NATIONAL Assessment Centre	Services 1	12 120'nel 1 19w	092003000	1		
Date In: 3/12/20 - 16: 20	Jeb description		Date &Time		Done	by.
Ref No: NA JUNCOOR 1/24	SAS e-filing					
Veh No: 57494067	E-mail (within 8	hrs, AIC 2hrs)				
D.O.A: 7MD-16:55	i-Motor Clain	Form	M 11122	61-001	3/12/20	16:W
	i-Motor W/O	(Within: OD 2hrs	-			
OD : TP. Peporting Only	i-Photo Uploa	ded				
TD Individual	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ex:)
TP Particulars: Veh No: SMP	72274	. INC(.)/Non-INC	C().		
Owner / Driver: (·	Tel:)	
Policy No: () Perio	od: ()	Cover Type:	() ,	
Confirmed by : (Date:	Tim)	
	ote-Est. Status (W		0%; P: 21-799	%. F: 80-10	00%]	
	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000)()/\$2,000()	\$ 200 meter 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************		
General Remarks			William Co. Co. Co. Co.		CARR PLAN	<u> </u>
() Walk-In Customer: Customer's inform		fidential & Str	ictly NO refer of	of repairer.		
() Total Loss Case : to e-mail Insurer				<u> </u>	<u> </u>	
Drive-In ()/ Towed-In (); Invoice:	YES()/N	O();To	owing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time C	ompleted	Done	by
1) Apply for Transport Allowance ()/Con	urtesy Car ()					
2) QC Check / Post Repair Inspection	()		<u> </u>		1	
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()		- thu			
Injury:						
Date/Time Actions						
					(300001,000,000,001,000	
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			•			
	1					
•	· · · · · · · · · · · · · · · · · · ·				TORICO SAR	Amt (3)
197206527		Invoice Prep	aration Chec	klist	Anıt (S) İst Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident		7NG (50)	N .	
		2) DA: Damage A 3) TF: Towing Fe	Assessment (\$100)	; INC (\$80 \$40/		
Driver/Owner:		4) FT : Follow-Th	rough Survey		120 \$30	
Contact No:		For claiming ag	rough Survey (Res	ef 10 Jan 2005)		ļ
Damaged Portion:		6) TR: Re-inspec 7) N1: Idac DA +	tion		\$75 160	<u> </u>
		8) NTUC Additio	nal Services:-			
C Checked by (Engr-In-Charge):		*NS: Courtesy	Car / Tpt Allowand	c	\$5	
		*N6: Repair Co	o-ordination	t)	\$10 \$25	
<u> Auditors! Comments : r</u>		+N8: DV / Coll	lect Excess Coordin	ation	\$5	
at. 1:		TP (N11): TP 9) N12: Idac Mob	(Non INC) against	INC	30	
at. 2/3:		Invoice dated		Fee Charged		and the
		Invoice dated		Fee Charged	MANT	l



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.

ACCIDENT STATEMENT

Date of Submission 03/12/2020 16:20 (SGT) Date of Accident 02/12/2020 16:55 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information TWDS WOODLANDS AFTER MANDAI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH9406T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner SALHA BTE SOO NRIC No. SXXXX814J

Email Address chansiang25@hotmail.com Mobile Phone No (Phone) +65-81995050 Alternative Phone No

+65-81995050

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer

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 No - Claiming third party your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5031108974-12

Cover Note Number

DRIVER

Name of Driver ABDUL JALIL BIN ABDUL KADIR

NRIC No SXXXX091J 18/01/1954

Date Of Birth Occupation Indoor

Accident report SN0920C3000K

Date Of Driving Pass	15/11/1976
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81995050
Alt. Phone Number	:
Email Address	chansiang25@hotmail.com
Address	BLK 984B BUANGKOK LINK
Address complement	#03-21
Postcode	532984
Is the driver the policyholder?	No No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
9	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	2.,
OTHER INFORMATION	
W	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	MADIAL PINTE IDDALIM
Gender	MARIAH BINTE IBRAHIM Female
dildi	renale
DETAILS OF POLICE ACTION	
Manadha anaident way artad to the maliana	
Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201202/2162.	
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 OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SMP7353Y
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	_
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU24L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH8720T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKN1248S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	ABDUL JALIL BIN ABDUL KADIR
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SJH9406T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	MARIAH BINTE IBRAHIM
Address	<u>=</u>
Address Complement	
Post Code	E
Approximate Age Years Old	•
Injuries Sustained	NECK
Injured person in which vehicle?	SJH9406T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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.
- 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.
- 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 insurers(s) who have insured vehicle(s) involved in this accident (all insurers) 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, involces, 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN	1	1 1	1			
						A: SJH 9406 T
	e					B: SMF73534
		E, 3				C:SMU24L
		AU				DISTINCTAL
		D	1			J 17011 BIDO
						E:SKN 19782
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		I tourney of a false in a land	- 10-1-1	-\-\- - - - - - -	
I was Hearth	my along	BKE +	marge n	to frakov	ter Mandai	
exit, The Half	l was h	eary. Verice	ie (ins	Horst of 1	me staples	
2.11		3			3/4/08	
Suffering So I	tollon to	Slow Pa	and ving	Hor nith	nout any	
content with	the flort	welline.	Sullening	I felt	Speed so	
NAD-11 LINE	0					
causes	from the	Heat	of my	ushille A	. msand	
	ricle to	the of m	love for	ward a	nd hit o	onto
vehicle C. I	got down	and	see, I	ealise I	wag	
involved in a	5 car c	hain cal	lison Th	en ic :		
			112151511	(5)	njury	
and driver of	f vehicle	B is c	onvey to	the has	ipital	
by ambulance	۲.					
,						<i>E</i>
DECLARATION					31	\$ 1 1
We declare the foregoing particular	s are true in every res	pect				
Calves	Smiles	in .				
olicyholder's Signature late & Time:	Oriver's Signature (if driver is not the p	olicyhalder)	Reporting Name:	Centre Personnel's	Signature	. 1
Station Step delitration of Ma	Date & Time:	1000	NRIC/FIN	No.:		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

 Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reguldate policy liability. 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 0	2/12/202	O (DD/M)	M/YY) Tin	ne: 16: 55	(HH:MM)
Exact location of accident	OKE	tourst s	smileon			(

Details of vehicle

Vehicle registration number	SJH 9406 T
Vehicle make and model	MITSUBISHI LAMCER EX
Type of vehicle	Saloon MPV CRV Van U
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

Insurance information

Insurance company	NTUC
Policy number	5031108974-12
Type of policy	Comprehensive Third party fire & theft TP only

Insured / Policy holder

Name	SALMA BITE SOO	Male D Female
NRIC / Fin / Passport number	312198147	
Contact	70.70	
Address		

Driver Same as insured above □ (skip to D.O.B)

Name	ABOUL SAUL BIN ABOUL KADIR Male of Female D
NRIC / Fin / Passport number	52000917
Contact	8199 5050
Address	BIK JOHB BNUMPKOK TINK #03-51 ' 2356814
Email address	changiana 25@ hotmail. com
Date of birth	18-01-1954
Occupation	Indoor Outdoor
Driving date pass	15-11-1976

General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rel	No ≠ ationship of the	driver and insured:	Spouse
Accident captured by camera?	Yes	No to		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet 🗆		
No of passenger	2			(Inclusive of driver)

Passenger 1

Name	MARIAH	SIMTE ISPAHIM	
Gender	Male 🗆	Female,ø	

Passenger 2

Name		
Gender	Male Female	
Passenger 3		

Name		
Gender	Male □ Female Ø	

Passenger 4

Name			/		
Gender	Male 🗆	Female			
				1	

Passenger 5

Name			
Gender	Male 🗆	Female D	

Passenger 6

Name			
Gender	Male 🗆	Female p	

Other information

	/	/	
Was anybody injured?	Yes 4	No 🗆	
Was other vehicle damaged?	Yesiz	No 🗆	

Details of police action

Reported to police?	Yes	No	If yes, please state which police station.
Police station name			, , , , , , , , , , , , , , , , , , ,

Third party vehicle 1 (B)

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SMP 1353 Y	
Vehicle make model		

Third party vehicle 2 (()

Name		A STATE OF THE STA
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SMV 24 L	
Vehicle make model		

Third party vehicle 3 (0)

Name			**************************************
Contact number			
NRIC / Fin / Passport number			
Vehicle registration number	SLH	7 OLT8	
Vehicle make model			

Third party vehicle 4 (E)

Name				
Contact number				
NRIC / Fin / Passport number				
Vehicle registration number	SKN	1248	ς	
Vehicle make model				

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	7
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

lame	
Witness 2	
Name	

Injured person 1

Name	ABOUL SALIL BIN ABOUL KADIR
Injuries sustained	Neck
Which vehicle person in?	SJH ahof 7
Were seat belts worn?	Yes of No 🗆
Was injured conveyed to hospital by ambulance?	Yes No D

Injured person 2

Name	MARIAH BINTE IBRAHIM
Injuries sustained	Necle
Which vehicle person in?	T JOHP HCZ
Were seat belts worn?	Yes vz No 🗆
Was injured conveyed to hospital by ambulance?	Yes D Novo

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D





Date of Expiry:

Polico Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Malay

Occupation:

RETIREE

Tel No: 1800-4519999 REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20201202/2162

Date/Time Report Made: 02/12/2020 22:47			Vide Report No.: Station Diar L/20201202/0115 126			
Informant	s Particu	lars				
Name of Informant:			Address:			
ABDUL JALIL BIN ABDUL KADIR		APT BLK 984B BUAN 532984	IGKOK LINK #03-21 SINGAPORE			
ID Type / II	D No.:		Contact No.:			
NRIC NO / S2000091J		Home/Office:	Mobile: 81995050			
Nationality MALAYSIA			Email:			
Sex: Age: Date of Birth:		Type of Informant:				
Male	66	18/01/1954	Driver			
Race:			Language:	Institution / School Name:		

Driving Licence Information:

English

Class:

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2020 16:50	Type of Location: Straight Road
Location:				
	H EXPRESSWAY			
Lamp Post Nu Weather:	umber: 405F	Road Surface:		Dood Creed Limits
Clear		Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Dual Carriage	· Way	Not Controlled		Moderate
Type of Collis				Anyone conveyed by
Between Mov	ing Vehicles - Head To R	ear		ambulance:
				No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH9406T	Car				Seriously Damaged	1
SKN1248S	Car					0
SLH8720T	Car					0
SMF7353Y	Car					0
SMU24L	Car					0





T/20201202/2162

2 of 3 Report No. T/20201202/2162

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

Brief Details.

On 02/12/2020 at about 1655hrs, I was driving on the 3rd lane along BKE towards Woodlands after Mandai Exit. The traffic was heavy. The vehicle infront SKN1248S suddenly stopped, I managed to slow down my vehicle and avoided any contact with the vehicle. Suddenly, I felt a huge impact coming from the rear of my vehicle. The collision caused my vehicle to move forward amd hit onto the the vehicle in front. I went down to check what had happened and realized that I was involved in a 5 car collision. There driver that collided into my vehicle was conveyed to the hospital by the ambulance.





3 of 3 Report No. T/20201202/2162

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

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 F / Sgt 3 JEREMY KHOO WEI LIA		Signature Of Informant:
Signature Of Interpreter: Not applicable	7	Date/Time: 02/12/2020 22:47
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Great A	Classification Of Case:
Authentication Stamp NP168		Police Force



Certificate of Insurance

Cover : drivo CLASSIC

JMYSRCY2A8U007809

SALHA BTE SOO

28 Aug 2020

27 Aug 2021

SJH9406T

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 THANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cardificate Number 503 608574-12

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expliny Date of Insurance

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. Unitations as to Uses

(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.

f Limitations tendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Let (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

55160 PLEASE REFER OVER LEAF REPAIRAT OWNERS PRECERED WORKSHOP ABDULTALL BIN ABDUL KADIR TOKYO CENTURY I FASING (SINGAPORE), PTE TO MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

certing that the policy to which this certificate relates is issued in accordance with the provisions of the Moto as any tisks and compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MUSTAPHA (AQHD YUSO# (00000518864) 04 Aug 2020 13:52 brs A SAUGROUP SAN

CHINING TO

eBao Tech							COLUMN			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	e Language	Chan	ge Password	› Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	No.		Date o	of Accident	C	2/12/2020 1	16:55			
	Vehicle No.(For Motor) SJH94			H9406T		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5031108974- 12		SALHA BTE SOO	S1219814J	GPC	drivo CLASSIC	SJH9406T	SJH9406T	28/08/2020	27/08/2021

Sequen	ce Date of Endorsemen	t	Endorsemer	nt Type	Endorsement	Status	Endorsement Content
▽ Endors	ements						
▶ Insure	d Object: SJH9406T						
Unit No.		Relate Numb	ed Policy er	5031108974-12			
Address 4		Addre	ss Type	Singapore address		Post Code	532984
Address 1	BLK 984B #03-21	Addre	ss 2	BUANGKOK LINK		Address 3	SINGAPORE 532984
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-	MOSTAPHA MOND TOSOF	Agent Tel.	04494320		GS1 Flag		
OD Excess Agent	MUSTAPHA MOHD YUSOF	TP Excess Agent Tel.	64494526		GST Flag	Y	a constructive and a second
Outside Singapore	600.0	Outside Singapore	0.0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	0.0	damage Excess	600.0		Excess	100.0	
Third Party		Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	04/08/2020	Effective Date	28/08/202	20 00:00	Expiry Date	27/08/2021 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 984B #03-21 BUANGKOK L	INK SINGAPO	RE 532984				
Certificate No.							
Policy No.	5031108974-12	Policyholder Name	SALHA BT	E S00	Policyholder NRIC	S1219814J	

Claim Handling									
Accident MT/1112261									
Policy No.	5031108974-12	Vehicle No.		SJH9406		GST Registration No.			
ertificate No.									
licyholder Name	SALHA BTE SOO					Policyholder NRIC	S1219814J		
oduct Code	PRIVATE CAR INSURANCE	Cover Type		drivo CLA	SSIC	Loading	0		
ntact No.(Mobile)	81995050	Contact No.(Office)		0		Contact No.(Home)	0		
nail Address		Special Remark				eCode	Nc 🗸		
K	● No ○ Yes	TCA		● No ○	Yes	eCode Reason			
CD Protection	Yes	NCD Entitlement(%)	50		Private Hire	No		
Accident Details		A CONTRACTOR OF THE CONTRACTOR							
port Date	03/12/2020 16:22	Accident Report W	lithin 24 has	Ves			20.22		
				Yes		Accident Type	Chain Collision		
ste of Accident	02/12/2020	Time of Accident h	hh:mm	16:55		Country of Accident	Singapore		
porting Centre		Orange Force				ICM No.			
cident Location	BKE								
▼ Total Excess Applicable									
cess Type	Per Accident	Windscreen Exces	s		100.00				
Charles Comme	and the second second second								
Standard Excess	600.00	TP Standard Exces	SS		0.00				
ED OD Excess	0.00	YIED TP Excess			0.00	Driver is Covered?	Covered		
Iditional Excess	0								
tal OD Excess Applicable	600.00	Total TP Excess Ap	pplicable		0.00				
7 Benefits									
GST Registered Informa	ation								
T Registered	No			GS	T Registration Date				
T Registration No.				GS	T Status Verified	Yes			
dification History									
B.W. L.	Name of the second								
Policyholder Mailing Ad									
Idress 1	BLK 984B #03-21	Address 2		BUANGKO	K LINK	Address 3	SINGAPORE 532984		
dress 4		Address Type		Singapore	address	Post Code	532984		
it No.		Related Policy Nun	nber	50311089	74-12				
OI Driver Info									
iver Name	ABDUL JALIL BIN ABDUL KADIR	Driver Type		Main Drive	r				
named driver Name		Driver NRIC		\$2000091		Driver DOB	18/01/1954		
gister Date of Driver License	15/11/1976	Driver Age		66		Driving Experience	44		
ntact No.(Mobile)	81995050	Contact No.(Office	N.						
				0		Contact No.(Home)	0		
dress 1	BLK 984B	Address 2		BUANGKO		Address 3	SINGAPORE 532984		
dress 4		Address Type		Singapore	address	Post Code	532984		
nit No.	03-21								
es he own a Singapore gistered car?	O Yes ● No	Driver Vehicle No.				Driver Insurer Company			
claration									
eathalyser or Blood Test ading?	0 mg	Any injury?		● Yes ○	No				
Name of the last o									
dification History									
dification History									
Claim 001 New									
200 8000 800									
im Type *	OD-MX	Insured Name		SALHA BTI	£ 500	Insured NRIC	S1219814J		
ntact No.(Mobile)	81976969	Contact No.(Home))	NIL		Contact No.(Office)			
ail Address		OI Vehicle Number		SJH9406T		TP Vehicle Number	SMP7353Y		
imant Type Claimant Type *	Please Select	Type of Benefit *		Please Sel	ect 🔻				
imant Name *		Claimant NRIC *							
mant Address									
im Description	SJH9406T / SMP7353Y ON 2 Dec 2020					Name of Preferred Worksho	0		
ferred Workshop Contact		Inches distance		Net -1 -	la Est	HOLKSHO			
		Insured Liability *		Not at Fault					
uire Finalisation	Yes	Preferered Repair C	Option	Preferred Workshop, Name unknown		GIA report	Received		
e Registered	03/12/2020 16:24	Claim Close Date		Andrews II.		Date Received	03/12/2020 00:00		
port Taken By	Jackson								
Print AK letter									
				Save Sub	mit				
ttachment									
_									
cident No.	MT/1112261	Claim !	No.		001				
t Doc. Received	● Yes ○ No	Upload			03/12/2020 16:27				
2004 19 (DATE OF CONTROL OF CONTR		op.oad	1007777				open v		
	Path *			-	Category *		ency • Description		
			Browse			NO V Norma			
			Browse	Clear	Please Select	NO V Norma			
			Browse	Clear	Please Select	NO V Norma	· ·		
			Browse	Clear	Please Select	NO V Norma			
			Browse	Clear		✓ NO ✓ Norma			
						V Norma			

Attachment							☐ Send Messa
Attachment	Upload	ed By/Date	Category	9	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATI CES) on 03	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-3	
*	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 16:25		Photos		Normal	Photos 2020-12-3	
77!	NAC_PAYA_UBI_800601(NATI CES) on 03	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
O V	NAC_PAYA_UBI_800601(NATI CES) on 03	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
6	NAC_PAYA_UBI_800601(NATI CES) on 03	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:25	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:24	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:24	Photos		Normal	Photos 2020-12-3	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:24	Photos		Normal	Photos 2020-12-3	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 16:24		Photos		Normal	Photos 2020-12-3	
E	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Dec 2020 16:24		Photos		Normal	Photos 2020-12-3	
画	NAC_PAYA_UBI_800601(NATI CES) on 03	ONAL ASSESSMENT CENTRE SERVI Dec 2020 16:24	Photos		Normal	Photos 2020-12-3	
Video List	Uploaded By/Date	Folder Date	-	le Name		Source	A