	ntre Services. wet 1 Janios M	INA 1,00 95 635	
Date In: N/7/8-15:55	Jeb description	Date &Time Completed	Done by
Ref No: NA) INC18017472 /24	SAS e-filing	i	
Veh No: 514765	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 23/7/18- 20:30	i-Motor Claim Form	MT 1004380-001	Wb/18 16:13
	i-Motor W/O (Within: OD 2h		
OD . TP . Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No:Jk	Ego7g 11 INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
General Remarks:-			
() Walk-In Customer : Customers in			
() Total Loss Case : to e-mail Ins		noty tto isiai ai iapanai.	
		owing Co: (-)
			Tale Caralle de Torre
Remarks: (INC hotline: 6788 6616		Date& Time Completed	Done by
The state of the s	/ Courtesy Car ()	-	
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()		
Injury:			
Injury:			548.0 F. J. W. W. J. W. W. J. W.
			Resource Control
			energic variables
Date/Time Actions	Invoice Pre	paration Checklist	Salar Salar
NA 180 Y682		paration Checklist Reporting (\$30);	ALVERTON BURNINGS
NA 180 Y682	1) AR : Accident 2) DA : Darrage	Reporting (\$30); Assessment (\$100); INC (\$80	fir Bill Add Bi
NA 180 Y682	1) AR : Accident 2) DA : Darrage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$80); ee \$40/	fir Bill Add Bi
NA 180 V682 nimant's Particulars:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/ Arough Survey \$ Arough Survey (Resurvey)	
NAISOY682 :umant's Particulars :: iver/Owner: ntact No:	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2003)	
NA (80 V682 :: iver/Owner: mtact No:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA	Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40) hrough Survey \$ hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2003) stion + SMRT Survey \$	75t Bill Add Bi
NA 180 V 682 Actions Manual Serviculars: iver/Owner: ntact No: maged Portion:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idao DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$80 ee \$40) hrough Survey \$ hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2003) stion + SMRT Survey \$	1st Bill Add Bi
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NA 180 1/682 Actions NA 180 1/682 Administ's Particulars: iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idao DA 3	Reporting (\$30); Assessment (\$100); INC (\$80); See \$4000 Abrough Survey (Resurvey) Seainst INC Only (wef 10 Jan 2005) Setion + SMRT Survey \$ Seal Services:- Car / Tpt Allowance Deordination oir Inspection	
NA (80 V682 Limant's Particulars: iver/Owner: intact No: maged Portion; Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-insper 7) N1 : Idao DA 3	Reporting (\$30); Assessment (\$100); INC (\$80); See \$4000 Abrough Survey (Resurvey) Seinst INC Only (wef 10 Jan 2005) Stion + SMRT Survey \$ Sonal Services:- Car / Tpt Allowance De-ordination out Inspection Services:-	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	24/07/2018 15:55
Date Of Accident	23/07/2018 22:30
Exact Location Of Accident	PIE (TUAS) AFTER CORPORATION RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV476B
Insured/Policyholder	
Name Of Registered Owner	NORZAHARI SAIFUL BIN SUHAIME
NRIC No	S8007523E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91598701
Alternative Phone No	OFFICE-91598701
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093874577
Cover Note Number	
Driver	
Name of Driver	NORZAHARI SAIFUL BIN SUHAIME
NRIC No	S8007523E
Date Of Birth	12/03/1980
Occupation	INDOOR
Date Of Driving Pass	30/10/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91598701

OFFICE-91598701

NOEMAIL

Address BLK 105 TECK WHYE LANE

#06-492 680105

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

Postcode

OWNE

Communication Communication

- 1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

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)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME:

. .

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-7929999 - FAX NO: 67912972

Police Station Address

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

REFER TO POLICE REPORT - T/20180723/2201.

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 SKE9079H

Vehicle Make/Model/Colour

verlicie Make/Model/Colo

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.:

SKETCH PLAN				
SKETCH FEAR		TILLILI		
VEHICLE A - 55	0 47613			
VEHICLE B - 54	(8907914	\rightarrow		
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Of the second of the second of the				
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DESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT			
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			7/2018077	
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	AND DESCRIPTION OF THE PROPERTY OF			
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	A STATE OF THE STA			
ECLARATION		15.07.1		
We declare the foregoing particula	rs are true in every respect.			
	100		XI.	M
olicyholden's Signature	Driver's Signature	D	rting Control D	hm
ate & Time:	(If driver is not the policyholder	r) Nam	orting Centre Personnell e:	a aignature

NRIC/FIN No.:

Vehicle No.	SJV 4763 Model/Make TOWOTA ESTIMA
Date of Accident	23/07/2018
Time of Accident	2230' HRS
Location of Accident	PIE TOWARDS THAS , AFTER CORPORATION ISSUIT.
Exact purpose use during acci	dent Pewore work
Name of Owner	NORZAH ARI SMILL DIN SURAMIZ
Telephone No.	H/P: 9159 5701 Home: Office:
NRIC	5 8067 5236
Address	BUK 105 TECK WHYIZ LANE # 06-492 5 (680105)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5093474577
Name of Driver	As Above If No,
NRIC	Any Passengers : 2 (FATHER / MOTHER
Date of birth	12 mar 1950
Occupation	Outdoor / (Indoor
Driving License Pass Date	30 OCT 2003
Gender	Mate, / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Qry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where? NANDANG NOC
Vehicle B No.	SKR 9079H Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RIGHT WEAR PORTION
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUGOMOTIVE PRE LED
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51. com. sg





1 of 4

Report No. T/20180723/2201

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 118 23:44	Made:	Vide Report No.: J/20180723/0238	Station Diary No. 282		
Informa	nt's Partic	ulars				
	Informant: HARI SAIFI	UL BIN SUHAIME	Address: APT BLK 105 TECK WHYE L 680105	ANE #06-492 SINGAPORE		
ID Type / ID No.: NRIC NO / S8007523E		23E	Contact No.: Home/Office: Mobile: 91598701			
National SINGAP	ity: ORE CITIZ	ΈΝ	Email:			
Sex: Age: Date of Birth:		Date of Birth: 12/03/1980	Type of Informant: Driver			
Race: Boyanese			Language: Institution / School Na English			
Occupation:			Driving Licence Information: Class: 2B 2A 3 Date of Expiry:			

General Inform	nation of the Accident				
Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 23/07/2018 22:30	Type of Location Bend	
PAN ISLAND	Traveling Toward Road 2 EXPRESSWAY wards Tuas, near to 33.8km	2000	poration Road Exit.	and the second	
Weather:	F	Road Surface:		Road Speed Limit:	
Clear Traffic Flow: One Way	1	Ory Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head To Rea	r	а	nyone conveyed by mbulance: 'es	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SJV476B	Car	TOYOTA	ESTIMA AERAS 2.4 A	White	Slightly Damaged	2	
SKE9079H	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	0	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20180723/2201

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJV476B	NTUC Income Insurance Co-Operative Limited	5093874577	30/08/2017	30/09/2018			

Details of Perso	n Involved	Divine Service					
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of	Pedestriar	Cross	sing: NA	
Driver		STATE OF THE PARTY.			PER IN	WHEN CHARLESTON	
Name	NORZAHARI SAIFI	HAIME	ID No	2	S8007523E		
Related Vehicle	SJV476B (Car)			Conta	ct No.	91598701	
Hospital/Clinic	NIL	Class Drivin Licend Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL			
Date Treatment	NIL	Date D	ischarge	NIL			
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	THE THE PARTY OF T	

Brief Details.

On 23/07/2018 at about 2230hrs, I was driving my vehicle, SJV476B along Pan-Island Expressway (PIE) towards Tuas. The weather was clear and the road was dry. I was travelling with my father, Suhalme, Hp: 98731707 sitting at the front passenger seat while my mother, Zainab, Hp: 97633201 sitting at the left rear passenger seat.

After driving pass the Corporation Road exit, I was travelling at the second lane. It was a flyover and the road direction is slightly bend to the right. While driving, I felt an impact on the rear right side of the vehicle and as such I stopped my vehicle and I notice that the vehicle that collided with mine had overturned. The vehicle that had overturned is a white Honda Jazz bearing the registration number SKE 9079H. I made a check on my vehicle and established that there was damage such as scratches and dents at the rear right side bumper.

Traffic Police and Ambulance arrive at the scene and the driver of the vehicle SKE 9079H who was a male Malay was conveyed to the hospital by ambulance and as such I was unable to establish the particulars of the driver of SKE 9079H. 01 of the Malaysian rider who stopped to help divert the traffic spoke to the Traffic Police officer however I do not have his particulars as well.

I will be going to the hospital with my passengers tomorrow dated on 24/07/2018 to conduct a medical check.

I wish to state that there was no in car camera installed in my vehicle, I am unsure if there was any camera nearby that capture the incident. I was given a case card J/20180723/0238 and the IO in charge is Ivan HP 65476170.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

3 of 4

Report No. T/20180723/2201

CONTINUATION OF REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 4 of 4 Report No. T/20180723/2201

Tel No: 1800-7929999

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: J / Staff Sgt LOW YONG CHIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2018 23:44
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.; 65476138	Classification Of Case:
uthentical of Stamp Signature: Singapore Police Force	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8007523E



NORZAHARI SAIFUL BIN SUHAIME

ئورزهاري سايقول بن سوهيمي

BOYANESE

SINGAPORE

Date of birth

12-03-1980 M Country of birth

58007623E



4578802



Date of Issue 25-05-2010

APT BLK 105 TECK WHYE LANE #06-492 SINGAPORE 680105

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor cans and Motor Tractors the weight unladen does not exceed 2500 kg

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

17 Sep 1998 02 Jan 2001 30 Oct 2003

S8007523E

S/No. 9000009715

Licence No: S8007523E



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093874577

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SJV476B

Chassis Number

: ACR507067240

2. Name of Policyholder

: NORZAHARI SAIFUL BIN SUHAIME

3. Effective Date of Insurance

: 30 Aug 2017

4. Expiry Date of Insurance

: 30 Sep 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: S\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER

: NORZAHARI SAIFUL BIN SUHAIME PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates 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)

Agency

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

: 30 Aug 2017 16:42 hrs

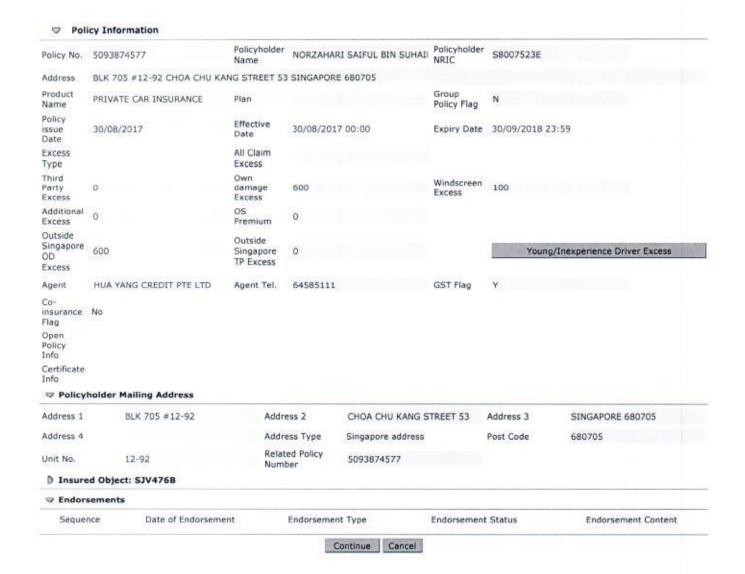
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech					GeneralClaim					
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	· Change Passwo	rd · Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	23/0	7/2018 22:30	
	Vehicle	No.(For Motor)	S3V476B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093874577	NORZAHARI SAIFUL BIN SUHAIME	S8007523E	GPC	drivo CLASSIC	SJV476B	SJV476B	30/08/2017	30/09/2018
			50,000,000			Continue				



maketown between the country								
ocident MT/1004380	Problem Car	30(1100)			55,85			
olicy No.	5093874577	Vehicle No.	SIV476B		GST Registration N	lo.		
olicyholder Name	NORZAHARI SAIFUL BIN SUHAIME				Policyholder NRJC		5800752	3E
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0	
ontact No. (Mobile)	91598701	Centact No.(Office)	0		Contact No.(Home	y 8	0	
mail Address		Special Remark			eCode		to 🗸	
OPIC .	® No ○ Yes	TCA	® No ○ Yes		eCode Reason			
ICD Protection	No.	NCD Entitlement(%)	50		Private Hire		No	
Accident Details							32200	
eport Date	24/07/2018 16:11	Andrew Reserve March 2015	S. Marie C.		Yes to some service		ransonium	Algoria introducione officione
	2404012010 10:11	Accident Report Within 24 hrs	Yes		Accident Type		Collision -	Change / Cross lane
ate of Accident	23/07/2018	Time of Accident hh:mm	22:30		Country of Acader	t.	Singapore	ė
eporting Centre		Orange Force			ICM No.			
coldent Location	PIE (TUAS) AFTER CORPORATION R	D EXIT						
7 Benefits								
₩ Excess								
	1520000000	935A103 B01010	Tak					
wn damage Excess	600,00	Additional Excess	0		Windscreen Excess	58	100.00	
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600,00					
nurd Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Inform	ation							
T Registered	No		GST Registration Date					
T Registration No.	10-77		GST Status Venified		Yes			
edification History					790			
Policyholder Mailing Ar	idress							
dress 1	BLK 705 #12-92	Address 2	CHOA CHELVENIC PRACTURE		******		esc.	ar 2000-
	100 THE BETTE		CHOA CHU KANG STREET 53		Address 3		SINGAPO	RE 680705
Idress 4		Address Type	Singapore address		Post Code		680705	
nit No.	12-92	Related Policy Number	5093874577					
OI Driver Info								
wer Name	NORZAHARI SAIFUL BIN SUHAIME	Driver Type	Main Driver					
named driver Name	2000 x 200 x	Driver NRIC	S80075238		Driver DOD		1990	40
	20/10/2003				Driver DOB		12/03/19	80
gister Date of Driver License		Driver Age	38		Driving Expenence		14	
ntact No.(Mobile)	91598701	Contact No. (Office)	0		Contact No.(riome)	R	0	
idress 1	BLK 105	Address 2	TECK WHYE LANE		Address 3		SINGAPO	RE 680105
dama G								
uress 4		Address Type	Singapore address		Post Code		680105	
	06-492	Address Type	Singapore address		Post Code		680105	
et Mo.	06-492		Singapore address				680105	
it No. es he own a Singapore	06-492 ○ Yes ③ No	Address Type Driver Vehicle No.	Singapore address		Post Code Driver Insurer Com	pany	680105	
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Attachment		Uploaded By/Date	Category	Urgency	Déscription	Sent? Action (CO)
1-1206	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-24	Edit
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 36;14		SAS	Normal	SAS 2018-7-26	Edit
200	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:13		Photos	Normal	Photos 2018-7-24	Edit
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:13		Photos	Normal	Photos 2018-7-24	Edit
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3	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:13		Photos	Normal	Photos 2018-7-24	Edit
5	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 10:13		Photos	Normal	Photos 2018-7-24	Edit
5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:13		Photos	Normal	Photos 2018-7-24	Edit
	NAC_PAYA_UBI_BOOGO1(NATJOWAL ASSESSMENT CENTRE SERVICES) on 24 Jul 2018 16:13		Photos	Normal	Photos 2018: 7:24	Edit
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	Uploaded By/Date	Folder Date	File Name	?	Source	Action