NATIONAL Assessment Centre S	ervices. wet 1.	Jan'os M NA	11917484		
Date In: 76/8/19-19:00	lcb description	i	Date & Time Completed	Done	by
Ref No: Ma N C19015018 try	SAS e-filing	i			
Veh No: SLL 3476E	E-mail (within Shrs, A	IC 2hrs)			
D.O.A: 2/8/19, 71:00	i-Motor Claim Fo	rm	M7/1059516-001	21/8/19 2	2:27
	i-Motor W/O (With	Takes only	A STATE OF THE PARTY OF THE PAR		
OD P. Reporting Only	i-Photo Uploaded				
The second secon	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (31800		Tel:	Fax:)
TP Particulars: Veh No: 174 177.		INC()/Non-INC().	ungge - garage	
Owner / Driver: (Tel:)	
Policy No: () Period	: () (Cover Type: ()	
Confirmed by : (Da	te:	Time:)	
Insured/Driver Liability: (%) [Note	e-Est. Status (WO):	N: 0-20%	6; P: 21-79%. P: 80-	100%]	12
Year of Registration: () Warn	ranty: YES ()/	NO()		200000000000000000000000000000000000000	
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks;	W South		30 (1888) 245 (1888)	Ser Si	
() Walk-In Customer : Customer's informat	The state of the state of		411111111111111111111111111111111111111	+000 H- 3000 - 52	A CONTRACTOR
		idai & Stric	uy NO Taler of repolicit		
() Total Loss Case : to e-mail Insurer U				. 	
Drive-In () / Towed-In (); Invoice: YI	ES () / NO () ; Tov	ring Co: (
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Court	tesy Car ()				
2) QC Check / Post Repair Inspection	()		-		
3) Upload Resurvey Photo [Repair Cost > \$3000) ()	1			-/2 Bill Bill
Injury:	anator				
			· · · · · · · · · · · · · · · · · · ·	S1220057, 215	**************************************
Date/Time Actions		1	Continue to the Continue Cont	Madio and	
		10			
		-	and the second	CONTROL OF COMMENTS	Estate Ven
Najgo 6-178	Inve	ice Prepa	ration Checklist	Ant (S) fet Bill	Amt (3)
	1) AR	: Accident Re			Trans.
laimant's Particulars :-	2) DA	: Damage Ass	essment (\$100); INC (\$	0/\$45	
river/Owner:	4) FT	: Towing Fee	igh Survey	\$120	
ontact No:	5) FT	: Follow-Throu	agh Survey (Resurvey) ast INC Only (wef 10 Jan 200	\$30	
		: Re-inspection		\$75	
arnaged Portion:	7) N1	: Idac DA + SI UC Additional	MRT Survey	\$160	
	8) NT OD		Octations.		
C Checked by (Engr-In-Charge):	*N:	5: Courtesy Car	/Tpt Allowence	\$5 \$10	
New York and the second of the		6: Repair Co-or 7: Fost Repair I		\$25	
uditors! Comments :-	•N8	B: DV / Collect	Excess Coordination	\$3	
1.1:		(N11) : TP (N: 2: Idas Mobile	on INC) against INC	30	-
1.2/3;		e dated	Fee Charged		and a
	lavale	e dated	Fee Charged	A 100	

1 . pr. ct 1 35

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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.
- 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.

93-000899386477	ACCIDENT STATEMENT
5.4.0/51	
Date Of Report	26/08/2019 19:20
Date Of Accident	24/08/2019 21:00
Exact Location Of Accident	ECP TWDS CHANGI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3426E
Insured/Policyholder	
Name Of Registered Owner	SULAIMAN S/O MOHAMED YAS
NRIC No	S7939923Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87200436
Alternative Phone No	OFFICE-87200436
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109358782
Cover Note Number	
Driver	
Name of Driver	SULAIMAN S/O MOHAMED YASIN
NRIC No	S7939923Z
Date Of Birth	20/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-87200436

OFFICE-87200436

NOEMAIL

BLK 657B JURONG WEST STREET 65 Address

#04-664

Postcode 642657

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 4

involved in the accident

YES Was any body injured in the Accident?

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME: . .

GENDER: : FEMALE

Passenger 2 NAME:

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190825/2010.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SJY137P

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR CHEN TIEN-HUNG

Page 2 of 19

NRIC/Passport Number S7497169E Contact Number 81614988

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN7778C Vehicle Make/Model/Colour MERC E200

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NUR SYAHEEMA BINTE ALI

NRIC/Passport Number S8422049C Contact Number 97345662

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLV7335E Vehicle Make/Model/Colour MERC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DANIEL TAN YONG ZHENG

NRIC/Passport Number S9003244E Contact Number 98579106

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

SULAIMAN S/O MOHAMED YASIN Name

NO

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLL3426E Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

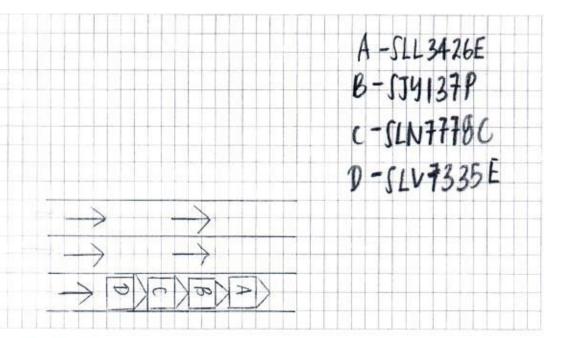
I understand, acknowledge, agree and consent that:

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

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

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature
Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policy holder's signature Date & time:

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

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance 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.

ACCIDENT DETAILS		
Date of accident	24 August 2019	(DD/MM/YY)
Time of accident	2100 hr 1	(HH:MM)
Exact location of accident	ECP Toward Changi	

建筑有量的中央公司。 由于1965	DE	TAILS OF V	EHICLE	MINE .	the state of the s	
Vehicle registration number	1113426E					
Vehicle make and model	Hazda 3					
Type of vehicle	Saloon Lorry	MPV Bus	CRV Motor	Van t cycle □	Others:	
Vehicle category	Private Ø	Commer		Motorcyc		
Purpose of using at said time	Grab					
Are you claiming under your own insurance company?	CONTRACTOR OF THE PROPERTY OF		if no, pleas Reporting			

	INSURANCE IN	FORMATION	
Insurance company	pTuc		
Policy number	5101356782		
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER	
Name	Sulaiman Slo Mohamed Yasin	Male ✓ Female □
NRIC / Fin / Passport number	57939923Z	
Contact	87200436	
Address	BIK 657B Jurong West Street 65 #04-664	s (642657)

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	20 /12/1979
Occupation	Indoor D Outdoor D
Driving date pass	27 PC : 2 13 Hay 2001

建筑等。这个时间,这是长 龙	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	? Yes D No.
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	3 (Inclusive of drive
医 含为 (1995) 。 (1995)	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	TASSENGER 2
Gender	Male D Female D
Cenaci	Wate D Female D
	PASSENGER 3
Name	Military Franchisco
Gender	Male Female
阿里斯克斯尼亚克斯斯尼亚	PASSENGER 4
Name	
Gender	Male Female
FEW HOLDS	PASSENGER 5
Name	
Gender	Male Female
State of the State	PASSENGER 6
Name	
Gender	Male Female
4	
	OTHER INFORMATION
Was anybody injured?	Yes D No D
Was other vehicle damaged?	Yes No D
The same same same same same same same sam	1100
	DETAILS OF POLICE STATION ACTION
Reported to police?	
Police station name	Yes No If yes, please state which police station.
ronce station name	
No.	WITNESS 1
Name	
Medical appropriate an object of the	WITNESS 2
Name	

THIRD PARTY VEHICLE 1		
Vehicle registration number	574 1379	
Vehicle make model	BMW	
Name	Chen Tien-Hung	
NRIC / Fin / Passport number	57497169E	
Contact	81614988	

THIRD PARTY VEHICLE 2		
Vehicle registration number	SLN7778C	
Vehicle make model	Merc E200	
Name	Nur Jyahlema Binte Ali	
NRIC / Fin / Passport number	58422049C	
Contact	97345662	

Region to the second	THIRD PARTY VEHICLE 3	
Vehicle registration number	JLV 7335E	
Vehicle make model	Merc	
Name	Paniel Tan Yong Zheng	
NRIC / Fin / Passport number	\$4003244E	
Contact	9857-9106	

THIRD PARTY VEHICLE 4		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THE RESIDENCE OF THE PARTY OF T	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	and the second second second second second	
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 7				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

		INJURED PERSON 1	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		INJURED PERSON 2	
Name			
Injuries sustained			The second secon
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	Water Control of the	Variable Williams	
		INJURED PERSON 3	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		INJURED PERSON 4	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	100000000000000000000000000000000000000		
7 083	- 100		
		INJURED PERSON 5	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	110		
Market Control of the			
		INJURED PERSON 6	
Name			
Injuries sustained	7		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	(657,550,0)	19500T3	





1 of 4

Report No. T/20190825/2010

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT O	F A TRAFFIC	ACCIDENT		I Otaliaa Diaas Na			
Date/Tim	e Report M 19 01:59	ade:	Vide Report No.: G/20190824/0198	Station Diary No.: 16			
		1227	SEE OF THE RESIDENCE	经现代的基本企业,并不是任何			
Nama of	Informant	HAMED YASIN	Address: APT BLK 657B JURONG WE SINGAPORE 642657				
ID Type / ID No.: NRIC NO / S7939923Z Nationality: SINGAPORE CITIZEN		23Z	Contact No.: Home/Office: Mobile: 87200436 Email:				
		NOTE:					
Sex: Age: Date of Birth: Male 39 20/12/1979 Race: Indian		Date of Birth:	Type of Informant: Driver Institution / School Name:				
			Language: English	Institution / School Harris			
Occupa	tion: Y OFFICER		Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:			
OAFEI	I OI I TOLI						

Type of Accident:	Injury Attended by Police	Drink	Date/Time of Accident: 24/08/2019 21:0	Type of Location: Straight Road
	EXPRESSWAY Changi After Still Road	Exit		12 10 11 m
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	ion: ing Vehicles - Head To	Rear	77.50	Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJY137P	Car					1
SLL3426E	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	H. (3)	Slightly Damaged	2
SLN7778C	Car	200				0
SLV7335E	Car					0





Report No. T/20190828/2010

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Fuecnia	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5109358782	15/05/2019	14/05/2020

Any Pedestrian Inv No. of Pedestrians	Initiated Att		11 0-	!	. NIA	
Oriver	injured: NIL	Use of Ped	estnan Ci	ossing	. NA	
	Chen Tien- hung		ID No.	S	7497169E	
Related Vehicle	SJY137P (Car)		Contact	No. 8	1614988	
Hospital/Clinic	NIL			Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc			The Total Police Contraction of the	
No. of Days grant	ed Medical Leave NIL	Degree o	of Injury NIL			
Driver	APPROXIMENT OF THE PROPERTY OF	NAME OF TAXABLE PARTY.	STATE OF THE PARTY	THE REAL PROPERTY.	THE DESCRIPTION OF THE PERSON AND TH	
Name	SULAIMAN S/O MOHAMED Y/	ASIN	ID No.	1	S7939923Z	
Related Vehicle	SLL3426E (Car)		Contact No. 87		87200436	
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence Expiry	e &	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	25/08/2019	Date Dis	Discharge 25/08/2019			
	ted Medical Leave 07	Degree	e of Injury Slight			
Oriver Management		WANTED TO SELECT	COLUMN TO SERVICE	AMAN SEE	AND WALL OF THE ANALOG MA	
Name	Nur Syaheema Binte Ali		ID No.		S8422049C	
Related Vehicle	SLN7778C (Car)	3	Contact No.		97345662	
Hospital/Clinic	NIL	NIL			Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date D	Discharge	NIL		
Date Heatinett	nted Medical Leave NIL	Degre	e of Injun	NIL		





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 3 of 4 Report No. T/20190825/2010

Tel No: 1800-4519999

CONTINUATION OF REPORT

Name	Daniel Tan Yong Zheng SLV7335E (Car) NIL			ID No		S93003244E
Related Vehicle				Contact No. 98579106 Class of Class: NIL Date of Expiry Licence & Expiry Date		98579106
Hospital/Clinic						Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	A CONTRACTOR OF THE CONTRACTOR

Brief Details.

On 24/08/2018 at 2100hrs, I was driving my car SLL3426E doing Grab Car service along East Coast Expressway (ECP) towards Changi. I had two female passenger sitting at the rear seat. While I was driving on the furthermost right lane the traffic slowed down after Still Road exit as such, I slowed and stopped as the vehicle infront of me had stopped. After my vehicle completely stopped, suddenly I felt a collision from the rear. Upon checking, there were three other vehicle behind my car was also involved in the accident. The second car that hit my car was SJY127P followed by third cae SLN7778C and last car SLV7335E.

My passenger was feeling unwell as such I called for ambulance. Traffic police was also at the accident scene.

After exchanging details, we left the place. I then felt pain my rear neck and back. I seek medical treatment and was given 7 days of medical leave. The rear portion of my car was damaged.





4 01

Report No. T/20190825/2010

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

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.

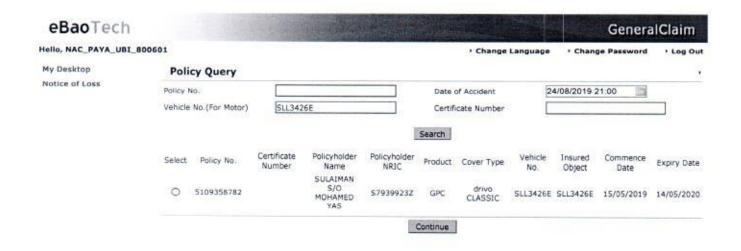
Signature Of Officer Records F / Sr Staff Sgt NURULHUDA E		Sig	nature Of Informa	ant:	1 1	-
Signature Of Interpreter: Not applicable			te/Time: /08/2019 01:59			
Officer In Charge Of Case: TP / GIT /	448	CI	assification Of Ca	ise:		ų.
Sr Staff Sgt RAZIZ BIN TAP Contact No.: 65476200	1000		SN 055		12 St	
Authentication Stamp NP168	Singapore	J	nce:			











Policy No.	5109358782	Policyholder Name	SULAIMAN	S/O MOHAMED YAS	Policyholder NRIC	S7939923Z	
Certificate No.							
Address	BLK 657B #04-664 JURONG WE	ST STREET 65	SINGAPOR	E 642657			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	16/05/2019	Effective Date	15/05/201	9 00:00	Expiry Date	14/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	SGP BUSINESS CONSULTANCY	Agent Tel.	62810777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 657B #04-664	Addre	ess 2	JURONG WEST STR	REET 65	Address 3	SINGAPORE 642657
Address 4		Addre	ess Type	Singapore address		Post Code	642657
2012121	04-664	Relat Numb	ed Policy er	5109358782			
Unit No.							
	ed Object: SLL3426E						
	CARCA TO BUTCH COMPANIES AND ARROY.						

Claim Handling					
ccident HT/1059516					
olicy No.	5109358782	Vehicle No.	SU.34268	GST Registration No.	
ertificate No				THE POWER OF THE LEWIS TO	HT-MACHAGE CO.
olicyholder Name	SULAIMAN 5/D MOHAMED VAS PRIVATE CAR INSURANCE			Policyholder NR3C	S7939923Z
roduct Code		Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	67200436	Contact No.(Office)	0	Contact No.(Home)	0
mail Address	® No ○ Yes	Special Remark TCA	® No ⊜ Yes	eCode eCode Reason	No. V
CD Protection	No. Tres	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details	HD.	ACD Enterprise (%)		ALLYMOR LALIA	
eport Date	26/08/2019 20:25	Accident Report Within 24 hrs	Van	Accident Type	Chain Collision
		the second second second			
ate of Accident	24/08/2019	Time of Accident Nh.mm	21:00	Country of Acadent	Singapore
eporting Centre	SEASON CONTRACT	Drange Force		ICM No.	
ccident Location	ECP TWDS CHANGI				
Total Excess Applicable		5255			
xcess Type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	2,000.00	TP Standard Excess	1,500.00		
TED DO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0	11 2 cm 21 to	80	STANSET VILLEN	SOUTH
intal DD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
⇒ Benefits	11.750719.50		-110001		
GST Registered Inform	etion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
todification History					
Policyholder Mailing Ad					
ddress 1	BUX 6578 #04-664	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 642657
ddress 4		Address Type	Singapore address	Post Code	642657
nit No.	04-664	Related Policy Number	5109358782		
OI Driver Info	SULAIMAN S/O MOHAMED VASIN	Driver Type	Main Driver		
innamed driver Name	SOLATION STO HONARIES TASIA	Driver NKIC	579399232	Driver DOB	20/12/1979
egister Date of Driver License	23/05/2001	Oriver Age	39	Driving Experience	18
ontact No. (Mobile)	87200436	Contact No. (Office)	0	Contact No.(Home)	0
ddress 1	BLK 6578	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 642657
ddress 4		Address Type	Singapore address	Post Code	642657
Init No.	04-664		1000		
oes he own a Singapore	C Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	199039039030			29-34-001-00-00-00-00-00-00-00-00-00-00-00-00	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	® Yes () No		
leading?		133434			
emparation and a contract of					
odification History					
Claim 001 New					
laim Type +	00-MX	Insured Name	SULAIMAN S/O MOHAMED YAS	Insured NRIC	C70200237
	00-MX				579399232
ontect No.(Mobile) mail Address		Contact No. (Home) Of Vehicle Number	64638024 SLL3426E	Contact No.(Office) TP Vehicle Number	ewi san
max Address larmant Type Claimant Type+	Please Select	Type of Benefit *	Please Select	TP Vehicle Number	57Y137P
laimant Name *	Please Select	Claimant NRIC *			
laimant Address	122			7	
laim Description	SLL3426E / S3Y137P ON 24 Aug 2019			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability •	Not at Fault	- Annual Control of the Control of t	
o. equire Finalisation	Free 123		No. Colored	***	
	Yes ·	Preferenced Regain Option	Preferred Workshop, Name unknown	GIA report	Received V
	26 400 420 40 50 50	Claim Close Date		Date Received	Zei/08/2019 00:00
ate Registered	26/08/2019 20:27				
are Registered eport Taken By	26/08/2019 20:27 Jackson				
are Registered eport Taken By					
are Registered eport Taken By			Save Submit		
ate Registered eport Taken By Print AK letter			Save Submit		
are Registered eport Taken By			Save Submit		
one Registered eport Taken By ☑ Print AK letter Attachment			Save Submit		
one Registered eport Taken By ☑ Prine AK letter Attachment		Claim No.	Save Submit 001		
Date Registered Report Taken By Print AK letter	Sackson		3000		

