NATIONAL Assessment Centre Service	SS. MEI 1 730,021717	972 (1000 Y		
Date In: X Mp-12: [] Jeb deser		Date & Time Completed	Done by	
Ref No: Kn 14c 2214 89 24 SAS e-1	filing			
Veh No: Fartism E-mail	(within Shrs, AIC 2hrs)			
	r Claim Form	100-125/11/LW	2011/20 1	p:14
i-Moto	r W/O (Within: OD 2hrs,	7'P 4hrs)		
OD / P / Reporting Only	Uploaded	1	*	
	nent/Survey Report			
TP Insurer: Ass't Re	eport by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: [VO 497M	. INC()/Non-INC().	· · · · · · · · · · · · · · · · · · ·	
Owner / Driver: (Tel:		
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. St		%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: Y	ES ()/NO (<u> </u>		
Excess: (\$) Loading: \$1,000 ()/5	\$2,000 ()	Commence of the Commence of th	7788 C 17 W. T.	
General Remarks:-				<u> </u>
() Walk-In Customer: Customer's information strice	ctly Confidential & Str	ictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer URGEN		<u> </u>		
Drive-In () / Towed-In (); Invoice: YES () / NO(); To	owing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by	y
1) Apply for Transport Allowance ()/ Courtesy Car	r ()			
2) QC Check / Post Repair Inspection	()		,	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
Date/Time Actions				Company
Date/time Actions				
		•		
3				
,				Amt (3)
NAYOOVI	[00000 X 1000000 X 1000	paration Checklist	ACTION AND ACTION AS	Add Bill
Claimant's Particulars:-	1) AR : Accident 2) DA : Damage		(082)	
	3) TF : Towing F	ce .	\$120	
Driver/Owner:	4) FT : Follow-T 5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
Contact No:	For claiming a	gainst INC Only (wof 10 Jan 20	\$75	
Damaged Portion:	6) TR : Re-inspe 7) N1 : Idac DA	+ SMRT Survey	\$160	
	8) NTUC Additi			
QC Checked by (Engr-In-Charge):		Car / Tpt Allowance	\$5	
	*N6: Repair C		\$10	
Auditors' Comments:-	*N8: DV / Co	llect Excess Coordination	\$5	
Cat. 1:	TP (N11): TI	(Non INC) against INC	30	
	9) N12: Idac Mc Invoice dated	Fee Charge	a'	at my
Cat. 2/3:	Invoice dated	Fee Charg	ed SECTION	

SN0920CS000Y / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/12/2020 20:11 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (28/12/2020 20:11 (SGT))



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

- 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 28/12/2020 20:11 (SGT) Date of Accident 27/12/2020 16:00 (SGT) Exact Location of Accident Eunos Link, Singapore Additional Location Information junction with jln eunos Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ8315M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD AFIQ BIN ALIAS NRIC No SXXXX415D Email Address muhammad.afiq.alias@gmail.com Mobile Phone No (Phone) +65-90178426 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Cb400f 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 Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5114342278-01 Cover Note Number

DRIVER

Name of Driver MUHAMMAD AFIQ BIN ALIAS NRIC No SXXXX415D Date Of Birth 15/10/1994 Occupation Outdoor

Date Of Driving Pass 02/08/2019 Driving experience 1 YEAR AND 4 MONTHS Gender Mobile Number (Phone) +65-90178426 Alt. Phone Number Email Address muhammad.afiq.alias@gmail.com Address BLK 120 BUKIT BATOK CENTRAL Address complement #12-353 Postcode 650120 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 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions drizzling Road Surface Wet 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? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bukit Batok Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006659999 Alt. Police Station Phone No (Fax) +65-64252661 Police Station Address 21 Bukit Batok East Ave 4 Singapore 659840 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201227/2090 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLC9495M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver MUHAMMAD ZAIRUL BIN AR-RASHIDIN BIN GAZALEE

(Phone) +65-91863246

Contact Number

Address	_
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	870
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AFIQ BIN ALIAS
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBJ8315M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

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:
- (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;

Eunos Int

- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Refer to police report Report No: T 20201227 2000	Describe Circumstances of the Accident	
Report No : 7 20201227 2090	Keter to police report	
	N. () = 1	
	KYOH NO: 1/2	0201227 2090

Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

VEHICLE NO: FBJ 8315M	MAKE & MODEL: HONCE CB400F AUTO / MANUAL
DATE OF ACCIDENT:	27/12 / 2020 cc: 400
TIME OF ACCIDENT:	(500 HRS
LOCATION OF ACCIDENT:	Along Euros Link / Jalan Euros
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	Muhammad Afig Bin Alias
TEL NO:	H/P: an 178426 OFFICE: HOME:
NRIC:	394374150
ADDRESS:	BLK 120 BULFT Bortok Central #12-353 S(650120)
EMAIL:	muhammad. afiq. alias@amail.com
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES /NO?
INSURANCE COMPANY:	Muc
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	5114342278-01
NAME OF DRIVER:	AS ABOVE / IF NO:
NRIC:	ANY PASSENGER:
DATE OF BIRTH:	15/10/1004 LICENCE PASSED DATE: 2/8 /2019
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: OFFICE: HOME:
ADDRESS:	
EMAIL:	
DOES DRIVER OWNED ANY VEHICLE:	(NO) IF YES, REG NO: INSURER:
RELATIONSHIP:	Owner
WEATHER CONDITION:	CLEAR / RAINING / OTHERS: Drizzling
ROAD SURFACE:	DRY / WET OTHER:
ANY INJURIES:	NO / IF YES, WHO?
NAME & CONTACT:	Muhammad Afra Bn Alias 90178426
NAME & CONTACT:	
POLICE REPORT:	NO / IF VES, WHERE? BULIT BOYIOL NPC
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	SLCQUQ5M ANY PASSENGERS:
NAME OF DRIVER:	Muhammad Zainul Bin CONTACT NO: 91863246
VEHICLE C REG NO:	Ar-Rashidin Bin Gozaler ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES /NO
ACCIDENT SCENE PHOTOS TAKEN?	(YES / NO
ACCIDENT PORTION: Have you been approach by unknown person soliciting (s	Hit on the rear and fall to the left Yes (NO)
WORKSHOP PARTICULAR: CONTACT NO:	68420051 / 67440510
CONTACT NO.	Brandon
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg





Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Date/Time Report Made:

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.:

Station Diary No.:

Report No. T/20201227/2090

1 of 3

27/12/2020 22:10 98 Informant's Particulars Name of Informant: Address: MUHAMMAD AFIQ BIN ALIAS APT BLK 120 BUKIT BATOK CENTRAL #12-353 SINGAPORE 650120 ID Type / ID No.: Contact No.: NRIC NO / S9437415D Home/Office: Mobile: 90178426 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 26 15/10/1994 Rider Race: Language: Institution / School Name: Malay Occupation: Driving Licence Information: **GRAB RIDER** Class: 2B,2A,3 Date of Expiry:

General Infori	mation of the Acci	dent	condenses escapely of their	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2020 16:00	Type of Location: T-Junction
Location:			12771272020 10.00	
EUNOS LINK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Work	ing	Traffic Volume: Light
Type of Collisi Between Movi	ion: ing Vehicles - Head		<u> </u>	Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8315M	Motorcycle	HONDA	CB400F MANUAL	Black	Slightly Damaged	0
SLC9495M	Car				Slightly Damaged	1

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8315M	NTUC Income Insurance Co-Operative Limited		23/11/2020	22/11/2021





Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840

Report No. T/20201227/2090

2 of 3

Tel No: 1800-6659999

CONTINUATION OF REPORT

Any Pedestrian I							
No. of Pedestria			Use of Po	destria	Cross	sing: NA	
Rider			J OSE OIT 6	uestriai	Closs	sing. IVA	
Name	MUHAMMAD AFIQ	BIN ALIAS		ID No.		S9437415D	
Related Vehicle	FBJ8315M (Motorcycle)				act No.	90178426	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	Date Treatment 27/12/2020				e Discharge 27/12/2020		
No. of Days gran	ted Medical Leave	03	Degree of		Slight		
Driver	Parlament Nation				3.		
Name	MUHAMMAD ZAIRU BIN GAZALEE	L BIN AR-F	RASHIDIN	ID No		S9129455I	
Related Vehicle	SLC9495M (Car)			Contact No.		91863246	
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	- 1000	Date Disc		NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 27 December 2020 at about 1600hrs, I was riding my motorcycle bearing the registration number FBJ8315M and was travelling along Eunos link towards Jalan Eunos. While I was approaching the junction of Bedok Reservoir Road, I noticed that the traffic light had changed amber hence I applied my brakes and was coming to a stop. In a midst of stopping, a car bearing the registration number SLC9495M, failed to stop in time thus collided against the rear of my motorcycle. I surged forward and fell from my motorcycle. The driver came and render assistance. Since I did not sustain any serious injuries, ambulance was not call to scene. We exchanged particulars and thereafter left the scene. No dispute or assault took place. After which, I parked my motorcycle at the pavement as my motorcycle could not move due to the accident damage. Once I reached home, I felt aches at my lower back and lower right leg. I went to Ng Teng Feng Hospital to check on my injuries and was given 3 days medical leave. I have video footage of the accident.





Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840

3 of 3 Report No. T/20201227/2090

Tel No: 1800-6659999

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:	Signature Of Informant:
Sgt 3 MUHAMMAD FAZLIE BIN JOHAR	p
Signature Of Interpreter:	Date/Time:
Not applicable	27/12/2020 22:10
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT SINGAPORE	
Sr Staff Son Chick HOCK	
Contact No.: 65476436	
Authentication Stamp	
OLOS LATER AND THE STATE AND T	



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: 5114342278-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

Chassis Number

: NC471002838

2. Name of Policyholder

: MUHAMMAD AFIQ BIN ALIAS

3. Effective Date of Insurance

: 23 Nov 2020

4. Expiry Date of Insurance

: 22 Nov 2021

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.

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)

N/A

EXCESS (SECTION 2)

N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

NAMED DRIVER (2)

: MUHAMMAD AFIQ BIN ALIAS

HIRE PURCHASE COMPANY

: N/A

: N/A

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

: AXIS LINK PTE LTD (00000614797)

Date of Issue

: 17 Nov 2020 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_80	00601						· Change	Language	· Chan	ge Password	› Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date o	of Accident	[2	7/12/2020 1	6:00	
	Vehicle	No.(For Motor)	FBJ831	5M		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5114342278- 01		MUHAMMAD AFIQ BIN ALIAS	S9437415D	GMC	Third Party, Fire & Theft	FBJ8315M	FBJ8315M	23/11/2020	22/11/2021

Sequenc	ce Date of Endorsemen	t E	ndorsemen	t Type	Endorsement :	Status	Endorsement Content
▽ Endorse	ements						
▶ Insured	Object: FBJ8315M					and the Water and	
Jnit No.		Relate Numbe	d Policy er	5114342278-01			
Address 4			s Type	Singapore address	F	Post Code	650120
Address 1	BLK 120 #12-353	Addres	ss 2	BUKIT BATOK CEN	TRAL A	Address 3	SINGAPORE 650120
▽ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- insurance	No						
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308		GST Flag	Υ	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Excess		Premium	0				
Excess Additional	0	damage Excess OS	0		Excess		
Third Party		Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	17/11/2020	Effective Date	23/11/202	20 00:00	Expiry Date	22/11/2021 23	:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 120 #12-353 BUKIT BATOR	CENTRAL SIN	GAPORE 6	50120			
Certificate No.							
Policy No.	5114342278-01	Policyholder Name	MUHAMM	AD AFIQ BIN ALIAS	Policyholder NRIC	S9437415D	

Accident MT/1115322					
400.400					
olicy No.	5114342278-01	Vehicle No.	FBJ8315M	GST Registration No.	
ertificate No.					
olicyholder Name	MUHAMMAD AFIQ BIN ALIAS			Policyholder NRIC	S9437415D
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	90178426	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No V
FK	No ○ Yes	TCA	No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	10	Private Hire	No
	No	NCD Entitlement(%)	10	Private Hire	NO
Accident Details					
eport Date	28/12/2020 20:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	27/12/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	Eunos Link				
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess			
xcess type	Per Accident	Willuscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
dditional Excess	0.00	TIED IF EXCESS	0.50	Dilver is covered?	Not Covered
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
GST Registered Informa	tion		212212		
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 120 #12-353	Address 2	BUKIT BATOK CENTRAL	Address 3	SINGAPORE 650120
ddress 4		Address Type	Singapore address	Post Code	650120
nit No.		Related Policy Number	5114342278-01		
OI Driver Info					
Priver Name	MUHAMMAD AFIQ BIN ALIAS	Driver Type	Main Driver		
nnamed driver Name	PIOTALINAD AT IQ DITE ALLAS	Driver NRIC	S9437415D	Driver DOB	15/10/1994
egister Date of Driver License		Driver Age	26	Driving Experience	1
Contact No.(Mobile)	90178426	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 120	Address 2	BUKIT BATOK CENTRAL	Address 3	SINGAPORE 650120
ddress 4		Address Type	Singapore address	Post Code	650120
Unit No.	12-353				
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	O Yes @ No	Driver venicle No.		Driver Insuler Company	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
eading?	o mg	Any injury:	@ 163 O 16		
odification History					
Claim 001 New	OD-MX	Insured Name	MUHAMMAD AFIQ BIN ALIAS	Insured NRIC	S9437415D
Claim 001 New			MUHAMMAD AFIQ BIN ALIAS		S9437415D
Claim 001 New	90178426	Contact No.(Home)		Contact No.(Office)	
Claim 001 New	90178426 MUHAMMAD.AFIQ.ALIAS@GMAI	Contact No.(Home) OI Vehicle Number	FB38315M		S9437415D SLC9495M
Idaim 1901 New Idaim Type * Contact No. (Mobile) mail Address Idaimant Type Claimant Type *	90178426 MUHAMMAD.AFIQ.ALIAS@GMAI Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	
iaim Type • ontact No. (Mobile) mail Address laimant Type Claimant Type •	90178426 MUHAMMAD.AFIQ.ALIAS@GMAI	Contact No.(Home) OI Vehicle Number	FB38315M	Contact No.(Office)	
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