(4.00 to 10.00 to 10.	re Services   puet 1 Jamos Mi	18118120A1~	Danah	-
Date In: 20 11 18 - 17108	Jeb description	Date &Time Completed	Done b	,
Ref No: NA / IN C18 02 0997 /24	SAS e-filing	i		
Veh No: Spy753h	E-mail (within Shrs, AIC 2hrs)			4
D.O.A : 19/1/8-18:22	i-Motor Claim Form	100- ERGOCO 1/W	29/11/18/17	:20
6	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD (TP) ! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	)
TP Particulars: Veh No: VM	9660 INC	( )/Non-INC( ).	(F)	
Owner / Driver: (		Tel:	)	
Policy No: ( ) P	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 ( )		TOTAL PROPERTY.	
General Remarks:-	A STATE OF THE PARTY OF THE PAR	Jacobson Company	3,200	
( ) Walk-In Customer: Customer's in	formation strictly Confidential & S	Strictly NO refer of repairer.		
( ) Total Luss Case : to e-mail Insu	rer URGENTLY.			
		Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Timb Completed	Done	ny .
	Courtesy Car ( )	5		
2) QC Check / Post Repair Inspection	( )		- 000 m - 000 000 000	
3) Upload Resurvey Photo [Repair Cost >				
				17
Injury:			ar (visign) print (been	
Date/Time Actions		and the second s	BEBRIOLINE.	or Branch Street
	.1		Antics	Amt (\$)
Marca	linvoice P	reparation Checklist	Anit (S)	Ami (\$)
NA1807505	1) AR : Accid	ent Reporting (\$30);	f#Bill	
	1) AR : Accid 2) DA : Dame	ent Reporting (\$30); ge Assessment (\$100); INC (\$	f#Bill	
laumant's Particulars :-	1) AR : Accid 2) DA : Dame 3) TF : Towis 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$54 v-Through Survey	(\$1.Bill (80) (0/\$45 \$120	
laimant's Particulars :- Driver/Owner:	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$ v-Through Survey v-Through Survey (Resurvey)	7§ Bill 80) 10/345 \$120 \$30	
Inimant's Particulars :- Driver/Owner: Contact No:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Fullow For claimin 6) TR : Re-in	ent Reporting (\$30);  Ige Assessment (\$100); INC (\$100);  Inc (\$100); INC (\$100);  Inc (\$100);	75 Bill (80) 80) 80/\$45 5120 \$30 \$5) \$75	
Inimant's Particulars :- Driver/Owner: Contact No:	1) AR : Accid 2) DA : Darns 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I	ent Reporting (\$30);  Ige Assessment (\$100); INC (\$100);  Inc (\$100); INC (\$100);  Inc (\$100);	(5¢ Bill (80) (80) (80) (80) (80) (80) (80) (80)	A CONTRACTOR OF THE PARTY OF TH
laumant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD*	ent Reporting (\$30);  Ige Assessment (\$100); INC (\$100);  INC (\$100); INC (\$100);  INC (\$100); INC (\$100);  I	(\$4 Bill   180)   10/\$45   5120   530   5)   575   5160	A CONTRACTOR OF THE PARTY OF TH
laumant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour	ent Reporting (\$30);  Ige Assessment (\$100); INC (\$100);  Inc (\$100);  INC	75 Bill (80) 80) 80/\$45 5120 \$30 \$5) \$75	
Laumant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I  8) NTUC Ad OD*  *N5: Cour  *N6: Repa *N7: Post	ent Reporting (\$30);  Ige Assessment (\$100); INC (\$100);  Inc (\$100); INC (\$10);  Inc (\$100); INC (\$100);  Inc (\$100); IN	\$80) \$00/\$45 \$120 \$30 \$575 \$160 \$55 \$10 \$25	A CONTRACTOR OF THE PARTY OF TH
Claumant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:  CC Checked by (Engr-In-Charge):  Auditors! Comments :-	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Post *N8: DV /	ent Reporting (\$30);  ge Assessment (\$100); INC (\$3 g Fee \$4 g g g g g g g g g g g g g g g g g g	(54 Bill   180) 10/\$45 \$120 \$30 \$5) \$75 \$160	A CONTRACTOR OF THE PARTY OF TH
Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments:-	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Post *N8: DV /	ent Reporting (\$30);  Ige Assessment (\$100);  INC (\$30);  Ige Fee \$40  -Through Survey  -Through Survey (Resurvey)  Ige against INC Only (wef 10 Jan 200  Ige against INC Only (wef 10 Jan 200  Ideas Continued to the services of the service	\$80) \$00/\$45 \$120 \$30 \$575 \$160 \$55 \$10 \$25 \$55 \$20 \$30	A CONTRACTOR OF THE PARTY OF TH

e a pot at their

#### 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 <u>truthful and accurate</u> 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.
- 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.

<b>数据证据是不完整的证据的证明</b>	ACCIDENT STATEMENT
Date Of Report	20/11/2018 17:08
Date Of Accident	19/11/2018 18:20
Exact Location Of Accident	SLIP RD PAYA LEBAR TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
AND THE RESIDENCE OF THE PERSON OF THE PERSO	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP4753G
Insured/Policyholder	
Name Of Registered Owner	AISYAH BTE AHMAD
NRIC No	S1542487G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85229422
Alternative Phone No	OFFICE-85229422
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5073751591-03
Cover Note Number	
Driver	
Name of Driver	AISYAH BTE AHMAD
NRIC No	S1542487G
Date Of Birth	19/08/1962
Occupation	INDOOR
Date Of Driving Pass	15/10/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85229422
Fax Number	

OFFICE-85229422

NOEMAIL

BLK 46 MARINE CRESCENT Address

#06-54

Postcode 440046

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

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions RAINING Road Surface WET

## Other Information

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

Was any injured conveyed to hospital by ambulance?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YM9606D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 ("GLA") 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.

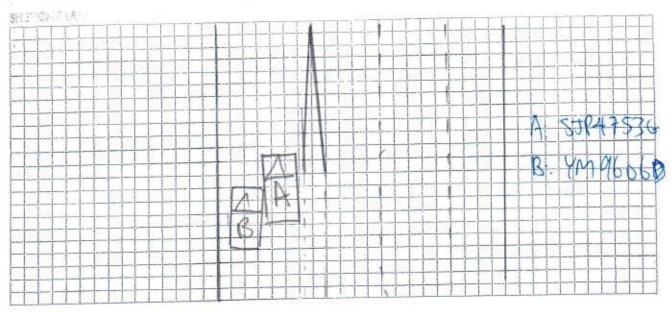
Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



I was travelling PIE. As I was to lane which B into my which B damages	for my learly suipe my	the trying left wing m	end of to squirror and	miging eeze in caused
namorges				
		*		
		Headow-down Headow of the State		
	9			
				<u></u>
	The state of the s			

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## CHEATCHEAGNET TEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wliful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	Accidente despuis	
Date of socident	19/11/18	(DD/MM/YY)
Time of accident	1820	(FM:MM)
Exact location of accident	Paya lebar slip Road to F	ZE (changi)

	Ū(J	TF/ZHUS (@(F.)		
Vehicle registration number		53	1P4753G	
Vehicle make and model			Hyundai Avante S	>
Type of vehicle	Saloon &	MPV D		Others:
Vehicle category	Private d	Comm	ercial   Motorcy	cle 🗆
Purpose of using at said time	The second section			
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗷	if no, please select: Reporting only □	

	INSURANCE NO	FORMATIONS	
Insurance company	N	TUC	
Policy number			
Type of policy	Comprehensive or	Third party fire & theft or	TP only D

Name	AISUAL BINTE ALMAD Male D FO	emale 🗗
NRIC / Fin / Passport number	515424876	
Contact	85229422	
Address	Marina (185021) Blk 46 #06-54 5(440046)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	Maria Company
Name	Male 🖪	Female
NRIC / Fin / Passport number		
Contact		
Address		82
Email address	Aisyali_Ahmada holb gov sq	
Date of birth	19/08/1962	
Occupation	Indoor 🗹 Outdoor 🗆	
Driving date pass	15/10/1991	

	FERENCELL	
TWEST MINE OF SMISSONES OF	Yes D	the expression of the driver and insured:
the insurse is company?		estotioning of the same
Accident captured by camera?		No o
Weathar condition	Clear 🗆	Raining Others:
Road surface	Dry 🗆	Wetp
No of passenger		2 (inclusive of driver)
		the state of the s
	ENGLISH STATE	PASSENGER I
Name	7	
Gendar	Male D	Female p
Genosi	TOTAL L	
100		PASSENCER 2
THE RESERVE TO THE PERSONNEL	T T	FADERING GIVE
Name	1 8 8 - 1	Female
Gender	Male 🗆	remale D
	-	The second secon
		DASSENGER B
Name		
Gender	Male 🗆	Female a
	24 70	The second secon
		Passenger 4
Name		
Gender	Male 🗆	Female
		the second secon
Property of the second	N. S.	PASSENGER 5
Name		
Gender	Male 🗆	Female 🗆
Gerruer	171010	
Parties of the Control of the Contro	- N. Distriction	PASSENGER 5
Plant Control of the	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	
Name	Male 🗆	Female D
Gender	IVIGIC	remere b
	Contraction of	OTHER INFORMATION
他们的一个一个一个一个	or bearing the same of the same of	
Was anybody Injured?	Yes 🗷	No Ø
Was other vehicle damaged?	Yes 🗷	No 🗆
Charles of the State of the Sta	The second second	AILS OF POLICE ACTION
Reported to police?	Yes 🗆	No p If yes, please state which police station.
Police station name		
	4	
	- Children	WITNESS 1.454 Land Control of the Co
Name		
Name and Address of the Parket	To Bearing	WITNESS 2
Marine and Company of the Company of	ENGLISHED F	
Name		

No. 1	YM 9606P
Validas regis ration number	
Vehicle make model	
Name	
MRIC / Fin / Passport number	
Contact	
	THE TO FARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Nama	
NRIC / Fin / Passport number	
Contact	
hands a few and the second of	THIRD PARTY VEHICLES
Mahlala sambhanhan susahan	WANTED SCIENCE OF THE CONTROL OF THE
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
CONTRACTOR CONTRACTOR	THIND PARTY VEHICLE 4
Vehicle registration number	WARRENE STATE TO THE STATE OF T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
29,120,03	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ALACH MINISTER PROPERTY AND ALLES	THIRD FARITY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
College	
The second second second second second	THIRD PARTY VEHICLE?
Vehicle registration number	W. W.
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

No. 15		
Infurios sustained		
Which vahicle person in?		
Were seat belts wom?	Yes E	No 🗆
Was injured conveyed to	Yes□	No c
hospital by ambulance?	1224	
stempton tell announces		
	-610-1672	MODELNEO PERSONIZ
Nama		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
	Yes 🗆	No D
Was injured conveyed to	165 1	140 日
hospital by ambulance?		
	STATE OF THE PARTY	www.reneesconte
	1000	MULEURED PERSONS
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?		
	AND PARTY.	INIURED PERSONA
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
and the description of the		No 🗆
Mas initiled collaboration	Yes D	NO LI
Was injured conveyed to hospital by ambulance?	Yes 🗆	NO LI
hospital by ambulance?	Yes D	NO LI
hospital by ambulance?	Yes D	INJURED PERSON 5
hospital by ambulance?	Yes D	
hospital by ambulance?  Name	Yes D	
Name Injuries sustained	Yes D	
Name Injuries sustained Which vehicle person in?	ASSAULTE.	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D	INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	INTURED PERSON S
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	INTURED PERSON S
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	INJURED PERSON 5  No D  No D
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	INTURED PERSON S
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	INJURED PERSON 5  No D  No D
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	INJURED PERSON 5  No D  No D
Name Injuries sustained Which vehicle person In? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D  No D  INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Ware seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D	NO D  NO D  INJURED PERSON 6
Name Injuries sustained Which vehicle person In? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D  No D  INJURED PERSON 6

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1542487G





AISYAH BINTE AHMAD

عأيشة بنت احمد

MALAY Date of birth

19-08-1962

Country/Place of birth SINGAPORE

515424B7G

5846217



MIC No. S1542487G

03-01-2018

APT BLK 46 MARINE CRESCENT #06-54 SINGAPORE 440046



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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

15 Oct 1991

NP 4284

Licence No. \$1542487G



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
OAD TRANSPORT ACT, 1987 (MALAYSIA)
NOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5073751591-02

Cover : Third Party

Index mark and Registration Number of Vehicle

: SJP4753G

Chassis Number

: KMHDU41BR9U710958 : AISYAH BTE AHMAD

2. Name of Policyholder

3. Effective Date of Insurance

: 26 Sep 2017

4. Expiry Date of Insurance

: 25 Sep 2018

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

6. Limitations as to Use#

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

#### This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

N/A EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : NO REPAIR AT OWNER'S PREFERRED WORKSHOP : N/A INSURE WITH COE : NO NCD PROTECTION : AISYAH BTE AHMAD PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 23 Aug 2017 12:39 hrs

Reprint

: 23 Aug 2017 12:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech							W.S			Gener	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss	Policy Query							Language	› Chan	Change Password L	
7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Policy I	No.(For Motor)	SJP475	3G			of Accident	( <u>)</u>	9/11/2018	18.20	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5073751591- 03		AISYAH BTE AHMAD	S1542487G	GPC	Third Party	SJP4753G	SJP4753G		25/09/2019

Policy No.	5073751591-03	Policyholder Name	AISYAH B	TE AHMAD	Policyholder	S1542487G	
Certificate No.		7741118			NRIC	323721070	
Address	BLK 46 #06-54 MARINE CRESC	ENT MARINE C	RESCENT (	GARDENS SINGAPORE	440046		
Product Name	PRIVATE CAR INSURANCE	Plan		2000 C	Group Policy Flag	N	
Policy ssue Date	16/08/2018	Effective Date	26/09/20:	18 00:00	Expiry Date	25/09/2019 23	.59
Excess Type		All Claims Excess					
hird arty xcess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0		0.000		
Dutside Singapore DD Excess	0	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
gent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Y	
o nsurance lag	No				OST Flag	1	
olicy ofo							
ertificate nfo							
□ Policyh	older Mailing Address						
ddress 1	BLK 46 #06-54	Addres	s 2	MARINE CRESCENT	,	Address 3	MARINE CRESCENT GARDENS
ddress 4	SINGAPORE 440046	Addres	s Type	Singapore address		ost Code	440046
nit No.		Related Numbe	d Policy	5073751591-03		MORANIA MARINA	(CALLEST N. CALLEST N.
Insured	Object: SJP4753G						
	ements						
Endorse							

Claim Handling Accident MT/1020627					
Policy No.	5073751591-03	Vahicle No.	53P4753G	GST Registration No.	
Cortificace No.				And the grade agrant rays.	
Olicyholdar Neme	ADSYAH BTE AHMAD			Policyholder NR3C	20000000
Yoduct Cade	PRIVATE CAR INSURANCE	Cover Type	Third Party	CHESCH TANKS STORY	S1542487G
Contact No. (Mobile)	85229422	Contact No.(Office)	0	Loading	0
mail Address		Special Remark	000	Contact No.(Home)	0
FIC	® No O Yes	TCA	® No () Yes	eCode	In Y
CD Protection	No	NCD Entitlement(%)	50	«Code Reason	
Accident Details			30	Private Hire	No.
rport Date	20/11/2018 17:17	Accident Report Within 24 his			
ate of Accident	19/11/2018			Accident Type	Side Swipe
aparting Centre		Time of Accident hh:mm	18:20	Country of Accident	Singapore
rident Location	SLIP RD PAYA LEBAR TWDS PIE (CHANGI)	Orange Force		ICM No.	
Excess	THE CHANGE				
wn damage Excess	228				
married Driver Excess	0.00	Additional Excess		Windscreen Excess	0.00
ird Party Excess	0.00	Outside Singapore OD Excess	0.00		
F Benefits	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform					
Registration No.	No		GST Registration Date		
Mication Hosory			GST Status vented	Yes	
Policyholder Mailing Ad	fidreiss				
dress 1	BLK 46 #06-54	Address 2	MARINE CRESCENT	Veryanist	
dress 4	SINGAPORE 440046	Address Type		Address 3	MARINE CRESCENT GARDENS
q No.		Related Policy Number	Singapore address	Post Code	440046
Of Driver Info		nesees yoncy number	5073751591-03		
ver Name	A3SYAH BTE AHMAD				
named driver Name	- Anna Anna and a control of	Oriver Type	Main Driver		
pater Date of Driver License	15/10/1991	Oriver NR3C	51542487G	Driver DQH	19/08/1962
react No.(Mobile)	B5229422	Driver Age	56	Driving Experience	27
tress 1	BLK 46	Contact No. (Office)	0	Contact No.(Home)	0
tress 4	SINGAPORE 440046	Address 2	MARINE CRESCENT	Address 3	MARINE CRESCENT GARDENS
t No.	05-54	Address Type	Singapore address	Post Code	440046
es he own a Singapore					
platered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration :					
athelyser or Blood Test					
ding3	0 mg	Any injury?	○ Yes ® No		
Ification History					
laim 001 New					
STORES AND ADDRESS OF THE PARTY					
-500000					
m Tyge. •	00-wx	Insured Name	AISYAH BTE AHMAD	Insured NR3C	S1542487G
act No.(Mobile)	85229422	Contact No.(Home)		Contact No.(Office)	
Address	disney2a@hotmail.com	Of Vehicle Number	53P4753G	TP Vehicle Number	YM9606D
	Please Select	Type of Benefit +	Please Select		
sant Name 4	>>	Claimant NRJC +			
ant Address					
	5JP4753G / YM9606D ON 19 Nov 2018			Name of Preferred Workshop	
med Workshop Contact		Insured Liability •	Not at Fault.		
are Finalisation	Yes 🔍		Preferred Workshop, Name unknown	Glé manual	
Registered	20/11/2018 17:20	Claim Close Date	The real secret, many principality	GIA report	Received 💟
rt Taken By	Neckson			Date Received	20/11/2018 00:00
nnt AK Otter					
		S	Save Submit		
achment			(1)		
and No.					
ent No.	MT/1020627	Claim No.	001		
Inc. Received	® Yes ○ No	WWw.d Date	20/11/2018 17:21		
	Patn *		Category *	Confidential Urgano	. Decree
		Browse	Gear Please Select	V Normal	Description •
		Browse	Clear Please Select	▼ NO V Normal	
		Browse	Clear Please Select		
				V Normal	·
		Browse	Cear Please Salect	W No. at Street	

