NATIONAL Assessment Centre Services. Wet 1 James Myally og GORY Date In: 23/3/ 19-10:04 Date & Time Completed Done by Jeb description Ref No: NA MC19212001 / SAS e-filing Veh No: JUH 2 DAL E-mail (within Shrs, AIC 2hrs) D.O.A : 2/3/14-27:00 i-Motor Claim Form 23/7/19 19/18 m/1024692-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: SDR 34VIK INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES (); Towing Co: (Remarks:- (INC hotline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance ()/ Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Anit (S) Amil (3) Invoice Preparation Checklist MAIGOSYTY" fit Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA: Damege Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) 530 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection \$25 Auditors! Comments :-*N8: DV / Collect Excess Coordination 55 Cat. 1: \$20 TP (N11): TP (Non INC) against INC 9) N12: Idac Mobile 2at 2/3: Fee Charged State Park Invoice dated Section. Fee Charged

Invoice dated

Frager of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	23/07/2019 10:04
Date Of Accident	20/07/2019 23:00
Exact Location Of Accident	PIE (TUAS), ADAM FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2139L
Insured/Policyholder	
Name Of Registered Owner	LIQWEED
Co Reg No	53339916E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90231713
Alternative Phone No	OFFICE-90231713
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084957385-02
Cover Note Number	
Driver	
Name of Driver	MOHAMMED HAIRULNIZAM BIN NORDIN
NRIC No	S8112989D
Date Of Birth	07/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231713
Fax Number	Abustics in mitigated a social ACCIONICCO PULSAGE OF SHIGHT
Contact Number	OFFICE-90231713

NOEMAIL

Address BLK 717 PASIR RIS STREET 72

#05-03

Postcode 510717

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

- 2

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

Was any foreign vehicle involved in this accident? NO

140

Number of vehicles (including own vehicle) involved in the accident

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

.0

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)

5

Passenger 1

NAME:

: NATHAN

GENDER: : MALE

Passenger 2

NAME: GENDER: 2

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

NAME:

.

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Address

175620040

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190722/7004.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ3423K Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN JOO HAI

NRIC/Passport Number

Contact Number

91379284

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKQ7383D

Vehicle Make/Model/Colour

BMW 5231

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO KIN HOU

NRIC/Passport Number

S2572245J

Contact Number

98527630

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHB8884H

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

TAXI

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

MOHAMMED HAIRULNIZAM BIN NORDIN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLH2139L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 aforesald.
- 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 .:

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		IN	
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Refer to police report			
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	THE RESIDENCE WORLD	N	
ECLARATION			
ECLARATION We declare the foregoing particula	ars are true in every respect	t.	
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ECLARATION We declare the foregoing particula	ars are true in every respect		7
We declare the foregoing particular	× ×		orting Centre Personner's Signature
ECLARATION We declare the foregoing particular to the fore	ars are true in every respect	Repo	orting Centre Personner's Signature

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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 incompanies to regulate accident facts. insurance companies to repudiate policy liability.

 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.

Date of accident	20 July 2019	(DD/MM/YY
Time of accident	11.02 pm	(HH:MM
Exact location of accident	PIF TOWARD TUAL ADAM FIYOVER	

20 20 20 20 20 20 20 20 20 20 20 20 20 2	D	ETAILS OF V	EHICLE	的是在一种是用种种的
Vehicle registration number	SLH213			
Vehicle make and model	HONDA.	VEZEL		
Type of vehicle	Saloon a	MPV 🗆 Bus 🗅	CRV Motorcycle	/an Others:
Vehicle category	Private 🗆	Comme	ercial Moto	rcycle 🗆
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes □ Third part	No 🗆	if no, please sele Reporting only D	

State September 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5084957385-0.		
Type of policy	Comprehensive z	Third party fire & theft	TP only 🗆

Alexander and the second secon	INSURED / POLICY HOLDER	Male 🗆	Female
Name	VEN 53339916E		
NRIC / Fin / Passport number	90231713		
Contact	90231713		
Address	BIL 717 Pasir Ris Street 72 #05-03		

DRIVER	SAME AS INSURED ABOVE 11 (SKIP TO D.C).B)
Name	MOHAUHED HAIRULNIZAM BIN NORDIN Male	
NRIC / Fin / Passport number	581129890	
Contact		
Address	BIK 717 PAJIT RIS Strott 72 #05-03 51510717)	
Email address		
Date of birth	07/05/198/	
Occupation	Indoor Outdoor	
Driving date pass	02 NOV 2007	

		NFORMATION OF THE ACCIDENT
A TOTAL PROPERTY OF THE PROPER		No D
as driver an employee of	Yes, Z	lationship of the driver and insured:
e Insured's company?		
ccident captured by camera?	Yes	No Raining Others:
eather condition	Clearer	
oad surface	Dry	Wet D (Inclusive of driv
o of passenger	5	The state of the s
		PASSENGER 1
lame	NATH	
iender	Male	/ Female 🗆
		PASSENGER 2
lame		
Sender	Male 🗆	Female 7
A STATE OF THE STA		
在1999年 1997年	The state of	PASSENGER 3
Name		
3ender	Male 🗆	Female
THE THE PARTY OF T	THE STATE OF	PASSENGER 4
Vame		
Gender	Male 🗆	Female D
0.017		
AT MAN BOOK WERE PROPERTY.	100	PASSENGER 5
The state of the s	St. of St. Ass.	Designation of the second seco
Name Gender	Male 🗆	Female 🗆
Gender		
		PASSENGER 6
	Service Management	
Name	Male 🗆	□ Female □
Gender	1.11010	
		OTHER INFORMATION
	Yes 🗆	
Was anybody injured?	Yes	
Was other vehicle damaged?	Yes D	NO LI
	and a support	DETAILS OF POLICE ACTION
	Section 2015	I take which police station
Reported to police?	Yes 👺	NO LI II yes, pieuse state illian panis panis
Police station name		
	ACTUAL DESIGNATION OF THE PERSON OF THE PERS	WITNESS 1
	7 Cales	WITNESS 1
Name		

Name

90279402

Vehicle registration number	THIRD PARTY VEHICLE 1
Vehicle make model	Toyota Altis
Name	Tan Joo Hai
NRIC / Fin / Passport number	THE PARTY OF THE P
Contact	91379284

	THIRD PARTY VEHICLE 2	
Vehicle registration number	sta 7363 D	
Vehicle make model	BMW 523I	
Name	to kin tou	STEEDING S
NRIC / Fin / Passport number	S1571145J	
Contact	98527630	

Vehicle registration number	SHB 8334H	
Vehicle make model	KIA	
Name		
NRIC / Fin / Passport number		
Contact		

WATER TO SEE THE PROPERTY OF THE PARTY OF 	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

(Triangle State of the State o	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	MOHAMMED HAIBULNIZAM BIN NORDIN
Injuries sustained	NECK AND BACK
Which vehicle person in?	SLH 2439L
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No Ø

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No п
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163 0	110 0

TO SEE HE WAS THE SELECTION OF THE SELEC	CAPACIDA I	INJURED PERSON 3
Name		
Injuries sustained	4	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No a

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was Injured conveyed to hospital by ambulance?	Yes D No D

	Control of the second	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Report No. T/20190722/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 09:58		//ade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	SWITCHES THE STATE OF		
		ULNIZAM BIN	Address: APT BLK 717 PASIR RIS STE 510717	REET 72 #05-03 SINGAPORE	
ID Type / ID No.: NRIC NO / S8112989D			Contact No.: Home/Office:	Mobile: 90231713	
National SINGAP	ity: ORE CITIZ	EN	Email: liqweed@yahoo.com		
Sex: Age: Date of Birth: 07/05/1981			Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		IVER	Driving Licence Information: Class: 3A Date of Expiry:		

General Inform	mation of the Acci	dent		Ch. 100 100		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time Accident: 20/07/2019		Type of Location: Flyover	
Location: PAN ISLAND Weather:	EXPRESSWAY	Road Surface	*	Ros	ad Speed Limit:	
Clear		Dry			2. 2.	
Traffic Flow: One Way		Traffic Contro	Traffic Control:		Traffic Volume: Moderate	
Type of Collis	ion;	•		Any ami No	one conveyed by bulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB8884H	Car		KIA			0
SJQ3423K	Car		TOYOTA ALTIS			4
SKQ7383D	Car		BMW			3
SLH2139L	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190722/7004

CONTINUATION OF REPORT

Details of Perso	n Involved	THE PERSON NAMED IN	A STATE OF THE PARTY OF	mession.	No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Name of		
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	ing: NA	
Driver		7.580TUS		4 SP (18)			
Name	MOHAMMED HAIRULNIZAM BIN NORDIN				è	S8112989D	
Related Vehicle	SLH2139L (Car)			Contact No.		90231713	
Hospital/Clinic	O & G CENTRE	CENTRE			of g ce & Date	Class: 3A Date of Expiry: NIL	
Date Treatment	21/07/2019		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	04	Degree of		Sligh		

Brief Details.

As the stated time and date, as I was driving at PIE toward Tuas Adam Flyover. I was slowing down and came to a stop. All of a sudden I felt a huge impact from my vehicle rear portion. After I came down from my car I realise that a total 4 car is involved in a chain collision. I have video footage proof.





3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190722/7004

CONTINUATION OF REPORT

Sketch Plan				
Informant is r	ot able t	o provide	sketch ni	2

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 09:58
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8112989D





MOHAMMED HAIRULNIZAM BIN NORDIN, LKK/NAC USE ONLY

MALAY

Date of birth 07-05-1981

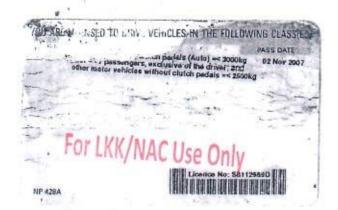
Sax M

desearcos

Country of birth







eBaoTech							100		Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		Name and Address of the Owner,	The same of the sa		• Change	Language	• Chan	ge Password) Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	2	0/07/2019	23:00	
	Vehicle No.(For Motor)	SLH21	39L		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5084957385- 02		LIQWEED	53339916E	GPC	drivo CLASSIC	SLH2139L	SLH2139L	26/10/2018	25/10/2019
				8	Continue]				

Policy No.	5084957385-02	Policyholder Name	LIQWEED		Policyholder NRIC	53339916E	
Certificate No.					NATC SALES		
Address	BLK 717 #05-03 PASIR RIS S	TREET 72 SING	APORE 5107	17			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/09/2018	Effective Date	26/10/201	8 00:00	Expiry Date	25/10/2019 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	o	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	Tnexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 717 #05-03	Addre	ss 2	PASIR RIS STREET	72	Address 3	SINGAPORE 510717
Address 4		Addre	ss Type	Singapore address		Post Code	510717
Jnit No.	05-03	Relate Numb	ed Policy er	5084957385-02			
D	d Object: SLH2139L						
1 Insure							
□ Insure □ Endors □	sements						

Policy No.					
	5084957385-02	Venicle No.	SLH2139L	CST Several Co.	
Certificate No.		200000000000000000000000000000000000000		GST Registration No.	
Policyholdar Name	FIGWEED			Policyholder NRIC	522200142
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	52339916E
Contact No. (Mobile)	90231713	Contact No.(Office)	ů .	Contact No.(Home)	0
mail Address		Special Remark		eCode	Ni V
PK	® No ○Yes	TGA	® No ○Yes	eCode Reason	Litera
CO Protection	No	NCO Entitlement(%)	20	Private Hire	Yes
✓ Accident Details					
eport Date	23/07/2019 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Chein Collision
ate of Accident	20/07/2019	Time of Accident thomas	23:00	Country of Accident	Singapore
aporting Centre		Grange Force		ICM No.	
tident Location	PIE (TUAS), ADAM FLYOVER				
Excess					
wn damage tixcess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
warned Driver Excess		Outside Singapore OD Excess	2,000,00		
ed Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform					
T Registered T Registration No.	No		GST Registration Date		
dification History	23/02/2010 12/12/22 0	Stem channel CCT Con-	GST Status Verified	Yes	
97-1103-1-1000-1-10	2.077.2719.27.27.23.99	stem changed GST Status ventiled tro	m No to Yes		
Policyholder Mailing Ad	idress				
dress 1	BLK 717 #05-03	Address 2	PASIR RIS STREET 72	Address 5	
idress 4		Address Type	Singapore address	Address 3	SINGAPORE 510717
H No.	05-03	Related Policy Number	5084957385-02	Post Code	510717
OI Driver Info			- Control of the Cont		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHAMMED HAIRULNIZAM BIN	Driver NRIC	\$8112989D	Driver DOB	07/05/1981
gister Date of Driver License	02/11/2007	Driver Age	38	Driving Experience	07/05/1981
Mact No. (Mobile)	90231713	Contact No. (Office)	0	Contact No.(Home)	0
dress I	BLK 717	Address 2	PASIR RIS STREET 72	Address 3	SINGAPORE 510717
dress 4		Address Type	Singapore address	Post Code	510717
t No.	05-03				*******
es he own a Singapore getered car?	Yes (a) No	Driver Vehicle No.		Driver Insurer Company	
athalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
laration athlyser or blood Test ading?	0 mg	Any Injury?	® Yes ○ No		
athálysar or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
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