| Date In: 21/8/14-15:57 | Jcb description | Date & Time Completed | Done by | |
|--|--|--|--|--|
| Res No: 44 MUGOLTONO Try | SAS e-filing | | | |
| Veh No: 51818D | E-mail (within Shrs, AIC 2hrs) | | | |
| D.O.A. 75 8 19- 11:40 | i-Motor Claim Form | M+1059525-001 | 76 5 19 71:15 | |
| | i-Motor W/O (Within: OD 2hrs, 7P 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: JA | DANGE INC (|)/Non-INC() | | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () | Period: () | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (% | Note-Est. Status (WO): N: 0-2 | 0%: P: 21-79%. P: 80- | 100%] | |
| Year of Registration: () | |) | | |
| | S1,000 ()/\$2,000 () | / | | |
| | 31,000 ()/32,000 () | | 523 - 172 11 11 11 | |
| General Remarks, | | BOMBANA A | The second secon | |
| () Walk-In Customer : Customer's i | | rictly NO refer of repairer. | | |
| () Total Loss Case : to e-mail Ins | surer URGENTLY. | | | |
| Drive-In ()/ Towed-In (); Invo | pice: YES() / NO(); T | owing Co: (| ') | |
| () Apply for Transfort Allowance | / Courtesy Car () | and the same of th | | |
| 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > | () | - | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > | () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ——————————————————————————————————— | () | | Ant (S) Am | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions | () | paration Checklist. | Amt (S) Amt (fit Bill Add E | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | () \$3000] () Invoice Pre | Reporting (\$30); | fitBill Add I | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Almo (40) | () \$3000] () Invoice Pre 1) AR : Accident 2) DA : Damage | Reporting (\$30); Assessment (\$100); INC (\$8 | fitBill Add I | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | Invoice Pre Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey | #EBill Add I 0) /545 5120 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Almo (40) | Invoice Pre 1) AR: Accident | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) | 78EBill Add E 0) 7545 5120 530 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Almo (40) Almo | Invoice Pre 1) AR: Accident | Reporting (\$30); Assessment (\$100); INC (\$8 ee | 78EBill Add E 0) 7545 5120 530 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Limant's Particulars:- ver/Owner: | Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA | Reporting (530); Assessment (\$100); INC (\$8 ee | 75 Bill Add I | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions aimant's Particulars:- iver/Owner: maged Portion: | Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio | Reporting (530); Assessment (\$100); INC (\$8 ee | 7\$EBill Add I 0) 7\$45 \$120 \$30) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Almo (40) Almo | Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio QD 2 | Reporting (530); Assessment (\$100); INC (\$8 ee | 7\$EBill Add I 0) 7\$45 \$120 \$30) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Limant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): | Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OI)* *N5: Courtesy *N6: Repair Co | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005) tion - SMRT Survey nal Services:- Cer / Tpl Allowance | 7\$EBill Add E | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions aimant's Particulars:- iver/Owner: maged Portion: | Invoice Preserved | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005) tion - SMRT Survey nal Services:- Cer / Tpl Allowance | 7\$EBill Add E | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Limant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): | Invoice Present Invoice Pr | Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey rough Survey (Resurvey) rough Survey (Resurvey) roinst INC Only (wef 10 Jan 2005 rition - SMRT Survey nal Services:- Cer / Tpl Allowanceordination in Inspection lect Excess Coordination (N-in INC) against INC | 7\$EBill Add E 0) 7545 \$120 \$30) \$75 \$160 \$5 510 \$25 | |

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,
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 26/08/2019 15:57 |
| Date Of Accident | 25/08/2019 11:40 |
| Exact Location Of Accident | JLN SULTAN |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJL8163D |
| Insured/Policyholder | |
| Name Of Registered Owner | AMN SERVICES |
| Co Reg No | 53192151D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | WISH 1.8 AUTO |
| 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 | 5111420953 |
| Cover Note Number | |
| Driver | |
| | |

Name of Driver MOHAMED NAJIB BIN SUJAK

 NRIC No
 \$7934795G

 Date Of Birth
 30/11/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 23/03/2000

Driving Experience 19 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84980673

Fax Number

Contact Number OFFICE-84980673

EMail Address NOEMAIL

BLK 418 CHOA CHU KANG AVENUE 4 Address

#02-294

Postcode 680418

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 SIDE SWIPE 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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

6

Passenger 1

NAME:

-

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

: -

GENDER: : MALE

Passenger 4

NAME:

.

GENDER: : MALE

Passenger 5

NAME:

. 40 m

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO

Was notice of intended Prosecution given? If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SHD7095P

Page 2 of 20

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

TAXI

Name of Driver

MOHAMAD ASHIKIN BIN MOHAMAD YUSOF

NRIC/Passport Number

S7131148A

Contact Number

90056252

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC2992T Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category

BUS

Name of Driver

LIM THIAM HEE BERNARD

NRIC/Passport Number

S6916384Z

Contact Number

90912605

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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

. 26/08/2019

(ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

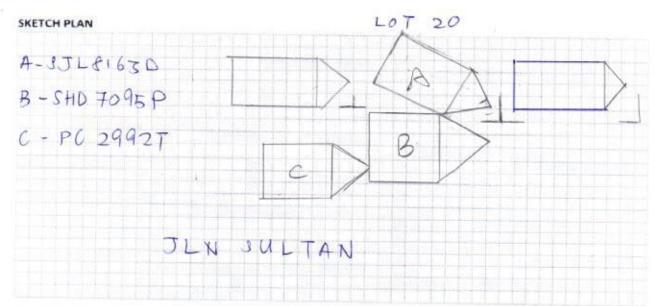
Name:

NRIC/FIN No.:

EnMoyr: Setupiting one Vil

Policyholder's Signature

1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| my reliae C+ | 4) Reg. No. SJL 8163 D was stationary |
|----------------|---------------------------------------|
| about to come | out from parting lot No. 20 along |
| TIN CHITCH A | 040 to 100 101 101 10. 20 91019 |
| Jeh sarratt. A | Stationary taxi (B) Reg NO SHD 7095 |
| vas on my rear | right waiting for my parking lot, |
| suddenly hit | onto my right. |
| When leamed | out from my reliable I reguised it |
| - al an accid | ant in plain I de la company |
| N 43 41 4 CC14 | ent involving three rehicles. The |
| third relicie | (L) Reg NO. PE 2992 T. |
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| CLABATION | |

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

Reg no: 53192151D

26/08/2019

| SINGAPOR | RE ACCIDENT STATEMENT |
|---|--|
| AC | CIDENT STATEMENT |
| Date Of Accident | * 25/08/2019 Time 1140 Hrs AM |
| Exact Location Of Accident | * JLN SULTAN (PARKING LOT NO. |
| DETAILS O | FOWN VEHICLE (VEHICLE A) |
| /ehicle Registration Number | · SJL 8163 D |
| nsured Policymaters | |
| Name of Registered Owner | · AMN SERVICES |
| NRIC/FIN/Passport Number | * 53192151 D |
| क्षामां हो है के किया है जा किया है जिस्सी के किया है जा किया है ज जा किया है जा किया है | Control of the Contro |
| Vanufacturer | TOYOTA |
| Model | WICH |
| Exact Purpose for which vehicle was being | |
| used at time of accident | * Private use Commercial use Hire & reward Others - please specify |
| Are you claiming under your own insura | nce |
| policy for repair to your vehicle? | * Yes No Others |
| f No, please state action to be taken | * Third Party Claim Reporting Only |
| Vehicle Category | * Private Commercial Motorcycle |
| (gst)eques/Golarentay | |
| Name of Insurance Company | · NTUC INCOME |
| Type of Coverage | · COMPREHENSIVE |
| Fleet Policy | Yes No V |
| Policy Number | * 5082572482-02 |
| Cover Note Number | |
| Driver 45 to 100 March 1995 | |
| Name of Driver | * MOHAMED WAJIB BIN SUJAR |
| NRIC/FIN/Passport Number | • 379347956 |
| Date of Birth | • 30/11/1979 |
| Occupation | * TECHNICAL EREC |
| Date of Driving Pass | • 23/03/2000 |
| Gender | * Male Female |
| Mobile Number | 84980673 |
| Address | BUX 418 CHOA CHUKANG AVE 4 HOZ-29 4 S(680418) |
| Email Address | mnss 79 agmail com |
| Was driver an employee of the Insured's | Lines / Lasyman To |
| | |
| Company? | * Yes No V |
| Company? If no, Relationship of the Driver with the | · Yes No V |

SAS 1

gassenger: 5 person. Female: 2 person mole: 3 person.

| Vehicle Registration Number of Driver's Own Vehicle (if applicable) insurance Company of Driver's Own Vehicle | |
|---|--|
| (if applicable) | |
| General Information of the Accident | Charles and the second |
| Type of Accident | · Ungin collission |
| Weather Conditions | * Clear Raining Others |
| Road Surface | * Dry Wet Others |
| Other Information | Control of the Contro |
| Was any body injured in the Accident? | Yes No |
| Was any other material or property damaged? | Yes No |
| Details of Injured Persons | The state of the s |
| Name . | |
| Address | |
| Approximate Age | |
| Injuries Sustained • | |
| If vehicle Occupants, state in which vehicle? | |
| Were seat belts worn? | Yes No. |
| Was injured conveyed to hospital by | 7/1 7/1 |
| ambulance? | Yes No No |
| Details of Police Action | the of the state o |
| | Yes No - |
| f Yes, please state which Police Station | |
| Nas notice of intended Presecution given? | Yes No |
| f Yes, against whom? | V. |
| DETAILS OF OTHER VE | HICLE(S) / PROPERTIES (VEHICLE B) |
| /ehicle Registration Number • | SHD 7095 P |
| /ehicle Make / Model / Colour | TO YOTA PRIUS |
| Detail Of Properties | - examine |
| lame of Driver | MOHAMAD ASHIKIN BIN MOHAMAD YUS |
| IRIC/Passport Number | S7131148 A |
| Contact Number • | 90056252 |
| mail Address | |
| ddress | |
| nsurance Company Name | |
| ature of Damage | |
| etails Of Witness: | The second secon |
| ame | The second secon |
| hone Number | |
| mail Address | |

VEHICLE (C) PC 2992 T TO YOTA

LIM THIAM HEE BERNARD 56916384 Z HP NO. 90912605



MALAY

30-11-1979 Country of Birth SINGAPORE











Certificate of Insurance

· SIL8163D

: JTDER12W803001334

AMN SERVICES

: 17 Jan 2019

: 16 Jan 2020

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5082572482-02 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

EXCESS (SECTION 1)

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

: \$\$2,000

EXCESS (SECTION 2) : \$\$1,500
WINDSCREEN EXCESS : \$\$100
ADDITIONAL EXCESS : N/A
UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES

 NCD PROTECTION
 ; NO

 TRANSPORT ALLOWANCE
 ; NO

 EXCESS WAIVER
 ; NO

 PRIMARY DRIVER
 ; N/A

 NAMED DRIVER (1)
 ; N/A

 NAMED DRIVER (2)
 ; N/A

HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 12 Jul 2018 10:57 hrs

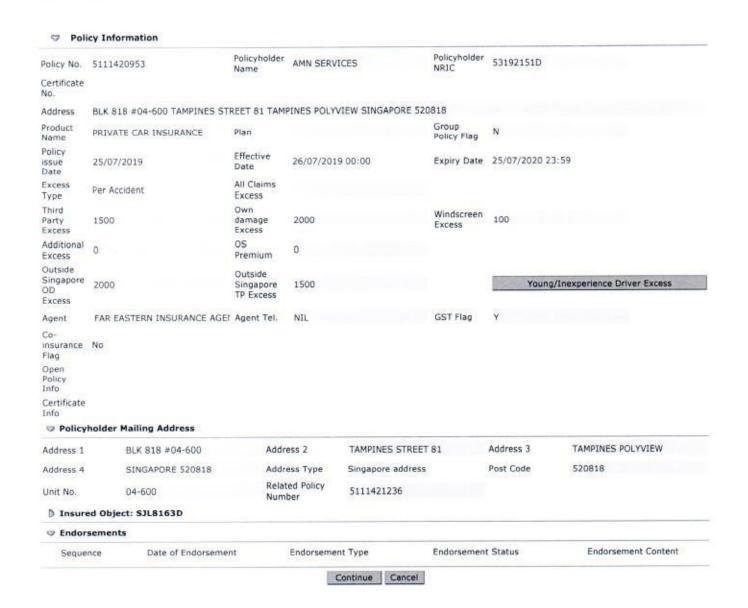
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive





| Claim Handling | | | | | |
|--|-------------------------|--|--|---|---|
| Accident MT/1059523 | | | | | |
| Palicy No. | 5111420953 | Vehicle No. | SJL8163D | GST Registration No. | |
| Sertificate No. | | | | | |
| olicyholder Name | AMN SERVICES | | | Policyholder NR3C | 53192151D |
| Yoduct Code | PRIVATE CAR INSURANCE | Cover Type | STWO CLASSIC | Loading | 0 |
| Contact No.(Mobile) | n | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| mat Address | | Special Remark | V 4 40474 MATERIAL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO | eCode | lan o |
| CFK | ® No ○ Yes | TCA | ® No ⊜Yes | eCode Reason | |
| ICD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| → Accident Details | | | | | |
| Report Date | 26/08/2019 21 12 | Acadent Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 25/08/2019 | Time of Accident hitcmm | 11:40 | Country of Academ | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUN SULTAN | | | | |
| ▼ Total Excess Applicable | | | | | |
| excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | | | | | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| TED OD Excess | 0.00 | YIED TP Excess | | Driver is Covered? | |
| Additional Excess | 0 | | | | |
| Total CD Excess Applicable | 2000.00 | Total TP Excess Applicable | | | |
| ♥ Benefits | | | | | |
| □ GST Registered Informa | tion | | | | |
| SST Registered | No. | | GST Registration Date | | |
| GST Registration No. | | | GST Status Venfied | Yes | |
| Modification History | 26/08/2019 21:14:42 Sy | stem changed GST Status Verified fro | m No to Yes | | |
| | | | | | |
| Policyholder Mailing Ade | | | | | |
| Address 1 | BLK B1B #04-600 | Address 2 | TAMPINES STREET &L | Address 3 | TAMPINES POLYVIEW |
| Address # | SINGAPORE 520818 | Address Type | Singapore address | Post Code | 520818 |
| unit No. | 04-600 | Related Policy Number | 5111421236 | | |
| ○ OI Driver Infe | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | MOHAMED NAJIB BIN SUJAK | Driver NRIC | \$7934795G | Driver DOB | 30/11/1979 |
| Register Date of Driver License | 23/03/2000 | Driver Age | 39 | Driving Experience | 19 |
| Contact No.(Mobile) | 84980673 | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| Address 1 | BLK 418 | Address 2 | CHOA CHU KANG AVENUE 4 | Address 3 | SINGAPORE 680418 |
| Address 4 | | Address Type | Singapore address | Post Code | 680418 |
| Unit No. | 02-294 | | | | |
| Does he own a Singapore Registered car? | ○ Yes 	No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| Declaration Breathalyser or Blood Test | | | 724042000 | | |
| Reading? | 0 mg | Any injury? | ○ Yes ® No | | |
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| Modification History | | | | | |
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| Contact No.(Mobile) | OD-MX | Insured Name Contact No.(Home) | ANN SERVICES | Contact No.(Office) | 63447667 |
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