| Date In: Tlat  | tre Services.                         |  | PFP8204014   |  |          |
|--|---------------------------------------|--|--|--|----------|
| Date In: 7/1/19-15: VI   | Job description                       |  | Date &Time Completed   | Don  | e by     |
| Re[No: NA   MC19008911/24  | SAS e-filin                           | g  |  |  |          |
| Veh No: FGSP SOY   | E-mail (with                          | ia Shrs, AIC 2hrs)   |  |  |          |
| D.O.A: 3/5/19-17:05  | i-Motor Cl                            |  | M7/1043359-001   | 7/5/19   | 16116    |
| OD (P) Reporting Only  | i-Motor W                             | O (Within: OD 2hrs   | The same of the sa   | 71-1101  | . 471-1  |
| OB : (17) Reporting Only   | i-Photo Up                            | loaded   |  |  |          |
| TP Insurer:  | Assessment/                           | Survey Report  |  |  |          |
|  | Ass't Report                          | by Fax / Hand t  | o Owner/Wksp   |  |          |
| Preferred Wksp / INC Assign Wksp / QW: (   |                                       |  | Tel: F   | ax:  |          |
| TP Particulars: Veh No: 57   | 194100                                | INC (  | )/Non-INC( )   |  | -        |
| Owner / Driver: (  |                                       |  | Tel:   | )  |          |
| Policy No: ( ) F   | Period: (                             | )  | Cover Type: (  | <del></del>  |          |
| Confirmed by : (   |                                       | Date:  | Time:  | )  | 100000   |
| Insured/Driver Liability: (%)  | [Note-Est. Status                     | (WO): N: 0-20  | %; P: 21-79%. F: 80-1  | 00%]   |          |
| Year of Registration: ( )  | Warranty: YES (                       |  | )  |  |          |
| Excess: (\$ ) Loading: \$1   |                                       |  | /  |  |          |
| General Remarks  | Police State Town Access              | Minister Consultation  | NAME OF COLUMN TO A POST OF THE POST OF TH   | 178 C 19. 17.14  |          |
| A second superior consisting in a Carlo Second Seco |                                       |  |  | alon A   |          |
| ( ) Walk-In Customer: Customer's int   |                                       |  | ictly NO refer of repairer.  |  |          |
| The state of the s | rer URGENTLY.                         | (4)  | North Control of   |  |          |
| Drive-In ( )/ Towed-In ( ); Invoice  | ce: YES( )/                           | NO ( ); To   | wing Co: ( '   | -  | )        |
| Remarks: (INC hotline: 6788 6616)  | Section 1                             |  | Dates Time Completed   | 25323 A  | SEL      |
| 1) 4 1 6 -   | AT A SECURITION OF PERSONS ASSESSMENT | <u> </u>   | Esaces surio exclupie en   | Sec. Abone   | by       |
| The state of the s | COULTERS CONTRACT                     |  |  |  |          |
|  | Courtesy Car (                        | ,  |  |  |          |
| 2) QC Check / Post Repair Inspection   | (                                     | )  |  |  |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$  | (                                     | )  | 7  |  |          |
| 2) QC Check / Post Repair Inspection   | (                                     | )  |  |  |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S     Injury:   | (                                     | )  |  |  |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$  | (                                     | )  |  | and the state of t |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S     Injury:   | (                                     | )  |  | ESPICIOSE  |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S     Injury:   | (                                     | )  |  | A CAN H  |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S     Injury:   | (                                     | )  |  | ESPICIOSE  |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S     Injury:   | (                                     | )  |  | esetion se   |          |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S     Injury:   | (                                     | )  |  | Start Charles  |          |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions  | (                                     |  |  | Ani( (S))  | Amt(\$)  |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions   | (                                     | Invoice Prep   | aration Checklist  | 4  | Ant (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions  | (                                     | Invoice Prep   | ar ation Checklist<br>eporting (\$30);   | Anit (S)   |          |
| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions   | (                                     | Invoice Preparation of the Invoice Preparation o | aration Checklist  Eporting (\$30);  SSESSIMENT (\$100); INC (\$88)  | Ant (\$)<br>fit Bill<br>)<br>\$45  |          |
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| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Fime Actions  aimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):  | (                                     | Invoice Prep.  1) AR: Accident R 2) DA: Darnege A 3) TF: Towing Fee 4) FT: Follow-Thr 5) i*T: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idao DA + 8) NTUC Addition OD*  *N5: Courtesy C  *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect  | aration Checklist  aporting (\$30);  assessment (\$100); INC (\$86);  ough Survey \$300;  ough Survey (Resurvey)  instUNC Only (wef 10 Jan 2005)  on  SMRT Survey \$300;  al Services:-  ar/Tpi Allowante  ordination  Inspection  at Excess Coordination  Non INC) against INC  | Xmt (S).  19t Bill  345 120 530  575 160  55 510 525   |          |

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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   | 07/05/2019 15:21                       |
| Date Of Accident   | 03/05/2019 17:00                       |
| Exact Location Of Accident   | GUILLEMARD RD NEAR CITY PLAZA          |
| Country/State of Loss  | SINGAPORE                              |
| C C  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | FG5850Y                                |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | MUBARI B SUKAIMI                       |
| NRIC No  | S1093952F                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-98308443                   |
| Alternative Phone No   | OFFICE-98308443                        |
| Vehicle Particulars  |  |
| Manufacturer   | VESPA                                  |
| Model  | EXCEL P150XE                           |
| Exact Purpose for which vehicle was being used at<br>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  | 5096886524-01                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | MUBARI BIN SUKAIMI                     |
| NRIC No  | S1093952F                              |
| Date Of Birth  | 14/08/1950                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 21/10/1982                             |
|  |  |

36 YEARS AND 6 MONTHS

(LOCAL) +65-98308443

OFFICE-98308443

MALE

NOEMAIL

BLK 341 UBI AVENUE 1 Address

#04-899 400341

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190507/2039.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJJ9410U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# No. Of Passenger (Including Driver)

# Name MUBARI BIN SUKAIMI Approximate Age Injuries Sustain BODY Injured person in which vehicle? FG5850Y Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

#### SKETCH PLAN

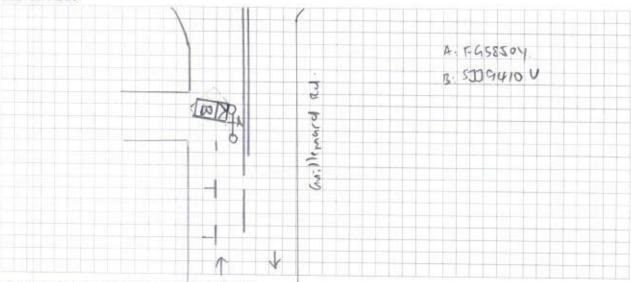
## **IMPORTANT NOTICE**

- 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)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

| 3)                                       |   |  |
|--|---|--|
| Policyholder's Signature<br>Date & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: |



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| noles &   | Tr. c |              | 10 T-= 1     |  |
|-----------|-------|--------------|--------------|--|
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I/We declare the foregoing particulars are true in every respect.

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.:





1 of 3 Report No. T/20190507/2039

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

|                    | ne Report I<br>019 10:35   | Made:                     | Vide Report No.:<br>G/20190503/0151         | Station Diary No.:                        |
|--------------------|----------------------------|---------------------------|---|---|
| Informa            | nt's Partic                | ulars                     | THE REPORT OF THE STREET                    | P. O. Land Manager Land and Market Street |
| Name o             | f Informant:<br>I BIN SUKA |                           | Address:<br>APT BLK 341 UBI AVENUE 1        | I #04-899 SINGAPORE 400341                |
|                    | / ID No.:<br>O / S10939    | 52F                       | Contact No.:<br>Home/Office:                | Mobile: 98308443                          |
| National<br>SINGAF | ity:<br>ORE CITIZ          | ΈN                        | Email:                                      | WODIIC. 30000443                          |
| Sex:<br>Male       | Age:<br>68                 | Date of Birth: 14/08/1950 | Type of Informant:                          |   |
| Race:<br>Malay     |                            |                           | Language:<br>English                        | Institution / School Name:                |
| Occupat<br>Retiree | ion:                       |                           | Driving Licence Information:<br>Class: 2B,3 | Date of Expiry:                           |

| Type of<br>Accident:              | Injury<br>Attended by Police  | Drink<br>Drive:<br>No | Date/Time of Accident: | Type of Location  |  |
|-----------------------------------|-------------------------------|-----------------------|------------------------|-------------------|--|
| Location: Along Road 1 GUILLEMARI | O ROAD<br>O ROAD NR CITY PLAZ |                       | 03/05/2019 17:00       | A N               |  |
| Weather:                          | THORE IN CITT PLAZE           | Road Surface:         | R                      | oad Speed Limit:  |  |
| Traffic Flow:                     |                               | Traffic Control:      | Tr                     | Traffic Volume:   |  |
|                                   | on:                           |                       |                        | nyone conveyed by |  |

| Details of V | ehicle Involve | d                      |        |       | A Land Land |                 |
|--------------|----------------|------------------------|--------|-------|-------------|-----------------|
| Vehicle No.  |                | Make                   | Model  | Color | Condition   | No of Passenger |
| FG5850Y      | Motorcycle     | VESPA                  | EXCEL  | Beige | Condition   | No of Passenger |
|              | arm co         | a design of the second | P150XE | Doigo |             | 0               |

| Details of V | ehicle Insurance                           | TWING THE PARTY | CHECK NO.  | ELDIN MAY   |
|--------------|--|-----------------|------------|-------------|
|              | Insurance Company                          | Insurance No    | Effective  | Evning Date |
| FG5850Y      | NTUC Income Insurance Co-Operative Limited | 5096886524-01   | 22/12/2018 | 21/12/2019  |

53394104.





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

2 of 3 Report No. T/20190507/2039

CONTINUATION OF REPORT

### Brief Details.

ON THE ABOVE MENTION DATE, TIME AND LOCATION,

ON 03/05/2019 AT ABOUT 1700HRS, I WAS TRAVELLING ALONG GUILLEMARD ROAD AT RIGHT OF 2 LANE ROAD. WHILE TRAVELLING ALONG MENTIONED LOCATION, A CAR SUDDENLY CAME OUT FROM CITY PLAZA. THE CAR WANTED TO TRAVELLING FROM MY LEFT TO RIGHT AS I COULD NOT BRAKE IN TIME AND COLLIDED ONTO RIGHT PORTION OF HIS VEHICLE. AFTER THE COLLISION, THE DRIVER CAME DOWN AND CHECK MY CONDITION. AFTER AWHILE, POLICE AND AMBULANCE CAME I WAS CONVEYED TO TTSH AND WAS GIVEN 15 DAYS MC. THAT IS ALL.





Police Station Of Origin:

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Traffic Police

3 of 3 Report No. T/20190507/2039

## CONTINUATION OF REPORT

# Sketch Plan

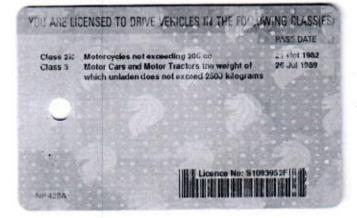
Informant is not able to provide sketch plan

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 Report:<br>TP /<br>TAN KOK RAY                               | Signature Of Informant:                        |
|---|--|
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>07/05/2019 10:35                 |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 3 MARIAH BINTE ZAKARIA<br>Contact No.: 65476433 | Classification Of Case: SINGAPORE POLICE FORCE |
| Authentication Stamp NP168  |  |











TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865 Tel: 65470000

www.police.gov.sg

## Private & Confidential

MUBARI BIN SUKAIMI

APT BLK 341 UBI AVENUE 1 #04-899 SINGAPORE 400341 You will receive your ohotocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S1093952F (2B/3) C001483416

\$25/-

(Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD

DRIVING LICENCE

07/05/2019

## **IMPORTANT NOTES**

 To check the delivery status of your photocard driving licence, you may visit the following webpage http://www.police.gov.sg/e-services

# FOR NEW DRIVING LICENCE HOLDER

- Your driving licence is now placed on one-year probation.
- Please be reminded that your driving licence will be revoked for a period of one-year if you fail to display the P-plate sign twice or accumulated 13 or more demerit points within the first 12 months from the date your driving licence was issued.
- If your driving licence is revoked, you are required to pass the prescribed tests of competency (theory and practical) before you can be issued with a new driving licence.

(Please do not detach)

| <b>eBao</b> Tech       |                     |                   |                       |                      |                      |          |             |                |                   | Genera           | alClaim     |
|------------------------|---------------------|-------------------|-----------------------|----------------------|----------------------|----------|-------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601                |                   |                       | THE PERSON NAMED IN  |                      |          | • Change    | Language       | - Chan            | ge Password      | · Log Out   |
| My Desktop             | Poli                | cy Query          |                       |                      |                      |          |             |                |                   |                  | 104         |
| Notice of Loss         | Policy N<br>Vehicle | No.(For Motor)    | FG5850                | DY .                 |                      |          | of Accident |                | 03/05/2019        | 17:00            |             |
|                        |                     |                   |                       |                      |                      | Search   |             |                |                   |                  |             |
|                        | Select              | Policy No.        | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product  | Cover Type  | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0                   | 5096886524-<br>01 |                       | MUBARI B<br>SUKAIMI  | S1093952F            | GMC      | Third Party | FG5850Y        | FG5850Y           | 22/12/2018       | 21/12/2019  |
|                        |                     | 0.35              |                       | 2.501946.001-0       |                      | Continue | l           |                |                   |                  | rance many  |

| Sequen                               | ce Date of Endorsemer      | nt I                              | Endorseme      | nt Type           | Endorsement          | Status       | Endorsement Content         |
|--------------------------------------|----------------------------|-----------------------------------|----------------|-------------------|----------------------|--------------|-----------------------------|
|                                      |                            |                                   |                |                   |                      |              |                             |
| Insure                               | d Object: FG5850Y          |                                   |                |                   |                      |              |                             |
| Jnit No.                             |                            | Relate<br>Numb                    | d Policy<br>er | 5096886524-01     |                      |              |                             |
| Address 4                            |                            |                                   | ss Type        | Singapore address |                      | Post Code    | 400341                      |
| Address 1                            | BLK 341 #04-899            | Addre                             | ss 2           | UBI AVENUE 1      |                      | Address 3    | SINGAPORE 400341            |
| → Policyl                            | older Mailing Address      |                                   |                |                   |                      |              |                             |
| Certificate<br>nfo                   |                            |                                   |                |                   |                      |              |                             |
| Open<br>Policy<br>Info               |                            |                                   |                |                   |                      |              |                             |
| lag                                  |                            |                                   |                |                   |                      |              |                             |
| Co-<br>nsurance                      | No                         | searth when to \$40               | 07(196)        |                   |                      | 3.           |                             |
| Agent                                | LOMEN INSURANCE AGENCY     | Agent Tel.                        | NIL            |                   | GST Flag             | Y            |                             |
| Outside<br>Singapore<br>OD<br>Excess |                            | Outside<br>Singapore<br>TP Excess |                |                   |                      | Young        | /Inexperience Driver Excess |
| Additional<br>Excess                 |                            | OS<br>Premium                     | 0              |                   |                      |              |                             |
| Excess                               | . Y                        | damage<br>Excess                  | 0              |                   | Excess               |              |                             |
| Third<br>Party                       | 0                          | Own                               |                |                   | Windscreen           |              |                             |
| Excess<br>Type                       |                            | All Claims<br>Excess              |                |                   |                      |              |                             |
| Policy<br>ssue<br>Date               | 19/10/2018                 | Effective<br>Date                 | 22/12/20       | 18 00:00          | Expiry Date          | 21/12/2019 2 | 3:59                        |
| Product<br>Name                      | MOTORCYCLE INSURANCE       | Plan                              |                |                   | Group<br>Policy Flag | N            |                             |
| Address                              | BLK 341 #04-899 UBI AVENUE | 1 SINGAPORE                       | 400341         |                   |                      |              |                             |
| Certificate<br>No.                   |                            | Name                              |                |                   | NRIC                 |              |                             |
| Policy No.                           | 5096886524-01              | Policyholder<br>Name              | MUBARI E       | SUKAIMI           | Policyholder         | S1093952F    |                             |

| rificate No.   | 5096886524-01   | Vehicle No.  | en Easter   | PANNEY SHYDINGS  |  |
|--|---|--|---|--|--|
| property of the  | 329000324-03  | Venicle No.  | PG5850Y   | GST Registration No.   |  |
| cyholder Name  | MUBARI B SUKAIMI  |  |   | 120000000000000000000000000000000000000  | 101210000  |
| duct Code  | MOTORCYCLE INSURANCE  | Cover Type   | Third Party   | Policyholder NR3C  | \$1093952F   |
| stact No.(Mobile)  | 98308443  | Contact No.(Office)  |   | Loading  | 0  |
| ail Address  |   | Special Remark   | 0   | Contact No. (Home)   | 0  |
| 0  | ® No ○ Yes  | TGA  | ® No ○ Yes  | eCode<br>eCode Reason  | le V   |
| D Protection   | No  | NCD Entitlement(%)   | 20  | Private Hire   | 142  |
| Accident Details   |   | The state of the s |   | Private Hire   | No   |
| ort Date   | 07/05/2019 16:17  | Accident Report Within 24 hrs  | Yes   |  |  |
| e of Accident  | 03/05/2019  | Time of Accident hhomm   | 17:00   | Accident Type  | Collision - Major Hinor Read   |
| orting Centre  |   | Orange Force   | 27,00   | Country of Acadent   | Singapore  |
| dent Location  | GUILLEMARD RD NEAR CITY PLAZA   | Crange Force   |   | ICM No.  |  |
| Excess   |   |  |   |  |  |
| damage Excess  | 0.00  | Additional Excess  |   | W-12-17-17-18-17-17-17   |  |
| amed Driver Excess   |   | Outside Singapore OO Excess  |   | Windscreen Excess  |  |
| of Party Excess  | 0.00  |  |   |  |  |
| Benefits   | 0.00  | Outside Singapore TP Excess  |   |  |  |
| GST Registered Inform  | ation   |  |   |  |  |
| Registered   | No  |  | GST Registration Date   |  |  |
| Registration No.   |   |  | GST Status Venfied  | Yes  |  |
| ification History  |   |  | PROPRENT TOTAL  | 0.000  |  |
|  |   |  |   |  |  |
| Policyholder Mailing Ar  |   |  |   |  |  |
| Pess 1   | BLK 341 #D4-899   | Address 2  | UBI AVENUE 1  | Address 3  | SINGAPORE 400341   |
| ress 4   |   | Address Type   | Singapore address   | Post Code  | 400341   |
| No.:   |   | Related Policy Number  | 5096886524-01   |  |  |
| OI Driver Info   |   |  |   |  |  |
| er Name<br>amed driver Name  | MUBART BIN SUKAIMI @ SLAMAT BIN SEMAWI  | Y40000000000   | Main Driver   |  |  |
|  | ***************************************   | Driver NRIC  | S1093952F   | Driver DOB   | 14/08/1950   |
| ister Date of Driver License   |   | Driver Age   | 68  | Driving Experience   | 36   |
| tact No.(Mobile)   | 98308443  | Contact No. (Office)   | 0   | Contact No.(Home)  | 0  |
| ness 1   | BCK 241   | Address 2  | UBI AVENUE 1  | Address 3  | SINGAPORE 400341   |
| ness 4   | 5.200228  | Address Type   | Singapore address   | Post Code  | 400341   |
| t No.<br>is he own a Singapore   | 04-899  |  |   |  |  |
| istared car?   | ○ Yes 	No   | Oriver Vehicle No.   |   | Driver Insurer Company   |  |
| aration  |   |  |   |  |  |
| sthalyser or Blood Test  | 0 mg  | Victoria   | 20020   |  |  |
| ling?  |   | Any injury?  | ® Yes □ No  |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
| fication History   |   |  |   |  |  |
| DIE D  |   |  |   |  |  |
| 3.0F B   |   |  |   |  |  |
| nim 001 New  | Tan and   |  |   | 53000 007877   |  |
| n Type •   | [CO-MX  | Insured Name   | MUBARI B SUKAIME  | Insured NRIC   | \$1093952F   |
| in Type + act No. (Mobile)   | 96306443  | Contact No.(Home)  | 66189400  | Insured NRIC Contact No. (Office)  | \$1093952F<br>65418696   |
| n Type • act No. (Mobile)  | 98308443  | Contact No.(Home)<br>OI Vehicle Number   | 56189400<br>FGS850Y   |  | and the second s |
| in OO1 New  Type * act No. (Mobile) I Address sect Type Claimant Type *  | 98309443 Please Select  | Contact No.(Home) OI Vehicle Number Type of Benefit *  | 66189400  | Contact No.(Office)  | 65418698   |
| ilm 001 New  in Type * act No. (Mobile) I Address sent Type Claimant Type * aant Name *  | 98308443 Please Select  | Contact No.(Home)<br>OI Vehicle Number   | 56189400<br>FGS850Y   | Contact No.(Office)  | 65418698   |
| m Type * act No. (Mobile) Il Address nent Type Claimant Type * nant Name *   | 98308443<br>Please Select ☑<br>≥≥   | Contact No.(Home) OI Vehicle Number Type of Benefit *  | 56189400<br>FGS850Y   | Contact No.(Office)  | 65418698   |
| m Type * act No. (Mobile) Il Address nant Type Claimant Type * nant Name * nant Address n Description  |   | Contact No.(Home) OI Vehicle Number Type of Benefit   Claimant NRIC  | 56189400<br>FGS850Y   | Contact No.(Office)  | 65418698   |
| m Type * act No. (Mobile) Il Address nent Type Claimant Type * nant Name * nant Address in Description irred Workshop Contact  | 98308443  Please Select  >>>  FGSSS0Y / 5319410U DN 3 May 2019  | Contact No.(Home) OI Vehicle Number Type of Benefit *  | 56189400<br>FGS850Y   | Contact No. (Office) TP Vishicle Number  | 65418698   |
| ilm 001 New  At No. (Mobile)  Address  Sent Type Claimant Type *  Sant Name *  Sant Address  Description  Fred Workshop Contact  Fre Fineisation   | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes   | Contact No.(Home) OI Vehicle Number Type of Benefit   Claimant NRIC  | 60 189400 FGSBS0Y Flease Select   | Contact No. (Office) TP Vishicle Number  | 65418698   |
| ilm 001 New  act No. (Mobile) I Address nent Type Claimant Type * nant Name * nant Address Description red Workshop Contact are Fineirsation Registered  | 98308443    Please Select   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  | 66189400 FGSB50Y Flease Select Floot at Fault   | Contact No. (Office) TP Vehicle Number   | 65418698<br>3379410U   |
| ilm 001 New  act No. (Mobile) I Address nent Type Claimant Type * nant Name * nant Address Description red Workshop Contact are Fineirsation Registered  | 98308443    Please Select   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option  | 66189400 FGSB50Y Flease Select Floot at Fault   | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| ilm 001 New  act No. (Mobile) I Address nent Type Claimant Type * nant Name * nant Address in Description ried Werkshop Contact are Finelication Registered it Taken By  | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes  07/05/2019 16:19   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferered Repair Option  | 66189400 FGSB50Y Flease Select Floot at Fault   | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| in OO1 New  Type * act No. (Mobile)  Address and Type Claimant Type * ant Name * ant Address  Description red Workshop Contact are Finelication Registered  It Taken By  | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes  07/05/2019 16:19   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date  | 86189400 RCSBSDY Please Select  FNot at Fault Preferred Workshop, Name unknown  | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| alim 001 New  Type * act No. (Mobile) I Address sont Type Claimant Type * nant Name * nant Address Description red Workshop Contact are Finelisation Registered It Taken By mint AK letter   | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes  07/05/2019 16:19   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date  | 66189400 FGSB50Y Flease Select Floot at Fault   | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| alim 001 New  Type * act No. (Mobile) I Address sont Type Claimant Type * nant Name * nant Address Description red Workshop Contact are Finelisation Registered It Taken By mint AK letter   | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes  07/05/2019 16:19   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date  | 86189400 RCSBSDY Please Select  FNot at Fault Preferred Workshop, Name unknown  | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| m Type * act No. (Mobile) Il Address nant Type Claimant Type * nant Name * nant Address n Description  | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes  07/05/2019 16:19   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date  | 86189400 RCSBSDY Please Select  FNot at Fault Preferred Workshop, Name unknown  | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| in OO1 New  At No. (Mobile) I Address  Nent Type Claimant Type *  Nant Name *  Nant Address  Description  Fired Werkshop Contact  We Fine Sattle  At Taken By  That At letter  Sathment  | 98308443  Please Select  >>>  FGS850V / 5319410U DN 3 May 2019  Yes  07/05/2019 16:19   | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date  | 60 189400  FGSBSDY  Flease Select  Foot at Fault  Preferred Workshop, Name unknown  Save Submit                               | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| n Type * act No. (Mobile) I Address nent Type Claimant Type * nant Name * nant Address in Description irred Workshop Contact irre Finalisation Registered ift Taken By Trint AK letter   | 98308443  Please Select  PGSSS0V / 5319410U DN 3 May 2019  Yes  97/05/2019 16:19  Jackson  MT/1043359   | Contact No.(Home)  OI Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option  Claim Close Date   | 60189400  FGSBS0Y  Flease Select  Foot at Fault  Preferred Workshop, Name unknown  Save Submit                                | Contact No. (Office) TP Vehicle Number   | 65418698<br>S339410U   |
| in Type * act No. (Mobile) I Address sent Type Claimant Type * sant Name * sant Address in Description red Workshop Contact are Finelication Registered IT Taken By mint AK letter achment   | 98308443    Please Select   ≥ ≥ ≥     FGSSS0V / 5319410U DN 3 May 2019     Ves           07/05/2019 16:19     23ckson       MT/L043359       • Ves   No | Contact No.(Home)  OI Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option  Claim Close Date   | Save Submit   Save Submit   001 07/05/2019 16:20  | Contact No. (Office) TP Vehicle Number   | 65418598<br>S339410U<br>Received<br>07/05/2019 00:00   |
| Type *  IT No.(Mobile)  Address  ant Type Claimant Type *  ant Name *  ant Name *  ant Address  Description  re Finalisation  Registered  t Taken By  mut AK letter  achment   | 98308443  Please Select  PGSSS0V / 5319410U DN 3 May 2019  Yes  97/05/2019 16:19  Jackson  MT/1043359   | Contact No.(Home)  OJ Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option  Claim Close Date  Claim No.  Upload Date   | Save Submit  O01  O7/05/2019 16:20  Category •  | Conflict No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Conflicted Urgens | 65418696<br>S339410U<br>Received<br>07/05/2019 00:00   |
| Type * ct No.(Mobile) Address ant Type Claimant Type * ant Name * ant Name * ant Name * ant Address Description ret Workshop Contact re Finalisation Registered t Taken By nint AK letter schment int No.                          | 98308443    Please Select   ≥ ≥ ≥     FGSSS0V / 5319410U DN 3 May 2019     Ves           07/05/2019 16:19     23ckson       MT/L043359       • Ves   No | Contact No.(Home)  OJ Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option  Claim Close Date  Claim No.  Upload Date  Browse   | FGSBSOY Flease Select  Mot at Fault Preferred Workshop, Name unknown  O01  O7/05/2019 16:20  Category *                       | Contact No. (Office) TP Vehicle Number    Name of Preferred Workshop GIA report Date Received   Urgene           | 65418696<br>\$339910U  Received  07/05/2019 00:00  |
| in Type * act No. (Mobile) I Address nent Type Claimant Type * nant Name * nant Name * nant Name sound Type of the Content in Description rered Workshop Contect were Finelication Registered int Taken By mint AK lister tachment | 98308443    Please Select   ≥ ≥ ≥     FGSSS0V / 5319410U DN 3 May 2019     Ves           07/05/2019 16:19     23ckson       MT/L043359       • Ves   No | Contact No.(Home)  OJ Vehicle Number  Type of Benefit *  Claimant NRIC *  Insured Liability *  Preferend Repair Option  Claim Close Date  Claim No.  Upload Date   | FGSBSOY Flease Select  Mot at Fault  Preferred Workshop, Name unknown  O01  O7/05/2019 16:30  Category *  Clear Please Select | Conflict No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  Conflicted Urgens | 65418696<br>S339410U<br>Received<br>07/05/2019 00:00   |

