

NATIONAL Assessment Centre Services

Date In: 05/04/2018 19:34	Job description	Date & Time Completed	Done by
Ref No: NBA/mil8006344/v	SAS e-tiling		
Veh No: SKA 3420 R	B-mall (vehicle size, AIO 2111)		
D.O.A: 04/04/2018 14:00	1-Motor Claim Form	mil0989233	05/04/2018 19:09
OD / TP <u>Reporting Only</u>	1-Motor W/O (Vehicle ID, TP, etc)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured)	Ass'l Report by <u>Ravi Hand</u> to <u>Owner/VW</u>		

Preferred Wksp / INQ Assign Wksp / QW1 (Toll		Fax	
TP Participant		Yell No: SHC 2497B		INQ () / Non-INQ ()	
Owner / Driver (Toll			
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:		Placed:	
Insured/Driver Liability: (%) (Note: B/L Status (WO): NI: 0-20%; PI: 21-79%; PI: 80-100%)			
Year of Registration: (Warranty: YBS () / NO ()			
Excess: (\$		Loading: \$1,000 () / \$2,000 ()			

General Note: ☐ Walk-In Customer; ☐ Customer's Information strictly Confidential & Strictly NO refer of reporter.
☐ Total Loss Case; ☐ e-mail Insurer URGENTLY.
 Drive-In ☐ / Towed-In ☐; Invoice: YES ☐ / NO ☐; Towing Co: ☐

Remarks	Roll No. (e.g. 88 0015)	Date the Certificate	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

[illegible]

Invoice Preparation Checklist		Invoice Date	Per Checked
Human's Particulars	1) AR (Accident Reporting) (\$20)		
Driver/Owner	2) DA (Damage Assessment) (\$100)		
Police No:	3) TP (Towing Fee) (\$20)		
Uninsured Pardon:	4) FT (Follow Through Survey) (\$15)		
	5) PT (Follow Through Survey (As Survey)) (\$5)		
	6) TR (Trailer Van) (\$15)		
	7) NI (New DA + SMAT Survey) (\$100)		
	8) NTUC (Additional Survey) (\$10)		
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	97)		

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 withholding of material facts may allow Insurance companies to repudiate policy ability.
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 Report	05/04/2018 19:34
Date Of Accident	04/04/2018 14:00
Exact Location Of Accident	CLEMENTI AVE 6 TOWARDS PIE NEAR LAMPOST 36
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3420R
Insured/Policyholder	
Name Of Registered Owner	SAFE N SWIFT
Co Reg No	53311649W
Email Address	ZREZAL@MSN.COM
Mobile Phone No	(LOCAL) +65-92721348
Alternative Phone No	OFFICE-92721348
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087053277-01
Cover Note Number	
Driver	
Name of Driver	ZAKARIA BIN OTHMAN
NRIC No	S7225718I
Date Of Birth	13/07/1972
Occupation	INDOOR
Date Of Driving Pass	01/12/1999
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92721348
Fax Number	
Contact Number	OTHERS-92721348
Email Address	ZREZAL@MSN.COM

Address	BLK 441C BUKIT BATOK WEST AVENUE 6 #07-927
Postcode	653441
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2497B
Vehicle Make/Model/Colour	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH LEONG HOCK
NRIC/Passport Number	S0041217A
Contact Number	98191770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all 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;
 - (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



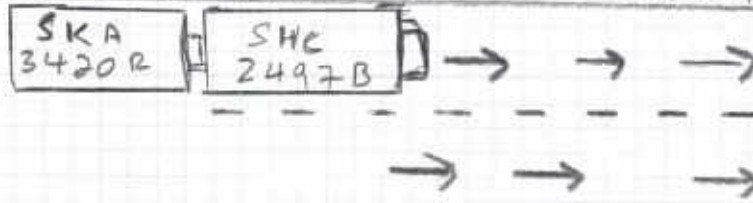
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CLEMENTI AVE 6 LAMPOST 36



PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/04/18 at about 1400hrs, I was travelling on Clementi Ave 6 towards PIE. The traffic was a bit congested. There was a taxi in front of me, SHC 2497B. The taxi move then it stop, I brake but I hit the taxi bumper. There was a small dent on the taxi bumper. I went out and appologised to the taxi driver. I tried to press back the bumper and the dent pop out and the bumper was straight again. The taxi driver ask me to pay him, I said ok but I dont have much. Then he said he wanted to make a report to claim insurance.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/0989233

Policy No.	5083052277-05	Vehicle No.	SKA3420R	GST Registration No.	
Policyholder Name	SAFE N SWIFT			Policyholder NRIC	S3311649W
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIV CLASSIC	Loading	0
Contact No.(Mobile)	92721348	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
NCQ Protection	No	NCQ Endowment(%)	10	Private Hire	No

Accident Details

Report Date	05/04/2018 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/04/2018	Time of Accident (hr:min)	14:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CLEMENS AVE & TOWARDS PIE NEAR LAMPOST 38				

Benefits

Excess

Own damage Excess	2000.00	Additional Excess	0.00	Widespread Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2000.00		
Third Party Excess	1500.00	Outside Singapore TP Excess	1500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 165 #05-5689	Address 2	BUKIT MERAH CENTRAL	Address 3	SINGAPORE 150160
Address 4		Address Type	Singapore address	Post Code	150160
Unit No.	05-13	Related Policy Number	5098572210		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	ZAKARIA BIN OTHMAN	Driver NRIC	S7225718I	Driver DOB	12/07/1972
Register Date of Driver License	01/12/1999	Driver Age	45	Driving Experience	18
Contact No.(Mobile)	92721348	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 441C #07-927	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	WEST RIDGES @ BUKIT BATOK
Address 4	SINGAPORE 653441	Address Type	Foreign address	Post Code	653441
Unit No.	07-927				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKA3420R	Driver Insurer Company	NFLC

Declaration

Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes = No
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Modification History

Claim DOI

New

Claim Type *	OD-MX	Insured Name	SAFE N SWIFT	Insured NRIC	S3311649W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SKA3420R	TP Vehicle Number	SHC2497B
Claim Description	SKA3420R / SHC2497B ON 4 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	05/04/2018 19:48	Claim Close Date		Date Received	05/04/2018 00:00
Report Taken By	BDSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/0889233	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/04/2018 19:49
Path *			
Choose File	No file chosen	Category *	Confidential Urgency *
Choose File	No file chosen	Clear Please Select	NO Normal
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Message Read			

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800678I NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 05 Apr 2018 19:49	Photo	Normal	Photos 2018-4-5		Edit
	NAC_BUKIT_MERAH_800676I NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 05 Apr 2018 19:49	Photo	Normal	Photos 2018-4-5		Edit
	NAC_BUKIT_MERAH_800676I NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 05 Apr 2018 19:49	Photo	Normal	Photos 2018-4-5		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:49	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:49	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:48	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:48	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:48	Photos	Normal	Photos 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:48	SAS	Normal	SAS 2018-4-5	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 Apr 2018 19:48	NAC/ Driving License	Normal	NAC/ Driving License 2018-4-5	Edit

Video List

Uploaded By/Date	Folder/ Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

col's stamp

ACCIDENT STATEMENT

1400

ACCIDENT DATE: 04/04/2018 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: Clement Ave 6 towards PIE near lampost 36

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 3420 R
b) INSURANCE COMPANY: MYC
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Prius
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SAFE N SWIFT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

Prongthor

4/10 of passenger
(including driver)

(2)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ZAKARIA BIN UTHMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7225718 I CONTACT: 92721348
c) ADDRESS: BK 441 C, #07-22, BT BAYVIEW WEST
AVE 8 (653441)
d) DATE OF BIRTH: 13/07/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 17/12/1999

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 2497 B MODEL: HYUNDAI SONATA
b) DRIVER'S NAME: KOH LEON MOU
c) NRIC/FIN/PASSPORT: S0041217 A CONTACT: 98191770

4/10 of passenger

(including driver)

(2)

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

4/10 of passenger

(including driver)

()

email: zrezal@msn.com

fax: sns car rental@gmail.com

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7225718I



Name
ZAKARIA BIN OTHMAN

Race
MALAY

Date of birth

13-07-1972

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7225718I**



ZAKARIA BIN OTHMAN

Birth Date: **13 Jul 1972**

Issue Date: **28 Jul 2012**



002090746J



9174397

NRIC No. **S7225718I**



Nationality

STATELESS

Date of issue

28-07-2012

APT BLK 441C BUKIT BATOK WEST AVENUE 8 #07-927
SINGAPORE 653441

NRIC No. S7225718I

Date: 28/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	16 Dec 1998
Class 2A	Motorcycles between 201 cc and 400 cc	11 Jul 2000
Class 2	Motorcycles > 400 cc	04 Dec 2001
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	01 Dec 1998
Class 4	*Motor vehicles which are constructed to carry load of passengers and the unladen weight > 2500kg	24 Feb 2005
	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	12 May 2005



Licence No: S7225718I

NP 428A

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087053277-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKA3420R
Chassis Number : NCP815062691
2. Name of Policyholder : SAFE N SWIFT
3. Effective Date of Insurance : 20 Dec 2017
4. Expiry Date of Insurance : 19 Dec 2018
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)	: S\$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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
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 : TAI THONG LEE TRADING PTE LTD (00000612744)
Date of Issue : 19 Dec 2017 14:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive