

MMH 41806955

| Vib description | Date Activity Completed | Done by |
|---|-------------------------|------------|
| SAF drilling | | |
| D-Hall (with 2nd, 3rd floor) | | |
| Excavator Claim Form | MM1099686-001 | 28/05/2018 |
| Excavator W/O (with 2nd, 3rd floor) | | 18/03 |
| Photo Uploaded | | |
| Assessment/Summary Report | | |
| Ass't Report by Rax/Hand to Owner/VW430 | | |

TP Insure:

Pro/Red Whp / ING Assign Wksp / OWI /

79. Particulars: Yell No: 204552 Tel: Fax:
 Owner/Driver: INC () / Non-INC ()
 Policy No: Tel:
 Confirmed by: Period: Cover Type:
 Insured/Driver Liability: % (Note: Est. State (WO): NI 0-20%, PI 21.79%, PI 30.100N)
 Year of Registration: Warranty: YES () / NO ()
 Excess: Loading: \$1,000 () / \$2,000 ()

() Work-In Question: Customer's information strictly Confidential & strictly NO relay of reporter.
() Total Loss Case: To e-mail Insurer URGENTLY.
Driver-In () / Towed-In () / Invoiced YOS () / NO () / Towing Co ()

| 1) Apply for Transition Allowance () / Courtesy Car () | 2) QC Check/Post Repair Inspection () | 3) Upload Repair Photo (Repair Cost > \$3000) () |
|--|--|---|
| | | |



Figure 1

[illegible]

MAURO3378

| | |
|-------------------------|--------------------------------------|
| Driver: <u>2144VINE</u> | 1) AR Accident Reporting (330) |
| | 2) DAIDrive/Airline/et (3100) |
| Net/Owner: | 3) TP/Towing Fee |
| | 4) PT Follow-Through Survey |
| Phone No: | 5) PT Follow-Through Survey (Return) |
| | For details call NDC Drive (2144) |
| Method Pardon: | 6) TRN/Truck |
| | 7) H/144VDA + SMRT Survey |
| | 8) NTUC Additional Survey |

| | |
|----------------------------|--|
| Checked by (Sign-In-Chief) | |
| Liberty Community | |
| L | |

| | | | |
|-----|------------------------------|-----------------------------|---|
| 272 | Inmate dated Inmate dated | Pitt Chapel Nov 15, 1910 |   |
|-----|------------------------------|-----------------------------|---|

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 17:32 |
| Date Of Accident | 26/05/2018 14:45 |
| Exact Location Of Accident | PIE TOWARDS JURONG BEFORE CTE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGP2335D |
| Insured/Policyholder | |
| Name Of Registered Owner | SYED ABDUL RAHIM |
| NRIC No | S2686432A |
| Email Address | RAHIMSA.SG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97921155 |
| Alternative Phone No | OTHERS-97921155 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5048859262-07 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SYED ABDUL RAHIM |
| NRIC No | S2686432A |
| Date Of Birth | 28/11/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/12/2002 |
| Driving Experience | 15 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97921155 |
| Fax Number | |
| Contact Number | OTHERS-97921155 |
| Email Address | RAHIMSA.SG@GMAIL.COM |

| | |
|---|---|
| Address | BLK 324 ANG MO KIO AVENUE 3 #06-1890 |
| Postcode | 560324 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | RAINING |
| Road Surface | WET |

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) | 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 | SLQ4545L |
| Vehicle Make/Model/Colour | MITSUBISHI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN YONG PENG |
| NRIC/Passport Number | S1649263I |
| Contact Number | 96627220 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 3 |
| Passenger 1 | NAME: ; |
| | GENDER: ; |

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:

28/05/2018
02:15PM

GIA/ATAC Sketch Plan Form 1/23



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



Reporting Centre Personnel's Signature

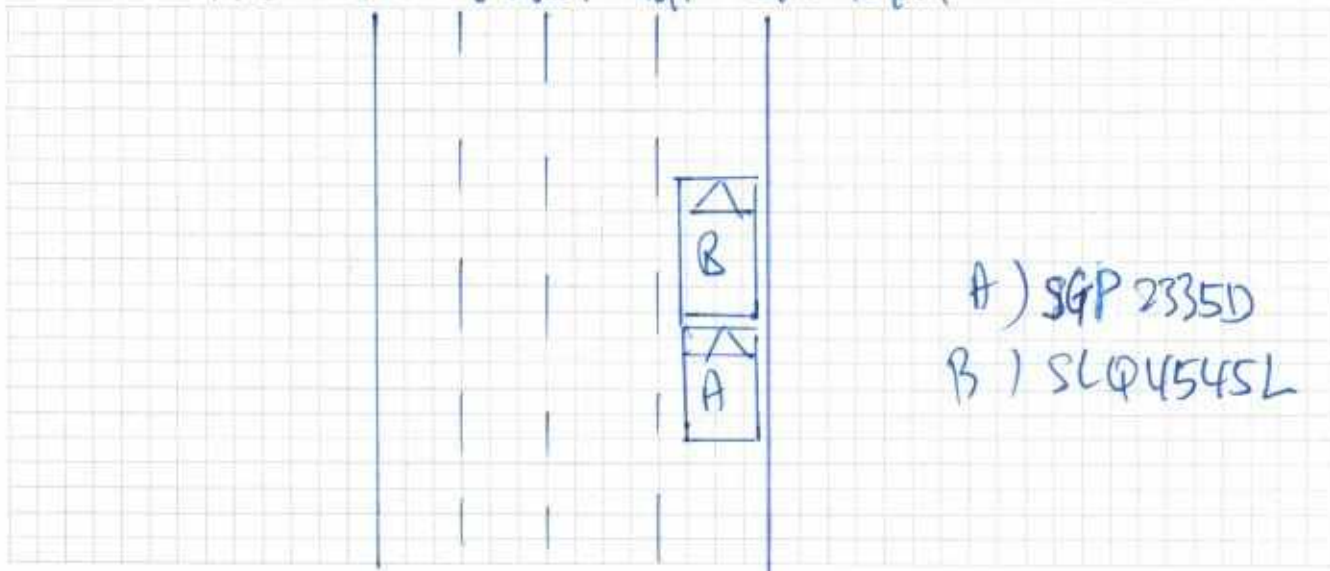
Name:

NRIC/FIN No.:

Resh WATOB

SKETCH PLAN

Pike towards Turnover B/F CTE EXIT



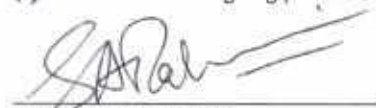
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28th May 2018, @ 2.45pm, at location PIE ~~of~~ towards Turnover Before CTE Exit, it was heavily raining and on the way had lot of water stagnation.

~~So~~ I was driving very slowly @ 30 to 40 km/hr, the break applied didn't get into its full grip, as the water might have entered inside ~~so~~ break shoe as around that area. Thus causing to hit the car in front of me, which caused minor dent in the rear.

DECLARATION

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



Policyholder's Signature

Date & Time:

28/05/2018
02:15 PM

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

 28/05/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Claim Handling

Accident MT/0996286

| | | | | | |
|---------------------|-------------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No. | 5048859262-07 | Vehicle No. | SGP2335D | GST Registration No. | |
| Policyholder Name | SYED ABUL RAHM 32642051 | | | Policyholder NRIC | S26664324 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party, Fire & Theft | Leading | 0 |
| Contact No.(Mobile) | 97921155 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFR | = No Yes | TCA | = No Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 28/05/2018 17:18 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 26/05/2018 | Time of Accident (hh:mm) | 14:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICN No. | |
| Accident Location | PIE TOWARDS JVRONG BEFORE CTE EXIT | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|------|-----------------------------|------|-------------------|------|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | BLK 324 #06-1890 | Address 2 | ANG MO KIO AVENUE 3 | Address 3 | SINGAPORE 560324 |
| Address 4 | | Address Type | Singapore address | Post Code | 560324 |
| Unit No. | | Related Policy Number | 5048859262-07 | | |

OI Driver Info

| | | | | | |
|---|------------------|---------------------|---------------------|------------------------|------------------|
| Driver Name | SYED ABUL RAHM | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S26664324 | Driver DOB | 28/11/1983 |
| Register Date of Driver License | 01/01/2000 | Driver Age | 34 | Driving Experience | 18 |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 324 #06-1890 | Address 2 | ANG MO KIO AVENUE 3 | Address 3 | SINGAPORE 560324 |
| Address 4 | | Address Type | Singapore address | Post Code | 560324 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | SGP2335D | Driver Insurer Company | NTUC |

Declaration

| | | | |
|-------------------------------------|------|-------------|----------|
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | Yes = No |
|-------------------------------------|------|-------------|----------|

Modification History

Claim 001 OD-MX

New

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | SYED ABUL RAHM 32642051 | Insured NRIC | S26664324 |
| Contact No.(Mobile) | 97921155 | Contact No.(Home) | 9550764 | Contact No.(Office) | |
| Email Address | rahimra.sg@gmail.com | OT Vehicle Number | SGP2335D | TP Vehicle Number | BLQ45455 |
| Claim Description | SGP2335D / BLQ45455 ON 26 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 | 28/05/2018 18:02 | Claim Close Date | | Date Received | 28/05/2018 00:00 |
| Report Taken By | ROSLI WAMAS | Workshop Repaired | | Total Loss but Repaired | |

Print All letter

Save Submit

Attachment

| | | | |
|----------------------------|------------|---------------------|------------------|
| Accident No. | MT/0996286 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 28/05/2018 18:03 |
| File * | | Category * | Confidential |
| Choose File No file chosen | | Urgency * | Description * |
| 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 | | 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 |
| Message Read | | Clear Please Select | NO Normal |

Send Message Upload

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) | Action |
|---|--|----------|---------|------------------|----------------|--------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:03 | Photos | Normal | Photos 2018-5-28 | | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:03 | Photos | Normal | Photos 2018-5-28 | | Edit |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:03 | Photos | Normal | Photos 2018-5-28 | | Edit |

| | | | | | |
|--|--|-----------------------|--------|---------------------------------|----------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:01 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:01 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:01 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:01 | Photos | Normal | Photos 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:01 | SAS | Normal | SAS 2018-5-28 | Edit |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 28 May 2018 18:02 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-28 | Edit |

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 26/05/2018 (DD/MM/YYYY), TIME: 2:45PM (HH:MM)

LOCATION: PTE TOWARDS JURONG BEFORE CTE EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG123351
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5048859262-07
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VIOS X 2006
 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)?
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY):

2. INSURED / POLICY HOLDER

- a) NAME: SYED ABDUL RAHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2686432A CONTACT: 97921155
 c) ADDRESS: BLK 324, ANG MO KIO AVE 3, #06-1890, SINGAPORE (560324)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: SYED ABDUL RAHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2686432A CONTACT: 97921155
 c) ADDRESS: _____

* d) DATE OF BIRTH: 28/11/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING: PAGE : _____

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

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: SLQ495L MODEL: MITUBISHI
 b) DRIVER'S NAME: TAN YONG PENG
 c) NRIC/FIN/PASSPORT: S16492631 CONTACT: 96627200

9. THIRD PARTY VEHICLE

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

(1)

NUMBER OF
PASSENGER
INCLUDING DRIVER

(3)

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL : rahimsa.sg@gmail.com

2) VIDEO : rahimsa.sg + gmail.com

6/10/18

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2686432A



Name

SYED ABDUL RAHIM

செய்து அப்துல் ரஹீம்

Race

INDIAN

Date of birth

26-11-1963

Sex

M

Country of birth

INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2686432A

Name

SYED ABDUL RAHIM

Birth Date 26 Nov 1963

Issue Date 16 Dec 2002



8554359

WRIC No S2686432A



Nationality

INDIAN

Date of issue

13-06-2007

Address

APT BLK 324 ANG MO KIO AVENUE 3
#06-1890
SINGAPORE 560324

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

VALID DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

14 Dec 2002

NP 429A



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: 5048859262-07

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SGP2335D

Chassis Number

: MR053HY4204210743

2. Name of Policyholder

: SYED ABDUL RAHIM 32642051

3. Effective Date of Insurance

: 11 Dec 2017

4. Expiry Date of Insurance

: 10 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 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)

: N/A

EXCESS (SECTION 2)

: N/A

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

PRIMARY DRIVER

: SYED ABDUL RAHIM

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INCOME-WOODLANDS BRANCH (00000600316)

Date of Issue : 02 Dec 2017 13:56 hrs

Reprint : 02 Dec 2017 13:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive