Date In: > 1/3/19 - 14:78	Jeb description	50000 Case-	Date &Time Completed	Done	pi.
Res No: NA 14 C1900 5241 /24	SAS e-filing				
Veh No: PINSTS	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 20/3/19.16:00	i-Motor Clai		M7 (1037157 - 001	23/3/19 14	TV
()	i-Motor W/C	(Within: OD 2hr			
OD / TP/ Reporting Only	i-Photo Uplo	aded	The same with		
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	V: (Tel:	Fax:	
TP Particulars: Veh No:	60636144	. INC ()/Non-INC()	gi	
Owner / Driver: (3-540147		Tcl:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	-
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading	:\$1,000()/\$2,000	()			
General Remarks;-			Service (Sec. 15).		
() Walk-In Customer : Customer	re information etricity Co.	ofidential & St	minimum and the second		
		inidential & St	nedy NO Talet of Tepaner.		
() Total Loss Case : to e-mail		70 () 7	Seed of the		1
Drive-In ()/ Towed-In (); In	nvoice: YES () / N	();1	owing Co: (,
Remarks: (INC hotline: 6788 66	516)`+		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		*		
3) Upload Resurvey Photo [Repair Co.	st > \$3000] ()	7		
3) Upload Resurvey Photo [Repair Con	st>\$3000] ()	7		
3) Upload Resurvey Photo [Repair Continuity: Injury:	st>\$3000] ()			
Injury:	st > \$3000] () -((***********************************			
Injury:	st>\$3000] ()			
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Injury:	st > \$3000] (
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Injury:	st > \$3000] ()			
Injury: Date/Time Actions	st>\$3000] (Invoice Pre	paration Checklist	Ant(S)	. A C. S. C. C.
Injury: Date/Time Actions HA MONGS	st > \$3000] ((700)	paration Checklist:	Ant (S)	. A C. S. C. C.
Injury: Date/Time Actions NA IMPNAT:	st > \$3000] (1) AR : Acciden 2) DA : Damage	t Reporting (\$30); Assessment (\$100); INC (fá Biji (80)	. A C. S. C. C.
Injury: Date/Time Actions A Monary A Monary Aumant's Particulars:-	st > \$3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing	t Reporting (\$30); Assessment (\$100); INC (\$700)	fû Bill	. A C. S. P. C. S.
Injury: Date/Time Actions Actions Injury: Inimant's Particulars:- river/Owner:	st > \$3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-1 5) FT : Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$700); Fee \$700 Company of the company	f#Bill 	. A C. S. P. C. S.
Injury: Date/Time Actions NA MONIT: Date/Time Particulars:- Date/Time Actions	st > \$3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-1 5) FT : Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$ Fee \$5 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200	f#Bill 	. A C. S. P. C. S.
Injury: Date/Time Actions NA MODILE Laimant's Particulars:- river/Owner:	st > \$3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 1 4) FT : Follow-1 5) FT : Follow-1 For cleiming 1 6) TR : Re-inspe 7) N1 : Idao DA	t Reporting (\$30); Assessment (\$100); INC (\$ Fee	f#Bill 580) 50/545 \$120 \$30	. A C. S. P. C. S.
Injury: Date/Time Actions NA 192145 Inimant's Particulars:- river/Owner: Ontact No: hmäged Portion:	st > \$3000] (1) AR: Acciden 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For cleiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$ Fee	f# Bill \$80) \$0/545 \$120 \$30 \$5) \$75	. A
Injury: Date/Time Actions NA 192145: Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	st > \$3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For cleiming : 6) TR : Re-inspe 7) N1 : Idao DA 3) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$ Fee	fit Bill 1880) 10/545 5120 530 55) 575 5160	. A
Injury: Date/Time Actions HA 192145: Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	st > \$3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For cleiming: 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair 0	t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$50 Through Survey (Resurvey) Issainst INC Only (wef 10 Jan 200) Incident + SMRT Survey Incident Services: Incident Survey Incident Surve	580) 10/545 5120 530 25) 575 5160	Amt (3
Injury: Date/Time Actions HA 192245: Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	st > \$3000] (1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$50 Through Survey (Resurvey) Issainst INC Only (wef 10 Jan 200) Incident + SMRT Survey Incident Services: Incident Survey Incident Surve	fit Bill 1880) 10/545 5120 530 55) 575 5160	
Injury: Date/Time Actions	st > \$3000] (1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For cleiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair 0 *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$50 Through Survey (Resurvey) Igainst INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination mair Inspection Heet Excess Coordination P (Non INC) against INC	\$80) \$00/\$45 \$120 \$30 \$530 \$575 \$160 \$530	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible, Any wilful misrepresentation or 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.
- 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	23/03/2019 14:38
Date Of Accident	20/03/2019 16:00
Exact Location Of Accident	JUNC AMK AVE 3 & AMK ST 23
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT1237B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAUZI BIN SAFRI
NRIC No	S9606911A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87791822
Alternative Phone No	OFFICE-87791822
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099431610
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAHMI BIN SAFRI
NRIC No	S9901617E
Date Of Birth	23/01/1999
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90280704
Fax Number	
Contact Number	OFFICE-90280704
EMail Address	NOEMAIL

Address BLK 750 WOODLANDS AVENUE 4

#09-311

Postcode 730750

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

CONTRACTOR OF THE PROPERTY OF

...

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

YES

ambulance?

IES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) 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 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

REFER TO POLICE REPORT - T/20190321/2047.

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 GBG7614Y

Vehicle Make/Model/Colour

GBG/6141

Details Of Properties

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAHMI BIN SAFRI

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FT1237B

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)

Lunderstand, 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:

Name: NRIC/FIN No.:

Reporting Centre

e:

sonnel's Signature

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	÷ ///	(A) 0+0 FT 1237.
SKETCH PLAN	¥: 1	(B) GBG 7614
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5 August 11 1 2 2 2 1		
	Ang mo Kio Ave	3
	1 × 1 kai 4 1 john 1	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
	as or manecipality	
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PIS	refer to Police Re	pert
	NO: 7/20190321/204	7
	No: 7/20190321/204	
di .		
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DECLARATION		
	rticulars are true in every respect.	
	\	
	Caller	
Policyholder's Signature	Driver's Signature	Panadia Sasta 2
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No :

ehicle No.	FT 1237 B. Model/Make Yamaha RXZ
Pate of Accident	20/03/19
ime of Accident	/600 HRS
ocation of Accident	Any Me Kie Are 3 junction Any Me Kie 8+ 23.
xact purpose use during acci-	
Name of Owner	Muhammad Fauzi Ben Sufri
elephone No.	H/P: \$779 1822 Home: Office:
VRIC	8 9606911 A
Address	BLK 750 Woodlands Ave 4 # 09-311 (0) 730750
	OD THIRD PARTY REPORTING ONLY
Claim type	
nsurance Company	Comprehensive Third Party / Third Party / Fire /Theft
Type of Coverage	
Policy No.	5099431610
Name of Driver	As Above If No, Muhammad Fahmi Bin Safri
NRIC	\$ 9901617€ - Any Passengers : ₩ A
Date of birth	23/01/1999.
Occupation	Outdoor / Indoor
Driving License Pass Date	14/12/2017.
Gender	Male / Female
Contact No.	H/P: 9028 0704 Home: Office:
Address	BLK 750 Woodlands Ave 4 # 09-311 (5) 730750.
Driver have any own vehicle	
Relationship	Employee, If no, state Brother
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Muhammad Fahmi Bin Safri
Name And Contact No.	
Police Report	No, If Yes, Where? Traffic Police HO.
Vehicle B No.	GBG 76 /4 Y . Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact : N-A-
Accident Portion	Front and right portion.
Camera Recorder	Yes (No)
Email Address	
Ellian Audress	
PARTICULAR WORKSHOP	moto s1
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Jacker .
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	





1 of 3

Report No. T/20190321/2047

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

REPORT	OF A	TRAFFIC	ACCIDENT
nEroni	UIM	IDAFFIG	ACCIDENT

Date/Time Report Made: 21/03/2019 12:57		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: MUHAMMAD FAHMI BIN SAFRI			Address: APT BLK 750 WOODLAND SINGAPORE 730750	S AVENUE 4 #09-311	
ID Type / ID No.: NRIC NO / S9901617E		17E	Contact No.: Home/Office:	90360704 Mobile: 90380704	
Nationality: SINGAPORE CITIZEN		ŒN	Email: MUHD FARHAN BIN S Investigation Office		
Sex: Male	- igo. Date of Ditti.		Type of Informant: Traffic Police Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information Class: 2B,2A		

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2019 16:00	Type of Location: Straight Road	
Location: Along Road 1 ANG MO KIO AVENUE 3 Weather: Clear		Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way	ow: Traffic Control:			Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						FINANCE IN SE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FT1237B	Motorcycle	YAMAHA	RXZ	Blue	Seriously Damaged	0

Details of Person Involved	
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/20190321/2047

CONTINUATION OF REPORT

Rider				- Lucus	8 E - 17 G	Market Market Base 19
Name	MUHAMMAD FAHMI BIN SAFRI			ID No	4	S9901617E
Related Vehicle	FT1237B (Motorcycle)			Conta	ct No.	90380704
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licen Expiry	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	20/03/2019 Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	Degree o	fInjury	Serio	us	

Brief Details.

On the above mentioned date time and location

I was travelling along Ang Mo Kio Avenue 3 at the Cross-Junction. As i was riding straight, a Lorry, from Street 23, whom initially was in a stationary position, suddenly made a right turn. I wasn't able to brake on time to avoid the accident as the proximity between my bike and the Lorry was already too close. Thence, my bike collided onto the right side of the Lorry. The passerbys helped to call the traffic police and ambulance arrived shortly after. After being attended by the paramedics at the scene, i was subsequently admitted to hospital for further medical treatment.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190321/2047

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 TP / NG JIN SHENG	g The Report:	Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 21/03/2019 12:57	
Officer In Charge Of Case: TP / GIT / Contact No.:		Si Classification Of Case:	
Authentication Stamp NP168	Signature:		



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

AMENDMENT

NP 168 No: T/2019	0321/2047	Name: Muhammad Fahmi Bin Safri
Accident Date 1 imes	= 21-103/2010 20103/14/016	go Address: BIH 750 woodlands Avenue 4
Vehicle(s) involved:	FT1237B	409-311 5(730750)
	GBG 7614Y	NRIC No : 599 01617E
		Tel No: 90280704
		Date: 22/03/2019
Dear Sir / Madam	nd as follows :	
		70 SE 80 SE - 1000 - 100 SE
That is all .	clude the Lorry's	registration plate number - GBG7614Y
		1 /
Manage de la companya della companya della companya de la companya de la companya della companya		
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	/	

		SGT John KG Voodlands East INFU
* /		No. 3 Woodlands Drive 63
		Singapore 737890
/		Tel: 6767 9999 Fax: 6764 3652
		101. 01 01 0000 1 dA. 01 01 000E

Ramps Yours faithfully





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9901617E





MUHAMMAD FAHMI BIN SAFRI



BOYANESE Date of birth 23-01-1999

899016175

5268528

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE S / No.9000288323 SHOULTE

11-02-2014

APT BLK 750 WOODLANDS AVENUE 4 #09-311 SINGAPORE 730750



Certificate of Insurance

ROAD TRANSPORT ACT, 1987 (MALAYSIA)	D COMPENSATION) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISKS) RU	Cover : Third Party
Certificate Number : 5099431610	
Index mark and Registration Number of	of Vehicle FT1237B
Chassis Number	: ZMC258049
2. Name of Policyholder	: MUHAMMAD FAUZI BIN SAFRI
Effective Date of Insurance	: 29 Mar 2018 : 28 Mar 2019
L. Expiry Date of Insurance	
 Persons or Classes of Persons entitled 	to orive#
the Motor Vehicle or has been so enactment or regulation in that be	s permitted in accordance with the licensing or other laws or regulations to drive permitted and is not disqualified by order of a Court of Law or by reason of any ehalf from driving the Motor Vehicle.
6. Limitations as to Use#	
	ure purposes and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	Carlo Ca
(b) Use for racing, pace-making, relia	bility trial or speed-testing.
 Use for the carriage of goods (oth Use for any purpose in connection 	ner than samples) in connection with any trade or business.
headings.	
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A : MUHAMMAD FAUZI BIN SAFRI
	: MUHAMIMAD FAUZI BIN SAFRI
NAMED DRIVER (1)	ANTIHAN MARA DE ENLISHED IN ENERGY
NAMED DRIVER (1) NAMED DRIVER (2)	: MUHAMMAD FAHMI BIN SAFRI
NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED	: MUHAMMAD FAHMI BIN SAFRI : N/A : N/A
NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Policy to wh Vehicles (Third Party Risks and Compensa	: N/A : N/A ich this Certificate relates is issued in accordance with the provisions of the Motoration) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) EE KHIAN HAN (00000602475)

D P #10/c

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						→ Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		20/03/2019	16:00	
	Vehicle	No.(For Motor)	FT1237	В		Certifi	icate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099431610		MUHAMMAD FAUZI BIN SAFRI	S9606911A	GMC	Third Party	FT1237B	FT1237B	29/03/2018	28/03/2019
				50016003		Continue					

Policy Information Policyholder Policyholder NRIC Policy No. 5099431610 MUHAMMAD FAUZI BIN SAFRI S9606911A Name Certificate No. Address BLK 750 #09-311 WOODLANDS AVENUE 4 SINGAPORE 730750 Product Group MOTORCYCLE INSURANCE Plan Policy Flag Policy Effective 29/03/2018 29/03/2018 00:00 issue Expiry Date 28/03/2019 23:59 Date Excess All Claims Туре Excess Third Own Windscreen Party damage Excess Excess Excess Additional os Premium Outside Outside Singapore Singapore TP Excess Young/Inexperience Driver Excess OD Excess Agent BENJAMIN LEE KHIAN HAN Agent Tel. 81798000 Coinsurance Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 BLK 750 #09-311 Address 2 WOODLANDS AVENUE 4 Address 3 SINGAPORE 730750 Address 4 Address Type Singapore address Post Code 730750 Related Policy Unit No. 5099431610 Number Insured Object: FT1237B Endorsements Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Thank you for giving us the opportunity to serve you. We confirm that from 28 Jun 2018, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$134.26 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since Basic Information made payment. Otherwise, we would appreciate it if you could make payment to us within 14 28/06/2018 00:00 Entry Rejected Endorsement days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. Continue Cancel

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MERIANDO ALEJE BE SATE MERIANDO FALEZ BE SATE MERIA		5099431610	Vehicle No.	FT12378	GST Registration No.	
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MODINION	licyholder Name	MUHAMMAD FAUZI BIN SAFRI			Policyholder NR1C	596069114
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## PANSON TOTAL		07791022		300		
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Address Type	Policyholder Mailing Ad	dress				
Roused Policy Number Store	dress 1	BLK 750 #09-311	Address 2	WOODLANDS AVENUE 4	Address 3	51NGAPORE 730750
## Part	Oress 4		Address Type	Singapore address	Post Code	730750
## Name	n No.		Related Policy Number	5099431610		
Part	OI Driver Info					
Price of Driver Leene	ver Name	MUHAMMAD FAHMI BIN SAFRI	Driver Type	Named Driver		
Contact No.	named driver Name		Driver NRIC	S9901617E	Driver DOS	23/01/1999
Contact No. No.	pater Date of Driver License	14/12/2017	Driver Age	20	Driving Experience	
Address 1	Kact No.(Mobile)	90280704	Contact No. (Office)	0		
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