	The prosessment Centre	e Services [met : Jamos]	MM191180/48/9		
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Preferred V	Vksp / INC Assign Wksp / QW: (Tel: Fax	C:	
TP Particu	dars: Veh No:	JS 6252 G INC	()/Non-INC()	17	
Owner / I		,	Tel:)	
Policy No) Per	iod: (Cover Type: ()	
C	onfirmed by : (Date:	Time:)	
Insured/I	Oriver Liability: (%) [N	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-10	0%]	- V - Helik
		Varranty: YES () / NO ()	5U00016-200-10-1	III Police Cours
Excess: (00 () / \$2,000 ()			
General Re	emarks;-			la n	
() Wal	k-In Customer: Customer's infor	mation strictly Confidential & S	Strictly NO refer of repairer.		
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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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
 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

OLIVER TO A STATE OF THE STATE	
The same is not because in the same	ACCIDENT STATEMENT
Date Of Report	09/06/2018 10:07
Date Of Accident	08/06/2018 12:15
Exact Location Of Accident	ALJUNIED CRESCENT CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE
excession of the state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL4083C
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAZAK BIN OTHMAN
NRIC No.	S1436291F
Email Address	HAJMI69@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90011911
Alternative Phone No	OTHERS-98100080
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5100415446
Cover Note Number	
Driver	
Name of Driver	MOHAMED BIN IBRAHIM

NRIC No S0134279G Date Of Birth 25/06/1948 Occupation **INDOOR** Date Of Driving Pass 29/05/1980

Driving Experience 38 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90011911

Fax Number

Contact Number OTHERS-98100080 EMail Address HAJMI69@GMAIL.COM Address BLK 102 ALJUNIED CRESCENT

#10-279 380102

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

-3

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)

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

ON 08062018 AT ABOUT 12:15HRS I WAS AT ALJUNIED CRESCENT AND WAS DRIVING TOWARDS GEYLANG EAST CENTRAL. I STOP AT THE RED LIGHT AT JUNCTION WHEN THE LIGHT CHANGE TO GREEN I RELEASE MY BRAKE THOUGHT THAT THE CAR SJS6252G ALREADY MOVE BUT MY CAR SJL4083C BUMP INTO THE REAR OF THE SAID CAR. THERE IS NO DAMAGE AN BOTH CAR BUT THE OTHER PARTY WANTED \$700/- OVER THE PHONE.

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

SJS6252G

Vehicle Make/Model/Colour

NISSAN LATIO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RINA ANG

NRIC/Passport Number

Contact Number

97686779

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.:

Claim Handling Accident MT/0997966

Della Ne					
Policy No.	5100415446	Vehicle No.	SJL4083C	GST Registration No.	
olicyholder Name	ABDUL RAZAK BIN OTHMAN			Policyholder NRIC	S1436291F
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	90011911	Contact No.(Office)		Contact No.(Home)	
mail Address		Special Remark		eCode	No *
:FK	= No Yes	TCA	⇒ No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▽ Accident Details					
eport Date	09/06/2018 11:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rea
ate of Accident	08/06/2018	Time of Accident hh:mm	12:15	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
accident Location	ALJUNIED CRESCENT CARPARK DRIVEWAY	1.20			
♥ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Innamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	Mark-to-Androvan St	
		Outside Singapore TP Excess	0.00		
hird Party Excess GST Registered Informa	0.00	Outside Singapore 17 Excess	0.40		
			GST Registration Date		
ST Registered	No		GST Status Verified	Yes	
ST Registration No. Nodification History			Special Control of the Control of th		
todinication History					
Policyholder Mailing Ad	dress				
	822 SIMS AVENUE	Address 2	#08-B16 EUNOSVILLE	Address 3	SINGAPORE 400822
Address 1 Address 4	USE SINS AVERUE	Address Type	Singapore address	Post Code	400822
Joit No.	** ***	Related Policy Number	5100415446	Total Code	40000
♥ OI Driver Info	09-816	Neidled Folicy Humber	3100413440		
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name		Driver NRIC	501342796	Driver DOB	25/06/1948
	MOHAMED BIN IBRAHIM			Oriving Experience	38
Legister Date of Driver License		Driver Age	69		30
Contact No.(Mobile)	98100080	Contact No.(Office)		Contact No.(Home)	120121212020202020
Address 1	BLK 102 #10-279	Address 2	ALJUNIED CRESCENT	Address 3	SINGAPORE 380102
Address 4		Address Type	Foreign address	Post Code	380102
Unit No.	10-279				
oces he own a Singapore			S3L4083C	Driver Insurer Company	NTUC
Registered car?	Yes a No	Driver Vehicle No.	33540635	Driver Inducts Company	MINE
Registered car?	Yes a No	Driver Vehicle No.	31-4032	Diver India Company	NIV.
Registered car?	Yes a No	Driver Vehicle No.	332-1032	Diver made company	NIVE.
Registered car? Declaration Breathalyser or Blood Test	Yes a No	Onver Vehicle No. Any injury?	Yes * No	Diver India Company	
Registered car? Declaration Breathalyser or Blood Test Reading?	Trible State	wall the control	3374973715	Site face company	
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Registered car? Reclaration Breathalyser or Blood Test Reading?	Trible State	wall the control	3374973715	Diver Indian Company	
Registered car? Reclaration Sreathalyser or Blood Test Reading?	Trible State	wall the control	3374973715	Site fact company	
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reclaration Sreathalyser or Blood Test reading? Indiffication History Claim 001 New	O mg	Any injury?	ABDUL RAZAK BIN OTHMAN	Insured NRIC	S1436291F
reclaration Streathalyser or Blood Test reading? Indiffication History Claim 001 New Claim Type * Contact No.(Mobile)	On mg OD-MX 90011911	Any injury? Insured Name Contact No.(Home)	ABDUL RAZAK BIN OTHMAN 64453206	Insured NRIC Contact No.(Office)	S1436291F
Registered car? Reclaration Breathalyser or Blood Test Reading? Codification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address	OD-MX	Any injury?	ABDUL RAZAK BIN OTHMAN	Insured NRIC Contact No.(Office) TP Vehicle Number	
Registered car? Reclaration Streathalyser or Blood Test Reading? Indiffication History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	On mg OD-MX 90011911	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C	Insured NRIC Contact No.(Office)	S1436291F
Registered car? Reclaration Sreathalyser or Blood Test Reading? Fodification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$1436291F \$356252G
Registered car? Reclaration Sreathalyser or Blood Test Reading? Rediffication History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshap Contact No.	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C	Insured NRIC Contact No.(Office) TP Vehicle Number	\$1436291F \$356252G
reclaration Sreathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	00-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$1436291F \$356252G
reclaration Sreathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
reclaration Sreathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Reclaration Breathalyser or Blood Test Reading? Codification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Reclaration Breathalyser or Blood Test Reading? Rodification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Reading? Report Taken By Print AK letter	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Reclaration Breathalyser or Blood Test Reading? Rodification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown.	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$1436291F \$356252G
Registered car? Reclaration Breathalyser or Blood Test Reading? Reclaration Breathalyser or Blood Test Reading? Reclaration Reclaration Reclaration Reclaration Reclaration Reclaration Reclaration Report Taken By Print AK letter Attachment	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Claim No.	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown Save Submit 001 09/06/2018 11:27	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	\$1436291F \$356252G Received 09/08/2018 00:00
Registered car? Reclaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact Report Taken By Print AK letter Attachment Recident No. Last Doc. Received	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Claim No.	ABDUL RAZAK BIN OTHMAN 64453206 SJL4083C Fully at Fault Preferred Workshop, Name unknown Save Submit 001 09/06/2018 11:27 Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen	\$1436291F \$356252G Received 09/08/2018 00:00
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Photos 2018-6-9

SAS 2018-6-9

NRIC/ Driving License 2018-6-9

Attachment List 9 Description Attachment Uploaded By/Date Category Urgency NAC_BUKIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)] on 09 Jun 2018 11:27 Photos Normal Photos 2018-6-9 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:27 Normal Photos 2018-6-9 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (8 UKIT MERAH)) on 09 Jun 2018 11:27 Photos 2018-6-9 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B ÜKIT MERAH)) on 09 Jun 2018 11:27 Photos 2018-6-9 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:27 Photos Normal Photos 2018-6-9 NAC_BUKIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:27 Photos Normal Photos 2018-6-9 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:26 Photos Normal Photos 2018-6-9 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:26 Photos 2018-6-9 Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:26 Photos Photos 2018-6-9

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Uploaded By/Date

Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:26 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:26

Folder Date

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 09 Jun 2018 11:26

File Name

Photos

SAS

NRIC/ Driving License

Display in New Window Scan and uploading

Normal

Normal

ACCIDENT STATEMENT

ACCID	ENT DATE: (08/06/18)	(DD/MM/YYYY), TIME:(12.15)(HH:MM)
LOCAT	ION: Aliganized Cross	ut Carparle Dru	e Way
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SJL b) INSURANCE COMPANY: c) POLICY NUMBER: S 100 4 d) POLICY TYPE: (COMPREHENS)	NTUC HICKIAL	Y FIRE &THEFT)
	e)MAKE & MODEL: H-4000 f)TYPE:(SALOON / COUPE / MP) g) VEHICLE CATEGORY: (PRIVATE b) PURPOSE OF USING AT ACCIE	V/VAN/LORRY/MOTORCYCLE/COMMERCIAL/MOTORCYCLE/COMMERCIAL/MOTORCYC	E / OTHERS)
	i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PA	RTY CLAIM / REPORTING ONLY	
2.	ANAME: Abdul Razale	Bri Cithman IMAL	900/1911
	c) ADDRESS:		
	* CONTINUE TO 3.d IF DRIVER A	LSO POLICY HOLDER	
Ho of passengs	DRIVER Mohamed RII	1 Ibrahim MAL	98 100080
(Including driver)	b)NRIC/FIN/PASSPORT: SO C ADDRESS: BK (02 p)	134279-16- CONTACT:	
	*d)DATE OF BIRTH: (28 / 66		7)
95	e)OCCUPATION: (INDOOR / O	UTDOOR) (980	
4.	MAS DRIVER AN EMPLOYEE	OF THE INSURED'S COMPANY	? (YES / NO)
	IF NO, RELATIONSHIP OF TH	E DRIVER WITH INSURED:	Friend
	b)ROAD SURFACE: (DRY / WET	/ OTHERS	
	WAS ANYBODY INJURED (YES /		
	IF YES, PLEASE STATE WHICH P	OLICE STATION:	
8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: STO	6252 G- MODEL: N	Vissan Latio
er on or factorists	b) DRIVER'S NAME: PL	a Bug	07/0/79
C A L	b) DRIVER'S NAME: PM c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT:_	97686779
9.	d) VEHICLE NUMBER:	MODEL:	0.24
rays of policinger	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	CONTACT	*
The section of the section of	(1) NRIC/FIN/PASSPORT:		9
(America)			

email = navnir 69 Camail com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0134279G





MOHAMED BÍN IBRAHIM

MALAY

25-06-1948

SINGAPORE





5890794



14-03-2018

APT BLK 102 ALJUNIED CRESCENT #10-279 SINGAPORE 380102

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 18	9)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES	IHIKU PAKIT	KISKS) KULES, 19:	(MALATSIA)

Certificate Number: 5100415446 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJL4083C

Chassis Number : GE61098564

2. Name of Policyholder : ABDUL RAZAK BIN OTHMAN
3. Effective Date of Insurance : 03 May 2018

4. Expiry Date of Insurance : 28 Feb 2019

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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$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 : ABDUL RAZAK BIN OTHMAN

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 03 May 2018 12:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

make

Countersigned By:

Authorised Officer

Chief Executive

Transfer Of Vehicle Ownership (Confirmation) Vehicle Details

Vehicle No.:

SJL4083C

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Attachment 1:

No Attachment

Vehicle Scheme:

Normal

Vehicle Make:

HONDA

Vehicle Model:

FIT 1.3G A

Chassis No.:

GE61098564

Engine No.:

L13A4109259

Engine Capacity:

1339 cc

Maximum Power Output:

73.0 kW (97 bhp)

Actual ARF Paid:

\$12,290.00

Lifespan Expiry Date:

Road Tax Expiry Date:

25 Nov 2018

Transfer Count:

Transfer Date:

03 May 2018

Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

56923461E

Owner Name:

LAI SOK KENG

Buyer Particulars

Buyer ID Type:

Singapore NRIC

Buyer ID:

51436291F

Salutation:

Buyer Name: Gender:

ABUL RAZAK BIN OTHMAN

Male

Birth Date:

17 Feb 1960

Buyer Address

Registered Address Type:

HDB/HUDC

Registered Block/House No.:822

Registered Street Name:

SIMS AVENUE

Registered Unit No.:

08 - 816

Registered Building Name: -

Registered Postal Code:

400822

Buyer Contacts

Home Telephone No.:

Handphone No.:

90011911

Office Telephone No.:

Fax No.:

Email Address: **Amount Payable**

Amount Before GST

GST Amount

Amount After GST

Transfer Fee:

25.00

(5\$)

(5\$)

(5\$) 25.00

Total Amount Payable:

25.00

Previous

Confirm

Cancel