NATIONAL Assessment	Centre Services	[Mar 1 Jan79]			
Date In 22/09/19	Job descripti	on	Date & Time Completed	Done	e by
Re[No. NA/CF31901284	1/13 SAS e-filin	g			
Veh No SKE 90005		na Shrs. AIC 2hrs,			
DOA 21/07/19 0	900 i-Motor Cl	aim Form	1		
OD (TP) Reporting Only		O (Within: OD 2hrs	r, TP 4hrs)		
OD (19) Ideporting Only	i-Photo Up	loaded			115.1
TP Insurer:	Assessment/	Survey Report			
Early Machine Co.	Ass't Report	t by <u>Fax / Hand</u> t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (VISION A	WOWORK	Tel: Fa	ax:	
TP Particulars: Veh No	: 5JB656	OG INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (The second secon	2000	0%; P: 21-79%. F: 80-1	90%]	
Year of Registration: () Warranty: YES (2)		
Excess: (\$) Loading General Remarks:-	g:\$1,000()/\$2,00	00()			
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Conjuny:)			
Date/Time Actions		total			
				72.1.4	
NA1908	425	Invoice Prep	aration Checklist	Ant (\$)	Amt (\$
laimant's Particulars :-		1) AR : Accident	A THE RESIDENCE OF THE PARTY OF		
Priver/Owner;		3) TF : Towing Fee \$40/\$45			
ontact No:		4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30			
amaged Portion:		For claiming ag 6) TR : Re-inspec	ainst INC Only (wef 10 Jan 2005) tion	\$75	
		7) N1 : Idac DA + 8) NTUC Addition	The state of the s	160	
C Checked by (Engr-In-Charge):	To the second	OD* *N5: Courtesy (Car / Tpt Allowance	\$5	
		*N6: Repair Co	-ordination .	\$10	
uditors' Comments :-		*N7: Fost Repa *N8: DV / Colle	ir Inspection :	\$5	
<u>t 1:</u>		TP (N11): TP (9) N12: Idae Mob		30	1
1 2/3;	(4.)	Invoice dated	Fee Charged		in any
		Involve deted	Fee Charged	THE PARTY OF	

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.

Date Of Accident 21/07/2019 09:00 Exact Location Of Accident SLIP RD OF BUANGKOK GREEN TWDS YIO CHU KANG RD SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SKE9000J Insured/Policyholder Vame Of Registered Owner SALEHA BINTE KAMSAN NITRIC NO S0118727! NRIC NO S0118727! NRIC NO S0118727! NO SMAIL Mobile Phone NO (LOCAL) +65-98509818 Mobile Phone NO OTHERS-85889335 Vehicle Particulars Vanuariacturer MERCEDES-BENZ Model GLA200 SWALT Purpose for which vehicle was being used at ime of accident and in the of accident and insurance Company Vehicle Category PRIVATE CAR Insurance Company China Taiping Insurance (SINGAPORE) PTE, LTD, COMPREHENSIVE NO OMPCSN3031611901 DMCSN3031611901 NO S0159881 Value of Driver Vehicle Of Birth 03/06/1980 Value of Driving Pass 19/01/2001 Vehicle Of Driving Pass 19/01/2001 Vehicle Country Passer of the Number Ontact Number Vehicle Of Driving Pass 19/01/2001 Very EMALE (LOCAL) +65-85889335	ARTON CONTROL OF THE PARTY OF T	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE	Date Of Report	22/07/2019 10:47
DETAILS OF OWN VEHICLE Vehicle Registration Number SKE9000J Insured/Policyholder Vame Of Registered Owner NRIC No S0118727I Small Address NOEMAIL (LOCAL) +65-98509818 NOEMAIL Alternative Phone No (LOCAL) +65-98509818 NOEMAIL Alternative Phone No OTHERS-85889335 Vehicle Particulars Manufacturer MerceDES-BENZ GLA200 Stact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? I No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Jame of Insurance Company COMPREHENSIVE Alternative Policy NO DMCSN3031611901 ONC POICE Number DMCSN3031611901 ONC POICE Number DIVICE DMCSN3031611901 NORASHIKIN BINTE RAHMAT S80159881 Valed Of Birth O3/06/1980 Velice Of Driving Pass 19/01/2001 RIVARS AND 6 MONTHS FEMALE LOCAL) +65-85889335	Date Of Accident	21/07/2019 09:00
DETAILS OF OWN VEHICLE Vehicle Registration Number SKE9000.J Name Of Registered Owner SALEHA BINTE KAMSAN NRIC No S0118727I Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98509818 Alternative Phone No OTHERS-85889335 Vehicle Particulars Vanuacturer MERCEDES-BENZ GLA200 Vehicle Particulars Vanuacturer MERCEDES-BENZ GLA200 Vehicle Particulars Very you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Vanuace Company Vanuace Company Vanuace Of Insurance Company Vanuace Of Overage Company Vanuace Of Overage Nover Note Number Valuace Of Driver Vanuace Of Driver Vanuace Of Driver Vanuace Of Driver Valuace O	Exact Location Of Accident	SLIP RD OF BUANGKOK GREEN TWDS YIO CHU KANG RD
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NAIRC No S0118727I Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98509818 OTHERS-85889335 Vehicle Particulars Manufacturer MERCEDES-BENZ Mobile Phone No MERCEDES-BENZ Model GALD MERCEDES-BENZ Model Model GALD MERCEDES-BENZ Model Model Medician Mercedia Me	Country/State of Loss	
Insured/Policyholder Name Of Registered Owner Name Of Registered Owner NRIC No S01187271 Mobile Phone No (LOCAL) +65-98509818 (LOCAL) +65-98509818 Alternative Phone No OTHERS-85889335 Wehicle Particulars Manufacturer Medel Mercedes-Benz GLA200 Sexact Purpose for which vehicle was being used at me of accident Are you claiming under your own insurance policy or repair to your vehicle? No		DETAILS OF OWN VEHICLE
Name Of Registered Owner NRIC No S0118727I S0118727I NOEMAIL Mobile Phone No (LOCAL) +65-98509818 OTHERS-85889335 Vehicle Particulars Manufacturer Model GLA200 Exact Purpose for which vehicle was being used at a large of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY PRIVATE CAR Insurance Company Jame of Insurance Company COMPREHENSIVE NO COMPREHENSIVE OVER YOUR DATE OF THE NOTICE OF	Vehicle Registration Number	SKE9000J
NRIC No S0118727I Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98509818 OTHERS-85889335 Vehicle Particulars Manufacturer Merce	Insured/Policyholder	
NRIC No Email Address NOEMAIL Wobile Phone No (LOCAL) +65-98509818 OTHERS-85889335 Vehicle Particulars Wanufacturer Model GLA200 Exact Purpose for which vehicle was being used at lare of accident Are you claiming under your own insurance policy or repair to your vehicle? NO PRIVATE USE NO PRIVATE CAR PRIVATE CAR PRIVATE CAR PRIVATE CAR No Surance Company Jame of Insurance Company Cover Note Number Cover Note Number Application of Driver Jame of Driving Pass Jame of	Name Of Registered Owner	SALEHA BINTE KAMSAN
Mobile Phone No (LOCAL) +65-98509818 Alternative Phone No OTHERS-85889335 Vehicle Particulars Manufacturer MERCEDES-BENZ GLA200 Exact Purpose for which vehicle was being used at lare of accident Are you claiming under your own insurance policy or repair to your vehicle? Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Jame of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Policy Number OMPCSN3031611901 Cover Note Number Cover Note Number Driver Jame of Driver NURASHIKIN BINTE RAHMAT Select Of Birth 03/06/1980 Outpool Outpoor Jame of Driving Pass 19/01/2001 Jame Driving Pass 19/01/2001	NRIC No	
Alternative Phone No OTHERS-85889335 Vehicle Particulars Manufacturer MERCEDES-BENZ Model GLA200 Exact Purpose for which vehicle was being used at lare of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Pehicle Category PRIVATE CAR Insurance Company Alter Of Insurance Company Coverage COMPREHENSIVE Policy No Policy Number DMPCSN3031611901 Cover Note Number Cover Note Number Cover Note Number Cover Of Driver Lame of Driver NURASHIKIN BINTE RAHMAT Select Of Birth 03/06/1980 Coupation OUTDOOR Late Of Driving Pass 19/01/2001 FEMALE Local Hards And 6 MONTHS FEMALE Local Local Local Hards Local Local Local Hards Local Local Local Local Hards Local Loc	Email Address	NOEMAIL
Alternative Phone No OTHERS-85889335 Vehicle Particulars Manufacturer MERCEDES-BENZ GLA200 Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY PRIVATE CAR Manufacturer Model PRIVATE CAR THIRD PARTY PRIVATE CAR Manufacturer PRIVATE CAR MO CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE Filed Policy NO Policy Number DMPCSN3031611901 Cover Note Number Cover Note Number Cover Note Number Cover Note Number Cover Note Seotispass Jame of Driver Seotispass Jame of Driver Seotispass Jame of Driver NURASHIKIN BINTE RAHMAT Seotispass Jame of Driver Seotispass Jame of Driving Pass Jame of Driving P	Mobile Phone No	(LOCAL) +65-98509818
Manufacturer Model GLA200 Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY PRIVATE CAR THIRD PARTY PRIVATE CAR INSURANCE (SINGAPORE) PTE, LTD, PRIVATE CAR TOMPERHENSIVE COMPREHENSIVE POlicy Number Cover Note Number Diriver Jame of Driver Jame o	Alternative Phone No	- 1
Model Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken If No, Please st	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident accident under your own insurance policy or repair to your vehicle? If No, Please state action to be taken If No, Please state action to	Manufacturer	MERCEDES-BENZ
ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken If No, Please state action to be taken THIRD PARTY PRIVATE CAR PRIVATE USE PRIVATE USE NO CHIRD PARTY PRIVATE CAR PRIVATE CAR PRIVATE USE PRIVATE USE NO CHIRD PARTY PRIVATE CAR PRIVATE USE PRIVATE USE NO CHIRD PARTY PRIVATE CAR PRIVATE USE PRIVATE USE NO CHIRD PARTY PRIVATE CAR PRIVATE USE NO COMPREHENSIVE NO DMPCSN3031611901 PRIVATE USE NO CHIRD PARTY PRIVATE USE PRIVATE USE NO COMPREHENSIVE NO DMPCSN3031611901 PRIVATE USE PRIVATE USE	Model	GLA200
or repair to your vehicle? f No, Please state action to be taken /ehicle Category private CAR THIRD PARTY PRIVATE CAR THE CA	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
PRIVATE CAR PRIVA	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Asime of Insurance Company Value of Insurance Company Value of Insurance Company Value of Insurance Company Comprehensive Comprehensive NO DMPCSN3031611901 Cover Note Number Driver Lame of Driver Lame of Driver ANDRASHIKIN BINTE RAHMAT S8015988I O3/06/1980 OUTDOOR Jate Of Birth Cocupation OUTDOOR Jate Of Driving Pass Tyon1/2001 Triving Experience 18 YEARS AND 6 MONTHS FEMALE LOCAL) +65-85889335 ax Number Ontact Number	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO Policy Number Cover Note Number Driver NURASHIKIN BINTE RAHMAT SRIC No S8015988I Sate Of Birth S000000000000000000000000000000000000	Vehicle Category	PRIVATE CAR
COMPREHENSIVE NO Policy Number DMPCSN3031611901 Cover Note Number Driver Iame of Driver IAME Of Birth Discupation Discupation District Of Driving Pass District Of Driving Experience District Of Driving Experience District Of Driving Pass Distri	Insurance Company	
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number DMPCSN3031611901 Cover Note Number DMPCSN3031611901 Policy Number NURASHIKIN BINTE RAHMAT IRIC No \$8015988I Pate Of Birth 03/06/1980 Poccupation OUTDOOR Pate Of Driving Pass 19/01/2001 Priving Experience 18 YEARS AND 6 MONTHS Pender FEMALE Robile Number (LOCAL) +65-85889335	Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Policy Number Cover Note Number Differ Diffe	Type Of Coverage	
Cover Note Number Driver Jame of Driver Jame of Driver Jame of Driver Jame of Driver NURASHIKIN BINTE RAHMAT S8015988I O3/06/1980 OCCUPATION OUTDOOR Jate Of Driving Pass 19/01/2001 Javiving Experience 18 YEARS AND 6 MONTHS FEMALE Jobile Number John Country Coun	Fleet Policy	NO
Driver NURASHIKIN BINTE RAHMAT SRIC No	Policy Number	DMPCSN3031611901
lame of Driver IRIC No S8015988I Date Of Birth OCCUpation OUTDOOR Date Of Driving Pass 19/01/2001 Priving Experience 18 YEARS AND 6 MONTHS Gender FEMALE Iobile Number OUTDOR 18 YEARS AND 6 MONTHS FEMALE Iobile Number OUTDOR	Cover Note Number	
IRIC No	Driver	
Section O3/06/1980 Occupation OUTDOOR OUTDOOR Output	Name of Driver	NURASHIKIN BINTE RAHMAT
Occupation OUTDOOR late Of Driving Pass 19/01/2001 late Of Driving Experience 18 YEARS AND 6 MONTHS lender FEMALE lobile Number (LOCAL) +65-85889335 ax Number ontact Number	NRIC No	S8015988I
late Of Driving Pass 19/01/2001 Priving Experience 18 YEARS AND 6 MONTHS Gender FEMALE Robile Number (LOCAL) +65-85889335 ax Number Contact Number	Date Of Birth	03/06/1980
It is a serience 18 YEARS AND 6 MONTHS Sender FEMALE Sobile Number (LOCAL) +65-85889335 ax Number ontact Number	Occupation	OUTDOOR
FEMALE Itobile Number (LOCAL) +65-85889335 ax Number ontact Number	Date Of Driving Pass	19/01/2001
dobile Number (LOCAL) +65-85889335 ax Number ontact Number	Driving Experience	18 YEARS AND 6 MONTHS
ax Number ontact Number	Gender	FEMALE
ontact Number	Mobile Number	(LOCAL) +65-85889335
	ax Number	
Mail Address NURASHIKINRAHMAT@GMAIL.COM	Contact Number	
	Mail Address	NURASHIKINRAHMAT@GMAIL.COM

BLK 540 SERANGOON NORTH AVE 4 Address

#02-103

Postcode 550540

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

YES

NO

2

: MOHAMMAD HARISMAN BIN ISMAIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJB6560G

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

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

Oriver's Signature (*) (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	
_ ←	A = SKE 9000J
←	
	B= S1365609
_	,
(A)	Slip Road Of Buging tok Green towards
	Bartat Green
/ /	Juding KOT WILL
	Towards
4	Towards Yio Chu Kang Ro
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	_/
Refer to	16 1
Ketu (0	attach
	A CONTRACTOR OF THE CONTRACTOR
DECLARATION /We declare the foregoing particulars are true in every respect.	
A service of the serv	1
(A)	Sum 22/07/19

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.:

On 21.07.19 at about 09:00 hours along Slip Road of Buangkok Green towards Yio Chu Kang Road. I was stationary along the above mentioned slip road and waiting for the oncoming traffic to clear.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised it was vehicle (B) collided onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SKE 9000J

Vehicle (B): SJB 6560G

SINGAPORE ACCIDENT STATEMENT

Accident Date: 21/07/2019 Time: 09:00 (hh:mm) 24 hr format
Location Slip Road of Buangkok Green towards no Chu Kang Road.
July
Vehicle Number SkE9000J
Insured Name Salcha Binte Komsan.
- Contact Frames 1030 7010.
Make Mercedos Benz Model GLA200.
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,PIs select: (/) Third Party () Reporting
Insurance Company China Taiping
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number DMPCSN3031611901.
Name of Driver Nurashikin Binte Rahmet. ()Same as Insured
NRIC / FIN \$8015988 Contact Number 8588 9335.
Date of Birth 03/06/1980.
Driving Pass Date 19 01 2001
Occupation () Indoor () Outdoor
Gender () Male (/) Female
Email Address nurashitingalmat@gmail.com ()NO EMAIL
Address of Driver BLK 540 Sergnyon North Ave 4
#02-103 5(550540).
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface (V) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (✓) No
Was anybody injured in the accident? () Yes (✓) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes (✓) No
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B 578 6560 G
Veh C
Veh D
Veh E
Veh F

Passanger 1 = Mohammad Harisman Bin Ismail (M).







NURASHIKIN BINTE RAHMAT

For LKK/NAC Use Only

03-08-1980 F

SINGAPORE

SKE 9000J

Driver



APT BLK 540 SERANGOON NORTH AVENUE 4 #02-103 SINGAPORE 550540

NRIC No. \$80159881

Deta: 03/04/2010 No 65 (9.2.9 G

.



SKE9000J Driver

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

19 Jan 2001

For LKK/NAC Use Only

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S01187271



Name



SALEHA BINTE KAMSAN

For LKK/NAC Use Only

Race

JAVANESE

Date of Birth

Sex

04-08-1953

-

Country of Birth

SINGAPORE



0755775



NRIC No. S01187271



For LKK/NAC Use Only

Blood Group

Date of issue

44

12-01-1993

APT BLK 540 SERANGOON NORTH AVENUE 4 #02 - 103

SINGAPORE 550540

NRIC No: S01187271

Date: 0

05/06/2010

No: 6537946



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co Reg No 200208384E

MX1/NDE R SN AN0472A Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

otor Venicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1967 (Maraysia) Motor Vehicles (Third-Party Risks) Rules, 1958 (Maraysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3031611901

Engine No :27091030943453 Chano:wDC15694323247870

1 Index Mark and Registration

4. Date of Expiry of Insurance

SKE90003

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

SALEHA BINTE KAMSAN (NON-DRIVER)

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment.

28 April 2019

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

27 April 2020

Ex Sect. I - Age <= 25..... \$\$3,000.00

Ex Sect. I - Age >= 26...... \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN \$\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with his 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 1

use for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for lossed occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

Please see reverse CE AGENCY PTE LTD

BUK 9006 TAMPINES ST.93 #01-198 SINGAPORE 528840

TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

Issued By: ____CCL_INSURANCE_AGENCY_PTE_LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Authorised Signatory