

NATIONAL Assessment Centre Services [wef: Jan'03] MAH 4/8/20130			
Date In: 17/09/2018 10:54	Job description	Date & Time Completed	Done by
Ref No: N/A/AC/50/6074/7	SAS e-filing		
Veh No: FBM-717E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/09/2018 02:40	i-Motor Claim Form	MT/1011696-001	17/09/2018
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:03
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: UNKNOWN CAR	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 () / Towed-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

NA 605903 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Unit (\$)	Unit (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
ON:				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile \$0				
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

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	17/09/2018 10:54
Date Of Accident	06/09/2018 08:40
Exact Location Of Accident	X-JUNCTION OF PUNGGOL ROAD AND PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7947E
Insured/Policyholder	
Name Of Registered Owner	NOR SAMESHAH BINTE SAPARI
NRIC No	S9436953C
Email Address	MXSHA@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93375824
Alternative Phone No	OTHERS-93375824

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
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	REPORTING ONLY
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	5099981599
Cover Note Number	

Driver

Name of Driver	NOR SAMESHAH BINTE SAPARI
NRIC No	S9436953C
Date Of Birth	07/10/1994
Occupation	INDOOR
Date Of Driving Pass	02/05/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93375824
Fax Number	
Contact Number	OTHERS-93375824
Email Address	MXSHA@OUTLOOK.COM

Address	BLK 672B EDGEFIELD PLAINS #18-555
Postcode	822672
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
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180913/2055

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	UNKNOWN
Vehicle Make/Model/Colour	BLACK CAR
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	NOR SAMESHAH BINTE SAPARI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM7947E
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:

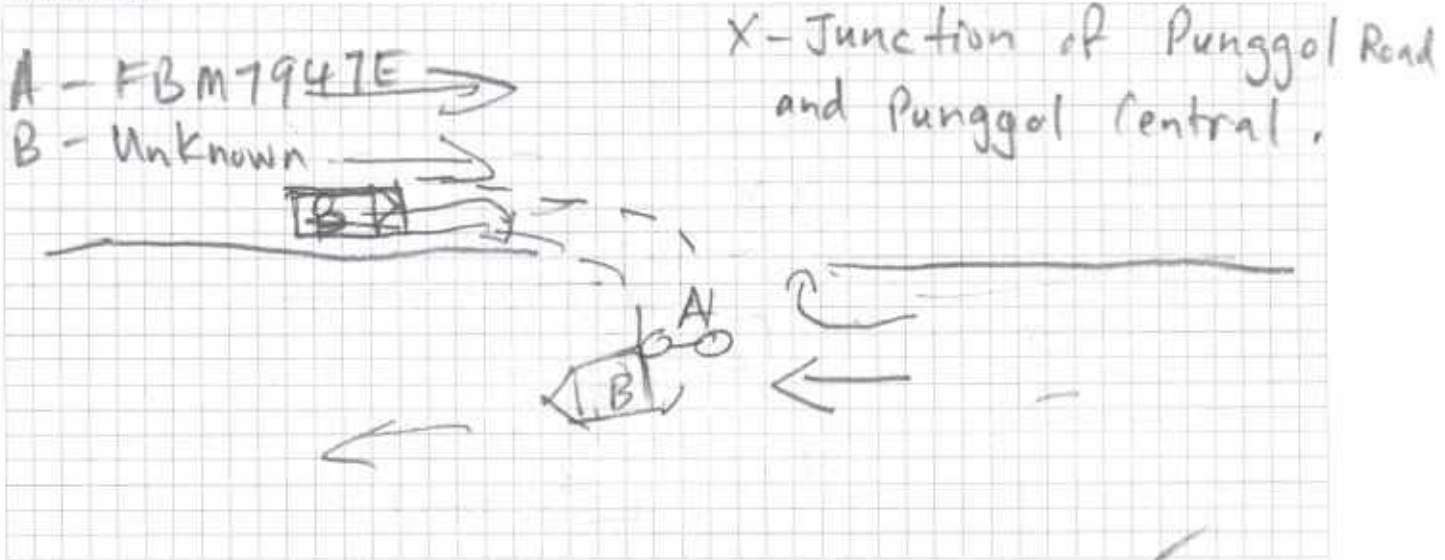
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls Refer to the Polize Report T/20180913/2055

DECLARATION

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

Mesla

Policyholder's Signature
Date & Time:

Mesla

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

17/09/2018
Resli Norhaz
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180913/2055

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180913/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2018 12:07	Vide Report No.:	Station Diary No.: 32
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: NOR SAMESHAH BINTE SAPARI			Address: APT BLK 672B EDGEFIELD PLAINS #16-555 SINGAPORE 822672		
ID Type / ID No.: NRIC NO / S9436953C			Contact No.: Home/Office: Mobile: 93375824		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 07/10/1994	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: ADMIN EXECUTIVE			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/09/2018 08:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PUNGGOL ROAD PUNGGOL CENTRAL X-Junction of Punggol Road and Punggol Central				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7947E	Car	HONDA	CB150R MANUAL	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7947E	NTUC Income Insurance Co-Operative Limited	5099981599	17/04/2018	16/04/2019



**SINGAPORE
POLICE FORCE**



T/20180913/2055

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180913/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NOR SAMESHAH BINTE SAPARI	ID No.	S9436953C
Related Vehicle	FBM7947E (Car)	Contact No.	93375824
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	11/09/2018
No. of Days granted Medical Leave	31	Degree of Injury	NIL

Brief Details.

On 06/09/2018 at about 0840hrs, I was riding my motorcycle bearing registration plate number FBM7947E along Punggol Road towards Punggol Field direction on lane 2. While at the junction of Punggol Road and Punggol Central, the traffic light was green in my favor and while I proceeded to move straight, I noticed that there was a van at the opposite direction waiting to make a right turn into Punggol Central on lane 2.

Suddenly there was a black colour car which made a abrupt U-turn on the lane 1 of opposite lane without checking for oncoming traffic. The black colour car then completed the U-turn into lane 2 of my lane. I tried to apply emergency brake, however could not stop on time and collided to the rear right of the vehicle.

I believe the driver called for ambulance. I was subsequently conveyed to Khoo Teck Puat hospital by ambulance and was given 31 days of medical leave. No Police was at scene.



**SINGAPORE
POLICE FORCE**



T/20180913/2055

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20180913/2055

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:

F /

Sgt 3 LIM JIN YEOW, BENNY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

13/09/2018 12:07

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1015696

Policy No.	5099981599	Vehicle No.	FBM7947E	GST Registration No.	
Certificate No.					
Policyholder Name	NOR SAMESHAH BINTE SAPARI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8436953C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	93375624	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No *
KFK	- No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	17/09/2018 11:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/09/2018	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	X-JUNCTION OF PUNGGOOL ROAD AND PUNGGOOL CENTRAL				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 672B #16-555	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Address 4	SINGAPORE 822672	Address Type	Singapore address	Post Code	822672
Unit No.	16-555	Related Policy Number	5099981599		

OT Driver Info

Driver Name	NOR SAMESHAH BINTE SAPARI	Driver Type	Main Driver	Driver DOB	07/10/1994
Unnamed driver Name		Driver NRIC	S9436953C	Driving Experience	0
Register Date of Driver Licence	06/05/2018	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	93375624	Contact No.(Office)		Address 3	WATERWAY BANKS
Address 1	BLK 672B #16-555	Address 2	EDGEFIELD PLAINS	Post Code	822672
Address 4	SINGAPORE 822672	Address Type	Singapore address		
Unit No.	16-555	Driver Vehicle No.	FBM7947E	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NOR SAMESHAH BINTE SAPARI	Insured NRIC	S8436953C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	FBM7947E	TP Vehicle Number	UNKN
Claim Description	FBM7947E / UNKNOWN CAR ON 6 Sept 2018				
Preferred Workshop	Insured Liability	Not at Fault	GSR report	Received	
BARMS No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	17/09/2018 12:02
Report Taken By				Date Received	17/09/2018

Print A4 letter

Save Submit

Attachment

Accident No.	MT/1811696	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/09/2018 12:03
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:03		Photos	Normal	Photos 2018-9-17	

[illegible]

Reported on 13/9/2018
@ 16:04hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: 6/9/2018 (DD/MM/YYYY), TIME: 08:40 ^{Am} (HH:MM)

LOCATION: X-Junction of Punggol Rd and Punggol Central.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 7947E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93375824
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: ____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Unknown MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = ~~mxsha~~ mxsha@outlook.com

VIDEO = mxsha@outlook.com

Waiting for Motorcycle Photos?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9436953C



Name

NOR SAMESHAH BINTE
SAPARI

Race

BOYANESE

Date of birth

07-10-1994

Sex

F

Country of birth

SINGAPORE



4497523

NRIC No: S9436953C



Date of issue

12-12-2009

APT BLK 872B EDGEFIELD PLAINS #18-555
SINGAPORE 822672

NRIC No: S9436953C

Date: 01/03/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No: S9436953C

NOR SAMESHAH BINTE SAPARI

DOB: 07 Oct 1994

Issue Date: 02 May 2015



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

Class 2B Motorcycles < 200 cc

EFFECTIVE DATE

02 May 2015

NP 428A



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099981599		NOR SAMESHAH BINTE SAPARI	S9436953C	GMC	Third Party, Fire & Theft	FBM7947E	FBM7947E	17/04/2018	16/04/2019

Policy Information

Policy No.	5099981599	Policyholder Name	NOR SAMESHAH BINTE SAPARI	Policyholder NRIC	S9436953C
Certificate No.					
Address	BLK 672B #16-555 EDGEFIELD PLAINS WATERWAY BANKS SINGAPORE 822672				
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	17/04/2018	Effective Date	17/04/2018 00:00	Expiry Date	16/04/2019 23:59
Excess Type	All Claims 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	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 672B #16-555	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY BANKS
Address 4	SINGAPORE 822672	Address Type	Singapore address	Post Code	822672
Unit No.	16-555	Related Policy Number	5099981599		

Insured Object: FBM7947E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	17/04/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 17 Apr 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SPEEDWAY MOTOR PTE LTD CHASSIS NUMBER: MLHKC2882J50100C4 ENGINE NUMBER: KC32E0010004 VEHICLE REGISTRATION NUMBER: FBM7947E ORIGINAL REGISTRATION DATE: 17 Apr 2018</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 09 May 2018, the following amendment(s) is/are made to this policy: 1. The Policyholder, NOR SAMESHAH BINTE SAPARI is entitled to ride the above vehicle. 2. The Policy is extended to include MUHAMMAD ZULKIFILI BIN YA'ACOB as the Named rider. In view of this amendment, an additional premium of \$449.40 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	09/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	

[Continue](#) [Cancel](#)