| NATIONAL Assessment Centre | Services. | [wel 1 Jan'05] . X | MA 41814 | 8357 | | |
|--|--|--|--|----------------------|----------------|--------|
| Date In: 16 4 90 1016 | Jeb description | | Date &Time Com | pleted | Done by | |
| REF NO: NBA JUL 802014711 | SAS e-filing | | | | | |
| Veh No. SKA JOK F | E-mailtuidia | Shire AlC2hire | | | 2 | |
| D.O.A : 05/11/2018 11:20 | I-Motor Cial | | M110190 | 2009 | 16/4 | 120 |
| OD THE LETTER OF | THE RESIDENCE OF THE PARTY. | (Within: OD Zhra, | TP (brs) | 7 600 | 10:4 | 7. |
| OD / TE / Reporting Only | I-Photo Uplo | | ! | \neg | | 3 |
| | Assessment/St | | | | ٠ | 25 500 |
| TP Insurer: | | y Fax/Hand to | Owner/Wksp | | | |
| Proforred Wksp / INC Assign Wksp / QW: (| TO THE OWNER OF THE OWNER | No. 100 Personen | Tel: | Fax: | | |
| TP Particulars: Yeh No: Fot C | 9671 | INC(|)/Non-INC(|) | - | |
| Owner/Driver: (| TVIC. | | Tel: | |) | |
| Policy No: () Period | d: (|) | Cover Type: (| |) | |
| Confirmed by : (| 14 | Dates | Times | |) | |
| Insured/Driver Liability: (%) [No | te-Est. Status (V | VO): N: 0-20 | %; P; 21-79%. 1 | P: 80-1009 | 6] | |
| Year of Registration: () Wa | rranty: YES (|)/NO() | | | | |
| Execss: (S) Londing: \$1,000 | ()/\$2,000 | () | | | | |
| General Reliability of Karaman And There are | AND AND PRICE | | H864 180 480 | 178 (19) | 18 | 1 |
| () Walk-In Customar : Customer's Information | ation strictly Cor | nfidential & Stric | tiv NO rafer of rep | oolier. | 11111111111 | |
| () Total Loss Case : to e-mail Insurer (| Management and American Street | , | · · | | J. | - |
| Drive-In ()/ Towed-In (); Invoice: Y | | (O(): To | wing Co: (· , | , | · · |) |
| ALCONOMICS OF BUILDING TO SHEET AND A SHEE | DANIE DE LA CONTRACTION DE LA CONTRACT | THE PROPERTY OF THE PROPERTY O | AND THE PROPERTY OF THE PARTY OF | マンツにフサ | SATURAL TREET | - |
| | (GINDUS NOTES) | 用的对称或例例 | Bireschalificoun | Elegan Me | Selfrono to S. | |
| Apply for Transport Allowance ()/ Cour QC Check/Post Repair Inspection | rtosy Car (|) | | | | - |
| | (') | | | | <i>-</i> | _ |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 0] (|) | | · 1 | | - |
| Injury: | | | | | | |
| Par Tunu Pindudal (1905) | VL,X | | No. | | また かんしゃ | 7.7.5 |
| | 1 | THE CHARLES HOLD AND A SECOND | • | | 7.40 | |
| | | | | | | |
| | | | 10) | | | |
| | .1 | | | | | |
| | | | | · | regrandance of | V. 544 |
| NAG07492 | | invoicedira | is the local field of the confidence of the conf | | SALE OF MA | adibin |
| | | 1) AR : Asoldent R | | .,, | MITS-COS. | 4 |
| indidutes war i cultivate a same a | Same Carting? | 2) DA Damers As 3) TF Towing Fee | settment (\$100); | INC (550) 540/545 | 2)2 | _ |
| river/Owner: | | 4) FT : Follow-Thm | outh Survey | \$120 | | - |
| ontact No: | 31. 8 | 5) PT : Fullow-Tire For slaining are | ough Survey (Resurvey) | Inn 2005) | | |
| maged Portion: | | 6) TR: Re-impecti | 01 | \$75 | | |
| | | 7) NI : Idao DA + S 8) NTUC Addition | al Services: | 3,00 | | |
| C Checked by (Engr-In-Charge): | | On! | | 23 | L | |
| c. Cheesed by (Bulgi-th-Charge): | + | *N6: Rapair Co. | er / Tpt Allowenue ordination | 510 | | |
| uditors Comments | | "N7; Post Repair | r Inspection of Excess Coordination | \$25 \$3 | | |
| | Characterists | IP (N11): TP (| vin INC) equinst INC | \$20 | | |
| | | 9) N17: Idea Mobil | Feed | Kerred | 1911 | STE |
| <u>: 2/3;</u> | | Invales dated | | harrid . | WELLY. | |

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.

- 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 | 16/11/2018 10:16 |
| Date Of Accident | 05/11/2018 11:20 |
| Exact Location Of Accident | SEMBAWANG AVENUE FILTER INTO YISHUN ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKB3688E |
| Insured/Policyholder | |
| Name Of Registered Owner | NORAZA BINTE SURANI |
| NRIC No | \$80004071 |
| Email Address | OKGOZ_21@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82306982 |
| Alternative Phone No. | OTHERS-82306982 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 3181 |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING GRAB |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5101003217 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ALIFF SHAFAEIN BIN SAFIE'E |
| NRIC No | S8271224J |
| Date Of Birth | 19/04/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/12/2015 |
| Driving Experience | 2 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82306982 |
| Fax Number | |

OTHERS-82306982

OKGOZ_21@HOTMAIL.COM

Address

BLK 326 SEMBAWANG CRESCENT

#08-52

Postcode

750326

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

FRIEND

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

NO 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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

Police Station Name

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181108/2048

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

FBH5967L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NUR SHAHIRA BINTE KAMARUDIN

NRIC/Passport Number

S9530412E

Contact Number

84282493

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NUR SHAHIRA BINTE KAMARUDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH5967L

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.
- 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:

16/11/2018

Reporting Centre Parsonnel's Signature

Name:

NRIC/FIN No.:

| SKETCH PLAN SHIM | BOWENS | AVEGUE | 11-142 | LANA | 10 | Lister | BAD |
|--|---------------------------------------|--------------------|----------------------|-------------------------------|-------------|------------------|---------|
| | 1 | | SAMURIOVUM MURALU | | | | |
| A) SKB3686 F | ε | 10-0 | 3 | | | | |
| B) FBH5967L | | 3 | 1 | | Gam | BAS AVA | will |
| | | | | | | | |
| DESCRIBE CIRCUMSTANCES | S OF THE ACCID | ENT | | | | | |
| | | | | | | | |
| | | | | 10 | | , | |
| | | | | Net | <u> </u> | - | |
| | | | /0 | the | | 1 | |
| | | | | 0 | | | |
| | | | 1 Ch | 78 | | | |
| | | | Der / | 3 | + | | |
| | | /13 | 8. | | | | |
| | - 5 | | 1/20 | 1 | | | |
| | -/ | V. | 18 | | | | |
| | 100 | , / | Y | | | | |
| | / ~ | X | | | | | |
| | 9 | | / | | | | |
| / 5 | | | | | | | |
| | × | | | | | | |
| , | | _/_ | | | | | |
| | | +- | | | | | |
| DECLARATION | | K | | | | / | |
| I/We declare the foregoing part | ticulars are true in | every respect. | | | / | 7 7 | |
| | | 2/2/2 | | p | w 16 | blubold | P |
| Policyholder's Signature Date & Time: | Driver's S (If driver Date & Ti | s not the policyho | ilder) | Reportir Name: NRIC/FII | ng Centre P | ersonnel's Signa | ature / |
| SHEEK SAMERPAGE OF SA | | 10/11/10 | EALLO | | 1970 | | |





1 of 3

Report No. T/20181108/2048

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

| | ne Report N 018 11:56 | Made: | Vide Report No.: F/20181105/0133 | Station Diary No.: | | | |
|--|----------------------------|------------------------------|---|----------------------------|--|--|--|
| Informa | nt's Partic | ulars | | | | | |
| Name of Informant: ALIFF SHAFAEIN BIN SAFIE'E | | | Address: APT BLK 326 SEMBAWANG CRESCENT #08-52 SINGAPORE 750326 | | | | |
| ID Type / ID No.: NRIC NO / S8271224J | | 24J | Contact No.: Home/Office: | Mobile: 82306982 | | | |
| National | lity: PORE CITIZ | ZEN . | Email: | | | | |
| Sex: Male | Age: 36 | Date of Birth: 19/04/1982 | Type of Informant: Driver | | | | |
| Race: Malay | | | Language: English | Institution / School Name: | | | |
| | Occupation: Grab Driver | | Driving Licence Information: Class: 3 Date of Expiry: | | | | |

| General Inform | mation of the Accident | | | | |
|--|------------------------------|-----------------------|---|-------------------------------|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 05/11/2018 11:20 | Type of Location: | |
| Location: Along Road 1 SEMBAWANG | | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: | |
| Type of Collis | ion: | | 1 | Anyone conveyed by ambulance: | |

| Details of Vehicle Involved | | | | | | | | |
|-----------------------------|------------|------|-------|-------|-----------|-----------------|--|--|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger | | |
| FBH5967L | Motorcycle | | | | | 0 | | |
| SKB3688E | Car | | | | | 0 | | |

| Details of Person Involved | The River Control of the Control of |
|---------------------------------|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181108/2048

CONTINUATION OF REPORT

| Rider | | | | | | |
|------------------|-----------------------------|-----------|---|-------------|-----------------------------------|-----------|
| Name | NUR SHAHIRA BINTE KAMARUDIN | | | ID No | | S9530412E |
| Related Vehicle | FBH5967L (Motorcycle) | | | Conta | ct No. | 84282493 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Disc | harge | NIL | | |
| No. of Days gran | Degree of | finjury | NIL | | | |
| Driver | | TARRET | | | | |
| Name | ALIFF SHAFAEIN BIN SAFIE'E | | | ID No. | | S8271224J |
| Related Vehicle | SKB3688E (Car) | | | Contact No. | | 82306982 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL | |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | finjury | NIL | |

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ON SEMBAWANG AVENUE IN MY VEHICLE SKB3688E, ON THE FILTER LANE TOWARDS YISHUN ROAD. I WAS BEHIND THE ZEBRA CROSSING AND THERE WAS A MOTORCYCLE BEARING THE PLATE NUMBER FBH5967L. WHEN I SAW THE RED LIGHT, I SAW THAT THE MOTORCYCLE WAS MOVING OFF SO I PROCEEDED TO CHECK MY BLIND SPOT WHILE MOVING FORWARD SLOWLY. WHEN I TURNED BACK, I SAW THAT FBH5967L, SUDDENLY EMERGENCY BRAKED. I EMERGENCY BRAKED TOO TO AVOID COLLISION BUT COULD NOT STOP MY CAR IN TIME, CAUSING MY FRONT BUMPER TO COLLIDE ONTO THE REAR OF FBH5967L.

AFTER THE COLLISION, I GOT OFF MY VEHICLE TO HELP THE RIDER. WE EXCHANGED PARTICULARS AND CALLED THE AMBULANCE. SHORTLY AFTER, THE AMBULANCE AND THE POLICE CAME. THE RIDER WAS CONVEYED BY THE PARAMEDICS.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181108/2048

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: TP / ZENG ZI CONG | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 08/11/2018 11:56 |
| Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65476439 | Classification Of Case: |
| Authentication Stamp | |

Claim Handling Accident MT/1019063 GST Regulation No. Parkey No. 5101003217 Vehicle No. SASSOSSE Certificate No Palicynolater NRIC \$80004075 Policyholder Name NORAZA BINTE SURANE Product Code COMMERCIAL VEHICLE INSURAF Cover Type Comprehensive Loadma Contact No.(Home) Curtact Nu.(Office) Contact No. (Mobile) NI No T Email Address Special Remark **eCute** eCode Reason + No Yes TCA. KHE Not evallable Private tice NCD Protection NCD ENIDINHEETS) 70 - Accident Details Report Date 09/11/2018:14:35 Accident Report Within 24 hrs Accident Type Unknown Country of Accident Singapore Date of Accident 05/11/2018 Time of Accident hhomm 00:00 SCH No. Orange Force Reporting Centre **Accident Location** 100.00 Windscreen Excess 2,500.00 Additional Ference Outside Singapore OD Excess Unnamed Driver Excess Third Party Excess 2,000.00 Outside Singapore TP Evorse → GST Registered Information GET Registered GST Registration Date 486 GST Registration No. GSE Status Wenfield 12/11/2018 10:59:06 Deborah Mid attanget GST Statue Verified From No to Yes. Modification History Policyholder Hailing Address Address 3 SINGAPORE 683473 CHOA CHU KANG AYENUE 3 BLK 473 #14-188 Address T Address 1 Address 4 Address Type Singapore address. Plast Code 685471 Related Policy Number tint No. 14-181 W OI Driver Info Driver Type Driver Name Unnamed driver fame Driver DOB briving Experience Register Date of Driver Donne Driver Age Contact No.(Office) Contact No.(Home) Contact No.(Mobile) Address 3 Address 1 Appresa 2 Address Type Foreign address Post Code Unit No. Does he swn a Singapore Registered car? Driver Vehicle No. Oniver Insurer Company Yes - No Hodelston History Claim 002 New * INSURE MORAZA BINTE SURANI \$8000 DD-MX Claim Type 4 Contact No.(Mobile) 51851044 OI Venice Skinzeses Errall Address ezzasurant@gmail.com FBH59 Claim Description SKB3666 / FBHS907, ON 5 Nov 2018 Preferred Workshop Bassert No. Yes Findination Yes Profesered Limits Fully at Fault GIA Received Preferred Workshop, Name unkno Date Received 16/110 Date #egistered 14/11/2018 10:47 ROSLI WAHAR Report Taken By 4. Pyint AK latter Seve Suprat Attachment MT/1019065 Claim No. 15/11/2018 10:47 * see ... No Opiced Date Last Doc. Reserved :Rath: # Category # CHAP Chaose File No file chasen * 140 • Choose File No file chosen Clear Please Salest Normal * NO ۳ Chasse File No file chosen Clear Normal Fleund Select Choose File No file chosen Clear Please Select 7 140 * Journal ٠ * NO ٠ Choose File No file chosen Char Prease Select ٠ Normal * NO * Normal Choose File: No file chosen Clear Please Select Message Read Description Attachment. Uploaded 6y/Date Category Unternaty NAC_BUNIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 16 Nav 2018 10:47 Physics Normal Propins 2015-11-14 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Nov 2018 10:47 Photos 3015-11-16 Photos Morrosti

| | Uploaded By/Date Politic Politic | Fire 9 | ame: | P Source |
|---------|---|---------------|-----------------|----------------------------------|
| | | | | |
| 193 | NAC_BLACT_MERAH_BOOKFIL NATIONAL ASSESSMENT CENTRE SERV S. (BÜXST MERAH)) on 16 Nov 2018 10:47 | DOE SAS | Normat | SAS 2018-11-16 |
| 300 | NAC_BUKIT_MERAH_BOGE76(NATIONAL ASSESSMENT CENTRE SERV S (BUKIT MERAH)) on 18 Nov 2018 10;47 | | Normal | MARC/ Driving Limiter 2018-11-16 |
| 60 | NAC_BURIT_MERAH_BOOD/IG NATIONAL ASSESSMENT CENTRE SERV S (BURIT MERAH); on 16 Nov 2018 10:47 | TICE Protos | Normal | Photine 2018-11-16 |
| | NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERV G (BURIT MERAH)) on 18 Nov 2038 10147 | rice Protos | Normal | Photos 2018-11-16 |
| - | NAC_BURTT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERV 5 (BURTT MERAH)) on 16 Nov 2018 10:47 | TICE Prutes | Normali | Photos 2018-11-16 |
| 7 | NAC_BUKIT_MERAH_SOG676 NATIONAL ASSESSMENT CENTRE SERV 5 (BUKIT MERAH)) un 18 Nov 2018 10:42 | TICE Projes | Normal | France 2018-11-16 |
| 20 | NAC_BURTT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SEBY S (BURIT MERAH): on 16 Nov-2018 10:47 | ICE Photos | Normas | Photos 2018-11-16 |
| 1 | NAC_BUKIT_MERAH_300876(NATIONAL ASSESSMENT CENTRE SERV S (BURIT MERAH)) on 15 Nov 2018 10:47 | TCE Photos | Namel: | Figures 2018-11-16 |
| 4 | NAC_BURIT_MERAIN_800676[NATIONAL ASSESSMENT CENTRE SERV 5 (BURIT MERAIN) on 15 Nov 2018 10:47 | ICE Photos | Normal. | Photos 2015-11-16 |
| 1 | NAC_BURIT_MERAM_880676(NATIONAL ASSESSMENT CENTRE SERV 5 (BURIT MERAH)) on 16 Nov 2018 10:47 | ICE Photos | Normal. | Protos 2018-t1/16 |
| 16/2018 | | Claim Handlin | g(Claim Task) | |

Display in New Window | Scan and upheating |

AGCIDENT STATEMENT

| ACC | IDENT DATE: (0) 1:11 1 2019 (00) MMM | (HH:MM) |
|--------------------------------|--|--|
| loc | ATION: SHEMBAUMUR BUYE GUTHL (| n |
| | | |
| 1 | . DETAILS OF VEHICLE | 9 9 9 |
| | OJVEHICLE NUMBER: SKB3698 E. | 23 6 14 |
| | BINSURANCE COMPANY: NOUL | |
| | CIPOLICY NUMBER! | A STATE OF THE STA |
| | d)POLICY TYPE: (COMPREHENSIVE / THIRD | PARTY / THIRD PARTY FIRE &THEFT |
| | PIMAKE & MODELL DIO SILL | LUL |
| | TITYPE: (SALOON) COUPE / MPV /VAN/L | ORRY (MOTORCYCLE, OTHERS) |
| | g) VEHICLE CATEGORY: (PRIVATE / COMM | ERCIAL AMOTORCYCLES |
| | h) PURPOSE OF USING AT ACCIDENT TIME: | Driving Glab. |
| | I) ARE YOU CLAIMING UNDER YOUR OWN | INSURANCE (YES (NO) |
| * | IF NO, PLEASE STATE (THIRD PARTY CLAIM | A / REPORTING ONLY) |
| | INSURED / POLICY HOLDER | CANADA AND THE STREET |
| 7-4-1 | O/NOME: | SUKANI (MALE / FEMALE) |
| (x (1 m) | DIAKIC/FINIT ASSTORI | +I_CONTACTI |
| | c)ADDRESS: | |
| 27.0 | CONTINUE TO 3, d IF DRIVER ALSO POLICE | CY HOLDER |
| w. r. 1 | | ************************************** |
| Also of passongo | DRIVER Aliff Shaparin Bin Safe | (MALD / FEMALE) |
| Concluding drives | DINRIC/FIN/PASSPORT S1271714 | T CONTACT! (230691) |
| (2) | CIADDRESS: BIK 326, Semburd | |
| -27 | | |
| | *d) DATE OF BIRTH: (11) OH 1912 | J(DD/MM/YYYY) ; . |
| • | BOCCUPATION: (INDOOR (QUIDOOR) | 20/41/2015 |
| 9. | and an annual and an | 0-11-11-11-11-11-11-11-11-11-11-11-11-11 |
| | WAS DRIVER AN EMPLOYEE OF THE IT | NSURED'S COMPANTE (1007 1007 |
| | TE NO DELATIONSHIP OF THE URIVE | K WITH INSUREDI |
| | 5. GIWEATHER CONDITION: (CLEAR / RAIN) | ING / OTHERS |
| | b ROAD SURFACE: (DRY / WED / OTHERS | |
| W. | 7. GIREPORTED TO POLICE (YES / NO) | 5. S. O. V. |
| 383 | IF YES, PLEASE STATE WHICH POLICE ST. | ATIONI Trafic Volice |
| N w § | B. THIRD PARTY VEHICLE CANTON 1 | |
| 4 140 of passenge | | MODEL: |
| 100 - 100 m. 110 M. 110 100 m. |) b) DRIVER'S NAME: | |
| Clududing drive | O HRIC/FIN/PASSPORT: | CONTACT: |
| (7) | 9. THIRD P'ARTY VEHICLE | West Control of the C |
| .A | d) VEHICLE NUMBER: | MODEL! |
| A 140 of become | DRIVER'S NAME | CONTACT |
| (Including del | VY) () HRIC/EN/PASSPORTI | CORIACI |
| () | 13.60 | W 10 |
| | | |

email = :fax = : V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8271224J



ALIFF SHAFAEIN BIN SAFIE'E



Bace MALAY Date of birth 19-04-1982 Country/Place of both MALAYSIA



5357145





26-09-2014

APT BLK 326 SEMBAWANG CRESCENT #98-52 SINGAPORE 750328

NRIC No: \$8271224J Date: 27/09/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with unladen weight << 3000kg with =< 7 29 Dec 2015 passengers, exclusive of driver; and other motor renicles with unladen weight =< 2500kg Class 3

NP 428A

Licence No:58271224J

| | | | | | | | | | GeneralClaim | | | |
|----------|-------------------------------|--|--|---|--|--|---|--|---|--|--|--|
| 500676 | | | | | | * Change | Language | * Chang | | • Log Out | | |
| Poli | cy Query | | | | | | | | | | | |
| Policy N | No. | | | | D | ate of Accident | T | | | | | |
| Vehicle | Na.(For Motor) | SKB3 | | Certificate Number | | | | | | | | |
| | | | | | - | -413 | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Palicyholder NRIC | Product | Cover Type | Vehicle No. | Insured | Commence Date | Expiry Date | | |
| • | 5101003217 | | NORAZA BINTE SURANI | S50004071 | GCV | Comprehensive | SKB3688E | SK83688E | | 25/05/2019 | | |
| | Policy / Vehicle Select | Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. | Policy Query Policy No. Vehicle Ng.(For Motor) SKB3 Select Policy No. Certificate Number | Policy Query Policy No. Vehicle No. (For Motor) SkB3688E Select Policy No. Certificate Number Name NORAZA BINTE | Policy Query Policy No. Vehicle No.(For Motor) SKB3688E Select Policy No. Certificate Name NRIC NORAZA BINTE SB0004071 | Policy Query Policy No. Di Vehicle No. (For Motor) SKB3688E Ce Select Policy No. Certificate Number Name NRIC NoRAZA BINTE S80004071 GCV | Policy Query Policy No. Date of Accident Certificate Number Select Policy No. Certificate Number Number Number NoRAZA BINTE S80004071 GCV Comprehensive | Policy Query Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Policyhoider Policyhoider NRIC Nornaza Nornaza BINTE S6004071 GCV Comprehensive SKB3688E | Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SKB3688E Certificate Number Select Policy No. Certificate Number Number Name Name NRIC NORAZA BINTE S80004071 GCV Comprehensive SKB3688E SKB3688E | Policy Query Policy No. Vehicle No. (For Motor) SkB3688E Select Policy No. Certificate Number Select Policy No. Certificate Number Number Name Name NRIC No. NORAZA BINTE S60004071 GCV Comprehensive SkB3688E SkB3688E 26/05/2018 | | |