Date In: 241	tre Services		9119083129			
Date In: 26 6 19 - 14:31	Jeb description	1	Date &Time	Completed	Don	e by
Res No: NA INCIGOING 3 / 24	SAS e-filing					
Veh No: Mugboya	E-mail (within	Shrs, AIC 2hrs)				
D.O.A: 24/6/19- 19:3-	i-Motor Cla		M1/103068	4- 301	21/6/19	439
OD / (TP) ! Reporting Only	i-Motor W/0	O (Within: OD 2hrs				7.71
OD / (19) Reporting Only	i-Photo Uple		1			
TP Insurer:	Assessment/S	urvey Report				
IF insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (	The second secon		Tel:	F	ax:	
TP Particulars: Veh No: Ja	nr 3~V2+	INC (	)/Non-INC			
Owner / Driver: (	170		Tel:		)	
Policy No: ( )	Period: (	)	Cover Type:			
Confirmed by : (		Date:	Tim		)	11122
Insured/Driver Liability: (%)	Note-Est. Status (	WO): N: 0-20	%: P: 21-79%	F: SO-1	00%1	
Year of Registration: ( )		)/NO(	1	1,00.	3070]	
	1,000 ( )/\$2,000		<u></u>			
General Remarks:	1,000 ( )/ \$2,000	( )				
Drive-In ( ) / Towed-In ( ); Invo	ice: YES ( ) / I	NO( ); To	wing Co: (	.,		)
Remarks: (INC hotline: 6788 6616)	Carl Carlo		i kan da sangan sangan gra	1	94-48-2	17011
	of access of consequents to take actions. The last reconstruction		Date&Time Co	mple'ad	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car (	)		- 1		
2) QC Check / Post Repair Inspection	(	)				
3) Unload Dayson, Div. CD						
3) Upload Resurvey Photo [Repair Cost>	\$3000] (	)				
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] (	)				
Injury:	\$3000] (	)			T(#583-7-1-e	
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Injury:Actions	\$3000] (	) Invoice Prep	aration Check		Ant (5)	
Injury:  Onte/Time Actions	\$3000] (	1) AR : Accident P	eporting (\$30);	list	Ant (5)	
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Injury:  Onte/Time Actions  Actions  Actions  Sumant's Particulars:  iver/Owner:	\$3000] (	1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee 4) FT : Follow-Thr 5) iFT : Follow-Thr For claiming age	sporting (\$30); ssessment (\$100); ough Survey ough Survey (Resu inst JNC Only (we on SMRT Survey	INC (58 540 (10 Jan 2005)	Anit (5) Fit Bill 0) /545 5120 530	
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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.
- 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.

aloresaid.	20 Se de Grandon de Caracteria	
Selection of the Control of the Control	ACCIDENT STATEMENT	and the same of the same of
Date Of Report	26/06/2019 14:05	
Date Of Accident	25/06/2019 17:30	
Exact Location Of Accident	JURONG EAST AVE 1	
Country/State of Loss	SINGAPORE	
DESCRIPTION OF THE PARTY AND	DETAILS OF OWN VEHICLE	CHILDREN TO THE
Vehicle Registration Number	SJN9604G	
Insured/Policyholder		
Name Of Registered Owner	REEZAN NASHARUDIN BIN SHAHLAN	
NRIC No	S8914468Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91444624	
Alternative Phone No	OFFICE-91444624	

Vehicle Particulars

Manufacturer HONDA

Model CIVIC 1.6L 5AT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5108191872

Cover Note Number

Driver

Name of Driver REEZAN NASHARUDIN BIN SHAHLAN

 NRIC No
 \$8914468Z

 Date Of Birth
 25/04/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/10/2014

Driving Experience 4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91444624

Fax Number

Contact Number OFFICE-91444624

EMail Address NOEMAIL

BLK 560A JURONG WEST STREET 42 Address

#06-1115

Postcode 641560

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

#### Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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

SMK3247Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJV7577Y

Page 2 of 12

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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 REEZAN NASHARUDIN BIN SHAHLAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NECK & BACK

SJN9604G

YES

NO

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

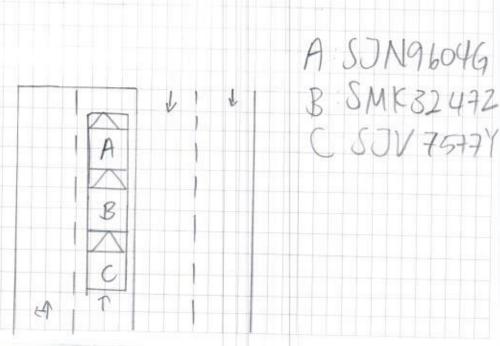
I understand, acknowledge, agree and consent that:

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

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along jurong east avenue 1 waiting for the traffic to turn green before moving off, suddenly I felt two impact from the rear portion of my vehicle. when I got down, I realized I was involved in a chain collision. total of three cars are involved.

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

ACCII	DENT DET	AILS	NAME OF TAXABLE	AND DESCRIPTION OF THE PERSON
25 05	2010			And the second
1 5	201			(DD/MM/YY)
7:3	opm			(HH:MM)
Juvova	east	Avenue	1	
	25 05 5:3	25 05 2019 5:30pm	Juvova last Avenue	25 05 2019 5:30pm

A SERVICE STATE OF ST	DETAILS OF VEHICLE
Vehicle registration number	CJN 96046
Vehicle make and model	Honda Civic
Type of vehicle	Saloon MPV CRV Van
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	Wiotorcycle
Are you claiming under your own insurance company?	Yes  No  if no, please select:  Third part claim  Reporting only  Reporting

	INSURANCE IN	FORMATION	
Insurance company	NITUC		
Policy number			
Type of policy	Comprehensive	Third name for 0 th 6	
	comprehensive [	Third party fire & theft	TP only

INSURED / POLICY HOLDER							
Name	RETANI NACHIADIONI DILL CULTURE						
NRIC / Fin / Passport number							
Contact	9144 4611						
Address	560A Jurong West Street 42 #06-1115 S/641560						

DRIVER	SAME AS INSURED ABOVE (S	KIR TO D C B)
Name	STATE OF THE PROPERTY (S	The state of the s
NRIC / Fin / Passport number		Male  Female
Contact		
Address		
Email address		
Date of birth	25104 11989	
Occupation	Indoor D Outdoor	
Driving date pass	13/10/2014	

Was distributed by the same of	GENERAL INFORMATION OF THE ACCIDENT	MESSA COST
Was driver an employee of	Yes 🗆 No 🗷	
the insured's company?	If no, relationship of the driver and insured:	iner
Accident captured by camera?	Yes D No D	
Weather condition	Clear Raining Others:	
Road surface	Dry Ø Wet □	
No of passenger		(Inclusive of driver
		(inclusive of driver
A STATE OF THE STA	PASSENGER 1	
Name		
Gender	Male   Female	
<b>建长是是国家公司</b>	PASSENGER 2	
Name		THE WAY THE WAY THE
Gender	Male   Female	
A STATE OF THE STA	PASSENGER 3	
Name		
Gender	Male  Female	
<b>国的市场的</b> 工作,1985年1985年1985年1985年1985年1985年1985年1985年	PASSENGER 4	
Name	- ASSENGEN 4	The Tell States
Gender	Male  Female	
N. P. C.	PASSENGER 5	
Name	. ASSENGERS	THE CHEST OF THE PARTY.
Gender	Male   Female	
	- Smale d	
	PASSENGER 6	
Name	PASSENGER 6	TANGE STORY
Gender	Male  Female	
	Telliale I	
	OTHER INFORMATION	
Vas anybody injured?	Yes No -	
	Yes No D	
	110 13	
	DETAILS OF POLICE STATION ACTION	
eported to police?		
olice station name	Yes   No  If yes, please state which polic	e station.
	WITH THE PARTY OF	
ame	WITNESS 1	
	NII-WAY	
ame	WITNESS 2	

	THIRD PARTY VEHICLE 1	AND REAL PROPERTY.
Vehicle registration number	SMK32472	
Vehicle make model		
Name		D
NRIC / Fin / Passport number		0
Contact		
No. of the last of		
	THIRD PARTY VEHICLE 2	
Vehicle registration number	SJV 7517Y	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
All and a second		
State of the state	THIRD PARTY VEHICLE 3	
Vehicle registration number	THIND PARTY VEHICLE 3	AND THE REAL PROPERTY.
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD DARTY VELLOR	
Vehicle registration number	THIRD PARTY VEHICLE 4	
Vehicle make model		
Name		
NRIC / Fin / Passport number		the Control of the Co
Contact		
	TUDO DA POLICI	
Vehicle registration number	THIRD PARTY VEHICLE 5	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Vehicle registration number	THIRD PARTY VEHICLE 6	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
/ehicle registration number	THIRD PARTY VEHICLE 7	
ehicle make model		
lame		
IRIC / Fin / Passport number		
ontact		

THE REPORT OF THE PARTY OF THE	INJURED PERSON 1
Name	PC-74-1 WARLEY
Injuries sustained	MEEK & BACC
Which vehicle person in?	S 3 N 9 604 G
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes No No
hospital by ambulance?	1000
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes  No
AND PAGE VALUE	INJURED PERSON 3
Name	MODILED FERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	TES EL INO EL
Name	INJURED PERSON 4
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	V
Was injured conveyed to	Yes D No D
hospital by ambulance?	Yes 🗆 No 🗆
The Name of State of	INJURED PERSON 5
Name	MOOKED PERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
nospital by ambulance?	i i i i i i i i i i i i i i i i i i i
	INJURED PERSON 6
lame /	
njuries sustained	
Which vehicle person in?	
Vere seat belts worn?	Yes  No
Vas injured conveyed to	Yes No No
ospital by ambulance?	100 110 100 100 100 100 100 100 100 100
/	

## REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8914468Z



JAVANESE 25-04-1989 Gountry of Items

REEZAN NASHARUDIN BIN SHAHLAN

For LKK/NAC Use Only

REPUBLIC O DRIVING LICENCE

REEZAN NASHARUDIN BIN

Den Cate 25 Apr 1989 Des 27 Jan 2011



07-05-2004

APT BLK 560A JURONG WEST STREET 42 #06-1115 SINGAPORE 641560

02/06/2017

"YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

For LKK/NAC Use Only

23 Aug 2012

S/No. 9000198889

S8914468Z

NP 428A



MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M.	TION) RULES, 1960
Certificate Number: 5108191872	Cover : drivo CLASSIC
	: SJN9604G
Index mark and Registration Number of Vehicle     Chassis Number	: JHMFD46209S200759
Name of Policyholder	: REEZAN NASHARUDIN BIN SHAHLAN
Effective Date of Insurance	: 18 Mar 2019
Expiry Date of Insurance	: 17 Mar 2020
5. Persons or Classes of Persons entitled to drive#	ASTRONOMICA O
(a) The Policyholder.	
(b) Any other person who is driving on the Policyho	lder's order or with his/her permission.
이 많아 가게 되었다. 그는 사람들이 없는 사람들이 하는 사람들이 되었다. 사람들이 살아 가지 않는 것이 없는데 살아 없는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	accordance with the licensing or other laws or regulations to drive is not disqualified by order of a Court of Law or by reason of any ring the Motor Vehicle.
Limitations as to Use#     (a) Use for social domestic and pleasure purposes a	and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or sp	
(c) Use for the carriage of goods (other than sample	
(d) Use for any purpose in connection with the Mot	or Trade.
# Limitations randored in appreciate by Castian R of	the Meter Vehicle (Third Party Ricks and Composition)
	the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section 95 of the Road Tra	그 가장 가장 가장 가장 하는 사람이 그 가장 가지 않게 되는 때 그래요? 하는 사람들이 살아 보다 하는 것이다.
Act (Chapter 189) and Section 95 of the Road Tra headings.	ansport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section 95 of the Road Tra headings.  EXCESS (SECTION 1)	ansport Act, 1987 (Malaysia), are not to be included under these : \$\$600
Act (Chapter 189) and Section 95 of the Road Tra headings. EXCESS (SECTION 1) EXCESS (SECTION 2)	: S\$600 : N/A
Act (Chapter 189) and Section 95 of the Road Tra headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  WINDSCREEN EXCESS	: S\$600 : N/A : S\$100
Act (Chapter 189) and Section 95 of the Road Tra headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  WINDSCREEN EXCESS  ADDITIONAL EXCESS	: S\$600 : N/A : S\$100 : N/A
Act (Chapter 189) and Section 95 of the Road Tra headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  WINDSCREEN EXCESS  ADDITIONAL EXCESS  UNNAMED DRIVER EXCESS	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF
Act (Chapter 189) and Section 95 of the Road Tra headings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  WINDSCREEN EXCESS  ADDITIONAL EXCESS  UNNAMED DRIVER EXCESS  REPAIR AT OWNER'S PREFERRED WORKSHOP	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO
Act (Chapter 189) and Section 95 of the Road Traheadings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  WINDSCREEN EXCESS  ADDITIONAL EXCESS  UNNAMED DRIVER EXCESS  REPAIR AT OWNER'S PREFERRED WORKSHOP  INSURE WITH COE	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES
Act (Chapter 189) and Section 95 of the Road Traheadings.  EXCESS (SECTION 1)  EXCESS (SECTION 2)  WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION	S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO
Act (Chapter 189) and Section 95 of the Road Traheadings.  EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO
Act (Chapter 189) and Section 95 of the Road Traheadings.  EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO
Act (Chapter 189) and Section 95 of the Road Traheadings.  EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO : NO : NO : NO : REEZAN NASHARUDIN BIN SHAHLAN
Act (Chapter 189) and Section 95 of the Road Traheadings.  EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)	: S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech							188	Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601			THE RESERVE		HIRITARIS S	+ Change	Language	• Chang	e Password	* Log Out
Notice of Loss	Poli	cy Query							E E E E E E E E E E E E		7
	Policy N	No.				Date	of Accident	25	5/06/2019 1	7:30	
	Vehicle	Vehicle No.(For Motor)		504G Certificate Number							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108191872		REEZAN NASHARUDIN BIN SHAHLAN	589144682	GPC	drivo CLASSIC	53N9604G	S3N9604G	18/03/2019	17/03/2020
					100	Continue	1				

Policy No.	5108191872	Policyholder	REEZAN NA	SHARUDIN BIN SHA	Policyholder	S8914468Z	
Certificate No.		Name		STATE OF STATE	NRIC	303144002	
Address	BLK 560A #06-1115 JURONG W	EST STREET 4	2 SPRING H	AVEN @ JURONG SIN	GAPORE 641	560	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	16/03/2019	Effective Date	18/03/2019	00:00	Expiry Date	17/03/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Ir	nexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- insurance Flag	No				n data da senso <del>e</del> o		
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 560A #06-1115	Addre	ess 2	JURONG WEST STR	EET 42	Address 3	SPRING HAVEN @ JURONG
Address 4	SINGAPORE 641560	Addre	ss Type	Singapore address		Post Code	641560
	03-1641	Relate Numb	ed Policy er	5108191872			economic CAV
Init No.							
	d Object: SJN9604G						
Jnit No.  ▶ Insure  ■ Endors							

Accident MT/1050684						
Policy No.	5105191872		Vehicle No.	SIN9604G	COT BANKS NO. 14	
Certificate No.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arrest0000	GST Registration No.	
Policyholder Name	REEZAN MASHARUDIN B	IN SHAHLAN			Policyholder NRIC	500144607
Product Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	58914468Z
Contact No.(Mobile)	91444524		Contact No.(Office)	0		
Emel Address			Special Remark	17.	Contact No.(Home) eCode	Die V
KFK	® No ○Yes		TCA	® No ○ Yes		In o
NCD Protection	No		NCD Entitlement(%)	0	eCode Reason	77567
			THE STREET STREET	(19.7).	Private Hire	No
Report Date	26/06/2019 14:38		Acodent Report Within 24 hrs	Yes	1000000000	52-5 GeVI
Date of Accident	25/06/2019		Time of Acodent Norman		Accident Type	Chain Collision
Reporting Centre			Orange Force	17:30	Country of Acadent	Singapore
violitient Location	JUNONO EAST AVE 1		Grange Force		ICM No.	
Total Excess Applicable						
xcess Type	Per Acodem		Windscreen Excess	100.00		
			111111111111111111111111111111111111111	100.00		
D Standard Excess		600.00	TP Standard Excess	0.00		
IED OD Excess		0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess		0			0.0000000000000000000000000000000000000	1000000000
ocal OO Excess Applicable		600.00	Total TP Excess Applicable	0,00		
□ Benefita						
GST Registered Inform	ation					
ST Registered	No			GST Registration Date		
IST Registration No. Indification History				GST Status Verified	Yes	
vancausi Hazary						
Policyholder Mailing Ad	dress					
ddress 1	BLK 560A #06-1115		Address 2	JURONG WEST STREET 42	Apdress 3	SPRING HAVEN @ JURONG
daress 4	SINGAPORE 641560		Address Type	Singapore address	Post Code	641560
me No.	03-1641		Related Policy Number	5108191872	allerance.	
OI Driver Info						
river Name	REEZAN NASHARUOIN BI	IN SHAHLAN	Driver Type	Main Driver		
Innamed driver Name	r neoweau arran		Driver NRJC	589144682	Driver DOS	25/04/1989
egister Date of Driver License			Driver Age	30	Driving Expenence	4
ontact No. (Mobile)	91444624		Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 560A		Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
ddress 4	SINGAPORE 641560		Address Type	Singapore address	Post Code	641560
init No. loes he own a Singapore	06-1115					
registered car?	○ Yes ® No		Driver Vehicle No.		Driver Inquirer Company	
eclaration						
reathalyser or Brood Test	0 mg		Any injury?	® Yes ○No		
reathalyser or Brood Test	0 mg		Any injury?	® Yes ○ No		
reathalyser or Blood Test leading?	0 mg		Any injury?	® Yes ○ No		
reathalyser or blood Test leading? lodification History	0 mg		Any injury?	® Yes ○ No		
reathalyser or Blood Test eading?	0 mg		Any injury?	⊕ Yes ○ No		
reathalyser or Broad Text eading? odification History Claim 991 New						
reathalyser or Broad Text coding? oddication History Claim 001 New	ОО-МX	V	Insured Name	® Yes ○ No  REEZAN NASHARUDIN BIN SHA	Trisured NRJC	589144682
reathalyser or Broad Text coding?  Odification History  Claim 001 New  Jaim Type *  ontext No.(Mobile)		M			Insured NRIC Contact No.(Office)	S891446RZ
reathalyser or Broad Text coding?  Claim 001 New  Laim Type * contact No [Mobile] mail Address	OC-MX 91444524		Insured Name Contact No.(Home) Of Vehicle Number	REEZAN NASHARUDIN BIN SHA 53N9604G		\$09144682 SMK32472
reathalyser or Broad Text coding?  Claim 001 New  Laim Type * contact No (Mobile) mail Address Jamant Type Claimant Type *	ОО-МX	<u> </u>	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	REEZAN NASHARUDIN BIN SHA	Contact No.(Office)	
reathalyser or Broad Text coding?  Claim 001 New  Laim Type * contact No [Mobile) mail Address Jamant Type Claimant Type *	OC-MX 91444524		Insured Name Contact No.(Home) Of Vehicle Number	REEZAN NASHARUDIN BIN SHA SJN9604G	Contact No.(Office)	
reathshyser or Blood Test coding?  Claim 993 New  Laim Type * contact No (Mobile) mail Address  Samant Name * samant Address	OC-MX 91446524 Piease Select	V 22	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	REEZAN NASHARUDIN BIN SHA SJN9604G	Contact No.(Office)	
reathshyser or Blood Test coding?  Claim GOS New  Laim Type * contact No (Mobile) mail Address samant Type Claimant Type * samant Name * samant Address aim Description	OC-MX 91444524	V 22	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	REEZAN NASHARUDIN BIN SHA SJN9604G	Contact No.(Office)	
reathshyser or Blood Test coading?  Claim 993 New  Laim Type * contact No (Mobile) mail Address  Jamant Name * Jamant Address	OO-MX 31446524 Piesse Select S3N9604G / SMK3247Z C	V 22	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit +	REEZAN NASHARUDIN BIN SHA SJN9604G	Centact No. (Office) TP Vehicle Number	
reathslyser or Blood Test coding?  Claim 00s New  Jaim Type * contact No (Mobile) mail Address armant Type Claimank Type * armant Address arm description where description deferred Workshop Contact b.	OC-MX 91446524 Piease Select	V 22	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Cerment NRJC +	REEZAN NASHARUDIN BIN SHA SIN9604G Please Select Not at Pault	Centact No. (Office) TP Vehicle Number	
reathslyser or Blood Test coding?  Claim 00s New  Jaim Type * contact No (Mobile) mail Address armant Type Claimank Type * armant Address arm description where description deferred Workshop Contact b.	OO-MX 91444624 Please Select S3N9604G / SMX32472 C Ves 26/06/2019 14:39	>2 25 Jun 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clement NRJC +	REEZAN NASHARUDIN BIN SHA SIN9604G Please Select Not at Pault	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SMK3247Z
reathshyser or Broad Test coading?  Claim GOS New  Laim Type * contact No (Mobile) mail Address  Laimant Type Claimant Type * laimant Address	OC-MX 31444624 Please Select S3N9604G / SMK3247Z C	>2 25 Jun 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Carment NR3C + Insured Uability + Preference Repair Option	REEZAN NASHARUDIN BIN SHA SIN9604G Please Select Not at Pault	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMK3247Z
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reathalyser or Broad Test coding?  Claim 001 New  Laim Type * contact No. (Mobile) mail Address laim Description referred Workshop Contact to, course final nation at Registered eport Taken by  Print AK lester	OO-MX 91444624 Please Select S3N9604G / SMX32472 C Ves 26/06/2019 14:39	>2 25 Jun 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Oalmant NRJC +  Insured Liability + Preference Repair Option Claim Close Date	REEZAN NASHARUDIN BIN SHA SJN9604G Please Select  Not at Pault Preferred Workshop, Name unknown	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMK3247Z
contract No. [Mobile]  commant Type *  contact No. [Mobile]  commant Type Claimant Type *  commant Type Claimant Type *  commant Address  commant Address  commant Address  commant Mame *  commant Mobile  command Mobile  co	OO-MX 91444624 Please Select S3N9604G / SMX32472 C Ves 26/06/2019 14:39	>2 25 Jun 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Oalmant NRJC +  Insured Liability + Preference Repair Option Claim Close Date	REEZAN NASHARUDIN BIN SHA SJN9604G Please Select  Not at Pault Preferred Workshop, Name unknown	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMK3247Z
Scenthalyser or Brood Text loading?  Claim Ods New  Claim Type *  Contact No. [Mobile]  Contact Type *  Contact No. [Mobile]  Contact Type *  Contact No. [Mobile]  Contact No.	OO-MX 91444624 Please Select S3N9604G / SMX32472 C Ves 26/06/2019 14:39	>2 25 Jun 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Owmant NRIC +  Insured Liability + Preference Repair Option Claim Close Date	REEZAN NASHARUDIN 85N SHA S3N9604G Please Select  Not at Pault Preferred Workshop, Name unknown.	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMK3247Z
Claim Type * Contact No. (Mobile) Imail Address Demant Type Claimant Type * Demant Name * Demant Address Jam Description Interest Workshop Contact Io. Gourre Finalisation Index Registered Registered Report Taken By  Print AK letter	OD-MX 31444624 Please Select S3N9604G / SMK3247Z C Yes 26/06/2019 14:39 Jackson	>2 25 Jun 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Oalmant NRJC +  Insured Liability + Preference Repair Option Claim Close Date	REEZAN NASHARUDIN BIN SHA SJN9604G Please Select  Not at Pault Preferred Workshop, Name unknown	Centact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMK3247Z

