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Owner/Drivers (	1211	, .,,,,,	Tel:	1,	)	_
Policy No: ( ) Perio	odi (	)	Cover Typo: (		. }	
Configured Inv. (		Dales,	Time	A A A A	)	
Insured/Driver Liability: (%) [N	ote-Est Sinus (WC	): N: 0-20	%; P: 21-79%	P: 80-100	(1)	
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2) QC Check / Post Repair Inspection	( ')				7.	
3) Upload Resurvey Photo [Repuir Cost> \$30	000] ( )	, , ,	1			
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SN0821380001-02 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/03/2021 12:51 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 3 (08/03/2021 18:32 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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 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 08/03/2021 12:51 (SGT) Date of Accident 08/03/2021 07:10 (SGT) **Exact Location of Accident** Eng Neo Ave, Singapore Additional Location Information SLIP ROAD TOWARDS VANDA ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SKC6238X

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SJL MANAGEMENT SERVICES Company Reg No 5XXXX904J **Email Address** skimpoh@gmail.com Mobile Phone No (Phone) +65-90682990 Alternative Phone No +65-90682990

### VEHICLE PARTICULARS

Manufacturer

Model Corolla Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116304454 Cover Note Number

# DRIVER

Name of Driver JANICE SO KIM POH NRIC No SXXXX859F

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	14/06/2001 19 YEARS AND 9 MONTHS Male (Phone) +65-90682990 - skimpoh@gmail.com BLK 289B COMPASSVALE CRESCENT #11-323 - 542280 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Passport No/FIN Contact Number Address complement	GBK9227Y Commercial vehicle AHMED KHUSAR GXXXX412N (Phone) +65-81826714

Însurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' 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.

SOLL MANAGEMEN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

11.09 am

Sketch Plan

A) SKC 6238X B) GBX 9227Y		Bunear	
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# Declaration

 $\label{eq:weighted} \textit{WWe declare the foregoing particulars are true in every respect.}$ 

SOLVE MANAGE MENTER AND MENTER AN

Policyholder's Signature / Date & Time

11.09 am

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

Mitnessed by Reporting Centre

Witnessed by Reporting Centre Personnel

# AGCIDENT'STATEMENT

ACCIDENT DATE: (08 /03/2021) (DD/MM/YYY), TIME: (0	1:1	O)(HH:MM)
LOCATION: ENLY MUD BUK SLIP RO WYDROS	Von	IDA-RO
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SKC 6238 X	4.	

	a) VEHICLE NUMBER: SKC 6238 X	* .
	b) INSURANCE COMPANY: In come	
**	CIPOLICY NUMBER: 5116304454	
	DIPOLICY TYPE: (COMPREHENSIVE DTHIRD PAR	TY / THIRD PARTY FIRE &THEFT
	OMAKE & MODEL: TOYOTA ALT	
£ 1	FITYPE (SALOON / COUPE / MPV /VAN / LORRY	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	
•		WORKHUS
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	
*	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REI	
2.	INSURED / POLICY HOLDER	.okiii.o ortetj
*	AINAME: SIL MANAGEMENT SER	WALE / FEMALE
	b) NRIC/FIN/PASSPORT: Ballone	CONTACT
	c) ADDRESS:	
	•	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
#No of passanger	DRIVER '	
, , ,	GINAME: Jania 30 km Pan	MALE / FEMALE)
(Including driver)	bINRIC/FIN/PASSPORT: S7873859F	CONTACT: 90682900
(1)	CLADDRESS: BLL 289B COMPASSAVA	THE Crescent # 11-323
	Success 542280	
	*d) DATE OF BIRTH: (16/06/1978) (DD/M	· ·
- "	e OCCUPATION: (INDOOR / OUTDOOR)	
*	FIDATE OF DRIVING PASC TAJUA	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (VES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
	a) WEATHER CONDITION: (CLEAR / RAINING / O	THERS
	b) ROAD SURFACE: DRY / WET / OTHERS	1 ,
.,	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POUCE (YES / NOT "	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
w ) 8. ·	THIRD PARTY VEHICLE	11010
4 Ho of passenger	a) VEHICLE NUMBER: GOK \$227	MODEL: YAY
(Including driver)	b) DRIVER'S NAME: HAMED KAUSA	C1C 2/ 2/11
(	c) NRIC/FIN/PASSPORT: G6708412N	CONTACT: 818 26714
	THIRD PARTY VEHICLE	NODEL .
A No of passenger	d) VEHICLE NUMBER:	MODEL:
(Including driver)	e) DRIVER'S NAME:	COLITICATION
( The state of the	f) NRIC/FIN/PASSPORT:	_CONTACT:
1		

email = Skimpol @gmail.com

# Claim Handling Accident MT/1123529

Openitaria de la companio della comp					
olicy No.	5116304454	Vehicle No.	SKC6238X	GST Registration No.	
ertificate No.					
olicyholder Name	SJL MANAGEMENT SERVICES			Policyholder NRIC	531
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	90682990	Contact No.(Office)		Contact No.(Home)	
nail Address		Special Remark		eCode	No
K	No Yes	TCA	No Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
eport Date	08/03/2021 14:29	Accident Report Within 24 hrs	Yes	Accident Type	Col
ate of Accident	08/03/2021	Time of Accident hh:mm	07:10	Country of Accident	Sin
porting Centre		Orange Force		ICM No.	
ccident Location	ENG NEO AVE SLIP RD TOWARDS VANDA RD				
<b>▼ Total Excess Applicable</b>					
ccess Type	Per Accident	Windscreen Excess	100.00		
D Charles Server	2 222 22	TP Standard Excess	1,500.00		
D Standard Excess	2,000.00			Driver is Covered?	Cov
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	CO
dditional Excess	0	Table To Common Applicable	1 500 00		
otal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<b>▽</b> Benefits	IP.				
			GST Registration Date		
ST Registered	No		GST Status Verified	Yes	
ST Registration No. Iodification History	08/03/2021 14:31:18 System	changed GST Status Verified fro			
38					
Policyholder Mailing Add	dress				
ddress 1	10 KAKI BUKIT ROAD 1	Address 2	#03-07 KB INDUSTRIAL BUILD	Address 3	S
ddress 4		Address Type	Singapore address	Post Code	4:
duicos			Singapore address		
	02-59	Related Policy Number	5116304454		276
	02-59				
onit No.  ✓ OI Driver Info	02-59 JANICE SO KIM POH				
Unit No.  Oriver Info  Oriver Name		Related Policy Number	5116304454	Driver DOB	
Unit No.  Oriver Info Oriver Name Unnamed driver Name	JANICE SO KIM POH	Related Policy Number  Driver Type	5116304454 Main Driver		1
Unit No.  Oriver Info  Oriver Name  Unnamed driver Name  Register Date of Driver License	JANICE SO KIM POH	Related Policy Number  Driver Type  Driver NRIC	5116304454 Main Driver S7873859F	Driver DOB	1
Unit No.  Oriver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	JANICE SO KIM POH 14/06/2001	Driver Type Driver NRIC Driver Age	5116304454 Main Driver S7873859F	Driver DOB Driving Experience	1
Onit No.  Oriver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1	JANICE SO KIM POH 14/06/2001	Driver Type Driver NRIC Driver Age Contact No.(Office)	5116304454 Main Driver S7873859F	Driver DOB Driving Experience Contact No.(Home)	1
Onit No.  Oriver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4	JANICE SO KIM POH 14/06/2001	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	5116304454 Main Driver \$7873859F 42	Driver DOB Driving Experience Contact No.(Home) Address 3	1
Onit No.  Oriver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	JANICE SO KIM POH 14/06/2001	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	5116304454 Main Driver \$7873859F 42	Driver DOB Driving Experience Contact No.(Home) Address 3	11
Onit No.  Oriver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	JANICE SO KIM POH 14/06/2001 90682990	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	5116304454  Main Driver  57873859F  42  Foreign address	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	10
Unit No.  OTI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Contact No.(Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore  Registered car?	JANICE SO KIM POH 14/06/2001 90682990	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	5116304454  Main Driver  57873859F  42  Foreign address	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	16
Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	JANICE SO KIM POH 14/06/2001 90682990	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	5116304454  Main Driver  57873859F  42  Foreign address	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	16
Unit No.	JANICE SO KIM POH  14/06/2001  90682990  Yes  No	Priver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	5116304454  Main Driver  \$7873859F  42  Foreign address  \$KC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	16
Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	JANICE SO KIM POH  14/06/2001  90682990  Yes  No	Priver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	5116304454  Main Driver  \$7873859F  42  Foreign address  \$KC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	16 19 N
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Unit No.  Oriver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	JANICE SO KIM POH  14/06/2001  90682990  Yes  No	Priver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	5116304454  Main Driver  \$7873859F  42  Foreign address  \$KC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	10
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nit No.  OI Driver Info  priver Name  Innamed driver Name  Register Date of Driver License  Contact No.(Mobile)  Riddress 1  Riddress 4  Riddress 4  Riddress 4  Riddress 4  Riddress 4  Riddress 6  Riddress 7  Reclaration  Registered car?  Reclaration  Reclaration  Reclaration  Reclaration History  Claim 001 New	JANICE SO KIM POH  14/06/2001  90682990  Yes  No	Priver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	5116304454  Main Driver  \$7873859F  42  Foreign address  \$KC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	1 1
Init No.  OI Driver Info  Driver Name  Innamed driver Name  Register Date of Driver License  Contact No.(Mobile)  Reddress 4  Unit No.  Does he own a Singapore Registered car?  Reclaration  Breathalyser or Blood Test  Reading?  Claim 001 New  Claim Type *	JANICE SO KIM POH  14/06/2001  90682990  Yes  No	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.  Any Injury?	Main Driver S7873859F 42  Foreign address SKC6238X  Yes No	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code Driver Insurer Company	1 1
nit No.  OI Driver Info  river Name  Innamed driver Name  Register Date of Driver License  Rontact No.(Mobile)  Roddress 1  Inddress 4  Init No.  Roes he own a Singapore  Registered car?  Reclaration  Reading?  Reading?  Claim 001 New  Claim Type *  Contact No.(Mobile)	JANICE SO KIM POH  14/06/2001 90682990  Yes  No  O mg	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.  Any injury?	Main Driver S7873859F 42  Foreign address SKC6238X  Yes No	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code Driver Insurer Company	11 11
Onit No.  OI Driver Info  Oriver Name  Unnamed driver Name  Register Date of Driver License Contact No.(Mobile)  Address 1  Address 4  Unit No.  Oces he own a Singapore Registered car?  Ocelaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address	JANICE SO KIM POH  14/06/2001 90682990  Yes  No  O mg	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Main Driver S7873859F 42  Foreign address SKC6238X  Yes  No	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office)	11 11
Onit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License Contact No.(Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact	JANICE SO KIM POH  14/06/2001 90682990  Yes No  0 mg	Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Main Driver S7873859F 42  Foreign address SKC6238X  Yes  No	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number	11 11
Init No.  OI Driver Info  Driver Name  Innamed driver Name  Register Date of Driver License Contact No.(Mobile)  Address 4  Unit No. Does he own a Singapore Registered car?  Reclaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.	JANICE SO KIM POH  14/06/2001 90682990  Yes No  0 mg  OD-MX  91141990  SKC6238X / GBK9227Y ON 8 Mar 2021	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number	Main Driver S7873859F 42  Foreign address SKC6238X  Yes No  SJL MANAGEMENT SERVICES  SKC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	11 11
OI Driver Info  Priver Name  Unnamed driver Name  U	JANICE SO KIM POH  14/06/2001 90682990  Yes No  0 mg  OD-MX  91141990  SKC6238X / GBK9227Y ON 8 Mar 2021  Yes	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option	Main Driver S7873859F 42  Foreign address SKC6238X  Yes No  SJL MANAGEMENT SERVICES  SKC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	
Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	JANICE SO KIM POH  14/06/2001 90682990  Yes No  0 mg  OD-MX  91141990  SKC6238X / GBK9227Y ON 8 Mar 2021	Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number	Main Driver S7873859F 42  Foreign address SKC6238X  Yes No  SJL MANAGEMENT SERVICES  SKC6238X	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	11

Save Submit

Attachment

Accident No. Last Doc. Received MT/1123529

● Yes ○ No

Path \*

Claim No. Upload Date 001

08/03/2021 14:34

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	Category *		Confid	ential	Urgency	*
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Attachment	Uploaded By/Date	Category	9	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BÜKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
要認	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
S.	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BÜKIT MERAH)) on 08 Mar 2021 14:34	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
1000	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	Photos		Normal	Photos 2021-3-8
0	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	SAS		Normal	SAS 2021-3-8
SULPS COLUMN	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 08 Mar 2021 14:33	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-3-8
▽ Video List					

Display in New Window Scan and uploading

File Name

Folder Date

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Uploaded By/Date

Source



# 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: 5116304454

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKC6238X

Chassis Number

: MR053REE104124964

2. Name of Policyholder

: SJL MANAGEMENT SERVICES

3. Effective Date of Insurance

: 20 Feb 2020

4. Expiry Date of Insurance

: 14 Mar 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 or Hirer's business.

## This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)** : \$\$2,000 **EXCESS (SECTION 2)** : S\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : JANICE SO KIM POH

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : 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

: INXURE NETWORK SERVICES (00000614975)

Date of Issue

: 19 Feb 2020 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SVO 6289 Vehicle Registration No: SKC 6289 Vehicle Registration No:
	Name (as shown in NRIC): JANICLE So KM POH NRIC/FIN/Passport No: SXXX859F
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
	Address: Singapore ( )
	Contact (Tel): Mobile No.:
	Email Address:
	Date of Accident:
	Place of Accident: ENG NAW ANK SUP ROOD TOWARDS VOXUDA ROOD
	Insurance Company:
(R)	ADDITIONAL INFORMATION /AMENDMENTS:
(6)	I have made a report on the above-mentioned accident and would like to include additional information or
	make the following amendments:
	Sherveno Varicum dumber SKC 628X
	Policyholder / Driver's Signature  Reporting Centre Personnel's Signature

Name:

Date:



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: \_ Vehicle Registration No: Name (as shown in NRIC) NRIC/FIN/Passport No: (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Singapore ( Address: \_ ) Contact (Tel):\_ **Email Address:** Date of Accident: Time of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: