| * | | | / | · pr 1 1.7" | |
|--|--|--|---------------------------------|--|--|
| NATIONAL Assessment Centre | e Services. 🛶 | 1 1 Jan (00) . / | Jua4417 | oery. | D ku |
| Date In: 11/09/2019 11/26 | Jeb description | | Date &Timo Co | mpleted · | Done py. |
| RETNO. APRAT THEC 90/6/05/7 | SAS e-filling | | | | |
| Veh No. FBM YOUSS | E-mail (Sjala shr | , AIC 2hrs) | 1 | 511 4 | Joseph 8 |
| DOA 20 08 2005 18.80 | i-Motor Claim | l'orm | m7/106/9> | 1001 .9 | 1041.40 |
| A | I-Motor W/O (V | Vithle: OD 2hrs, | TP (hrs) | | 11.75 |
| ()[) - (TI)! Reporting Only | I-Photo Upload | cd | | | |
| | Assessment/Surv | ey Report | | | |
| TP Insurer: | Ass't Report by I | 7nx/Handt | Owner/Wksp | | - |
| Profested Wksp / INC Assign Wksp / QW: (| | iii | Tolt | Faxt | |
| TP Particulars: . Veh No: 34 | 0 8232(1 | . INC(| .)/Non-INC | () | |
| Owner / Driver: (| Education (Bonn 27) et Aus- | | Tel: | | |
| Policy No: () Po | eriod: (|) | Cover Type: (| | <u> </u> |
| Confirmed by : (| | Dater. | 7lmc | | <u>a</u> |
| | Note-Est Status (WC | | 0%; P: 21-79% | . 1. 80-1007 | 2 |
| 200 - CONTRACTOR CONTR | Warranty: YES (000 ()/\$2,000 (|) 04/(| | | |
| Excess: (\$) Loading: \$1, | MONTHUE AND THE AND THE | ENTRE NO | A CALCARAGA | ×13. 17. 11.00 | 18.00 |
| () Walk-In Customer : Customers Info | PSC CATE CONTROL CONT | dential & St | della NO refer o | repolier. | |
| | ormation strictly Com | | · | ,2 | * |
| () Total Lass Case : to e-mall Insur Drive-in () / Towed-in (); Invoice | | 7() | owing Co: (| " | .) |
| | THE THE SHARE SHARE THE THE SHARE SH | MANUAL KANSANIA | NAMES OF THE OWNER, WHEN | | rundens by · |
| continuative pais automites confidenting | Courtesy Car () | ACHARA NAME NAME OF THE PARTY O | SAL MUTROMOSE ASSESSED. | | |
| | (·) | | - | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost> \$ | | | | .,. | |
| 3) Oplosid Resurvey Photo (Reput Coses o | 3000) (// | | , , , , | | |
| Injurý t | | | | | Contraction of the last of the |
| Date Times & All States and All States and All States | | Less Control | A-146-14-14-15-16 | USAKETI KOJA UP | Michael - |
| | | | | | |
| AMERICAN PROPERTY AND ADMINISTRATION OF THE PROPERT | | | • | | |
| | | | | | engalani <mark>. Period</mark> |
| | | | THE RESERVE THE PERSON NAMED IN | AUTO PARCAGO | Marines Standard Control |
| NA1907.023 | | involence. | | 的可以 | Stant Marthin |
| | SURVEY OF THE SU | 1) AR 1 Apoldon | Assessment (\$30); | ING (III) | |
| na manusipatlema satsaka katawa katawa | THE SULL PROPERTY OF THE PARTY | TYP : Towing | Fee . | \$40/34 \$12 | |
| Oriver/Owner: • | | | Through Survey (Res | 13 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17 | |
| Contact No: | | ATR : Re-lesp | etinit in Committee | \$7 | |
| nrnaged Portion; | ł | TINI : Idao DA | +SMRT Survey | ** Y. \$16 | |
| | | ODI | ional Services:- | | 3 |
| C Checked by (Engr-In-Churge): | | NS: Courte | y Car/Tpl Allowand | · 51 | 10 |
| 5 | PROPERTY OF THE PROPERTY OF TH | · N/CFost IL | pair Inspection | stlön : | 15 |
| A COLUMN TO THE PARTY OF THE PA | 为运出和的社会处外的证据 | TP (NII) 1 | P (Non Inc.) | Salarin Maria | 30 EMEN |
| at 1; | | (avolor dated | | Pos Charged | AND STATE OF THE PARTY OF THE P |
| . 3/2 | | Involce dated | | Per Charged | According to the local to the l |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

| aforesaid. | |
|--|---|
| erekko y hanakko (Meskako kun | ACCIDENT STATEMENT |
| Date Of Report | 11/09/2019 11:26 |
| Date Of Accident | 26/08/2019 18:30 |
| Exact Location Of Accident | ALONG JALAN BUKIT MERAH TOWARDS LOWER DELTA |
| Country/State of Loss | SINGAPORE |
| III, USS Estanda September 19 Desprise No. 1 | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBM4049S |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMAD FIRDAUS BIN TARMIDI |
| NRIC No | S8512652J |
| Email Address | GARFIELDFYY@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87843058 |
| Alternative Phone No | OTHERS-87843058 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | PCX150A-153CC |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY TO WORK |
| 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 | MOTORCYCLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5111393504 |
| Cover Note Number | |
| Driver | |
| Name of Driver | AHMAD SAUFI IRYANI BIN MASRAN |
| NRIC No | S9341233H |
| Date Of Birth | 17/10/1993 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/05/2014 |
| Driving Experience | 5 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87843058 |
| Fax Number | |
| Contact Number | OTHERS-87843058 |
| EMail Address | GARFIELDFYY@GMAIL,COM |

Address

BLK 72 REDHILL ROAD

#04-41

Postcode

150072

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured

FRIEND

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)

2

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

1

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 WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

ii res,against whomir

Circumstances of Accident
PLEASE REFER TO POLICE REPORT T/20190828/2178

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

SLD8232G

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

AHMAD SAUFI IRYANI BIN MASRAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM4049S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature 9 2009

| SKETCH PLAN JUN V | DUKIT MYRRAL TOWARDS LOWER PACTA |
|--|---|
| A) FBM 40499 B) SLD 8732G | |
| DESCRIBE CIRCUMSTANCES | S OF THE ACCIDENT |
| | Maria |
| | |
| DECLARATION I/We declare the foregoing part | James Hala and 11/09/2018 |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: Driver's Signature (If driver is not the policyholder) Name: NRIC/FIN No.: |

*,





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

1 of 3 Report No. T/20190828/2178

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 28/08/2019 23:55 | | | Vide Report No.: D/20190826/0087 | Station Diary No.: |
|--|-----------------------------------|------------------------------|--|----------------------------|
| Informant's Particulars | | | | |
| | f Informant: SAUFI IRY N | | Address: APT BLK 72 REDHILL ROAD |) #04-41 SINGAPORE 150072 |
| ID Type / ID No.: NRIC NO / S9341233H | | | Contact No.: Home/Office: | Mobile: 87843058 |
| | Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 25 | Date of Birth: 17/10/1993 | Type of Informant: Rider | |
| Race: Malay Occupation: Paramedic | | | Language: | Institution / School Name: |
| | | | Driving Licence Information: Class: | Date of Expiry: |

| General Inform | nation of the Accident | MARK BEARING | | |
|---|------------------------------------|--|--|-----------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive; No | Date/Time of Accident: 26/08/2019 18:3 | Type of Location Straight Road |
| Location: Along Road 1 JALAN BUKIT Towards Low Weather: | MERAH er Delta, Beside Block 12 | 0 Bukit Merah Viev | | |
| Drizzling | | Dry | | road opeca Limit. |
| Traffic Flow: Dual Carriage | | Traffic Control: Traffic Light - Wo | rking | Traffic Volume: Heavy |
| Type of Collisi Between Movi | on: ng Vehicles - Side Swipe | - Same Direction | and the same of th | Anyone conveyed by ambulance: |

| Details of V | ehicle Involve | d | IT CALL AS A | | Supplemental Services | ALL STREET |
|--------------|----------------|------|--------------|-------|-----------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| FBM4049S | Motorcycle | | | | | 0 |
| SLD8232G | Car | | | | | 0 |

| Details of Person Involved | MICHAEL PROPERTY OF THE PARTY O |
|---------------------------------|--|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

2 of 3 Report No. T/20190828/2178

Tel No: 1800-3779999

CONTINUATION OF REPORT

| Name | AHMAD SAUFI IRYAN | VI BIN MAS | SRAN | ID No | SHEE! | S9341233H |
|---|----------------------------|-------------------------|-------------------------|--------------------------|-----------------|-----------------------------------|
| Deleted Makini | | | 100 | * | 39341233H | |
| Related Vehicle | FBM4049S (Motorcycle) | | Conta | act No. | 87843058 | |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | | - | | | |
| 102100400000000000000000000000000000000 | ONE GENERA | GAPORE GENERAL HOSPITAL | | Class Drivin Licen | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/08/2019 | | Data Dia | | / Date | |
| | | 14 | Date Disch Degree of | | 28/08 Seriou | |

Brief Details.

On 26/08/2019 at about 1830hrs, I was travelling along Jalan Bukit Merah towards Central Expressway, as such I was riding in the bus lane, while I was riding, suddenly there was a red coloured car whom had swerved into my lane which I then tried to avoid the car. I then swerved right to avoid the car however I have the swerving left, I suddenly swerved right, which at that point I was unsure if the car had

After the accident, I was unsure what had happened as I was in a state of shock, I was then conveyed to the hospital by the ambulance, I am not sure what was the damage on my motorcycle and the car. I recalled that I was riding along the bus lane with dotted yellow line.





Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682

3 of 3 Report No. T/20190828/2178

Tel No: 1800-3779999

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 85474885 stating the report number as reference.

| Signature Of Officer Recording The Report: D / Sgt 1 TAN YEW ANN | Signature Of Informant: |
|--|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 28/08/2019 23:55 |
| Officer in Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358 | Classification Of Case: |
| Authentication Stamp | SN 45 |

Claim Handling

| Patroy No. | | | | | | | | | |
|--|--|--|---|--|--|--|---|--|--|
| | 5111393504 | Vehicle No. | FBH40495 | | GST Registr | ation No. | | | |
| Certificate Ris. | | | | | | | | | |
| skrynnider Name | MUHAMAD FIRDAUS BIN TARMIDI | | | | Poscyholder | (Hate: | | 586126523 | |
| viduct Code | MOTOREVELE INGURANCE | Covet Type | Third Party, Fire & | 79.46 | Leading | 04104 | | | |
| Destact No. (Models) | #764200# | Contact No.(Office) | 111111111111111111111111111111111111111 | 7 | | ******** | | 0 | |
| Small Address | and a creen | Special Remork | | | Compat Au. | (Contract) | | Bo T | |
| ŰΚ | + 10 Yes | TCA | - No Yes | | | | 1 | 96.5 | |
| WCE) Prohection | No | | | | eCode Ress | | | | |
| Accident Details | 740 | NCD Englument(%) | 10 | | Private Hire | 9) | | 90 | |
| | - Committee of the contract of | | | | | | | | |
| Report Date | 17/00/5010.11-3# | Accident Report Within 34 hrs | Yes | | Assident Ty | | | Now Swipe | |
| Date of Accident | 36/08/2019 | Time of Accident thisminy | ERI.301 | | Country of | Accident | | modattine | |
| Reporting Centre | | Orange Force | | | ICH NO. | | | | |
| Accident Location | ALONG TALAH BUKIT MERAH TOWARDS LOWER DEL | TA | | | | | | | |
| Tetal Excres Applicable | | | | | | | | | |
| Excess Type | Fwr.Accident | Windstreen Excess | | | | | | | |
| | | | | | | | | | |
| OO Standard Excess | | TP Standard Excess | | 0.00 | | | | | |
| VIBO OD Excess | | YIED TF Excess | | 0.30 | Offver is Co | vered? | | ont Enveren | |
| Additional Excess | | | | | | | | | |
| Tutal GD Excess Applicable | | Total TP Excess Applicable | | 0.00 | | | | | |
| - Henefita | | | | | | | | | |
| GST Registered Informat | ** | | | | | | | | |
| SST Registered | No | | GS7 Regis | fretion Date | | | | | |
| 257 Registration No. | | | GST Statu | s verified | | 05 | | | |
| Hird@lication History | | | | | | | | | |
| Policyholder Mailing Add | *** | | | | | | | | |
| Address I | 00X 611 £03-435 | Address 2 | CHOR CHU KANG I | KORTHY T | Address 3: | | | DINGAFORE 660 | 612 |
| ADDRES 9 | 1.100/04/07/2014/201 | Address Type | Singapore address | THE PARTY OF THE P | Post Code | | | STREET THE BOOK | 80.51 |
| Unit No. | | Related Policy Number | 2111393804 2111393804 | | - Court | | | | |
| OI Driver Info | | ACTUAL DESCRIPTION OF | 3111333004 | | | | | | |
| Ortzer Name | AHNAD SAURI SEVANI BIN MASRAW | Oriver Type | Named Driver | | | | - | | |
| Unnamed driver Name | | Sinver NAXC | 35341233H | | Driver ace | | | rhon-met | |
| Segrator Date of Driver License | 28/95/2014 | Onver Age | | | Driving Exp | | | 15/30/3423 | |
| Contact No.(Mobile) | | | 21 | | | | | 100 | |
| Address 1 | 87943058 | Contact No.(Office) | | | Cantain No. | 394IIm63 | | | |
| Address 4 | | Address 2 | Ş. I | | Address 1 | | | | |
| | | Address Type | Foreign appress | | Prot Cade | | | | |
| One No. | | | | | | | | | |
| Coes he own a Singapore Repulsised can? | YET + NO | Driver Whick No. | F)(H404)5 | | Driver Insu | rer Compan | yi: | HTUC | |
| | | | | | | | | | |
| Nacionalism | | | | | | | | | |
| Decimentary Direction ver or Stand Test Reading? Modification Mixtury | 0 mg | Ansimpasis (| Y61 × No. | | | | | | |
| Greathelyser or Bland Test Reading? | | Any injury? | Yes < No | [0G-MX • | insured None | Нинамар | FIRDAVS IIIN | Stan (MAAT | B85124521 |
| Scattlebry or Bond Test Reading? Hodification History Claim 904 OD-MA: New Claim Type = | | Any injury? | Yes ~ No | | Contact. | - | FIRDAUS HIN | Contact | |
| Scattlebry or Bond Test Reading? Hodification History Claim 904 OD-MA: New Claim Type = | | June seguinare | Yez - No | [GG-MX • | Contact. No. (Hume) | - Нинамар | FIRDAUS IIIN | Contact No. (Gmes) | |
| Claim 604 OD-MX New Claim 7 Danie Mexisty Claim 7 Danie Mexisty Claim 7 Danie Mexisty Claim 7 Danie Mexisty | | June inglane | Yes a Me | | Contact. No. [Hume] Oil Vahola | - | FINDAUS IIIN | Fontari No. (Grice) TP | 50,000,000 |
| Scentification Metary Claim 904 OD-MA: New Claim Type = Carrist No.(Modile) Email Appless | | June inglane | Yes a We | Nt. | Contact. No. (Hume) Of Vahole Norder | W3143970 | FIRDAVS IIIN | Contact No. (Giffice) TP Vehicle Number | 51002220 |
| Claim 804 OD-MA Mem Claim 1004 OD-MA Mem Claim 1004 OD-MA Mem Claim 1004 OD-MA Claim 100 | | June ingland | Yes a Me | | Contact. No. (Hume) Of Vahole Norder | W3143970 | FIRDAVS HIN | Contact No. (GMes) TP Vehicle | SLD#2220 |
| Scentializer or Bond Test Reading? Hotification History Claim 804 OD-MA: Nex. Claim Type = Caresst No. (Mobile) Email Address Calein Description Freferrad | Insured Lieblity Not at Fault | • | Yes a Me | Nt. | Contact. No. (Hume) Of Vahole Norder | W3143970 | FIRDAUS HIN | Contact No. (Gride) TP Vehicle Number Name : Preferre | SLD#2220 |
| Claim 804 OD-MA: Next Claim 804 OD-MA: Next Claim 104 OD-MA: Next | | • | Yes a Me | PRM+04PS / SICHZEIG GN 26 / | Contact. No. (Hume) Oil Venula No. (Hume) Oil Venula No. (Hume) Oil Venula No. (Hum) Oil Venu | W3143970 | FIRDAVS HIN | Contact file. (Girtie) TP Vehicle Number Number Meride Meride Worker | SLEWING. |
| Claim 804 OD-MA: Next Claim 804 OD-MA: Next Claim 104 OD-MA: Next | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | | NA. FRM+049E / SIDSZEIG ON 26 / | Contact. No. (Hume) OI Value No.ober | W3143970 | FIRDAUS HIN | Contact No. (Gride) TP Vehicle Number Name : Preferre | SLEWING |
| Prescriptiver or Board Test Reading? Hodification History Claim DOS OD-MX: New Claim DOS OD-MX: New Claim Type = Carract No (ModRe) Email Appress Claim Descriptive Preferrad Workshop Frescription Preferrad Workshop Trinsladon Doss Registered | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Hume) OII Vancabe No. (2018) CIENTA (2018) C | W3143970 | FIRDAYS HIN | Contact No. (grade) TP Vertical Normal | SL092220 sd dd 71.09/2019 00.00 |
| Scentification Metary Claim 804 OD-MX: New Claim 104 OD-MX: New | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | | PRM+04PS / SICHZEIG GN 26 / | Contact. No. (Hume) Of Ushnite No. (2018) Claim, Cl | W3143970 | firdays ilin | Contact No. (grane) TP Vehicle Name a Referre Works Date Receres | SLEW2220 SLEW2220 ST.09/2019 00:00 |
| Scentification Mixtury Claim 904 OD-MA: New Claim 1904 OD-MA: New Claim Type = Contact No.(ModRe) Email Appless Claim Description Preferred Wornship Manager too Yes Case Registered Export Taken By | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | firdays ilin | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | \$LD#2220 |
| Prescriptiver or Board Test Reading? Hodification History Claim DOS OD-MX: New Claim DOS OD-MX: New Claim Type = Carract No (ModRe) Email Appress Claim Descriptive Preferrad Workshop Frescription Preferrad Workshop Trinsladon Doss Registered | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAYS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | \$LD#2220 |
| Prescribitives of Board Test Reading? Hodification History Claim 804 OD-MA: New Claim 104 OD-MA: New Claim | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | 3.♥ | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAUS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | SLEW2220 9 ed 171.09/2019 00.00 |
| Scentification Mixtury Claim 904 OD-MA: New Claim 1904 OD-MA: New Claim Type = Contact No.(ModRe) Email Appless Claim Description Preferred Wornship Manager too Yes Case Registered Export Taken By | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAUS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | SLEW2220 SLEW2220 ST.09/2019 00:00 |
| Prescribitives of Board Test Reading? Hodification History Claim 804 OD-MA: New Claim 104 OD-MA: New Claim | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | 3.♥ | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAUS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | SLEW2220 9 ed 10 71.09/2019 00.0 |
| Claim BOS OD-MA: New Claim Bos | Finance Liability Not at Fault Finance Professed Workshop, Name | T DA | 3.♥ | PRM4049E / SLDH2ZIG GM 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAUS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | SLEW2220 9 ed 171.09/2019 00.00 |
| Claim BOS OD-MA: New Claim Bos | Finances Gability Not at Fault Statement Professed Workshop, Name of Cotoe | # GEA Received | Sees Submit | PRN4049E / SIDRZEIG ON 26 / PLY00/2019 11:32 | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAUS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | SLEW2220 9 ed 171.09/2019 00.00 |
| Claim BOS OD-MX: New Claim BOS | Insures Lieblity Not at Fault Statement Preferred Workshop, Name of Cotion | # GAA Received | Sere Submit | PRINADURE / SIEMZZIG ON 26 / | Contact. No. (Huma) Of Vahiola Riccider No. (2018 Claim) Claim, Claim, Chies Date Workshipt | W3143970 | FIRDAYS HIN | Contact No. (Grade) TP Venticle Name Neme Profest Venticle Contact Con | SLEW2220 9 ed 171.09/2019 00.00 |
| reath-siver or Donad Test Installing Condition Plattery Claim BOS OD-MA: New Dearn Type = Contact No. (ModRe) Attachment Contact No. (ModRe) | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GEA Received | Sere Submit | PRIN40498 / SLIMIZEG ON 26 / PL/09/2019 11:51 PUSLI WANAB | Contact. No. (Hume) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | 83143970 F6964049S | | Contact for Contac | SLEW2220 9 ed 171.09/2019 00.00 |
| reath-siver or thind Test loading? codification Plattery claim BOS OD-MX: New Dain Type = Corner Type = Co | Insures Lieblity Not at Fault Statement Preferred Workshop, Name of Cotion | # GAA Received | Sere Submit | PRINADURE / SIEMZZIG ON 26 / | Contact No. (Hume) (II) Whitele Neig 2018 Clean | 83143970 #69640495 | Urgency | Contact for Contac | SLEW2220 9 ed 10 71.09/2019 00.0 |
| Claim 801 OD-MA Mex. Claim 801 OD-MA Mex. Daim Type = Derest No. (Mobile) Email Address Daim Description Preferrad Warksfrag Instance foo. Ves Front AK letter Attachment To Account No. and Doc. Received Choose File No file chosen | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRIN40498 / SLIMIZEG ON 26 / PL/09/2019 11:51 PUSLI WANAB | Contact. No. (Hume) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | 83143970 #69640495 | | Contact for Contac | SL042220 |
| claim BOS OD-MX: New | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADER / SIDMZZIG ON 26 / | Contact No. (Hume) (II) Whitele Neig 2018 Clean | 83143970 #69640495 | Urgency | Contact for Contac | SL042220 |
| Claim 804 OD-NA Next Claim 804 OD-NA Next Daim Type = Corest No. (Mobile) Small Address Colom Description Preferrad Warnshap Transaction Yes Print AK letter Attachment TP Accorest No. Lest Dic. Received Choose File No file chosen | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADER / SIDEZEG ON 26 / | Contact No. (Hume) (I) Whitele Neighbor Clean Cl | M3143970 VISPADASS | Urgency - Nazmel | Contact for Contac | SL092200 |
| Claim 804 OD-NA Next To Next Ak letter Attachment To Account No. Let Dic. Received Choose File No file chosen Choose File No file chosen | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADED / SIDMZEIG ON 26 / PRINADED / SIDMZEIG ON 26 / PRINADED II / SIDMZEIG ON 26 / PRINAD | Contact No. (Hume) (I) Whitele Neg-2019 Claim (Chee Contact Neg-2019 Chee Chee Chee Chee Chee Chee Chee Ch | 63143970 #6940495 | Urgenzy Sozmei Formei | Contact for Contac | SL092200 |
| Claim 804 OD-NA | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADE / SIDEZEIG ON 26 / PRINADE / SIDEZEIG ON 26 / PRINADE I 11/24 Catagory * Flease Select Presse Select Presse Select Presse Select Presse Select | Contact No. (Hume) (I) Wahtula Nerotel Clatte Clatt | Satistano Visional Commel | Urgency Rozmal Normal Normal | Contact for Contac | SL092200 |
| Claim 801 OD-NX Nex Claim 801 OD-NX Nex Daim Type = Careart No. (Mosse) Small Address Caim Description Performed Warnings Date Rigitized Seport Taken By Prost AK letter Attachment Ty Account No. Let Dic. Noosved Choose File No Ne chosen | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADE / SIDRZEIG ON 26 / PRINADE / SIDRZEIG ON 26 / PRINADE I 11/20/2019 11/24 Category * Flease Select Presse Select | Contact No. (Hume) (II Wahnala No. (Hume) (II | Scientific Control Con | Urgency Rozmal Normal Normal Normal | Contact for Contac | SL042220 |
| Claim 801 OD-MA | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADE / SIDEZEIG ON 26 / PRINADE / SIDEZEIG ON 26 / PRINADE I 11/24 Catagory * Flease Select Presse Select Presse Select Presse Select Presse Select | Contact No. (Hume) (I) Wahtula Nerotel Clatte Clatt | Scientific Control Con | Urgency Rozmal Normal Normal | Contact for Contac | SLE#2220 SLE#2220 At the Page 19 00:00 At the Page 19 00:00 Description + |
| contrained feel feel feel feel feel feel feel fe | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADE / SIDRZEIG ON 26 / PRINADE / SIDRZEIG ON 26 / PRINADE I 11/20/2019 11/24 Category * Flease Select Presse Select | Contact No. (Hume) (II Wahnala No. (Hume) (II | Scientific Control Con | Urgency Rozmal Normal Normal Normal | Contact for Contac | SLE#2220 SLE#2220 At the Page 19 00:00 At the Page 19 00:00 Description + |
| contrativer or bland Test Interface of Chairs 901 OD-MX | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Char Char Char Char Char Char Char Char | PRINADE / SIDRZEIG ON 26 / PRINADE / SIDRZEIG ON 26 / PRINADE I 11/20/2019 11/24 Category * Flease Select Presse Select | Contact No. (Hume) (II Wahnala No. (Hume) (II | Scientific Control Con | Urgency Rozmal Normal Normal Normal | Contact for Contac | SLEW2220 SLEW2220 At the President Action |
| contrativer or bland Test feeding? Claim 801 OD-MX | Finances Liability Not at Fault # Rispair Preferred Workshop, Name of Cotses MTD/1961923 # Yes Fis | # GAA Received | Sere Submit | PRINADE / SIDRZEIG ON 26 / PRINADE / SIDRZEIG ON 26 / PRINADE I 11/20/2019 11/24 Category * Flease Select Presse Select | Contact No. (Hume) (II Wahnala No. (Hume) (II | Scientific Control Con | Urgenzy Sozmal Normal Normal Normal | Contact for Contac | SL092320 S1092320 T1.0922018 80.00 |
| Claim 804 OD-MX New Claim 804 OD-MX New Claim 804 OD-MX New Claim 104 OD-MX New Careat No. (Mobbe) Email Address Care Description Pratured Warnings Attachment Choose File No file choses | Professor Liability Not at Fault Professor Professor Workshop, Name of Option MT/106(923 * Yes No Park Path * | # GLA Received # GLA Received Clairo No. Uptined Caba Cafegory | Clear | PRINADE / SIDEZEIG ON 26 / PRINADE / SIDEZEIG ON 26 / PRINADE IN ANNAE DOL 11/09/2019 11:54 Catagory * Please Select | Contact No. (Huma) No. | Sdermal e e e e e e e e e e e e e e e e e e e | Urgenzy Sozmal Normal Normal Normal | Contact for Contac | SLEWEDZO SERVICE OF THE SERVICE OF T |

化版版图及发展区域区区

Uploaded By/Date

5 (BUKIT MERAH)) III 11 Sep 2019 11:52

Folder Date

| N | NC_BUNIT_MERAH_ROOGIS(NATIONAL ADDESSMENT CENTRE SERVICE S (RUNIT_MERAH)) in 11 Sep 2019 11:43 | Photos | féarmeil | Printer 2019-9-11 |
|------|--|---------|----------|--------------------|
| N | AC BURIT MERAN (805676) NATIONAL ARRESSMENT CENTRE SERVICE 1 (BURIT MERAN) on 11 Sep 2019 11:42 | Photos | Mormal . | Printe 2019-9-11 |
| ÖN | NC SUATT MERAY 800675/ NATIONAL ASSESSMENT CENTRE SPRAICE IS BOART MERAY() on 15 Sep 2019 11:42 | Photos: | fearmail | Photos 2019-8-11 |
| N | NC_BURIT_MERAH_BODG/SI KATIONAL ASSESSMENT CENTRE SERVECE S (BURIT MERAH)) on 11 Sep 2019 11:42 | Protes | Normel | Photos 2019-9-11 |
| . 16 | NC BOATT MERCH, 803676, NATIONAL ABSESSMENT CENTRE SERVICE \$ (BOATT MERCH) on \$2 Sep 2019 12:42 | Photos | Normal | Photos 2019-9-11 |
| N | AC_BOXIT_MERAH_R00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BOXIT MERAH) un 11 Sep 2019 (1:47) | Prictor | Normali | Photos 2019-5-11 |
| 140 | NC BURIT MERAN BOOGTS! NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERANO) on 11 Sep 2019 (1) 42 | Photos | Normal | Photos 2019-6-11 |
| N | NC SURIT MERAN BOOKFS; NATIONAL ASSESSMENT CENTRE SERVICE B (BUNIT MERAN) on \$1.545-2019.11.42 | Photos | None and | Phailter 2019-9-11 |
| A | AC BLATT MERAH, 800679, NATIONAL ARSESEMENT CENTRE SERVICE E (BUSIT NERAH)) on 15 569 2019 (1) 42 | Photos | hormal : | Photos 2019-9-31 |
| No | NC_BLACT MERAN BOOKFIG NATIONAL ASSESSMENT CENTRE SERVICE \$ IBUNIT MERAND VR 11 Sep 2019 12192 | Printer | Formal | Mutos 2019-9-11 |
| 100 | NC_BURIT_MERAN_BOOGTS(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN) on 11 Sep 2019 11:42 | Photoe | Normal | Photos 2019-8-11 |
| | | | | |

File Name Display in New Window | Scan and upmading P

Source

Action

Poul

ACCIDENT STATEMENT

| ACC | DENT DATE: 26, 68, 201 |)(DD/MM/YYYY), TIME:(| 18. 30 (HH:MM) |
|---|--|--|--|
| LOCA | TION: JUN BUKIT MY | ifoH TOWARDS | LOWAR DADA. |
| • | D)INSURANCE COMPANY: C)POLICY NUMBER: D)MAKE & MODEL: D)MAKE & MAKE | POX 100, PV /VAN / LORRY / MOTO ATE / COMMERCIAL / MO CIDENT TIME: 100 / 100 YOUP OWN INSURANCE (CARTY CLAIM / REPORTING | TORCYCLE, OTHERS) TORCYCLE) TORCYCLE) TORCYCLE TORCYCL TORCYCLE TORCYCLE TORCYCL TORCYC |
| is two of passion god (Including driver) | ONTINUE TO 3.d IF DRIVER DRIVER DINAME: AHAMO SHAP DINRIC/FIN/PASSPORT: DIADDRESS: | ALSO POLICY HOLDER MA | RKAN -(MALE SEMALE) OCT: STEP) 300 |
| 5, 6, | e) OCCUPATION: (INDOOR / CONTINUE OF DRIVING PASS WAS DRIVER AN EMPLOYEE IF NO, RELATIONSHIP OF THE D) WEATHER CONDITION: (OLE) WAS ANYBODY INJURED (FE) | OF THE INSURED'S CON E DRIVER WITH INSUR AR / RAINING / OTHERS | APANY? (YES / (D) |
| the of passinger | O) REPORTED TO POLICE (FES.) IF YES, PLEASE STATE WHICH F THIRD PARTY VEHICLE O) VEHICLE NUMBER. | NO) ' | ich man if |
| () | b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: HIRO PARTY VEHICLE d) VEHICLE NUMBER; | CONT, | ACT: |
| Including driver) | e) DRIVER'S NAME; | 4 | ACT: |
| (-) | 6) G | | |

CHail = Norfelating a dwant-com



Certificate of Insurance

Cover : Third Party, Fire & Theft

: MUHAMAD FIRDAUS BIN TARMIDI

MOTOR VEHICLES (THIRD PARTY BISKS 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 : 5111393504

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) Named Driver(s) Only.

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.

: FBM4049S

: 24 Jul 2019

: 13 Apr 2020

: MLHKF12AIC5002895

- Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover
 - (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) 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 Art 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2) : N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

INSURE WITH COE

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

N/A

: PLEASE REFER OVERLEAF

: MUHAMAD FIRDAUS BIN TARMIDI : AHMAD SAUFI IRYANI BIN MASRAN

: A.S. PHOON PTE LTD

: 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

: A 5 PHOON PTE LTD (00000571911)

Date of Issue

: 24 Jul 2019 10:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive