NATIONAL Assessment Centre	Services		
Date In: 99/03/21	Jeb description	Date &Time Completed	Done by
Ref No NA/INC 21003094/13	SAS e-filing		
Veh No: GBE4996A	E-mail (within Slars, AIC 2hr	s,	
D.O.A. 08/03/21 1330	i-Motor Claim Form	:m7/1123743-00	2
	i-Motor W/O (Within: Of	2hrs, TP 4hrs)	
OD TP 'Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repo	rt i	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No:	SMY1989E . IN	C( )/Non-INC( )	
Owner / Driver: (		Tel:	
Policy No: ( ) Peri	od: (	) Cover Type: (	
Confirmed by : (	Date:	Time:	)
		0-20%; P: 21-79%. F: 80-	
	'arranty: YES ( ) / NO	( )	
Excess: (\$ ) Loading: \$1,00	0 ( ) / \$2,000 ( )		
General Remarks:-	. 1959 (S. 1960) BEAUTY (L.S.	pendanci vateriliko	12.00
( ) Walk-In Customer: Customer's inform	mation strictly Confidential	& Strictly NO rater of repairer.	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / NO (	) ; Towing Co. (	)
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
	ourtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )		
Injury :			
		SHUP BOLLDAN	
Date/Time Actions		24.07.98.5 2.09.00.00	
***************************************	Inveic	e Preparation Checklist	Anit (S) Amit
NA2101324	1) AR : A	Accident Reporting (\$30);	(520)
Claimant's Particulars :-	3) TF : T	Owing 1 or	\$40/\$45
river/Owner: 4) FT: Follow-Through Survey \$120		\$120 \$30	
Contact No:	For cle	niming against INC Only (wef 10 Jan 2)	The second secon
Damaged Portion:		de-inspection  dec DA + SMRT Survey	\$160
	\$) NTU(	Additional Services:-	
QC Checked by (Engr-In-Charge):		Courtesy Car / Tpt Allowance	\$5
		Repair Co-ordination Fost Repair Inspection	\$10i \$25
Auditors' Comments :-	*N8:	DV / Collect Excess Coordination	\$5
Cat. I:		(11) : TP (Non INC) against INC Idae Mobile	S20
Cat. 2 / 3;	Invoice	dated Fee Charg	<b>国际政策学系员</b>
SCHOOL STATES	Invoice	dated Fee Charg	ed Maria

# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

Incommon provided make the second 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 Police for investigation.
 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

09/03/2021 12:58 (SGT) Date of Submission 08/03/2021 13:30 (SGT) Date of Accident Orchard Rd & Handy Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

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

GBE4996A Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? FERRARI LOGISTICS SINGAPORE PTE LTD Name Of Registered Owner 2XXXXX461H Company Reg No JESSLYN.YEO@FERRARIGROUP.NET **Email Address** (Phone) +65-97114218 Mobile Phone No (Home) +65-97114218 Alternative Phone No

VEHICLE PARTICULARS

Hyundai Manufacturer Starex Model Variant

Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5106464845-02 Policy Number Cover Note Number

DRIVER

MOHAMAD ASRI BIN ROSLI Name of Driver SXXXX277C NRIC No 21/05/1988 Date Of Birth Outdoor Occupation

05/11/2007 Date Of Driving Pass 13 YEARS AND 4 MONTHS Driving experience Male Gender (Phone) +65-91544528 Mobile Number Alt. Phone Number ASRY21@HOTMAIL.COM Email Address BLK 264 TAMPINES ST 21 Address #07-126 Address complement 520264 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 MOHD ASRI BIN JUHARI Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SMY1989E Vehicle Registration Number Vehicle Manufacturer

Private car

SXXXX506E

HOE KEEN WAI, GLENN

### Name of Driver NRIC No

Accident report SN092139000B

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

Contact Number	(Phone) +65-918/9550
Address	
Address complement	
Postcode	
Insurance Company Name	W #
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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>.
- 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.

Policyholder's Signature / Date & Time

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

Sketch Plan

A B

#### Describe Circumstances of the Accident

THE THIND LAND. IN PLOND OF THE WAR A  ELACY CAR READON ANAMITE G. SPON PENCHING THE TUNCTION OF ME SPACE MURD WHEN THE IMPERICAL LICHT JUST TURN AND BE. HE  ALERDY PARS THE STOP LINE WHEN THE  IN TIME AND I CURRY TO THE RIGHT  LAND MITTER I CHECKED THAT LAND WHE  CLEARS. I NO THIS AS TO AVOND OFFICE  COLLISION TO THE PACK OF HIS CAP  FROM I DAS ALL TOO LATE AND WY FAND  PROMIT LEFT WHEN AN HIS CAR READ  ACCORDER I WAS SHAPER. ARTOL THE  THOSE WAS AND MIJURIES. NO MIJURISS  THOSE WAS AND MIJURISS. NO MIJURISS  WHOSE WAS AND MIJURISS. NO MIJURISS  WHOSE REPORTED.	
THE THIRD LANE. IN FROM OF ME WAR A  PLACK CAR BRAMO AVANTE & WOOM FOACHING  THE TUNCTION OF MANDY FOAD THE CAR  IN FROM OF ME BRAKE HURD WHEN THE  PLACETIC LICHT SURT TURN AWBER. HE  ALRENDY PARS THE ASTOP LINE WHEN THE  WORT CHANGE. I COMED THOT BRAKE POSTOP  IN TIME AND I CHECKED THAT LANE WAS  CLEVE. I DID THIS AS TO ANOND OFFICE  COLLISION TO THE BRCK OF HIS CAR.  PROM TO WAS ALL TOO LATE AND MY WAN  FROM I LEFT LICHT HIT HIS CAR REAR  ACCIDENT I WAS GHAVEN AS A WAS MY  FROM I WAS GHAVEN AS A WAS MY  THOSE WAS AND INJURIES. HO INJURIES	I WAS TRAVELLING ALONG OPCHURD FORD ON
FLACK CAR BRAMO AVAMTE & SPOM FORCHMENTE THE TUNCTION OF MANDY PEAD THE CAR IN FRONT OF UR BRAKE MUSED WHEN THE TRAFFIC LICHT SURT TURN AMBER. HE ALREADY PROS THE CARD HOT BRAKE CARDE IN THE LICHT CHANGE. I COULD HOT BRAKE CARDE IN TIME AND I CHECKED THAT LAND WIRE LICHT LAND WIRE LICHT LAND WIRE LICHT CALLSON TO THE BROKE OF HE CAR.  COLLISION TO THE BROKE OF HE CAR.  BUT IT WAS AU TOO LATE AND MY VAN FEOTH LEFT LICHT HIS CAR REPORT THE RICHT AND SURFER AND MY VAN FEOTH LEFT LICHT HIS CAR REPORT THE RICHT LICHT AND BUNDER. AFTER THE RICHT IN WAS CHARLED BOTH OF THEM IF THOSE WAS AND INTURIES.	THE THIRD LANE. IM FROM OF ME WAS A
THE TUNCTION OF MAMON PEARO THE CAR  IN FRONT OF NE BRAKE HURD WHEN THE  TRAFFIC LICHT BURT TURN RUBBE. HE  ALREADY PROS THE ASTOP LINE WHEN THE  YOU'VE CHANGE. I CONTO THE RUKE PAGE  IN TIME AND I CURRY TO THE RUKE  LAND MITTER I CHECKED THAT LAND WHO  CIENS. I DID THIS AS TO ANONO OFFICT  COLLISION TO THE BACK OF HIS CAR.  BUT TO LATE AND MY VAN  FRONT LEFT WHAT HIS CAR REPRE  PACHT LIGHT AND BUNDER. AFTER THE  ACCIDENT I WAS GARKEN AS TO WIS NOT	RIACK CAR BRAND ANANTE G. NOOM RENCHING
TRAFFIC LIGHT SUST TURE AND RUBBER. HE  ALREADY PRES THE ASTOP LINE WHEN THE  FIGHT CHUNGE. I COMD THAT BRAVE I STOP  IN TIME AND I GLORBYE TO THE RIGHT  LAND ARTER I CHECKED THAT LAND WAS  CLOURS. I DID THIS AS TO AND DIRECT  COLLISION TO THE BACK OF HIS COR.  BUT IT WAS ALL TOO LATE AND MY VAN  PROTECT LIGHT AND BUMPER. APTOR THE  ACCIDENT I WHE SANKEN AS IT WAS MY  FROM I WAS SHAKEN AS IT WAS MY  FREST. THEN I ASKED BOTH OF THEM IF	THE JUNCTION OF MANDES ROAD THE CAR
TRAFFIC LIGHT SUST TURE AND RUBBER. HE  ALREADY PRES THE ASTOP LINE WHEN THE  FIGHT CHUNGE. I COMD THAT BRAVE I STOP  IN TIME AND I GLORBYE TO THE RIGHT  LAND ARTER I CHECKED THAT LAND WAS  CLOURS. I DID THIS AS TO AND DIRECT  COLLISION TO THE BACK OF HIS COR.  BUT IT WAS ALL TOO LATE AND MY VAN  PROTECT LIGHT AND BUMPER. APTOR THE  ACCIDENT I WHE SANKEN AS IT WAS MY  FROM I WAS SHAKEN AS IT WAS MY  FREST. THEN I ASKED BOTH OF THEM IF	IN FROM OF ME BRAKE HURO WHEN THE
FIGHT CHUNCE. I COMED THAT BRAVE COMES IN TIME AND I CHECKED THAT LAND WAS LAND AFTER I CHECKED THAT LAND WAS CLEVE. I DID THIS AS TO ANOW DIRECT COLLISION TO THE BACK OF HIS CAR. BUT IT WAS ALL TOO LATE AND MY VAN FROM LEFT LIGHT HIT HIS CAR REAR PICHT LIGHT AND BUMPER. AFTER THE ACCIDENT I WAS GARKEN AS TO WAS FREST. THEN I WAS GARKEN AS TO WAS THOSE WAS ANY MIJURIES. NO INJURIES	TRAFFIC LIGHT SUCH TURN ANDER. HE
FIGHT CHUNCE. I COMED THAT BRAVE COMES IN TIME AND I CHECKED THAT LAND WAS LAND AFTER I CHECKED THAT LAND WAS CLEVE. I DID THIS AS TO ANOW DIRECT COLLISION TO THE BACK OF HIS CAR. BUT IT WAS ALL TOO LATE AND MY VAN FROM LEFT LIGHT HIT HIS CAR REAR PICHT LIGHT AND BUMPER. AFTER THE ACCIDENT I WAS GARKEN AS TO WAS FREST. THEN I WAS GARKEN AS TO WAS THOSE WAS ANY MIJURIES. NO INJURIES	ALRCADY PAGE THE GOOP LINE WHEN THE
IN TIME AND I CHERRY TO THE RIGHT  LANCE ARTER , CHERRED THAT LANCE WAS  CLEARS. , OND THIS AS TO ANOND OFFICE  COLLISION TO THE SARCE OF HIS CAR.  BUT IT WAS ALL TOO LATE AND MY VAN  FROM LEFT LIGHT HIT HIS CAR REAR  ACCIDENT I WAS GARKEN AS IT WAS MY  FREST. THEN I ASKED BOTH OF THEM IF  THOSE WAS AND INJURIES. NO INJURIES	LIGHT CHUNGE. I COND THOT BRAKE COTOR
LAME AFTER I CHECKED THAT LAME WIRE CLEARS. I DIO THIS AS TO ANONO DIRECT COLLISION TO THE BACK OF HIS CAR.  BUT IT WAS ALL TOO LATE AND MY VAN FROM LEFT LIGHT HIT HIS CAR REAR RICHT LIGHT AND BUMPER. AFTER THE ACCIDENT I WAS GARKEN AS IT WAS MY FREST. THEN I ASKED BOTH OF THEM IF THOSE WAS ANY MYURIES. NO INJURIES	IN TIME AND I SWEBLE TO THE RIGHT
COLLISION TO THE SACK OF HIS CAR.  BUT IT DAS ALL TOO LATE AND MY VAN  FROM LEFT LIGHT HIT HIS CAR REAR  PICHT LIGHT AND BUMPER. AFTER THE  ACCIDENT I WAS SHAKEN AS IT DAS MY  FREST. THEN I ASKED BOTH OF THEM IF  THOSE DAS AND INJURIES. NO INJURIES	LAME AFTER , CHECKED THAT LAME WIRS
COLLISION TO THE SACK OF HIS CAR.  BUT IT DAS AIL TOO LATE AND MY VAN  FROM LEFT LIGHT HIT HIS CAR REAR  PICHT LIGHT AND BUMPER. AFTER THE  ACCIDENT I WAS SHAKEN AS IT WAS MY  FREST. THEN I ASKED BOTH OF THEM IF  THOSE WAS AND INJURIES. NO INJURIES	CLEAR. I DID THIS AS TO ANOW DIRECT
FROM LEFT LIGHT HIT HIS CAR REAR ENCHT LIGHT AND BUMPER. AFTER THE ACCIDENT I WAS GHAKEN AS IT WAS MY FREST. THEM, ASKED BOTH OF THEM IF THOSE WAS AND INJURIES. TO INJURIES	COLLISION TO THE BACK OF HIS CAR.
THOSE WAS AND MURIES. AFTER THE  THOSE WAS AND MURIES. NO MUSICS	BUT IT WAS ALL TOO LATE AND MY VAM
THOSE WAS AND MURIES. AFTER THE  THOSE WAS AND MURIES. NO MUSICS	FROM LEFT LIGHT HIT HIS CAR REAR
THOSE WAS AND MUTURIES. NO MUTURICES	brothe right but partice. Verson with
THOSE WAS AND INJURIES. NO INJURIES	ACCIDENT I WAS SHAKEN AS A WAS MY
	THOSE WAS AND MIJURIES. NO MIJURIES
	were beloszen.

### Declaration

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

100

Policyholder's Signature / Date &

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

09/03/2021

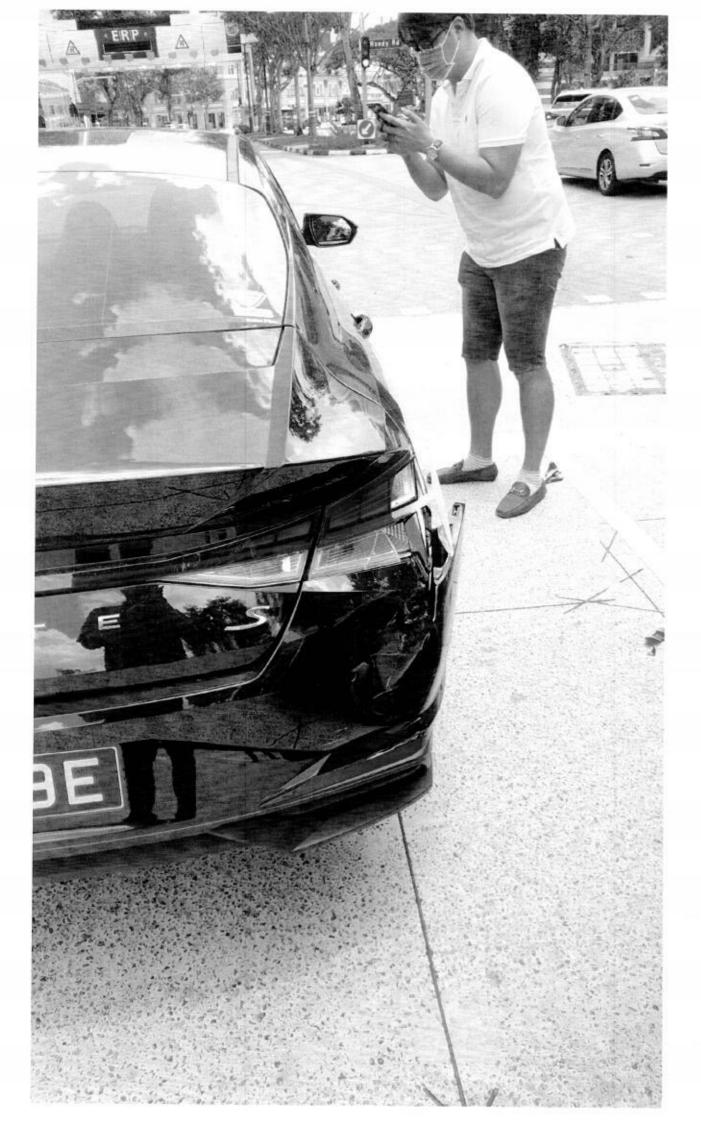
Witnessed by Reporting Centre Personnel











# ACCIDENT STATEMENT

	LOCATION; ORCHARD RD FORD	S HANDY RS
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: CBE 49961	7
	b)INSURANCE COMPANY:	387
	C)POLICY NUMBER: 510646484	5-01
		HIRD PARTY / THÍRD PARTY FIRE &THEFT
	e)MAKE & MODEL: HYUNGAL S	THE ALLER AND PART FIRE ATHER
	g) VEHICLE CATEGORY: (PRIVATE / CO	N/LORRY/MOTORCYCLE/OTHERS)
	h) PURPOSE OF USING AT ACCIDENT TO	IME:
	I) ARE YOU CLAIMING UNDER YOUR O	
	IF NO, PLEASE STATE (THIRD PARTY CI	
	2. INSURED / POLICY HOLDER	PTE LID
	A)NAME: FERRARI LOGISTIC	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 97/14218
	c) ADDRESS:	
50 St.		
	* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER .
Ano of beizza	nga DRIVER	
Clinduding du	ANAME: MOHA	
(2)	DITTRICTING ASSPORT.	CONTACT: 91544528
(2)	CLADDRESS: BUE 364 TAMPING	
CHO VC	*d)DATE OF BIRTH: (1 05 / 198	
IN JUNEA		
(m)	e)OCCUPATION: (INDOOR (OUTDOO	33/10/2019-05/11/200
13.	f)YEARS OF DRIVING EXPRERIENCE:	1887 (B. H. 1998) (B. 1997)
	4. WAS DRIVER AN EMPLOYEE OF THE	
141	IF NO, RELATIONSHIP OF THE DRIV  5. GIWEATHER CONDITION: (CLEAR / RAI	나는 아이들이 아이들이는 아이들이 아름이다는 그를 다시하고 하는데 모르는데 모르는데 모르는데 모르는데 모르는데 모르는데 모르는데 모르
	b)ROAD SURFACE: (DRY / WET / OTHER	
	6. WAS ANYBODY INJURED (YES /NO)	
	7. a)REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICES	STATION:
	8 THIRD PARTY VEHICLE	SCHOOL STATE OF THE STATE OF TH
He of passeng	(Ser a) VEHICLE NUMBER: SMY1989	MODEL:
Including dri	b) DRIVER'S NAME: HOE KEEN	WAI, GLENN
( )	c) NRIC/FIN/PASSPORT: SE93450	6ECONTACT: 91879550
A0	9. THIRD PARTY VEHICLE	
	d) VEHICLE NUMBER:	MODEL:
the change	"Je" at DDIVEDIC NIALIE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
No of passes	, e) DRIVER'S NAME:	
No of passer Including dr	f) NRIC/FIN/PASSPORT:	CONTACT:

Pax = Jess lyn , yeo @ ferrangroup ret fleet controller ss Q VIDEO = HO Yes, not recorded



## 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: 5106464845-02

Cover : Comprehensive

Index mark and Registration Number of Vehicle

: GBE4996A

Chassis Number

: KMFWBX7KMGU787415

Name of Policyholder

: FERRARI LOGISTICS SINGAPORE PTE LTD

3. Effective Date of Insurance

: 29 Dec 2020

4. Expiry Date of Insurance

: 28 Dec 2021

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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - # 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) : N/A **EXCESS (SECTION 2)** 

: \$\$100 WINDSCREEN EXCESS : YES INSURE WITH COE : N/A

HIRE PURCHASE COMPANY : 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

: TAN YI'MING (00000537343)

Date of Issue

: 17 Dec 2020 16:31 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

Claim Handling licy has not been collected. Accident MT/1123733 200412461H GST Registration No. GBE4996A Vehicle No. 5106464845-02 Policy No. 200412461H Certificate No. Policyholder NRJC FERRARI LOGISTICS SINGAPORE PTE LTD Policyholder Name Loading Comprehensive Cover Type COMMERCIAL VEHICLE INSURA Product Code Contact No.(Home) Contact No.(Office) Contact No.(Mobile) No. V eCode Special Remark Email Address eCode Reason No Yes TCA No Yes KFK No Private Hire 20 NCD Entitlement(%) No NCD Protection Collision - Head to Rear Accident Details Accident Type Accident Report Within 24 hrs 09/03/2021 16:59 Report Date Country of Accident Time of Accident hh:mm 08/03/2021 Date of Accident ICM No. Orange Force Reporting Centre Orchard Road towards Bras Basah Road Acrident Location 100.00 Windscreen Excess Per Accident Excess Type 0,00 TP Standard Excess 600.00 OD Standard Excess Not Applicable Driver is Covered? YIED TP Excess YIED OD Excess Additional Excess 0.00 Total TP Excess Applicable 600.00 Total OD Excess Applicable 01/02/2009 GST Registration Date **GST** Registered GST Status Verified 200412461H 09/03/2021 17:01:46 System changed GST Registration No. from NA to 200412461H 09/03/2021 17:01:46 System changed GST Registration Date from 01/01/2015 to 01/02/2009 09/03/2021 17:01:46 System changed GST Status Verified from Na to Yes GST Registration No. Modification History Policyholder Mailing Address SINGAPORE 415937 Address 3 #02-05/06 Address 2 7 KAKI BUKIT ROAD 1 415937 Address 1 Post Code Singapore address Address Type Address 4 Related Policy Number 5106464845-02 Unit No. Driver Type Driver Name Driver DOB Driver NRIC Unnamed driver Name Driving Experience Driver Age Register Date of Driver License Contact No.(Home) Contact No.(Office) Contact No.(Mobile) Address 3 Address 2 Post Code Foreign address Address Type Address 4 Unit No. Oriver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. Yes No Modification History Claim 002 OD-MX New 200412461H Insured NRIC FERRARI LOGISTICS SINGAPOR Insured Name ٧ Claim Type \* OD-MX 67735360 Contact No.(Office) Contact No.(Home) 82983498 Contact No.(Mobile) TP Vehicle Number SMY19890 G8E4996A Of Vehicle Number **Email Address** Name of Preferred Workshop GBE4996A / SMY1989E ON 8 Mar 2021 Claim Description ٧ Fully at Fault Preferred Workshop Contact No. Insured Liability \* Received Preferred Workshop, Name unknown Preferend Repair Option Require Finalisation 09/03/2021 00:00 Date Received Claim Close Date 09/03/2021 18:34 Date Registered Total Loss but Repaired Workshop Repairer ROSLINDA Report Taken By Print AK letter Save Submit Attachment 002 Claim No. MT/1123733 Accident No. 09/03/2021 00:00 Upload Date Yes ○ No Last Doc. Received Description Urgency \* Confidential ✓ Normal \* NO Clear Please Select Choose File No file chosen \* ✓ Normal v Clear Please Select NO Choose File No file chosen ٧ Normal ▼ NO Please Select Clear -Choose File No file chosen \* w NO ✓ Normal Please Select Clear Choose File No file chosen ٧ Y NO ✓ Normal Clear Please Select Choose File No file chosen ✓ Normal ♥ NO Clear Please Select Choose File No file chosen Send Mes Msg Sent? (CO) **▽** Attachment List Description Urgency Uploaded By/Date NRIC/ Driving License 2021-3-9 Attachment NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVI NRIC/ Driving License CES) on 09 Mar 2021 18:34



Display in New Window Scan and uploading