Date In: 4/2 - 09:48	Jcb description	Date & Time Completed	
Ref No: LA Mc 200 15167/74	SAS e-filing	i	
Vch No: VF4 3488 7	E-mail (within Shrs, AIC 2hrs	i)	
D.O.A: 3/2/0-17:45	i-Motor Claim Form	m7/109 604-001	اوروا حالالا
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)	
OD : (TP)! Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	rt	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 62878	ia . INC	C()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Period	d: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80	-100%]
	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	()/\$2,000()		
General Remarks:	\$ 7 50 B S \$ 1		STATE OF STATE
() Walk-In Customer : Customer's information			
() Total Loss Case : to e-mail Insurer		m 1 5 / /	
Drive-In ()/ Towed-In (); Invoice: Y	YES()/NO()	; Towing Co: (- average and a second
Remarks:- (INC horline: 6788 6616)		Date & Time Completed	Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection	artesy Car ()	Date&Time Comple!34	Done by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Cou	artesy Car ()	Date & Time Completed	Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection	artesy Car ()	Date&Time Completa	Done by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	artesy Car ()	Date&Time Completa	Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	artesy Car ()	Date & Time Completed	Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	artesy Car ()	Date&Time Completa	Done by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	artesy Car ()	Date & Time Completed	Done by
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	artesy Car ()	Date&Time Comple*:4	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() () ()	Date & Tame Completed Preparation Checklist	Done by Anic (5)
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice	Preparation Checklist	Anit (5)
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Tow	Preparation Checklist. ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey	(\$80) \$40/\$45 \$120
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars:	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Foll 5) ET: Foll 5) ET: Foll 5) ET: Foll 6] ET: Foll 7) ET:	Preparation Checklist: ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No:	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Tow 4) FT: Foll For claim 6) TR: Re-	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2 inspection	(\$80) \$40/\$45 \$120 \$30 \$005) \$75
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars':- Driver/Owner:	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Foll 5) FT: Foll For claim 6) TR: Re- 7) NI: idae	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30 \$20 \$30
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Foil 5) FT: Foil For claim 6) TR: Re- 7) NI: Idae 8) NTUC A	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2 inspection a DA + SMRT Survey (dditional Services:-	(\$80) \$40/\$45 \$120 \$30 \$005) \$75
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No:	Invoice Invoice	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2 inspection o DA + SMRT Survey (dditional Services:-	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idae 8) NTUC A ODE *N5: Coi *N6: Re *N7: Foll *N7: Foll	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2 inspection o DA + SMRT Survey (dditional Services:- urtesy Car / Tpt Allowanus pair Co-ordination at Repair Inspection	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments:	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Tew 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idac 8) NTUC A OD:* N5: Co.* *N6: Re- *N7: Foll *N8: DV	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC ring Fee ow-Through Survey ow-Through Survey (Resurvey) ung against INC Only (wef 10 Jan 2 inspection of DA + SMRT Survey additional Services: urtesy Car / Tpt Allowance pair Co-ordination at Repair Inspection // Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice 1) AR: Acc 2) DA: Dai 3) TF: Tew 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idac 8) NTUC A OD:* N5: Co.* *N6: Re- *N7: Foll *N8: DV	Preparation Checklist: Sident Reporting (\$30); Innege Assessment (\$100); INC ring Fee ow-Through Survey (Resurvey) uing against INC Only (wef 10 Jan 2 inspection a DA + SMRT Survey (additional Services: urtesy Car / Tpt Allowance pair Co-ordination at Repair Inspection // Collect Excess Coordination): TP (Non INC) against INC the Mobile	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$5 \$5 \$5 \$5 \$20 \$30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre	and to copies of the report being made available
	ACCIDENT STATEMENT	
Date Of Report	04/07/2020 09:48	
Date Of Accident	03/07/2020 17:45	
Exact Location Of Accident	PIE TWDS CHANGI	
Country/State of Loss	SINGAPORE	
A SAME TO A SECURIOR SAME	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFH3488T	
Insured/Policyholder		
Name Of Registered Owner	ALMAHROM BIN JAIS	
NRIC No	SXXXX518D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-86468003	
Alternative Phone No	OFFICE-86468003	

Vehicle Particulars

Manufacturer MITSUBISHI

Model LANCER 2.0L MIVEC GLS 6-CVT

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5098670426-02

Cover Note Number

Driver

Name of Driver ALMAHROM BIN JAIS

NRIC No SXXXX518D Date Of Birth 07/03/1970 Occupation OUTDOOR Date Of Driving Pass 05/03/2018

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86468003

Fax Number

Contact Number OFFICE-86468003

NOEMAIL **EMail Address**

Address BLK 76 LORONG LIMAU

#10-09

Postcode 320076

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

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? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: NURYANTI

GENDER: : FEMALE

Passenger 2

NAME:

: INDAH

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour GZ8781G

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver BIR BAHADUR GURUNG

NRIC/Passport Number FXXXX008X

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALMAHROM BIN JAIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFH3488T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name NURYANTI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFH3488T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

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.
- 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
- 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
- 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:

- 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
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (II) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO:	H34887	MAKE/MO	DEL: M	UT LAN	C3R	
DATE OF ACCIDENT	03 107/ 2020 DAY/MUNTH/YEAR	TIME	HR	A	MIN	AM/ PM
LOCATION OF ACCIDENT	D18 7	POWARDS	CTAKN	4		
EXACT PURPOSE USE DU	IRING ACCIDENT	GROIN	UXY +10	ME		18
CAR OWNER						
NAME OF CAR OWNER	AGUAHROW	ZIN JAK	?			
CONTACT NO	86468003	The second secon				
NRIC	87048578					
CLAIM TYPE		OD	L	THIRD PARTY	nr.	DODTING ONLY
INSURANCE COMPANY	Nyue			THIND PARTY	KE	PORTING ONLY
TYPE OF COVERAGE		COMPREHE	NSIVE	THIRD PARTY	Ты	IRD PARTY FIRE & THEFT
POLICY NO				TITING FARTT		IND PARTY FIRE & THEFT
ACCIDENT DRIVER		AS ABOVE		IF NOT- KINDL	V FILL IN DELO	147
NAME OF DRIVER	AS Above			_III NOT-KINDE	7 FILL IN BELO	vv
NRIC	87048518D	ji	No	OF PASSENGER	10 0 1	CURYANTI CT
DATE OF BIRTH	07 MAR 1970		3350	J OF PASSENGER	/3	MAAH (F)
OCCUPATION			1	OUTDOOR		
DATE OF DRIVING PASS	05 MAR 2018)		Тоотроок	L INL	DOOR
GENDER			1	MALE	CEN	MALE
CONTACT NO				100000	T.C.	WALE
ADDRESS	BCK 76 LO.	RONG LIMI	AU #10-0	9(8) 32	0076	
DRIVER OWN ANY VEHIC						-
RELATIONSHIP EMPLOY	EE/SPOUSE IF NOT:	CWN	175R			
WEATHER CONDITION	[CLEAR	RAINI	NG	OTHER:	
ROAD SURFACE	L	C DRY	WET		OTHER:	
ANY INJURIES		NO/ IF YES NAM	E: ACH	MAHROM,	BIN 79	18/NURYANTI
CONTACT NO						1
POLICE REPORT		NOV IF YES- LOCA	TION:			
VIDEO FOOTAGE		NO/ YES				
3RD PARTY INFO	0,70,4010					
VEHICLE B NO	Q18/8/01		NO	OF PASSENGER,		
NAME	BIR BAHADU,	R GURUNG	7563	6008	X	<u></u>
CONTACT NO						
VEHICLE C NO			NO	OF PASSENGER,	/s	
VEHICLE D NO			NO.	OF PASSENGER,	/5	
VEHICLE E NO			NO	OF PASSENGER,	's	
VEHICLE F NO			NO.	OF PASSENGER	's	
ANY WITNESS					1100	
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: 5098670426-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SFH3488T

Chassis Number

: JMYSTCY4A8U002452

2. Name of Policyholder

: ALMAHROM BIN JAIS

3. Effective Date of Insurance

: 13 Mar 2020

4. Expiry Date of Insurance

23 (4)01 2020

4. Expiry Date of insurance

: 12 Mar 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : ALMAHROM BIN JAIS

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : EFIZZIG CREDIT PTE LTD

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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 24 Feb 2020 21:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Am

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601				- Total Control of the last of		• Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date o	f Accident		03/07/2020	17:45	
	Vehicle	No.(For Motor)	SFH348	8T		Certific	cate Number	1	5		
					B	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098670426- 02		ALMAHROM BIN JAIS	57048518D	GPC	drivo CLASSIC	SFH3488	SFH3488T	13/03/2020	12/03/2021
					C	Continue					

Policy No.	5098670426-02	Policyholder Name	ALMAHRO	M BIN JAIS	Policyholder NRIC	S7048518D	
Certificate No.					C-104-9C:		
Address	BLK 76 #10-09 LORONG LIMA	U SINGAPORE 3	20076				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/02/2020	Effective Date	13/03/202	0 00:00	Expiry Date	12/03/2021 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	5 & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 76 #10-09	Addres	ss 2	LORONG LIMAU		Address 3	SINGAPORE 320076
Address 4		Addres	ss Type	Singapore address	3	Post Code	320076
Unit No.		Relate Number	d Policy er	5098670426-02			
♪ Insured	d Object: SFH3488T						
▽ Endors	ements						
	ce Date of Endorseme		ndorsemen	\$5-000 c	Endorsement	1300000	Endorsement Content

Claim Handling						
Accident MT/1096036						
Policy No.	5098670426-02	Vehicle No.	SFH3488T		GST Registration No.	
Certificate No.						
Policyholder Name	ALMAHROM BIN JAIS				Policyholder NRIC	570485180
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	O .
Contact No.(Mobile)	86468003	Contact No. (Office)	0		Contact No.(Home)	Ó
Email Address	2002	Special Remark	1722-1732-1731		«Code	1.0
KFK	® No 🔾 Yes	TCA	® No ○ Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	26		Private Hire	No
Accident Details						
Report Date	04/07/2020 09:59	Acodent Report Within 24 nrs.	Yes		Acodem Type	Collision : Head to Rear
Date of Acodem	03/07/2020	Time of Accident hhimm	17:45		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Epcation	PIE TWOS CHANGI					
□ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	600.00	TP Standard Excess	0.00			
YIED OD Excess	0.00	VIED TV Excess	0.00		Driver is Covered?	Covered
Additional Excess	1900		50.48			33,000,000
Total OD Excess Applicable	2100.00	Total TP Excess Applicable	0.00			
♥ Benefits	-	1850				
GST Registered Inform	ation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status venified		res	
Modification History						
	20070					
→ Policyholder Mailing Ad						
Address 1	BUK 76 #10-09	Address 2	LORONG LIMAU		Address 3	SINGAPORE 320076
Address 4		Address Type	Singapore address		Post Code	320076
Unit No.		Related Policy Number	5098670426-02			
O OI Driver Info	LINE STATE OF THE	12011211	Halifa Barrian			
Unnamed driver Name	ALMAHROM BIN TAIS	Onver Type Oriver NR3C	Main Driver \$7048518D		Driver DDB	07/03/1970
Register Date of Driver License	05/03/2018	Driver Age	50		Driving Experience	2
Contact No. (Mobile)	86468003	Contact No.(Office)	0		Contact No.(Home)	0
Address 1	BLK 75	Address 2	LORONG LIMAU		Address 3	SINGAPORE 320076
Address 4		Address Type	Singapore address		Post Code	320076
Unrt No.	10-09	Mouresa Type	Singapore adoresa		Post Code	320076
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.				
Registered car?	C) testig 40	priver venicle no.			Driver Insurer Company	Si.
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No			
Reading?	o mg	May argury	(S) 163 (C) NO			
Modification History						
Claim 001 New						
From Toron	on we	Insured Name	ALMAHROM BIN 1AIS		100000000000000000000000000000000000000	[2007]
Claim Type *	OD-MX		ALMAHROM BIN JAIS		Insured NRIC	570485180
Contact No (Mobile)	86468003	Contact No. (Home)			Contact No.(Office)	
Email Address	Francisco Control	Of Vehicle Number	SFH3488T		TP Vehicle Number	G28781G
Claimant Type Claimant Type *		Type of Benefit *	Please Select 🔻			
Claimant Name + Claimant Address	22	Claimant NRIC *				
Claim Description	SPH3488T / GZ8781G DN 3 3ul 2020				Name of Preferred Work	SD00
Preferred Workshop Contact			Not at fault		at reserved work	
No.	Nee	Insured Liability *			Terr control	Carrier -
Require Finalisation	Yes v	Preference Repair Option	Preferred Workshop, Name unkno	own v	GIA report	Received Output Out
Date Registered	04/07/2020 10:01	Claim Close Date			Date Received	04/07/2020 00:00
Report Taken By	Jackson					
Print AK letter						
			Save Submit			
Attachment						
9						
Accident Na.	MT/1096036	Claim No.	001			
Lest Doc. Received	® Yes ○ No	Upload Date	04/07/2020 10:0	24		
	Path *		Category	*	Confidential	urgency • Description •
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