NATIONAL Assessment Ce	ntre Services	Met 1 720,021 W	11 P 8 P0 8/1 A H	D 1	And the
Date In: 31 3/18-15:18	Jeb description		Date &Time Completed	Done b	j,
Res No: NA INC 180/39 03/24	SAS e-filing		i		
Veh No: Offices	E-mail (within	Shrs, AIC 2hrs)			A
D.O.A: 397/18-17:15	i-Motor Clai	m Form	100-901/m	31/2/18 12:	74
OD (TP) Reporung Only	i-Motor W/C	(Within: OD 2h	rs, TP 4hrs)	Appeller Company of Company of Company	
OD / TP Reporting Only	i-Photo Uplo	aded	1		
TP Insurer:	Assessment/St	irvey Report			
IF insurer.	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No:	JOX759 .	, INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:	7	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000				
General Remarks:-			And transported to the second	Street Street	
() Walk-In Customer : Customer's					
() Total Loss Case : to e-mail In	surer URGENTLY.	2	* J		
Drive-In ()/ Towed-In (); Inv	voice: YES () / I	NO();T	Cowing Co: ()
Remarks:- (INC hotline: 6788 661	60		Date&Time Completed	Done	y
) / Courtesy Car ()			
2) QC Check / Post Repair Inspection)	***	4	
3) Upload Resurvey Photo [Repair Cost)			
Injury:					
Date/Time Actions				RESERVATIVE.	
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NA 804806 laimant's Particulars :-		1) AR : Acciden 2) DA : Damage 3) TF : Towing I	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey	80) 0/\$45 \$120	TO SHOW THE PARTY OF
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NA 80 80 6 6 6 6 6 6 6 6 6		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming s 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200 tetion + SMRT Survey	80) 0/\$45 \$120 \$30	TO SHOW THE PARTY OF
NA 80 80 6 Italimant's Particulars :- river/Owner: ontact No: amaged Portion:		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming I 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD.*	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) hrough Survey	80) 00/\$45 \$120 \$30 \$5) \$75 \$160	TO STATE OF
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NA 80 80 6 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors! Comments:-		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming 3 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 200 letion + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination	\$6 Bill \$80) \$0/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$35 \$520 \$20 \$35	TO STATE OF
		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming 3 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Frough Survey Frough Survey (Resurvey) Against INC Only (wef 10 Jan 200) Against INC Only (Resurvey) Against INC Only	\$6 Bill \$80) \$0/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$35 \$520 \$30	TO STATE OF

Corporate 1.30

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 <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.
- 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.

aforesaid.	
Marie Control of the Control of the	ACCIDENT STATEMENT
Date Of Report	31/07/2018 15:18
Date Of Accident	30/07/2018 17:15
Exact Location Of Accident	WOODLANDS CAUSEWAY TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBJ623B
Insured/Policyholder	
Name Of Registered Owner	KAREL JULIANUS BIN AMIR
NRIC No	S1551087J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91831484
Alternative Phone No	OFFICE-91831484
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ISIS 1.8LX 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
If 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 5100738917

Cover Note Number

Driver

Name of Driver KAREL JULIANUS BIN AMIR

 NRIC No
 \$1551087J

 Date Of Birth
 18/06/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 08/11/2017

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91831484

Fax Number

Contact Number OFFICE-91831484

EMail Address NOEMAIL

BLK 734 WOODLANDS CIRCLE Address

#03-361

730734 Postcode

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 - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO ambulance?

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

Number of Passengers (Including Driver)

2

Passenger 1 NAME: : MARDINA BTE MOHD RAMLI

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TECK GHEE NEIGHBOURHOOD POLICE POST

YES

ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4599999 - FAX NO: 64574478

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - F/20180731/2098.

Attachment(s)

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

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD3535P

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name KAREL JULIANUS BIN AMIR

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SBJ623B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

ce?

Address Postcode

DETAILS OF INJURED PERSON 2

NO

Name MARDINA BTE MOHD RAMLI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SBJ623B
Were seat belts worn? YES
Was this injured conveyed to hospital by NO

ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.:

(40hv)

SKETCH PLAN	
	H THAT IS THE STREET
Vanicus A - 585 6233	
VEHIL CLIE 0 - 550 3535P	(LURAS LANE)
	- BIOWER
	T DAMAS
	Name
	DIVIDER
the second secon	
	SINGAPOR.
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
AS PER POLICE REPORT	REPORT NUMBER
	: F/20180731/2098
REPORT MADE TECK CHEE NPP.	officer in-charact
	SAT 2 TAN WEI REA
VALMOUS A - SBJ 623B	neds sinhappens
VALUE B- 550 3535P	40
	\
)
	/

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: 13 17 18

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Vehicle No.	SBJ 6238 Model/Make TOMOTA ISIS
Date of Accident	30/07/2018
Time of Accident	1715 HRS
Location of Accident	ENDUDLANDS CAUSEWAY SALAPORE RETURN FROM MALAY
Exact purpose use during acc	
Name of Owner	KAREL JULIANUS BIN AMIR
Telephone No.	H/P: 91 \$ 31 484 Home: Office:
NRIC .	\$155 107 7 3
Address	BUK 734 WOODLANDS CIRCLE 403-361
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTAC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5100738917
r oncy No.	3100-1-31-14
Name of Driver	As Above If No.
NRIC	SISSIOT T Any Passengers: I (WIFE)
Date of birth	18 JUN 1962
Occupation	Outdoor / Indoor
Driving License Pass Date	08 NOV 2017
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes) Who?
Name And Contact No.	ME KAKEL JULIANUS BIN AMIR OIT 31474
Name And Contact No.	MOM MARANA BIE MOHO RAMLI, \$133 \$164.
Police Report	No, If Yes, Where? TECK CHEE NOP
Vehicle B No.	SID 35 35 P 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	REAR
Camera Recorder	Yes)/ No
Email Address	Tes)/ No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTR LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	I an
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	sales @ n51 · com · sg



1 of 2

Report No. F/20180731/2098

POLICE REPORT (NP299)

Police Station Of Origin Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

Date/Time Report Made 31/07/2018 12:57	Vide Rep	ort No.		Station Diary No.	
Name Of Informant KAREL JULIANUS BIN AMIR		. 734 WOO ORE 73073	DLANDS CIRCLE	#03-361	
ID Type / ID No. NRIC NO / S1551087J	Contact I Home/Of		Mobile 91831484		
Nationality SINGAPORE CITIZEN	Email Ad	Idress			
Occupation WAREHOUSE ASSISTANT	Sex Male	Age 56	Date of Birth 18/06/1962	Race Indonesian	
Institution/School Name	Language				
Date/Time Of Incident 30/07/2018 17:15	Location Of Incident CAUSEWAY SINGAPORE Toward Singapore Checkpoint				

Brief details.

On 30/07/2018 at about 1714hrs, I was driving a vehicle bearing registration number SBJ623B with my wife namely Mardina Bte Mohd Ramli, S6929659I, Hp: 8133 8164 as an passenger along causeway road toward Singapore checkpoint. I was driving along the most left lane with 2 lane road. A car bearing registration number SJD3535P overtake a vehicle behind me subsequently he did not stop and hit onto my rear vehicle, we alighted from vehicle and exchanged of particulars and took photos of the accident

Signature Of Informant:
M.Y.
Date/Time: 31/07/2018 12:57
Classification Of Case:
3V 305



F/26189751/2028

2 of 2

z or z Report No. F/20180731/2098

POLICE REPORT (NP299)

CONTINUATION OF REPORT

On the same day at about 1900hrs, My wife and I felt pain at the back and my right foot was swollen as well.

We decided to proceed to Novena Medical Center to make a check. My wife and I were given 7 days MC from 31/07/2018 to 06/08/2018.

I wish to state that I have the video footage of the accident and my car sustained dent and scratches at the rear bumper. I also wishes to state that I am lodging this report for my own record purpose and insurance claims.

Signature Of Officer Recording The Report:

F / Sgt 2 TAN WEI REN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio South N.P.C /
Sgt 2 TAN WEI REN
Contact No.: 64519999

Authentication Stamp

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1551087J



KAREL JULIANUS BIN AMIR



INDONESIAN

18-06-1962 M

Country of birth SINGAPORE 01551087



DWNIENE



S1551087J

20-11-2007

APT BLK 734 WOODLANDS CIRCLE #03-361 SINGAPORE 730734

4132459

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

Class 3A Motor cars without clutch pedals (Auto) with unladen 08 Nov 2017 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$69296591





MARDINA BTE MOHD RAMLI

مردينا بنت محمد رملي

MALAY

Date of birth

17-09-1969 F SINGAPORE

56929859I

PASSBALLER

4881964

10-09-2012

APT BLK 92 HENDERSON ROAD #13-174 SINGAPORE 150092



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: 5100738917

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SBJ623B : ZNM100052366

: 23 May 2018

; 22 May 2019

Cover : drivo CLASSIC

: KAREL JULIANUS BIN AMIR

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) : S\$100 WINDSCREEN EXCESS 德威信貨私人有限公 : 5\$1,500 ADDITIONAL EXCESS TECK WEI CREDIT PTE : PLEASE REFER OVERLEAF Co. Reg. No. 200512300K 210 Turf Club Road, The Grandstand UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP · NO Lot A8 Singapore 287995 INSURE WITH COE : YES Tel: 6465 0020 Fax: 6465 0017 NCD PROTECTION : NO Email: info@teckwei.com.sg : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : KAREL JULIANUS BIN AMIR PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

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)

: TECK WEI CREDIT PTE LTD

Agency

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

SUM INSURED

: 22 May 2018 12:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

make

Countersigned By:

HIRE PURCHASE COMPANY

Authorised Officer

Chief Executive

eBao Tech	- 36							Genera	lClaim		
Hello, NAC_PAYA_UBI_800601				Control of the last			• Change	Language	Chan	ge Password	Log Out
My Desktop	Polic	cy Query									
Natice of Loss	Policy N	io.				Date o	of Accident		30/07/2018	17:15	
	Vehicle	No.(For Motor)	SB3623	В		Certifi	icate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100738917		KAREL JULIANUS BIN AMIR	\$15510873	GPC	drivo CLASSIC	SB3623B	SB3623B	23/05/2018	22/05/2019
					8	Continue	I				

Policy No.	5100738917	Policyholder Name	KAREL JUL	IANUS BIN AMIR	Policyholder NRIC	S1551087J	
Certificate No.					100 Text of the		
Address	BLK 734 #03-361 WOODLAND	S CIRCLE SING	APORE 7307	734			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/05/2018	Effective Date	23/05/201	8 00:00	Expiry Date	22/05/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	n/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 734 #03-361	Addr	ess 2	WOODLANDS CI	RCLE	Address 3	SINGAPORE 730734
Address 4		Addr	ess Type	Singapore addres	is	Post Code	730734
Unit No.	03-361	Relat Num	ed Policy ber	5100738917			
	ed Object: SBJ623B						
) Insure							
♪ Insure	sements						

Claim Handling					- 64
Accident HT/1005406		SW Silvenia Wild V	- AMAZONI PO	L/2 2 03/00/2007 - 1985	
Policy No.	5100738917	Vehicle No.	5836238	GST Registration No.	
Certificate Ne.					
Policyholder Name	KAREL JULIANUS BIN AMIR			Policyhalder NRIC	\$15510873
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91831484	Contact No.(Office)	0	Contact No.(Home)	0
Email Appress		Special Romark		eCode	
KPK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	31/07/2018 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/07/2018	Time of Accident hit:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		3CM No.	
	WOODLANDS CAUSEWAY TWDS WOODLAND				
Accident Location	WOODDIEGO CHUSERKI TRES ROCCONIO	25 CHECO CINI			
⇒ Benefits ⇒ Excess					
	600.00	Additional Excess	1500	Windscreen Excess	100.00
Own damage Excess				Williastreen Extress	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ GST Registered Informa					
GST Registered	No		GST Registration Date GST Status Ventled	Yes	
GST Registration No. Hodification History			GS1 Status vernieu	160	
Production					
₩ Policyholder Hailing Ad	fdrass				
Address 1	BUK 734 #03-361	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730734
Address 4		Address Type	Singapore address	Post Code	730734
Une No.	03-363	Related Policy Number	5100738917		
♀ OI Driver Info	200.000				
Driver Name	KAREL JULIANUS BIN AMIR	Driver Type	Main Driver		
Unnamed driver Name	The same state and the same	Driver NRIC	515510873	Driver DOB	18/06/1962
Register Date of Driver License	08/11/2017	Driver Age	56	Driving Experience	0
Contact No.(Mobile)	91831484	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUX 734	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 720734
Address 4	60x /3e	Address Type	Singapore address	Post Code	730734
Unit No.	03-361	Address Type	Singapore aduress	rost code	730734
Does he own a Singapore				\$2189800000000000000000000000000000000000	
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Reading?	O mg	Sult arthritis	& 122 C NO		
Modification History					
Part and Bank					
Claim 001 New					
	TRANSPORT			5.0907.0747.6757	2002
Claim Type *	DD-MX	Insured Name	KAREL JULIANUS BIN AMIR	Insured MRIC	\$15510873
Contact No. (Mobile)		Contact No.(Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	5836238	TP Venicle Number	S3D3S3SP
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select.		
Claimant Name *	22	Claimant NRIC *			
Claim Description	5836238 / 5303535P ON 30 3ul 2018	and the second second		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault 🔻		
Require Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/07/2016 15:34	Claim Close Date		Date Received	31/07/2018 00:00
Report Taken By	Jackson				
Print AK letter					
and Print the Manual					
			Save Submit		
Attachment					
~			300.42		
Acodem No.	MT/1005405	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	31/07/2018 15:35		
vi	Path *		Category *	Confidential Urger	
		Brows	e Clear Please Select	V Normal	
		Brows	e Clear Please Select	V Normal	
		Brows	e Cear Please Select	NO V Normal	✓
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