Y.		1. 1.11	1.7.	
NATIONAL Assessment Centre Services.	1 (20) ret 1 19w]	MA419021144		
Date In: 15/07/2018 11/24 Jeb deseription	on	Date &Time Completed	. Done b	<u> </u>
Ref No: XIRA JUCI 900 2828/4 SAS c-Illing	3			
	la Shrs, AIC 2hrs)		-	100/20
D.OA: 100 9018 06:30 I-Motor CI	alm Form	M10321481	0/. 15	MA
I-Motor W	O (Within: OD 2hrs,	TP 4hrs):	19	1146
OD / TP Reporting Only	loaded			
	Survey Report			
TP Insurer: Ass't Report	by Fax/Hand to	Owner/Wksp	CHINESE THE STREET, CAN	THE PERSON OF TH
Proforred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Yeli No: UMKWOWN.	. INC()/Non-INC().		
Owner / Driver: (100	Tel:		
Policy No: () Period: (Cover Type: (,	
Confirmed by : (Date:	Tlmer)	
Insured/Driver Liability: (%) [Note-Est. Status		%; P: 21-79%. P: 80-1	[00%]	
Year of Registration: () Warranty: YES				
Excess: (5) Loading: \$1,000 ()/\$2,00	00()	THE PROPERTY OF THE PARTY OF TH	नखर हर	
Conduction of the Control of the Con	A SUCH THE PROPERTY	(CXX 400.00 707 707 707 707 707 707 707 707 70	11.04 17.1.1	
() Walk-In Customer: Customer's Information strictly (clly NO refer of repailer.		
() Total Loss Case : to e-mail Insurer URGENTLY		1 Co. ())
Drive-In ()/ Towed-in (); Invoice: YES ()/	NO();To	wing Co: (NO STATE OF THE PARTY OF THE PA	Harris Anna
		phies in Boomple ser	Sylve (Sidoute)	by ·
1) Apply for Transport Allowance ()/ Courtesy Car ()			
2) QC Check / Post Repair Inspection (•)	<u> </u>	7.	
3) Upload Resurvey Photo [Repair Cost>\$3000] (<u>) : :</u>	<u></u>		
Injurý:	", ,	_ 		-
	STORY OF THE STORY	in the state of th	PER CALL	
Date Trunca Severation and a service of the service	NEGOTIAL DE DIRECTO AND POR	PARENSYLADORANIA		<u> </u>
				
*				
iii a a a a a a a a a a a a a a a a a a	AND THE PARTY OF T			Alabutt) .
NA190/186	involte fire	in the representative	NO MAIN	That bit
7 (8.0	(XX 1) AR 1 Applient	10012) tomerant	\$80)	
Anomanda marticular as a last all sales and be 22 years and b	3) TF : Towing F	10 . 3	\$120	
Driver/Owner:	4) PT : Follow-T	Louis Durvey (Resurvey)	\$30	
Contact No:	6) TR: Re-inspec	rainst INC Only I Well It will ex	410	
Darmaged Portion:	7) NI 1 Idao DA	+ SMRT Survey	2160	
	8) NTUC Addition			
C Checked by (Engr-In-Charge):	NS: Courlesy	Cer/Tpt Allowance	510 510	
The second programme and control to the second programme and the second	Total V and Post Rev	elr Inspection	\$25 \$5	
Auditors Communis	TP(NII): TI	licot Excess Coordination (Non INC) against INC	30	
Pat. 1:	9) N12: Ideo Mo Involve doted	Fee Charge	-d	MARKET
2/3:	Involce dated	Per Charge	id . Maria	

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

	ACCIDENT STATEMENT
Date Of Report	15/02/2019 11:34
Date Of Accident	14/02/2019 06:30
Exact Location Of Accident	ANCHORPOINT SHOPPING CENTRE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK7817H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN MOKHTAR
NRIC No	S8533097G
Email Address	NORMAN_HADI_46@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90667965
Alternative Phone No	OTHERS-83183101
Vehicle Particulars	
Manufacturer	VESPA
Model	PRIMAVERA-155CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077544841-03
Cover Note Number	
Driver Charles Control of the Contro	
Name of Driver	NORMAN HADI BIN MALAL
NRIC No	S8115694H
Date Of Birth	22/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83183101
Fax Number	

OTHERS-90667965

NORMAN_HADI_46@YAHOO.COM.SG

BLK 306A PUNGGOL PLACE Address

#02-205

821306 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO NO

NO

0

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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

BUKIT MERAH WEST NPC

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, 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 POLICE REPORT T/20190214/2050

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

15.2.2015

(ii) for complying with requirements under any regulations, laws or court orders.

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Unknam River There DESCRIBE CIRCUMSTANCES OF THE ACCIDENT **DECLARATION** I/We declare the foregoing particulars are true in every respect. 15.2.2019

Policyholder's Signature Date & Time:

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

Reporting Centre P





1 of 3

Report No. T/20190214/2050

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF	A TRAFFIC	ACCIDENT

Date/Time Report Made: 14/02/2019 12:24		ade:	Vide Report No.:	Station Diary No. 59		
Informa	nt's Particu	ilars				
	Informant: N HADI BIN	MALAL	Address: APT BLK 306A PUNGGOL P 821306	LACE #11-37 SINGAPORE		
ID Type / ID No.: NRIC NO / S8115694H		94H	Contact No.: Home/Office: Mobile: 83183101			
National			Email:			
Sex: Male	Age:	Date of Birth: 22/05/1981	Type of Informant: Driver			
Race:			Language: English	Institution / School Name:		
Occupation: PART TIMER			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2019 07:20	Type of Location Loading Unloading Bay
Location: Along Road 1 ALEXANDRA 370 Alexandr Weather:		ppping Centre, Loadin Road Surface: Dry	g Unloading Bay	Road Speed Limit:
Traffic Flow: One Way	N .	Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	sion: cle Against - Parked V			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7817H	Motorcycle	VESPA	PRIMAVERA	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20190214/2050

2 of 3

Report No. T/20190214/2050

1000

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver					10		
Name	NORMAN HADI BIN MALAL		ID No		S8115694H		
Related Vehicle	FBK7817H (Motorcycle)			FBK7817H (Motorcycle) Contact No. 831831		83183101	
Hospital/Clinic	NIL			Class Drivin Licent Expir	g	Class: 2B,3 Date of Expiry: NIL	at M
Date Treatment	NIL Date Dis				NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL		

Brief Details.

On 14/02/2019 at around 0640hrs, I had parked my Vespa (FBK7817H) beside one of the pillars at Anchorpoint Shopping Centre loading and unloading bay and proceeded for my Part time work. At this point in time, there were no damages on the front of the bike.

At around 0650hrs, I then came back to my bike and rode back to my place of residence. When I had arrived at my residency, I realized that the right front side of the bike had a dent, scratches as well as a broken signal light. I then called Anchorpoint Shopping Centre Security and they informed that there was CCTV coverage of the area. When asked if I could view, they informed that the security officer in charge of the CCTV was on course and will only be back on the 17/02/2019.

I am unaware of the cost of getting a replacement, I am certain that the damage was done at the said location as when I had parked my bike, the bike head was facing me and I did not find any abnormalities.





3 of 3

Report No. T/20190214/2050

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

Authentication Stamp

NP168

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 Informant: Signature Of Officer Recording The Report: Sgt 2 HOWARDY DJAJA PUTRA Date/Time: Signature Of Interpreter: 14/02/2019 12:24 Not applicable Classification Of Case: Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145

eticy No. ertificate No.	5077544841-03	Minds Julia 1974	FBK7817H		GST Registration No.	
rtificate No.	207724401240	Vehicle No.	FBK/81/H			
	MUHAMMAD FAIZAL BIN MOKHTAR				Policyholder NR3C	58533097G
icyholder Name Iduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Ti	heft	Loading	0
ntact No.(Mobile)	90667965	Contact No.(Office)			Contact No.(Home)	90-1149
nail Address		Special Remark			eCode	No *
×	= No Yes	TCA	* No Yes		eCode Reason	
CD Protection	No	NCD Entitlement(%)	20		Private Hire	No
Accident Details	No.					
port Date	15/02/2019 12:00	Accident Report Within 24 hrs.	Yes		Accident Type	Hit and run
ate of Accident	14/02/2019	Time of Accident hhamm.	06:30		Country of Accident	Singapore
	Lifted sails	Orange Force			DOM No.	
eporting Centre ccident Location	ANCHORPOINT SHOPPING CENTRE					
♥ Excess	AND THE SECOND					
Michigan V	0.00	Additional Excess			Windscreen Excess	
wn damage Excess	230	Outside Singapore OD Excess				
nnamed Driver Escess hard Party Excess	0.00	Outside Singapore TP Excess				
♥ Benefits	10100					
GST Registered Information			GST Regist	ration Date		
ST Registered ST Registration No.	No		GST Status		Yes	
edification History						
Policyholder Mailing Addr		100000			Address 3	GREENTOPS & SIMS PLACE
ddress 1	BLK 63 #02-205	Address 2	SIMS PLACE		Address 3 Post Code	380063
ddress 4	SINGAPORE 380063	Address Type	Singapore address		Participant Control	U5363000
Init No.	02-205	Related Policy Number	3077544841-03			
→ OI Driver Info		Bellius T	Named Driver			
priver Name	NORMAN HADE BIN MALAL	Driver Type Driver NRIC	S8115694H		Driver DOB	22/05/1981
Innamed driver Name	10001/2000	Driver Ape	37		Driving Experience	19
Legister Date of Driver License	10/01/2000	Contact No.(Office)	201		Contact No.(Horrer)	
Contact No.(Mobile)	83183101	Address 2			Address 3	
Address 1		Address Type	Foreign address		Post Code	
Address 4						
Unit No. Does he own a Singapore	Yes a No	Driver Vehicle No.	FBK7817H		Driver Insurer Company	NTUC
Registered car?						
Breathalyser or Blood Test Reading? Modification History Ctaim 001 OD-MX Next	0 mg	Any injury?	Yes a No			
				OD-MX	Insured MUHAMMAD FAIZ	ZAL BIN MOKHT Insured SSS33097G
Claim Type +				OD-MX	Contact	Contact
Claim Type + Contact No.(Mobile)				ор-мх	Contact No. (Home)	Contact No. (Office)
Contact No.(Mobile)				CO-MX	Contact No. (Home) Of Vehicle FBK7817H	Contact No. (Office) TP Vehicle LINKNOWN
Contact No.(Mobile)					Contact No. (Home) OI Vehicle FBK7817H Number	Contact No. (Omce) TP Vehicle Number Number
Contact No.(Mabile)				CO-MX FBK7817H / UNKNOWN	Contact No. (Home) OI Vehicle FBK7817H Number	Contact No (Office) TP Vehicle UNKNOWN
Contact No.(Mobile) Email Address Claim Description Proferred	Insured Liability Not at Fi			FBK7817H / UNKNOWN	Contact No. (Home) OI Vehicle FBK7817H Number	Contact No. (Office) TP Vehicle Number Name of Preferred
Email Address Claim Description Preferred Workshop Satract No Yes	Insured Liability Not at Fi Preferred Vorkshop, Option		ved 7	FBK7817H / UNKNOWN	Coetact No. (Home) OI Venice Number ON 14 Feb 2019	Contact No (Office) TP Vehicle Number Name of Preferred Workshop
Contact No.(Mobile) Email Address Claim Description Preferred	Y Repair Preferred Workshop.	At	ved 9	FBK7817H / UNKNOWN	Contact No. (Home) OI Vehicle Number ON 14 Feb 2019 Claim Close Oate	Contact No. (Office) TP Vehicle Number Name of Preferred Warkshop Date Received 15/02/2018 0
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Samule No. Yes	Y Repair Preferred Workshop.	At	ved •	FBK7817H / UNKNOWN	Contact No. (Home) OI Verlide Number ON 14 Feb 2019 Claim Close	Contact No (Office) TP Vehicle Number Name of Preferred Workshop
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Senset No. Yes Finalisation Date Registered	Y Repair Preferred Workshop.	At	ved •	FBK7817H / UNKNOWN	Contact No. (Home) OI Verlide Number ON 14 Feb 2019 Claim Close Oate Workshop	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Oate Received Total Less but
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Samsiet No. Yes Finalisation Even Sylves X. Print AK letter	Y Repair Preferred Workshop.	At	oved •	FBK7817H / UNKNOWN	Contact No. (Home) OI Verlide Number ON 14 Feb 2019 Claim Close Oate Workshop	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Oate Received Total Less but
Contact No. (Mabile) Email Address Claim Description Preferred Workshoo Sensite No. Yes Final Sation Actachment Attachment	Y Repair Preferred Workshop.	At		FBK7817H / UNKNOWN	Contact No. (Home) OI Verlide Number ON 14 Feb 2019 Claim Close Oate Workshop	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Oate Received Total Less but
Contact No. (Mabile) Email Address Claim Description Preferred Workshoo Sensite No. Yes Penalisation Date Registered Report Taken By Y. Print Ak letter Attachment	Regain Option Preferred Workshop.	At		FBK7817H / UNKNOWN	Contact No. (Home) OI Verlide Number ON 14 Feb 2019 Claim Close Oate Workshop	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Oate Received Total Less but
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Gemeint No. Yes Finalisation Attachment Y Accident No.	Preferred Workshop.	Name unknown Proport Received		FBK7817H / UNKNOWN . IS/02/2019 12:06 ROSLI WAHAB	Contact No. (Home) OI Verlide Number ON 14 Feb 2019 Claim Close Onte	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Oate Received Total Less but
Contact No. (Mobile) Email Address Claim Description Preferred Workshoo Semails No. Yes Final Sation Date Registered Report Taken By Y. Print Ak Setter Attachment	Regain Option Preferred Workshop.	Name unknown Preport Recei		EBK7817H / UNKNOWN . LS/02/2019 12:06 ROSLE WAHAB	Contact No. (Holme) OI Verlide Number ON 14 Feb 2019 Claim Clore Oate Oate Repairer	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Oate Received Total Less but
Contact No. (Mobile) Email Address Claim Description Preferred Workshop General No. Yes Prins AK letter Attachment Y Accident No. Last Doc. Received	Preferred Workshop. MT/1032148 Yes □ No	Name unknown Proport Received		EBK7817H / UNKNOWN . IS/02/2019 12:06 ROSLI WAHAB 001 15/02/2019 15:48	Contact No. (Holme) OI Verlide Number ON 14 Feb 2019 Claim Clore Oate Oate Repairer	Contact No. No. (Office) TP Vehicle UNKNOWN Number Name of Preferred Workshop Date Received Total Less but Repaired
Contact No. (Mobile) Email Address Claim Description Preferred Workshop General No. Yes Finalisation Appart Taken By Y. Print AK letter Attachment Y Accident No. Last Doc. Received Choose File No file choses	MT/1032148 W Yes No	Name unknown Proport Received	Save Submit	EBK7817H / UNKMOWN . LS/02/2019 12:06 ROSLI WAHAB 001 15/02/2019 15:48 Category *	Contact No. (Holme) OI Verlide. Number ON 14 Feb 2019 Claim Clore Date Date Workshop Repairer Confidential U	Contact No. No. (Office) TP Vehicle UNKNOWN Number Name of Preferred Workshop Date Received Total Less but Repaired Ingency * Description med *
Contact No. (Mobile) Email Address Claim Description Preferred Workshop General No. Yes Finalisation Appart Taken By Y. Print AK letter Attachment Y Accident No. Last Doc. Received Choose File No file choser Choose File No file choser	MT/1032148 W Yes No	Name unknown Proport Received	Save Submit	EBK7817H / UNKNOWN . L5/02/2019 12:06 ROSLI WAHAB 001 15/02/2019 15:48 Category * Please Select	Contact No. (Holme) OI Verlide. Number ON 14 Feb 2019 Claim Clore Date Date Workshop Repairer Confidential V NO V Nom	Contact No. (Come) TP Vehicle Number Neme of Preferred Workshop Oate Received Total Loss but Repaired Ingency * Description mail *
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Behinks No. Yes Date Registered Report Taken By X. Print AK letter Attachment Y Accident No. Last Doc. Received Choose File Choose File No file choser Choose File No file choser Choose File No file choser	MT/1032148 MT/1032148 MT/2032148 Path •	Name unknown Proport Received	Save Submit	EBK7817H / UNKNOWN . LS/02/2019 12:06 ROSLI WAHAB 601 15/02/2019 15:48 Category * Please Select	Contact No. (Holme) OI Vericle Number ON 14 Feb 2019 Claim Close Date Close Date Confidential V NO V Nom V No	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received Tosi Less but Repaired Ingency * Description mail * mail * Ingency * Ingency * Description mail * Ingency * Description mail * Ingency * Inge
Contact No. (Mabile) Email Address Claim Description Preferred Workshop Sensite No. Yes Date Registered Report Taken By X. Print AK letter Attachment Y Accident No. Last Doc. Received Choose File Choose File No file choser Choose File No file choser Choose File No file choser	MT/1032148 W Yes No Path *	Name unknown Proport Received	Save Submit Clear Clear Clear	EBK7817H / UNKNOWN . LS/02/2019 12:06 ROSLI WAHAB 001 15/02/2019 15:48 Category * Please Select Please Select Please Select	Contact No. (House) OI Vericle Number ON 14 Feb 2019 Claim Close Dake Workshop Repairer Confidential V NO	Contact No. (Come) TP Vehicle Number Name of Preferred Workshop Date Received Toss but Repaired Irgency * Description mail * mail * mail * mail *
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bathaite No. Yes Print Ak letter Attachment Y Accident No. Lost Doc. Received Choose File Choose File Choose File No file chose	MT/1032148 W/Yes No	Name unknown Proport Received	Save Submit Clear Clear Clear Clear	FBK7817H / UNKNOWN . ILS/02/2019 12:06 ROSLI WAHAB OO1 15/02/2019 15:48 Category * Please Select Please Select Please Select Please Select Please Select	Contact No. (House) (Contact No. (Come) TP Vehicle Number Name of Preferred Workshop Date Received Toss but Repaired Imperor Toss but Repaired
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bathaikt No. Yes Print Ak Setter Attachment Y Accident No. Last Doc. Received Choose File Choose File Choose File Choose File Choose File No file choses Choose File No file choose	MT/1032148 W/Yes No	Name unknown Proport Received	Save Submit Clear Clear Clear	EBK7817H / UNKNOWN . LS/02/2019 12:06 ROSLI WAHAB 001 15/02/2019 15:48 Category * Please Select Please Select Please Select	Contact No. (House) OI Vericle Number ON 14 Feb 2019 Claim Close Dake Workshop Repairer Confidential V NO	Contact No. (Come) TP Vehicle Number Name of Preferred Workshop Date Received Toss but Repaired Imperor Toss but Repaired
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bathait No. Tyes Date Registered Report Taken By Y Print AK letter Attachment Y Accident No. Last Doc. Received Choose File No file choose Choose File No file choose Choose File No file choose	MT/1032148 W/Yes No	Name unknown Proport Received	Save Submit Clear Clear Clear Clear	FBK7817H / UNKNOWN . ILS/02/2019 12:06 ROSLI WAHAB OO1 15/02/2019 15:48 Category * Please Select Please Select Please Select Please Select Please Select	Contact No. (House) (Contact No. (Come) TP Vehicle Number Name of Preferred Workshop Oate Received Total Loss but Repaired Ingency * Description mail * ma
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Sensit No. Telesistion Date Registered Appart Taken By X. Print AK letter Attachment Y Accident No. Last Doc. Received Choose File Choose File Choose File No file choses Choose File No file choses Choose File No file choose Choose File No file choose	MT/1032148 W/Yes No Path *	Name unknown Proport Received	Clear Clear Clear Clear	FBK7817H / UNKNOWN . ILS/02/2019 12:06 ROSLI WAHAB OO1 15/02/2019 15:48 Category * Please Select Please Select Please Select Please Select Please Select	Contact No. (House) (Contact No. (Office) TP Vehicle Number Number Neme of Preferred Workshop Date Received Toss but Repaired Ingency * Description mail * Send
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Barnist No. Yes Date Registered Apport Taken By # Print Ak letter Attachment ## Accident No. Last Doc. Received Choose File No file choses Choose File No file choose	MT/1032148 W/Yes No	Name unknown Tour report Received to the control of the control	Gleer Chear Chear Chear Chear	EBK7817H / UNKNOWN . LS/02/2019 12:06 ROSLI WAHAB Category * Please Select Please Select Please Select Please Select Please Select	Contact No Vericle Number ON 14 Feb 2019 Claim Close Date Workshop Repairer Confidential V NO V N	Contact No. (Comce) TP Vehicle Number Name of Preferred Workshop Date Received Toss Loss but Repaired Toss Toss Toss Toss Toss Toss Toss To

\$ (BUKIT MERAH)) on 15 Feb 2019 15:48 1 -TRE . NAC_BURIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE NRIC/ Oriving License S (BURIT MERAH)) on 15 Feb 2019 12:04 NRIC/ Driving License 2019-2-15 上されない。 NAC_BUKIT_MERAH_900674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 32:04 Photos 2019-2-15 Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 12:04 Photos 2019-2-15 Normal Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 12:03 Photos 2019-2-15 Normal Photos NAC_BUKIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 12:03 Photos 2019-2-15 NAC_BUKIT_MERAH_S00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 12:03 Photos 2019+2+15 Normal Photos NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 12:03 Photos 2019-2-15 NAC_BUKIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 12:03 Photos 2019-2-15 Photos NAC_BUKIT_MERAH_BOOE76(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT NERAH)) on 15 Feb 2019 12:03 Photos 2019-2-15 Normal Photos 9 Action File Name Uploaded By/Date Folder Date

Display in New Window | Scan and uploading

ACCIDENT'STATEMENT

ACCIDENT DATE: 14 3 3 30 4 (DI	D/MM/YYY), TIME:(06: 30)(HH:MM)
LOCATION: Anchorpoint Suga	PING CAE
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: FBX 78	H711
DINSURANCE COMPANY: MT	1
CIPOLICY NUMBER:	
alfolicy type: [COMPREHENSIVE	THIRD PARTY (THIRD PARTY FIRE &THEFT)
B)MAKE & MODEL: Plaggio	Primavera 150cc
TITTE:(SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCLE. / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	COMMERCIAL MOTORCYCLED .
h)PURPOSE OF USING AT ACCIDEN	TIME: WORKING
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: NORMAN HANDI B	02192
b) NRIC/FIN/PASSPORT: 581156	MALE FEMALE OSTO
CIADDRESS: Punggol Place	- COMMON
CLYDDKESS: 104 d del E rac	E.BIK 3064 # 11-37
c)ADDRESS: BW 63 SIMS "d)DATE OF BIRTH: [07/10/19	82 1(DD/WWVAAA)
e)OCCUPATION: (INDOOR / OUTDO	OR)
1) DATE OF DRIVING PASC	18 200 3000 .
4. WAS DRIVER AN EMPLOYEE OF TH	HE INSURED'S COMPANY? (YES I'NO)
IF NO, RELATIONSHIP OF THE DR	IVER WITH INSURED: FRIEND
5. a) WEATHER CONDITION; (CLEAR ! R	AINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTH	IERS
6. WAS ANYBODY INJURED (YES NO)	
7. a) REPORTED TO POLICE (YES) NO)	BUT NEWAL WAS INC
	ESTATION. BUENT MERAH WAST NEC
n territoria	\$100 SECTION 100
of passinger a) VEHICLE NUMBER:	MODEL:
uding driver) b) DRIVER'S NAME:	
9. THIRD PARTY VEHICLE	CONTACT:
d) VEHICLE NUMBER:	TWO MEMORY
The state of the s	MODEL:
111 3 40 30 40 4	· · ·
NRIC/FIN/PASSPORT:	CONTACT::-
A 10	E 8 0 2
-	•

email = norman-had, - 46 @ ganoo.com.sg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8115694H





Name

NORMAN HADI BIN MALAL

MALAY
Date of birth
22-05-1981

Sex

58115694H

Country of birth SINGAPORE

......



NRIC No. S8115694H



Date of issue 24-05-2012

Address
APT BLK 306A PUNGGOL PLACE
#11-37
SINGAPORE 821306

CTION SLIP						
981	1569	411	(1	TNK	IC)	ú

08/05/2019

\$300.00

NORMAN	HADI	BIN	MALAL

TION COUNTER

Please visit https://eappointment.ica.gov.sg or our mobile app, eAPPT@ make an appointment.

08/02/2019

TION DATE RATION OFFICER :

Zunur Huda Binte Mohd

valid has to be returned to this office for cancellation.

SIGNATURE/RTP OF RECIPIENT:

DATE OF ISSUE

TION HOURS: 8.00 am - 4.30 pm (Mon-Fri)

8.00 am - 12.30 pm (Sat)

ill be destroyed if you do not collect it within 3 months from the collection date and you will have to pay the fee for a new replacement pred/Patterned contact lenses during collection

authorise a Singapore Citizen or Singapore Permanent Resident to collect the IC on your behalf. Please inform the proxy to produce I ollection slip duly completed on the reverse side of the collection slip. Proxy collection is not allowed at SingPost and iCollect.



Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

ADVISORY CIVEOSS CITIC	
IAN	NRIC: 58115694H
rac	have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the period, you are to bring it to this office by
lea	se come in person with the following documents:
)	Original IC which was recovered;
)	Original IC collection slip; and Copy of Bank Statement with your particulars (Full Name and Account No.).
osir	ng an IC is a serious matter. Please be extra careful with your IC.
ack	nowledge that any request for refund of the IC replacement fee for IC recovered grace period will not be acceded to. The recovered IC which has been rendered as

gnature of IC Holder

Date:

08 FEB 2019



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



Certificate of Insurance

: FBK7817H

: 02 Feb 2019

: 01 Feb 2020

: ZAPM8120000005244

Cover : Third Party, Fire & Theft

: MUHAMMAD FAIZAL BIN MOKHTAR

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

Certificate Number : 5077544841-03

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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 Traile.

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

EXCESS (SECTION 1)

EXCESS (SECTION 2)

EXCESS (THEFT OUTSIDE SINGAPORE)

INSURE WITH COE

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

N/A

N/A

: PLEASE REFER OVERLEAF

: MUHAMMAD FAIZAL BIN MOKHTAR

: NA NORMAN HADI BIN MALAL

: A.S. PHOON PTELTO @ 5811 XBYH WEF 12/2/19 : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 01 Feb 2019 12:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive