17,117 111. 02/02/21	SAS c-Illing		Date & Time Comple		Done,b	
KCI MIN MATINE SIGOIS 1013		A (C: 2)vrs)				
Veh No Jill 61110	E-mail (within alics,		m7/1119821	-001		
0.102/3/	1-Motor W/O (W					
All CD Davoring Only						
	I-Photo Uplonde				,	
	Assessment/Surve					
	Ass't Report by F	nx/Hand to	Tol:	Fax:)
Proforred Wisp / INC Assign Wisp / QW: (DIG ()/Non-INC(
TP Particulars: , Veh No: GB	K3582K	INC (· ·)	
Owner / Driver: (Tel: Cover Type: ()	
Policy No: () Period:			Time:		<u> </u>	
Confirmed by : (Date:	6; P: 21-79%. P:	3d-100%	<u> </u>	
		/NO()	0, 1, 21-13-4			
Total Office Grant Wall Co.)				
Excess: (\$) Londing: \$1,000 (##215V5E4E4CE	BIRKEYER	ETYZETU SZT. I	200000	17	
() Walk-In Customer : Customor's Informat	Ion strictly Could	iential & Stric	dy NO refer of repo	lrer.		
() Total Loss Case : to e-mail Insurer U		,	· · .)	,		
Drive-in ()/ Towed-in (); Invoice: YI		(); To	wing Co: (# · .		,)
TELLOCATION CONTRACTOR AND			ESTABLISH TO STATE OF THE STATE	可以逐	. Alborre	ολ · ·
TO THE PARTY OF CALL PROPERTY OF THE PARTY O		SHEETER MICHIEFT	Harry Carlotte	in the said		
				- 1		And the last of th
	Losy Car ()					
2) QC Check / Post Repair Inspection	.(·).		· · · · · · · · · · · · · · · · · · ·		:	
, , , , , , , , , , , , , , , , , , , ,	.(·).				:	
2) QC Check / Post Repair Inspection	.(·).	ore from South South States	manasar usar u carr	THE CASE TO	China Haran	· · · · · · · · · · · · · · · · · · ·
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	.(·).			THE CASE TO	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	.(·).			THE CASE OF	Pokove.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	.(·).			THE CASE OF	(4: -1- 	TX 201, 19.7, 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000	.(·).			THE CASE OF	(if: i-e-	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	.(·).			THE CASE OF	Contraction of the Contraction o	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date Trans Contents and Parket Cost > \$3000	.(·).			THE CASE OF	San EU	Sydhiqits) Sydhiqitsi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date Trans Anglian San Anglian (1997) NA 2151490		AR ; Accident?	aporting (530);		San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date Trans Anglian San Anglian (1997) NA 2151490		DA : Damage A	speriment (5100);	NC (350) 540/545	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date Trans Resulting Statement of the Property of		DA : Damage A TF : Towing Fee FT : Follow-The	ough Survey The lates of the state of the st	C (250) 240/245 5120 530	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Dail/Print Assurance Assurance And Market And Mar	(·) (·) (·) (·)	DA: Dameyo A TF: Towing Per FT: Follow-Thr FT: Follow-Thr For plainting ago	aporting (330); sautamant (5100); ough Survey ough Survey (Itsaurvey) instUNC Only (wg[10 J	C (250) 240/245 5120 530	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date Time And Tim	(·) (DA: Dameyo A TF: Towing Fee FT: Follow-The FT: Follow-The For alaiming age TR: Re-inspeal NI: Idao DA +	porting (330); seatament (5100); ough Survey ough Survey (Itemirvey) instUNC Only (wgf10 J	CC (250) 240/245 \$120 230 21 2005)	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Date Time And Tim	(·) (DA: Dains ye A TF: Towing Fe FT: Follow-The FT: Follow-The FT: Follow-The FT: Follow-The FT: Re-Inspect NI: Idao DA+ NTUC Addition	porting (330); seatament (5100); ough Survey ough Survey (Itemirvey) instUNC Only (wgf10 J	NC (\$10)	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Dailyrone Againny Againn	(·) (DA: Dameyo A TF: Towing Fee FT: Follow-The FT: Fullow-The For claiming age TR: Re-inspend N1: Idau DA+ NTUC Addillor ODb *NS: Courtage	porting (330); sugarant (5100); ough Survey ough Survey ongh Survey ons Survey on SMRT Survey al Sarvices:-	NC (540) 540/545 5120 530 011 2005)	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Dail Ching Action Action Service S	() () () () () () () () () ()	DA: Dameyo A TF: Towing Fee FT: Follow-The FT: Follow-The For claiming age TR: Re-inspendi NI: Idao DA+ NTUC Addition ODI *NS: Courtesy Co *NG: Repair Co	aporting (530); suctament (5100); ough Survey ough Survey (Resurvey) linst INC Only (wef 10 J on SMRT Survey al Services:- Cer / Tpt Allowane cordination y Inspection	NC (550) \$40/\$45 \$120 \$30 \$160 \$5160 \$525	San EU	EVANIGITY .
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Dailyrone Againny Againn	() () () () () () () () () ()	DA: Dameyo A TF: Towing Fee FT: Follow-The FT: Follow-The For claiming age TR: Re-inspend NI: Idao DA+ NTUC Addition OIL *NS: Courtasy Co *NG: Rapair Co *NG: Fost Rapa *NI: Fost Rapa *NI: Fost Rapa	aporting (330); suctament (5100); ough Survey ough Survey (Resurvey) linst INC Only (wef 10 J on SMRT Survey al Sarvices:- car/ Tpt Allowane cordination y Inspection tot Excess Coordination	NC (\$50) \$40/\$45 \$120 \$30 \$75 \$160 \$525 \$520	Am (63)	EVANIGITY .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Dail Chine All 219149D Ethiumilla Rachiculars Driver/Owner: Contact No: Damaged Portion:	() () () () () () () () () ()	DA: Dameyo A TF: Towing Fee FT: Follow-The FT: Follow-The For claiming age TR: Re-inspend N1: Idao DA+ NTUC Addillon ODL *NS: Courtasy C *NG: Rapair Co	aporting (330); ssessment (5100); ough Survey ough Survey (Resurvey) inst INC Only (wef 10 J on SMRT Survey al Services:- ordination out Excess Coordination Non INC) against INC	NC (350) 540/545 350 901 2005)	30	SyAhiqis)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury: Differing County Administration of the property of	() () () () () () () () () ()	DA: Dameyo A TF: Towing Fee FT: Follow-The FT: Follow-The For claiming age TR: Re-inspend N1: Idao DA+ NTUC Addillon ODL *NS: Courtasy C *NG: Rapair Co *NG: Rapair Co *NG: Post Repa *NB: DV / Collo	aporting (330); successment (5100); ough Survey ough Survey (Resurvey) hist INC Only (wef 10 J on SMRT Survey al Services:- cer / Tpt Allowanes condination y Inspection not Excess Coordination Ren INC) against INC lie Fac C	NC (350) 540/545 350 901 2005)	30	Syaniqiti) Sadilibiii

· . p. (1 + .70)

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

3. Information provided must be as truthful and accurate as possible. Any wind misrepresentative for the insurance companies of 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

02/02/2021 18:32 (SGT) Date of Submission 01/02/2021 18:40 (SGT) Date of Accident **Exact Location of Accident** Bukit Batok Street 31, Singapore **BLK 372 CARPARK** Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMS6111U

INSURED/POLICYHOLDER

Is company? AIZUDIN BIN ALI Name Of Registered Owner NRIC No SXXXX943H **Email Address** mr.aizudin.ali@gmail.com (Phone) +65-90386111 Mobile Phone No Alternative Phone No +65-90386111

VEHICLE PARTICULARS

Manufacturer Gla180 Model Variant Exact purpose for which vehicle was being used at time of Private use accident 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 Comprehensive Type of Coverage Fleet Policy 5115948890 Policy Number Cover Note Number

DRIVER

AIZUDIN BIN ALI Name of Driver SXXXX943H NRIC No 09/06/1985 Date Of Birth Indoor Occupation

Date Of Driving Pass	25/07/2006
Driving experience	25/07/2006 14 YEARS AND 7 MONTHS
Gender Mobile Number	Male (Phone) +65 00386111
Alt. Phone Number	(Phone) +65-90386111 +65-90386111
Email Address	mr.aizudin.ali@gmail.com
Address	BLK 817C KEAT HONG LINK
Address complement	#06-111
Postcode	683817
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	140
Vehicle Registration Number of Other Vehicle Owned by Briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry
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)	5
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
News	MALTITOAL
Name Gender	MAIZURAH
Gender	Female
PASSENGER 2	
Name	ROSMAH
Gender	Female
Gender	1 emaic
PASSENGER 3	
Name	AIMAN DARWYSH
Gender	Male
Gelidei	Wale
PASSENGER 4	
Name	ARYAN LUTFY
Gender	Male
Gender	Wale
DETAILS OF POLICE ACTION	
DETAILS OF FOLIABLE OF THE STATE OF THE STAT	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
n you, against thom:	
CIRCUMSTANCES OF ACCIDENT	
CINCOMOTARIOLO CI ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT.	
residential streeth and the st	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Trad there any video captains by our camera.	1.0

Accident report SN0921220000

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK3582K
Vehicle Manufacturer	=
Vehicle Model	-1
Vehicle Variant	 e
Vehicle Colour	=
Vehicle Category	Commercial vehicle
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	AIZUDIN BIN ALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	* <u>=</u> *
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMS6111U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

The second secon	Services. 1.		Date & Time Complete	cel	Done by
Date In:	Jeb description	·	Date Commo Dempar	_	
Ref No	SAS c-filing				
. Vch No	E-mall (white 3)			- 49	
DOA	i-Motor Cinim	Form	Ū,		
	1-Motor W/O	Within: OD 2hrs,	TP 4hrs)	_	
(11) TP ! Reporting Only	I-Photo Uplone	iled			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Proformd Wissp / INC Assign Wissp / QW: (The second of the second		Tol:	Fax:	
TP Particulars: , Veh No:		. INC()/Non-INC(/)		
Ovner / Driver: (Tel:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 9	30-100%	
	brranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000)/\$2,000()		**************************************	**
Concentration of the Concentra	NAME OF THE PARTY		BENERAL CALL	1900	Silver . A.
() Walk-In Customer: Customor's Inform	nation strictly Conf	idential & Str	clly NO refer of repol	rer.	
() Total Loss Case : to e-mail Insurer		•	* not 1 13		
Drive-In ()/ Towed-In (); Invoice:		O(); To	wing Co: (# · , '		,)
The contraction of the copy of the state of the copy o	NEW INVESTIGATION OF THE PROPERTY OF THE PROPE		TST WEEK TO SO THE	福尼斯	kylone,by
Transmission of the Control of the C	urtesy Car ()	AND THE PROPERTY OF THE PARTY O	I DELINE TO SERVICE STATE OF THE PARTY OF TH	Marie Carrier	
1) Apply for Transfort Allowance ()/ Co 2) QC Check / Post Repair Inspection	.(·)		, · · · · · · · · · · · · · · · · · · ·	-	
3) Upload Resurvey Photo [Repair Cost > \$300				1	:
3) Optoble result vey 1 noto (recipial costs of	70				
			1		
Infurý :			1, 7,01	11497.77 Ville	Silver of the second of the second
					SORTH CONTRACT
		· · · · · · · · · · · · · · · · · · ·			THE STATE OF THE S
		· · · · · · · · · · · · · · · · · · ·	Fred Allega Carlo Specifica Villages		(in a general section of the section
			Fred Allega Carlo Specifica Villages		THE THE PARTY OF T
		· · · · · · · · · · · · · · · · · · ·	Fred Allega Carlo Specifica Villages		
					(Suffer Cabique)
		I) AIL : Analdent	Reporting (330);	C (240)	(Suffer Cabique)
Deterring and an analysis of the contraction of the		I) AR : Anddent Z) DA : Damego	Raparing (330);	C (550) \$40/545	(Suffer Cabique)
Driver/Owner:		I) AR 1 Academat 2) DA 1 Dannage 3) TF 1 Towing F 4) FT 1 Follow-T	Reporting (330); Sausament (5100); IN orough Survey Tough Burvey (Resurvey)	C (510) 540/545 5120 530	(Suffer Cabique)
DateArime Actions and an articular and a second and a sec		1) AU; Acadent 2) DA; Damego 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as	Reporting (330); securement (5100); IN rough Survey rough Survey (Resurvey) alust INC Only (well 10 Jan	C (510) 540/545 \$120 \$30 \$1005)	(Suffer Cabique)
Cuttienals Rarrientals Driver/Owner: Contact No:		I) AR; Acadent Z) DA; Damege 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as 6) TR; Re-inspan 7) NI; Idao DA	Reporting (330); saurament (\$100); IN rough Survey rough Survey (Resurvey) alusting Only (well to Jan lion	C (550) \$40/\$45 \$120 \$300 \$200\$5)	(Suffer Cabique)
Cuttienals Rarrientals Driver/Owner: Contact No:		1) AR; Acadent 2) DA; Damege 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as 6) TR; Re-inspace 7) NI; Idao DA 8) NTUC Addition	Reporting (530); section (5100); IN rough Survey rough Survey (Resurvey) alust INC Only (well 10 Jan tion SMRT Survey nal Services:-	\$160(\$17) \$10(\$17) \$10(\$140) \$120 \$30 \$200\$) \$773 \$160	(Suffer Cabique)
Cuttining Action Cuttining the state of the		I) AR; Acadent 2) DA; Damege 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as 6) TR; Re-inspace 7) NI; Idao DA 8) NTUC Addillo OD. *NS; Courlesy	Reporting (330); ssectament (\$100); IN rough Survey rough Survey (Resurvey) ainst INC Only (well to Jan lion SMRT Survey nal Services:- Cor/Tpt Allowante	C (550) \$40/545 \$120 \$300 \$2005) \$775 \$160	(Suffer Cabique)
Charles Barricanness Driver/Owner: Contact No: Damaged Portion:		1) AR; Acadent 2) DA; Damege 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as 6) TR; Re-inspace 7) N1; Idao DA 8) NTUC Additio ODL *N5; Courlesy *N5; Courlesy *N5; Fost Repair Co	Reporting (330); Asserting (330); Asserting (3100); IN Frough Survey Frough Survey (Resurvey) Glust INC Only (well 10 Jan Ition SMRT Survey The Allowants The Allowant	C (\$30) \$40/\$45 \$120 \$30 \$200\$) \$75 \$160 \$310 \$310 \$310 \$310 \$310	(Suffer Crabinets)
Charles Barricanness Driver/Owner: Contact No: Damaged Portion:		1) AR; Acadent 2) DA; Damege 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as 6) TR; Re-inspace 7) N1; Idao DA 8) NTUC Additio ODI *N5; Courlesy *N6; Repair C *N7; Fost Rep	Reporting (330); Assessment (\$100); IN Frough Survey Frough Survey (Resurvey) Glust INC Only (well 10 Jan Inch Survey The Control of the Control The Control of the Control of the Control The Control of the Control of the Control The Control of the Contr	C (550) 540/545 5120 5120 373 5160	(Suffer Crabinets)
Charaged Portion:		1) AR; Acadent 2) DA; Damege 3) TF; Towing F 4) FT; Follow-Ti 5) FT; Follow-Ti For claiming as 6) TR; Re-inspace 7) N1; Idao DA 8) NTUC Additio ODI *N5; Courlesy *N6; Repair C *N7; Fost Rep	Reporting (330); rough Survey rough Survey (Resurvey) alusting Only (well 10 Jan lion SMRT Survey nal Services:- Cor/Tpt Allowanus perdination for Inspection lead Exposs Coordination (IS-na INC) against ING	C (510) 540/545 \$120 \$300 \$715 \$160 \$200 \$510 \$525 \$520 \$520 \$520 \$520	(Suffer Crabinets)

. . per ct + .20

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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)

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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyaolder's Signature / Date &

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

Personnel

Sketch Plan

VEHICLE A: SMS 6111 M VEHICER: GBK 3582 K BUKIT BATOK

Describe Circumstances of the Accident
<u> </u>
ON THE STATED DATE TIME AND LOCATION, I WAS PARKED AND
WHILE I WAS
STATIONARY AT A CORNER WAITING FOR PARKING NOT.
of Holonical Annual Ann
CHECKING AND TALKING WITH MY KIDS AT THE BACK SEAT , OUT OF A
SUDDEN. VEHICLE "B" REVERSE AND COLLIDED ONT MY FRONT RIGHT
SUDEN . VEHICLE IS REVELSE WITH COMMITTEE TO THE STATE OF
PORTION, THE IMPACT WAS HUGE.
PORTION, THE IMPACT WAS MUGE.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Ayu 02/02/21

Witnessed by Reporting Centre Personnel

Date of Accident	: 01 02 Accident Time: 18:41 (24-HR-Format)
Accident Place	: BUX 372 BUKT BATOK 87 31 CARPARK
Vehicle No. (Car Plate No.)	: SMS 6111 U Make/Model: MERCEDES GLA 180
Insurance Company	: NTUC Policy No: 5115948890
Owner or Company Name /IC No.	: A12UDIN BIN AU 885 17943H
Owner or Company Contact No.	: 9038 611 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: AIZMDIN BIN AU / 88517943H
DRIVER'S Date Of Birth	: 09 06 05 DRIVER'S License Pass Date 25 07 06
Relationship of Owner & Driver	$: Spouse \ \ \ \ Employee \ \ \ \ \ \\ Employee \ \ \ \ \\$
DRIVER'S Address	: BUK 817C KEAT HONG UNK # 06-111 S (6838)7
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation INDO	OOR OUTDOOR (e.g. working inside or outside office)
Email Address	: MR · AIZUDIN · ALI @ GMAIL · COM
Weather & Road Surface	CLEAR & DRY\ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	rting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	ver): 0 \$\infty\$
Was there any video Captured by car Exact purpose for which vehicle was be Any Injury (If YES, Pls state):	camera ES NO being used at time of accident: Private use Work Purpose
Other Par	ty Driver's Particular (if any)
Vehicle. No: GBK 3582 k	Vehicle. No:
Vehicle Make \Model: TOTA HIA	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW – Passenger's name & g	gender:
MAIZURAH BTE MUFTI	- FEMALE
DOSMAH BIE MARDAN	- FEMALE
Aiman Daewysh Bin A	12UDIH - MALE
AIMAN DARWYSH BIN A ARYAN LUTFY BIN AIM	DIN - MALE



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: 5115948890

Cover: drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SMS6111U

Chassis Number

: WDC1569422J671735

2. Name of Policyholder

: AIZUDIN BIN ALI

3. Effective Date of Insurance

: 07 Feb 2020

4. Expiry Date of Insurance

: 06 Feb 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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.

: \$\$600 **EXCESS (SECTION 1) EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : S\$100 : \$\$1,500 ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: YES REPAIR AT OWNER'S PREFERRED WORKSHOP : YES **INSURE WITH COE** : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **FXCESS WAIVER**

: AIZUDIN BIN ALI PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : GOLDBELL FINANCIAL SERVICES PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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 Feb 2020 15:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

Accident MT/1119821							
Policy No.	5115948890	Vehicle No.	SMS6111U		GST Regist	ration No.	
Certificate No.							
Policyholder Name	AIZUDIN BIN ALI				Policyholde	r NRIC	S8517943H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading		0
Contact No.(Mobile)	90386111	Contact No.(Office)	0		Contact No	.(Home)	0
Email Address		Special Remark			eCode		No 🕶
KFK	® No ○ Yes	TCA	No Yes		eCode Rea	son	
NCD Protection	No	NCD Entitlement(%)	0		Private Hir	e	No
Accident Details	110						
Report Date	03/02/2021 09:51	Accident Report Within 24 hrs	Yes		Accident To	/pe	Collided into Parke
		Time of Accident hh:mm	18:40		Country of		Singapore
Date of Accident	01/02/2021	Orange Force	10.10		ICM No.		
Reporting Centre		Grange Force					
Accident Location	BUKIT BATOK ST 31 BLK 372 CARPARK						
▽ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
OD Standard Excess	600.00	TP Standard Excess		0.00			
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is C	overed?	Covered
		TIED IT EXCESS		0.100			
Additional Excess	1,500.00	Total TP Excess Applicable		0.00			
Total OD Excess Applicable	2,100.00	lotal TP Excess Applicable		0.00			
▽ Benefits							
ST Registered Informat			GST Regist	tration Date			
GST Registered GST Registration No.	No		GST Status			Yes	
Modification History							
Piddification history							
	Iress						
Address 1	BLK 817C #06-111	Address 2	KEAT HONG LINK		Address 3		KEAT HONG MIR
Address 4	SINGAPORE 683817	Address Type	Singapore address		Post Code		683817
Unit No.	06-111	Related Policy Number	5115948890				
OI Driver Info	00-111						
		Driver Type	Main Driver				
Driver Name	AIZUDIN BIN ALI	Driver Type Driver NRIC			Driver DO	A.	09/06/1985
Unnamed driver Name	W - 807 - 20		S8517943H		Driving Ex		14
Register Date of Driver License	25/07/2006	Driver Age	35				
Contact No.(Mobile)	90386111	Contact No.(Office)	0		Contact No).(Home)	0
Address 1	BLK 817C #06-111	Address 2	KEAT HONG LINK		Address 3		KEAT HONG MIR
Address 4	SINGAPORE 683817	Address Type	Singapore address		Post Code		683817
Unit No.	06-111						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Ins	urer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?					
Modification History							
Claim 001 OD-MX New							
201 201 201	_						
Claim Type *				OD-MX	Insured Name	AIZUDIN BIN ALI	Insured
Part of the second					Contact		Contact
Contact No.(Mobile)				90386111	No. (Home)	NIL	No. (Office)
				MR.AIZUDIN.ALI@GMAIL.C	OI	SMS6111U	TP
Email Address				MR.AIZUDIN.ALI@GMAIL.C	Number	SMS61110	Number
Claim Description				SMS6111U / GBK3582K ON	1 Feb 2021		Name of Preferre
Claim Description							Worksho
Preferred Workshop	Insured Liability Not at	Fault 💙					
Rentied No. Finalisation	➤ Repair Preferred Worksho		•		Claim		
Date Registered	Option			03/02/2021 10:07	Close		Date Receive
					Date		Total Lo
Report Taken By				ROSLINDA	Workshop Repairer		but Repaire
-							
Print AK letter							
				10			
			Save Submit				
Attachment							
#E							
\triangledown							
Accident No.	MT/1119821	Claim No.		001			

Claim Handling(accident reporting Claim Task 001 OD-MX)

2/3/2021 03/02/2021 00:00 Last Doc. Received Yes ○ No Urgency * Category * Confidential Path * ▼ NO Please Select ∨ Normal Clear Choose File No file chosen * Y V Clear Please Select NO Normal Choose File No file chosen ~ Please Select NO Normal Clear Choose File No file chosen ♥ NO ~ Normal ~ Clear Please Select Choose File No file chosen ~ ₩ NO * Normal Clear Please Select Choose File No file chosen ~ ♥ NO **∨** Normal Clear Please Select Choose File No file chosen Description Urgency Attachment Uploaded By/Date Category NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06 NRIC/ Driving License Normal NRIC/ Driving License 2021-2-3 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06 SAS 2021-2-3 SAS Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06 Photos 2021-2-3 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:06 Photos 2021-2-3 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on $03\ \mbox{Feb}\ 2021\ 10:06$ Photos 2021-2-3 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05 Photos 2021-2-3 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05 Photos Normal Photos 2021-2-3

> 9 Source Folder Date File Name Uploaded By/Date

> > Display in New Window Scan and uploading

Photos

Photos

Normal

Normal

Normal

Photos 2021-2-3

Photos 2021-2-3

Photos 2021-2-3

Photos 2021-2-3

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2021 10:05