| Date In: 31 5 14 - 16: 04  |  | the state of the s | 1A119 065548  |  |  |
|--|--|--|---|--|--|
| 13 IM - 18: 04   | Jcb descript   | 4.5  | Date &Time Completed  | Doi  | ne by                                    |
| Ref No: NA INCHOOPESYM   | SAS e-filir  | ng   |   |  |  |
| Veh No: PC466-14   | E-mail (wit  | thia Shrs, AIC 2hrs)   |   |  |  |
| D.O.A : 21/19-09:15  |  | laim Form  | MT11047382-031  | भाराष  | 14:04                                    |
| OD / (TP) / Reporting Only   | i-Motor W  | 7/O (Within: OD 2hrs   |   | - 1711-1   | 17.01                                    |
| ob . (1) A reporting Only  | i-Photo Up   |  |   |  |  |
| TP Insurer:  | Assessment   | /Survey Report   |   |  | 0-1-1-10-10-10-10-10-10-10-10-10-10-10-1 |
| TI Insuror.  | Ass't Repor  | t by Fax / Hand to   | Owner/Wksp  |  |  |
| Preferred Wksp / INC Assign Wksp / Q   | IW: (  |  | Tel:  | Fax:   |  |
| TP Particulars: Veh No   | GBE 368L   | INC(   | )/Non-INC( )  |  |  |
| Owner / Driver: (  |  |  | Tel:  | )  |  |
| Policy No: (   | Period: (  | )  | Cover Type: (   | <del></del>  |  |
| Confirmed by : (   |  | Date:  | Time:   | )  |  |
| Insured/Driver Liability: (  | %) [Note-Est. Status   | (WO): N: 0-20  | %; P: 21-79%. P: 80-1   | 100%]  |  |
| Year of Registration: (  | ) Warranty: YES (  |  |   | 10070  |  |
| Excess: (\$ ) Loading  | g:\$1,000()/\$2,00   | CAUCA REPORT OF  |   |  |  |
| General Remarks:   | PARAMETERS TO A COMMENT OF THE PARAMETERS OF THE | The state of the s |   | COOL THE WAY   |  |
| Remarks: (INC horline: 6788 6)  1) Apply for Transport Allowance (   | A THE TANK TO BOY OF AN ARMADON FOR THE STOCKER AND ARMADON AND AR | \  | Date&Time Completed   | Don  | e by                                     |
|  | )/ Courtesy Car (  |  |   |  |  |
| 2) QC Check / Post Repair Inspection   | (  | · ·  | 7   |  |  |
| <ol> <li>QC Check / Post Repair Inspection</li> <li>Upload Resurvey Photo [Repair Co.</li> </ol>   |  | )  | *   |  |  |
| QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Continuity :   |  | )  |   |  |  |
| Upload Resurvey Photo [Repair Co.      Injury:   |  | )  |   |  |  |
| Upload Resurvey Photo [Repair Co     Injury :  |  | )  |   |  |  |
| Upload Resurvey Photo [Repair Co.      Injury:   |  | )  |   |  |  |
| Upload Resurvey Photo [Repair Co.      Injury:   |  | )  |   | 258 Caire  |  |
| Upload Resurvey Photo [Repair Co.      Injury:   |  | )  |   | Por School   |  |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions   |  | )  |   | eseric in the  |  |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions   |  |  | ration Checklist.   | Ant (5)  | 1.7                                      |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions  NAI90343)  |  | Invoice Prepa  | porting (\$30);   | fû Bill  | 1.00                                     |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions  NAISONAN  Almant's Particulars:  |  | Invoice Prepa  1) AR: Accident Ro 2) DA: Damage As 3) TF: Towing Fee   | sporting (\$30);<br>seasment (\$100); INC (\$80<br>\$40/  | fú Bill<br>)   | 1.7                                      |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions  MAISONAN  Almant's Particulars:-  iver/Owner:  |  | Invoice Prepa  1) AR: Accident Ro 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro  | sporting (\$30);<br>seasment (\$100); INC (\$80<br>\$40/<br>sugh Survey \$  | fú Bill<br>)   | 1.7                                      |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions  Actions  Almant's Particulars::  iver/Owner:  ntact No:  |  | Invoice Prepa  1) AR: Accident Ro 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again  | sporting (\$30); seasment (\$100); INC (\$80  \$40/ ough Survey \$ ough Survey (Resurvey) nst INC Only (wef 10 Jan 2005)  | 19t Bill<br>0)<br>545<br>120<br>530                            | 1.7                                      |
| NAISO PATICULARS:  Injury:  Date/Time Actions  Maiso Actions  Limant's Particulars:  iver/Owner:   |  | Invoice Prepa  1) AR: Accident Ro 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For cleiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S  | sporting (\$30); seasment (\$100); INC (\$80  \$40/  ough Survey \$ ough Survey (Resurvey)  nst JNC Only (wef 10 Jen 2005) on  MRT Survey \$  | 75t Bill<br>545<br>120<br>530                                  | 1.00                                     |
| July : ———————————————————————————————————   |  | Invoice Prepa  1) AR: Accident Ro 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio   | sporting (\$30); seasment (\$100); INC (\$80  \$40/  ough Survey \$ ough Survey (Resurvey)  nst JNC Only (wef 10 Jen 2005) on  MRT Survey \$  |  | 1000                                     |
| NAISONAN  WaterTime Actions  DaterTime Actions  Simant's Particulars:  iver/Owner:  Intact No:  Imaged Portion:  |  | Invoice Prepa  1) AR: Accident R. 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additions OD* *N5: Courtesy Ce   | sporting (\$30); seasment (\$100); INC (\$80 \$40/ sugh Survey \$ sugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) m MRT Survey \$ 1 Services:-  | 76 Bill  70 S45 120 530 575 160                                | 1.00                                     |
| July : ———————————————————————————————————   |  | Invoice Prepa  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Thre  5) FT: Follow-Thre  For claiming agai  6) TR: Re-inspectic  7) NI: Idae DA + S  8) NTUC Additiona  OD*  *NS: Courtesy Ce  *NG: Repair Co-o  *N7: Fost Repair  | sporting (\$30); seasment (\$100); INC (\$80 \$40/ sugh Survey \$ sugh Survey (Resurvey) nst JNC Only (wef 10 Jan 2005) in MRT Survey \$ 1 Services:-  r/Tpt Allowance rdination Inspection   | 796 Bill<br>545<br>120<br>530<br>575<br>160                    | Am (3)                                   |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time   Actions  Actions  Actions  Actions  Actions  Actions  Characteristiculars:  Checked by (Engr-In-Charge):  ditors' Comments: |  | Invoice Prepa  1) AR: Accident R. 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additions OD  *N5: Courtesy Ce *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collece   | sporting (\$30); seasment (\$100); INC (\$80 \$40/ sugh Survey \$ sugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) in MRT Survey \$ I Services:- in / Tpt Allowance redination Inspection I Excess Coordination                      | 76 Bill  70 S 45  120  530  575  160  55  50  525  530         | 1.0                                      |
| 3) Upload Resurvey Photo [Repair Co.  Injury:  Date/Time Actions   |  | Invoice Prepa  1) AR: Accident R. 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Follow-Thre For claiming agai 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additions OD  *N5: Courtesy Ce *N6: Repair Co-6 *N7: Fost Repair *N8: DV / Collece   | sporting (\$30); seasment (\$100); INC (\$86 \$40/ sugh Survey \$ sugh Survey (Resurvey) nst INC Only (wef 10 Jan 2005) in MRT Survey \$ I Services:-  or / Tpt Allowance ordination Inspection t Excess Coordination on INC) against INC | 76 Bill  70  545  120  530  575  160  55  50  525  53  520  30 | 1.0                                      |

## 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

| ACC | IDEX | IT OT  |          |     |
|-----|------|--------|----------|-----|
| ACC | IDEI | NT STA | N I EIVI | ENI |

Date Of Report 21/05/2019 16:08 Date Of Accident 21/05/2019 08:25

Exact Location Of Accident ALONG BKE TWDS WOODLANDS

Country/State of Loss SINGAPORE

| DETA |  |  |  |
|------|--|--|--|

Vehicle Registration Number PC4662H

Insured/Policyholder

Name Of Registered Owner MUHD HAZIQ ADAM BIN AMRAN

NRIC No S8805165C Email Address NOEMAIL

Mobile Phone No. (LOCAL) +65-82010240 Alternative Phone No. OFFICE-82010240

Vehicle Particulars

Manufacturer TOYOTA

Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category BUS

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5107871175

Cover Note Number

Driver

Name of Driver MUHAMMAD HAZIQ ADAM BIN AMRAN

NRIC No S8805165C Date Of Birth 15/02/1988 Occupation INDOOR Date Of Driving Pass 15/02/2016

Driving Experience 3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82010240

Fax Number

Contact Number OFFICE-82010240

EMail Address NOEMAIL

BLK 110A PUNGGOL FIELD Address

#02-570 821110

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 - HEAD TO REAR

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

12

#### **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

GBE3068K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

MUHD HAZIQ ADAM BIN AMRAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name

ANSH JAIN

Approximate Age

Injuries Sustain

BODY PC4662H

Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 3** 

Name

ATHARVA SHARMA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

**DETAILS OF INJURED PERSON 4** 

Name

JANAKI NANDANAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 5** 

Name

SHUBH JAIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

Postcode

**DETAILS OF INJURED PERSON 6** 

Name

SARANSH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 7** 

Name

AARYAN GUPTA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 8** 

Name

MAYURI MUDALIAR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

**DETAILS OF INJURED PERSON 9** 

Name

SRI AKSHATHA CHENGALVALA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 10** 

Name

ANANYA GUPTA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

PC4662H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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
  - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time: NR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| SKETCH PLAN                                  |   |   |
|--|---|---|
|  |   |   |
|  |   | A-PC 4662                                       |
| DESCRIPE CIRCUMSTANCE                        |   | B-GBE 3   |
| on the s                                     | tated deite and ti  | me, I was travelling                            |
|  | tourds woodlands  y ner portion.                          | Suclolenty vehicles                             |
| DECLARATION<br>/We declare the foregoing par | ticulars are true in every respect.                       |   |
| Policyholder's Signature<br>Date & Time:     | Driver's Signature<br>(If driver is not the policyholder) | Reporting Centre Personnel's Signature<br>Name: |

Date & Time:

NRIC/FIN No.:

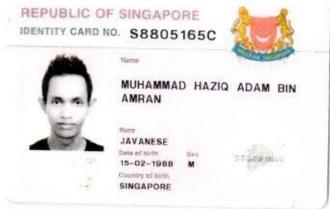
# **INJURIES**

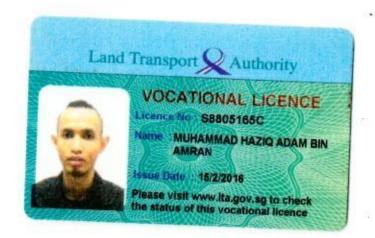
- 1. ANSH JAIN
- 2. ATHARVA SHARMA
- 3. JANAKI NANDANAN
- 4. SHUBH JAIN
- 5. SARANSH
- 6. AARYAN GUPTA
- 7. ANANYA GUPTA
- 8. MAYURI MUDALIAR
- 9. SRI AKSHATHA CHENGALVALA
- 10.SRIRAM SARTHAK CHENGALVALA
- 11.ARJUN DHINGRA
- 12.MUHAMMAD HAZIQ ADAM BIN AMRAN

| 25   |  |
|--|--|
| Date of Accident   | : 21 5 19 Accident Time: 8. 25am (24-HR-Format)                                      |
| Accident Place   | : Along BKE towards woodlands  |
| Vehicle. No. (Car Plate No.)   | : PC 4661H Make/Model:   |
| Insurace Company   | :_ NTUC Policy No: 5107871175  |
| Owner or Company Name /IC No   | . : Muhammad Hazig Adam Bin Amram/5880516  |
| Owner or Company Contact No.   | Owner's Hp R 2010240 Company Tel   |
| DRIVER'S Name / IC No.   | : as about   |
| DRIVER'S Date Of Birth   | : 15/2/1988 DRIVER'S License Pass Date 6/7 /2010                                     |
| Relationship of Owner & Driver   | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others:                          |
| DRIVER'S Address   | : BK 1104 Punggol Field #02-570  |
| DRIVER'S Contact No./ Alt No.  | :1)  |
| DRIVER'S Occupation  | : INDOOR \ OUTDOOR (e.g. working inside or outside office)                           |
| Email Address  |  |
| Weather & Road Surface   | : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET                                     |
| Reporting Type   | : Reporting Only \ Claim Other Party \ Claim Own Insurance                           |
| Number of Passengers (Including )  |  |
| Was there any video Captured by c<br>Exact purpose for which vehicle wa<br>Any Injury (If YES, Pls state): | ar camera: YES \NO as being used at the time of accident: Private use \ Work purpose |
| Other  | Party Driver's Particular (if any)   |
| Vehicle. No: GBE 3068  | Vehicle, No:   |
| Vehicle Make\Model:  |  |
| Name Driver:   |  |
| IC No. Driver/Contact:   |  |
|  |  |

\* NEW - Passenger's name & gender:











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date
03 BUS VL 15/02/2016
04 BUS ATTENDANT 15/02/2016



# 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 : 5107871175

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

PC4662H

Chassis Number

: KDH2230025391

2. Name of Policyholder

: MUHAMMAD HAZIQ ADAM BIN AMRAN

Effective Date of Insurance

: 10 Mar 2019

4. Expiry Date of Insurance

: 09 Mar 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

## This Policy does not cover

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

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION II)

: \$\$2,000 : \$\$1,500

WINDSCREEN EXCESS INSURE WITH COE : \$\$500 : YES

HIRE PURCHASE COMPANY

: LIAN HONG PRIVATE 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

: S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)

Date of Issue

: 28 Feb 2019 13:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

| <b>eBao</b> Tech       |          |                |                       |                                 |                      |          |               |                |                   | Genera           | alClaim     |
|------------------------|----------|----------------|-----------------------|---------------------------------|----------------------|----------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                |                       |                                 |                      |          | · Change L    | anguage        | • Chang           | ge Password      | · Log Out   |
| My Desktop             | Poli     | cy Query       |                       |                                 |                      |          |               |                |                   |                  |             |
| Notice of Loss         | Policy N | lo.            |                       |                                 |                      | Date     | of Accident   | 2              | 1/05/2019 (       | 08:25            |             |
|                        | Vehicle  | No.(Far Motor) | PC466                 | 2Н                              |                      | Certif   | ficate Number |                |                   |                  |             |
|                        |          |                |                       |                                 | 1                    | 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        | 5107871175     |                       | MUHD HAZIQ<br>ADAM BIN<br>AMRAN | 58805165C            | GBS      | Comprehensive | PC4662H        | PC4662H           | 10/03/2019       | 09/03/2020  |
|                        |          |                |                       |                                 |                      | Continue |               |                |                   |                  |             |

#### Policy Information Policyholder NRIC Policyholder Policy No. 5107871175 MUHD HAZIQ ADAM BIN AMRAN S8805165C Name Certificate No. BLK 110A #02-570 PUNGGOL FIELD SINGAPORE 821110 Address Product Group **BUS INSURANCE** Plan Policy Flag Policy Effective 28/02/2019 10/03/2019 00:00 issue Expiry Date 09/03/2020 23:59 Date Date All Claims Excess Per Accident Туре Excess Third Own Windscreen Party 1500 2000 500 damage Excess Excess Excess Additional os 0 Excess Premium Outside Outside Singapore OD Singapore TP Excess Young/Inexperience Driver Excess Excess Agent S'PORE SCH&PTE HIRE BUS OW Agent Tel. 67410788 GST Flag insurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 BLK 110A #02-570 Address 2 PUNGGOL FIELD Address 3 SINGAPORE 821110 Address 4 Address Type Singapore address Post Code 821110 Related Policy Unit No. 02-570 5107871175 Number Endorsements Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Continue Cancel

| Claim Handling   |  |   |   |  |                          |
|--|--|---|---|--|--------------------------|
| ocident MT/1045385   |  |   |   |  |                          |
| olicy Na.  | 5107871175   | Vehicle No.   | PC4662H   | GST Registration No.                               |                          |
| Certificate No.  |  |   |   |  |                          |
| olicyholder Name   | MUHD HAZIQ ADAM BIN AMRAN  |   |   | Policyholder NRIC                                  | S8805165C                |
| roduct Code  | BUS INSURANCE  | Cover Type  | Comprehensive   | Loading  | 0                        |
|  |  |   |   | 2.0  |                          |
| ontact No.(Mobile)   | 82010240   | Contact No.(Office)   | 0   | Contact No.(Home)                                  | 0                        |
| mail Address   | * * * * * * * * * * * * * * * * * * *  | Special Remark  |   | eCode  | hr. 😪                    |
| FK   | No ○ Yes   | TCA   | ® No ○ Yes  | eCode Reason                                       |                          |
| CD Protection  | No   | NCD Entitlement(%)  | 15  | Private Hire                                       | No                       |
| Accident Details   |  |   |   |  |                          |
| port Date  | 21/05/2019 19:06   | Accident Report Within 24 hrs.  | Yes   | Accident Type                                      | Collision - Head to Rear |
| are of Accident  | 21/05/2019   | Time of Accident hitcmm   | 08:25   | Country of Acadent                                 | Singapore                |
| porting Centre   |  | Orange Force  |   | ICH No.  |                          |
| cident Location  | ALONG BKE TWDS WOODLANDS   | CONTRACTOR OF THE PARTY OF THE |   | - THE R. L. S. |                          |
| Total Excess Applicable  | ALDING DIE 11103 WOODDAIDS   |   |   |  |                          |
|  |  |   |   |  |                          |
| cess Type  | Per Accident   | Windscreen Excess   | 500.00  |  |                          |
|  |  |   |   |  |                          |
| Standard Excess  | 2,000.00   | TP Standard Excess  | 1,500.00  |  |                          |
| D DD Excess  |  | YIED TP Excess  |   | Driver is Covered?                                 |                          |
| ditional Excess  |  |   |   |  |                          |
| tal OD Excess Applicable   |  | Total TP Excess Applicable  |   |  |                          |
| 7 Benefits   |  |   |   |  |                          |
| GST Registered Informa   | ition  |   |   |  |                          |
| T Registered   | No   |   | GST Registration Date   |  |                          |
| T Registration No.   |  |   | GST Status Ventiled   | Yes  |                          |
| odification History  |  |   |   |  |                          |
|  |  |   |   |  |                          |
| Policyholder Mailing Ado   | dress  |   |   |  |                          |
| idress 1   | BLK 110A #02-570   | Address 2   | PUNGGOL FIELD   | Address 3  | SINGAPORE 821110         |
| dress 4  | MAN 110M 900-270   |   |   |  |                          |
|  |  | Address Type  | Singapore address   | Post Code  | 821550                   |
| it No.   | 02-570   | Related Policy Number   | 5107871175  |  |                          |
| OI Driver Info   |  |   |   |  |                          |
| iver Name  | Unnamed Driver   | Driver Type   | Unnamed Driver  |  |                          |
| named driver Name  | MUHAMMAD HAZIQ ADAM BIN /  | Driver NR3C   | S8805165C   | Driver DOS   | 15/02/1988               |
| gister Date of Driver License  | 15/02/2016   | Driver Age  | 31  | Driving Experience                                 | 3                        |
| ntact No. (Mobile)   | 82010240   | Contact No. (Office)  | 0   | Contact No.(Home)                                  | 0                        |
| loress 1   | BLK 110A   | Address 2   | PUNGGOL FIELD   | Address 3  | SINGAPORE 821110         |
| dress 4  | DEC ASSES  |   |   |  |                          |
| nit No.  |  | Address Type  | Singapore address   | Post Code  | 821110                   |
| oes he own a Singapore   | 02-570   |   |   |  |                          |
| egistered car?   | ○ Yas ® No   | Driver Vehicle No.  |   | Driver Insurer Company                             |                          |
|  |  |   |   |  |                          |
| Claration  |  |   |   |  |                          |
| eathalyser or Blood Test<br>eading?  | 0 mg   | Any injury?   | ® Yes ○ No  |  |                          |
| and the same of th |  |   |   |  |                          |
|  |  |   |   |  |                          |
|  |  |   |   |  |                          |
| dification History   |  |   |   |  |                          |
| 1.00   |  |   |   |  |                          |
| 5.00   |  |   |   |  |                          |
| 0.00   |  |   |   |  |                          |
| Claim OD1 New  | Innarr Full  | Interest Name   | MILED WATER ARMS BY ANNIA   | Tobased NOV  | CHARLES                  |
| Claim 001 New  | DD-MX  | Insured Name  | MUHD HAZIQ ADAM BIN AMRAN   | Insured NRIC                                       | \$880\$165C              |
| nim Type *   | OD-MX  | Contact No.(Home)   |   | Contact No.(Office)                                |                          |
| Cialm OD1 New aim Type * incact No. (Mobile) neid Address  | 82010240   | Contact No.(Nome)<br>Of Vehicle Number  | PC4662H   |  | \$880\$165C<br>G863066K  |
| claim 001 New  im Type *  react No (Mobile)  has Address  limant Type Claimant Type *  | 82010240   | Contact No. (Home) Of Vehicle Number Type of Benefit *  |   | Contact No.(Office)                                |                          |
| im Type * rract No (Mobile) nat Address Hmant Type Claimant Type *   | 82010240   | Contact No.(Nome)<br>Of Vehicle Number  | PC4662H   | Contact No.(Office)                                |                          |
| im Type * rract No (Mobile) hav Address limant Type Claimant Type * limant Name *  | 82010240<br>Please Select  | Contact No. (Home) Of Vehicle Number Type of Benefit *  | PC4662H   | Contact No.(Office)                                |                          |
| im Type *  nract No (Mobile)  has Address  limant Type Claimant Type *  limant Address   | 82010240<br>Please Select  | Contact No. (Home) Of Vehicle Number Type of Benefit *  | PC4662H   | Contact No.(Office)                                |                          |
| claim 001 New  Im Type * Insact No (Mobile) Insact No (Mobile) Imant Type Claimant Type * Imant Name * Imant Address Imant Imant Address Imant I | 83010240 Pinate Select   | Contact No. (Nome) OI Vehicle Number Type of Benefit * Cleimans NR3C *  | PC4662H Please Select   | Contact No.(Office) TP Vehicle Number              |                          |
| im Type * react No (Mobile) air Address imart Type Claimant Type * imart Address im Description derred Workshop Coreact  | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019                                 | Contact No. (Nome) Of Vehicle Number Type of Benefit * Claimant NR3C *  | PC4662H Please Select  V  Not at Fault  | Contact No. (Office) TP Vehicle Number             | [G863068K                |
| im Type *  react No (Mobile)  na Address  Imant Type Claimant Type *  Imant Address  Imant Address  Im Description  derred Workshop Coreact   cure Finalisation  | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes                            | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NR3C *  Insured Liability * Preferend Repair Option   | PC4662H Please Select   | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| aim Type * indact No (Mobile) nair Address ilmant Type Claimant Type * ilmant Address ilmant Add | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019                                 | Contact No. (Nome) Of Vehicle Number Type of Benefit * Claimant NR3C *  | PC4662H Please Select  V  Not at Fault  | Contact No. (Office) TP Vehicle Number             | [G863068K                |
| im Type *  ncact No (Mobile)  has Address  limant Type Claimant Type *  limant Address  limant Address  limant Address  limant Address  correct  course Finalisation  te Registered  | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes                            | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NR3C *  Insured Liability * Preferend Repair Option   | PC4662H Please Select  V  Not at Fault  | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| claim 001. New  im Type *  ncact No (Mobile)  nai Address  imant Type Claimant Type *  imant Address  imant Address  im Description  derred Workshop Contact   cure Finalisation  te Registered  port Taken By   | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NR3C *  Insured Liability * Preferend Repair Option   | PC4662H Please Select  V  Not at Fault  | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| claim 001. New  im Type *  ncact No (Mobile)  nai Address  imant Type Claimant Type *  imant Address  imant Address  im Description  derred Workshop Contact   cure Finalisation  te Registered  port Taken By   | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NR3C *  Insured Liability * Preferend Repair Option   | PC4662H Please Select  V  Not at Fault  | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| aim Type *  ordact No (Mobile)  nas Address  aimant Type Claimant Type *  aimant Address  aimant Address  aim Description  eferred Workshop Contact  b.  coure Finalisation  the Registered  riport Taken By   | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NRIC *  Insured Lability * Preferend Repair Option Claim Close Date   | PC4662H Please Select  V  Not at Fault  | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| claim 001 New  irm Type *  irract No. (Mobile)  nal Address  almant Type Claimant Type *  almant Address  almant Address  almant Address  alm Description  referred workshop Contact  bourse Finalisation  tte Registered  iport Taken By  Print AK letter   | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NRIC *  Insured Lability * Preferend Repair Option Claim Close Date   | PC4662H Piease Select  V  Not at Fault  Preferred Workshop, Name unknown  V         | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| aim Type *  ordact No. (Mobile)  mak Address  aimant Type Claimant Type *  aimant Address  aimant Address  aim Description  referred Workshop Contact  bourte Finalisation  ate Registered  opent Taken By  Print AK letter  | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NRIC *  Insured Lability * Preferend Repair Option Claim Close Date   | PC4662H Piease Select  V  Not at Fault  Preferred Workshop, Name unknown  V         | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| aim Type *  Indiact No (Mobile)  Indiact No (Mobile | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NRIC *  Insured Lability * Preferend Repair Option Claim Close Date   | PC4662H Piease Select  V  Not at Fault  Preferred Workshop, Name unknown  V         | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| aim Type * oncact No (Mobile) mak Address aimant Type Claimant Type * aimant Address aimant Address aimant Address aim Description clerred workshop Corract book opport Taken By  © Print AK letter  Attachment  | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09          | Contact No. (Nome) Of Vehicle Number Type of Benefit * Cleimant NRIC *  Insured Lability * Preferend Repair Option Claim Close Date   | PC4662H Piease Select  V  Not at Fault  Preferred Workshop, Name unknown  V         | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |
| Claim 001 New  Claim 7ype *  Ontact No (Mobile)  mare Address laimant Type claimant Type *  laimant Type Columnat Type *  laimant Address laim Description  referred Workshop Contact  Occurre Finalisation  ate Registered  inport Taken By  Print AK letter  Attachment  | 83010240  Please Select  PC4562H / GBE3068K ON 21 May 2019  Yes  21/05/2019 18:09  Jackson | Contact No. (Nome) Of Yehrde Number Type of Benefit * Cleimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date   | PC4662H  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit | Contact No. (Office) TP Vehicle Number             | GBESDORK  Received       |

