

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA18055932

Date In: 28/04/2018 16:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18007848/Y	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SU 1898 R	i-Motor Claim Form	NA/0992258-001	28/04/2018
D.O.A: 28/04/2018 12:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:54
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBB 6782C	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1802682	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	28/04/2018 16:14
Date Of Accident	28/04/2018 12:35
Exact Location Of Accident	WOODLANDS AVENUE 12 TOWARDS GAMBAS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1898R
Insured/Policyholder	
Name Of Registered Owner	NEEDS CARS
Co Reg No	53360290D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90688767
Alternative Phone No	OFFICE-92275945

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091731828
Cover Note Number	

Driver

Name of Driver	NURJANNAH BINTE JUMAHAT
NRIC No	S8843677F
Date Of Birth	30/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90688767
Fax Number	
Contact Number	OTHERS-92275945
Email Address	NOEMAIL

Address	BLK 354 CHOA CHU KANG CENTRAL #02-327
Postcode	680354
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	1

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	GBB6782C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA9724K
-----------------------------	----------


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 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:

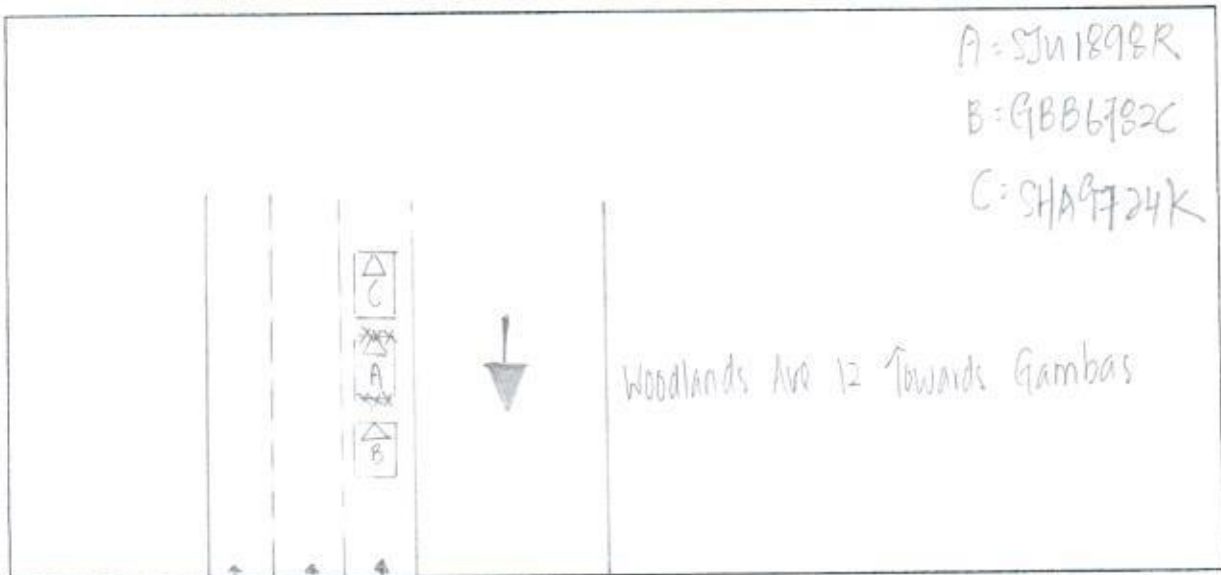
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Woodlands Ave 12 Towards Gambas at 1st lane of 3 lanes.

Heavy traffic, veh "C" in front of me slowed down, I followed suite.

Suddenly, I felt an impact, veh "B" collided onto rear portion of my vehicle and caused my vehicle surged forward collided onto veh "C" rear portion.

I alighted and realised there was total 3 vehicles get involved.

After the accident, I felt discomfort. fwt,

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: Res Li WATTHAS
 NRIC/FIN No.:

Claim Handling

Accident MT/0992258

Policy No.	5091731828	Vehicle No.	SJU1898R	GST Registration No.	
Policyholder Name	NEEDS CARS	Cover Type	Third Party	Policyholder NRIC	53360290D
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90688767	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	28/04/2018 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/04/2018	Time of Accident hh:mm	12:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVENUE 12 TOWARDS GAMBAS AVENUE				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore DD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	15 VEERAGODI CLOSE	Address 2	SINGAPORE 534436	Address 3	
Address 4		Address Type	Singapore address	Post Code	534436
Unit No.		Related Policy Number	5093613903		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/10/1988
Unnamed driver Name	NURJANNAH BINTE JUMAHAT	Driver NRIC	S8843677F	Driving Experience	9
Register Date of Driver License	28/05/2008	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	92275945	Contact No.(Office)		Address 3	SINGAPORE 580354
Address 1	BLK 354 #02-327	Address 2	CHOA CHU KANG CENTRAL	Post Code	580354
Address 4		Address Type	Foreign address		
Unit No.	02-327			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SJU1898R		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NEEDS CARS	Insured NRIC	53360290D
Contact No.(Mobile)	90688767	Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	SJU1898R	TP Vehicle Number	G886782C
Claim Description	SJU1898R / G886782C ON 28 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/04/2018 16:48	Claim Close Date		Date Received	28/04/2018 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0992258	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/04/2018 16:54		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen


























Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:54	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:51	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:49	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:49	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:49	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:49	SAS	Normal	SAS 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 Apr 2018 16:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

[Display in New Window](#)

[Scan and uploading](#)

VEHICLE NO: SJN1898R

MAKE & MODEL: Nissan Sylphy

DATE OF ACCIDENT	28 / 04 / 18
TIME OF ACCIDENT	1236 AM/PM
LOCATION OF ACCIDENT	Woodlands Ave 12 Towards Kranbas
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	Needs Car
TEL NO	9067-8767
NRIC	533602900
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE CO	Ntuc
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
POLICY NO.	5091731828
NAME OF DRIVER	As Above / If No: <u>Hurjannah Binte Jumahat</u>
NRIC	58843697F Any Passengers: <u>NIL</u>
DATE OF BIRTH	30 / 10 / 1988
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	28 / 05 / 2008
GENDER	Male / <u>Female</u>
CONTACT NO.	9227-5945 Office: Home:
ADDRESS	Blk 354 Choa Chu Kang Central #02-327 Singapore 680354
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: <u>Leasee</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIEES	No / If yes: Who? <u>D Nurjannah Binte Jumahat</u>
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	9886782C Any Passenger: <u>NIL</u>
NAME	
CONTACT NO.	
VEHICLE C NO.	SHA972HK Any Passenger: <u>01 (m)</u>
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP
	1 Kaki Bukit Ave 6, Blk C #01-43
	Autobay@Kaki Bukit Singapore 417883
TEL NO	TEL: 6747 9241
CONTACT PERSON	Reena / Sukyi
FAX NO.	FAX: 6741 7276
EMAIL	reena@nhtmotor.com
	admin@nhtmotor.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8843677F



Name

NURJANNAH BINTE JUMAHAT

نورجنا بنت جومات

Race

MALAY

Date of birth

30-10-1988

Sex

F

Country of birth

SINGAPORE



3426485



NRIC No. S8843677F

Date of issue

10-11-2003

Address

APT BLK 354 CHOA CHU KANG CENTRAL
#02-327
SINGAPORE 680354

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8843677F**

Name:

NURJANNAH BINTE JUMAHAT

Birth Date: 30 Oct 1988

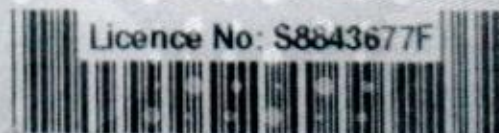
Issue Date: 28 May 2008



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

PASS DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **28 May 2008**



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: 5091731828

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJU1898R**
Chassis Number : **JN1BAAG11Z0110428**
2. Name of Policyholder : **NEEDS CARS**
3. Effective Date of Insurance : **03 Oct 2017**
4. Expiry Date of Insurance : **02 Oct 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

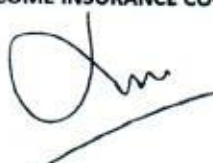
Agency : DICKSON AUTO AGENCY (00000614645)
Date of Issue : 07 Jun 2017 09:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Needs Cars

1 Starlight Road, Singapore 217754

Tel:63966672 Fax:63966673

RENTAL AGREEMENT

DBS 023-9058124

Hirer's Name MURTAHANNAH BINTI JUMAHAT	Date of Birth 30-10-1988	NRIC / Passport No. SS843677F	Nationality SINGAPOREAN
Address BLK 354 CHOA CHU KANG	Occupation -	Driving License No. SS843677F	Next of Kin Name -
Central 02-0327	Postal Code 680354	Home Contact No. -	Mobile Phone No. 987314502
Next of Kin Contact No. -	Joint Hirer's / Guarantor's Name ROSZAM BINTI ABDUL	Date of Birth 14/10/1981	NRIC / Passport No. SS131716Z
Address SALIM	Occupation -	Driving License No. -	Nationality SINGAPORE
Postal Code -	Home Contact No. -	Mobile Phone No. 97834550	Next of Kin Contact No. -

Vehicle No. STU1898R	Make & Model NISSAN SYLPHY
Check Out Date 03/10/17 Time 16 30 pm	Signature of Hirer when return E 1/4 1/2 3/4 F
Check In Date - Time -	Remarks -

Important Notes:

- No refund of deposit will be given for vehicle that returns before end of contract.
- Own Damage Liability - Full liability for damage / \$2000 insurance excess* to vehicle plus loss of earnings while the damaged vehicle is under repair.
- Third Party Liability - \$2000 insurance excess for any Third-Party Accident Claim.
- Hirer is responsible for all parking fines and traffic summons.
- Vehicle should be returned before 12pm, failure to return the vehicle shall be charged at \$20.00 per hour.
- As preventive maintenance, please check the radiator water and engine oil daily.
- Joint hirer / relief driver surcharge applies.
- Deposit will be refunded two weeks after hirer returned the car, and if there's no outstanding summons and uncompleted accident insurance claims.
- Extension or Returning: One-week notice is required.

Rental Charges

Daily / Weekly / Monthly* Rate	SS 380/-
Joint Hirer Surcharge	SS -
Excess	\$ 2000/-
Deposit (refundable)	SS 500/-

Contract Duration

Months / Weeks *	
From:	To:
03/10/17	02/01/18



D - Dent
S - Scratch
C - Crack
A - Accident

For Official Use

I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
I/We declare that all information given on this is true and accurate.

Hirer's Signature

Name: **MURTAHANNAH**
NRIC: **SS843677F**

Joint Hirer's / Guarantor's Signature

Name: **ROSZAMAH ABUL SALIM**
NRIC: **SS131716Z**

Needs Cars



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA118055932 Vehicle Registration No: SJ41898R
Name (as shown in NRIC) : NURJANAH BINTI JUMAHAT NRIC/FIN/Passport No : S848677F
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 92275945
Email Address : _____
Date of Accident : 28/04/2018 Time of Accident : 12:35
Place of Accident : WOODLANDS AVENUE 12 TOWARDS GOMBAS AVENUE
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:

LOCATION OF ACCIDENT 70 WOODLANDS AVE 12 TOWARDS GOMBAS AVENUE

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: ROSLI WATSON
NRIC/FIN No. _____
Date: 28/04/2018