Duta Inc.			NALIGOLIY88		
Date In: 11/11/15:42	Job descri	ption	Date & Time Completed	Done l	př.
Ref No: Ha   14 14 16 008 97 4 /2	SAS c-fi	lling			
Veh No: NESASGE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	within Shrs, AIC 2hrs)		1000	
D.O.A : 17/5/19-14:15	i-Motor	Claim Form	M-11042361-001	NISIN B	.~!
(3)	i-Motor	W/O (Within: OD 2hr			-
OD / (TP)/ Reporting Only	i-Photo	Uploaded			
TP Insurer:	Assessme	ent/Survey Report			
IF insurer.	Ass't Rep	oort by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp	/QW: (		Tel: F	ax:	
TP Particulars: Veh	No: PA 94794	, INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: (	) Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	-
Insured/Driver Liability: (	%) [Note-Est. State	tus (WO): N: 0-2	0%; P: 21-79%. F: 30-1	00%]	
Year of Registration: (	) Warranty: YE	S( )/NO(	)		
Excess: (\$ ) Loa	ding: \$1,000 ( )/\$2	2,000 ( )			TISMEN
General Remarks:-		* - 1 Y		190 200	
<ol> <li>Apply for Transport Allowance</li> </ol>	( )/Courtesy Car (	)	No.		
	tion (	)			
2) QC Check / Post Repair Inspec 3) Upload Resurvey Photo [Repair Injury:	tion (	)			
2) QC Check / Post Repair Inspec 3) Upload Resurvey Photo [Repair	tion (	)			
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2) QC Check / Post Repair Inspect 3) Upload Resurvey Photo [Repair Injury:  Date/Time Actions	tion (	Invoice Pre	Reporting (\$30);	Tit Bill	415
2) QC Check / Post Repair Inspec 3) Upload Resurvey Photo [Repair Injury:  Date/Time Actions  NA14033730	tion (	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$86 ee \$40/	76 Ball 0) 1545	415
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#### 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.
- Any false reporting may be referred to the Police for investigation.
- 8. 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/05/2019 15:40
Date Of Accident	17/05/2019 14:10
Exact Location Of Accident	SLIP RD TOA PAYOH EAST TWDS LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE8789Z
Insured/Policyholder	
Name Of Registered Owner	AM AUTOMOTIVE (S) PTE LTD
Co Reg No	199405965C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68625868
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Madel	IETTA 1 A TOLAT 1822CE

Model JETTA 1.4 TSI AT 1623G5

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5104325872 Policy Number

Cover Note Number

Driver

MOHAMMAD YAZID BIN SANOSI Name of Driver

S7100742A NRIC No Date Of Birth 11/01/1971 OUTDOOR Occupation 26/07/1997 Date Of Driving Pass

21 YEARS AND 9 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-87487069

Fax Number

Contact Number OFFICE-87487069

EMail Address NOEMAIL

BLK 219 LORONG 8 TOA PAYOH Address

#09-643 310219

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

CLEAR Weather Conditions Road Surface DRY

Other Information

Postcode

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

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

**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

PA9979Y

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS

Vehicle Category Name of Driver

JIANG DUMING

NRIC/Passport Number

G8628618T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1 NAME:

GENDER:

## **DETAILS OF INJURED PERSON 1**

MOHAMMAD YAZID BIN SANOSI Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKE8789Z Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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.

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.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rettr to digternay.		

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

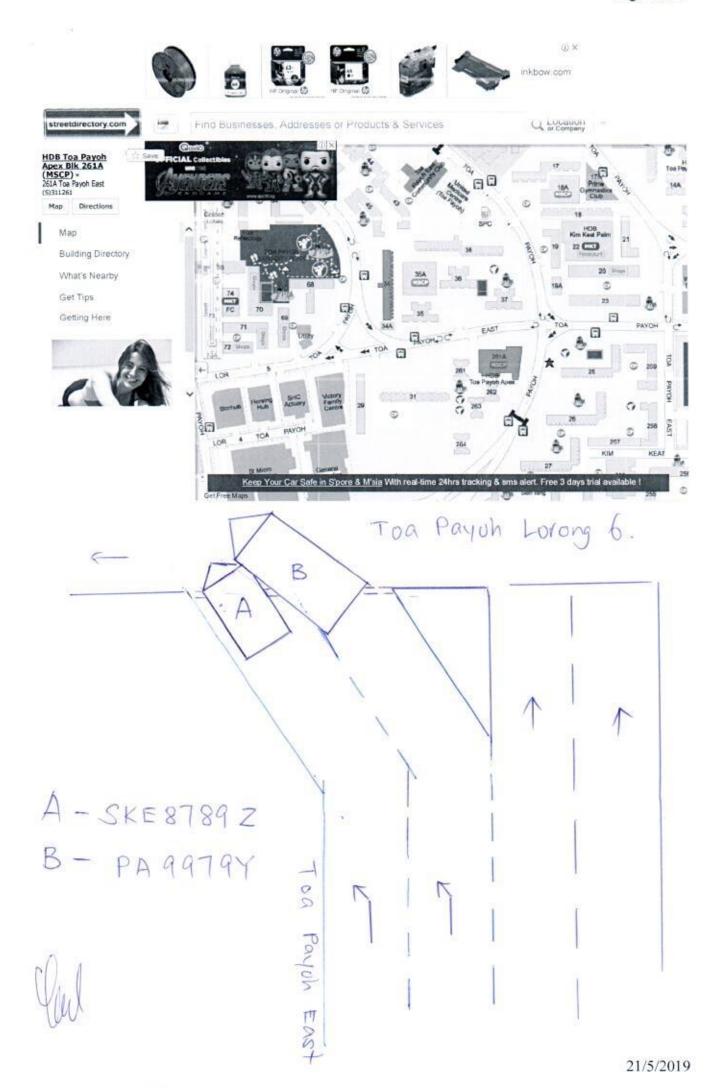
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# **Accident Statement**

On 17th of May 2019 around 1410Hrs, I was driving my vehicle (SKE8789Z) along Toa Payoh East turning left to Toa Payoh Lorong 6, suddenly a vehicle (PA9979Y) cut into my lane abruptly and hit onto the right side of my vehicle. The right side of my vehicle was badly damaged. I'm making a claim against third party.

Name: Mohammad Yazid Bin Sanosi

I/C: S7100742A

# **ACCIDENT STATEMENT**

ACCIDE	NT DATE: (17/5/19	_)(DD/MM/YYYY).	TIME: ( 14 to	)(HH:MM)
LOCATIO	ON: SI: 7 Rd Ba	Myoh Fast	tude br	6 754 Payol
1. [	DETAILS OF VEHICLE	. 4		
33	1 CONT. 100	87892		
	DINSURANCE COMPANY:			
	OPOLICY NUMBER: \$1043			
	D)POLICY TYPE: (COMPREHE		Y / THÍND PARTY	FIRE &THEFT)
	)MAKE & MODEL:		17 11110 171111	
	TYPE: (SALOON / COUPE / M	PV /V AN / LORRY	/ MOTORCYCLE	/ OTHERS)
	) VEHICLE CATEGORY: (PRIVA			
	PURPOSE OF USING AT ACC			15
	ARE YOU CLAIMING UNDER		1000	
	IF NO, PLEASE STATE (THIRD P			
2. 1	NSURED / POLICY HOLDER	0		
A	A)NAME: AM AND MOTO	re(s) He Wd		/ FEMALE)
	)NRIC/FIN/PASSPORT: 199	YST 9 6IC	_CONTACT:_68	6~3868
C	ADDRESS:		12-12-12-12-12-12-12-12-12-12-12-12-12-1	
	CONTINUE TO 2 d IS DRIVED	ALCO BOLIOVILO		1
Alle of space 3 D	CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOL	DER	
1 13351/5/67	INAME: Nohammad	lazid Nin su	MACE /	/ EEMALE)
(Including driver) b	NRIC/FIN/PASSPORT: 571		CONTACT	
	Linnages hill side .	nng 8 724		7 643 (36719)
	A STATE OF THE STA	J	, ,	
**	d)DATE OF BIRTH: (	/ 1931)(DD/M	M/YYYY)	
	)OCCUPATION: (INDOOR / C			ā - 8
100	YEARS OF DRIVING EXPRERIE		1997 .	
	VAS DRIVER AN EMPLOYEE			(YES / NO)
	F NO, RELATIONSHIP OF THE PROPERTY OF THE PROP			100
	ROAD SURFACE: (DRY / WET			
	AS ANYBODY INJURED (YES)			I (
	REPORTED TO POLICE (YES			
	IF YES, PLEASE STATE WHICH			-
8. TH	HIRD PARTY VEHICLE			
the of passenger c	VEHICLE NUMBER: 14	19794	_MODEL:	
(Including driver)	DRIVER'S NAME:	and mind	3000-3100-30	
	C) NRIC/FIN/PASSPORT: HIRD PARTY VEHICLE	686286187	_CONTACT:	
	) VEHICLE NUMBER:		MODEL:	20
A No of bassender	DDB (EDIALIA) (5		_MODEL	
(Including driver) for	NRIC/FIN/PASSPORT:		_CONTACT:	
( )				*)

email = dang 0410@yahoo.com

VIDEO =

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7100742A



MOHAMMAD YAZID BIN SANOSI

BOYANESE Gate of berth

11-01-1971 M

Country of birth SINGAPORE 571007447

# REPUBLIC OF SINGAPORE DRIVING LICENCE

S7100742A

MOHAMMAD YAZID BIN SANOSI

Beth Date: 11 Jan 1971 Issue Date: 01 Mar 2003



4759478 .



NRIC No. S7100742A

15-08-2011

APT BLK 219 LORONG 8 TOA PAYOH #09-643 SINGAPORE 310219

NP 428A



## 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: 5104325872

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKE8789Z

Chassis Number

: WVWZZZ16ZCM095862

2. Name of Policyholder

: AM AUTOMOTIVE (S) PTE. LTD.

2. Italie of Folicyfloider

ANI AUTONIOTIVE

3. Effective Date of Insurance

: 11 Oct 2018

4. Expiry Date of Insurance

: 10 Oct 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
    Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

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

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : MOHAMMAD YAZID BIN SANOSI
NAMED DRIVER (1) : FAREENA BINTE MOHD JAFFAR

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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

: WAH HONG INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue

: 04 Oct 2018 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

**Chief Executive** 

eBaoTech	2601						• Change	Language	+ Chang	e Password	Log Ou
Hello, NAC_PAYA_UBI_80											
My Desktop	Polic	y Query									
Notice of Loss	Policy N	lo:				Date	of Accident		17/05/2019 1	4:10	
	Vehicle No.(For Motor)		SKE87	89Z		Certificate Number					
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104325872		AM AUTOMOTIVE (S) PTE, LTD.	1994059650	GPC	drivo CLASSIC	SKE87892	SKE8789Z	11/10/2018	10/10/2019

olicy No.	510432	25872	Policyholder Name	AM AUTOMO	TIVE (S) PTE. LTD.	Policyholder NRIC	199405965C	
ertificate lo.						111111		
ddress	2 CHAI	NG CHARN ROAD SINGAPO	RE 159631					
roduct lame	PRIVAT	TE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue ate	04/10/	2018	Effective Date	11/10/2018	00:00	Expiry Date	10/10/2019 2	3:59
xcess ype			All Claims Excess					
hird arty xcess	1500		Own damage Excess	2000		Windscreen Excess	100	
dditional	0		OS Premium	0				
Outside Singapore OD Excess	2000		Outside Singapore TP Excess	1500			Young	I/Inexperience Driver Excess
Agent	WAH H	HONG INSURANCE AGENC	Agent Tel.	62630555		GST Flag	Y	
o- nsurance	No							
Flag Open								
Open Policy								
Open Policy Info Certificate								
open Policy Info Certificate Info	holder	Mailing Address						
Open Policy Info Certificate Info Policy	holder	Mailing Address 2 CHANG CHARN ROAD	Addr	ess 2	SINGAPORE 15963	31	Address 3	
Open Policy Info Certificate Info Policy Address 1	holder	Maria Tamanana	Addr	ess Type	SINGAPORE 15963 Singapore address		Address 3 Post Code	159631
Open Policy Info Certificate Info Policy Address 1 Address 4	holder	Maria Tamanana	Addr	ess Type ted Policy	ruccio escarco-americano			159631
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.		Maria Tamanana	Addr Relat	ess Type ted Policy	Singapore address			159631
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	ed Obje	2 CHANG CHARN ROAD	Addr Relat	ess Type ted Policy	Singapore address			159631
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	ed Obje sement	2 CHANG CHARN ROAD	Addr Relat Num	ess Type ted Policy	Singapore address 5104325872		Post Code	Endorsement Content
Open Policy Info Policy Address 1 Address 4 Unit No. Insure Endors Sequer	ed Obje sement	2 CHANG CHARN ROAD ct: SKE8789Z	Addr Relat Num	ess Type ted Policy ber	Singapore address 5104325872 t Type		Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 11 Oct 2018,
Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. D Insure	ed Obje sement	2 CHANG CHARN ROAD  ect: SKE8789Z  bate of Endorsemen	Addr Relat Num	ess Type ted Policy ber  Endorsement	Singapore address 5104325872 t Type Endors	Endorsement	Post Code t Status ffective	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 11 Oct 2018, the following amendment(s) is/armade to this policy: PRIMARY DRIVER: MOHAMMAD YAZID BIN

Claim Handling					- 8x0
Accident MT/1045391	-2700.0200	110.0000.000		25.57 / 61/2007	
Policy No.	5104325872	Vehicle Na.	SKE8789Z	GST Registration No.	
Certificate No.					
Polscyholder Name	AM AUTOMOTIVE (S) PTE, LTD.			Policyholder NRIC	199405965C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Corract No. (Mobile)	0	Contact No.(Office)	68625868	Contact No.(Home)	0
Email Address		Special Remark		eCode	MS V
KPK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	21/05/2019 19:19	Accident Report Wehin 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	17/05/2019	Time of Accident Nh:mm	14:10	Country of Accident	Singapore
Reporting Centre	(400,000,000,000)	Grange Force		ICM No.	Singapore .
Accident Location	SLIP RO TOA PAYOH EAST TWOS LOA			55559	
Tecnes					
Dwn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	3-71-2000	Outside Singapore OD Excess	2,000.00	Windsorder Cacess	100.00
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>▽</b> Benefits	4,450,550	Colonia surgistate in Excess	1,500.00		
GST Registered Inform	ation				
GST Registered	Yes		GST Registration Date	01/03/1995	
GST Registration No.	M201268150		GST Status venified	Yes	
Hodification History	21/05/2019 19:20:26	System changed GST Registered from N System changed GST Registration No. fr	o to Yes		
9 Policyholder Mailing Ad	21/05/2019 19:20:26	System changed GST Registration Date	from null to 01/03/1995		
Address 1	2 CHANG CHARN ROAD	Address 2	#10.010.000 1.0012-	Yanco b	
	2 CHANG CHARN KUAD	Address 2	SINGAPORE 159631	Address 3	
Address 4		Address Type	Singapore address	Post Code	159631
Unit No.		Related Policy Number	5104325872		
Driver Name	APPLICABLE VATIO SIL CAMPI		12072000		
Unnamed driver Name	MOHAMMAD YAZID BIN SANOSI	Driver Type Driver NRIC	Main Driver	Decision DAN	
Register Date of Driver License	36,037,000		\$7100742A	Driver DOB	11/01/1971
Contact No. (Mobile)	87487069	Driver Age	48	Driving Experience	21
Address 1		Contact No.(Office)		Contact No.(Home)	0
	BLK 219	Address 2	LORONG 8 TOA PAYOH	Address 3	SINGAPORE 310219
Address 4	1201010	Address Type	Foreign address	Post Code	310219
Unit No. Does he own a Singapore	09-643				
Registered car?	O Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
0261201800100 05000011					
Modification History					
Claim 001 New					
Claim Type *	OD-MX	Insured Name	AM AUTOMOTIVE (S) PTE, LTD.	Insured NRIC	199405965C
Contact No.(Mobile)	84487411	Contact No (Home)		Contact No.(Office)	N3L
Email Address		Of Vehicle Number	SKE8789Z	TP Vehicle Number	PA9979Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SKE8789Z / PA9979Y ON 17 May 201	9		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 💌	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2019 19:21	Claim Close Date		Date Received	21/05/2019 00:00
Report Taken By	Jackson		A)		I Street vice to to the second
50 Print AK letter	2-1-1				
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Attachment			Save Submit		
- Anna Anna Anna Anna Anna Anna Anna Ann					
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Academ No.	MT/1045391	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	21/05/2019 19:22		
	Path •		Category •	Confidential Urgen	cy * Description *
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