NATIONAL Assessment Cent	re Services	(wet 1 Janos) My	VA hanus 20		
Date In: 44/19-14:28	Jeb descripti		Date & Time Completed	I Do	ne by
Ref No: NA/INC 1900JGB 1/LY	SAS e-filin	g			
Veh No: SMGAZYYB		in Shrs, AIC 2hrs)	 	1	
D.O.A: 3/4/19-17:40	i-Motor Cl		100-65£8501 LW	1	nt.
		O (Within: OD 2hrs		414/9	14:41
OD TPY Reporting Only	i-Photo Up	The second second second second	!	 -	
TDI		Survey Report	1	1	
TP Insurer:		by Fax / Hand t	Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JUNA	M3¢	INC (20033	rax.	
Owner / Driver: (10-7	-	Tel:)	
Policy No: () Pe	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-	-100%]	
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$1,0	000()/\$2,00	0()			Name V
General Remarks:-	X - 7	6 - 8 / 2 = 2	STATE AND A STATE OF A		
() Walk-In Customer: Customer's info	rmation etrictly C	seeds at 1 a Out		32.70	-
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()	Date&Turie Completed	Andrew A	
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	-		
Injury :					
Date/Time Actions					
- Cable Actions			en de la companya de	MB/SOLVI	
			1	0.000	
	#20_15				
•		Services differen		4	
NA1902440	18	Invoice Prepa	ration Checklist	Anit (S)	Amt (
almant's Particulars':-		1) AR : Accident R	porting (\$30);	fit Bill	Add Bi
iver/Owner:		2) DA : Damage As 3) TF : Towing Fee		30) 0/ 5 45	
		4) FT : Follow-Thro	nigh Survey	\$120	
ntact No:	*		nigh Survey (Resurvey) nst INC Only (wef 10 Jan 2005	330	
maged Portion:		6) TR : Re-inspection 7) N1 : Idac DA + S		\$75	
		8) NTUC Additiona	Contraction of the Contraction o	3100	
Checked by (Engr-In-Charge):		OD* *N5: Courtesy Ce	r/Tpt Allowance	55	
NATIONAL AND ADMINISTRATION OF THE PROPERTY OF	CONTRACTOR CONTRACTOR	*N6: Repair Co-o	rdination	510	
iditors' Comments :-		*N7; Fost Repair *N8; DV / Collec	Inspection Excess Coordination	\$25 \$5	
<u> </u>		TP (N11): TP (N	on INC) against INC	\$20	
2/3:		9) N12: Idac Mobile Invoice dated	Fee Charged	30	ar a Ta
		Invoice dated	Fee Charged	STEAR FOR	

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.
- 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	04/04/2019 14:28
Date Of Accident	03/04/2019 17:40
Exact Location Of Accident	PIE TWDS LORNIE RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG7244B
Insured/Policyholder	
Name Of Registered Owner	HAJI MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL
NRIC No	S2138534D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97315099
Alternative Phone No	OFFICE-97315099
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106689753
Cover Note Number	
Driver	
Name of Driver	NUR SHAHIRAH BINTE MOHAMED MOHIDEEN

NRIC No S9525344Z Date Of Birth 20/07/1995 Occupation **INDOOR** Date Of Driving Pass 13/02/2016

Driving Experience 3 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-90035945

Fax Number

Contact Number OFFICE-90035945

EMail Address NOEMAIL Address 88 CORPORATION ROAD

#05-16

Postcode 649823

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

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 BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190403/2225.

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

ANG GEOK GWEE

Vehicle Registration Number SLN1483S

Vehicle Make/Model/Colour TOYOTA COROLLA

Details Of Properties

Name of Driver

Vehicle Category PRIVATE CAR

NRIC/Passport Number S6838738H Contact Number 81575653

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ9706J Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN HELEN NEE HU TOH KENG

NRIC/Passport Number S0098862F Contact Number 91912008

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SCY7778B

Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver AHMAD BIN UJANG

NRIC/Passport Number S1629546I Contact Number 93840516

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NUR SHAHIRAH BINTE MOHAMED MOHIDEEN

Approximate Age

Injuries Sustain NECK, BACK & SHOULDER

Injured person in which vehicle? SMG7244B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

SKETCH PLAN

IMPORTANT NOTICE

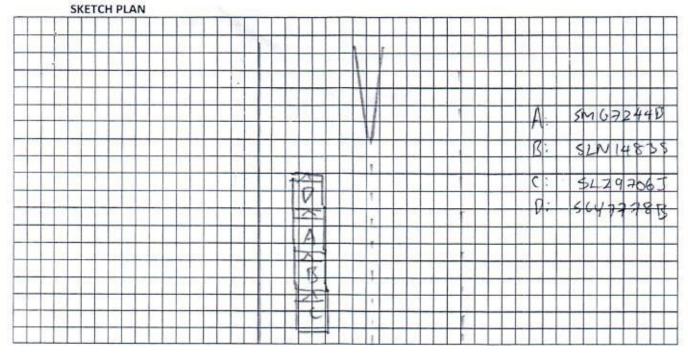
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



Refer to Police Report.
Refer to Poku Report. 7/2019 0403/2225

DECLARATION

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

Policy holder's signature Date & time: Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel 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.
- $\ensuremath{\Phi}$ 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.

	ACCIDENT DETAILS	
Date of accident	03 84/04/19	(DD/MM/YY)
Time of accident	1740	(HH:MM)
Exact location of accident	PJE Exiting Lorale Road	

	DETAILS OF VEHICLE _
Vehicle registration number	SMG 724413
Vehicle make and model	Honda vezel Hybris
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle 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 □

	INSURANCE INF	ORMATION	
Insurance company	NTUC	The second secon	THE PERSON NAMED IN
Policy number	510	166 8 9753	
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only

INSURED / POLICY HOLDER				
Name	Hosi Mohamuk Mohideen sto N Mohamud IsmailMale of Female			
NRIC / Fin / Passport number	521385340			
Contact	97315099			
Address	88 (orporation Road #05-16 S(649823)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Mur Shahirah Binte Mohand Mohideen Male o Female &
NRIC / Fin / Passport number	595253442
Contact	90035945
Address	88 corporation Road flos-16 5(649823)
Email address	
Date of birth	20/07/1995
Occupation	Indoor D Outdoor D
Driving date pass	13/02/2016

	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of.	Yes D No D	
the insured's company?	If no, relationship of the driver and insured: _	fathur
Accident captured by camera?	Yes 🗹 No 🗆	
Weather condition	Clear Raining Others:	
Road surface	Dry Wet a	
No of passenger		(Inclusive of driver
基础的 2.000 2000 2000 2000 2000 2000 2000 20	PASSENGER 1	1110
Name		
Gender	Male Female	
	PASSENGER 2	*
Name		
Gender	Male Female	
Manager and the second	PASSENGER 3	1000
Name		
Gender	Male Female	
	PASSENGER 4	
Name		
Gender	Male Female	
	PASSENGER 5	
Name		
Gender	Male Female	
是表別國行(#BK) [4] (2 X)	PASSENGER 6	
Name	Service and the service of the servi	
Gender	Male Female	
HE STATE OF THE STATE OF	OTHER INFORMATION	
Was anybody injured?	Yes No 🗆	Market Market Market
Was other vehicle damaged?	Yes Z No 🗆	
	DETAILS OF POLICE STATION ACTION	a control
Reported to police?	Yes No If yes, please state which	police station.
Police station name	Zishan N.P.C	
德 国的70年,70日间1955年	WITNESS 1	
Name	The state of the s	
	WITNESS 2	
Name		

Bid Andrew will be a second	THIRD PARTY VEHICLE 1	
Vehicle registration number	SLN14835	AND DESCRIPTION OF THE PERSON
Vehicle make model	Tayota corolla	
Name	Ang Geok Gluce	E
NRIC / Fin / Passport number	S6838738rl	
Contact	81575653	

	THIRD PARTY VEHICLE 2	
Vehicle registration number	5LZ9706J	THE R. P. LEWIS CO., LANSING, MICH.
Vehicle make model	Muzda	
Name	Tan tulen nu thu	
NRIC / Fin / Passport number	50098862F	
Contact	9191268	

	THIRD PARTY VEHICLE 3	11 1 - 2500
Vehicle registration number	5CY 7778 B	
Vehicle make model	Topla wish	
Name	Ahmad Bin Wung	
NRIC / Fin / Passport number	516295467	V
Contact	93840516	

Market Co.	THIRD PARTY VEHICLE 4	
Vehicle registration number	STREET, STREET	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Market Street St	THIRD PARTY VEHICLE 6	**		
Vehicle registration number				The second secon
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 7					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

INJURED PERSON 1					
Name	NUT Shahirah Birte mohared				
Injuries sustained	Back & Neck & Shoulder				
Which vehicle person in?	SMG 724+1 B				
Were seat belts worn?	Yes 🗷 No 🗆				
Was injured conveyed to hospital by ambulance?	Yes No No				

	A. Contract	INJURED PERSON 2	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

		INJURED PERSON 3		
Name			at the same of the	and the state of
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

		INJURED PERSON 4		
Name	The state of the		-	H-1-
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

INJURED PERSON 5				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

INJURED PERSON 6				
Name			Street	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		





1 of 4

Report No. T/20190403/2225

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

DEDODT	OF A	TOACCIO	ACCIDENT
REPURI	1 II- A	I RAFFII.	ALL III PNI

Date/Time Report Made: 03/04/2019 21:33		/lade:	Vide Report No.:	Station Diary No.: 176	
Informan	t's Partic	ulars	AND AND AND A COMME	and twenty of the control	
Name of Informant: NUR SHAHIRAH BINTE MOHAMED MOHIDEEN			Address: 88 CORPORATION ROAD #05-16 SINGAPORE 649823		
ID Type / NRIC NO	ID No.: / S95253	44Z	Contact No.: Home/Office:	Mobile: 90035945	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Female	Age: 23	Date of Birth: 20/07/1995	Type of Informant: Driver	A CL	
Race: Indian			Language: English	Institution / School Name: SIM University	
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2019 17:45	Type of Location Straight Road	
Weather: Clear		Road Surface: Dry	8	Road Speed Limit:	
Traffic Flow: Tr		Traffic Control:		Traffic Volume: Heavy	
Traffic Flow: One Way		Not Controlled		Heavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCY7778B	Car	TOYOTA	WISH1.8X A	Brown		0
SLN1483S	Car	ТОУОТА	COROLLA ALTIS 1.6 CVT	Red		0 .
SLZ9706J	Car	MAZDA	MAZDA2 SEDAN 1.5 AT STANDARD PLUS EU6	Silver		0





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 2 of 4 Report No. T/20190403/2225

CONTINUATION OF REPORT

Details of V	emicie mvo	iveu	A STATE OF THE STA	经国际公司		and the second second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMG7244B	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Blue	Seriously Damaged	

Details of Perso	n Involved	THE RESERVE OF THE PARTY OF THE		1	Market State of the Live of
Any Pedestrian Ir	nvolved: No				
No. of Pedestrian	s Injured: NIL	Use of Ped	destrian	Cross	ing: NA
Driver	The state of the s				Market Market Comment
Name	AHMAD BIN UJANG	ID No.		S1629546I	
Related Vehicle	SCY7778B (Car)			ct No.	93840516
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
	ted Medical Leave NIL	Degree of		NIL	
Driver	23 3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	WALLES TO SERVE			THE WALLE THE SE
Name	ANG GEOK GWEE		ID No.		S6838738H
Related Vehicle	SLN1483S (Car)		Contact No.		81575653
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			
	ted Medical Leave NIL		ee of Injury NIL		
Driver		20 × 20 × 40	经营工会的	100 Teles	SALE PASSICIES AND TO
Name	TAN HELEN NEE HU TOH KE	NG	ID No.		S0098862F
Related Vehicle	SLZ9706J (Car)	Contact No.		91912008	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL	
	ted Medical Leave NIL	Degree of		NIL	





3 of 4

Report No. T/20190403/2225

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Name	NUR SHAHIRAH BINTE MOHAMED MOHIDEEN				ID No. S9525344Z	
Related Vehicle	SMG7244B (Car)		Conta	ct No.	90035945	
Hospital/Clinic	HORIZON MEDICAL CENTRE				of g ce & Date	Class: 3A Date of Expiry: NIL
Date Treatment	03/04/2019	Date Disc	harge	03/04	/2019	
No. of Days gran	No. of Days granted Medical Leave 03				NIL	

Brief Details.

On 3/4/19 at about 1745hrs, I was filtering into the Lornie Rd exit in my vehicle, SMG7244B (V1). I wish to state that the traffic was heavy at that point of time as such my vehicle was stationary. All of a sudden, I felt a collision from the rear. The impact from the collision caused me to surge forward and hit onto a vehicle in front of me, SCY7778B (V2).

When I alighted from my vehicle, I realised that I was involved in a chain collision. A vehicle behind me, SLN1483S (V3) had collided onto the rear of my vehicle after another vehicle, SLZ97606J (V4) had hit onto its rear. All drivers alighted from our vehicles to exchange particulars and take photos of the damages.

No Traffic Police and ambulance at scene. No government property damaged and nobody injured at scene however later, I felt pains of my back and neck as such I went to the doctor and was given 3 days of MC. The front car plate had scratches and was cracked and the front portion of my vehicle had scratches on it. The rear of portion of my vehicle was seriously damaged. I have an in-built camera (front and back) and it captured the whole accident.





4 of 4

Report No. T/20190403/2225

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The E / Sgt 3 NUR SAHIDAH BINTE IBRAH	h	Signature Of I	nformant:
Signature Of Interpreter: Not applicable		Date/Time: 03/04/2019 21	1:33
Officer In Charge Of Case: TP / AEIT /		Classification	Of Case:
SI ANG YI TING, STEPHANIE Contact No.: 65476414	SINGAPORE POLICE FOR	c: " ()	SN 061
Authentication Stamp		SIG	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9525344Z





NUR SHAHIRAH BINTE MOHAMED MOHIDEEN

ثور شاهیره بنت محمد موهیدین Hero INDIAN

20-07-1995 F

895763442

Country of birth

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

EFFECTIVE DATE

Class 3A Mojor cars without clutch pedals (Auto) with unladen weight =< 3000kg with >< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S9525344Z

NP 428A

4635366



HHIC No. S9525344Z

21-09-2010

Acon

88 CORPORATION ROAD #05-16 SINGAPORE 649823



Certificate of Insurance

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: 5106689753 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : To Be Advised

Chassis Number : RU31321984

2. Name of Policyholder : MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL

3. Effective Date of Insurance : 28 Dec 2018
4. Expiry Date of Insurance : 27 Dec 2019

5. 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 or Hirer's business.

This Policy does not cover

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

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

(c) 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.

 EXCESS (SECTION 1)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : HAJI MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE LIMITED

SUM INSURED : 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 28 Dec 2018 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	00601		The second secon	THE REAL PROPERTY.		• Chang	e Language	• Chang	e Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	[0	3/04/2019 1	7:40	
	Vehicle No.(For Motor)	5MG72	448		Cert	ificate Numbe	. [
					Search	1				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5106689753		HAJI MOHAMED MOHIDEEN S/O N MOHAMED ISMAIL	S2138534D	GPC	drivo CLASSIC		5MG7244B	28/12/2018	27/12/2019

Policy No.	5106689753	Policyholder Name	HAJI MOHAME	D MOHIDEEN S/O	Policyholder	S2138534D	
Certificate No.		Name			NRIC		
ddress	88 CORPORATION ROAD #05-1	6 LAKEHOLMZ	Z SINGAPORE 64	49823			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/12/2018	Effective Date	28/12/2018 0	0:00	Expiry Date	27/12/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent Co-	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
	No						
insurance Flag Open Policy Info	No						
Flag Open Policy	No						
Flag Open Policy Info Certificate Info	No holder Malling Address						
Flag Open Policy Info Certificate Info Policy) Addr	ess 2	≠05-16 LAKEHOLM.	z	Address 3	SINGAPORE 649823
Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address			#05-16 LAKEHOLM. lingapore address		Address 3 Post Code	SINGAPORE 649823 649823
Flag Open Policy Info Certificate Info Policy Address 1 Address 4	holder Mailing Address	Addr	ress Type S	NSCHOOL WASHINGTON ACCOUNT.			
Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	holder Mailing Address	Addr Relat	ress Type S	ingapore address			
Flag Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	holder Mailing Address 88 CORPORATION ROAD ed Object: SMG7244B	Addr Relat	ress Type S	ingapore address			
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	holder Malling Address 88 CORPORATION ROAD ed Object: SMG7244B sements	Addr Rela Num	ress Type S	ingapore address		Post Code	
Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors	holder Malling Address 88 CORPORATION ROAD ed Object: SMG7244B sements	Addr Relai Num nt	ress Type S ted Policy S ber	ingapore address 5106689753 Type		Post Code Status	649823

Claim Handling					-1
Accident MT/1038799					
Policy No.	5100609753	Vehicle No.	SMG7244B	GST Registration No.	
Certificate No.					
Policyholder Name	HAJI MOHAMED MOHIDEEN S/O N MOHAMED			Policyholder NR1C	S2138534D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97315099	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NO.
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Report Date	04/04/2019 14:47	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	03/04/2019	Time of Accident hitchmi	17:40	Country of Academ	Singepore
Reporting Centre		Drange Force		DOM No.	
Accident Location	PIE TWOS LORNIE RD				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▽ Benefits	4,000,00	Caranas uniquipore in excess	2,300.00		
♥ GST Registered Informa	ation				
SST Registered Informa	No No		GCT Basistantian Rate		
SST Registration No.	- Mary		GST Registration Date GST Status Verified	Yes	
Modification History			oor orange scilled	762	
Policyholder Mailing Ad	dress				
Address 1	88 CORPORATION ROAD	Address 2	FDS-16 LAKEHOLMZ	Address 3	SINGAPORE 649823
Address 4		Address Type	Singapore address	Post Code	649823
Unit No.		Related Policy Number	5106689753	roat dese	043023
OI Driver Infe		10000000000000000000000000000000000000			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NUR SHAHDRAH BONTE MOHAMI	Driver NRIC	S9525344Z	Driver DOS	02/07/1995
Register Date of Driver License	13/02/2016	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	90035945	Contact No.(Office)	0	Contact No.(Home)	n
Address 1	88 CORPORATION ROAD	Address 2	LAKEHOLMZ	Address 3	SINGAPORE 649823
Address 4		Address Type	Singapore address	Post Code	649823
Unit No.	06-16	Modress Type	origapore apuress	Post Code	549623
Does he own a Singapore		7.201-0000000			
Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Company of the State of the Sta					
Claim 001 New					
Claim Type +	QD-MX	Insured Name	HAZI MOHAMED MOHIDEEN S/O	Insured NR3C	S2138534D
Contact No. (Mobile)	97315099	Contact No.(Home)	62644113	Contact No.(Office)	
Email Address	mohideen@psa.com.sg	OI Vehicle Number	SMG72448	TP Vehicle Number	SLN1483S
Claimant Type Claimant Type *	and the second s	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address		A CANADA STATE OF THE STATE OF		1	
Claim Description	5MG7244B / 5LN14B3S ON 3 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact	SPR07244B) SOR14B3S ON 3 Apr 2015	\$800,000,00000		Name or Preterred Workshop	
No.		Insured Liability *	Not at Pault	mulatives to	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/04/2019 14:51	Claim Close Date		Date Received	04/04/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment			Control of the last of the las		
- italian in the					
No.					
Accident No.	MT/1038799	Claim No.	001		
Last Doc, Received	● Yes ○ No	Upload Date	04/04/2019 14:53		
	Path *	to the contract of the contrac	Category *	Confidential Urgen	
		Browse		2 Normal	<u> </u>
		Browse	Cear Please Select S	Normal V Normal	<u> </u>
The same of the same		Browse	Cear Please Select	ND V Normal	
		Province	Charl Blassa Select	E Roman	9

