e Services port 1 Jan 105 M	PZO400 P11 44		
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i-Motor Claim Form	M11027133-001	glilia 10	1:40
i-Motor W/O (Within: OD 2h			
i-Photo Uploaded			4
Assessment/Survey Report			
Ass't Report by Fax / Hand	to Owner/Wksp		
	Tel: F	ax:	
(3/14 . INC()/Non-INC()		
	Tel:)	Mentage Concess
riod: (Cover Type: ()	
Date:	Time:)	
Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Warranty: YES ()/NO ()		
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	Date&Time Completed	Done	by
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Invoice Pres	paration Checklist	Ant (S)	Amil (3
		fn Bill	Add Bil
2) DA : Damage A	Assessment (\$100); INC (\$80)		
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5) FT : Follow-Th	rough Survey (Resurvey) 5		
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• N7: Fost Repni • N8: DV / Colle	ect Excess Coordination (Non INC) against INC S	35 20 30	anta Ja
	Jeb description SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2h i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand INC (iod: (SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp Tel: Foliod: () Cover Type: (Date: Time: Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-1 Warranty: YES () / NO () O() / \$2,000 () mation strictly Confidential & Strictly NO refer of repairer. r URGENTLY. YES () / NO (); Towing Co: (Date& Time: Completed. Date & Time: Compl	Dote Date & Time Completed Done

1 . p.m. at 1 .000

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	09/01/2019 16:47
Date Of Accident	08/01/2019 14:00
Exact Location Of Accident	HOUGANG AVE 3 TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP1866K
Insured/Policyholder	
Name Of Registered Owner	S2I SERVICES
Co Reg No	53368147B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106151530
Cover Note Number	
Driver	
Name of Driver	HUSHER HYDER S/O ABDUL RAHMAN

NRIC No S8629522I Date Of Birth 21/10/1986 Occupation INDOOR Date Of Driving Pass 19/07/2008

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96403873

Fax Number

Contact Number OFFICE-96403873

EMail Address NOEMAIL Address

BLK 674B YISHUN AVENUE 4

#09-702

Postcode

762674

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

4

involved in the accident

33

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

OFFI

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

GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190109/2076.

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

SLV5671Y

Vehicle Make/Model/Colour

MAZDA 2

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YN9396D

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

HUSHER HYDER S/O ABDUL RAHMAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLP1866K

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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 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.
- 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.

S2I SERVICES Reg No: 533681478

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.:

A-SLP1866K B-SLVF6714

INMANO AM 7	upper	scrangoon Road	C- 4N9396D
Hougang Ave 3	1111114	T+ + + + + + + + + + + + + + + + + + +	D- NUKLOUN WOHLPIK
DESCRIBE CIRCUMIST	ANCES OF THE ACCIDENT		Hongano Ave 2
	Refer to	police Report	
7.014.7.7.7.001		14	

DECLARATION

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

S2I SERVICES Reg No: 53368147B

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

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

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 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 traffic police department for investigation.

COLUMN TO THE REAL PROPERTY.	ACCIDENT DETAILS	《西西尼日本》
Date of accident	08 Jan 2019	(DD/MM/YY)
Time of accident	2:00PM	(HH:MM)
Exact location of accident	Hongang Avu 3 toward H uppur scrangoon Road	ougang Ave 2 at the Junction of

DEPARTMENT OF THE PARTMENT OF	DETAILS OF VEHICLE
Vehicle registration number	3LP1866K
Vehicle make and model	Honda Stream
Type of vehicle	Saloon MPV CRV Van CRV O Van Control Bus O Motorcycle O Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

THE THREE PARTY IN THE PARTY.	INSURANCE IN	FORMATION	1000円単純性数
Insurance company	MUC		
Policy number			
Type of policy	Comprehensive Ø	Third party fire & theft \square	TP only 🗆

Name	S21 services	Male □	Female 🗆
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE 🗆 (SKIP TO D.O.B)
Name	HUSHLY HUGLY 30 Abdul Ranman Male Female 0
NRIC / Fin / Passport number	386295221
Contact	96403873
Address	BIK 6748 MISHUM AVC 4 #09-702 3(762674)
Email address	
Date of birth	21-10-1986
Occupation	Indoor Outdoor
Driving date pass	18 July 2008

V 1 1 G	ENERAL INFORMATION OF THE ACCIDENT
Vas driver an amployee of	Yes O No/O
ne insurad's company?	If no, relationship of the driver and insured: Hirry
ccident captured by camera?	Yes D No Z
Veather condition	Clear Raining Others:
toad surface	Dry Wet p
to of passenger	(Inclusive of driver)
Barry Barry Co. Land Barry Barry	PASSENGER 1
Name	Husher Hyder 310 Abdul Ranman
Sender	Male Female D
gender	
	SENGER 2
	Grab Passinger
Name Candar	Male D Female Z
Sender	
THE RESERVE OF THE PARTY OF THE	PANGER 3
Market Market State Stat	The state of the s
Name	Male B Female D
Gender	TATOLO EL
water the state of	PASSENGER 4
A AND THE PARTY OF	
Name	Male Female
Gender	Ividie D (Cities D
	PASSENGER 5
1000 CENTER TO THE TOTAL	- ADVINGE S
Name	Male D Female D
Gender	Iviale L. Terrare L.
	PASSENGER 6
	A A STATE OF THE S
Name	Male D Female D
Gender	Male D Telliare D
	OTHER INFORMATION
Was anybody injured?	100/2
Was other vehicle damaged?	Yes 🖻 No 🗆
THE RESERVE OF THE PARTY OF THE	DETAILS OF POLICE ACTION
CHECK AND THE RES	the section and the section
Reported to police?	Yes No Mo If yes, please state which police station.
Police station name	
	were 1
THE SECRETARY SECTIONS	WITNESS 1
Name	
SETTING THE RESERVE OF THE PROPERTY OF THE PRO	
A PART OF TAXABLE PART OF TAXA	WITNESS 2

	AND THE PROPERTY OF THE PROPER
Approximately and the second	THIRD PARTY VEHICLE 1
ehicle registration number	UN93960
/ehicle make model	
lame	
RIC / Fin / Passport number	
Contact	
201100000	
AND THE RESIDENCE OF THE PARTY	THIRD PARTY VEHICLE 2
/ehicle registration number	SLVFV714
/ehicle make model	Mazda 2
Vame	
NRIC / Fin / Passport number	
Contact	
Contact	51-7-10-1-2
A CONTRACTOR OF STREET STREET, STREET	THIRD PARTY VEHICLE 3
Making togicteration number	unknown motorbike
Vehicle registration number Vehicle make model	VIII IN THE STATE OF THE STATE O
Name NRIC / Fin / Passport number	
Contact	
Contact	
STATE OF STREET	THIRD PARTY VEHICLE 4
and the state of the surpline	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
STATE OF STATE OF STATE OF STATE OF	THIRD PARTY VEHICLE 5
at It Is an elemention number	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
COMPANY OF PARTY OF THE PARTY O	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	TURE SARTY VEHICLE 7
(C. C. C	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

	INJURED PERSON 1
Nama	Husher Hyder 3/0 Abd ul Rahman
Injuries sustained	Neck and Back
Which vehicle person in?	3LP1866K
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes D No.6
hospital by ambulance?	
1000	
CONT. MATERIAL PROPERTY STATES AND STATES	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
The production of the producti	
Bernard Street and Street of Table	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗈
hospital by ambulance?	
Hospital Sy Silvania	
A STATE OF THE RESERVE	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗈
hospital by ambulance?	
Troopstan by an	
CONTRACTOR OF THE PARTY OF THE	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
TA STORY OF THE STORY	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes D No D
and uniqued counciles to	
hospital by ambulance?	





1 of 4

Report No. T/20190109/2076

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 13:15		Vide Report No.: F/20190108/0099	Station Diary No. 60	
Informa	nt's Partic	ulars		
		S/O ABDUL	Address: APT BLK 674B YISHUN 762674	AVENUE 4 #09-702 SINGAPORE
ID Type / ID No.: NRIC NO / S8629522I		Contact No.: Home/Office:	Mobile: 96403873	
Nationality: SINGAPORE CITIZEN		Email:	TOTAL STATE OF THE SHEET	
Sex: Male	Age:	Date of Birth: 21/10/1986	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: PROJECT ENGINEER		Driving Licence Informati Class: 2B,2A,2,3,4	on: Date of Expiry:	

Type of Accident:	Injury Conveyed By Am	Injury Conveyed By Ambulance Drink Drive: No Date/Time of Accident: 08/01/2019 14:00						
Location: Along Road 1 HOUGANG A HOUGANG A				1 4 100 441		TO THE STATE OF TH		
Weather: Just after the	rain	Road Wet	Surface:		Roa	d Speed Limit:		
Traffic Flow:	2 2 2 2 2	Traffic	c Control:	alk direlety) die	Traf Hea	fic Volume:		
Type of Collis CHAIN COLL			To the second			one conveyed by oulance:		

Details of V	ehicle Invol	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLP1866K	Car	HONDA	STREAM 1.8 RSZ A	Red	Seriously Damaged	of many 2 less of
SLV5671Y	Car	MAZDA	MAZDA2 5- DOOR HATCHBAC K 1.5L SP.6EAT	Red	Seriously Damaged	0
YN9396D	Lorry	MITSUBISHI	CANTER FEB71ER4S DEC	White	Slightly Damaged	O THE STATE OF THE





/20190109/2076

2 of 4 Report No. T/20190109/2076

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Perso	n Involved	P. P. T.				and the second of the
Any Pedestrian Ir	nvolved: No				1	
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Driver					SCHOOL	The state of the last of the l
Name	HUSHER HYDER SA	O ABDUL R	AHMAN	ID No		S8629522I
Related Vehicle	SLP1866K (Car)	77 17.08	Jonata	Conta	ct No.	96403873
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL	N DEVE	Class Drivin Licent Expiry	g	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	08/01/2019		Date Disc	charge	08/01	/2019
No. of Days gran	ted Medical Leave	07	Degree o	f Injury	Slight	
Driver				Part of the		
Name	MAGDELENE GOH		411	ID No		S0187844A
Related Vehicle	SLV5671Y (Car)			Conta	ict No.	NIL
Hospital/Clinic	NIL		i conju	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL .	THE WALLSTON
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	SELECTION AND DESIGNATION

Brief Details.

On 08/01/2019 at 1359hrs, I was travelling along Hougang Ave 3 at the cross junction of Hougang Ave 2. As I was proceeding straight, heading towards Ang Mo Kio, I stopped on the left most lane at the junction as it was a red light.

When the traffic light turned green, I slowly moved off when all of a sudden, I heard someone using their vehicle horn and as such, I turned my head to my right where the horn had originated from and saw a red mazda approximately 2 metres away from me and was impossible for me to evade the incoming car. I braced for impact and subsequently slammed my brakes causing my vehicle to skid a distance away from the incident location. I made a check on my passenger and she informed that she was fine and left my car. I then realized that the said Mazda car had hit onto a motorcycle from the opposing lane, a lorry that was 2 lanes beside me, and my car. This accident could only have happened if the mazda had beat the red light junction from Hougang Ave 2. A footage of the accident has been uploaded on ROADS.sg's facebook page.

I managed to only get the particulars of the mazda driver. The motorcyclist was conscious and responsive however was visibly injured and bleeding from the nose. Soon after, SCDF ambulance and Traffic Police arrived and took our particulars.

I am lodging this report for insurance claims purposes. That is all.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 3 of 4 Report No. T/20190109/2076

CONTINUATION OF REPORT





4 of 4

Report No. T/20190109/2076

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

CONTINUATION OF REPORT

and the second

Tel No: 1800-8486999

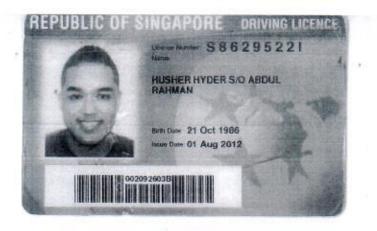
Sketch Plan

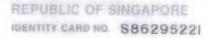
Informant is not able to provide sketch plan

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: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2019 13:15	
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF	Classification Of Case:	7 M
Contact No.: 65476358 Authentication Stamp SINGAPORE POLICE FORCE		

SIGNATURE







HUSHER HYDER S/O ABDUL RAHMAN

ي بن عبدالرحمان INDIAN

Date of hims-21-10-1986

SINGARORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE 30 Jun 2005 10 Oct 2006 30 Dec 2010 16 Jul 2008

NP 428A

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles: between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc
Class 3 Motorcycles > 400 cc
Class 3 Motor Cars =< 3000 kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2800 kg
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg
Motor vehicles which are not constructed to carry load and the unladen weight < 7250 kg



20-12-2011

APT BLK 674B YISHUN AVENUE 4 #09-702 SINGAPORE 762674

NRIC No. \$86295221

10/04/2018 Date:



Sequer	nce Date of Endorsemen	t I	Endorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endors				Marian W			
) Insure	d Object: SLP1866K	6.00=07 = 600					
Jnit No.	03-232	Relate Numb	ed Policy er	5106151530			
Address 4		Addre	ss Type	Singapore address	£ 1	Post Code	460424
Address 1	BLK 424 #03-232	Addre	ss 2	BEDOK NORTH AV	/ENUE 1	Address 3	SINGAPORE 460424
Policy	holder Mailing Address						
nfo							
info Certificate							
Open Policy							
nsurance lag	No						
Agent Co-	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ	
Excess	AND THE MENDANCE CONTRA						
Singapore DD	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Outside		Premium	900				
Additional Excess	0	os	0				
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Third		Excess Own					
Excess Type		All Claims					
Policy Issue Date	06/12/2018	Effective Date	22/12/201	8 00:00	Expiry Date	21/12/2019 23	1:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 424 #03-232 BEDOK NORT	H AVENUE 1 S	INGAPORE	460424			
Certificate No.							
	5106151530	Name	S2I SERVI	CES	Policyholder NRIC	533681478	

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