| Date In:13 18/13 - 09:33 | Jcb description | Date &Time Completed | Done by |
|--|--|---|--|
| Ref No: HALINGTON STORY | SAS e-filing | | |
| Veh No: FOHGYSEM | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: ITM2-11.4T | i-Motor Claim Form | m111 00087-001 | 1918/20 19:41 |
| | i-Motor W/O (Within: OD : | 2hrs, TP 4hrs) | |
| OD / TP / Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Repor | | |
| 17 Insurer: | Ass't Report by Fax / Han | d to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: |
| TP Particulars: Veh No: UM | 44376m . INC | ()/Non-INC() | |
| Owner / Driver: (| | Tcl: |) |
| Policy No: () | Period: (| Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO): N: 0 | -20%; P: 21-79%. F: 80-1 | 00%] |
| Year of Registration: () | Warranty: YES ()/NO (|) | |
| Excess: (\$) Loading: \$1 | | | |
| General Remarks: | SUR THE SECRET OF THE SECRET PROSPERS AND A VIOLENCE AND A VIOLENC | | |
| Lower and the property of the contraction of the second se | | State Barried with a con- | 1,01 P |
| () Walk-In Customar : Customer's in | | Strictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Insu | irer URGENTLY. | | |
| Drive-In ()/ Towed-In (); Invoi | ce: YES() / NO(); | Towing Co: (| .) |
| rian and a significant | | | 723399827100919 |
| Remarks: (INC hotline: 6788 6616) | | Date&Time Completed | Done by |
| | | | |
| 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 > 5] | () | | |
| 2) QC Check / Post Repair Inspection | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | () | | A COLORED |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | () | | |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: | () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions | () | eparation Checklist | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3] Injury: Date/Time Actions | () \$3000] () | eparation Checklist | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3] Injury: Date/Time Actions | () | nt Reporting (\$30); c Assessment (\$100); INC (\$80 | TR Bill Add I |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury: Date/Time Actions Lamoyvas: Lamoyvas: | () \$3000] () Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing | nt Reporting (\$30); te Assessment (\$100); INC (\$80 Fee \$40/ | IşeBill Add I) 545 |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions Lamoyvas : Inimant's Particulars :- river/Owner: | Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-insp | nt Reporting (\$30); to Assessment (\$100); INC (\$80) Fee \$40.00 Through Survey (Resurvey) against JNC Only (wef 10 Jan 2005) section | 7st Bill Add 1 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions Lamoyvas : Inimant's Particulars :- river/Owner: | Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleiming 6) TR: Re-insp 7) N1: Idae D/ | nt Reporting (\$30); to Assessment (\$100); INC (\$80) Fee \$40.7 Through Survey (Resurvey) Organist INC Only (wef 10 Jan 2005) section \$4 + SMRT Survey \$5 | 19 Bill Add 1 |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions Lana 4 1/28 Inimant's Particulars :- river/Owner: Intact No: Inmaged Portion; C Checked by (Engr-In-Charge): | Invoice Property 1) AR: Accide 2) DA: Damage 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleiming 6) TR: Re-insp 7) N1: Idae D/ 8) NTUC Addi OD* *N5: Courte *N6: Repsir | nt Reporting (\$30); te Assessment (\$100); INC (\$80) Fee \$40/2 Through Survey (Resurvey) against INC Only (wef 10 Jan 3005) section 4 + SMRT Survey \$50 Storal Services:- Sy Car / Tpt Allowance Co-ordination | Tst Bill Add E |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions Lana 4 1/28 Inimant's Particulars :- river/Owner: Intact No: Inmaged Portion; C Checked by (Engr-In-Charge): | Invoice Property Invoice Pro | nt Reporting (\$30); te Assessment (\$100); INC (\$80) Fee \$40.00 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section A + SMRT Survey Stional Services sy Car / Tpt Allowance Co-ordination | 75 Bill Add E) 545 120 530 375 160 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > : Injury : Date/Time Actions Lamo yvvs laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors! Comments :- | Invoice Property Invoice Pro | nt Reporting (\$30); re Assessment (\$100); INC (\$80) Fee S40/2 Through Survey (Resurvey) against INC Only (wef 10 Jan 3/05) section 4 + SMRT Survey Sitional Services: sy Car / Tpt Allowance Co-ordination epair Inspection ollect Excess Coordination P (Non INC) against INC | Tst Bill Add E) 545 120 330 375 160 55 55 50 520 |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions | Invoice Property Invoice Pro | nt Reporting (\$30); re Assessment (\$100); INC (\$80) Fee S40/2 Through Survey (Resurvey) against INC Only (wef 10 Jan 3/05) section 4 + SMRT Survey Sitional Services: sy Car / Tpt Allowance Co-ordination epair Inspection ollect Excess Coordination P (Non INC) against INC | 75. Bill Add E) 545 120 330 375 160 \$5 10 525 55 |

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

| aforesaid. | |
|---|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 17/08/2020 09:33 |
| Date Of Accident | 15/08/2020 11:45 |
| Exact Location Of Accident | ORCHARD RD |
| Country/State of Loss | SINGAPORE |
| leight in the second out to the process of | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBH9458M |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD NUR DANIAL BIN JAMALUDIN |
| NRIC No | SXXXX402E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87512001 |
| Alternative Phone No | OFFICE-87512001 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | 400X M |
| Exact Purpose for which vehicle was being used a time of accident | t PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5109762384-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MUHAMMAD NUR DANIAL BIN JAMALUDIN |
| NRIC No | SXXXX402E |
| Date Of Birth | 27/01/1995 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/06/2018 |
| Driving Experience | 2 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87512001 |
| Fax Number | 3 2 |
| Contact Number | OFFICE-87512001 |
| EMail Address | NOEMAIL |

BLK 762 YISHUN STREET 72 Address #01-422 760762 Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OWNER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - MAJOR/MINOR RD Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION) Police Station Name ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: Police Station Address SINGAPORE TEL NO: 1800-3910000 - FAX NO: 63964900 Police Station Contact Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - E/20200815/7015. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number | SMH4326M |
|-----------------------------|--------------|
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| | Page 2 of 19 |
| | |

Nature Of Damage

No. Of Passenger (Including Driver)

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

MUHAMMAD NUR DANIAL BIN JAMALUDIN

BODY

FBH9458M

NO

SKETCH PLAN

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.
- 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 <u>repudiate policy liability</u>.
- 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.
- 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.

0020

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 .:

| SKETCH PLAN | mount Elizabeth | | | | |
|-------------------------------------|--|-----------------------|------------|------------------|--------------|
| | the state of the s | | | | A: FOA 9458M |
| | W See | | | | BIJMH YN 6N |
| | | | | | B:3MH 4/200 |
| | | Y | Orchard | Rd. | |
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| | | | | 7 | |
| DESCRIBE CIRCUMSTANCES O | F THE ACCIDENT | | | | |
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| As a police | 0 | 1 - | 1 | 1 | |
| AS a folice | e kg | AT E | 12020081 | 5/7019 | 5 |
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| DECLARATION | | | | | |
| /We declare the foregoing particula | ars are true in every | respect. | | | |
| 1 de | | | | _ | 1 1 |
| Policyholder's Signature Date | Driver's Signatur | re . | Panatira | antre Porcess | Signature |
| & Time: | | he policyholder) Date | Name: | Centre Personnel | o orginature |
| GIARMC SketchPlanForm_V3 | G THINE: | | NRIC/FIN N | 0 | 2 |

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 15 / 08/2020 (dd/mm/yy) | Time of Accident: 11 : 45 (24-HR-FORMAT) |
|--|--|
| Vehicle No. : FBH 9 458M Vehicle Make | & Model: |
| Exact location of Accident: Orchard | Rd. |
| Policyholder's Name / IC No.: Muhammad | Nur Danial Bin Jamaludin 59502402E |
| - | (As Above) |
| Driver's Contact No. : 875/ 200/ Co | ompany Contact No (Company Veh Only): |
| Driver's Address: | |
| Email address : | Insurance Company:NTUC |
| Relationship between Owner & Driver: (Please C | IRCLE one only) g / Relative / Employee / Hirer or Others specify: |
| What do you wish to claim? (Please TICK one | only) |
| Own Insurance / Other Vehicle (The one ye | ou 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): |
| *Passanger Name: | Gender: Male / Female *Passanger Gender: Male / Female |
| Weather condition & Road conditions? (On the day | y of accident) |
| Clear & Dry / Raining & Wet / Aft | er-Rain & Wet / Drizzling & Wet / Others: |
| Was there any video captured by your Car Camera | Yes / No |
| Any Injuries: Yes / No (If YES) Injure | ed Person' Name: |
| Injuries Sustain: | Injured Person in Which Vehicle: |
| Police Report filed: Yes / No (If YE | S) Which Police Station: |
| T | he Other Party(s) Details: |
| Driver's Name / IC No: | Vehicle No: SMH 4326M |
| | Insurance Company : |
| | Vehicle No: |
| St. Market Committee Commi | Insurance Company : |
| | Contact No: |
| Preferred Workshop Name: | Contact No: |
| | |



E/20200815/7015

1 of 2

Report No. E/20200815/7015

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

| Date/Time Report Made 15/08/2020 12:46 | Vide Report No. | | | Station Diary No. |
|--|---|-----------|-----------------------------|-------------------|
| Name Of Informant MUHAMMAD NUR DANIAL BIN JAMALUDIN | | HUN STRE | ET 72 #01-422 SI | NGAPORE 760762 |
| ID Type / D No. NRIC NO / S9502402E | 10000 | | Mobile: 87512001 | |
| Nationality SINGAPORE CITIZEN | Email Address CRACKXINTHEHEAD@GMAIL.COM | | | |
| Occupation Grabfood delivery rider | Sex Male | Age 25 | Date of Birth 27/01/1995 | Race Malay |
| Institution School Name | Language English | | | |
| Date/Time Of Incident 15/08/2020 11:45 - 15/08/2020 12:30 | Location Of Incident ORCHARD ROAD | | | |
| Brief details. | | | | |

I WAS RIDING A MOTORBIKE STRAIGHT ON ORCHARD MAIN ROAD WHEN SUDDENLY A VEHICLE (SMH 4326M) TURN OUT FROM MOUNT ELIZABETH SIDE ROAD AND HIT INTO MY LEFT SIDE CAUSING ME TO FALL ON MY RIGHT SIDE.

| Subjects Involved | /ed | | |
|-----------------------------------|-------------------------------|-----------|---|
| Victim | | | |
| Person Name | MUHAMMAD NUR DANIAL | BIN JAMAL | UDIN |
| ID Type | NRIC NO | ID No | S9502402E |
| Signature Of C | Officer Recording The Report: | | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Ir Not applicable | nterpreter: | | Date/Time: 15/08/2020 12:46 |
| Officer In-Chai | rge Of Case: | | Classification Of Case: |
| Authentication | Stamp | | |





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200815/7015

| Male | Age | 25 |
|-------------------------|----------------------------------|---|
| Malay | Language | English |
| Grabfood delivery rider | Address | 762 YISHUN STREET 72 #01- 422 SINGAPORE 760762 |
| 87512001 | Is Informant A Victim? | Yes |
| | Malay Grabfood delivery rider | Malay Language Grabfood delivery rider Address 87512001 Is Informant A |

| 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: 15/08/2020 12:46 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number

: 5109762384-01

The Policyholder

: MUHAMMAD NUR DANIAL BIN JAMALUDIN

BLK 762 #01-422 YISHUN STREET 72 SINGAPORE 760762

Period of Insurance

: 28 May 2020 To 27 May 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$399.85

Interest Insured

Cover Type

: Third Party, Fire & Theft

Named Driver (1)

: MUHAMMAD NUR DANIAL BIN JAMALUDIN

Named Driver (2)

: MUHAMMAD AL FURQAN BIN ZEHAN

Make/Model

: HONDA/400X

Capacity

: 400cc

Number of Seater

: 2

Registration Number

: FBH9458M

Registration Year : 2013

: YES

Chassis Number

: NC471003463

Insure with COE NCD Entitlement : 20%

Excess (Section 1)

: N/A

Excess (Section 2)

: N/A

Loyalty Discount

5%

Hire Purchase Company : KIVILE ENTERPRISES PTE LTD

Memo A: This policy is extended to include food delivery services.

Endorsement Operative: M2

Agency

TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 27 May 2020 13:03 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

| eBao Tech | | | 1233 | | | | | | Genera | lClaim |
|------------------------|------------------------|-----------------------|--|----------------------|----------|------------------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | + Chang | e Languag | e • Chan | ge Password | • Log Out |
| My Desktop | Policy Query | | | | | | | | | |
| Notice of Loss | Policy No. | | | | Date | of Accident | | 15/08/2020 1 | 1:45 | |
| | Vehicle No.(For Motor) | FBH945 | 58M | | Certif | icate Number | | | | |
| | | | | 7 | Search | | | | | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | O 5109762384- 01 | | MUHAMMAD NUR DANIAL BIN JAMALUDIN | \$9502402E | GMC | Third Party, Fire & Theft | FBH94S8M | FBH9458M | 28/05/2020 | 27/05/2021 |
| | | | | | Continue | 1 | | | | |

| olicy No. | 5109762384-01 | Policyholder Name | MUHAMMAD | NUR DANIAL BIN J | Policyholder NRIC | S9502402E | |
|------------------------------------|-----------------------------|-----------------------------------|-----------------------|-------------------|----------------------|------------|--|
| Certificate lo. | | | | | | | |
| ddress | BLK 762 #01-422 YISHUN STRE | ET 72 SINGAR | ORE 760762 | | | | |
| roduct lame | MOTORCYCLE INSURANCE | Plan | | | Group Policy Flag | N | |
| olicy ssue Date | 27/05/2020 | Effective Date | 28/05/2020 | 00:00 | Expiry Date | 27/05/2021 | 23:59 |
| xcess ype | Per Accident | All Claims Excess | | | | | |
| hird Party xcess | 0 | Own damage Excess | 0 | | Windscreen Excess | | |
| dditional xcess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Your | ng/Inexperience Driver Excess |
| lgent | TELESALES-DIRECT MARKETING | Agent Tel. | | | GST Flag | Υ | |
| Co- nsurance Flag Open | No | | | | | | |
| Policy Info Certificate Info | | | | | | | |
| | older Mailing Address | | | | | | |
| Address 1 | BLK 762 #01-422 | Addre | ss 2 | YISHUN STREET 72 | | Address 3 | SINGAPORE 760762 |
| ddress 4 | | Addre | ss Type | Singapore address | | Post Code | 760762 |
| Jnit No. | | Relate Numb | ed Policy er | 5109762384-01 | | | |
| Insure | d Object: FBH9458M | | | | | | |
| | ements | | | | | | |
| Sequen | ce Date of Endorsemen | t | Endorsement | Туре | Endorsement | Status | Endorsement Content |
| ı | 30/06/2020 00:00 | | Information sement | Endorse | ment Take Ef | fective | Thank you for giving us the opportunity to serve you. We confirm that from 30 Jun 2020, th following amendment(s) is/are made to this policy: This policy is extended to include food delivery services. |

| Claim Handling Accident MT/1100081 | | | | | |
|---|---|--|---|--|------------------------------|
| Policy No. | PARTY NAME OF | Vehicle No. | PBH9458M | GST Registration No. | |
| | 5109762384-01 | Verson No. | 7011943011 | as regarators no. | |
| Certificate No. | | | | | |
| Policyholder Name | MUHAMMAD NUR DANIAL BIN JAMALUDIN | 2002 | | Policyholder NRIC | \$9502402E |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 87512001 | Contact No. (Office) | 0 | Contact No (Home) | 0 |
| Email Address | 8.1.6 | Special Remark | P. C. | eCode | |
| KPK | ® No ○ Yes | TCA | ® No ⊜Yes | eCode Reason | tion . |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 17/08/2020 09:43 | Accident Report Within 24 hrs. | Yes | Accident Type | Collision - Major Minor Road |
| Date of Accident | 15/08/2020 | Time of Accident hh:mm | 11:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ORCHARD BD | | | | |
| ▼ Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | | |
| | | | | | |
| DO Standard Excess | 0.00 | YP Standwid Excess | 0.00 | St. 1450 S | 2525 V |
| YTEO DO Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Not Covered |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 0.00 | | |
| ▽ Benefits | | | | | |
| □ GST Registered Inform | | | | | |
| GST Registered | No | | GST Registration Date | | |
| GST Registration No. | | | GST Status Verified | Yes | |
| Modification History | | | | | |
| | school n | | | | |
| → Policyholder Hailing Ad | | ****** | YISHUN STREET 72 | Table 100 M | SINGAPORE 760762 |
| Address 1 | BLX 762 #01-422 | Address Type | | Address 3 | |
| Address 4 | | | Singapore address | Post Code | 760762 |
| LYNE NO. | | Related Policy Number | 5109762384-01 | | |
| or OI Driver Info | MUHAMMAD NUR DANIAL BIN JAMALUDIN | Onver Type | Main Driver | | |
| Unramed driver Name | PIOTAPPAD NOR CANAL SIN JANALSOIN | Driver NRIC | S9502402E | Driver DOB | 27/01/1995 |
| | 10.000.0000 | Oriver Age | 25 | Driving Experience | 2 |
| Register Date of Driver License | | | 0 | Contact No.(Home) | |
| Contact No.(Mobile) | 87512001 | Contact No. (Diffice) | | | |
| Address 1 | BLK 762 | Address 2 | YISHUN STREET 72 | Address 3 | SINGAPORE 760762 |
| Address 4 | | Address Type | Singapore address | Post Code | 760762 |
| Une No. | 01-422 | | | | |
| Does he own a Singapore Registered car? | ○ Yes ® No | Oriver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ® Yes ○ No | | |
| | | | | | |
| Modification History | | | | | |
| -22 SEE STATE (1971) | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| Claim Type + | OD-MX V | Insured Name | MUHAMMAD NUR DANIAL BIN I | Insured NRIC | 59502402E |
| Contact No (Mobile) | 87512001 | Contact No.(Home) | 67575467 | Contact No.(Office) | 977727788 |
| Email Address | CRACKINTHEHEAD @GMAIL.CC | OE Vehicle Number | FEHFMSEM | TP Vehicle Number | 5MH4326M |
| Claimant Type Claimant Type * | | Type of Benefit * | Please Select | | To a comme |
| Claimant Name * | Prease seed. | Claimant NKIC * | | | |
| Claimant Address | 100 | XVCC/PERMITTEE | | 3 | |
| Claim Description | FBH9458M / SMH4326M ON 15 Aug 2020 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact | | Insured Liability * | Not at Fault. | | |
| No. | | | | GIA report | Received |
| Require Finalisation | | Preferened Repair Option | Preferred Workshop, Name unknown | was report | Received 🔻 |
| | Yes V | | | Plante State and cont. | |
| Date Registered | 17/08/2020 09:45 | Clavn Close Date | | Date Received | 17/08/2020 00:00 |
| Date Registered Report Taken By | | | | Date Received | 17/06/2020 00:00 |
| | 17/08/2020 09:45 | | | Date Received | 17/08/2020 00:00 |
| Report Taken By | 17/08/2020 09:45 | | Save Submit | Date Received | 17/08/2020 00:00 |
| Report Taken By | 17/08/2020 09:45 | | Sare Submit | Date Received | 17/08/2020 00:00 |
| Report Taken By | 17/08/2020 09:45 | | Sare Submit | Date Received | 17/08/2020 00:00 |
| Report Taken By Print AK letter | 17/08/2020 09:45 | | Sare Submit | Date Received | 17/08/2020 00:00 |
| Report Taken By Print AK letter Attachment | 17/08/2020 09:45 | | Sare Submit 001 | Date Received | 17/08/2020 00:00 |
| Report Taken By Print AK letter Attachment | 17/08/2020 09:45 Jackson | Clavn Close Date | | Date Received | 17/08/2020 00:00 |
| Report Taken By Print AK letter Attachment P Accident No. | 17/08/2020 09:45 Dackson MT/1100081 (*) Yes (*) No | Claim Close Date Claim No. | 001 17/08/2020 09:46 | | |
| Report Taken By Print AK letter Attachment P Accident No. | 17/08/2020 09:45 Dackson MT/1100081 | Claim Close Date Claim No. Upload Date | 001 17/08/2020 09:46 Category * | Confidential Urgen | cy * Description * |
| Report Taken By Print AK letter Attachment P Accident No. | 17/08/2020 09:45 Dackson MT/1100081 (*) Yes (*) No | Claim No. Uplood Date Browse | 001 17/08/2020 09:46 Category * | Confidential Urgen | cy * Description * |
| Report Taken By Print AK letter Attachment P Accident No. | 17/08/2020 09:45 Dackson MT/1100081 (*) Yes (*) No | Claim No. Upload Date Browse Browse | 001 17/08/2020 09:46 Cacegory * Clear Please Select 5 | Confidential Urgen | Sy * Description * |
| Report Taken By Print AK letter Attachment P Accident No. | 17/08/2020 09:45 Dackson MT/1100081 (*) Yes (*) No | Claim No. Upload Date Browse Browse | 001 17/08/2020 09:46 Cacegory * Clear Please Select S Clear Please Select S Clear Please Select S | Confidential Urgen Normal Normal Normal Normal | Cy * Description * |
| Report Taken By Print AK letter Attachment P Accident No. | 17/08/2020 09:45 Dackson MT/1100081 (*) Yes (*) No | Claim No. Upload Date Browse Browse | 001 17/08/2020 09:46 Cacegory * Clear Please Select S Clear Please Select S Clear Please Select S | Confidential Urgen | Sy * Description * |

| CONTRACT. | | | | | | | Send Mess | nage. |
|-----------------|--|--|-----------------------|----------|---------|---------------------------------|-------------------|-------|
| Attachment | | I By/Date | Category | ? | Urgency | Description | Msg Sent? (CD) | |
| XXI (**) | | WAL ASSESSMENT CENTRE SERVI UD 2020 09 40 | NRIC/ Driving License | ٧ | Normal | NRIC/ Driving License 2020-8-17 | | |
| 49 | NAC_PAYA_UBL_600601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Aug 2020 09:46 | | SAS | Normal | | SAS 2020-8-17 | | |
| | NAC_PAYA_UBI_BOODDL(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:46 | | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC PAYA UBI 800601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:46 | | Phoses | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_UB1_B00601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:46 | | Photos | | Normal | Photos 2020-8-17 | | |
| 4 | | NAL ASSESSMENT CENTRE SERVI ug 2020 09:46 | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERV: CES) on 17 Aug 2020 09:46 | | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_UBI_BD0001[NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:46 | | Photos | | Normal | Photos 2020-8-17 | | |
| 5.4 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug J020 09:45 | | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:45 | | Photos | | Normal | Photos 2020-8-17 | | |
| 8 | NAC_PAYA_UBI_BD0603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 3020 09:45 | | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_U61_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:45 | | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:45 | | Photos | | Normal | Photos 2020-8-17 | | |
| | NAC_PAYA_UB1_800603(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2020 09:45 | | Photos | | Normal | Photos 2020-8-17 | | |
| Video List | Uploaded By/Date | Folder Date | | ile Name | | § Source | | |