Date In: 1/3/14 - 14:07		1A 11905 65 69		
-1-1-1-19:0J	Jeb description	Date & Time Completed	Done	by
Ref No: MAJINICI922778/14	SAS e-filing			
Veh No: Sup 8673L	E-mail (within Shrs, AIC 2hrs)	1		-
D.O.A: 1/1/19-14. 20	i-Motor Claim Form	M-11042680-001	7/5/19 2	2:36
OD: TP ! Reporting Only	i-Motor W/O (Within: OD 2hr		7-7,1-3	
Obj. 17 Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
This is a second of the second	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JH	CSY90A . INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()	A manuack 100 77 d. Co		
General Remarks			STATE OF THE STATE OF	
() Walk-In Customer : Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	* ** ** **	i .	
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO(); T	owing Co: (- 8)
Remarks; (INC hotline: 6788 6616)		Date&Time Completed	Done	hiv
1) Apply for Transport Allowance ()/	STATE OF THE PROPERTY OF THE P			
2) QC Check / Post Repair Inspection				
, Co omore, rosi rechan inshermon	()			
3) Upload Resurvey Photo [Repair Cost > 5	()			
3) Upload Resurvey Photo [Repair Cost > 5	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > 5	()		Para Contrar	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		PROPERTY.	- C-1. p.,
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	() \$3000] ()			·
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	() \$3000] ()		PROMINGEN, AF.	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:		paration Checklist	Anct(5)	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions			Anct(S)	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time	Invoice Prep 1) AR: Accident 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$8	76 Bill (
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time / Actions	Invoice Prep	Reporting (\$30); Assessment (\$100); INC (\$30); te \$400	fitBill	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time	Invoice Prej 1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 te \$40 trough Survey trough Survey (Resurvey)	fat Bill 80) 0/545 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Nalyo3) 41 almant's Particulars:- iver/Owner:	Invoice Prej 1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$50); The Strongh Survey arough Survey (Resurvey) Trained INC Only (wef 10 Jan 2005)	fat Bill 80) 0/545 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions MAIY03741 Almant's Particulars:- iver/Owner:	Invoice Proj. 1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA +	Reporting (\$30); Assessment (\$100); INC (\$50); See \$40 Brough Survey Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey Brough Survey	50 (545) 50/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time	Invoice Proj. 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$50); See \$40 Brough Survey Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey Brough Survey	76:Bill 80) 0/\$45 \$120 \$30 0) \$75	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Nalyo3) 41 almant's Particulars:- iver/Owner:	Invoice Prej 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition QD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$50); The Strongh Survey (Resurvey) Trough Survey	5120 530 575 5120 530 575 5160	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time	Invoice Preparation of the state of the stat	Reporting (\$30); Assessment (\$100); INC (\$30); te \$40 trough Survey trough Survey (Resurvey) troinst INC Only (wef 10 Jan 2005) tion SMRT Survey that Sorvices: Cor / Tpt Allowance	76.Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions Actions almant's Particulars:- iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge): additors' Comments:-	Invoice Preparation of the property of the pro	Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$100); A	5120 530 575 5160 530 530 530 530 530 535 530 535 530 530	
3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time	Invoice Preparation of the property of the pro	Reporting (\$30); Assessment (\$100); INC (\$50); Assessment (\$100); INC (\$50); Assessment (\$100); INC (\$50); Assessment (\$100); INC (\$50); Incomply Survey (Resurvey); Incomply (wef 10 Jan 2005); Incomply (wef 10 Jan	5120 530 575 5160 55 510 523	Amt (5)

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.
- 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
Data Of Based	
Date Of Report	02/05/2019 14:07
Date Of Accident	01/05/2019 14:20
Exact Location Of Accident	JUNC OPHIR RD & QUEEN ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD8623L
Insured/Policyholder	
Name Of Registered Owner	LATIFAH BINTE IBRAHIM
NRIC No	S1196325J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96371455
Alternative Phone No	OFFICE-96371455
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5081564968-02

Driver		
Name of Driver	MOHD YUSOFF BIN ABDUL RAHMAN	
NRIC No	S0076667D	
Date Of Birth	19/05/1950	
Occupation	INDOOR	
Date Of Driving Pass	10/07/1999	
Driving Experience	19 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97105849	

NOEMAIL

Fax Number Contact Number OFFICE-97105849 EMail Address

Address

BLK 230 TAMPINES STREET 24

#05-130 524230

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC5490A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 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>.
- 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) 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)

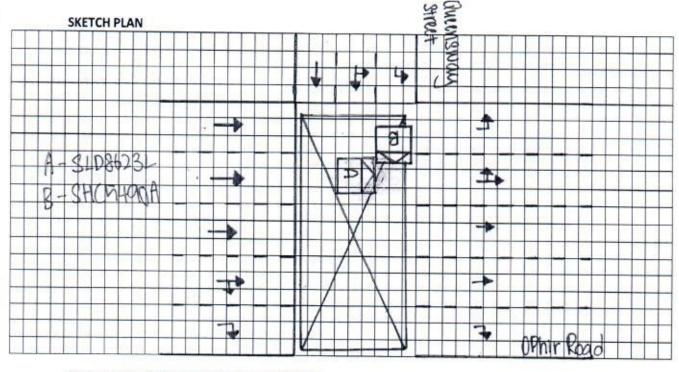
I understand, acknowledge, agree and consent that:

- (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:
 - (I) 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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Was travelling straight along the fourth lane of Ophir Road, while I was approaching the Junction of Quiensway, the traffic light turned amber that I proceeded and while I was national throught the junction, the traffic light of Quiensway of turned green and vehicle B proceeded and collided out the front left portion of my vehicle.

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'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.

ACCIDENT DETAILS		
Date of accident	01 May 2019	(DD/MM/YY)
Time of accident	14 20	(HH:MM)
Exact location of accident	Junction of Ophir Road and Queen	

	DETAILS OF VEHICLE	
Vehicle registration number	SLD8623L	
Vehicle make and model	Hyundai Elantra	
Type of vehicle	Saloon MPV CRV Van CRV ON 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 IN	FORMATION	
Insurance company	NTMC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER			
Name	Latitan Binte Ibranim	Male 🗆	Female 🗹
NRIC / Fin / Passport number	311963257	PROPERTY CONTRACTOR	
Contact	96371456		
Address			

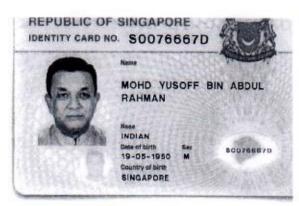
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.	O.B)	
Name	Mond Yusoff Bin Abdul Ranman	Male	Female
NRIC / Fin / Passport number	300766670		
Contact	97105849		
Address	BIK 230 Tampings St 24 #05-130		
Email address			
Date of birth	19 May 1950		
Occupation	Indoor D Outdoor D		
Driving date pass	10 Jul 1999		

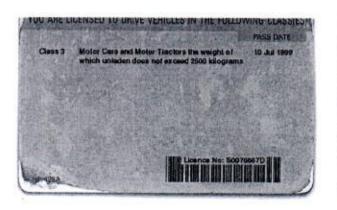
	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes □ No Ø	
the insured's company?	If no, relationship of the driver and insured: HUSband	
Accident captured by camera?	? Yes□ No g	
Weather condition	Cleard, Raining Others:	
Road surface	Dry Wet 🗆	
No of passenger	(Inclusive of	fdriver
	PASSENGER 1	
Name	Mond Yusoff Bin Abdul Ranman	
Gender	Male P Female D	
	PASSENGER 2	
Name		
Gender	Male Female	
/		
	PASSENGER 3	
Name		
Gender	Male Eemale	
A CONTRACTOR OF THE PERSON NAMED IN	PASSENGER 4	
Name	PASSENGER 4	
Gender	Male p Female p	
	The grant of the state of the s	
	PASSENGER 5	
Name	ASSENCENS	
Gender	Male Female	
	The Date of the Control of the Contr	
	PASSENGER 6	
Name	PASSENGER 6	
Gender	Male Female	
- Constant	Male D Fellale D	
	OTHER INFORMATION	
Was anybody injured?	Yes D No Z	
Was other vehicle damaged?	Yes 🗷 No 🗆	
The state of the s	102	
	DETAILS OF POLICE STATION ACTION	
Reported to police?	,	
Police station name	Yes No If yes, please state which police station.	
once station name	1 20 32	
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	WITNESSA	
Name	WITNESS 1	
ituile		1600
Name	WITNESS 2	
value	7	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SHC5490A
Vehicle make model	5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Carlo Barrier	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Many Company	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	This Factor of the Control of the Co
Vehicle make model	
Name	
NRIC / Fin / Passport number /	
Contact	
Marie Commence (THIRD PARTY VEHICLE 6
Vehicle registration number	THIND PARTI VEHICLE O
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact /	
	THIRD PARTY VEHICLE 7
Vehicle registration number	TIMO FAITI VEHICLE /
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	
Injuries sustained	
Which vehicle person in?	1
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	The second secon
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
A	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes p No a \
	Yes' D No D
Was injured conveyed to	
hospital by ambulance?	172 1103
	INJURED PERSON 5
Name Injuries sustained	
Name Injuries sustained Which vehicle person in?	
Name Injuries sustained Which vehicle person in? Were seat belts worn?	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	INJURED PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	INJURED PERSON 5 Yes No No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	INJURED PERSON 5 Yes No No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	INJURED PERSON 5 Yes No No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D NOD INJURED PERSON 6 INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No No INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D NOD INJURED PERSON 6 INJURED PERSON 6











Policy No.	5081564968-02	Policyholder Name	LATIFAH B	INTE IBRAHIM	Policyholder	S1196325J		
Certificate lo.		- Control			NRIC	and an edition of the second		
ddress	BLK 230 #05-130 TAMPINES S	TREET 24 SING	APORE 524	230				
roduct	PRIVATE CAR INSURANCE			-50	Group			
lame olicy	PRIVATE CAR INSURANCE	Plan			Policy Flag	N		
sue Pate	29/06/2018	Effective Date	30/06/201	8 00:00	Expiry Date	29/06/2019	23:59	
xcess ype		All Claims Excess						
hird	Decición II	Own			794			
arty xcess	1500	damage Excess	2000		Windscreen Excess	100		
dditional	0	OS	26					
xcess	U	Premium	0					
utside ingapore		Outside						
D	2000	Singapore TP Excess	1500			Your	g/Inexperience Driver Excess	
gent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Y		
o- Surance	No				ALVOID THE STATE OF	9-14.		
lag Open olicy nfo Certificate nfo								
Policyh	nolder Mailing Address							
ddress 1	BLK 230 #05-130	Addre	ss 2	TAMPINES STREET	T 24	Address 3	SINGAPORE 524230	
ddress 4		Addre	ss Type	Singapore addres	s i	Post Code	524230	
nit No.		Relate Numb	d Policy er	5081564968-02				
) Insure	d Object: SLD8623L							
♥ Endors	ements							
Sequen	ce Date of Endorsemen	nt f	Endorsement	т Туре	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 13 Jul 2018, th following amendment(s) is/are made to this policy: In view of th amendment, an additional premium of \$366.42 (inclusive of GST) is payable under your policy.	
	13/07/2018 00:00	Basic Information Endorsement		Entry Rejected			Please ignore this premium payment request if you have sin made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issu the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also mal payment at any of our branches by cash, credit card or NETS.	
	13/07/2018 00:00	Basic Ir Endorse	nformation ement	Endors	sement Take Effe	ective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Jul 2018, th following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of \$\$2,000.00 is imposed under Section 1 of this policy 2. An	

olicy No.					
	5081564968-02	Vehicle No.	SLD8623L	GST Registration No.	
ertificate No.					
olicyholder Name	LATIFAH BINTE IBRAHIM			Policyholder NRIC	511963253
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
mact No.(Mobile)	96371455	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	THE V
K	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	1
D Protection	Yas	NCD Entitlement(%)	50		732
Accident Details		Hard Emplement, (4)	30	Private Hire	No
oort Date	22.07.201.0.14	300000 5500			
ort Dete	02/05/2019 20:33	Accident Report Weren 24 hrs.	Yes	Acadent Type	Collision - Cross Junction
e of Accident	01/05/2019	Time of Accident hh:mm	14:20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	JUNC OPHIR RD & QUEEN ST				
Excess					
n damage Excess	2,000.00	Additional Excess	D	Windscreen Excess	100.00
samed Driver Excess	0.00	Outside Singapore OD Excess		Mundacideu Excess	100.00
of Party Escess	1,500.00		2,000.00		
Benefits	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.			GST Status Vented	Yes	
Iffication History					
Policyholder Hailing Ad	Mana				
ress 1.					
	BUK 230 #05-130	Address 2	TAMPINES STREET 24	Address 3	53NGAPORE 524230
ress 4		Address Type	Singapore address	Post Code	524230
t No.		Related Policy Number	5081564968-02		
OI Driver Info					
er Name	MOHD YUSOFF BIN ABOUL RAHMAN	Driver Type	Named Driver		
arned driver Name		Driver NRIC	S0076667D	Driver DOS	19/05/1950
ister Date of Driver License	10/07/1999	Driver Age	68	Driving Experience	19
tact No.(Mobile)	97105849	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 230	Address 2	TAMPINES STREET 24	Address 3	
ress 4		Address Type			SINGAPORE 524230
No.	OF ASA	Montess Type	Singapore address	Post Code	524230
ts he own a Singapore	05-130				
stered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
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