

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MAA118090860

Date In: 14/07/2018 13:04	Job description	Date & Time Completed	Done by
Ref No: 14/07/2018/280914	SAS e-filing		
Veh No: 88K 3317B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/07/2018 03:25	i-Motor Claim Form	MT/1002914-001	14/07/2018 13:33
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 88K 107K

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

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

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

General Remarks:-

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

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

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

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

MAA11804428

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Invoice Preparation Checklist

Amt (\$)
1st Bill

Amt (\$)
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/07/2018 13:04
Date Of Accident	14/07/2018 03:25
Exact Location Of Accident	JUNCTION OF CLAYMORE HILL AND CLAYMORE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK3317B
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN SHAJOHAN
NRIC No	S9419265Z
Email Address	ISMAILSHAJOHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97726923
Alternative Phone No	OTHERS-97726923

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX
Exact Purpose for which vehicle was being used at time of accident	DOING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097861361
Cover Note Number	

Driver

Name of Driver	ISMAIL BIN SHAJOHAN
NRIC No	S9419265Z
Date Of Birth	24/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97726923
Fax Number	
Contact Number	OTHERS-97726923
Email Address	ISMAILSHAJOHAN@GMAIL.COM

Address	BLK 924 TAMPINES STREET 91 #02-257
Postcode	520924
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASANGGER GENDER: : MALE

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHD107K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMALUDDIN BIN ABD HAMID
NRIC/Passport Number	S2159504G
Contact Number	93512727
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ISMAIL BIN SHAJOHAN
Approximate Age	
Injuries Sustain	RIGHT ARM/SHOULDER AND LOWER BACK PAIN
Injured person in which vehicle?	SGK3317B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

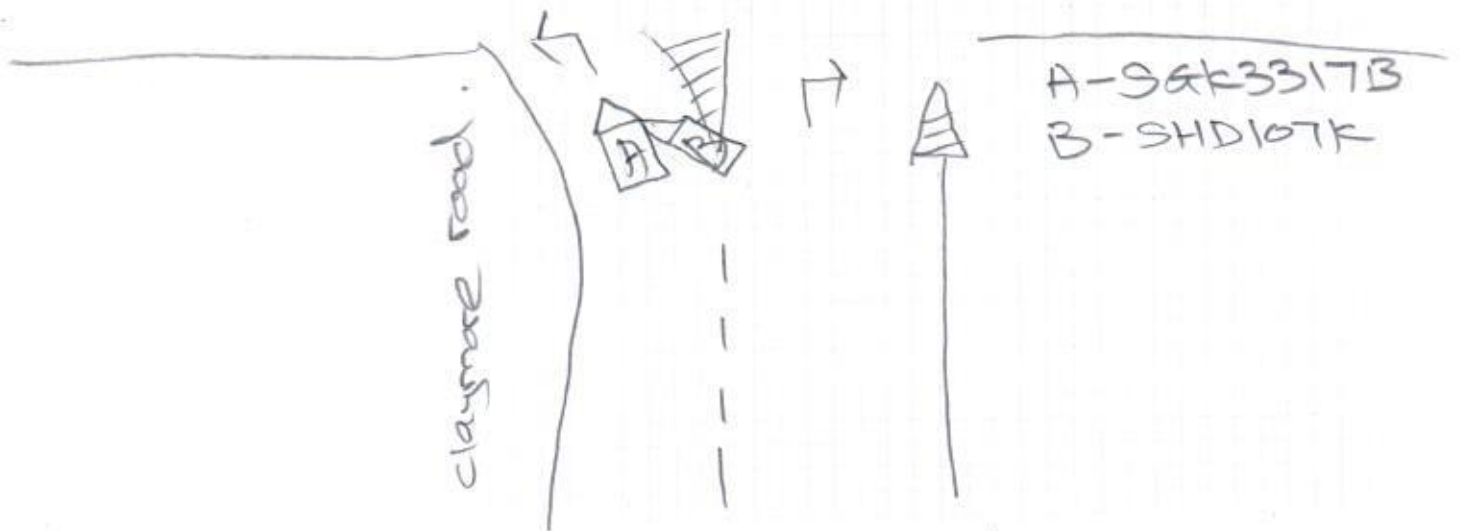
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

claymore Hill



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

turning

I was at claymore Rd on the left lane, taxi was on the right turning lane. When nearing the junction to claymore hill, the taxi suddenly cut across the chevron marking and his left front bumper hit onto my front driver side.

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.:

Claim Handling

Accident MT/1002974

Policy No.	5097861361	Vehicle No.	SGK3317B	GST Registration No.	
Policyholder Name	ISMAIL BIN SHAJOHAN	Cover Type	drive CLASSIC	Policyholder NRIC	S9419265Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97726923	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	14/07/2018 13:28	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/07/2018	Time of Accident hh:mm	03:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF CLAYMORE HILL AND CLAYMORE ROAD				

▼ Benefits

▼ Excess					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 924 #02-257	Address 2	TAMPINES STREET 91	Address 3	TAMPINES PALMSRING
Address 4	SINGAPORE 520924	Address Type	Singapore address	Post Code	520924
Unit No.	02-257	Related Policy Number	5097861361		

▼ OI Driver Info

Driver Name	ISMAIL BIN SHAJOHAN	Driver Type	Main Driver	Driver DOB	24/05/1994
Unnamed driver Name		Driver NRIC	S9419265Z	Driving Experience	5
Register Date of Driver License	14/05/2013	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	97726923	Contact No.(Office)		Address 3	TAMPINES PALMSRING
Address 1	BLK 924 #02-257	Address 2	TAMPINES STREET 91	Post Code	520924
Address 4	SINGAPORE 520924	Address Type	Singapore address		
Unit No.	02-257				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SGK3317B	Driver Insurer Company	NTUC

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 New

Claim Type *	OD-MX	Insured Name	ISMAIL BIN SHAJOHAN	Insured NRIC	S9419265Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGK3317B	TP Vehicle Number	SHD107X
Claim Description	SGK3317B / SHD107K ON 14 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/07/2018 00:00
Date Registered	14/07/2018 13:33	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1002974	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/07/2018 13:33
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Descr
Choose File	No file chosen		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:33	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:33	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:32	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:32	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:32	Photos	Normal	Photos 2018-7-14
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:32	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:32	Photos	Normal	Photos 2018-7-14
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:32	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:31	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:31	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:31	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:31	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:31	SAS	Normal	SAS 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 13:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-14

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 14/07/2018 (DD/MM/YYYY), TIME: 03:23 (HH:MM)

LOCATION: Junction of Claymore Hill and Claymore Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 3317B
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5097861361
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Lancer GLX
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? NO
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

INSURED / POLICY HOLDER

- a) NAME: Ismail Bin Shaplan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9419265Z CONTACT: 97726923
c) ADDRESS: 924 Tampines St 91 #02-257
520924

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ismail Bin Shaplan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9419265Z CONTACT: 97726923
c) ADDRESS: 924 Tampines St 91 #02-257
520924

*d) DATE OF BIRTH: 24/05/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14 MAY 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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

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

IF YES, PLEASE STATE WHICH POLICE STATION: -

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 107 K MODEL:
b) DRIVER'S NAME: Jamaluddin Bin Abd Hamid
c) NRIC/FIN/PASSPORT: S2159504 G CONTACT: 9351 2727

9. THIRD PARTY VEHICLE

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


Suheng@gmail.com

Email = ismailshaplan@gmail.com

Fax =

Video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9419265Z




Name
ISMAIL BIN SHAJOHAN

Race
MALAY

Date of birth
24-05-1994

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9419265Z

Name
ISMAIL BIN SHAJOHAN

Birth Date: 24 May 1994

Issue Date: 14 May 2013




002179932A

4732323



NRIC No. S9419265Z



Date of issue
23-05-2011

APT BLK 924 TAMPINES STREET 91 #02-257
SINGAPORE 520924


NRIC No: S9419265Z Date: 17/08/2017

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 250 CC	14 May 2013
Class 2A	Motorcycles between 201 CC and 400 CC	14 May 2013
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	14 May 2013

S9419265Z

S / No. 9000218153



Licence No: S9419265Z

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: 5097861361

Cover : drive CLASSIC

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SGK3317B |
| Chassis Number | : JMYSTCS3A6U009787 |
| 2. Name of Policyholder | : ISMAIL BIN SHAJOHAN |
| 3. Effective Date of Insurance | : 07 Feb 2018 |
| 4. Expiry Date of Insurance | : 06 Feb 2019 |
| 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	: ISMAIL BIN SHAJOHAN
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 07 Feb 2018 11:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Enquire Vehicle Information

Vehicle No.

Vehicle No. : SGK3317B

Vehicle Details

Vehicle Type :	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1 :	No Attachment
Make / Model :	MITSUBISHI / LANCER 1.6 A
Primary Colour :	Silver
Year of Manufacture :	2006
Maximum Laden Weight :	1600 kg
Unladen Weight :	1162 kg
No. Of Axles :	2
Engine No. :	4G18HH9512
Chassis No. :	JMYSTCS3A6U009787
Engine Capacity :	1584 cc
Maximum Power Output :	79.0 kW (105 bhp)
IU Label No. :	1120301287
Propellant :	Petrol
Passenger Capacity :	4
Original Registration Date :	07 Aug 2006
First Registration Date :	07 Aug 2006
Open Market Value :	\$12,603.00
Additional Registration Fee Rate :	110.00 %
Actual ARF Paid :	\$9,561.00
PARF Eligibility :	Forfeited
Minimum PARF Benefit :	-
COE No. :	2006050101003656C
COE Category :	A - Car (1600cc & below)
COE Expiry Date :	06 Aug 2021
Quota Premium (QP) :	\$11,901.00
PQP Paid :	\$25,759.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$11,901.00
Private Hire Vehicle Decal No. :	A069089 (Issued on 23 Feb 2018)
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK