

NATIONAL Assessment Centre Services (Int'l & Local) **MINA40069144**

Date In: **28/05/2018** **13:56**

Ref No: **NBA/INC/000967714**

Yell No: **SLM 6110E**

COA: **27/05/2018** **00:30**

OO / TP (Regionals Only)

TP Insured:

Job description

SAS e-illing

E-mail (within 24hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor VVO (within 20 days, VV 1hr)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Box/Hand to Owner/VVHS

Date & Time Completed

Done by

28/05/2018 **14:33**

MINA40069144-001

Preferred Wksp / HQ Assign Wksp / CW: (

TP Policyholder Yell No: **SLM 6110E** INC () / Non-INC ()

Owner / Driver (

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: E&L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work in progress. Customer's information strictly Confidential & Strictly NO release of reporter.

() Total Loss Case. To e-mail Insurer URGENTLY.

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

Remarks:

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check/Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Particulars:

MINA03375

Human Particulars:

Driver/Owner:

Policy No:

Assigned Position:

C Checked by (Engr-In-Charge):

Work Order Comments:

Invoice Preparation Checklist:

1) AR Accident Reporting (100)

2) DA/Driver's Accident (100) INC/NT

3) TP Towing Fee

4) FT Follow Through Survey

5) FT Follow Through Survey (Recovery)

6) TR Mileage Report (NO Only, Cost 10)

7) TR Mileage Van

8) NTUC Additional Survey

9) NTUC Additional Survey

10) NTUC Additional Survey

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100) NTUC Additional Survey

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	28/05/2018 13:56
Date Of Accident	27/05/2018 00:30
Exact Location Of Accident	100 METRES BEFORE WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC6810E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KAMIL BIN SALEH
NRIC No	S1546757F
Email Address	MDFIQ_90@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96256206
Alternative Phone No	OTHERS-81286176

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074257467-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAFIQ BIN MUHAMMAD KAMIL
NRIC No	S9046072B
Date Of Birth	30/11/1990
Occupation	INDOOR
Date Of Driving Pass	04/09/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81286176
Fax Number	
Contact Number	OTHERS-96256206
Email Address	MDFIQ_90@HOTMAIL.COM

Address BLK 140 PASIR RIS STREET 11
#07-183

Postcode 510140

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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) 4

Passenger 1 NAME: : PASSENGER
GENDER: : MALE

Passenger 2 NAME: : PASSENGER
GENDER: : MALE

Passenger 3 NAME: : PASSENGER
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

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 SLM6110R

Vehicle Make/Model/Colour TOYOTA HARRIER

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	DAVE WEE
NRIC/Passport Number	
Contact Number	83388363
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 28/5/2018 01240pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/05/2018 1240pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Impact on Rear Bumper

STC651CE

SLW611OR

100m

Woodlands Checkpoint

At 0029 Hrs, on 27 May 2018, the traffic condition before wetlands quite jam packed. While I was driving, I noticed that the front vehicle came to sudden stop. I was not able to stop the vehicle in time and ~~the~~^{my} vehicle hit the rear bumper of the front vehicle (SLM 610R).

Everyone dismounted from the vehicle and confirmed that nobody was injured. Afterwards, we all took photos of the vehicle accident and exchanged particulars.

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

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

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ANNEX E

NOTICE OF REPORTING

This is to confirm that MUHAMMAD SHAFIQ BIN MUHAMMAD KAMIL NRIC / FIN S9046072B reported to the Police a non injury traffic accident which occurred about 100m before Woodlands Checkpoint on 27/05/2018 at 0029hrs involving the following vehicles;

- A) SJC6810E – Dark Blue Honda Stream
- B) SLM6110R – Dark Blue Toyota Harrier

Complainant informed that he was driving his vehicle (Vehicle A) towards Woodlands Checkpoint. There were a lot of vehicles and it was quite packed. The vehicle in front (Vehicle B) suddenly applied its brakes. Complainant was unable to stop in time and bumped into the rear of Vehicle B lightly. Nobody was injured. Both drivers exchanged particulars and took pictures of the scene before leaving the area. Driver Dave Wee, HP: 83388363.

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: Sgt T160020 Chan Xiang Da

Date: 27/05/2018 Time: 1750hrs

S/D Ref No: 91

Police Post / Unit: Pasir Ris NPC

Original to be issued to complainant
Duplicate to be submitted to Traffic Police

Pasir Ris NPC
No. 1 Pasir Ris Drive
#01-01 Singapore 519551
Tel: 6744 5430

CONFIDENTIAL

Claim Handling

Accident MT/0996194

Policy No.	5074257467-02	Vehicle No.	5XC6810E	GST Registration No.	
Policyholder Name	MUHAMMAD KAMEL BIN SALEH			Policyholder NRIC	S1546757F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	96256206	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	+ No Yes	TCA	+ No YES	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	00	Private Hire	No

Accident Details

Report Date	26/05/2018 14:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	27/05/2018	Time of Accident (hours)	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	100 METRES BEFORE WOODLANDS CHECKPOINT				

Benefits

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 140 #07-183	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510140
Address 4		Address Type	Singapore address	Post Code	510140
Unit No.		Related Policy Number	5074257467-02		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/11/1990
Unnamed driver Name	MUHAMMAD SHAFIQ BIN MUHAMMAD	Driver NRIC	S90460720	Driving Experience	4
Register Date of Driver License	04/09/2013	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	81266174	Contact No.(Office)		Address 3	SINGAPORE 510140
Address 1	BLK 140 #07-183	Address 2	PASIR RIS STREET 11	Post Code	510140
Address 4		Address Type	Foreign address		
Unit No.	07-183				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	5JC6810E	Driver Insurer Company	RTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD KAMEL BIN SALEH	Insured NRIC	S1546757F
Contact No.(Mobile)	96256206	Contact No.(Home)	95852797	Contact No.(Office)	
Email Address	MDKBN@YAHOO.COM	DI Vehicle Number	5XC6810E	TP Vehicle Number	5JC6810E
Claim Description	SJC6810E / S1M6110R ON 27 May 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	25/05/2018 14:32	Claim Close Date		Date Received	26/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print Ack letter

Save Submit

Attachment

Accident No.	MT/0996194	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/05/2018 14:33
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAL_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 May 2018 14:33	Photos	Normal	Photos 2018-5-26		Edit
	NAL_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 May 2018 14:33	Photos	Normal	Photos 2018-5-26		Edit
	NAL_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 26 May 2018 14:33	Photos	Normal	Photos 2018-5-26		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:33	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:33	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:33	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:32	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:32	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:32	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:32	Photos	Normal	Photos 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:32	SAS	Normal	SAS 2018-5-28	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 14:32	NKIC/ Driving License	Normal	NKIC/ Driving License 2018-5-28	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 05 / 2018 (DD/MM/YYYY), TIME: 00 : 29 (HH:MM)

LOCATION: WOODLANDS CHECKPOINT (100 Metres before)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JC6810E
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5074257467-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA STREAM
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING HOME
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD KAMIL BIN SALEH (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S1546757F CONTACT: 96256206
C) ADDRESS: BLK 140 PASIR RIS STREET 11 #07-183
SINGAPORE 510140

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: MUHAMMAD SHAFIQ BIN MUHAMMAD KAMIL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9046072B CONTACT: 81286176
c) ADDRESS: BLK 140 PASIR RIS STREET 11 #07-183
SINGAPORE 510140

* d) DATE OF BIRTH: 20 / 11 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PASS : 04/09/2013

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: PASIR RIS NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM6110R MODEL: TOYOTA HARRIER
b) DRIVER'S NAME: DAVE WEE
c) NRIC/FIN/PASSPORT: _____ CONTACT: 83388363

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

1) EMAIL : mdfig_90@hotmail.com

2) VIDEO :

3M

1F

(4)

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER

INCLUDING DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9046072B



Name

MUHAMMAD SHAFIQ BIN
MUHAMMAD KAMIL

Race

MALAY

Date of birth

30-11-1990

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Additional Number: S9046072B

MUHAMMAD SHAFIQ BIN
MUHAMMAD KAMIL

Birth Date: 30 Nov 1990

Issue Date: 04 Sep 2013



NRIC No. S9046072B



Date of issue

11-02-2006

Address

APT BLK 140 PASIR RIS STREET 11
#07-183
SINGAPORE S10140

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

- | | | |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 04 Sep 2013 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 04 Sep 2013 |



NP 436A

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: 5074257467-02

Cover : drivo CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJC6810E |
| Chassis Number | : RN61060410 |
| 2. Name of Policyholder | : MUHAMMAD KAMIL BIN SALEH |
| 3. Effective Date of Insurance | : 09 Sep 2017 |
| 4. Expiry Date of Insurance | : 25 Aug 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MUHAMMAD KAMIL BIN SALLEH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)
Date of Issue : 09 Sep 2017 10:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive