Duta Inc	Table Land Control		Date &Time Completed	Done	bv.
Date In: 14/6/2-10:05	Job description		Date to runo completed	20110	
Ref No: Lb 10 CD 30 6607 74	SAS e-filing				
Veh No: Skyrozm	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 236/20-19:5	i-Motor Clai	m Form	m1/695/57-001	24/6/2 1	0.19
OD : (P)! Reporting Only	i-Motor W/C	(Within: OD 2h	rs, TP 4brs)		
OD : The reporting Only	i-Photo Uplo	aded	1		
TD I	Assessment/S	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Pt	B 59797	. INC ()/Non-INC()	- F	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	(9)
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000	()			
General Remarks	4-1-1-1	100	Harris Maria	START STATE	
() Walk-In Customer : Customer's in					8000-010-0
() Total Loss Case : to e-mail Insu			*		
	ice: YES () / I	NO():1	Towing Co: (-)
			- 4	P100:0000000000000000000000000000000000	(Arter
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
13.4. 1.6. 00					
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()			
	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()		Star Scotter	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()		Star Scotter	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions claimant's Particulars : river/Owner: ontact No: arnaged Portion:	\$3000] (Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For cleiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *NS: Courter	paration Checklist: t Reporting (530); Assessment (5100); INC (5 Fee 54 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 200 etion + SMRT Survey onal Services:-	Anit (\$) 1st Bill 80) 0/\$45 \$120 \$30 \$) \$75	Añs (S
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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.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	and to copies of the report being made available
为中国的国际公司	ACCIDENT STATEMENT
Date Of Report	24/06/2020 10:05
Date Of Accident	23/06/2020 19:05
Exact Location Of Accident	AMK AVE 1 TWDS CTE
Country/State of Loss	SINGAPORE
The A. West and Co. Land Services of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL5252M
Insured/Policyholder	Children was a second of the s
Name Of Registered Owner	HAJA NAJIMUDEEN S/O M J
NRIC No	SXXXX535F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97543412
Alternative Phone No	OFFICE-97543412
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109953509
Cover Note Number	
Driver	
Name of Driver	HAJA NAJIMUDEEN S/O MOHAMED JAKKARIA
NRIC No	SXXXX535F
Date Of Birth	01/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1993
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97543412
ax Number	

OFFICE-97543412

NOEMAIL

Address BLK 59 CHAI CHEE ROAD

#11-866

Postcode 460059

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 Registration Number of Driver's Own

venicle

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 NO

NO

Was any body injured in the Accident? N

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBC5929Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver SANTOS CHRISTOPHER ACOBA

NRIC/Passport Number

Contact Number 81111733

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as 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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of frauci detection, investigation and management in present and all future claims.
- 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

Driver's Signature

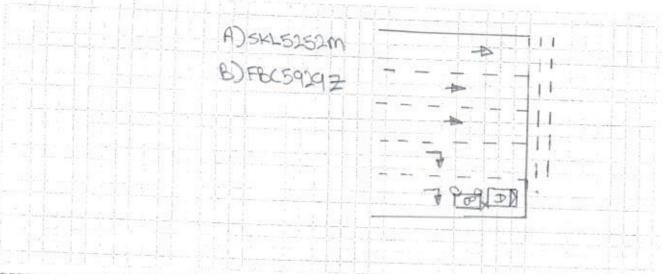
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTAN

	ILES OF THE ACCIDE	7.00				
ON 23 JUNE	- 2020 Ga	ABOUT	1906 HRS	I WAS	TRAVELLIUS	
	110 HO HOE	1 ACREST 1	BY DICTION	7		and the same
LIGHT TURLS O MY VEH REAR	FD HAD I	STOPPED,	STEERLY	I FELT	AN IMPACT	ŝ
	-					
LARATION	-					

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 Personnel's Signature

Name:

NRIC/FIN No .:



HS AUTOMOTIVES PTE LTD

BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 9538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SK	L5252M	MAKE/MODEL:	MERCE	DES CIS	80
DATE OF ACCIDENT	23 / 06/ 2020 DAY/MONTH/YEAR	TIME	9 HR 06	> MIN	AM/PM
LOCATION OF ACCIDENT	ANG MOK	40 AVE 1	TURNING RU	OHT TO	CTE
EXACT PURPOSE USE DU	RING ACCIDENT	WORK			
CAR OWNER					
NAME OF CAR OWNER	YZAM AZAH	MUDEEN S	O MOHAME	D ZAKK	ARIA
CONTACT NO	97543412				
NRIC	52639535F				
CLAIM TYPE		OD	THIRD PA	ARTY R	EPORTING ONLY
INSURANCE COMPANY	NTUC				
TYPE OF COVERAGE		COMPREHENSIV	/E THIRD PA	ARTY T	HIRD PARTY FIRE & THEFT
POLICY NO	5169953509	-01		A	
ACCIDENT DRIVER		AS ABOVE	IF NOT- K	CINDLY FILL IN BEL	ow
NAME OF DRIVER		=1 10 12 12 1			
NRIC			NO OF PASSE	NGER/S	FEMALE
DATE OF BIRTH	01.02.1963				
OCCUPATION	SELF-EMPL	CBV	OUTDOO	OR II	NDOOR
DATE OF DRIVING PASS	23/08/1993				
GENDER			MALE	F	EMALE
CONTACT NO	97543412				
ADDRESS	BLK 59 CHA	11 CHEE ROP	AD #11-866	5 (HOO)	059)
DRIVER OWN ANY VEHICL	NO/ IF YES- REGIST	RATION NO		100000000000000000000000000000000000000	
RELATIONSHIP EMPLOY	EE/SPOUSE IF NOT:				
WEATHER CONDITION		CLEAR	RAINING	OTHER:	
ROAD SURFACE	į.	DRY	WET	OTHER:	
ANY INJURIES	j	NODIF YES- NAME:			
CONTACT NO			-		
POLICE REPORT		NO IF YES- LOCATIO	N:		
VIDEO FOOTAGE		NO YES			
3RD PARTY INFO					
VEHICLE B NO	FBC5A297		NO OF PASSE	NGER/S (arious
NAME	SAUTOS CHI	listophed f	4C08A		
CONTACT NO	81111733				
VEHICLE C NO			NO OF PASSET	NGER/S	
VEHICLE D NO			NO OF PASSE	NGER/S	
VEHICLE E NO			NO OF PASSE	NGER/S	
VEHICLE F NO	-		NO OF PASSE	NGER/S	
ANY WITNESS			- Dan Proposition and Const	percentage in the second	
WITNESS CONTACT NO					



Certificate of Insurance

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

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5109953509-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SKLS252M

Chassis Number

: WDD2040312A846099

2. Name of Policyholder

: HAJA NAJIMUDEEN S/O M J

3. Effective Date of Insurance

; 24 Jun 2020

4. Expiry Date of Insurance

: 23 Jun 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: 5\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) · \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER

: HAJA NAJIMUDEEN S/O M J PRIMARY DRIVER

NAMED DRIVER (1) : N/A : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

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

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

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 16 Jun 2020 13:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech							1000			Gener	alClaim
Hello, NAC_PAYA_UBI_8	00601						· Chang	ge Languag	e · Chan	ge Password	' Log Ou
My Desktop	Poli	cy Query						***********		•	
Notice of Loss	Policy N	No.				Date	of Accident		23/06/2020	19:05	1 11 1
	Vehicle	No.(For Motor)	SKL52	52M		Certif	icate Number	·			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109953509		HAJA NAJIMUDEEN S/O M J	\$2639535F	GPC	drivo CLASSIC	SKL5252M	SKL5252M	30/05/2019	23/06/2020

Policy No.	5109953509	Policyholder Name	AM ALAH	JIMUDEEN S/O M J	Policyholder NRIC	S2639535F	
Certificate No.							
Address	BLK 59 #11-866 CHAI CHEE	ROAD SINGAPOR	E 460059				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/05/2019	Effective Date	30/05/20	019 00:00	Expiry Date	23/06/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	BLK 59 #11-866	Addres	s 2	CHAI CHEE ROAD	-	Address 3	SINGAPORE 460059
ddress 4		Addres	s Type	Singapore address		Post Code	460059
		Related		5109953509-01			
Init No.							
	d Object: SKL5252M						
Jnit No. ▶ Insured ▼ Endorse	300000					-	

occident MT/1095157					
	THE STREET	RODUST CONTRACT	DVO-1-CHO		
ilicy No. HTM cate No.	5109953509	Vehicle No.	SKL5252M	GST Registration No.	
Dicyholder Name	HAJA NAJIMUDEEN S/D M J				
roduct Code	PRIVATE CAR INSURANCE			Policyholder NRIC	52639535F
ontact No.(Mobile)	97543412	Cover Type	drive CLASSIC	Loading	0
mail Address	9/543412	Contact No.(Office)	0	Contact No.(Home)	0
FK	® No ○ Yes	Special Remark	20020	eCode	NC V
CD Protection	Yes	TCA	® No ○Yes	eCode Reason	
Accident Details	165	NCD Entitlement(%)	50	Private Hire	Yes
port Date	24/06/2020 10:14	88.8			
ite of Accident	23/06/2020	Accident Report Within 24 hrs.		Accident Type	Collision - Head to Rear
porting Centre	23/06/2020	Time of Accident Michim	19:05	Country of Accident	Singapore.
crident Location	AMK AVE 1 TWOS CTE	Orange Force		ICM No.	
7 Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100000		
		Windsomen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	VIEO TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				Contract
lai OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits			15333032		
GST Registered Inform	ation				
Registered	No		GST Registration Date	100000000000000000000000000000000000000	
f Registration No. dification History			GST Status Ventled	Yes	
Common captury					
Policyholder Mailing Ad	dress				
dress 1	BLK 59 #11-866	Address 2	CHAI CHEE ROAD	American A	
dress 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 460059
it No.		Related Policy Number	5109953509-01	Post Code	460059
OI Driver Info			3107777307-01		
ver Name	HAJA NAJIMUDEEN S/O M J	Oriver Type	Main Driver		
amed driver Name		Driver NR3C	\$2639535F	Driver DOB	01/02/1963
ster Date of Driver License	23/08/1993	Driver Age	57	Driving Experience	26
stact No. (Mobile)	97543412	Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BLK 59	Address 2	CHAI CHIE ROAD	Address 3	SINGAPORE 460059
dress 4		Address Type	Singapore address	Post Code	460059
it No.	11-866	Address Type	Singapore address		460059
t No. es he own a Singapore	11-866 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	460059
n No. es he own e Singapore gistered car?			Singapore address		460059
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