

NATIONAL Assessment Centre Services. (011 1 1000)

Date: 30/5/2018 17:42

Ref No: NA/INC18009767/K4

Vel: No: SJH6072S

2/05/2018 16:15

007 17 February 1951

T? Insured:

Job description	Date & Time Completed	Done by
SAS coding		
B-roll (extra shot, AIG shot)		
Motor Claim Form	MT/0996568-001	31/5/18 10:10
Motor W/O (extra shot, AIG shot)		
Photo Uploaded		
Assessment Survey Report		
Final Report by Fax/Hand to Owner/VWJ30		

Preferred Wksp / INQ Assign Wksp / OW: (

TP Particulars: Yell No1 FX 4302E , INC( , ) / Non-INC( )  
 Queser / Delver /

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

Confirmed by: ( )	Date	Place

Insured/Over Liability: (	%)	(Note: B/L Status (WO): N: 0.20%; P: 21.79%; P: 30.100%)
Year of Registration: (	)	W: —; YP: / ; YC: / ;

Excess: (5) Loading: \$1,000 ( ) / \$2,000 ( )

General Requirements for Customer Support

( ) Total Loss Case - No e-mail Insurer URGENTLY.

Driver-In ( ) / Towed-In ( ) , Invoice# YDS ( ) / HQ ( ) , Towing Co: ( )

Removals	UNBolline: 678810163	DATE THE Sampled	Done by
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1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check/Post Repair Inspection ( )		

3) Upload Recovery Photo (Repair Cost > \$3000)	( )		
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11/10/2011

File/Title	Action

\_\_\_\_\_

\_\_\_\_\_

100-180330-

NA1803393	INVOICE PREPARATION CHARGES
	1) AR: Accidental Reporting (\$30)

2) D.A. Demage & Associés (\$100);	INC (W)
3) TP Taxing Fee	12/1/19
4) TP Taxing Fee	11/15

Interviewer:	1) PTI Follow through Survey	156
Interview No:	2) PTI Follow through Survey (Re survey)	156
	For information and still INC Only (w/ 10 Jan 2000)	

ARMED Forces	6) TRAILING	
	7) NIGERIA & SMART SURVIV	

1	RTUC 2000/01/01	01/01	1
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C. Checked by (Engr-in-Charge):	1 Nt Civilty Cnt / Tpl Allowance	17
	1 Nt Ripill Consolidation	19

Title: Community	NIJ/DOJ/NIJ/Institution	21
	NIJ/DOJ/College/University/Coordination	21
	NIJ/DOJ/NIJ/INAC/INAC/INAC/INAC	21

[illegible]



### 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	30/05/2018 17:42
Date Of Accident	27/05/2018 16:15
Exact Location Of Accident	JUNC OF KRETA AYER RD AND KEONG SAIK RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6072S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	53367446L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81985764
Alternative Phone No	OFFICE-81985764

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093371571
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD FAEZ PUTERA BIN OMAR
NRIC No	S9430548I
Date Of Birth	23/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81985764
Fax Number	
Contact Number	OTHERS-81985764
Email Address	NOEMAIL

Address	BLK 24 MARSILING DRIVE #10-189
Postcode	730024
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	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180527/2090

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX4302E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## 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.

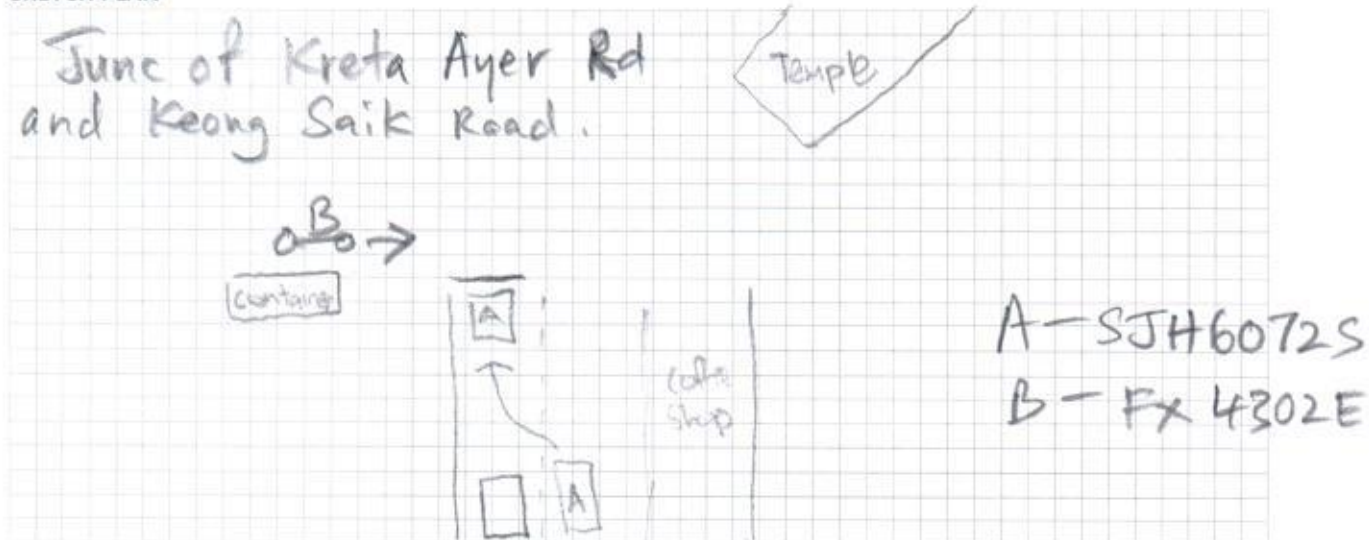


Policyholder's Signature  
Date & Time:

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

pls Refer to the Police Report -  
T/20180527/2090

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.:

30/5/2018





# SINGAPORE POLICE FORCE



T/20180527/2090

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20180527/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2018 19:07			Vide Report No.: A/20180527/0120		Station Diary No.: 84	
<b>Informant's Particulars</b>						
Name of Informant: MUHAMMAD FAEZ PUTERA BIN OMAR			Address: APT BLK 24 MARSILING DRIVE #10-189 SINGAPORE 730024			
ID Type / ID No.: NRIC NO / S9430548I			Contact No.: Home/Office: Mobile: 81985764			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 23	Date of Birth: 23/08/1994	Type of Informant: Driver			
Race: Malay			Language:		Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

<b>General Information of the Accident</b>					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2018 16:15	Type of Location: X-Junction	
Location: Junction of Road 1 and Road 2 KRETA AYER ROAD KEONG SAIK ROAD Junction of Kreta Ayer Rd and Keong Saik Road					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX4302E	Motorcycle	HONDA	WAVE 125S A	Red	Seriously Damaged	0
SJH6072S	Car	MITSUBISHI	LANCER 1.6 A	White	Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180527/2090

2 of 3

Report No. T/20180527/2090

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD FAEZ PUTERA BIN OMAR	ID No.	S9430548I
Related Vehicle	SJH6072S (Car)	Contact No.	81985764
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/05/2018, at about 1615hrs, I was driving along Kreta Ayer Road heading towards Zion Road to pick my passenger up as I am a Grab Driver. As I was driving along Kreta Ayer Road, I was driving very slowly, passing by the cars that were stopped at the side. I slowed down to stop when I was nearing the white stop line of the junction as to check for vehicles coming from the left and right. As it was clear, I then accelerated to move forward and cross that junction. The moment I accelerated, that was when a motorcycle coming from the left side which is along Keong Saik Road, at a fast speed, came and crashed onto my car. I was in shocked and immediately stepped hard onto my brake to stop the car. I believed I might have not seen the motorcyclist due to the huge white container and some trees blocking my view on the left of the oncoming. I then got off the car and quickly made a check on the motorcyclist. He was conscience at that point of time and his helmet wasn't on his head therefore I quickly called for the Ambulance for assistance. Traffic Police was also dispatched to the incident. When the Traffic Police was trying to gather facts from me, that was when I tried to recalled whatever that happened. I realized that when the motorcyclist actually crash onto my car, he actually flew across my car, the motor box came off and flew onto my front windscreen and his helmet also came off and flew over to the roadside near the temple. That was why my car suffered multiple damages. Bottom front left side of the car was badly damaged, left headlight was broken, left door was dented and my front windscreen had cracked.

I have an in-car camera facing the front and I have given the memory to the Traffic Police and a NP323 was given.

A casecard was given to me with incident number A/20180527/0120 with incharge Rashidah(contact no: 65476216).





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999



T/20180527/2090

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Report No. T/20180527/2090

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SITI ADILAH BINTE MAHDI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

27/05/2018 19:07

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: A/20180527/0120

I, SS T11C196 Sultinin

(Recipient's Name, NRIC or Passport No. / Rank and No.)

of Traffic Police

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 Kingston 16GB micro SD black

2

3

4

5

6

7

8

9

10

from Muhammad Faez Putera Bin Omar S94305481

(Name, NRIC or Passport No. / Rank and No.)

of BLK 24 Marsiling Dr 10-189 5730024

(Address / Police Station / NPC / NPP)

on 27/05/2018 at 1710h

(Date)

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

Received by:

(Signature)

Muhammad Faez Putera Bin Omar

(Name, NRIC or Passport No. / Rank and No.)

S94305481

Other Remarks:

(Signature)

SS T11C196 Sultinin

(Name, NRIC or Passport No. / Rank and No.)





**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No: A/20180527/0120 (TP/10/31271/2018)

I, Muhammad Izzat Akterul Bin Omar, S94305481  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of \_\_\_\_\_  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Kingston 16GB micro SD black
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from Sgt 3706379 Pasindan  
(Name, NRIC or Passport No. / Rank and No.)

of Traffic Police  
(Address / Police Station / NPC / NPP)

on 28/05/2018 at \_\_\_\_\_  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

Muhammad  
(Signature)  
Sgt 3706379  
(Name, NRIC or Passport No. / Rank and No.)

[Signature]  
Signature  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

CASE CARD

REPORT NO: 4/20180527/000

Traffic Accident along Keppel Road Telok Ayer Serai Rd

involving vehicles: Car and motorcycle

on 27/05/2018 at about \_\_\_\_\_ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on 28/05/2018  
at about 12 am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: Rashidah

Contact: 65476216



Reported on 28/5/2018  
@ 1415 HRS.

## ACCIDENT STATEMENT

ACCIDENT DATE: 27/5/2018 (DD/MM/YYYY), TIME: 16:15 (HH:MM)

LOCATION: Junct of Kreta Ayer Rd and Keong Saik Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 60725  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HREN  
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)  
7. c) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FX4302E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)

No of passengers  
(including driver)

Some photos taken  
from phone  
OK ✓

Email = mfaezputera@gmail.com

fax = mfaezputera@gmail.com ✓

Waiting for Vehicle Photos?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S94305481



Name

MUHAMMAD FAEZ PUTERA BIN  
OMAR

Race

MALAY

Date of birth

23-08-1994

Sex

M

Country of birth

SINGAPORE

S94305481

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S94305481

Name

MUHAMMAD FAEZ PUTERA BIN  
OMAR

Birth Date 23 Aug 1994

Issue Date 18 Jul 2014



002326195A



4375357

NRIC No. S94305481



Date of issue

20-03-2009

APT BLK 24 MARSILING DRIVE #10-189  
SINGAPORE 730024

NRIC No: S94305481

Date: 29/07/2009

No: 6254286

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 18 Jul 2014



Licence No: S94305481

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:** 5093371571

**Cover :** drivo CLASSIC

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJH60725</b>          |
| Chassis Number  | : <b>JMYSTC53A8U007978</b> |
| 2. Name of Policyholder   | : <b>VASRO RENTALS</b>     |
| 3. Effective Date of Insurance  | : <b>27 Sep 2017</b>       |
| 4. Expiry Date of Insurance   | : <b>26 Sep 2018</b>       |
| 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	: 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 : **IVAN INSURANCE AGENCY (00000614519)**  
Date of Issue : **11 Aug 2017 11:08 hrs**

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093371571	VASRO RENTALS	53367446L	GFT	drive CLASSIC	SJH6072S	SJH6072S	27/09/2017	



## ▼ Policy Information

Policy No.	5093371571	Policyholder Name	VASRO RENTALS	Policyholder NRIC	53367446L
Address	BLK 272 #03-22 TAMPINES STREET 22 SINGAPORE 520272				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/08/2017	Effective Date	11/08/2017 00:00	Expiry Date	06/08/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	687.73		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
Unit No.	03-22	Related Policy Number	5095128194		

## ► Insured Object: SJH6072S

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/08/2017 00:00	Basic Information Endorsement	000001286620316	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ334R 17-08-2017 \$1,571.43</p> <p>In view of this amendment, an additional premium of \$1,571.43 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We</p>
2	22/08/2017 00:00	Basic Information Endorsement	000001286624321	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We</p>

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0996568

Policy No.	5093371571	Vehicle No.	SJH6072S	GST Registration No.	
Policyholder Name	VASRO RENTALS			Policyholder NRIC	533/
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81985764	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	31/05/2018 10:02	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	27/05/2018	Time of Accident hh:mm	16:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF KRETA AYER RD AND KEONG SAIK RD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520.
Unit No.	03-22	Related Policy Number	5095128194		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD FAEZ PUTERA BIN I	Driver NRIC	S94305481	Driver DOB	23/0
Register Date of Driver License	18/07/2014	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	81985764	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 24	Address 2	MARSILING DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	7301
Unit No.	#10-189				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	VASRO RENTALS	Insured NRIC	533/
Contact No.(Mobile)	90187349	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJH6072S	TP Vehicle Number	FX4.
Claim Description	SJH6072S / FX4302E ON 27 May 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Partially at Fault	GIA report	Rec
Date Registered	31/05/2018 10:12	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/0
Report Taken By	KRISHNASAMY	Claim Close Date		Total Loss but Repaired	
		Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment
























Accident No.	MT/0996568	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/05/2018 10:10

Path *		Category *		Confidential	Urgency *
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
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<a href="#">Choose File</a>	No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Message Read</a>		<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Describe
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:08	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:07	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:06	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:06	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 10:06	Photos	Normal	Photos 2018

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
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