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NATIONAL Assessment Centre Se	ervices :	er's 221/033	14/8/28	399		
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TP Insurer	Assessment/Sur	vey Report				SAME &
	Ass't Report by	Fax/Handt	0 Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (ACC TOE- C	Tel:	Fax:		
TP Particulars: Veh No: SUG 3	2254	. INC()/Non-INC () .		
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-	-Est. Status (W	O): N: 0-2	0%; P: 21-79%, F	: 80-100%]	
Year of Registration: () Warr	anty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000()				
General Remarks;-	Service and the		SECTION AND ADDRESS.		I ag	
() Walk-In Customer: Customers informat	ion strictly Con	fidential & St	rictly NO refer of rep	airer.	72.52	
() Total Loss Case : to e-mail Insurer Ul	RGENTLY.					
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2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000] ()					
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laimant's Particulars :-		1) AR : Accide		INC (\$80)		
> FITHER ARCT LOGISTORIAL GUST PERSONAL DESIGNATION OF BROKEN		2) DA : Dameg 3) TF : Towing	e Assessment (\$100); Fee	\$40/\$45		
river/Owner:		4) FT : Follow-	Through Survey Through Survey (Resurve	\$120 v) \$30		
ontact No:	For claiming	against INC Only (well)	Jan 2005)			
amaged Portion:	6) TR: Re-insp	ection A + SMRT Survey	\$160			
3		8) NTUC Add	tional Services:-			
C Checked by (Engr-In-Charge):	9	OD* *N5: Courte	sy Car / Tpt Allowation	\$5		
		*N6: Repair	Co-ordination	510		
Auditors Comments:			epair Inspection Collect Excess Coordination	\$25	-	
at. II	ME TO THE GOOD SECTION	TP (N11):	TP (Non INC) against INC	\$20		
2/2		9) N12: Idac N Involce dated	A STATE OF THE PARTY OF THE PAR	Charged 30	-	111215
at 2 / 3:		Invoice dated	7.00	1200	feta?	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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. 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.	
ELECTION OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	03/10/2018 15:39
Date Of Accident	14/08/2018 20:25
Exact Location Of Accident	ALONG SIXTH AVENUE
Country/State of Loss	SINGAPORE
Design of the second of the se	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ2576R
Insured/Policyholder	
Name Of Registered Owner	SAMUEL JOSEPH
NRIC No	S9400640F
Email Address	SAMUELJOSEPH94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87493851
Alternative Phone No	OTHERS-87493851
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5068457924-03
Cover Note Number	
Driver	
Name of Driver	SAMUEL JOSEPH
NRIC No	S9400640F
Date Of Birth	04/01/1994
Occupation	INDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493851
Fax Number	
	1 Charles A Carteria Andrews - Graphy . 1

OTHERS-87493851

SAMUELJOSEPH94@HOTMAIL.COM

BLK 690D CHOA CHU KANG CRESCENT Address

#15-66

Postcode 684690

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?

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SLG3225U

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

DETAILS OF INJURED PERSON 1

Name SAMUEL JOSEPH

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle?

FBJ2576R

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
- 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.
- 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.
- 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: 3/10/18

1243hrs

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

Date & Time:

Reporting Centre Personnelis Signature
Name:
NRIC/FIN No.:

NRIC/FIN No.:

1250 hrs

Date & Time:





20180914/208/

1 of 3

Report No. T/20180914/2087

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

	I A INALLIS	Control of the contro	Time Description	Station Diary No.		
	ne Report M 18 14:38	lade:	Vide Report No.: J/20180816/7051	85		
Informa	nt's Particu	ilars				
Name of Informant: SAMUEL JOSEPH			Address: APT BLK 171 BUKIT BATOK WEST AVENUE 8 #07 SINGAPORE 650171			
ID Type / ID No.: NRIC NO / S9400640F			Contact No.: Home/Office:	Mobile: 87493851		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 04/01/1994	Type of Informant: Rider	III-		
Race: Indian			Language:	Institution / School Name:		
Occupat	tion: security office	cer	Driving Licence Information: Class: 2B,3 Date of Expiry:			
Private s	security offi	Cel	01033, 20,0	Date 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		

Type of Accident:	Injury Conveyed By Am	Injury Conveyed By Ambulance		Date/Time of Accident: 14/08/2018 20:25	Type of Location Straight Road
Location: Along Road 1 SIXTH AVEN Weather:		Road Dry	Surface:		Road Speed Limit:
Traffic Flow: Traffic		Fraffic Control: Not Controlled		Traffic Volume: Moderate	
great and and a		Not C	Controlled		Moderate

	ehicle Involve		Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Cului		110 di i doscingo
FBJ2576R	Motorcycle	YAMAHA	YZF-R15 MANUAL	Blue	Totally Damaged	0
SLG3225U	Car				Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBJ2576R	NTUC Income Insurance Co-Operative Limited	5068457924-04	29/08/2018	19/08/2019		





Report No.

2 of 3

Report No. T/20180914/2087

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir	nvolved: No		THE RESERVE OF THE PARTY OF THE	V- William William	-2.72	ASSESSED AND THE PROPERTY OF T
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Rider			VALUE DENIE			
Name	SAMUEL JOSEPH			ID No	60	S9400640F
Related Vehicle	FBJ2576R (Motorcycle)			Conta	ct No.	87493851
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/08/2018	14/08/2018 Date D				3/2018
No. of Days gran	ted Medical Leave	06	Degree	of Injury	Sligh	t

Brief Details.

On 14/08/2018 at about 2025hrs, I was driving my motorcycle, FBJ2576R along Sixth Venue when a car, SLG3225U who was in front of me suddenly make a sharp right turn which caused me to crash onto him. I was at the rear right side of the car and we were at the right lane, both our vehicle just made a left turn from Bukit Timah road into Sixth Avenue. I was unsure if he wanted to make a right turn or a U-turn as the car, SLG3225U did not turn on his signal. The direction that he was turning into was a one-way lane that is against our traffic flow.

I crashed onto the vehicle when the car made a sudden turn and I fell over. My motorcycle was totally damaged from the accident. My gear shift had fallen off from my motorcycle and my motorcycle had multiple huge scratches all around the body of the vehicle. I was conveyed by ambulance to Ng Teng Fong General Hospital and was given 6days MC by the doctor. My motorcycle was placed at a parking lot by a passer-by whom I did not have his particulars. I did not see the damages suffered by the other party's vehicle as I was conveyed before I could exchange particulars.

The police and ambulance were at scene. I recently renewed my insurance on the 29/08/2018 as it expired on the 28/08/2018.

I am lodging this report for record purposes and for my insurance claims.





3 of 3

Report No. T/20180914/2087

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

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 / Sgt 2 FELICIA GOH MIN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2018 14:38
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	

oldent MT/1014215	5068457924-03		Vehicle No.	FB125768 /		GST Res	pistration No.				
ertificate No.	5056437924-03		Seguedae ond	10323708							
Ficyhulder Name	SAMUEL JOSEPH					Pullcyne	ider NRIC		58400640	F	
nauct Code	MITTORCYCLE INSURANCE	Ē	Cover Type	Third Party		Loading			ii.		
ontact No.(Hobile)	87493851		Contact No. (Office)			Contact	No.(Horse)				
mail Address			Special Remark			eCude			No *		
rk.	- No Yes		TÇA	= No Yes		eCode 9	Feeson				
ICD Protection	fine		NCO Entitlement(%)	15		Private	tore		No		
P Accident Details											
apart Data	03/10/2019 16:53		Accident Report Within 24 hrs	Yes		Atziden	t Type		Cultivon -	Head to 8	Reter .
Date of Accident	14/05/2018		Time of Accident his min	20:25		Country	of Accident		Singsours	6	
leporting Centre	×.		Grange Force			ICH No	ž.				
Accident Location	ALDING SIXTH AVENUE										
⇒ Excess											
Dwn damage Excess		0.00	Additional Excess			Winder	reen Excess				
Josemed Driver Excess			Gutside Singapore OD Excess								
Thirt Party Excess		0.00	Gutside Singapore TP Excess								
⊕ Benefits											
♥ GST Registered Informati				7074							
ST Registered	No			GST Reys	tration Date		Yes				
ST Registration No. Indiffication History				(434.3(81)	d Settles		1788				
→ Policyholder Malling Addr											
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Address 4	THE PART OF LAND ASSESSMENT		Address Type	Singapore address		Post Co			230632		181
Unit ha.	10-161		Asiated Pulicy Number	5068457924-04							
▼ OI Driver Info			Comment of the Control of the Contro								
Droor Name	SAMUEL JOSEPH		Driver Type	Main Driver							
Unnamed street Name			Driver NR3C	59400640#		Driver	DOB		04/01/35	rie:	
Register Date of Onver Uconse	22/08/2013		Sriver Age	24		Cirtying	Experience		4		
Contact No.(Mobile)	87493851		Contact No.(Office)			Carried	t No.(Home)				
Address 1	RPK 825 410-1.01		Address 2	WOODLANDS RIN	G HOAD	Addres	1.3		SINGARO	ORE 73013	12
Address 4			Address Type	Bingapore address		Post C	ode		730632		
Unit No.	10-161										
Does he own a Singapore Registered car?	Tes + No		Driver Vehicle No.	FB12576R		Driver	Insurer Compe	tey.	MTUC		
Declaration											
B-nathalyser or Bood Test Reading?	Q my		Any Injury?	Yes a No							
	ů my		Any Injury)	Ver a No							
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❤ Video List	Uplanted By/Date Folder Date	,	Tie Name	Ŷ Source
993	NAC_BURIT_MERAH_BDD676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 63 Oct 2018 16:57	SAS:	Normal	5AS 2018-10-3
P 23	NAC_BURIT_MERAH_ROGETSI NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Oct 2018 16: \$7	NRIC/ Driving License	Normal	NRIC/ Orlaing Ligense 2018-10-3
1.0	NAC_BUKIT_MERAH_BOOGF6(NATIONAL ASSESSMENT CENTRE SERVICE 1 (BUKIT MERAH)) on OF Oct 2018 18:87	Protos	Normal	Photos 2010-10-3
145	NAC_BLIKTT_MENAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE \$ (BUKCT MENAH)) on 03 Oct 2018 18:57	Photos	Normal	Photos 2018-16-7
	NAC_BUNIT_MERAH_BUDGJS; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Oct 2018 16:57	Photos	Normal	Photos 2018-10-3
3	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 03 Oct 2018 16:97	Motos	Normal	Physics 2018-10-3
-3	NAC_BURIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 0.1 Oct 2018 16:58	Photos	Normal	Photos 2018-10-3
	NAC_BURIT_MERAH, 000678; NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH)) OH 03 Oct 2018 16:38	Phones	Normal	Photos 2018-10-3
	NAC_BURIT_MERAH, BOUGFG(NATIONAL ASSESSMENT CENTRE SERVICE S (RURIT HERAH)) on 03 det 2018 16:58	Photox	Normal	Photos 2018-10-3
	NAC_BURIT_MERAH_BODD/S(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 DCI 2018 16:58	Photos	Normal	Whotus 2018-10-3
14	NAC_BURIT_MERAH_BOOK76(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 0.2 Oct 2018 16:155	Phytoe	Normat	Photos 2018-17-3
	NAC_HUKIT_MERAM_SCG676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) iin 03 Oct 2018:16:58	Photos	Normal	Photos 3018-10-3
3	NAC_BURTT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) IN 03 Oct 2018 16:58	Phylics	Normal	Photos 2018-10-3
8	NAC_BURIT_HERAH_800676(NATIONAL ASSESSMENT CENTRE SEPVICE S (BURIT MERAH)) on 03 Gct 2018 18:58	Photos	Normal	Photos 2018-10-3
	NAC_BURIT_MERAH_BODGTE(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Oct 2018 10:58	Protos	Normal	Photos 2018-10-3
3)	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Oct 2018 16:58	Photos	Nermal	Photos 2018-10-3
14	NAC_SUKIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) 80 03 Oct 2019 15:58	Photos	Normal	Photos 2018-16-3
100	NAC_BUNCT_MERAH_000076(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNT HERAH)) on 03 Oct 2018 16:38	Photos.	Normal	Physics 2018-16-3
60	NAC_BUKIT_HERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Get 2018 16:58	Photos	Nurmal	Prodos 2018-10-3
1	NAC_BURIT_MERAH_S00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on U3 Gct 2018 18198	Photos	Normal	Phutos 2018-30-3
1	NAC_BURIT_MERAH_800675(NATJONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 83 Oct 2618 18:58	Photos	Kormat	Photos 2018-10-3
	NAC_BUNIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Oct 2018 18:58	Photos	Normal	Photos 2018-10-3
1	NAC_BURIT_MERAH_BOD676(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BURIT MERAH)) on 03 Oct 2018 16:58	Photoe	Normal	Protoc 2018-10-3
1				
/3/2018	Clai	m Handling(accide	ent reporting. Claim Task	1

Display in New Wintow | Scan and upleading

ACCIDENT STATEMENT

	ACCIDENT DATE: 14 / 08/ 295 (DD/MM/YYY	Y), TIME: (20 : 25) (HH:MM)
2	13.0 Th	
	LOCATION: SIFTH VENUE	
	1. DETAILS OF VEHICLE	\$ 83
	ajvehicle NUMBER: F632576R	E
	ajvenicle number. 1 00	
	DINSURANCE COMPANY: N Two	
	a) POLICY NUMBER:	ARTY / THIRD PARTY FIRE &THEFT)
	HAKE & MODEL: YZF - RIS	RY (MOTORCYCLE MOTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERI	CIAL /MOTORCYCLEY
	h) PURPOSE OF USING AT ACCIDENT TIME:	out to work
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES(NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
	IF NO. PLEASE STATE (THIND I AMIT	
	ANAME: Samuel To seph	(MALB/ FEMALE)
	C C C C C C C C C C C C C C C C C C C	CONTACT:_ \$7493851
	CIADDRESS: DIE GOOD CHOR	CHU Kang Crescent
	#15-66	The state of the s
- 55	. CONTINUE TO 3.4 IF DRIVER ALSO POLICY	HOLDER
The second second	DINAME.	
neluding	diver) binRIC/FIN/PASSPORT:	CONTACT:
(1)	c/ADDRESS:	The state of the s
+-	The transfer of the second	
0.8	*d)DATE OF BIRTH: (//	DD/MM/YYYY) : -
	e OCCUPATION: (INDOOR / OUTDOOR)	14
	HIDATEL OF DRIVING PASS"	
	WAS DRIVED AN EMPLOYEE OF THE INS	URED'S COMPANTI (125 Octube
10	TE NO RELATIONSHIP OF THE DRIVEN	
	5. DIWEATHER CONDITION: (CLEAR / RAINING	3 / OTHERS
	DIROAD SURFACE: (DRY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a)REPORTED TO POLICE (YES / NO)	ION!
	IF YES, PLEASE STATE WHICH POLICE STATE	(10)
40	8. THIRD PARTY VEHICLE SUG 3225	MODEL:
e of the	totager of VEHICLE NUMBER: SUG SUS	V MODELL
la de chias	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	_CONTACT:
9	c) NRIC/FIN/PASSPORT:	A WANTANIA AND A STATE OF THE S
Torress.	9. THIRD PARTY VEHICLE	MODEL:
100 OF P	d) VEHICLE NUMBER:	A W
	e) DRIVER'S NAME:	CONTACT:
\$ 10 TG	Lit is a second of the second	CONTACT

EMPH. = Samuel Joseph 940 Homatil.com VIOEO =

REPUBLIC OF SINGAPORE



9

SAMUEL JOSEPH

NOTES OF STATE OF STA







MIIC № S9400640F

23-12-2010

APT BLK 5900 CHOA CHU KANG CRESCENT #15-66 SINGAPORE 684690

NRIC No:

S9400640F

Date: 28/09/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 28

Motorcycles - 280 CC

Motor cars - 2000 kg with - 7 passengers, excitoire of it

32 Aug 2013 15 May 2018

594006403

S / No.9000314439

P 4904

1Jource No: \$9400640F



	Certifica	te of Insurance
MOTOR VEHICLES (THIRD PARTY RIS MOTOR VEHICLES (THIRD PARTY RIS ROAD TRANSPORT ACT, 1987 (MAL	KS AND COMPENSATION	DN) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RIS Certificate Number : 5068457924		
	3.7	Cover : Third Party
 Index mark and Registration Nur Chassis Number 	nber of Vehicle	: FBJ2576R/
THE PROPERTY OF THE PARTY OF TH		: ME11CK05BD2014373
Name of Policyholder Effective Date of Insurance		: SAMUEL JOSEPH /
Expiry Date of Insurance		: 20 Aug 2017
Persons or Classes of Persons en	eletant ex utanzan	: 19 Aug 2018
(a) Named Driver(s) Only.	citied to driven	
Provided that the person dr	en so permitted and is	cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any g the Motor Vehicle.
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		- 1000-1100-1100-1100-1000-100-100-100-1
(a) Use for hire or reward.		
(b) Use for racing, pace-making	reliability trial or spee	d-testing.
(c) Use for the carriage of good	s (other than samples)	in connection with any trade or business.
(d) Use for any purpose in conn	ection with the Motor	Trade,
headings.	ative by Section 8 of th 5 of the Road Transpor	e Motor Vehicle (Third Party Risks and Compensation) Act t Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2) INSURE WITH COE	: N/A	
	: N/A	SEEW IV
NAMED DRIVER (1) NAMED DRIVER (2)	: SAMUEL JOS	EPH .
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED		CREDIT ENTERPRISE PTE LTD
SOM INSURED	: N/A	
venices (Third Party Risks and Comp	ensation) Act (Chapter	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : YEW HEN	IG CREDIT ENTERPRISE	PTE LTD (00000613617)
Date of Issue : 18 Aug 2	017 12:11 hrs	
Reprint : 18 Aug 2	017 12:12 hrs	
Countersigned By:	+	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
A	thorised Officer	Chief Executive
9.0	nnimi iiota kaalii kalii	Ciner executive



SERVICE OF STREET

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN4 S66S50020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : ___Vehicle Registration No: _FBJ _ D576 K Name(as shownin NRIC) : NRIC/FIN/Passport No : _ (*Vehicle Driver | Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No.: Email Address Date of Accident 20:24 Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Vantur Luembar SUG 82254 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No Date: