

NATIONAL Assessment Centre Services

[ref 1 Jan 2005]

MMA 118106529

Date In: 17/8/18 13:31	Job description	Date & Time Completed	Done by
Ref No: MA/INC 180149901/44	SAS e-filing		
Veh No: SGR 7966P	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 15/8/18 13:45	i-Motor Claim Form	MT/1007467-002	17/8/18 16:02
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G06. 967/T.	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

MA 1805172

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	32.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 / Tpl 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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Sat 1:

Sat 2/3:

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	17/08/2018 13:31
Date Of Accident	15/08/2018 13:45
Exact Location Of Accident	CTE TWDS CITY NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGR7966P
Insured/Policyholder	
Name Of Registered Owner	AUTOHOME TRADING
Co Reg No	52827128L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68580019
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087895579-02
Cover Note Number	-
Driver	
Name of Driver	JUHAIRI BIN JUMIEN
NRIC No	S8739231G
Date Of Birth	25/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97251902
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 694A WOODLANDS DRIVE 62 #02-10
Postcode	731694
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	CHAIN COLLISION
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?	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)	6
Passenger 1	NAME: : NUR AFIKA BINTE AMAT ALI GENDER: : FEMALE
Passenger 2	NAME: : NORAINI BINTI AHAMD GENDER: : FEMALE
Passenger 3	NAME: : NOORNAFIZA GENDER: : FEMALE
Passenger 4	NAME: : AQIL GENDER: : MALE
Passenger 5	NAME: : ARISSA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 GBG9671T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LEE KHUAY TAT
NRIC/Passport Number S6934155A
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDY2903C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JUHAIRI BIN JUMIEN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGR7966P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR AFIKA BINTE AMAT ALI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGR7966P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NORAINI BINTI AHAMD
Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGR7966P

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.:

Braddell Exit

A = SGR 7966P.
B = GBG 9671T
C = SDY 2903C

CIE twds City near Braddell Exit.

Please Refer to statement

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

Date & Time:

NRIC/FIN No.:

I WAS TRAVELLING ALONG CTE TWDS CITY NEAR BRADDELL EXIT, WHEN NOTICED VEH INFRONT SLOW DOWN AND STOP. AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH INFRONT OF ME. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBG9671T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 8 / 18) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: CTG twos City near Braddell Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGR 7966P
 b) INSURANCE COMPANY: NTUC
 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: Commercial
 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: Autohome trading (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 6858 0019
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Juhairi Bin Jumien (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9725 1902
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: G06 9671T MODEL: _____
 b) DRIVER'S NAME: Lee Khway Tat
 c) NRIC/FIN/PASSPORT: S 6934155 A CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SDY 2903 C MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* police Report by tomorrow

* attach scene photo.

Email = Connie - lxp@hotmail.com

fax =

VIDEO = No.

* No of passenger
 (Including driver)
(6)

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* No of passenger
 (Including driver)
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* No of passenger
 (Including driver)
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SINGAPORE POLICE FORCE



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20180817/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2018 04:04	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars				
Name of Informant: JUHAIRI BIN JUMIEN		Address: APT BLK 694A WOODLANDS DRIVE 62 #02-10 SINGAPORE 731694		
ID Type / ID No.: NRIC NO / S8739231G		Contact No.: Home/Office: Mobile: 97251902		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 25/11/1987	Type of Informant: Driver	
Race: Javanese		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 13:40	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Beside Braddell Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: 3 Way Vehicle Collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9671T	Van				Slightly Damaged	0
SDY2903C	Car				Slightly Damaged	0
SGR7966P	Car				Seriously Damaged	5



SINGAPORE POLICE FORCE



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE KHUAY TAT	ID No.	S6934155A
Related Vehicle	GBG9671T (Van)	Contact No.	96602733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JUHAIRI BIN JUMIEN	ID No.	S8739231G
Related Vehicle	SGR7966P (Car)	Contact No.	97251902
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NUR AFIKA BINTE AMAT ALI	ID No.	S9229195B
Related Vehicle	SGR7966P (Car)	Contact No.	86471367
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

CONTINUATION OF REPORT

Passenger			
Name	NORAINI BINTI AHMAD	ID No.	S2184144G
Related Vehicle	SGR7966P (Car)	Contact No.	91397420
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15 August 2018 at about 1340hrs, I was driving along CTE at the most left lane. Right before Braddell exit, the vehicle in front slowly come to a stop and subsequently I also stop. However, after stopping my vehicle, I heard a loud impact from my rear and afterwards my vehicle was moved forward due to the impact and end up hitting the car in front of me.

I came down to make a check on my vehicle and the drivers who were affected. The vehicle in front of me bearing registration plate number SDY2903C received a minor scratch at the rear bumper. However, the driver was in a hurry for a meeting and states that having his plate number is good enough for me to follow up with him and I acknowledge.

My vehicle bearing registration plate number SGR7966P received damages on the number plate, a dent in between the front bumper and bonnet, my left and right back side windows is broken and my rear vehicle is totally dented and badly damage. The driver behind my vehicle bearing registration plate number GBG9671T received a dent at the front of the bumper.

I managed to exchange particular with the driver behind me. I wish to state that I received 3 days MC due to the incident. My passengers, both my mother and my wife, both received 5 days MC and 2 days MC respectively. There were no traffic police or ambulance at scene. There is also no government properties damage during the incident.



**SINGAPORE
POLICE FORCE**



T/20180817/2017

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180817/2017

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 /

MUHAMMAD AMIRRUDDIN BIN ABDULLAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Authentication Stamp

NP158

Signature Of Informant:

Date/Time:

17/08/2018 04:04

Classification Of Case:

Signature:
Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S8739231G**
 Name: **JUHAIRI BIN JUMIEN**
 Birth Date: **25 Nov 1987**
 Issue Date: **24 Aug 2006**

001440978D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8739231G


 Name: **JUHAIRI BIN JUMIEN**
 Race: **JAVANESE**
 Date of Birth: **25-11-1987** Sex: **M**
 Country of Birth: **SINGAPORE**

S8739231G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	24 Aug 2006
Class 2A	Motorcycles between 201 CC and 400 CC	04 Dec 2007
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	26 Aug 2010
Class 4	Heavy motor cars and motor tractor(s) > 2500 kg	26 Mar 2015

S8739231G S/No. 9000174713

NP 428A

Licence No: S8739231G

3267247


 NRIC No: **S8739231G**
 Blood Group: - Date of issue: **26-11-2002**
APT BLK 694A WOODLANDS DRIVE 62 #02-10
SINGAPORE 731694
 NRIC No: **S8739231G** Date: **25/10/2017**

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: 5087895579-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGR7966P**
 Chassis Number : ZNE100352682
2. Name of Policyholder : AUTOHOME TRADING
3. Effective Date of Insurance : 11 Jul 2018
4. Expiry Date of Insurance : 10 Jul 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : HOBBS INSURANCE AGENCY (00000572363)

Date of Issue : 18 Jul 2018 14:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.
Accident MT/1007467

Policy No.	5087895579-02	Vehicle No.	SGR7966P	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOHOME TRADING			Policyholder NRIC	52827
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not avi
▼ Accident Details					
Report Date	16/08/2018 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	15/08/2018	Time of Accident hh:mm	13:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE SLIP RD TWDS PIE				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	317 OUTRAM ROAD #B1-37	Address 2	CONCORDE HOTEL SHOPPING C	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	169071
Unit No.		Related Policy Number	5087895579-02		
▼ OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRJC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

Claim Type *	OD-MX	Insured Name	AUTOHOME TRADING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SGR7966P
Claim Description	SGR7966P / GBG9671T ON 15 Aug 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	
		LIEW SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No.	MT/1007467	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/08/2018 16:02
Path *		Category *	Confidential Urgency *

Choose File No file chosen

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Message Read

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:02	SAS	Normal	SAS 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:02	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:02	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:01	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:00	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:00	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:00	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:00	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 16:00	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 15:59	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 15:59	Photos	Normal	Photos 2018-8-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2018 15:59	Photos	Normal	Photos 2018-8-17



NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
17 Aug 2018 15:59

NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
17 Aug 2018 15:59

NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
17 Aug 2018 15:59

Photos Normal Photos 2018-8-17

Photos Normal Photos 2018-8-17

Photos Normal Photos 2018-8-17

Video List

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