Date In: 12/1/10-14:18	Jeb description	Date & Time Completed	Done b	<u>`</u>
	SAS e-filing			
Rei No: Maline 200 1332/24	E-mail (within Shrs, AIC 2hr	rs)		
Veh No: Fa1319P.	i-Motor Claim Form	m7/1081772-001	nliko	14:42
D.O.A: 171/12-17:50	i-Motor W/O (Within: O)			
OD (TP)' Reporting Only	i-Photo Uploaded) 2 ms, 11 - 5ms,		
V		x=1		
TP Insurer:	Assessment/Survey Repo			
	Ass't Report by Fax / Ha			-
Preferred Wksp / INC Assign Wksp / QW: (100	ax:	
TP Particulars: Veh No: St	NAZAZH W	IC()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:	100%]	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N		10070	
Year of Registration: ()		()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	Control Supplied Control of the Control	1815 175 17	
General Remarks:-	Mark Street, and Street, Stree		3,00	- 14
() Walk-In Customer: Customer's i	nformation strictly Confidential	& Strictly NO rafer of repairer.		-
() Total Loss Case : to e-mail Ins		<u> </u>		
); Towing Co: (
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done	by
	/ Courtesy Car ()	231300		
2) QC Check / Post Repair Inspection	()			
				COMPLETED TO
	\$ \$3000)		A STATE OF THE PARTY OF THE PAR	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		(<u>,)</u>	
3) Upload Resurvey Photo [Repair Cost >	\$ \$3000]			
Injury:	\$ \$3000]			
Injury:	\$ \$3000]		Spiration and the second	
Injury:	\$ \$3000]		September 1	
Injury:	\$3000]		2000 (C3457 S.H.	
Injury:	3			
Injury:	3			ami(t)
Injury: Date/Time Actions	•	e Preparation Checklist	Ant (5)	
Injury: Date/Time Actions NA 200840	Invoic	ceident Reporting (\$30);	ficBill	
Injury: Date/Time Actions NA 200840	1) AR: A	coident Reporting (\$30); Damage Assessment (\$100); INC (ficBill	
Injury: Date/Time Actions NA 200840 laimant's Particulars:	1) AR: A 2) DA: E 3) TF: E 4) FT: E	ceident Reporting (\$30); Demege Assessment (\$100); INC (Dowing Fee Sollow-Through Survey	fst Bill \$80) 40/\$45 \$120	
Injury: Date/Time Actions NA 200840 Claimant's Particulars:	1) AR: A 2) DA: I 3) TF: F 4) FT: F 5: FT: F	coident Reporting (\$30); Demege Assessment (\$100); INC (Dowing Fee Sollow-Through Survey	(5t Bill \$80) 40/\$45 \$120 \$30	
Injury: Date/Time Actions NA 2008 40 Claimant's Particulars: river/Owner: ontact No:	Invoic 1) AR: A 2) DA: L 3) TF: T 4) FT: F 5) FT: F For ske 6) TR: F	ceident Reporting (\$30); Damege Assessment (\$100); INC (Dowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey)	\$80) 40/\$45 \$120 \$30 05) \$75	
Injury: Date/Time Actions NA 2008 40 Claimant's Particulars: Priver/Owner: ontact No:	Invoic 1) AR: A 2) DA: L 3) TF: T 4) FT: F 5) FT: F For ske 6) TR: F 7) N1: L	ceident Reporting (\$30); Damege Assessment (\$100); INC (Dowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Collow-Through Survey (Resurvey) Collow-Through Survey (Resurvey) Collow-Through Survey (Resurvey) Collow-Through Survey	\$80) 40/\$45 \$120 \$30 05)	
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Injury: Date/Time Actions NA 2008 40 Plaimant's Particulars: Priver/Owner: Contact No: Damaged Portion:	Invoic 1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F Foreke 6) TR: F 7) N1: I 8) NTUC OD: N5: C	ceident Reporting (\$30); bernege Assessment (\$100); INC (towing Fee Sollow-Through Survey collow-Through Survey (Resurvey) birning against INC Only (wef 10 Jan 20) te-inspection dae DA + SMRT Survey Additional Services:-	\$80) 40/\$45 \$120 \$30 05) \$75	
Injury: Date/Time Actions NA 2008 40 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Invoice 1) AR: A 2) DA: L 3) TF: T 4) FT: F 5) FT: F For de 6) TR: F 7) N1: L 8) NTUC OD: *N5: C *N6: I	ceident Reporting (\$30); Damege Assessment (\$100); INC (Dowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Collow-Through Survey Collow-Through Survey Collow-Through Survey Courtesy Car / Tpt Allowance Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	\$\$0) 40/\$45 \$120 \$30 05) \$75 \$160 \$5	
Injury: Date/Time Actions NA 2008 40 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Invoic 1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F Foreke 6) TR: F 7) N1: I 8) NTUC OD: N5: C N6: I N7: I	ceident Reporting (\$30); Demage Assessment (\$100); INC (towing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Collow-Through Survey Courtesy Car / Tpt Allowanue	\$\$0) \$40/\$45 \$120 \$30 05) \$75 \$160	
Injury: Date/Time Actions	Invoic 1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F Forest 6) TR: F 7) N1: I 8) NTUC OIL* *N5: C *N6: I *N7: I *N8: TP (N	ceident Reporting (\$30); Damege Assessment (\$100); INC (Dowing Fee Sollow-Through Survey Collow-Through Survey (Resurvey) Collow-Through Survey Collow-Through Survey Collow-Through Survey Courtesy Car / Tpt Allowance Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	\$\$60) \$40/\$45 \$120 \$30 05) \$75 \$160 \$510 \$25 \$35 \$20 \$30	Amt (3)

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.
- 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.
- 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.

建设建筑中心上海的城市。 第二年,1915年	ACCIDENT STATEMENT
Date Of Report	22/01/2020 14:28
Date Of Accident	17/01/2020 13:50
Exact Location Of Accident	TAMPINES CENTRAL 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FQ1319P
Insured/Policyholder	
Name Of Registered Owner	SYARAFUDDIN BIN ZUHIR
NRIC No	SXXXX883I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81612287
Alternative Phone No	OFFICE-81612287
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098625485-01
Cover Note Number	
Driver	
Name of Driver	SYARAFUDDIN BIN ZUHIR
NRIC No	SXXXX883I
Date Of Birth	18/07/1994
Occupation	INDOOR
Date Of Driving Pass	26/12/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81612287
Fax Number	

OFFICE-81612287

NOEMAIL

BLK 717 TAMPINES STREET 72 Address

#02-63

Postcode 520717

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

YES Was any body injured in the Accident?

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.

YES 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

TAMPINES NORTH NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200117/2137.

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 SLU9545H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

SYARAFUDDIN BIN ZUHIR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FQ1319P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

IMPORTANT NOTICE

- Fleate 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 commanies.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

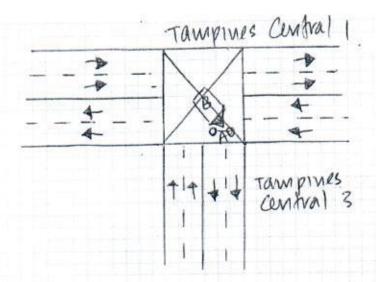
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information. provided by me or possessed by my insurer (collectively 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/taw 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;
 - (a) 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
- the information so collected under (d) above may be shared / disclosed:
 - ii) 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.

Signature Policyhotde Date & Time:

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

Reporting Centre Person Signature Name

NRIC/FIN No.:



veh A. F01319P Veh B: SLU9545H

DESCRIBE CIRCUMS	TANCES OF THE AC	CCIDENT				Wola A)	
On the	Stated Tampines	date	and	time	2, I	was	trav	ie lling
along -	Tampines	Centr	al 1	towa	hvols -	Tampi	nes	one.
I was	riding	across	: the	2 m	netrov	1 as	Ih	ad the
right o	f wan	. Smc	dden	y,	vehic	10 B	coll	ided
into m	e It	'elt a	gre	at	impac	f av	id la	anded
onto ve	riding f way e I f h B w nveyed General	indsci	veen	I	was	iviju	red	and
was co	nversed	straig	Mf	by	amb	mlanc	e to)
Changi	Genera	Hos	pital					
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				7				

					3-1-1			
	And the second s							
		09						

DECLARATION

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:

Reporting Centre Personn

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	CIDENT DATE: 17,01,3	MYYYMM/DD/IOCOL	, TIME: 13 : 30	_)(HH:MM)
	Tamping	es central	(
LOC	ATION:			
	O)POLICY TYPE: (COMPRE) MAKE & MODEL: f)TYPE: (SALOON / COUPE g) VEHICLE CATEGORY: (PH) PURPOSE OF USING AT i) ARE YOU CLAIMING UN IF NO, PLEASE STATE (THI INSURED / POLICY HOLDE A)NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: # 02 - * CONTINUE TO 3.d IF DRIVER	EHENSIVE / CHIRD PARTY YA MA NA E / MPV / VAN / LORRY PRIVATE / COMMERCIA ACCIDENT TIME: DER YOUR OWN INSUR RD PARTY CLAIN / REP RA FUDDIN BI S 9425883 I TA WPINES 63 SE 520:	MOTORCYCLE/C L/MOTORCYCLE/C L/MOTORCYCLE/ Private ANCE (YESANO) PORTING ONLY) M ZUNIATEY FE CONTACT: 8	MALE) 1612287
(Induding driver)	ONAME:		_CONTACT:_ OM	er.
(015)	b) NRIC/FIN/PASSPORT:			
4.	*d)DATE OF BIRTH: (ERIENCE: TUSURED	o's COMPANY? (YE	5/(10)
5	a) WEATHER CONDITION:	CLEAR / RAINING / OT	HERS	
	DIROAD SURFACE: PORY/	WET / OTHERS		
6. 7.	WAS ANYBODY INJURED CORPORTED TO POLICE &	YES/NO) YESY NO)	Tampines	North NPP
8.			MODEL:	
the of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	2 CN 17 42 11	_MODEL:	
(Including driver)	b) DRIVER'S NAME:		CONTACT:	
(02)	c) NRIC/FIN/PASSPORT:_		_CONIACI	8
9.	THIRD PARTY VEHICLE d) VEHICLE NUMBER:		MODEL:	1 42
4 No of passenger	e) DRIVER'S NAME:			
2011	f) NRIC/FIN/PASSPORT:_	CONSTRUCTION PROPERTY.	CONTACT:	- Water Water Control
()	TI TRICITIATE ASSIGNATION			
			15	

email =

Sta





1 of 3

Report No. T/20200117/2137

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

REPORT C	F A TRAFFIC	CACCIDENT			
	ne Report M 120 19:15	fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		54 teas 25 sec. 251	
	Informant: UDDIN BII		Address: APT BLK 717 TAMPINES ST 520717	REET 72 #02-63 SINGAPORE	
	/ ID No.: D / S94258	831	Contact No.: Home/Office: Mobile: 81612287		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex Male	Age:	Date of Birth: 18/07/1994	Type of Informant: Rider	8	
Race. Malay		- In the second	Language: Institution / School Na		
Occupat		EMENT OFFICER	Driving Licence Information: ER Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2020 13:50		Type of Location Straight Road
Location: Along Road 1 TAMPINES C		Road Surface:		Road	Speed Limit:
Clear					
Clear Traffic Flow:		Traffic Control:		Traffi	Volume: rate

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
FQ1319P	Motorcycle	YAMAHA	RXZ	Purple		0
SLU9545H	Car	TOYOTA	SIENTA 1.5G CVT	White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
The state of the s	NTUC Income Insurance Co-Operative	5098625485-01	30/04/2019	29/04/2020





2 of 3

Report No. T/20200117/2137

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

Details of Perso	n Involved			2111 P. S				
Any Pedestrian Ir	rvolved: No							
No. of Pedestrians Injured: NIL Use of Ped					destrian Crossing: NA			
Rider		revaluation of						
Name	SYARAFUDDIN BIN		ID No		S9425883I			
Related Vehicle	FQ1319P (Motorcyc	cle)	Conta	ct No.	81612287			
Hospital/Clinic	CHANGI GENERAL		Class Drivin Licend Expiry	g	Class; NIL Date of Expiry; NIL			
Date Treatment	17/01/2020		Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	05	Degree of	Injury	NIL			
Driver	Alexander Lagrange							
Name	BEH WEI LING			ID No.		S8821417Z		
Related Vehicle	SLU9545H (Car)		Contact No.		98383161			
Hospital/Clinic	NIL	mana 10 ₂	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Disc	Market Co. Market Services	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL			

Brief Details.

On 17/1/2020, I was riding along Tampines Central 1 towards Tampines One. I was riding across the traffic junction as I had the right of way.

Suddenly, I felt an impact and I was flung from my motorcycle and landed on a car windscreen. I was conscious throughout the accident. That was when I realized that another car had collided into me while I was riding across the traffic junction.

One of the passer by called for ambulance. The ambulance and traffic police arrived shortly and I was then conveyed to Changi General Hospital.

As a result of the accident, I sustained multiple abrasions and contusions. I was given 5 days of medical leave (17/1/2020-21/1/2020).





3 of 3

Report No. T/20200117/2137

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Tel No: 1800-7818999

Sketch Plan

NP168

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: G / Sgt 3 BRYAN LIM GHIM SONG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2020 19:15	
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:	

eBaoTech			GeneralCl						alClaim		
Hello, NAC_PAYA_UBI_80	0601					THE PERSON NAMED IN	• Change	e Languag	e • Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									9
Notice of Loss	Policy f	No.				Date o	of Accident		17/01/2020	13:50	
	Vehicle	No.(For Motor)	FQ131	9P		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098625485- 01		SYARAFUDDIN BIN ZUHIR	594258831	GMC	Third Party	FQ1319P	FQ1319P	30/04/2019	29/04/2020
					C	ontinue					

Policy No.	5098625485-01	Policyholder Name	SYARAFI	UDDIN BIN 2	UHIR	Policyholder NRIC	59425	58831
Certificate No.		Name				MALC		
Address	BLK 717 #02-63 TAMPINES ST	REET: 72 SINGAPO	RE 520717	,				
Product Name	MOTORCYCLE INSURANCE	Plan				Group Policy	N	
Policy issue Date	26/04/2019	Effective Date	30/04/2	019 00:00		Flag Expiry Date	29/04	/2020 23:59
Excess Type	Per Accident	All Claims	and and a	222 00100			V 107678	
988485040041		Excess Own damage	0			Windscreen		
Third Party Excess	0	Excess	5000			Excess		
Additional Excess		OS Premium Outside	0					
Outside Singapore OD Excess		Singapore TP Excess					-	Young/Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	669752	21		GST Flag	Y	
Co-insurance Flag Open Policy Info Certificate Info	No							
Policyholder I	Mailing Address							
Address 1	BLK 717 #02-63	Address 2		TAMPINES			ddress 3	SINGAPORE 520717
Address 4		Address Ty		Singapore	address	7	ost Code	520717
Unit No.		Related Pol Number	acy.	50986254	85-01			
Insured Obje	ct: FQ1319P							
□ Endorsement	s					Endorsement :		Endorsement Content
1	20/05/2019 00:00	Basic Inform	mation End	iorsement	Endorsem	ent Take Effec	tive	Thank you for giving us the opportunity to serve you. We confirm that from 20 May 2019, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: SYAQEEQ BIN ZUHIR Thank you for giving us the opportunity to serve you. We confirm that from 07 Nov 2019, the following amendment(s) is/are made to this policy: THIS POLICY IS EXTENDED TO INCLUDE FOOD DELIVERY SERVICES In view of this amendment, an additional premium of \$31.48
2	07/11/2019 00:00	Basic Infor	mation End	iorsement	Endorsem	nent Take Effec	tive	(inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated or the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
3	07/11/2019 00:00	Basic Infor	mation End	iorsement	Entry Rej	ected		Thank you for giving us the opportunity to serve you. We confirm that from D7 Nov 2019, the following amendment(s) is/are made to this policy: In view of this amendment, as additional premium of \$11.48 (inclusive of GST) is pavable under your policy. Please ignore this premium payment request if you hav since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated or the reverse of the cheque. Alternatively, you could also make payment at any of our branches by

Browse Clear Please Select V V Normal V	Claim Handling										
Minimate	ccident MT/1061372										
MININGENIORE MINI	oncy No.	5098625485-01	Vehicle No.		FQ1319P			GST Registration I	No.		
Minimary	ertificate No.				STATE OF THE PARTY.						
March Color March Color March Color March Payer March Color		CVARACTORNIA SIN TOURS						Name and Associated Street		F74.74	8871
March 1996 1912 2012 1912			9.00								89.31
Separat Service Separat Se											
	mact No.(Mobile)	81612287	Contact No.(Office)		0			Contact No.(Home	ı)	0	
Provided	iail Address		Special Remark					eCode .		III.Y	
### Contact Process Contact	K	® No ○ Yes	TCA		® No ○Yes			eCode Reason			
### Contact Process Contact	D Protection	No	NCD Entitlements%	8	10			Private Hire		No	
Account Type		65.5		35	150			5505 mg 1050		7. 25	
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Section Sec	gister Date of Driver License	26/12/2013	Driver Age		25			Driving Experience	6	6	
## 1 BLY 177 Address 2 TAMPINES STREET 72 Address 3 SINGAPORE \$20717 ## 10.	ntact No.(Mobile)	81612287	Contact No.(Office)		0			Contact No.IHome	9	0.:	
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