| Date In: 9h115 - 13-49 | tre Services. | The second secon | | | |
|--|--|--|--|--|---------------------------|
| 1715-15-49 | Jeb description | | Date &Time Complete | ed Don | e by |
| Ref No: NOTING BONDERTHY | SAS e-filing | | | | W150582 |
| Veh No: Diffix | E-mail (within | Shrs, AIC 2hrs) | T | 1 | · · |
| D.O.A : 8/11,9-5-00 | i-Motor Clai | m Form | M7/1052537 -001 | 917/19 | whit |
| OD : TP ! Reporting Only | i-Motor W/C | (Within: OD 2hrs | | 111119 | 14:17 |
| OD : 119 - Acporting Only | i-Photo Uplo | | ! | | |
| TP Insurer: | Assessment/Su | irvey Report | | 1 | |
| Tr msurer: | Ass't Report b | y Fax / Hand to | Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: 60 | 3B20767 | INC (| | | |
| Owner / Driver: (| 3,1-3 | ,(| Tel: |) | |
| Policy No; () | Period: (|) | Cover Type: (| | |
| Confirmed by: (| | Date: | Time: | | |
| Insured/Driver Liability: (%) | [Note-Est. Status (V | VO): N: 0-20 | %; P: 21-79%. F: 80 | 0-100%1 | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | - | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 | () | | | - |
| General Remarks:- | ACARTA DO PROF | 48-18-77-77-95-98 | | 5 (1951) 5 17 | - |
| () Walk-In Customer: Customer's in | formation strictly Cor | efdential & Ctri | ath NO safes of second | No. Association of the Control of th | - |
| () Total Loss Case : to e-mail Insu | rer URGENTLY. | | | | |
| | ice: YES () / N | O () · To | wing Co: (| | |
| suph-water state of the state o | | 0 (),10 | wing co. (| |) |
| Remarks: (INC hotline: 6788 6616) | The same of the first seed, and the same of the same of | 10.00 | Date&Time Completed | Done | by |
| The state of the s | Courtesy Car (|) | * * . | | |
| 2) QC Check / Post Repair Inspection | () | | <u> </u> | | |
| Upload Resurvey Photo [Repair Cost > | \$3000] () | 11 4 | | | |
| Injury: | | - W | to the second | | |
| Date/Time Actions | | | | | |
| Date/Time Actions | | 1000 | FOR MALE POST OF STREET, AND ADDRESS. | | |
| | ATTENDED TO A PROPERTY OF A PR | | A TYPO THOSE OF THE OWNER OF THE OWNER OF THE ACCOUNT OF | A.865.3027594 LPT T-547 L V. 2. | |
| 4. | | | | PREDSANJALIAN | |
| | | | | 785 No. 38 (14. 14. 15. 1 | |
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| | 1 | | | 7887538538.315.55 | |
| | 4 | | | 7870528.04.25.55 | |
| HA 190510~ | • | Invoice Prep | aration Checklist | Ant (5) | |
| 14 190510~ · | | | aration Checklist | Anit (5) | |
| aimant's Particulars :- | | 1) AR : Accident R 2) DA : Damage A | eporting (\$30); ssessment (\$100); INC | (\$80) | The state of the state of |
| aimant's Particulars :- | | 1) AR : Accident R 2) DA : Damage A 3) TF : Towing Fee | eporting (\$30); ssessment (\$100); INC | (\$80) (\$40/\$45 | The state of the state of |
| aimant's Particulars:- | | 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr | sporting (\$30); ssessment (\$100); INC bough Survey ough Survey (Resurvey) | (\$80) (\$40/\$45 \$120 \$30 | The state of the state of |
| nimant's Particulars:- iver/Owner: ntact No: | | 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga | seporting (\$30); ssessment (\$100); INC sough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jen 20 | (\$80) (\$40/\$45 \$120 \$30 | The state of the state of |
| nimant's Particulars:- iver/Owner: ntact No: | | 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 | eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 20) on SMRT Survey | (\$80) \$40/\$45 \$120 \$30 (95) | The state of the state of |
| nimant's Particulars :- iver/Owner: ntact No: maged Portion: | | 1) AR: Accident R 2) DA: Darmage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 5 8) NTUC Additions | eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 20) on SMRT Survey | (\$80) \$40/\$45 \$120 \$30 (05) \$75 | The state of the state of |
| nimant's Particulars :- iver/Owner: intact No: maged Portion: | | 1) AR: Accident R 2) DA: Darmage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) i-T: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 5 8) NTUC Additions OD: *N5: Courtesy C | eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) instINC Only (wef 10 Jan 20 on SMRT Survey al Services:- | (\$80) \$40/\$45 \$120 \$30 (05) \$75 | The state of the state of |
| inimant's Particulars :- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): | | 1) AR: Accident R 2) DA: Darmage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additional OD' *N5: Courtesy C *N6: Repair Co-1 | eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 20 on SMRT Survey al Services:- ar / Tpt Allowance ordination | (\$80) \$40/\$45 \$120 \$30 \$95 \$75 \$160 | |
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| Inimant's Particulars:- iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): | | 1) AR: Accident R 2) DA: Darmage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idae DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co-t *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N | eporting (\$30); ssessment (\$100); INC ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 20 on SMRT Survey al Services: ar / Tpt Allowance ordination Inspection at Excess Coordination in INC) against INC | (\$80) \$40/\$45 \$120 \$30 (95) \$75 \$160 \$3 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 | |
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to provide their

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 aforesaid.

| atoresaid, | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 09/07/2019 13:49 |
| Date Of Accident | 08/07/2019 15:00 |
| Exact Location Of Accident | SIN MING DR |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJU872X |
| Insured/Policyholder | |
| Name Of Registered Owner | KEM AUTO |
| Co Reg No | 53309211J |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | HONDA CIVIC 1.8L 5AT |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5106471500 |
| Cover Note Number | |
| NAME OF THE OWNER OWNER OF THE OWNER OWNE | |

| .50.40.4.50 | |
|----------------------|----------------------|
| Driver | |
| Name of Driver | NASHRI BIN MADI |
| NRIC No | S9237346J |
| Date Of Birth | 07/10/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/04/2015 |
| Driving Experience | 4 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | +65-82035380 |
| Fax Number | |
| Contact Number | OFFICE-82035380 |
| EMail Address | NOEMAIL |

Address BLK 114 YISHUN RING ROAD #04-565

#04-305

Postcode 760114

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

THEIX STRIKE

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

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

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE ON MY RIGHT SIDE AND REALIZE THAT VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

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

Was there any audio recorded?

Details of Witness 1

 Name
 HAIRIL

 Phone Number
 85869699

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB7056J

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)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

NASHRI BIN MADI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJU872X

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

(iii) far complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

53309211

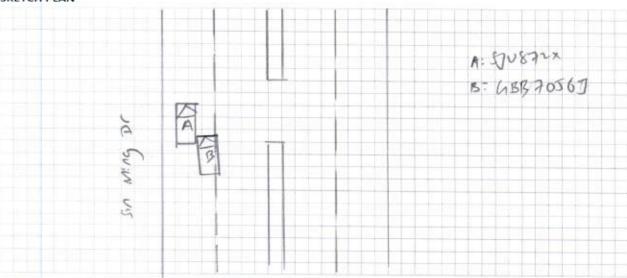
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION AU

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

533092111

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnell's Signature

Name:

NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: MNA119089429 Original Report No. _Vehicle Registration No: SJU872X Name(as shown in NRIC): KEM AUTO NRIC/FIN/Passport No : 53309211J (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address ____Singapore(Contact (Tel) Mobile No.: Email Address 08/07/2019 Date of Accident _Time of Accident : 15:00 Place of Accident SIN MING DR Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I wish to amend the statement as below On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, suddenly vehicle 'B' travel in between my lane and his had collided against my vehicle right portion. Vehicle 'B' had squeeze me towards the left and vehicle 'B' front left portion caused it to grazed against my entire right portion. Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .: Date:



F/20180117/2004

1 of 3

Report No. F/20180117/2004

POLICE REPORT (NP322)

Police Station Of Origin Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

| NGAP ontact ome/O | K 114 YISH ORE 7601 No. | UN RING ROAD # 14 Mobile 82035380 | #04-565 | |
|---|-------------------------------|--|----------|--|
| ome/O | ffice | | | |
| mail Ad | ddress | | | |
| | | | | |
| эх | Age | Date of Birth | Race | |
| ale | 25 | 07/10/1992 | Boyanese | |
| Language | | | | |
| Location Of Incident 104 LORONG 1 TOA PAYOH TOA PAYOH BLOOM | | | | |
| Location Of Incident | | | | |

Brief details.

Property Information

On the above mentioned date place and time, I lost the below mentioned items.

| rioperty information | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: F / SI MOHAMED SAHIR | Signature Of Informant |
| Signature Of Interpreter: Not applicable | Date/Time: 17/01/2018 00:59 |
| Officer In-Charge Of Case: F / Yishun North N.P.C / SI SUN KOK LIANG Contact No.: 68529999 | Classification Of Case: |
| Authentication Stamp | FUPO hotline number: 68429645 |

apore Police Force





Report No. F/20180117/2004

POLICE REPORT (NP322)

CONTINUATION OF REPORT

| S/N | Item | Туре | Brand/ | Make/ | Serial | Quantity | Value | Description |
|-----|--|---------------|-----------------------|----------|----------|----------|-------|--|
| | | TOTAL SERVICE | Account | Model/ | No./ | | | |
| | | | Property/ | Bank/ | IMEI/ | | | |
| | | | Security- | Address/ | Acct No. | | | |
| | | | Туре | Counter | | | | |
| 1 | One Black Wallet | Lost | | NEUR III | ======== | 1 | | 111 |
| 2 | Identity Card | Lost | SINGAP ORE NRIC | | | 1 | | |
| 3 | One Private Security Licence (PLRD) | | | | | 1 | | Belonging to Nashri Bin Madi NRIC S9237246J |
| 4 | Singapore Driving Licence | Lost | THOM | | | 1 | | Belonging to Nashri Bin |
| 120 | | | | 事功 | | | | Madi NRIC S9237246J |
| 5 | One Blue CHARS Card | Lost | | | | 1 | | Belonging to Nashri Bin Madi NRIC S9237246J |
| 6 | Bank Account | Lost | UOB VISA Card | | | 1 | | |

| Signature Of Officer Recording The Report: | Signature Of Informant: |
|---|-----------------------------|
| F / SI MOHAMED SAHIR | M |
| Signature Of Interpreter: Not applicable | Date/Time: 17/01/2018 00:59 |
| Officer In-Charge Of Case: F / Yishun North N.P.C / SI SUN KOK LIANG Contact No.: 68529999 | Classification Of Case: |

Authentication Stamp

FUPO hotline number: 68429645

Singapore Police Force





30

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180117/2

| - | Bank Account | Lost | POSB | Sept. | 1 | | |
|----|----------------------------|--|-------------------------------|-------|---|--------------------|---|
| 7 | Bank Account | The state of the s | Passion Card Red colour | | 1 | | |
| 8 | Bank Account | Lost | | - | 1 | | _ |
| 9 | 2FA key Token | Lost | 1 | | 1 | | |
| 10 | Shell Petrol Kiosk Card | Lost | | | 1 | | |
| | Esso Petrol Kiosk Card | Lost | | | 1 | | _ |
| 12 | NTUC Membership | Lost | | | 1 | | |
| 13 | One Circle life SIM | Lost | | | 1 | | |
| 1. | 4 Malaysian SIM Car | d Lost | ODE NO | | 1 | | |
| 1 | 5 Identity Card | Lost | SPF NS Identity | | | _ + | |
| | | - | Card | 1 | 1 | Singapor | |
| 1 | 6 Cash | Lost | | 1 100 | | e Dollars 20.00 | |

Signature Of Officer Recording The Report:

F / SI MOHAMED SAHIR

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Yishun North N.P.C / SI SUN KOK LIANG Contact No.: 68529999 Signature Of Informant:

Date/Time: 17/01/2018 00:59

Classification Of Case:

Authentication Stamp

FUPO hotline number: 1

Cangapore Polica Force



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

Class 2B

Motorcycles ≈< 200 cc

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with lighters.

EFFECTIVE DATE < 7 24 May 2012 < 7 07 Apr 2015

For LKK/NAC Use Only

NP 428A



| | | | | | | | | Genera | lClaim |
|------------------|-----------------------|--|---|---|--|--|--|---|--|
| | | The second second | | | • Change | Language | • Chan | ge Password | Log Out |
| licy Query | | | | | | | | | |
| No. | | | | Date o | of Accident | [0 | 8/07/2019 | 15:00 | |
| e No.(For Motor) | 53U872 | × | | Certifi | cate Number | | | | |
| | | | 1 | Search | | | | | |
| t Policy No. | Certificate Number | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| 5106471500 | | KEM AUTO | 533092113 | GPC | Third Party | SJU872X | SJU872X | 19/12/2018 | 18/12/2019 |
| , | di Calantina.com.i | t No. SJU872 It Policy No. Certificate Number | r No. de No.(For Motor) 53U872X T Policy No. Certificate Policyholder Number Name | t No. S3U872X T Policy No. Certificate Policyholder Policyholder Number Name NRJC | No. Date of the No. (For Motor) S3U872X Certificate Policyholder Policyholder Product Number Name NRJC Product | Ilicy Query No.: Date of Accident Certificate Number Search I Policy No. Certificate Policyholder Policyholder Number NRJC Product Cover Type | Ilicy Query No. Date of Accident Of Certificate Number Search T. Policy No. Certificate Policyholder Policyholder Product Cover Type Vehicle Number Name NRJC Product Cover Type No. | Ilicy Query No. Date of Accident 08/07/2019 De No. (For Motor) S3U872X Certificate Number Search T. Policy No. Certificate Policyholder Policyholder Number Name NRIC Product Cover Type Vehicle Insured No. Object | It Policy No. Certificate Policyholder Policyholder Number NRIC Product Cover Type Vehicle Insured Commence Date |

| Seque | nce Date of Endorsemen | t | Endorsemen | t Type | Endorsement | Status | Endorsement Content |
|--------------------------------------|-----------------------------|-----------------------------------|-----------------|-------------------|----------------------|----------------|---------------------------|
| | sements | | | | | | |
| D Insure | d Object: SJU872X | | | | | | |
| Unit No. | 06-02A | Relate Numb | ed Policy er | 5110373937 | | | |
| Address 4 | SINGAPORE 408702 | Addre | ss Type | Singapore address | | Post Code | 408702 |
| Address 1 | BLK 3014 #01-278 | Addre | ess 2 | UBI ROAD 1 | | Address 3 | KAMPONG UBI INDUSTRIAL ES |
| | holder Mailing Address | | | | | | |
| Certificate Info | | | | | | | |
| Open Policy Info | | | | | | | |
| Co- insurance Flag | No | | | | | | |
| Agent | TONG HIN INSURANCE AGENCY | Agent Tel. | 65155333 | | GST Flag | Y | |
| Outside Singapore OD Excess | ō | Outside Singapore TP Excess | 1500 | | | Young/I | nexperience Driver Excess |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Third Party Excess | 1500 | Own damage Excess | 0 | | Windscreen Excess | 0 | |
| Excess Type | | All Claims Excess | | | | | |
| Policy issue Date | 19/12/2018 | Effective Date | 19/12/2018 | 3 00:00 | Expiry Date | 18/12/2019 23: | 59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Address | BLK 3014 #01-278 UBI ROAD 1 | KAMPONG UB | I INDUSTRIA | AL ESTATE SINGAPO | RE 408702 | | |
| Certificate No. | | | | | | | |
| Policy No. | 5106471500 | Policyholder Name | KEM AUTO | | Policyholder NRIC | 53309211J | |

| laim Handling | | | | | |
|--|----------------------------------|---------------------------------------|--|--|---------------------------------|
| ircy No. | 5106471500 | Vehicle No. | \$1U872X | GST Registration No. | |
| rt ficace No. | | | | STEEL OF STREET STREET, AND S. | |
| icyholder Name | KEM AUTO | | | Policytolder MRIC | 533092113 |
| dust Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | 0 |
| ntact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ail Address | | Special Remark | | | |
| | ® No O Yes | TCA | @ to C 2000 | eCode | THE Y |
| D Protection | No. | | ® No ○ Yes | eCode Reason | |
| Accident Details | ing. | NCD Entitlement(%) | 0 | Private Hire | No |
| | | | | | |
| oort Date | 09/07/2019 14:13 | Accident Report Within 24 hrs. | Ves | Accident Type | Collision - Change / Cross lane |
| e of Accident | 08/07/2019 | Time of Accident Nhomm | 15:00 | Country of Accident | Singapore |
| orting Certire | | Drange Force | | ICM No. | |
| ident Location | SIN MING OR | | | | |
| Excess | | | | | |
| n damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| named Driver Excess | | Outside Singapore CO Excess | 9.00 | | |
| nd Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Inform | etion | | | | |
| Registered | No. | | GST Registration Date | | |
| Registration No. | | | GST Status Verified | Yes | |
| Micetian History | 09/07/2019 14:14:33:5 | ystem changed GST Status Verified fro | | 150% | |
| | | | | | |
| Policyholder Malling Ad | dress | | | | |
| Iress 1 | BUK 3014 #01-278 | Address 2 | UBI ROAD 1 | Address 3 | PARIONE IN THE |
| Iress 4 | 51NGAPORE 400702 | Address Type | Singapore address | Post Code | KAMPONG UBI INDUSTRIAL EST |
| t No. | 06-02A | Related Policy Number | 5110373937 | Post Code | 408702 |
| OI Driver Info | | Comment Porcy realities | 21101/1931 | | |
| ver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| named driver Name | NASHRI BIN MADI | Driver NRIC | 59237346) | Driver DOB | 20000000 |
| poter Date of Driver License | | Driver Age | 26 | | 07/10/1992 |
| Mact No. (Mobile) | 82035380 | Contact No. (Office) | 0 | Driving Experience | • |
| iress 2 | BLK 114 | | | Contact No.(Home) | 0 |
| freier 4 | DCK 114 | Address 2 | YISHUN RING ROAD | Address 3 | SINGAPORE 760114 |
| | | Address Type | Singapore address | Post Code | 760114 |
| t No. | 04-565 | | | | |
| es he own a Singapore gistered car? | ○ Yes 	No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| larw; lon | | | | | |
| athalyser or Blood Test iding? | O mg | Any injury? | ® Yes ○ No | | |
| 7010Th: | | | | | |
| dification History | | | | | |
| activation restors | | | | | |
| Daim 001 New | | | | | |
| | | | | | |
| m Tune # | On My | COLUMN AREA OF THE | | | - |
| m Type * | 00-мх | Insured Name | KEM AUTO | Insured NRIC | 533092113 |
| rtact No.(Mobile) | 92718665 | Contact No.(Home) | | Contact No.(Office) | |
| il Address | | OI Vehicle Number | SJUB72X | TP Vehicle Number | 08870563 |
| ment Type Claimant Type • | Please Select | Type of Benefit * | Please Select | | |
| nant Name * | 22 | Claimant NRIC + | | | |
| nant Address | | | | | |
| n Description | 53U872x / G8870563 ON 8 Jul 2019 | | | Name of Preferred Workshop | |
| erred Workshop Contact | | Insured Liability * | Not at Fault | | - |
| uire Finalisation | Yes U | Preferend Repair Option | The state of the s | 1 | |
| e Registered | 09/07/2019 14:15 | Claim Close Date | Preferred Workshop, Name unknown | ************************************** | Received |
| ort Taken By | lackson | Count Close Date | | Date Received | 09/07/2019 00:00 |
| | resource: | | | | |
| Print AK letter | | | | | |
| | | | Save Submit | | |
| ttachment | | 9 | manufacture of the second | | |
| - Street Co | | | | | |
| | | | | | |
| dent No. | MT/1052537 | Claim No. | 004 | | |
| Doc. Received | ● Yes ○ No | | 001 | | |
| | | Upload Date | 09/07/2019 14:17 | | |
| | Path * | | Category * | Confidential Urgen | y * Description * |
| | | Browse | . Oear Please Select | V NO V Normal | V |
| | | Browse | Cear Please Select | V Normal | V |
| | | Browse | | V Normal | V |
| | | Section 20. | THE RESIDENCE PROPERTY AND ADDRESS. | W. I Normal | W |
| | | | Clear Please Sales | | |

