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* ****	Assessment/Sur	vey Report			•	
TP Insurer:			Owner/Wks	2		.,,
Profured Wksp / INC Assign Wksp / QW: (	-11		Toli	Fe	x:	)
TP Particulars: Veh No. Cl	9117A	INC(	.)/Non-IN	C( ).		
Owner / Driver: (	11.11	<del></del>	Tel:		)	
Policy No: ( ) Per	iod: (	)	Cover Type:	(	).	
Confirmed by r (		Dates,	Th		)	
Insured/Driver Liability: ( %) [N	lote-Est Status (W	70): N: 0-20	%; P: 21-79	%. F: 80-10	0%]	
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Driver/Owner:		3) TV: Towing P 4) PT: Follow-Ti	rough Survey	- 1	20	
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	795# XX	Involce dated		* ** *********************************	370.701	WAR THE PERSON
		Involce dated		Per Charges		

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	13/11/2019 15:07
Date Of Accident	11/11/2019 15:55
Exact Location Of Accident	ALONG BEACH ROAD TURNING INTO CRAWFORD STREET
Country/State of Loss	SINGAPORE
D D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH6450Z
Insured/Policyholder	
Name Of Registered Owner	CROWN LEASING & CAR RENTAL
Co Reg No	53377053W
Email Address	EPAYNESCREAMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84793675
Alternative Phone No	OFFICE-68733133
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106973698
Cover Note Number	
Driver	
Name of Driver	QAMARUL ARIFIN BIN KAMARUDIN
NRIC No	S9029909C
Date Of Birth	22/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2015
Driving Experience	4 YEARS AND 2 MONTHS
Sender	MALE
Collinia College	(LOCAL) +65-84793675
Fax Number	

OFFICE-68733133

EPAYNESCREAMS@GMAIL.COM

Address

BLK 359 TAMPINES STREET 34

#01-449

Postcode

520359

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?

NO

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)

2

Passenger 1

NAME:

PASSENGER

GENDER:

MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS WEST N.P.C

Police Station Address

ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO - FAX NO

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191112/2017

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

SLA117A

Vehicle Make/Model/Colour

AUDI

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CHOW DOMINIC

NRIC/Passport Number

Contact Number

93379013

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.
- 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.
- 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:

- 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)
  - (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
- 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.
- 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: 13 NOV 2019

WREELLY VILLE

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13

Black Rogo

CREAL MANAGE

CLAWREN ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Phi
100
00 01111
1701
The Alexander

DECLARATION

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

Regin Not P

Policyholder's Signature

Date & Time: 13 NOV 2019

10-40

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 NOV 2019

1040

Reporting Centre Personnel's

Namer

NATC/FIN No.:

Ssignature WH





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

1 of 3 Report No. T/20191112/2017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2019 10:37		Vide Report No.:	Station Diary No.: 123	
Informa	nt's Partic	ulars		
	f Informant: UL ARIFIN	BIN KAMARUDIN	Address: APT BLK 359 TAMPINES 520359	S STREET 34 #01-449 SINGAPORE
	/ ID No.: O / S90299	09C	Contact No.: Home/Office:	Mobile: 87493675
National SINGAR	lity: PORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 29 22/08/1990		Type of Informant:		
Race: Malay		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Informatic	on; Date of Expîry:	

General Infor	mation of the Accide	ent		I The same of the same	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2019 15:55	Type of Location	
BEACH ROA	rawford Street	Road Surface:			
Clear		Dry	100	Road Speed Limit:	
Traffic Flow: Traffic Control:				Traffic Volume:	
Type of Collis Between Mov	ion: ring Vehicles - Head T	o Rear		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	Change in			S. HOTTON C. P. C.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLA117A	Car	AUDI		Black	Slightly Damaged	0
SMH6450Z	Car	MITSUBISHI	Lancer	Red	Slightly Damaged	1

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





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

2 of 3 Report No. T/20191112/2017

CONTINUATION OF REPORT

Driver				1000		
Name	Chow Dominic		ID No	),	NIL	
Related Vehicle	SLA117A (Car)	SLA117A (Car)				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Conta	act No.	93379013	
Hospital/Clinic	NIL					
			Drivin Licen	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	0.10	Expiry	Date		
No. of Days gran	ted Medical Leave NIL	Date D	ischarge	NIL		
Driver	THE STATE OF THE S	Degree	of Injury	NIL		
Name	QAMARUL ARIFIN BIN KAMA	DUDU		-	Land and Miles of the	
	WINDER WANTE	RUDIN	ID No.		S9029909C	
Related Vehicle	SMH6450Z (Car)					
	(Gai)		Conta	ct No.	87493675	
Hospital/Clinic	NIL					
			Class Driving Licence	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	D-1 5:	Expiry			
lo. of Days grante	ed Medical Leave NIL	Date Dis	of Injury	NIL	0.000	

## Brief Details.

On 11 Nov 2019 at about 1554hrs, I was travelling along Bearch Road and turning into Crawford Street but I accidentally collided into the mentioned vehicle who stopped at the stop line while turning. I wish to state that no one was injure or convey to hospital during accident. However on the same day at about 2005hrs, the other party then inform me that he is going to hospital to make a check. I am lodging this report for my car rental company.





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

3 of 3 Report No. T/20191112/2017

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: L / Sgt 2 TEO WEI SHIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2019 10:37
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

# AGCIDENT'STATEMENT

Ą	CCIDENT DATE: 11 11 3016 (DD/MA	AMMY), TIME: ( 15:54 ) THHEMM
to	OCATION: Beach Read Enterin	Crawfeel State
822	C)POUCY NUMBER:	nu C
	DIPOLICY TYPE: (COMPREHENSIVE / THIII	RD PARTY / THIRD PARTY FIRE &THEFT)
//4 9 <b>6</b> 0/	() TYPE: (SALOON / COUPE / MPV / VAN /	LORRY / MOTORCYCLE, OTHERS)
45	1) ARE YOU CLAIMING UNDER YOUR OWN IF NO. PLEASE STATE (THIRD PARTY CLA  2. INSURED / POLICY HOLDER A) NAME: KOWN LEASING AND DINER (FILLER ASPROAGE)	M / REPORTING ONLY)
PAX-M	CIADDRESS: GO JALAN LANTH	CONTACT: 6873 3133
Who of passeng	CONTINUE TO 3.d IF DRIVER ALSO POU	CY HOLDER
. Concluding drive	c) ADDRESS: BIK 359 TAMES SINGHPORE 5203	DINES 87 34 . #01 - 499
ä	FIDATE OF DRIVING PASS OF THE IN  WAS DRIVER AN EMPLOYEE OF THE IN	SEPT 2015
•	IF NO, RELATIONSHIP OF THE DRIVER S. DIWEATHER CONDITION: (CLEAR / RAINH DIROAD SURFACE: (DRY /-WET-/ OTHERS_	46 / OTHERS
	WAS ANYBODY INJURED (YES) NO)     O)REPORTED TO POUCE (YES) NO)  IF YES, PLEASE STATE WHICH POLICE STA	
Clusturding driver	O) VEHICLE NUMBER: SLA 1174  ) D) DRIVER'S NAME: CHOW DON	MODEL AUDI
(,_1) ,		CONTACT: 93349013
Kho of passunger	d) VEHICLE NUMBER:	MODEL:
(Invluding debre	") I) NRICYFIN/PASSPORT:	CONTACT
	* 4	No.

email = EPAYNESCREAMS (AGMAIL -com)

## Claim Handling Accident MT/1071211

Centrolate No.	Policy No.	5106973698	Vehicle No.	SMH6450Z		GST Registrat
Price   Pric	Certificate No.					sar negrecia
Part   Migrato   Part   Migrato	Policyholder Name	CROWN LEASING & CAR RENTAL				Dellowholder I
Contract No.   Cont	Product Code	FLEET INSURANCE	Cover Tyre	Th. 252,000		
The Address	Contact No.(Mobile)					
### TOP Projection ### TOP Projection ### TOP Projection ### TOP Projection ### Accident Details ### Project Details ### Proje		Matrice.		46433133		The second second second
### Accident Dutals ### Ac		- No. Yes		The second second		
Accident Part						
Margin   Dive   13/11/2019   15/22   Academ Report Within 24 Into   Margin   Margi		NO.:	NGD Entitlement(%)	0		Private Hire
Date of Accidents    11/11/2019						
Majority Centry   Control   Contro				Yes		Accident Type
ACORDIT LORGERIO  ALONG BRACH ROLD TURNING INTO CONVIVORS STREET  *** Excess**  *** 2,000.00  *** Address A Conside Singapore CD Excess**  *** 1,500.00  *** CST Registree Information**  *** 6ST Registree Information**  *** 5ST Regi		11/11/2610	Time of Accident his mirro	15:55		Country of Ac
## Second Committed Excess						ICM No.
Over damage Excess 2,00.00 Additional Excess 0		ALONG BEACH ROAD TURNING INTO CRAY	VFORD STREET			
Unramed Driver Excess 1,500,00 Outside Singapore OD Excess 2,000,00 Find Party Excess 1,500,00 Outside Singapore TP Exces	→ Excess					
The Park Excess 1,00.00 Outside Singapore TP Excess 1,000.00  ■ Banefits  ■ CST Registered Information  SST Registered No.	Own damage Excess	2,000.00	Additional Excess	03		Windscreen E
## Senefits  ## CST Registered Information    ST Registered   No.	Unnamed Driver Excess		Outside Singapore OD Excess		2,000.00	
CST Registered Information  ST Registered No.  GST Registered No.  GST Registered No.  GST Status Verified  Year ST Registered No.  Pelicyholder Mailing Address  Address 1.  Address 2.  Address 3.  Address 3.  Address 4.  Address 4.  Address 4.  Address 5.  Address 5.  Address 5.  Address 6.  Address 9.  Address 1.  Address 9.  Address 1.  Address 9.  Address 1.  Address 9.  Address 9.  Address 1.  Address 1.  Address 1.  Address 1.  BO IALAN LAM HIJAT  Address 9.  Address 1.  Address 2.  Address 1.  Address 1.  Address 3.  Address 1.  Addr	Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00	
SSF Registration Date (ST Registration Date (ST Registration Date (ST Registration Date (ST Status Verified New York Registration Rose)  **Policyholder Mailing Address**  Address 1	⇒ Benefits					
SST Registration No.  Policyholder Mailing Address  Policyholder Mailing Address  Address 1 60 JALAN LAN HUAT Address 2 #05-33 CARROS CENTRE Address 3 John Stripper address Part Code  Unit No. 05-33 Related Pinicy Number \$109926211  Driver Tane  Unnamed Driver Unit Driver Line  Driver Name  Unnamed Driver Wanne QAMARUL ARIFIN BU KAMARUL Driver NRIC \$702,99070C Driver DR Register Date of Driver Lines (1/97/20)3 Driver Age 29 Driving Experience Address 1 BLS 59 #01-449 Address 2 TAMPINES STREET 21 Address 1 Address 3 BLS 59 #01-449 Address 2 TAMPINES STREET 21 Address 1 Address 4 SINGAPORE \$20299 Address Type Porter Name  Under Name  Under Name  Under Name  Under Street N	GST Registered Informat	ion				
### Policyholder Mailing Address  Address 1	GST Registered	No		GST Regist	ration Date	
Policyholder Mailing Address 1  Address 1  Address 2  Address 3  Address 4  Address 7  Address 7  Address 7  Address 7  Address 8  Address 8  Address 9  Fest Code  Units No.  OS-313  Related Policy Number  S10992631   Driver Info  Driver Info  Driver Info  Driver Name  QAMARUL ARIZIN DIN KAMARUL  Driver Name  Post Code  Driver Name  QAMARUL ARIZIN DIN KAMARUL  Driver Name  QAMARUL ARIZIN DIN KAMARUL  Driver Name  Post Code  Driver Name  QAMARUL ARIZIN DIN KAMARUL  Driver Name  Post Code  Driver Name  QAMARUL ARIZIN DIN KAMARUL  Driver Name  QAMARUL ARIZIN DIN KAMA	GST Registration No.			GST Status	Verified	Yes
Address 1 60 JALAN LAM HUAT Address 2 #05-32 CARROS CEVTRE Address 3 Address 4 Address 7 ype Singapore address 8 Plat Code Unit No. 65-33 Related Policy Number \$10952631  ***POLICY FUNDER***  ***POLICY FUNDER**  ***POLICY FUNDER**  ***POLICY FUNDER***  ***POLICY FUNDER**  ***POLICY FUN	Modification History					
Address 4  Address Type  Singapore address  Past Code  Unit No.  O5-33  Related Policy Number  S109992831  Preferred  Driver Type  Unnamed Driver  Spo29909C  Oriver DOB  Oriver Age  Spo29909C  Oriver Age  Driver Age  Spo29909C  Oriver Age  Driver Spo2  Driver Spo2  Driver Spo2  Driver Spo2  Driver Spo2  Driver Spo2  Segretar Address 1  BUX 259 401-449  Address 1  BUX 259 401-449  Designer and Engapore  Registered Carl  Ves = No  Driver Venicie Nn.  SMH6450Z  Driver Insure  Contact No. (Mobile)  Unit No.  Claim Type  Claim Obs.  Temport Taxen By  Preferred  Synderered Spo2  Preferred Workshop, Name unknown  Preferred  Spo2  Preferred Workshop, Name unknown  Preferred  Spo2  Preferred Workshop, Name unknown  Preferred  Spo3  Report Taxen By  Preferred Workshop, Name unknown  Preferred  Spo3  Report Taxen By  Preferred Workshop, Name unknown  Preferred  Spo3  Report Taxen By  Preferred Workshop, Name unknown  Preferred  Spo3  Report Taxen By  Preferred Workshop, Name unknown  Preferred  Spo3  Report Taxen By  Preferred Workshop, Name unknown  Preferred  Spo3	Policyholder Mailing Add	ress				
Address 4  G5-33  Related Policy Number  \$109926311  Plat Code  ### Of Driver Info  ### Of Driver Info  #### Of Driver Info  #### Of Driver Info  #### Of Driver Info  ###################################	Address 1	60 JALAN LAM HUAT	Address 2	#05-33 CARROS CE	NTRE	Address 3
Unit No.      S-33	Address 4				3/1/195-3	
Driver Table  Unnamed Driver Unnamed Driver Unnamed Driver Unnamed Driver QAMARUL ARIPIN BIN KAMARUC Driver Name QAMARUL ARIPIN BIN KAMARUC QAMARUL ARIPIN BIN KAMARUC Driver Name QAMARUL ARIPIN BIN KAMARUC QAMARUL ARIPIN BIN KAMARUL QAMARUL ARIPIN BIN KAMARUL ARIPIN BIN KAMA	Linit No.	05-33				Committee of the commit
Driver Name Uninamed Driver Uninamed Driver Uninamed Driver Uninamed Driver QAHABUL ARIPIN BIN KAMARUK Driver NBIC Sindard Mover Age 29 Driving Expe Cantact No. (Mobile) BT493875 Gentact No. (Office) G8733133 Contact No. Address 1 BLX 259 #01-449 Address 2 TAMPINES STREET 21 Address 3 Address 4 SINGAPDES S20259 Address 7ype Foreign address Post Code Univer Vehicle No. Driver Vehicle No. SMH64502 Driver Insured Cantact No. (Mobile)  Oriver Vehicle No. Driver Insured California Droathalyser or Blood Test Reading Cantact No. (Mobile)  Email Address  Insured Liahility Fully at Fault California Droathalyser Gentact No. California Droathalyser Gentact No. California Droathalyser Gentact No. California Droathalyser Gentact No. California Droathalyser Droathalyser Gentact No. California Droathalyser Droathalyse	⇒ OI Driver Info	27.75	The state of the s	2103332031		
Umramed driver Name QAMABUL ARIFIN BIN KAMARUC Driver NillC S9029909C Begister Date of Driver License OL109/2015 Driver Age 29 Driving Expectation Address 1 BLX 259 #01-449 Address 2 TAMPINES STREET 21 Address 4 SINGAPORE S20259 Address 7ype Foreign address Post Code Units No. Units No		Unnamed Driver	Driver Type	Unnamed Driver		
Register Date of Driver License Centract No. (Mobile)  87498755  Centract No. (Mobile)  87498755  Centract No. (Office)  88733133  Contact No. (Address 1  BLX 259 #01-449  Address 2  TAMPINES STREET 21  Address 3  Address 4  SINGAPORE \$20259  Address Type  Foreign address  Di-449  Debe se seven a Singapore  Yes = No  Driver Vehicle Nn.  SMH64562  Driver Insure  Declaration  Preathlyser or Blood Test  Reading)  Claim Type *  Contact No. (Mobile)  Email Address  Lisuand Liability  Fully at Fault  Option  Preferred  Ves   Ropair  Option  Preferred  Ves   Ropair  Option  Preferred  Option  Preferred Septistred  Option  Preferred Workshop, Name unknown   Received   Invalidate						Delver DOB
Cantact No. (Mobile) B7493675 Cantact No. (Office) 66733133 Contact No. (Address 1 BLX 259 #01-449 Address 2 TAMPINES STREET 21 Address 3 Address 4 SINGAPDRE \$70259 Address 7 Post Code  Unite No. Disease were a Singapore Registered car?  Yes = No Driver Vehicle No. SMH64562 Driver Insured Cantact No. (Mobile)  Claim 79e * Contact No. (Mobile)  Email Address  Preferred Preferred Preferred Workshop, Name unknown * report Received Preferred Option Preferred Option  Preferred Opt						
Address 1 BLX 259 #01-449 Address 2 TAMPINES STREET ZI Address 3 Address 4 SINGARDEE \$20259 Address Type Porting address Post Code Unite No. Does he even a Singapore Registered Carly Yes = No Driver Vehicle No. SMH64502 Driver Insun Declaration Droathalyser or Blood Test Reading?  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop, Name unknown T report Reading Preferred Workshop, Name unknown T report Received Post Received Tinsund Liability Fully at Facilit Report Trialisation Test Received Tinsund Liability Fully at Facilit Report Trialisation Test Received Tinsund Liability Fully at Facilit Report Trialisation Test Received Tinsund Liability Fully at Facilit Report Tinsund Liability Fully at Facilit Report Tinsund Liability Fully at Facilit Received Tin						
Address 4 SINGAPDRE 520259 Address Type Foreign address Post Code  Unit No. 01-449  Declaration					w.	
Unit No. 01-449 Does he win a Singapore Registered card.  Driver Vehicle Nn. SM164502 Driver Insure Declaration  Driver Vehicle Nn. SM164502 Driver Insure Driver Insured SM164502 Original SM164502  Driver Insured Driver Vehicle Nn. SM164502 Driver Insured Reading?  On mg. Any Injury? Yes = No  OD-MX Insured Cardiat No. (Horizo) (Horiz					21.	
Does he mwn a Singapore Registered Car?  Ves = No  Driver Vehicle No. SMH04502  Driver Insun Registered Car?  Ves = No  Driver Vehicle No. SMH04502  Driver Insun SMH04502  Driver Insu			Audress Type	roreign address		Post Code
Registered Car?  Declaration  Breathalyser or Blood Test Reading?  Omg Any injury?  Yes = No  OD-MK Insured Reading?  Calim 001 New  Contact No. (Mobile)  Email Address  Claim Description  Email Address  Claim Description  SMH0450Z / SLA117A ON 11 Nov 2019  Preferred Workshop, Name unknown v report Registered  Appart Texen By  Print Ak letter			1 Harris 11 (111 Shines - 201 CAC)			
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop  Preferred  Finance or Repair  Preferred  Gold  Received  Finance or Repair  Report Taken By  Print Ak letter	Registered car?	Yes = No	Driver Vehicle Nn.	SMH6450Z		Driver Insure
Reading? Yes No  Modification History  Claim 001 New  Claim 001 New  Claim ON  Contact No. (Mobile)  Email Address  Claim Description  Claim Description  Claim Description  SMH64502 / SLA117A ON 11 Nov 2019  Preferred Workshop Preferred Workshop, Name unknown Teport  Requir  Claim Preferred Workshop, Name unknown Requir  Requir  Claim Preferred Workshop, Name unknown Report  Requir  Claim Preferred Workshop, Name unknown Report  Requir  Claim Preferred Workshop, Name unknown Report  Requir  Chim  Claim Preferred Workshop, Name unknown Report  Report Taxen By  Print Ak letter	Declaration					
Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop	Breathalyser or Bleod Test Reading?	0 mg	Any injury?	Yes - No		
Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Prafe**(**ed)  **eport Preferred Workshop, Name unknown  **report Received **report Received **RoSLI WAHAB  **Print AK letter	Modification History  Claim 001 New					
Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Prafe**(**ed)  **eport Preferred Workshop, Name unknown  **report Received **report Received **RoSLI WAHAB  **Print AK letter	Claim Type +				No. May	_ Insured F
Email Address  Claim Description  SMH6450Z / SLA17A ON 11 Nov 2019  Preferred Workshop Preferred Workshop Name unknown Tegort Received Tegory Option  Date Registered  Report Taxen By  Print AK letter					I du-mx	Name 5
Claim Description  Preferred Insured Liability Fully at Fault Tender of Control of Contr	Contact No.(Mobile)					No.
Claim Description  Preferred   Insured Liability   Fully at Facet   *   GIA   Received   Taylor   Taxen By  Print AK letter  SMri6450Z / SLA117A ON 11 Nov 2019  SMri6450Z / SLA117A ON 11 Nov 2019  Fully at Facet   *   GIA   Received   Taylor   Taxen By  Repair   Preferred Workshop, Name unknown   *   report   Received   Taylor   Taxen By  Repair   Taxen By	WALLEY & BALLOUS					ot
Preferred Workshop Behalisation Ves Finalisation Option  Fully at Fault Fully at	Email Address					
## Print AK letter    Preserved Lability   Fully at Facility   GIA   Received	Claim Description				SMH6450Z / SLA117A (	ON 11 Nov 2019
Behalts to. Yes	Preferred	\ Insured Liability				
Claim Data Registered  L3/11/2019 15:27 Close Date  Report Taxen By  Print AK letter	Benuset No. Vac	Preference Fully at	Name unknown + GIA Bereion		É	
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Accident No. MT/1071211 Claim No. 001 Last Doc. Received \* Yes No Upload Date 13/11/2019 15:28 Path \* Category \* Confider Choose File No file chosen F NO Clear Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select . NO Choose File No file chosen Clear Please Select NO Choose File No file chasen Clear Please Select NO Choose File No file chosen Clear Please Select NO. Message Read Attachment List Attachment Uploaded By/Date Category Urgency NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nav 2019 15:28 Photos Normal NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28 Photos Normal Phic NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28 Photos Normal NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28 Photos Normal NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28 Photos Normal Phi NAC\_BUXIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUXIT MERAH)) on 13 Nov 2019-15:28 Photos Normal Pin NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Nov 2019 15:28 Photos Normal Pho NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27 Photos Normal NAC\_BUKIT\_MERAH\_BOOG76( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27 Photos Normal NAC\_BUKIT\_MERAH\_B00878( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 15:27 Photos Normal NAC\_BURIT\_MERAH\_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 13 Nov 2019 15:27 Photos Normal Pisc NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27 NRIC/ Driving License Normal NRIC/ Driv NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27 SAS Normal 151 Video List Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading



## Certificate of Insurance

5MH6450Z

1 20 Mar 2019

: 19 Mar 2020

Cover : drivo CLASSIC

: CROWN LEASING & CAR RENTAL

: JMYSRCYZA9U004385

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: 5106973698

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Clate of Insurance

5. Persons or Classes of Person, 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

- (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 increrative 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

	to be michiged under these
EXCESS (SECTION 1)	
EXCESS (SECTION 2)	: 5\$2,000
WINDSCREEN EXCESS	: 551;500
ADDITIONAL EXCESS	: 5\$100
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	PLEASE REFER OVERLEAF
INSURE WITH COE	: NO
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NO
	: N/A
NAMED DRIVER (1)	= N/A
NAMED DRIVER (2)	± N/A
HIRE PURCHASE COMPANY	: N/A
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

I INSMART UNDURANCE AGENCY PTE LTD (00000615165)

Date of Issue

: 11 Jan 2019 12 49 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive