NATIONAL Assessment Centr	e Services. well	1 130,021 WV	A) robyosy	Done	px.
Date In: 14/1/20-17:10	Jcb description		Date & Time Completed	Done	-
Ref No: HA HC22008464 24	SAS e-filing				A _p
Veh No: 12 27474	E-mail (within Shrs	s, AIC 2hrs)			512.2/
D.O.A: 13 172 - 17:32	i-Motor Claim	Form	100-Ehbbbc1/w	118/2 I	1:00
	i-Motor W/O (v	Vithia: OD 2hr	s, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Upload	ed		-	
	Assessment/Surv	ey Report	<u> </u>		
TP Insurer:	Ass't Report by]	Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: (DC	8817A	. INC (
Owner / Driver: (Tel:		
	eriod: ()	Cover Type: (
0 0 11 1		Date:	Time:	1500/1	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-	20%; P: 21-79%. F: 80)-[00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	,000 ()/\$2,000 ()			
ENCOSP. (4				Section 19	
General Remarks;- () Walk-In Customer : Customer's int	formation strictly Cont	fidential & S	Strictly NO rafer of repaire	er.	
() Walk-In Customer : Customer's in	rer URGENTLY.		* ***		
	ce: YES() / No	0();	Towing Co: (***)
Drive-In ()/ Towed-In (); Invoi			Date&Time Completes	Don	e by
Remarks: (INC horline: 6788 6616)	Programme and the		Date & Thing Continue of		
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
Injury:				Maria II.	
	1.0			CONTRACTOR OF CARD	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Date/Time Actions			SAME CONTRACTOR OF THE PROPERTY OF THE PROPERT	- 1	
			22		
	1			-	
-			Charliet	Anit (S	Section of the case
110000 1000		10:07:05 20:08 8:00:0000	reparation Checklist	In Bi	Add Bill
MADOUNE		1) AR : Acci	dent Reporting (\$30); age Assessment (\$100); In	IC (\$80)	
Claimant's Particulars :-		3) TF : Towi	ng Fee	\$40/\$45 \$120	-
Driver/Owner:		4 1200 Walle	w-Through Survey (Resurvey)	\$30	
Contact No:	31	For claim	ing against INC Only (Well 1936	\$75	
Damaged Portion:		6) TR : Re-i	DA + SMRT Survey	. \$160	
Jamaged Fordon.	- 3	8) NTUC A	dditional Services:-		
To Change		OD*	ricsy Cor / Tpt Allowance	\$5	
QC Checked by (Engr-In-Charge):		• N6: Rep	air Co-ordination	\$10 \$25	-
TO VALUE SINGLE PRODUCTION OF THE SAME		*NT- For	t Repair Inspection / Collect Excess Coordination	53	
Auditors! Comments :-	TASK CONTROL PROPERTY	TP (NII): TP (Non INC) against INC	\$20 30	
2at. 1:	-	9) N12: Ida	s Mobile	aresa	and the same
2at. 2/3;	THE THE STATE OF T	Involce dat	ea Fee Ch	200	
-0.000 COO		11170100 001	The second		

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 hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	
Control of the section of the control of the section of the sectio	ACCIDENT STATEMENT
Date Of Report	14/08/2020 15:10
Date Of Accident	13/08/2020 13:30
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW2797G
Insured/Policyholder	
Name Of Registered Owner	SALIM BIN KHANALI
NRIC No	SXXXX619J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98217259
Alternative Phone No	OFFICE-98217259
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used time of accident	d at PRIVATE USE
Are you claiming under your own insurance poli for repair to your vehicle?	icy 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	5103128619-01
Cover Note Number	
Driver	
Name of Driver	SALIM BIN KHANALI
NRIC No	SXXXX619J
Date Of Birth	15/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98217259
Fax Number	
Contact Number	OFFICE-98217259
EMail Address	NOEMAIL

BLK 415 YISHUN AVENUE 11 Address #08-309 760415 Postcode NO Was driver an employee of the Insured's Company 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 CHAIN COLLISION Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 3 involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION) Police Station Name ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: Police Station Address SINGAPORE TEL NO: 1800-2180000 - FAX NO: 64814246 Police Station Contact NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - F/20200813/7052. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SDB8817A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEI JIN
NRIC/Passport Number	
Contact Number	96219507
Address	
Postcode	
Insurance Company Name	
	Page 2 of

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SFE467P

PRIVATE CAR

MERIN ONG AH GEOK

98715595

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SALIM BIN KHANALI

BODY

SJW2797G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 upper 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
 - (ii) investigating the accident and/or my claims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (iv) administering my claims (including the mailing of correspondence; statements, invoices, reports or notices to me which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (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

Date & Time

Driver's Signature

iff dover is not the policyholded.

Date & Time

Reporting Centre Personphil's Signature

Name:

NRIC/FIN No

VEH A - SJW2797G UEH B - SDB 88174

VEHC - SFE 467 P

SLE CHE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	POLICE REPORT
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	Police
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I/We declare the foregoing particulars are true in every respect.

Alicyholder s Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's 8

Name.

NRIC/FIN No :

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident. 13 / 09 /20 (dd/mm/yy)	Time of Accident: 15 : 30 (24-HR-FORMAT)
Vehicle No.: SJW 2797 4 Vehicle Make	& Model: TOYOTA ALTIS
Exact location of Accident: SELETAR WES	T. UNK
Policyholder's Name / IC No. : SALM BN	KHANAU S1326619 J.
	NAU (As Above)
Driver's Contact No. : 9821 7259	Company Contact No:
Driver's Address: BLK 45 YISHUN A	VENUE 11 #08-309
Insurance Company:	Email address (if any): CAUS @ GARAGE 15 . COM. SG
Relationship between Owner & Driver: Owner / Spouse / Children / Friend / Paren	or Others specify:
What do you wish to claim? (Please TICK one	only)
Own Insurance / Other Vehicle (The one vo	u want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name ; Passenger Name ;	Gender: Gender:
Weather condition & Road conditions? (On the da	y of accident)
Clear & Dry / Raining & Wet / After	-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camer	
Any Injuries: Yes / No (If YES) Injured	Person' Name: SALIM BIN KHANALI
Injuries Sustain:	Injured Person in Which Vehicle: S5W 27976
Police Report filed: Yes / No (If YES)	Which Police Station: E - PORTAL
The O	ther Party(s) Details:
Driver's Name / IC No. WEI JIN	Vehicle No: SD B 8817 A
Driver's Contact No: 96219507	Insurance Company (If any):
2. Driver's Name / IC No: MERIN ONG AH	GEOK Vehicle No: SFE 467 P
Driver's Contact No: 9871 SIGS	_Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name;	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report, Information will be discarded after one week.



POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

F/20200813/7052	

Report No. F/20200813/7052

1 of 2

Date/Time Report Made	Vide Re	port No.		Station Diary No.	
13/08/2020 18:20					
Name Of Informant	Address				
SALIM BIN KHANALI	415 YIS	HUN AVEN	IUE 11 #08-309 S	INGAPORE 760415	
ID Type / ID No. NRIC NO / S1326619J	Contact Home/C	A Callina	Mobile: 98217259		
Nationality SINGAPORE CITIZEN	Email Address salimkhanali58@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Self Employed	Male	61	15/10/1958	Indian	
Institution/School Name	Language English				
Date/Time Of Incident 13/08/2020 13:30	Location Of Incident SELETAR WEST LINK				
Brief details.					

ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING MY VEHICLE ALONG SELETAR WEST LINK IN MY VEHICLE SJW2797G.

JUST AS I HAD SLOWED DOWN MY VEHICLE DUE TO TRAFFIC CONDITIONS, I FELT A MASSIVE IMPACT FROM MY VEHICLE'S REAR.

THE IMPACT WAS EXTREMELY HUGE AND CAUSED MY VEHICLE TO SURGE FORWARDS.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2020 18:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200813/7052

I ALIGHTED TO DISCOVER THAT I WAS INVOLVED IN A 3 CAR CHAIN COLLISION.

VEHICLES INVOLVED AS FOLLOWS:

- 1) SJW 2797G
- 2) SFE 467P
- 3) SDB 8817A

LATER THAT AFTERNOON, I STARTED FEELING SORENESS ON MY NECK, SHOULDERS, CHEST AND LOWER BACK AREAS.

I WENT TO UNIHEALTH 24-HR CLINIC (TOA PAYOH) FOR TREATMENT AND WAS GIVEN 5 DAYS MC.

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: 13/08/2020 18:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



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: 5103128619-01

: SJW2797G

1. Index mark and Registration Number of Vehicle

Chassis Number

: MR053ZEE106169102

Cover : drivo CLASSIC

2. Name of Policyholder

: SALIM BIN KHANALI

3. Effective Date of Insurance

: 16 Sep 2019

4. Expiry Date of Insurance

: 15 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 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)	: \$\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
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	; SALIM BIN KHANALI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A

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)

: HONG LEONG FINANCE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Agency

: LAKE VIEW AGENCY PTE, LTD. (00000615430)

Date of Issue

SUM INSURED

HIRE PURCHASE COMPANY

: 28 Aug 2019 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			The same of the sa	The state of the s	Chang	e Languag	· Chang	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	1	3/08/2020 1	3:30	
	Vehicle No.(For Motor)	SJW279	97G		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
	O 5103128619-		SALIM BIN KHANALI	S1326619J	GPC	drivo CLASSIC	53W2797G	SJW2797G	16/09/2019	15/03/2021
					Continue	1				

Policy No.	5103128619-01	Policyholder	SALIM BIN	KHANALI	Policyholder NRIC	S1326619J	
Certificate	3103120017-01	Name			NRIC		
ddress	BLK 415 #08-309 YISHUN AVEN	UE 11 SINGA	PORE 7604	15			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy sue Date	28/08/2019	Effective Date	16/09/201	19 00:00	Expiry Date	15/03/2021	23:59
xcess ype	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			You	ng/Inexperience Driver Excess
Agent	LAKE VIEW AGENCY PTE. LTD.	Agent Tel.	67459995	i	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
United Section	nolder Mailing Address	Addre	er 3	YISHUN AVENUE	11	Address 3	SINGAPORE 760415
Address 1	BLK 415 #08-309		ess Type	Singapore addres		Post Code	760415
Address 4 Unit No.			ed Policy	5103128619-01		300,000	35.33.53
Insure In	d Object: SJW2797G						
Sequer			Endorseme	et Tune	Endorsemen	t Status	Endorsement Content
1	16/09/2019 00:00		Information sement	n Entry	/ Rejected		Thank you for giving us the opportunity to serve you. We confirm that from 16 Sep 2019, this policy is extended to include NCD protection and is subject to Endorsement M4 enclosed. In view of this amendment, an additional premium of \$106.67 (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 on the reverse of the cheque. Alternatively, you could also make payment at any of our branches teash, credit card or NETS.
2	20/02/2020 00:00	POI I	extension/S	horten Entr	y Rejected		opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 16 Sep 2019 TO 15 Mar 2021 In view of this amendment, an additional premium of \$527.50 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc 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

No.	laim Handling					
March Marc	cident MT/1099947					
March March March March March March March	olscy No.	5103129619-01	Vehicle No.	52W2797G	GST Registration No.	
Color	ertificate No.					
MacCase May 1997 CAN MICHANACA Come Page MichANACA Come Michanach Come Michanach Come Michanach Come Michanach Come Michanach Come Michanach	nicyholder Name	SALIM BIN KHANALI			Policyholder NRIC	\$13266193
Second marker Second marke	oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Second S	intact No (Mobile)	96217259	Contact No. (Office)	0	Contact No.(Home)	
Marchet Paris Marchet Pari	neil Address		Special Remark		eCode	0 V
## According 100 According 100 According segret throm 24 to 15 to 100 Color of According	ĸ	No ○ Yes	TCA	No ○ Yes	eCode Reason	
According Acco	D Protection	No.	NCD Entitlement(%)	50	Private Hire	Yes
Processing 1,000,000 1,0	Accident Details					
Section Sect	port Date	14/08/2020 15:20	Accident Report Within 24 hrs	Yes	Acodent Type	Chain Collision
## MILESTON SECTION SECTIONS **TABLE TEACH STATES**	te of Accident	13/08/2020	Time of Accident hh:mm.	13:30	Country of Accident	Singapore
Teal Part	parting Centre		Orange Porce		1CH No.	
Part Accident	ordent Location	SELETAR WEST LINK				
March Marc	Total Excess Applicable					
Description	cesa Type	Per Accident	Windscreen Excess	100.00		
Description						
100 Freese Application	Standard Excess	2,000.00				220VD#1545K
1,000.00 1,000.00	O OO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
### Approximate Tofermation OFF Approximate Defendation OFF A	ditional Excess	п				
Marchane	al OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Migretterin No.	Benefits					
Control No.				PRESIDENCE OF THE PRESIDENCE O		
Pulsy-basider Maning Address Pulsy-basider Maning	T Registered	No			Yes	
Procedure Mailing Address	T Registration No.			Last States Vernieu	1000	
Major Majo	Automotive Alignory					
Major Majo	Policyholder Malling Ad	idress				
Marrier Marr			Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760415
No.		BEN #13 #30-303			Post Code	760415
Other Infe Call Sils NAMALI						
Many Development Many Develo			Related Policy Number	3103120017-01		
Description		PATRICIA CONTRACTOR	Oriver Type	Hair Dover		
Control Cont	6.7 6.02.2	SALIM BIN KNANALI			Driver DOB	15/10/1958
March Mar		01/10/2003				12
No. GR-2006 Singlanger						0
No.						SINGAPORE 760415
The No DR 100- 100- 100- 100- 100- 100- 100- 100		BLK 415				
See year Simpsone			Address Type	anighton accuracy		
arration arr			St. Contract		Date - Secure Company	
## President 0 mg	egistered car?	○ Yes ® No	Driver Vehicle No.		Direct Patrer Company	
## President 0 mg	NATIONAL CONTRACTOR OF THE PARTY OF THE PART					
Interpret National Na				6 m - C m		
The Type * OD-MX	rading?	0 mg	Any injury?	(a) YES () NO		
The Type * OD-MX						
Insured Name Common Type	odification History					
Insured Name Common Type	1 W 1					
Attachment With Care Received With Care Rece	Claim 001 New					
Attachment With Care Received						
Constant No. (Modelies) 96217259 Constant No. (Horner) 67544115 Contact No. (Office)	iim Type *	OD-MX	Insured Name	SALIM BIN KHANALI	Insured NRIC	S13266191
SALIMKHANALISS@GMAILCOM O1 Vencie Number SW2797G Fleese Select Type of Benefit * Type of Type of Benefit * Type of Benefit * Type of Benefit * Type of	ntact No.(Mobile)		Contact No.(Home)	67544115	Contact No.(Office)	
Impart Type Claimant Type * Please Select. V Type of Earleft * Please Select. V Impart Name *	nail Address	Total Control	Ot Wehicle Number	53W2797G	TP Vehicle Number	SDB8817A
Imare Name *	aimant Type Claimant Type *			Please Select		
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