		i chart	1	
NATIONAL Assessment Cen		MA 12007/280	Done b	V -
Date In: 2/1/20-14:39	Jeb description	Date &Time Completed	20110 0	
Res No: 44/14 (2006 625/24	SAS e-filing			
Vch No: (M5386)4	E-mail (within Shrs, AIC 2hrs)			•
D.O.A: 23/6/20-4:50	i-Motor Claim Form	100 8977901 rm	24 6 12 15:	08
10 10 00 A 22 CO 10 10 10 10 10 10 10 10 10 10 10 10 10	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD : TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:)
TP Particulars: Veh No:	HDASSYR . INC	()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:	1000/1	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	[00%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	PARTIES OF THE PROPERTY OF THE		শুজ্ঞ হৈ লে	
General Remarks;-		Strictly NO refer of repairer		-
() Walk-In Customer: Customer's		Strictly NO Taler of Teparition		
() Total Loss Case : to e-mail In	voice: YES () / NO ()	Towing Co: ()
	(Older 125)	3.	Done	hy
Remarks:- (INC hotline: 6788 661)		Date&Time Completed	Diego La gladino	.,
1) Apply for Transport Allowance ()/Courtesy Car ()	-	-	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:			Salar Salar Salar	
Date/Time / Actions			PROPROJELLE	
		7 Julius 4		
		Description Checklist	Ant (5)	
NA203350	1908, 2 3 8 4 100 V	Preparation Checklist:	Amt (5).	Ant (5)
MA203350	1) AR : Acci 2) DA : Darr	dent Reporting (\$30); uge Assessment (\$100); INC (S80)	
laimant's Particulars:	1) AR : Acci 2) DA : Dam 3) TF : Towi	dent Reporting (\$30); usge Assessment (\$100); INC (ing Fee Sur-Through Survey	\$80) (40/\$45 \$120	
laimant's Particulars :-	1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo	dent Reporting (\$30); sege Assessment (\$100); INC (ing Fee Sw-Through Survey ww-Through Survey (Resurvey)	\$80) 	
laimant's Particulars: river/Owner: ontact No:	1) AR : Acci 2) DA : Darr 3) TF : Towi 4) FT : Folio 5) FT : Folio For claims 6) TR : Re-in	dent Reporting (\$30); usge Assessment (\$100); INC (ing Fee	\$80) 40/\$45 \$120 \$30 05) \$75	The second second
laimant's Particulars:- river/Owner: ontact No:	1) AR : Acci 2) DA : Darr 3) TF : Towi 4) FT : Folio 5) FT : Folio For claim 6) TR : Re-ii 7) N1 : Idae	dent Reporting (\$30); large Assessment (\$100); INC (large Fee Sow-Through Survey large Assessment (\$100); INC (large Fee Sow-Through Survey (Resurvey) large assinst JNC Only (wef 10 Jan 20 large assinst JNC Only (wef	\$80) 40/\$45 \$120 \$30 Q5)	
Haraged Portion:	1) AR : Acci 2) DA : Darr 3) TF : Towi 4) FT : Folio 5) FT : Folio For claim 6) TR : Re-i 7) N1 : Idae 8) NTUC A	dent Reporting (\$30); large Assessment (\$100); INC (large Fee Sow-Through Survey (Resurvey) large against JNC Only (wef 10 Jan 20 large tion DA + SMRT Survey delitional Services.	\$80) 40/\$45 \$120 \$30 05) \$75	
Hamant's Particulars :- river/Owner: ontact No: armaged Portion:	1) AR : Acci 2) DA : Dar 3) TF : Towi 4) FT : Folio 5) FT : Folio For claim 6) TR : Re-i 7) N1 : Idae 8) NTUC Ac OD* *N5: Cou	dent Reporting (\$30); large Assessment (\$100); INC (large Fee Sow-Through Survey (Resurvey) large against INC Only (wef 10 Jan 20) largection DA + SMRT Survey dditional Services:- large Car / Tpt Allowance large Co-ordination	\$580) 40/\$45 \$120 \$30 \$55 \$160	
Elaimant's Particulars :: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acci 2) DA : Dar 3) TF : Towi 4) FT : Folio 5) FT : Folio For claim 6) TR : Re-i 7) N1 : Idae 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30); large Assessment (\$100); INC (large Fee Sow-Through Survey (Resurvey) large against INC Only (wef 10 Jan 20 largection DA + SMRT Survey dditional Services:- large Car / Tpt Allowance lar Co-ordination Repair Inspection / Collect Excess Coordination	\$580) 40/\$45 \$120 \$30 \$55 \$160 \$25 \$55	The second second
C Checked by (Engr-In-Charge):	1) AR: Acci 2) DA: Dar 3) TF: Towi 4) FT: Folio 5) FT: Folio For claim 6) TR: Re- 7) N1: Idac 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Pos *N8: DV TP (N11)	dent Reporting (\$30); large Assessment (\$100); INC (large Fee Sew-Through Survey (Resurvey) large against INC Only (wef 10 Jan 20) largection DA + SMRT Survey Idditional Services large Co-ordination I Repair Inspection / Collect Excess Coordination I: TP (Non INC) against INC	\$68iii \$80) \$40/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$55 \$20 \$30	Add Bill
Checked by (Engr-In-Charge): at 1:	1) AR : Acci 2) DA : Dar 3) TF : Towi 4) FT : Folio 5) FT : Folio For claim 6) TR : Re-i 7) N1 : Idae 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30); large Assessment (\$100); INC (large Fee Sew-Through Survey (Resurvey) large against INC Only (wef 10 Jan 20) largeotion DA + SMRT Survey Individual Services: Interpretation Repair Inspection / Collect Excess Coordination In TP (Non INC) against INC Mobile	\$\$\text{SEBill}\$ \$\$80) \$40/\$45 \$120 \$30 \$05) \$75 \$160 \$\$\$ \$510 \$25 \$35 \$20 30	'Add Bill

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.
- 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.	
March Strangers and Strangers (ACCIDENT STATEMENT
Date Of Report	24/06/2020 14:39
Date Of Accident	23/06/2020 17:50
Exact Location Of Accident	SLIP RD SLE TWDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME3803A
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE LTD
Co Reg No	2XXXXX996K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5112974558

PROPERTY WAS CONTRACTOR	
Cover Note Number	
Driver	

Name of Driver	RAFIZAH BINTI SUDIN
NRIC No	SXXXX180F
Date Of Birth	30/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2009

Driving Experience 11 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-93918727

Fax Number

Contact Number OFFICE-93918727

EMail Address NOEMAIL

Address BLK 208 TAMPINES STREET 21

#05-1415

Postcode 520208

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Markista Baratas dia Nambara (Balanda Ora

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

4

Was any body injured in the Accident? YES

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MUHAMMAD AIDIL SYAZWAN BIN MOHAMED HERMY

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200623/7027.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA8694R

Vehicle Make/Model/Colour

Comple Markermodes Gorda

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Page 2 of 25

Contact Number

68533343

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJQ4000R

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGB695B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

91116290

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RAFIZAH BINTI SUDIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SME3803A

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MUHAMMAD AIDIL SYAZWAN BIN MOHAMED HERMY

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SME3803A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

gnature Driver's Signature

(If driver is not the policyholder)

Date & Time: 24 6 30 8 11:34

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN WILL A: SME 3803A Ven B: GBA 8694R Veh C: SJQ 4000R Veh D = 96B 69BB Traffic Report No: 1/20200623/7027

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SME3803A traveling along SLE slip road to Woodlands Avenue 12 on a smale are road. Somewhere before the junction, vehicle D (SGB 695B) ahead slowed down and stopped due to the heavy traffire flow As such, I applied brate and stopped completely behind vehicle D. Out of sudden, vehicle B (GBA 8694R) come from rear and collided the repair portron of my vehicle. Due to the impact, my vehicle surged and collided onto the rear portron of vehicle D. tormoval . I alighted and realised I was involved in a 4 car drain accident. Vehicle ((SJQ 4600R) was the last vehicle Police report NO: T/20200623/7027

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's/Signature

Date & Time: 24.6 20 8 11:34

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24.6.20 & 11:34

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ehicle No.	SMTE3803A Model/Make Hyundai Avante
ate of Accident	23/6/2020
ime of Accident	HRS HRS
ocation of Accident	Along SLE Slip word to Woodlands Av. 12
xact purpose use during acci-	
lame of Owner	Munchi Leasing Pte Ud
elephone No.	H/P: 8183 3239 Home: Office:
NRIC	201832996K
Address	421 Tagore Industrial Avenus
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
	Comprehensive Third Party Third Party / Fire /Theft
Type of Coverage Policy No.	5112974 558 - 000043
folicy No.	3112 17 (28 0000 1
Name of Driver	As Above If No, Raftzah Binti Sudin
VRIC	S8332180F Any Passengers:
Date of birth	30/9/1983
Occupation	Outdoor / Indoor
Driving License Pass Date	29/4/2009
Gender	Male / Female
Contact No.	H/P: 93918727 Home: Office:
Address	208 Tampines Street 21 #05-1415 5(320208)
Driver have any own vehicle	(No.) If yes, Reg No.
Relationship	Employee, If no, state Hirer
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If(Yes, Who?
Name And Contact No.	Rafizah Binti Sudin 93918727
Name And Contact No.	muhammaid Ardi / Syazwan Bin Mohamed Hermy 97364
	No, If Yes, Where? waffic police
Police Report Vehicle B No.	GBA 8694R Any Passengers: 68533343
Name of Driver	Contact No.:
Vehicle C No.	STQ FOOR Any Passengers:
Vehicle D No.	SGB 695B Any Passengers: 91116290 Andraw
Vehicle E no.	Any Passengers :
	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Witness Contact :
Witness Name	Front & Rear purtuer
Accident Portion	Yes/No
Camera Recorder Email Address	rafizah sudin @ gmail com
Email Address	Takin Danistenin C Jiron Con
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
	6842 0051 / 6744 0510
CONTACT NO.	6842 0051 / 6744 0510
CONTACT NO. CONTACT PERSON	Brandon





1 of 3

Report No. T/20200623/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 23/06/202	Report M 0 19:57	fade:	Vide Report No.:	Station Diary No.:	
Informan	t's Particu	ulars			
	nformant: BINTI SU	DIN	Address: 208 TAMPINES STREET 2	21 #05-1415 SINGAPORE 520208	
ID Type / NRIC NO	ID No.: / S833218	80F	Contact No.: Home/Office: Mobile: 93918727		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: rafizahsudin@gmail.com		
Sex: Female	Age: 36	Date of Birth: 30/09/1983	Type of Informant: Driver		
Race: Malay		,1	Language: English	Institution / School Name:	
Occupation: admin			Driving Licence Information Class: 3A	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambu	lance	Drink Drive: No	Date/Time of Accident: 23/06/2020 17:51	Type of Location Bend
Weather:	e 12 SLE exit 9 (from Tua	Road	Surface:		Road Speed Limit: 50 Km/h
111111111111111111111111111111111111111		: Control:		Traffic Volume: Heavy	
Traffic Flow: One Way		INOL C	Officionod		

Details of V	ehicle Invo	lved		Range of	ALL RAPIDOS	建筑 地位于1000年
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGB695B	Car	HONDA		White	Slightly Damaged	0
SME3803A	Car	HYUNDAI	Avante	Grey	Slightly Damaged	1

Details of Person Involved	THE PROPERTY OF THE PARTY OF TH
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200623/7027

CONTINUATION OF REPORT

Passenger		DATE:	Marian Anna Anna Anna Anna Anna Anna Anna A	Total Control		
Name	AIDIL			ID No		NIL
Related Vehicle	SME3803A (Car)			Contact No.		97508122
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
			Degree of		NIL	
Driver	THE WORLD STATE				a to	PARENT NEW YORK AND
Name	RAFIZAH BINTI SUDIN		ID No		S8332180F	
Related Vehicle	SME3803A (Car)			Conta	ct No.	93918727
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	23/06/2020 Date Disc			harge	23/06	5/2020
			Degree of		Slight	

Brief Details.

I was driving along SLE from Tuas direction, exiting at EXIT 9 (Woodlands Ave 12) at around 5:51pm. In front of my car, there was one blue car (SGB695B) stopped at the fork exit. I saw this blue car from a far and i decided to slow down. I managed to stop in time without hitting this blue car. A few seconds later, a white lorry (GBA8694R) was behind me and the driver managed to slow down and did not hit my car. A few seconds later, I heard a crash impact sound from behind. There was a 4th white car (SJQ4000R) that hit the white lorry and the lorry inevitably moved slowly towards me and hit my car rear. There was a minor dent on my car rear bumper and damaged one of my side blinker light. The 4th white car (SJQ4000R) was quite badly damaged. I left my car to start taking photos of all the 4 vehicles involved. A passenger inside the 4th white car (SJQ4000R) was badly injured with blood patches over her. I am doing my grab hitch duty and I have a passenger with me. I have the passenger name and contact number. If you need more eye-witness, we can contact this man.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20200623/7027

3 of 3

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2020 19:57
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476356	Classification Of Case:



Certificate of Insurance

MOTOR VEHICLES (TI	HIRD PARTY RISKS AND	COMPENSATION)	ACT (CHAPTER 189)
MOTOR VEHICLES (TI	HIRD PARTY RISKS AND	COMPENSATION)	RULES, 1960
ROAD TRANSPORT A	CT 1987 (MALAYSIA)		

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

Certificate Number: 5112974558-000043

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SME3803A

Chassis Number

: KMHDU41BR9U752088

: MUNCHI LEASING PTE. LTD.

2. Name of Policyholder

3. Effective Date of Insurance

: 03 Oct 2019

4. Expiry Date of Insurance

: 02 Oct 2020

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.

EXCESS (SECTION 1) : N/A : \$\$1,500 EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : N/A INSURE WITH COE : NO NCD PROTECTION PRIMARY DRIVER : N/A : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A 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

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 27 Sep 2019 17:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech		GeneralClaim										
Hello, NAC_PAYA_UBI_80060	1				T TAME OF SERVE	100000	• Chang	e Languag	e 'Chan	ge Password	• Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	No.				Date	of Accident		23/06/2020 1	7:50		
	Vehicle	No.(For Motor)	SME380)3A		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	5112974558	5112974558- 000043	MUNCHI LEASING PTE. LTD.	201832996K	GFM	Third Party	SME38034	SME3803A	03/10/2019	02/10/2020	
				20000		Continue	1					

Policy No.	5112974558	Policyholder Name	MUNCHI L	EASING PTE, LTD,	Policyholder NRIC	201832996K	
Certificate No.	5112974558-000043	1000 TH			1909/07		
Address	421 TAGORE INDUSTRIAL AVEN	UE #01-21 TA	GORE 8 SI	NGAPORE 787805			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/09/2019	Effective Date	03/10/201	9 00:00	Expiry Date	02/10/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677		GST Flag	Υ	
Co-							
insurance	No						
insurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh	-	L AVEN Addre	ss 2	#01-21 TAGORE 8		Address 3	SINGAPORE 787805
insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ss 2 ss Type	#01-21 TAGORE 8 Singapore address		Address 3 Post Code	SINGAPORE 787805 787805
insurance Flag Open Policy Info Certificate Info	older Mailing Address	Addre	ss Type d Policy	STATE OF THE STATE			
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 421 TAGORE INDUSTRIA	Addre Relate Numb	ss Type d Policy	Singapore address			92 CONTO GARAGO STORES
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 421 TAGORE INDUSTRIA 01-20 d Object: 5112974558-000043	Addre Relate Numb	ss Type d Policy	Singapore address			92 CONTO GARAGO STORES
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	older Mailing Address 421 TAGORE INDUSTRIA 01-20 d Object: 5112974558-000043	Addre Relate Numb	ss Type d Policy er	Singapore address	al trans		92 CONTO GARAGO STORES
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	older Mailing Address 421 TAGORE INDUSTRIA 01-20 d Object: 5112974558-000043	Addre Relate Numb	ss Type d Policy er	Singapore address 5112974558	al trans	Post Code	787805

ccident MT/1095196					
olicy No.	5112974558	Vehicle No.	SME3803A	GST Registration No.	
ertificate No.	5112974558-000043		37-22003		
vicyholder Name	MUNCHI LEASING PTE. LTD.			Policyholder NRIC	201832996K
oduct Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
intact No.(Mobile)	81833239	Contact No.(Office)	0	Contact No.(Home)	0
nail Address	61633237	Special Remark		eCode	N. V
K ::	8 0	TCA	Ray Com	eCode Reason	Int. v
	® No ○Yes		® No ○ Yes		
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	24/06/2020 15:06	Acadent Report Within 24 hrs	Yes	Accident Type	Chain Collision
ee of Academ	23/06/2020	Time of Accident hh:mm	17:50	Country of Academ	Singapore
porting Centre		Orange Force		IOM No.	
odent Location	SLIP RD SLE TWDS WOODLANDS AVE 12				
P Total Excess Applicable	60				
sess Type	Per Accident	Windscreen Excess			
Standard Excess		TP Standard Excess	1,500.00		
D OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0				
at OO Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	Yes	
dification History					
Policyholder Malling Ad	dress				
dress 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-21 TAGORE S	Address 3	SINGAPORE 787805
dress 4		Address Type	Singapore address	Post Code	787605
it No.	81-20	Related Policy Number	5112974558		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	RAFIZAH BINTI SUDIN	Driver NR3C	SXXXX180F	Driver DOB	30/09/1983
gister Date of Driver License	29/04/2009	Driver Age	36	Driving Expenence	11
ntact No.(Mobile)	93918727	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 208	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE \$20208
dress 4	1200.000	Address Type	Singapore address	Post Code	520208
et No.	05-1415	1,00			24444
ses he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
charation					
claracion					
eathalyses or Nood Test					
eathalyser or Blood Test advig?	0 mg	Any injury?	⊕ Yes ○ No		
eathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○ No		
eathalyser or Blood Test rading? diffication History	D mg	Any injury?	® Yes ○ No		
ading? dification History	0 mg	Any injury?	Yes ○ No		
ading? dification History	0 mg	Any injury?	Yes ○ No		
iding?	0 mg	Any injuny?	⊕ Yes ○ No		
ification History			● Yes ○ No MUNCHI LEASING PTE, LTD.	Insured NRIC	201832996K
ading? Ification History Liaim 001 New	CO-MX Y	Insured Name		Insured NRIC Contact No.(Office)	201832996K
in Type * Race No. (Mobile)		Insured Name Contact No.(Home)	MUNCHI LEASING PTE. LTD.	Contact No.(Office)	201832996K +
oding? Ification History Claims 001 New Im Type * react No.(Mobile) air Address	EL 833239	Insured Name Contact No.(Home) OJ Vehicle Number	MUNCHI LEASING PTE. LTD.		
incation History Italies 003 New Im Type * Kact No.(Mobile) al Address Imant Type Clement Type *	DO-MX S1833239 Please Select V	Insured Name Contact No.(Nome) OI Vehicle Number Type of Benefit: •	MUNCHI LEASING PTE. LTD.	Contact No.(Office)	
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Incation History Incation History Im Type * Incati No. (Mobile) ait Address Imant Type Claimant Type * Imant Address Imant Address	DO -MX	Insured Name Contact No.(Nome) OI Vehicle Number Type of Benefit: •	MUNCHI LEASING PTE. LYD.	Contact No. (Office) TP Venicle Number	
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in Type * imate No. (Mobile) at Address imate No. (Mobile) at Address imate Type Claimant Type * imate Address imate Ad	DO -MX V B1833239 Please Select V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	MUNCHS LEASING PTE, LYD. SMEIBROJA Please Select Not at Fault	Contact No. (Office) TP Vehicle Number	•
sification History Italies 001 Hew Im Type * Inact No. (Mobile) al Address Imant Type Claimant Type * Imant Address Imant Address Im Description ferred Workshop Contact puire Finalisation te Registered	DO-MIX	Insured Name Contact No.(Norme) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	MUNCHS LEASING PTE, LYD. SMEIBROJA Please Select Not at Fault	Contact No. (Office) TP VWhicle Number Name of Preferred Workshop GIA report	Received (
infication History Information Mew Im Type * Ract No. (Mobile) Rich Address Imant Type Claimant Type * Imant Address Imant Address Im Description Ierred Workshop Contact Suive Finalisation e Registered out Taken By	DO-MIX	Insured Name Contact No.(Norme) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	MUNCHS LEASING PTE, LYD. SMEIBROJA Please Select Not at Fault	Contact No. (Office) TP VWhicle Number Name of Preferred Workshop GIA report	Received (
in Type * im Type * imact No. (Mobile) at Address imant Type Claimant Type * imant Address imant Address imant Address im Description ferred Workshop Contact suire Finalisation e Registered out Taken By	DO-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option Claim Close Date	MUNCHS LEASING PTE, LTD. SMESBOJA Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP VWhicle Number Name of Preferred Workshop GIA report	Received (5)
in Type * im Type * imact No. (Mobile) at Address imant Type Claimant Type * imant Address imant Address imant Address im Description ferred Workshop Contact suire Finalisation e Registered out Taken By	DO-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option Claim Close Date	MUNCHS LEASING PTE, LYD. SMEIBROJA Please Select Not at Fault	Contact No. (Office) TP VWhicle Number Name of Preferred Workshop GIA report	Received (
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sification History Claims 003 New Im Type * Interest No. (Mobile) al Address Imant Type Claimant Type * Imant Address I	DO-MIX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option Claim Close Date	MUNCHS LEASING PTE, LTD. SMESBOJA Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP VWhicle Number Name of Preferred Workshop GIA report	Received (
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