NATIONAL Assessment Centre S	Services. 14	=[ 1 Jan'05] JN	6470C 200H		·
	Jeb description		Date &Time Completed	ı E	Done py
Ref No: 44/14/2013 276/14	SAS e-filing			:	
Veh No: FDRYELYZ.	E-mail (within 8hr	s, AIC 2hrs)			
D.O.A: )9/11/2-19:00	i-Motor Claim	Form	ונטי מותוורה	1/2/1	b 16:31
711/2017.00	i-Motor W/O (	Vithin: OD 2hrs	, TP 4hrs)		
OD : (TP): Reporting Only	i-Photo Upload	ed			
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by 1	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: JUB 3666	1	INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	)
Policy No: ( ) Period	i: (	)	Cover Type: (		) .
Confirmed by : (		Date:	Time:		)
Insured/Driver Liability: ( %) [Not	e-Est. Status (WC	)): N: 0-20	0%; P: 21-79%. P: 80	)-100%]	
Year of Registration: ( ) War	rranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000(	)			
General Remarks:-				55520 S	
( ) Walk-In Customer: Customer's informa	ation strictly Confid	dential & Str	ictly NO refer of repaire	г.	
( ) Total Loss Case : to e-mail Insurer U	JRGENTLY.		, * : : : : : : : : : : : : : : : :		
Drive-In ( )/ Towed-In ( ); Invoice: Y	ES ( ) / NO	( ); T	owing Co: (		. )
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	i i	one by
	rtesy Car ( )			1	
2) QC Check / Post Repair Inspection	( )			1	
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()	- 1			
Injury:			1 2 2		
				and the second	The second second
Date/Time Actions					<u>konest 1</u>
			•		
	1			7.4	
, NAV.		D	paration Checklist	and the second of the	t (5) Amt (5)
10206211.	86			face fit.	Bill Add Bill
laimant's Particulars :-		AR : Accident DA : Damage	Assessment (\$100); INC	(\$80)	
river/Owner:	3)	TF : Towing F FT : Follow-T		\$120	
ontact No:	5)	FT : Follow-T	hrough Survey (Resurvey)	\$30	
		For claiming a TR: Re-inspec	goinst INC Only (wef 10 Jan 2	\$75	
amaged Portion:	7		+ SMRT Survey	\$160	
	8	OD.			
C Checked by (Engr-In-Charge):	·	*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	\$5 \$10	
10. 16		*N7: Fost Rep	nir Inspection	\$25	
uditors':Comments::-			lect Excess Coordination (N'ın INC) against INC	\$20	<u> </u>
<u>t. 1:</u>		N12: Idac Mol	bile	30	artier) a
1. 2/3:	1	voice dated	Fee Charg Fee Charg	MANUFACTURE AND ADDRESS OF THE PARTY AND ADDRE	
	1 /r	VILLE GUIEG			



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

#### **ACCIDENT STATEMENT**

Date of Submission	02/12/2020 16:13 (SGT)
Date of Accident	29/11/2020 17:00 (SGT)
Exact Location of Accident	Bishan PI, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FBQ4814D
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No RUSYDI IZDIHAR BIN JUMAHAD

Honda

Motorcycle

io company.	
Name Of Registered Owner	RUSYDI IZDIHAR BIN JUMAHAD
NRIC No	SXXXX434G
Email Address	di-rusy@hotmail.com
Mobile Phone No	(Phone) +65-93894853
Alternative Phone No	+65-93894853

# VEHICLE PARTICULARS

Manufacturer

Model	Cb190x
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party

# INSURANCE COMPANY

Vehicle Category

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113289138-01
Cover Note Number	-

# DRIVER

Name of Driver	RUSYDI IZDIHAR BIN JUMAHAD
NRIC No	SXXXX434G
Date Of Birth	13/12/1992
Occupation	Outdoor

Date Of Driving Pass	10/10/2019
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93894853
Alt. Phone Number	+65-93894853
Email Address	di-rusy@hotmail.com
Address	BLK 51 LORONG 6 TOA PAYOH
Address complement	#11-76
Address complement	
Postcode	310051
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
AND ALL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry
Thous curious	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	Na
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02
	Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201130/2029.	
REFER TO FOLICE KEI OKT = 1/2020 1100/2020.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF OTHE	A VENIOLE NO. EM.
Vehicle Registration Number	SLB5666T
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
an international international and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering and an engineering and an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering an engineering and an engineering and an engineering and an engineering and an engineering	
Vehicle Colour	Dinto
Vehicle Category	Private car
Name of Driver	-

Contact Number	_
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	RUSYDI IZDIHAR BIN JUMAHAD
Address	-
Address Complement	-
Post Code	=:
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBQ4814D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by 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 aforesald.
- 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)
  - (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
- 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.

Date & Time:

Policyholder's Signature

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

NRIC/FIN No .:

Name:

Reporting Centre Perso

's Signature

Date & Time:

ETCH PLAN To Bishon St 13		A LONG MELLO MALLO LA LA SEGUENTA DE LA COMPOSITIONE DE LA COMPOSITION
1	B Entrance of BIK514	Bishan St 13 MSCP
(4)		
→ 5	> Bishan Place	
nn Place	4	Veh A. PBQ4814D
A 1		Veh B: SLB56667
A		
Tayotton & Co	oding Bay	
CRIBE CIRCUMSTANCES OF TH	RE ACCIDENT	
100 cm		
D ()	1	
Keter .	to potal report	504930
414	Report NO: T/2	0201130 [2029
	Egon No. 11ª	02011301-022
		The second secon
		33.560.301.00

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.:

HRS  Tong British Place  Rusydi Izdihar Bin Jumahad  P:93894853 Home: Office:  S92454349  BLK 51 Lorong 6 Ton Payoh #11-76 S(3(0051))  THIRD PARTY REPORTING ONLY  NTUC  Imprehensive Third Party Third Party / Fire / Theft  513289138-01  Above If No,  Any Passengers: —  13(12)1992  Itdoor / Indoor  10/2019  ale / Female  P: Home: Office:
Rusydi Izdihar Bin Jumahad  P: 9389 4853 Home: Office:  S9 2454349  BLK 51 Lorong 6 Toa Payoh #11-76 S(310051)  THIRD PARTY REPORTING ONLY  NTUC  Imprehensive Third Party Third Party / Fire / Theft  5113289138-01  Above If No,  Any Passengers: —  13 [12   1992  Indoor / Indoor  10   10   2019  ale / Female
Rusydi Izdihar Bin Jumahad  P:93894853 Home: Office:  S9 2454349  BLK 51 Lorong 6 Toa Payoh #11-76 S(310051)  THIRD PARTY REPORTING ONLY  NTU C  Imprehensive Third Party Third Party / Fire / Theft  5113289138-01  Above If No,  Any Passengers: —  13 (12 1992  Indoor  10 10/2019  ale / Female
Rusydi Izdrar Bin Jumahad P: 93894853 Home: Office: S92454349 BLK 51 Lorong 6 Toa Payoh #11-76 S(3(0051))  THIRD PARTY REPORTING ONLY  NTU C Imprehensive Third Party Third Party / Fire / Theft 5113289138-01  Above If No,  Any Passengers: —  13 (12) 1992  Indoor  10 (10/2019  The party is a second of the party / Female
P: 9389 4853 Home: Office:  S9 2454349  BLK 51 Lorong 6 Ton Payoh #11-76 S(310051)  THIRD PARTY REPORTING ONLY  NTU C  Imprehensive Third Party Third Party / Fire / Theft  5113289138-01  Above If No,  Any Passengers: —  13 (12   1992)  14 or / Indoor  10   10   2019  ale / Female
P: 9389 4853 Home: Office:  S9 2454349  BLK 51 Lorong 6 Ton Payoh #11-76 S(310051)  THIRD PARTY REPORTING ONLY  NTU C  Imprehensive Third Party Third Party / Fire / Theft  5113289138-01  Above If No,  Any Passengers: —  13 (12   1992)  14 or / Indoor  10   10   2019  ale / Female
BLK 51 Lorong 6 Ton Payoh #11-76 S(310051)  THIRD PARTY REPORTING ONLY  NTUC  Imprehensive Third Party Third Party / Fire / Theft  513289138-01  Above If No,  Any Passengers: —  13 [12] 1992  Itdoor / Indoor  10 10/2019  ale / Female
THIRD PARTY REPORTING ONLY  NTUC  Imprehensive Third Party Third Party / Fire / Theft  5 (13289138-01)  Above If No,  Any Passengers:  13 (12   1992)  Itdoor / Indoor  10   10   2019  ale / Female
Above If No,  Any Passengers:    13   12   1992     10   10   2019     ale   Female
Above If No,  Any Passengers:  Indoor  Indoor  Indoor  Female
Above If No,  Any Passengers:  (3 (12) 1992  Itdoor / Indoor  (0 (10) 2019  ale / Female
Above If No,  Any Passengers: —  13 (12) 1992  14door / Indoor  10 (10) 2019  ale / Female
Any Passengers: —  13 (12) 1992  10 10 2019  ale / Female
13 (12) 1992 10 10/2019 ale / Female
ale / Female
10   10   2019 ale / Female
ale / Female
- 1998 a
P: Home: Office:
If yes, Reg No.
oployee, If no, state Dunle
ear Raining Other
Wet Other
o, (f Yes, Who?
Rusydi Izdihar Bih Jumahad 9389 4853
o, (If Yes, Where? Tog Payon NPC
SLB 5666T Any Passengers: 1
Contact No. :
Any Passengers:
Any Passengers :
Witness Contact:
Hit on the front, fall to the left
es (No
di-rusya hotmail.com





Date of Expiry:

1 of 3

Report No. T/20201130/2029

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

# REPORT OF A TRAFFIC ACCIDENT

Occupation:

ASSISTANT STATION MANAGER

	ne Report N 20 10:25	/lade:	Vide Report No.:	Station Diary No.: 23		
Informa	nt's Partice	ulars				
Name of	Informant:	San Maria Cara Cara Cara Cara Cara Cara Cara	Address:			
RUSYDI	IZDIHAR E	BIN JUMAHAD	APT BLK 51 LORONG 310051	6 TOA PAYOH #11-76 SINGAPORE		
ID Type	/ ID No.:		Contact No.:			
NRIC NO	) / S92454	34G	Home/Office: Mobile: 93894853			
Nationali SINGAP	ty: ORE CITIZ	EN	Email:			
Sex: Male	Age: 27	Date of Birth: 13/12/1992	Type of Informant: Rider			
Race: Boyanes	e		Language:	Institution / School Name:		

Driving Licence Information:

Class: 2B,3

General Infor	mation of the Accident			gradicki da da sa sa s
Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 29/11/2020 17:00	Type of Location:
Location:				
BISHAN PLA	CE			
Weather: Clear	Ro	oad Surface:	Ro	pad Speed Limit:
Traffic Flow:	Tr	affic Control:	Tr	affic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head To Side			nyone conveyed by nbulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBQ4814D	Motorcycle	HONDA	CB190X MANUAL	Black	Seriously Damaged	0	
SLB5666T	Car				Slightly Damaged	1	

	ehicle Insurance	CARL STATE OF THE STATE OF		and the same of the second
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4814D	NTUC Income Insurance Co-Operative Limited	5113289138-01	15/10/2020	14/10/2021





2 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20201130/2029

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		419		and the first section of the property of the first of the
Any Pedestrian Ir	nvolved: No				
No. of Pedestrian	is Injured: NIL	Use of Ped	destrian	Cross	ing: NA
Rider					
Name	RUSYDI IZDIHAR BIN JUMAHAI	)	ID No.		S9245434G
Related Vehicle	FBQ4814D (Motorcycle)		Conta	ct No.	93894853
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave 03	Degree of	Injury	Sligh	t

#### **Brief Details.**

On 29/11/2020 at about 5pm, I was riding my bike (FBQ4814D) along Bishan Place. I was riding from the loading/unloading bay of Juntion 8 towards Bishan street 14. While I was riding pass the Junction of Bishan Place, nearer to Bishan MRT Circle Line exit, a car (SLB5666T) came out of the MSCP and turned right. The car did not stop at the white line and carried on moving. I saw the car coming towards me and I immediately braked. I could not brake and avoid the car on time and I hit the car on its left rear passenger side. I then dropped to my left side and the car drove over my bike and also over my right leg before coming to a stop. Traffic Police and Ambulance arrived at the incident and I was conveyed by Ambulance. I was given 03days of MC by TTSH however I did not bring my MC to lodge the report. I also did not take the car driver particulars and do not have the Police case number as I was conveyed to TTSH. I have injuries on my left elbow, back, right ankle and left ankle.





3 of 3 Report No. T/20201130/2029

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: E / Sgt 3 SATHISH KUMAR S/O TAMBI RAJAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2020 10:25
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:

SN 168

POLICE FORCE

SIGNATURE

NP168



### **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: 5113289138-01 Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

z. Name of PolicyHolder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

: FBQ4814D

: 15 Oct 2020

: 14 Oct 2021

: LWBPCL1A0K1000260

: RUSYDI IZDIHAR BIN JUMAHAD

- 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) : S\$300

EXCESS (SECTION 2) : N/A

EXCESS (THEFT OUTSIDE SINGAPORE) : PLEASE REFER OVERLEAF

INSURE WITH COE : YES

NAMED DRIVER (1) : RUSYDI IZDIHAR BIN JUMAHAD

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAH 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 04 Sep 2020 00:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601					ANGENIA ESTAPE	· Change I	Language	Change	e Password	› Log Out
My Desktop	Polic	cy Query									•
Notice of Loss	Policy N	lo.				Date	of Accident	29	/11/2020 17	:00	
	Vehicle	No.(For Motor)	FBQ48	14D		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113289138- 01		RUSYDI IZDIHAR BIN JUMAHAD	S9245434G	GMC	Comprehensive	FBQ4814D	FBQ4814D	15/10/2020	14/10/2021
						Continue					

Policy No.	5113289138-01	Policyholder Name	RUSYDI IZ	DIHAR BIN JUMAHAD	Policyholder NRIC	S9245434G	
Certificate No.					HAIC		
Address	BLK 51 #11-76 LORONG 6 TO	A PAYOH EAST	PAYOH PALM	SINGAPORE 310051			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/09/2020	Effective Date	15/10/202	0 00:00	Expiry Date	14/10/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	300		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Υ	
Co-							
nsurance Flag	No						
	No						
Flag Open	No						
Policy Info Certificate	No older Mailing Address						
Flag Open Policy Info Certificate nfo Policyh		Addre	ss 2	LORONG 6 TOA PAY	<b>′</b> ОН ,	Address 3	EAST PAYOH PALM
Policy Info Certificate nfo Policyh	older Mailing Address		ss 2 ss Type	LORONG 6 TOA PAY Singapore address		Address 3 Post Code	EAST PAYOH PALM 310051
Flag Open Policy Info Certificate Info	older Mailing Address BLK 51 #11-76	Addre	ss Type			Sec. 15. 10. 15.	
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 51 #11-76  SINGAPORE 310051	Addre Relate	ss Type	Singapore address		Sec. 15. 10. 15.	
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 51 #11-76  SINGAPORE 310051  11-76  I Object: FBQ4814D	Addre Relate	ss Type	Singapore address		Sec. 15. 10. 15.	
Den Policy Info Certificate Info Policy Policyh Address 1 Address 4 Unit No.	BLK 51 #11-76 SINGAPORE 310051 11-76 d Object: FBQ4814D	Addre Relate Numb	ss Type	Singapore address 5113289138-01		Post Code	

The state of the properties o	Claim Handling					
STATES AND	cident MT/1112121					
March   Mar	licy No.	5113289138-01	Vehicle No.	FBQ4814D	GST Registration No.	
0000000000000000000000000000000000000	ertificate No.					
Montange	olicyholder Name	RUSYDI IZDIHAR BIN JUMAHAD			Policyholder NRIC	S9245434G
Contact   Cont			Cover Type	Comprehensive	Loading	0
Selicit Minuma			and the supplier of			
March   Marc		93894853		0		
Marchane	mail Address		Special Remark			N∈ ▼
## Control	FK	No ○ Yes	TCA	● No ○Yes	eCode Reason	
According   Company   Co	CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Total part	Accident Details					
Total part	eport Date	02/12/2020 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Comparison   Com						Cl
Part		29/11/2020		17:00		Singapore
## PARTICLE   PARTICL	eporting Centre		Orange Force		ICM No.	
Standard Enteres   2000   175 Enteres   2000   175 Enteres   2000   20	ccident Location	Bishan Pl				
10   10   10   10   10   10   10   10	<ul> <li>Total Excess Applicable</li> </ul>					
Decompose	xcess Type	Per Accident	Windscreen Excess			
Minimary						
Marche   March   Mar	D Standard Excess	300.00	TP Standard Excess	0.00		
100   100	IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
## Section   100						
## 2015 Page 1011 Page 1111 Page 11				With the second		
## ST Registrant In Page		300.00	Total TP Excess Applicable	0.00		
Talegotaterion   No	♥ Benefits					
TH REQUENCES IN 1.00 FOR A MATERIAL PROPERTY OF PRESENT OF 100 FOR A MATERIAL PROPERTY OF 100 FOR A MATERIAL	GST Registered Informa	ition				
## Designation History    Palicy   Pal	ST Registered	No		THE THE PERSON WATER TO SERVE AND TH		
## Patisyholder Malling Address 2    Sinday   S	ST Registration No.			GST Status Verified	Yes	
Description   Section	odification History					
Description   Section						
Description   Section	Policyholder Mailing Ad	dress				
Single-price accrees 4   Single-price 200551   Address Type   Single-price accrees 5   Single-price accrees 6   Single-			Address 2	LORONG 6 TOA PAYOH	Address 3	EAST PAYOH PALM
No   11-76						
### 10   10   10   10   10   10   10   1					rost code	310031
March Date of Direct Logical Substantion   Direct Poles   Direc	Init No.	11-76	Related Policy Number	5113289138-01		
Driver Name   gapter Date of Driver Looms   2010/2019   Driver Name   contact No (Police)   Driver Name   Drive	OI Driver Info					
### Date of Driver License   10/10/2019   Driver Age   27   Driver Age   1   Driver Age   1   Driver Age   27   Driver Age   1   Driver Age   1   Driver Age   27   Driver Age   1   Driver Age   27   Driver Age	Priver Name	RUSYDI IZDIHAR BIN JUMAHAD	Driver Type	Main Driver		
Contact No. (Mobile)   93894853   Contact No. (Office)   Contact No. (Mobile)   O   Contact No. (Mo	Innamed driver Name		Driver NRIC	S9245434G	Driver DOB	13/12/1992
Address 1 BLK S1 Address 2 CORONG 6 TOA PAYCH Address 3 BAST PAYCH PALM address 4 SINGAPORE 310051 Address Type 8 Injegace address Poet Code 310051  Address Type 0 Priver Vehicle No. Priver Insurer Company Programs of Poet Code 310051  Address Type 0 Priver Vehicle No. Priver Insurer Company Programs of Poet Code 310051  Address Type 0 Priver Vehicle No. Priver Insurer Company Priver Ins	egister Date of Driver License	10/10/2019	Driver Age	27	Driving Experience	1
Address 1 BLK S1 Address 2 CORONG 6 TOA PAYCH Address 3 BAST PAYCH PALM address 4 SINGAPORE 310051 Address Type 8 Injegace address Poet Code 310051  Address Type 0 Priver Vehicle No. Priver Insurer Company Programs of Poet Code 310051  Address Type 0 Priver Vehicle No. Priver Insurer Company Programs of Poet Code 310051  Address Type 0 Priver Vehicle No. Priver Insurer Company Priver Ins	Contact No.(Mobile)	93894853	Contact No.(Office)	0	Contact No.(Home)	0
Address 1 SINGAPORE 310051 Address Type Singapore address Post Code 310051 Int No. 11-76  Int No. 11-76  Over @ No Driver Vehicle No. Driver Insurer Company  ecidaration  Insured Blood Test ceeding?  O mg Any injury?				LORONG 6 TOA PAYOH		EAST PAYOH PALM
Driver Vehicle No. 11-76    Order No. 11-76   Order Vehicle No.   Order Insurer Company   Order Insure						
Driver Insurer Company   Driver Compan	Address 4	SINGAPORE 310051	Address Type	Singapore address	Post Code	310051
Registered car?	Jnit No.	11-76				
Page	Does he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
Death slyser or Blood Test on mg  Any Inyury?	tegistered carr					
Calim Opt   Nex	eclaration					
claim Type * OD-MX	Breathalyser or Blood Test			A V O N-		
Talim Type * OD-MX		0 mg	Any injury?	Tes O No		
Talim Type * OD-MX						
Insured Name   RUSYDI IZDIHAR BIN JUMAHAD   Insured NRIC   S9245434G	lodification History					
Insured Name   Susy   Submit	0.00 B					
Contact No. (Hobile) \$3894853 Contact No. (Home) 67377127 Contact No. (Office) mail Address  DL_RUSY@HOTMAIL.COM  OI Vehicle Number  FBQ4814D  Typ Vehicle Number  FBQ4814D  Typ Vehicle Number  Typ Vehicle Number  SLB5666T  Typ Vehicle Number  Typ	Claim 001 New					
Contact No. (Hobile) \$3894853 Contact No. (Home) 67377127 Contact No. (Office) mail Address  DL_RUSY@HOTMAIL.COM  OI Vehicle Number  FBQ4814D  Typ Vehicle Number  FBQ4814D  Typ Vehicle Number  Typ Vehicle Number  SLB5666T  Typ Vehicle Number  Typ						
ontact No. (Hobile) 93894853 Contact No. (Home) 67377127 Contact No. (Office) Inalianat No. (Home) 67377127 Contact No. (Office) Inalianat No. (Hobile) Number PRQ4814D Thy Vehicle Number SLB5666T No. (Inalianat No. (					1	202121212
mail Address  DL RUSY®HOTMAIL.COM  OI Vehicle Number  FBQ4814D  TP Vehicle Number  FBQ4814D	laim Type •					59245434G
Type Claimant Type Claimant Type Please Select	Contact No.(Mobile)	93894853	Contact No.(Home)	67377127	Contact No.(Office)	
Attachment  Attachment  Attachment  Attachment  Attachment  Browse  Browse  Claimant NRIC *    Save   Submit   Select   Vac   Normal	mail Address	DI_RUSY@HOTMAIL.COM	OI Vehicle Number	FBQ4814D	TP Vehicle Number	SLB5666T
Claimant Name *	Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
laimant Address  laim Description   FBQ4814D / SLB5666T ON 29 Nov 2020   Insured Liability * Not at Fault   Vo.   lequire Finalisation   Ves   Ves   Preferered Repair Option   Preferred Workshop, Name unknown   Ves   Preferered Repair Option   Preferred Workshop, Name unknown   Ves   Preferered Repair Option   Preferred Workshop, Name unknown   Ves   Oz/12/2020 00:00   Insured Liability * Not at Fault   Ves   Oz/12/2020 16:331   Claim Close Date   Oz/12/2020 00:00   Insured Liability * Not at Fault   Ves   Oz/12/2020 00:00   Insured Liabili						
FBQ4814D / SLB5666T ON 29 Nov 2020   Insured Liability *   Not at Fault   Submit   Save					1	
Insured Liability * Not at Fault  Insured Workshop Contact  O.  Preferred Workshop, Name unknown					Name of Destandance	
lo.    Control   Preferred	The second secon	FBQ4814D / SLB5666T ON 29 Nov 2020	<del></del>		Name of Preferred Workshop	
Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received  Date Received  O2/12/2020 16:31  Claim Close Date  Date Received  O2/12/2020 00:00  Print AK letter  Attachment  Attachment  Occident No. MT/111211  Claim No. 001  ast Doc. Received  O2/12/2020 16:38  Path * Category * Confidential Urgency * Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V			Insured Liability *	Not at Fault		
Date Received 02/12/2020 16:31 Claim Close Date Date Date 02/12/2020 16:31 Date Received 02/12/2020 00:00 Print AK letter  Save Submit  Attachment  Claim No. 001  actident No. MT/112121 Claim No. 001  ast Doc. Received ● yes ○ No Upload Date 02/12/2020 16:38  Path • Category • Confidential Urgency • Description  Browse Clear Please Select ▼ No ▼ Normal ▼   Browse Clear Please Select ▼ NO ▼ Normal ▼   Bro		Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By Jackson  Print AK letter  Attachment  Accident No. MT/1112121 Claim No. 001 ast Doc. Received Peach No Upload Date 02/12/2020 16:38  Path * Category * Confidential Urgency * Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V			Claim Close Date		Date Received	02/12/2020 00:00
Attachment  Claim No. 001  actident No. MT/112121 Claim No. 001  ast Doc. Received  Yes No Upload Date 02/12/2020 16:38  Path * Category * Confidential Urgency * Description  Browse Clear Please Select			S. PETANONO ISSUE ORANGO PROPERTO			
Attachment  Attachment  Claim No. 001  ast Doc, Received  Yes No Upload Date 02/12/2020 16:38  Path * Category * Confidential Urgency * Description  Browse Clear Please Select   No Normal V	- ANDRES MANAGEMENT	packsoff				
Attachment  Cident No. MT/112121 Claim No. 001 ast Doc, Received Path * Category * Confidential Urgency * Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Clear Please Select V NO V Normal V  Clear Please Select V NO V Normal V	✓ Print AK letter					
Attachment  Cident No. MT/1112121 Claim No. 001  ast Doc, Received Path * Category * Confidential Urgency * Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V				Save Suhmit		
Ccident No. MT/1112121 Claim No. 001 ast Doc. Received Path * Category * Confidential Urgency * Description  Path * Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V				Save Subline		
Ccident No. MT/1112121 Claim No. 001 ast Doc. Received Path • Category • Confidential Urgency • Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V	Attachment					
Ccident No. MT/1112121 Claim No. 001 ast Doc. Received Path • Category • Confidential Urgency • Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V						
Browse Clear Please Select V NO Normal V Browse Clear Please Select V NO V Normal V Browse Clear Please Select V NO V Normal V No	•					
Path * Category * Confidential Urgency * Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V	Accident No.	MT/1112121	Claim No.	001		
Path • Category • Confidential Urgency • Description  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V			Upload Date	02/12/2020 16:38		
Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V	Control of the Control of Control				Confidential	y # Description
Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V		Path *		I amount a second and a second		
Browse Clear Please Select V NO V Normal V  Browse Clear Please Select V NO V Normal V			Browse			
Browse Clear Please Select V NO V Normal V			Browse	Clear Please Select	NO V Normal	V
Browse Clear Please Select V NO V Normal V			Browse	Clear Please Select	NO. V Normal	▼
						Annual Control of Cont
Browse ☐ Clear Please Select ☑ NO ☑ Normal ☑						
			Browse	Clear Please Select	NO V Normal	<u> </u>
Browse   Clear   Please Select   V   NO V   Normal   V			Browse	Clear Please Select	NO V Normal	V

Attachment	List					
Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? (CO)
Time 17	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-2	(65)
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:38	SAS		Normal	SAS 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:33	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:33	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:33	Photos		Normal	Photos 2020-12-2	
No.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:33	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:33	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:32	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:32	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:32	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:32	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:32	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:32	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:31	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:31	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:31	Photos		Normal	Photos 2020-12-2	
6	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:31	Photos		Normal	Photos 2020-12-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:31	Photos		Normal	Photos 2020-12-2	
Video List	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Dec 2020 16:31	Photos		Normal	Photos 2020-12-2	
rideo List	Uploaded By/Date Folder Date	5	e Name		Source	Ac