

NATIONAL Assessment Centre Services (part 1 of 2)			
Date In: 07/08/2019 17:57	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/IN 99013892/4	E-mail (within 4hrs, AIC 2hrs):		
Veh No: ABC 737C	i-Motor Claim Form	ml/105728-001	13/08/2019
D.O.A: 06/08/2019 12:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		08:35
OD : TP : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: UNKNOWN COR	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: (\$)	Landing: \$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 () / NO () ; 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	Actions

NAP 6023	Invoice Preparation Checklist		Amo (\$)	Amo (\$)
			In Bill	Add'l Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)		
Contact No:	3) TF: Towing Fee	\$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2019)			
	6) TR: Inter-Inspection	\$75		
	7) NI: Idau DA + SMRT Survey	\$100		
	8) NTUC Additional Services:			
	DI:			
	* N3: Courtesy Car / Tpt Allowance	\$5		
	* N6: Repair Co-ordination	\$10		
	* N7: Post Repair Inspection	\$25		
	* N8: DV / Collect Excess Coordination	\$5		
	* N11: TP (Non-INC) against INC	\$20		
	* N12: Idau Mobile	\$0		

QC Checked by (Engr-In-Charge):	Invoice dated:	Pen Charged:
1/1/19	Invoice dated:	Pen Charged:

07-MAY-2019 18:39

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	07/08/2019 17:57
Date Of Accident	06/08/2019 13:30
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7377C
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	D_ZUL132@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86682577
Alternative Phone No	OFFICE-86682577

Vehicle Particulars

Manufacturer	VESPA
Model	LX 150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	

Driver

Name of Driver	MOHAMED DZULKAMAL BIN PAHRUDDIN
NRIC No	S9747132J
Date Of Birth	31/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86682577
Fax Number	
Contact Number	OTHERS-86682577
Email Address	D_ZUL132@HOTMAIL.COM

Address	BLK 248 KIM KEAT LINK #13-57
Postcode	310248
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	- - -
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) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190806/2093

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	UNKNOWN
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	MOHAMED DZULKAMAL BIN PAHRUDDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC7377C
Were seat belts worn?	
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.
3. 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.
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 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:
 - (i) 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:
 - (i) 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:

[Signature] 30/08/2019
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

SKETCH PLAN

P14 TOWARDS CHONGI BEFORE THOMSON EX17

A 14BC7377C

B) UNKNOWN
CAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

DECLARATION

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



Policyholder's Signature

Date & Time:

06/02/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/02/2019
Kast Lintas



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20190806/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2019 15:57	Vide Report No.:	Station Diary No.: 147
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Informant's Particulars			
Name of Informant: MOHAMED DZULKAMAL BIN PAHRUDDIN		Address: APT BLK 248 KIM KEAT LINK #13-57 SINGAPORE 310248	
ID Type / ID No.: NRIC NO / S9747132J		Contact No.: Home/Office: Mobile: 86682577	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 31/12/1997	Type of Informant: Rider
Race: Boyanese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2019 13:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY toward Changi before Thompson exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7377C	Motorcycle	VESPA	LX150	Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190806/2093

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No: T/20190806/2093

CONTINUATION OF REPORT

Rider				
Name	MOHAMED DZULKAMAL BIN PAHRUDDIN		ID No.	S9747132J
Related Vehicle	FBC7377C (Motorcycle)		Contact No.	86682577
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On the above mentioned date time and place, I was riding along PIE towards Changi. I was riding on the second lane and near to Thomson exit, the vehicle in front of me suddenly braked as there was a pile up in front. I braked but knocked in to the rear of this vehicle. Police and ambulance attended and provided first aid to me.



**SINGAPORE
POLICE FORCE**



T/20190806/2093

3 of 3

Report No. T/20190806/2093

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

SI FOO SHAN YI SUNNY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/08/2019 15:57

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1057208

Task Transfer Exit

LOD SAL SIB

Policy No.	5085645204-02	Vehicle No.	FBC7377C	GST Registration No.	
Certificate No.					
Policyholder Name	ALORIDE PTE. LTD.				
Product Code	FLEET INSURANCE	Cover Type	Third Party	Policyholder NRIC	201629994W
Contact No.(Mobile)	86682577	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

Accident Details

Report Date	13/08/2019 09:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/08/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Crash Force	No	ICM No.	
Accident Location	PIE TOWARDS CHANGE BEFORE THOMSON ROAD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 159067
Address 4		Address Type	Singapore address	Post Code	159067
Unit No.	04-08	Related Policy Number	5085645204-02		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD DZULKARNI BIN PAH	Driver NRIC	-59747132J	Driver DOB	31/12/1997
Register Date of Driver License	18/06/2019	Driver Age	21	Driving Experience	0
Contact No.(Mobile)	86682577	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 248 #13-57	Address 2	KIM KEAT LINK	Address 3	SINGAPORE 310348
Address 4		Address Type	Foreign address	Post Code	310348
Unit No.	13-57				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.	FBC7377C	Driver Insurer Company	ATUIC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOD SAL SIB

Claim Type	OD-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	201629994W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	FBC7377C	TP Vehicle Number	UNKNOWN CAR
Claim Description	FBC7377C / UNKNOWN CAR ON 6 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Preferred Repair Option		Preferred Workshop Name	unknown
Insured Liability report		Fully at fault			
Date Registered	13/08/2019 13:05	Claim Close Date		Date Received	13/08/2019 09:35
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1057208	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/08/2019 08:33

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Description *

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Flag Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:35	SAS	Normal	SAS 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:35	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:34	Photos	Normal	Photos 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:34	Photos	Normal	Photos 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:34	Photos	Normal	Photos 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:34	Photos	Normal	Photos 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:34	Photos	Normal	Photos 2019-8-13		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 13 Aug 2019 09:34	Photos	Normal	Photos 2019-8-13		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (26, 08, 2019) (DD/MM/YYYY), TIME: (13.30) (HH:MM)

LOCATION: P1E (Tanjong) (Linggi, bet Thompson Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 7377C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Vesta 1.50
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: CONTACT:
 C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Dzulkafal Bin Pahrudin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59747/325 CONTACT: A662577
 c) ADDRESS: 246 Kim Keat Link #13-57

* d) DATE OF BIRTH: (31, 12, 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/06/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
 b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Merah NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown car MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = d_zul132@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9747132J



MOHAMED DZULKAMAL BIN PAHRUDDIN

Race
BOYANESE
Date of birth
31-12-1997
Country of birth
SINGAPORE
Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



ALTERNATE IDENTIFICATION NUMBER S9747132J

MOHAMED DZULKAMAL BIN PAHRUDDIN

Birth Date: 31 Dec 1997
Issue Date: 18 Jun 2019



4623692



NRIC No. S9747132J

Date of issue
06-02-2012

Address
APT BLK 248 KIM KEAT LINK
#13-57
SINGAPORE 310248

For LKK/NAC Use Only

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

Class 2B Motorcycles < 200 cc

EFFECTIVE DATE

18 Jun 2019

For LKK/NAC Use Only

NP 428A



Policy Information

Policy No.	5085645204-02	Policyholder Name	ALORIDE PTE. LTD.	Policyholder NRIC	201629994W
Certificate No.					
Address	31 ALEXANDRA ROAD #05-05 ALESSANDREA SINGAPORE 159967				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/10/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	
Additional Excess		OS Premium	760.52		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 159967
Address 4		Address Type	Singapore address	Post Code	159967
Unit No.	04-08	Related Policy Number	5085645204-02		

Insured Object: FBC7377C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/11/2018 00:00	Basic Information Endorsement	000001286935055	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBB4878Z 02-11-2018 \$442.53 2. FQ6014K 02-11-2018 \$526.61 3. FX4333R 02-11-2018 \$442.53 In view of this amendment, a refund of \$1,411.89 (inclusive of GST) will be adjusted against the outstanding premium.
2	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 05-11-2018 \$ In view of this amendment, a refund of \$x (inclusive of GST) will be adjusted against the outstanding premium.
3	05/11/2018 00:00	Basic Information Endorsement	000001286937461	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4472Y 05-11-2018 \$438.89 In view of this amendment, a refund of \$438.89 (inclusive of GST) will be adjusted against the outstanding premium.
4	05/11/2018 00:00	Basic Information Endorsement	000001286937513	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FX4391Y 02-11-2018 \$442.53 In view of this amendment, a refund of \$442.53 (inclusive of GST) will be adjusted against the outstanding premium.
5	05/11/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2018, the following amendment(s) is/are made to this policy:
6	13/11/2018 00:00	Basic Information Endorsement	000001286942318	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FU7937U 19-11-2018 \$421.92 In view of this amendment, an additional premium of \$421.92 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your

rsbm

From: rsbm <rsbm@lkkauto.com>
Sent: Tuesday, 13 August, 2019 9:44 AM
To: ODsupport@income.com.sg
Cc: 'Theresa Vimala D/O Balagangadharan'
Subject: MT/1057208-001 FBC7377C
Attachments: FBC7377C_06082019.PDF

Hi Theresa sorry for the late submission of ebao due I was on mc on the 08/08/2019 and forget to tell my colleague thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com