				1.11 1.71	
NATIONAL Assessment Centr	e Services	fort 1 Jan/05)	MMA 118119876		
Date In: 15/9/14 14/52	Jeb descriptio	0	Date & Time Complet	Do Do	ne by
Reino MAIDAZI FOICE 63/44.	SAS c-filing	10-9/45	1		
Veh No 83A 6163A	E-mail (within	n Shrs, AIC 2hrs)			
D.O.A : 13/9/18 18:22.	i-Meter Cla	im Form			
	i-Motor W/	O (Within: OD 2hrs	TP 4hrs)		1414-470
OD Peporung Only	i-Photo Upl	oaded	1		***   1-4-14-1
-	Assessment/S	arvey Report			
TP Insurer:	Ass't Report	by Fax / Hand to	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	a Haraman di sa		Tel:	Fax:	
TP Particulars: Veh No:	*****	o INC.	)/Non-INC( )		
Owner / Driver: (	201 1807	γ	Tel:	)	
	iod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	Note-Est. Status (		%; P: 21-79%. F: 3	0-100%]	Market Committee
	Varranty: YES (		)		
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General Remarks;-  ( ) Walk-In Customer : Customer's inform	V posta Character	Paristing values :	designation of the second	Walder St.	· ·
( ) Total Loss Case : to e-mail Insurer	r URGENTLY.		** ** ** **		
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		TO COMPANY TO THE PARTY OF THE		and the second	White
Remarks:- (INC hotline: 6788 6616)			Date & Time Completes	1 Don	e by
	ourtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
3) Upload Resurvey Photo [Repair Cost > \$30	000] (	)			
Injury:					51-111-3
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Date/Time Actions		and the second	E of the	With Moder	
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	-4				
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		King and the second	aration Checklist	in Biji	Add
umant's Particulars :-		1) AR : Accident R		(\$80)	
iver/Owner:	2.6000000000000000000000000000000000000			\$40/\$45	
ntact No:		3) TF : Towing Fee		\$120	
		3) TF : Towing Fee 4) FT : Follow-Thr 5) FT : Follow-Thr	ough Survey ough Survey (Resurvey)	230	
maged Portion:	10	3) TF: Towing Fee 4) FT: Follow-The 5) FT: Follow-The For claiming aga	ough Survey ough Survey (Resurvey) insUNC Only (wef 10 Jan 2	\$30 (4 <u>0</u> 05)	
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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.
- 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.

aforesaid.	and the second s
and are an arrest to a second the same and	ACCIDENT STATEMENT
Date Of Report	15/09/2018 14:52
Date Of Accident	13/09/2018 18:20
Exact Location Of Accident	SLE TWDS CTE B4 WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA6163A
Insured/Policyholder	
Name Of Registered Owner	SHA'ARI, HAMZAH
NRIC No	S0071506I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82624882
Alternative Phone No	OFFICE-82624882
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT/00459614
Cover Note Number	70
Driver	
Name of Driver	MOHAMAD GHAZALI BIN HAMZAH
NRIC No	S7824664B
Date Of Birth	25/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83662494
27 1937 3	

NOEMAIL

Address BLK 645 AMK AVE 6 #09-4987

Postcode 560645

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions 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 YES

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO. soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

3

: SHA'ARI, HAMZAH

GENDER: : MALE

Passenger 2

NAME:

: ANUAR BIN SHA'ARI

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

CHANGI N.P.C

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO:

Police Station Contact Was notice of intended Prosecution given?

NO

YES

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 Witness 1** 

Name SHAFIEE Phone Number 83786535

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGJ3805P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR Name of Driver YEO EVANS ALEX

NRIC/Passport Number

Contact Number

91093102

YES

NO

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name SHA'ARI, HAMZAH

Approximate Age

Injuries Sustain NECK N BACK Injured person in which vehicle? SJA6163A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name ANUAR BIN SHA'ARI

Approximate Age

Injuries Sustain NECK, BACK, LEFT KNEE

Injured person in which vehicle? SJA6163A Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

## **DETAILS OF INJURED PERSON 3**

Name MOHAMAD GHAZALI BIN HAMZAH

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SJA6163A Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.:

KETCH PLAN		
· · · · · · · · · · · · · · · · · · ·		Veh.A: SOA 6163A
		Veh. B: S633805P
	A	
	B	
		SLE Towards CTE
ESCRIBE CIRCUMSTAI	NCES OF THE ACCIDENT	B4 woodland Ave 12 Exit
	Pls Refer To Pol Report No.: T/2018	20914/2132

## 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.:

VEHICLE NO: 55A 6163A MAKE & MODEL: Honda Stream.

VEHICLE NO 13 0 10075	IVIAKE & IVIODEL: Hender STree
Date of Accident	13 109/18
Time of Accident	18:20 AM /PM)
Location of Accident	SLE TOWARds CTE (B4 Woodlands Ave 12 Exit)
Exact Purpose Usage	Rersonal / Private Hire (Uber / Grab) / Commercial
NAME OF OWNER :	Hamzah Bin Sharari
Contact No.	82624882.
Nric No	5 00715061
Type Of Claim	Third Party / Own Damage / Reporting only
Insurance Co.	Direct Asia (nsurance
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Policy No	MT/00459614
NAME OF DRIVER :	As above / If No: Mohamad Ghazali Bin Mamzah
Nric No	\$7824664B . Any Passenger: +2
Date Of Birth	25/08/1978
Occupation	Outdoor / Indoor
Date Of Driving Pass	21 106 12002
Gender	Male / Female
Contact no	83662494 Office: Home:
Address	BIK 645 Ang Mo Kio Ave 6 #09-4987 SC560
Driver Have Any Own Vehicle	NO/ If Yes (Reg no):
Relationship	Employee / If No: father a Sur
Weather Condition	Clear/ Raining / Other :
Road Surface	Dry / Wet / Other:
Any Injuries	NO / (FYes Who 20 Mohamad Ghazali Bin Hamzah.
Name (2)	Hamzah Bin Sha'ari Contact: 82624882
Name 3	Anuar Bin Sha'ari Contact: 94216090
Police Report	No / If Yes: Where? T/2018 09 14/2132
Vahiala P.Na.	
Vehicle B No :	SGT 3805P Any Passenger:
Name Of Driver	yeo Evans Alex
Contact No :	91093102.
Vehicle C No:	Any Passenger:
Vehicle D No :	Any Passenger:
Vehicle E No :	Anu Dodosnosu
	Any Passenger:
Vehicle F No :	Any Passenger:
Vehicle F No : Any Witness	Shafiee Any Passenger:
Vehicle F No : Any Witness Witness Contact No	Shafiel 83786535.
Vehicle F No : Any Witness	Shafiel 83786535.
Vehicle F No: Any Witness Witness Contact No Have you been approach by unknow p	Any Passenger:  Shafiel  83786535  Derson soliciting (s) /
Vehicle F No: Any Witness Witness Contact No Have you been approach by unknow poffering accident claims assistance?	Any Passenger:  Shafiel  83786535  Derson soliciting (s) /  YES / NO
Vehicle F No: Any Witness Witness Contact No Have you been approach by unknow poffering accident claims assistance?  PARTICULAR WORKSHOP	Any Passenger:  Shafiel  83786535  Derson soliciting (s) /  PRECISE AUTO SERVICE



1 of 3

Report No. T/20180914/2132

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 17:54	fade:	Vide Report No.: J/20180913/0182	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: IAD GHAZA	ALI BIN HAMZAH	Address: APT BLK 645 ANG MO KIO A SINGAPORE 560645	VENUE 6 #09-4987	
	/ ID No.: O / S782466	64B	Contact No.: Home/Office: Mobile: 83662494		
National SINGAP	ity: ORE CITIZ	EN.	Email:		
Sex: Male	Age: 40	Date of Birth: 25/08/1978	Type of Informant:		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 13/09/2018 18:20	Type of Location Straight Road
SELETAR EX MANDAI RO	Traveling Toward Road 2 (PRESSWAY AD OODLANDS AVENUE 12 EX	UT		
Weather: Clear	F	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Fraffic Control: Not Controlled	10	Traffic Volume: Heavy
Type of Collis Between Mo	sion: ving Vehicles - Head To Rea	ar		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGJ3805P	Car	MITSUBISHI	LANCER 1.6 M	Black	Seriously Damaged	0.0
SJA6163A	Car	HONDA	STREAM 1.8 A	Black	Seriously Damaged	

Details of Person Involved					
Any Pedestrian Involved: No	1				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				





2 of 3

Report No. T/20180914/2132

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

#### CONTINUATION OF REPORT

Driver						
Name	MOHAMAD GHAZALI BIN HAMZAH		ID No.		S7824664B	
Related Vehicle	SJA6163A (Car)		Conta	ct No.	83662494	
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL		Class Driving Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	13/09/2018		Date Disc	-	-	9/2018
No. of Days gran	ted Medical Leave	03	Degree of		Slight	
			SALES TOTALES			
Name	HAMZAH BIN SHA'AI	RI		ID No	in .	S0071506I
Related Vehicle	SJA6163A (Car)			Conta	ct No.	82624882
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	13/09/2018		Date Disc	charge	13/09	9/2018
No. of Days gran	ited Medical Leave	04	Degree o			

## Brief Details.

On 13/09/2018 at about 6.20pm, along Seletar Expressway towards the direction of Mandai Road before Woodlands Ave 12 exit, whilst I was driving my family's car SJA6163A in lane 1 with my father Hamzah Bin Sha'ari and my uncle Anuar Bin Sha'ari hp 94216090 as my passengers.

At that moment, traffic volume was heavy due to peak hours and all vehicles are slow moving. Suddenly, a m/car SGJ3805P collided into the rear of my car and due to the impact my vehicle was jolted forward and nearly hit onto the front vehicle. I managed to brake in time as I had maintain a safety distance. The said accident was witnessed by a motorcyclist, Shafiee hp 83786535 whom assisted my passengers to the center barrier and called for the police. At the point of impact, all three of us was at dazed. Ambulance was also at scene. My father was then conveyed to KTPH as his blood pressure was high and also he complains of neck and back pain. I then stayed behind with my Uncle and waited for traffic police arrival. My vehicle sustained rear bumper dented, rear door jammed, rear seat dislodged, inner door cover dislodged and broken exhaust. The other vehicle front bonnet and bumper dented, and it has to be towed. Traffic police was at scene ref to J/20180913/0182. My father was given 4 days of medical leave. I also had seek medical treatment from KTPH for neck, back and left knee pain and was given 3 days of medical leave and I was given a follow up review for my injuries. My uncle also had seek a treatment from a clinic and was also advised to go for further check up such as X-ray at any hospitals.





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 3 Report No. T/20180914/2132

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	Signature Of Informant:
SI MOHAMAD NASRUN BIN ABDUL RASIAD	A.
Signature Of Interpreter:	Date/Time:
Not applicable	14/09/2018 17:54
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR	
Contact No.: 65476200	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S00715061





HAMZAH BIN SHA'ARI

MALAY

23-03-1950

SINGAPORE



0 wner 862 4882

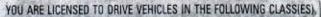




APT BLK 155 SIMEI ROAD #07-206 SINGAPORE 1852



Driver 83662494



EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 21 Jun 2002 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg





NP 428A



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.

MT/00459614

Type of Coverage / Driver Plan

Car Third-Party Fire and Theft (Value Plan)

1) Vehicle Registration No.

Chassis No.

RN61053496

2) Name of Policy Holder

: SHA'ARI, HAMZAH

3) Effective Date / Time of Commencement

: 01/03/2018 00:00

of Insurance for the Purpose of the Act

4) Date/Time of Expiry of Insurance

: 28/02/2019 23:59

- 5) Persons or Classes of Persons Entitled to Drive
  - (a) The Insured
  - (b) Any person who is named on the policy who is driving on the Insured's order or with his permission.

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

#### 6) Limitations as to use\*

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.

\*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured

Market Value

Own Damage Excess

S\$ 800.00 (before any applicable GST)

Windscreen Excess

Not Applicable (before any applicable GST)

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

Main driver

Ref

SHA'ARI, HAMZAH Named Driver

Date of Birth

Named driver (1)

HAMZAH, SITI RADHIAH

06/05/1982

Named driver (2)

25/08/1978

HAMZAH, MOHAMAD GHAZALI

Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.

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 the Road Transport Act, 1987 (Malaysia).

Issued on:

28/02/2018

Edip Okur **Chief Underwriting Officer** 

Direct Asia Insurance (Singapore) Pte. Ltd.

## > Back to OneMotoring

## **Enquire Transfer Fee**

Vehicle No.: SJA6163A

Vehicle Type: P11 - Passenger Station Wagon/Jeep/Land Rover

Vehicle Attachment 1: No Attachment

 Vehicle Scheme :
 Normal

 Vehicle Make :
 HONDA

 Vehicle Model :
 STREAM 1.8 A

 Chassis No. :
 RN61053496

 Propellant :
 Petrol

Engine No.: R18A1759969

Engine Capacity: 1799 cc

Maximum Power Output: 103.0 kW (138 bhp)

 Maximum Laden Weight:
 1735 kg

 Unladen Weight:
 1350 kg

 Year Of Manufacture:
 2007

Original Registration Date : 14 Dec 2007

Lifespan Expiry Date:

COE Category: B - Car (1601cc & above)

 PQP Paid:
 \$25,925.00

 COE Expiry Date:
 13 Dec 2022

 Road Tax Expiry Date:
 13 Dec 2018

 Inspection Due Date:
 13 Dec 2018

 Intended Transfer Date:
 14 Sep 2018

CO2 Emission : 
CO Emission : 
HC Emission : -

NOx Emission : PM Emission : -

The current road tax expiry is 13 Dec 2018. You may renew the road tax from 14 Sep 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 13 Dec 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable. Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 14 Dec 20	18 to 13 Jun 2019)	STATE OF THE PARTY	FT 165 17 2 (STD 27) RX
	Amount Before GST	GST Amount	Amount After GST
	(S\$)	(S\$)	(S\$)
Transfer Fee :	25.00		25.00
Sub Total:			25.00
Nett Road Tax Amount (After	587.00	*9	587.00
Offsetting Over Payment):			
Total Amount Payable:			612.00

		612.00
3 Dec 2019)		The state of the s
Amount Before GST	GST Amount	Amount After GST
(5\$)	(S\$)	(5\$)
25.00	(0.40)	25.00
		25.00
1,174.00	(4)	1,174.00
		######################################
		1.199.00
	Amount Before GST (S\$) 25.00	Amount Before GST GST Amount (S\$) (S\$) 25.00

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK

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