		1 1941 11	1.30
NATIONAL Assessment Cen	ntre Services. [wet 1 Jan'05] A	MAU 9063359	A X
Date In: 5/4/19-16:46	Jcb description	Date &Time Completed	Done by
Ref No: NA JINC 1923863V/24	SAS e-filing		
Veh No: GRORDSY	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 19 - 09.45	i-Motor Claim Form	m11044618-001	व्यवाय गः अ
6)	i-Motor W/O (Within: OD 2)		01211-11-21
OD TP Reporting Only	i-Photo Uploaded	<u> </u>	
TDV	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:			Fax:
TP Particulars: Veh No:SH	Daine: INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
General Remarks:	·大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	Assessment	185 8 7
() Walk-In Customer's	information strictly Confidential & S		
() Total Loss Case : to e-mail Ins			
		Towing Co: (· · · · · · · · · · · · · · · · · · ·
			7 (25.75 (9.750) 3 (100 no 100)
Remarks:- (INC hotline: 6788 6616	2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Date&Time Completed	Done by
	/ Courtesy Car ()	-	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injurý:			
Date/Time Actions			
			OSSENTACJEKTAF.
•		The state of the s	
da co a constituir de la constituir de l			Anit (S) Amit (
141903624	7.57.94.99.20	paration Checklist	fit Bill Add B
aimant's Particulars :-	1) AR : Acciden 2) DA : Damage	t Reporting (530); Assessment (\$100); INC (\$8	(0)
iver/Owner:	3) TF : Towing l 4) FT : Follow-T		3120
ntact No:	5) FT : Follow-T	hrough Survey (Resurvey)	\$30
	For claiming s 6) TR: Re-inspe	gainst INC Only (wef 10 Jan 2005	\$75
maged Portion:			\$160
	8) NTUC Additi	onal Services:-	
Checked by (Engr-In-Charge):	• N5: Courtes	Car / Tpt Allowance	\$5
CHERRORAL COMPANION OF AN ALISE	*N6: Repair C	o-ordination	510
iditors! Comments :-	*N7: Fost Rep *N8: DV / Co	air Inspection Heet Excess Coordination	\$25
1:	TP (N11) : TF 9) N12: Idea Mo	(Non INC) against INC	30
2/3:	Invoice dated	Fee Charged	Cartie)
acceptance of the second secon	Invoice dated	Fee Charged	

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.
- Information provided must be as <u>truthful and accurate</u> 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 aforesaid.

		1-11			M = 10.	
AL	CIL		T STA	H E IV	п	

Date Of Report

15/05/2019 16:46

Date Of Accident

15/05/2019 09:40

Exact Location Of Accident

BLK 641 AMK AVE 4 OPEN SPACE CARPARK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GR9860Y

Insured/Policyholder

Name Of Registered Owner

IRELIABLE SERVICES

Co Reg No 53384426J

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96492079

OFFICE-96492079

Alternative Phone No Vehicle Particulars

Manufacturer

TOYOTA

Model

PROACE COMFORT MEDIUM 2.0M

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5108704995

Cover Note Number

Driver

Name of Driver

KAMARRUZAMAN BIN ZMBRI

NRIC No

S8739537E

Date Of Birth

06/09/1987

Occupation

OUTDOOR

Date Of Driving Pass

12/03/2010

Driving Experience

9 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96492079

Fax Number

Contact Number

OFFICE-96492079

EMail Address

NOEMAIL

Address BLK 307C ANG MO KIO AVENUE 1

#14-441

Postcode 563307

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 Vegistration Number

-

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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

YES

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: FABILAH BINTE OTHMAN

GENDER: : FEMALE

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD212P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN HAK LEONG SOLOMON

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name KAMARRUZAMAN BIN ZMBRI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? GR9860Y
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name FABILAH BINTE OTHMAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? GR9860Y
Were seat belts worn? YES
Was this injured conveyed to hospital by

Address Postcode

ambulance?

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) 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
- 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:
 - (i) 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.

INELIABLE SERVICES

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Timer

Reporting Centre Persi el's Signature Name:

NRIC/FIN No.:

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

INELLABLE SERVICES

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person el's Signature Name:

NRIC/FIN No :

ehicle No.	GR 9860Y. Model/Make Toyota Mace.
ate of Accident	15/05/19
ime of Accident	0940 HRS
ocation of Accident	BLK 641, Ang Mo KEO Ave 4 gier Carpark.
xact purpose use during ac	cident Commercial heed.
Name of Owner	Reliable Services.
Telephone No.	H/P: 9649 2079 Home: Office:
VRIC	53384426J
Address	307C, Ang Mo Kro Ave 1 # 14-441, Teck Che Vista (8) 5633
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	\$108704995
Name of Driver	As Above If No, Kanarinzanan Bin Zmbri.
NRIC	S & 739137 E . Any Passengers: O1 (F)
Date of birth	06/09/1987.
Occupation	Outdoor / Indoor
Driving License Pass Date	12 103 / 2010
Gender	Male Female
Contact No.	H/P: 9649 2079 Home: Office:
	BLK 307C, Any Mo Kio Ave 1 # 14-441, Teck Chec Vista (8) 563307
Driver have any own vehicle	
Relationship	Employee, If no, state Owner
Weather condition	Citiear / Kaining Other
Weather condition	Clear Raining Other Dry Wet Other
Road Surface	Dry Wet Other
Road Surface Any Injuries	Dry Wet Other No, If Yes, Who?
Road Surface Any Injuries Name And Contact No.	Dry Wet Other No, If Yes, Who?
Road Surface Any Injuries Name And Contact No. Name And Contact No.	Dry Wet Other No, If Yes, Who? Kanarruzaman Ben Znbri (+/f: 9649 2079) Fabilah Binte Othman (+/f: 8692 4557)
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Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver	Dry Wet Other No, If Yes, Who? Kanarruzaman Ben Zmbri (+/f: 9649 2079) Fabilah Binte Othman (+/f: 8692 4557) No, If Yes, Where? SAD 212 P. Any Passengers: N. 7. Tan Huk Leong Solomon Contact No.:
Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No.	Dry Wet Other No, If Yes, Who? Kamarruzaman Ben Zmbri (H/F: 9649 2079) Fabilah Binte Othman (H/F: 8692 4557) (No,) If Yes, Where? SAD 212 P. Any Passengers: N. 7. Tan Hak Leong Solomon Contact No.: Any Passengers:
Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No.	Dry Wet Other No, If Yes, Who? Kanarruzaman Ben Zmbri (+/f: 9649 2079) Fabilah Binte Othman (+/f: 8692 4557) No, If Yes, Where? SAP 212 P. Any Passengers: N. 7. Tan Hak Leong Solomon Contact No.: Any Passengers: Any Passengers:
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Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No.	Dry Wet Other No, If Yes, Who? Kanarruzaman Ben Zmbri (H/f: 9649 2079) Fabilah Binte Othman (H/f: 8692 4557) No, If Yes, Where? SAP 212 P. Any Passengers: N. 2. Tan Hak Leong Solomon Contact No.: Any Passengers: Any Passengers: Any Passengers: Any Passengers: Any Passengers:
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Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name	Dry Wet Other No, If Yes, Who? Kamarruzaman Ben Znbs: (H/s: 9649 2019) Fabilah Binte Othman (H/s: 8692 4557) (No,) If Yes, Where? SAD 212 P. Any Passengers: N-7- Tan Hak Leong Solomon Contact No.: Any Passengers:
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Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder	Dry Wet Other No, If Yes, Who? Kamarruzaman Ben Zmbri (Hlf: 9649 2079) Fabilah Binte Othman (Hlf: 8692 4557) No, If Yes, Where? SAD 212 P: Any Passengers: N7. Tan Hak Leong Solomon Contact No.: Any Passengers: Any Passengers: Any Passengers: Any Passengers: Any Passengers: Any Passengers: Witness Contact: N9. Left Side. Yes, No
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Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder Email Address	Dry Wet Other No, If Yes, Who? Kanarrazaman Ben Znbfi (Hf: 9649 2079) Fabilah Binte Othman (Hf: 8692 4557) No, If Yes, Where? 84D 212 P. Any Passengers: N. A. Tan Hak Leong Solonon Contact No.: Any Passengers: V. A. Witness Contact: N. A. Left Side. Yes, No i.n. K - transport@live.com
Road Surface Any Injuries Name And Contact No. Name And Contact No. Police Report Vehicle B No. Name of Driver Vehicle C No. Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name Accident Portion Camera Recorder Email Address PARTICULAR WORKSHOP	Dry Wet Other No, If Yes, Who? Kamarrizaman Ben Znbri (H/r: 9649 2079) Fabilah Binte Othman (H/r: 8692 ASST) No, If Yes, Where? SAD 212 P. Any Passengers: N. 7. Tan Hak Leong Bolomon Contact No.: Any Passengers: Any Passengers: Any Passengers: Any Passengers: Any Passengers: N. A Witness Contact: N. A. Left Side. Yes, No i.n.k_transport@live.com



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8739537E



KAMARRUZAMAN BIN ZMBRI



MALAY Date of birth 06-09-1987

SB739537E

SINGAPORE

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

PASS DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 12 Mar 2010 of the driver; and other motor vehicles << 2500kg

04-10-2017

APT BLK 307C ANG MO KIO AVENUE 1 #14-441 SINGAPORE 563307

5809377



Certificate of Insurance

	RISKS AND COMPENSATI ALAYSIAI		the court of the c
MOTOR VEHICLES ITHURD PARTY		AYSIA)	
Certificate Number: \$10870499	5		Cover : Comprehensive
I Index mark and Registration	Number of Vehicle	- 3	GR9860Y
Chassis Number		13	YARVFAHKHGZ068895
Name of Policyholder		33	IRELIABLE SERVICES
Effective Deterof insurance		3	17 Apr 2019
Expiry Date of Inturance		12	16 Apr 2020
 Persons or Classics of Persons 	entitled to drive#		
 (a) The Policynolder (b) Any other person who is 		- N N	and the big floor accomplication
Provided that the person	criving is permitted in a been so permitted and I	ccordani s not dis	ce with the licensing or other laws or regulations to drive qualified by order of a Court of Law or by reason of any
6. Limitations as to Use#		3/1	
(a) Use for social domestic a	no pleasure ourposes an	d in con	nection with the Policyholder's business or profession.
(b). Use for the carriage of p	assengers or goods in cor	nection	with the Policyholder's business
This Poricy does not cover			
(a) Use for hire or reward.			
(b) Use for racing, page-make	ing, reliability trial or spe	ed-testi	ng.
			The Artifacture of the Control of th
(c) Use whilst drawing a train # ilmitations rendered inc Act (Chapter 189) and Se	perative by Section 8 of t	the Moto	disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation) ct, 1987 (Malaysia), are not to be included under these
(c) Use whilst drawing a trail # simitations rendered ind Act (Chapter 189) and Se neadings.	perative by Section 8 of t ection 95 of the Road Trai	the Moto	or Vehicle (Third Party Risks and Compensation)
(a) Use whilst drawing a trained that (Chapter 189) and Senesdings.	perative by Section 8 of t	the Moto	or Vehicle (Third Party Risks and Compensation)
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(c) Use whilst drawing a trainable for the second sections and sections (Chapter 189) and Section 2) EXCESS (SECTION 2) EXCESS (SECTION 2) WINDSCREEN EXCESS INSURE WITH COE HIRE PURCHASE COMPANY	erative by Section 8 of the Road Train 95 of the Ro	the Moto	or Vehicle (Third Party Risks and Compensation) ct, 1987 (Malaysia), are not to be included under these
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(c) Use whilst drawing a trained into Act (Chapter 189) and Se needings. EXCESS (SECTION 2) EXCESS (SECTION 2) WINDSCREEN EXCESS INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Pol Vehicles [Third Party Risks and Case Company Risks Ris	ection 95 of the Road Trail S\$\$600 N,A S\$100 VES UNITED OVER MARKET VALU (cy to which this Certificator pensation) Act (Chapt	SEAS BA UE OF IN te relate ter 189) i	or Vehicle (Third Party Risks and Compensation) ct, 1987 (Malaysia), are not to be included under these NK LIMITED. SURED VEHICLE AT TIME OF LOSS as is issued in accordance with the provisions of the Motor and Part IV of the Road Transport Act, 1987 (Malaysia)

eBao Tech								24		Genera	eralClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change La	anguage	• Chang	e Password	→ Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	Vo.				Date	of Accident	15	5/05/2019 0	9:40		
	Vehicle	No.(For Motor)	GR9860	Υ		Certif	ficate Number					
					1	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5108704995		IRELIABLE SERVICES	533844263	GCV	Comprehensive	GR9860Y	GR986DY	17/04/2019	16/04/2020	
						Continue	1					



referred Workshop Contact		Insured Liability *	Not at Fault	- Interess unanchionomic amendo	
leim Description	GR9860Y / SHD212P ON 15 May 2019			Name of Preferred Workshop	
aimant Address				200 20010 0155504.00	
ament Name *	22	Claimant NRIC *		109	
simant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mail Address		Of Vehicle Number	GR9850Y	TP Vehicle Number	SHD212P
ordact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
lem Type *	ОО-МХ	Insured Name	DRELIABLE SERVICES	Insured NRIC	53384426)
Claim 001 New					
odification History					
eading?	0 mg	Any injury?	® Yes ○ No		
eclaration ireathalyser or Blood Test					
egistered car?	MATERIAL PROPERTY OF THE PROPE	**************************************		Driver Insurer Company	
loes he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Impure Common	
nit No.	14-441	contant the	Singapore address	POS LOUE	563307
ddress 1 ddress 4	BLK 307C SINGAPORE 563307	Address 2 Address Type	ANG MO KIO AVENUE 1	Address 3 Post Code	TECK GHEE VISTA
omact No.(Mobile)	96492079	Contact No.(Office)	0	Contact No.(Home)	0
egister Date of Driver License		Driver Age	31	Driving Experience	9
rylamed driver Name	KAMARRUZAMAN BIN ZMBRJ	Driver NR3C	\$8739\$37E	Onver DOB	06/09/1987
river Name	Unnamed Driver	Oriver Type	Unnamed Driver	v. Seneral Modernia	SOMEWAY ARCH
OI Driver Info	0.457 (46)(1)	230000000000000000000000000000000000000	3,000,000,000,000		
vt No.	14-441 14-441	Related Policy Number	Singapore address S108704995	Post Code	563307
dress 1	BLK 307C #14-441 SINGAPORE 563307	Address 2 Address Type	ANG MO KIO AVENUE 1	Address 3	TECK GHEE VISTA
Policyholder Mailing Ad					
dification History	15/05/2019 17:03:33 Sy	stem changed GST Status Verified fro		- 3 800	
ST Registration No.	(VIII)		GST Status Verified	Yes	
T Registered	No		GST Registration Date		
→ Benefits → GST Registered Inform.	ation				
otal OD Excess Applicable Benefits		Total TP Excess Applicable			
dditional Excess					
IED OD Excess		YIED TP Excess		Driver is Covered?	
D Standard Excess	400.00	TP Standard Excess	0.00		
NEIDENEN	0.0000000000000000000000000000000000000	A CONTROL OF THE PARTY OF THE P	200.00		
scens Type	Per Accident	Windscreen Excess	100.00		
codent Location ▼ Total Excess Applicable	BLK 641 AMK AVE 4 OPEN SPACE CARPA	ex.			
eporting Centre		Orange Force		ICM No.	
ate of Accident	15/05/2019	Time of Accident hh:min.	09:40	Country of Accident	Singapore
port Date	15/05/2019 16:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Accident Details					
00 Protection	No	NCD Entitlement(%)	20	Private Hire	No
nc .	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
nal Address		Special Remark		eCode	No 🗸
ontact No.(Mobile)	96492079	Contact No.(Office)	0	Contact No.(Home)	0
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
	TRELIABLE SERVICES			Policyholder NRIC	53384426)
tificate No. Icyholder Name	5108704995	Vehicle No.	GR9860Y	GST Registration No.	

