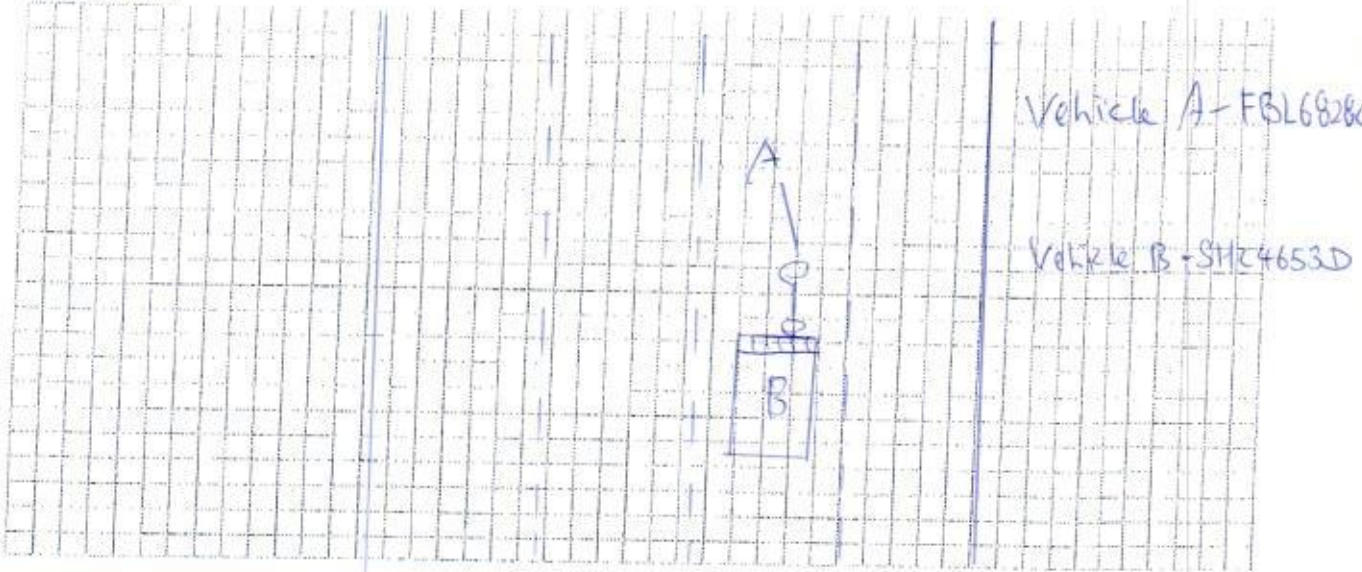
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

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.:

claims & assessment m.s.g

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 13/06/2018 (DD/MM/YY) Time: 23:30 (HH:MM)
Exact location of accident	Along Jalan AF11 towards gaylang

Details of vehicle

Vehicle registration number	FBL 6828 C		
Vehicle make and model	HONDA / CBF190WH		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	Great American Insurance
Policy number	MT2018 TR0017
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input checked="" type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	ISMAIL BIN MOHREH	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7215678A	
Contact		
Address		

Driver

Same as insured above ☐ (skip to D.O.B)

Name	ISMAIL BIN MOHREH	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7215678A	
Contact	9103 1748	
Address	B1K 117, PUSIR 20 St 11, #05-521 SC 510 117	
Email address		
Date of birth	05/05/1972	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass		

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	FIAS LINDAWATI BINTE SAID
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Pasar Ris N.P.C

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHC 4653D
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	ISMAIL BIN MOHKREN	
Injuries sustained	Hand and Leg	
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Injured person 2

Name	HASLINDAWATI BINIE SADI	
Injuries sustained	Leg and Hand	
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20180613/2069

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180613/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2018 13:46	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: ISMAIL BIN MOHKREH			Address: APT BLK 117 PASIR RIS STREET 11 #05-521 SINGAPORE 510117		
ID Type / ID No.: NRIC NO / S7215678A			Contact No.: Home/Office: Mobile: 91031748		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 05/05/1972	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: FORKLIFT DRIVER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/06/2018 23:30	Type of Location: Straight Road
Location: Along Road 1 JALAN AFIFI HEADING TOWARDS GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6828C	Motorcycle				Slightly Damaged	1
SHC4653D						0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20180613/2069

2 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180613/2069

CONTINUATION OF REPORT

Passenger			
Name	HASLINDAWATI BINTE SAID	ID No.	S8102710B
Related Vehicle	FBL6828C (Motorcycle)	Contact No.	87520443
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	13/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Rider			
Name	ISMAIL BIN MOHKREH	ID No.	S7215678A
Related Vehicle	FBL6828C (Motorcycle)	Contact No.	91031748
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	13/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LAU CHANG TIA	ID No.	S0566929D
Related Vehicle	SHC4653D	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/06/2018 at 2330hrs, I was riding my bike bearing plate number FBL6828C on Jalan Afifi towards Geylang. I just turned out from Shell and stopped at the traffic light due to red lights. I was on the centre lane at the point of time. When the traffic light turned green, I rode off just nice when I cross the line, the taxi bearing plate number SHC4653D hit the rear of my bike. My passenger and I both fell off to the left side of the bike and slid to the front. We suffered pain and abrasions. The taxi passengers called for ambulance and traffic police was at scene. I then talked to the taxi driver and asked him why he hit the rear of my bike and he said that I rode my bike into his lane. Traffic police recorded down my statement and afterwards I exchanged particulars with the taxi driver and my passenger and I were conveyed to Changi General Hospital afterwards.



**SINGAPORE
POLICE FORCE**



T/20180613/2069

3 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180613/2069

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180613/2069

4 of 4

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180613/2069

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.

Signature Of Officer Recording The Report:

G /

Sgt 1 JUSTIN CHU JUN QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN

SAMSUDIN

Contact No.: 65476429

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/06/2018 13:46



Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7215678A




Name
ISMAIL BIN MOHKREH

Race
MALAY

Date of birth
05-05-1972

Country of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

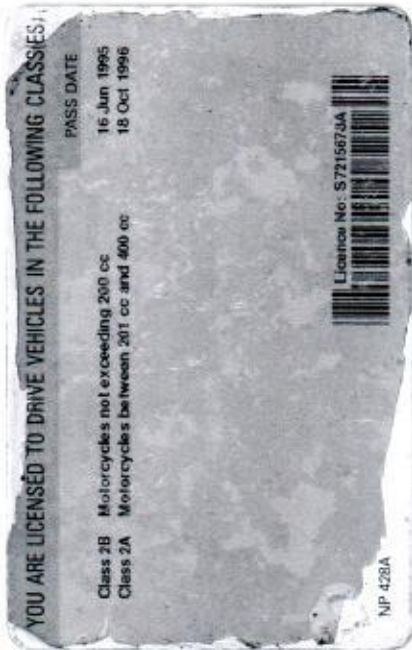
Licence Number: **S7215678A**

Name:
ISMAIL BIN MOHKREH

Birth Date: **05 May 1972**

Issue Date: **04 Aug 2003**







GREAT AMERICAN INSURANCE COMPANY
UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT2018TR00117

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: ABDUL SAMAD BIN MANAN
Insured NRIC/Passport No/ Roc	: S7434877G
Named Rider	: ISMAIL BIN MOHKREH
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: HONDA / CBF190WH
Vehicle Registration No.	: FBL6828C
Year Of Manufacture	: 2016
Engine No.	: MC46E5030012
Chassis No.	: LWBMC4693H1110154
Engine Capacity	: 184
Hire Purchase	: DE XING MOTOR PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 26/01/2018 TO: 25/01/2019
Excess (S\$)	: Section I \$300.00
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorised Signatory

Date of Issue : 17/01/2018

Intermediary : TENA RISK SOLUTIONS PTE LTD
MTR/COVERNOTE/V01/15

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8102710B



Name

HASLINDAWATI BINTE SAID

هسلينداواتي بنت سعيد

Race

MALAY

Date of birth

13-02-1981

Sex

F

S8102710B

Country of birth

SINGAPORE



4703551

NRIC No. S8102710B



Date of issue

05-04-2011

APT BLK 488A FERNVALE LINK #07-535
SINGAPORE 791468

NRIC No. S8102710B

Date: 26/01/2016

4703551



NRIC No. S8102710B

Date of issue
05-04-2011

APT BLK 468A FERNVALE LINK #07-535
SINGAPORE 791488

NRIC No: S8102710B Date: 26/01/2016