

NATIONAL Assessment Centre Services

[ver: Jan'05]

MNA418120244

Date In: 17/09/2018 12:10	Job description	Date & Time Completed	Done by:
Ref No: NBD/INC60/6875/Y	SAS e-filing		
Veh No: SGM 2489J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/09/2018 21:35	i-Motor Claim Form	M71001705-001	17/09/2018
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:32
	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:

SGV 7925L

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% P: 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

X/A1805904

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

in Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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

2) DA: Damage Assessment (\$100); INC (\$30)

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:-

OP:

*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	17/09/2018 12:10
Date Of Accident	15/09/2018 21:35
Exact Location Of Accident	ALONG BALESTIER ROAD TOWARDS WHAMPOA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM2489J
Insured/Policyholder	
Name Of Registered Owner	KHAIRUDDIN BIN HUSSEIN
NRIC No	S1312826Z
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91473361
Alternative Phone No	OTHERS-91473361

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084702335-01
Cover Note Number	

Driver

Name of Driver	QAMARUL IMAN BIN KHAIRUDDIN
NRIC No	S8732526A
Date Of Birth	17/10/1987
Occupation	INDOOR
Date Of Driving Pass	02/11/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91473361
Fax Number	
Contact Number	OTHERS-91473361
Email Address	HANCARREPAIRS@GMAIL.COM

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

Date In:	Job description	Date & Time Completed	Done by
Ref No:	SAS e-filing		
Veh No:	E-mail (within 8hrs, AIC 2hrs)		
D.O.A:	i-Motor Claim Form		
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: () 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%; P: 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time Actions

Invoice Preparation Checklist

Aut (\$)
In Bill

Aut (\$)
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

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6) TR: Re-inspection \$75

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

8) NTUC Additional Services:-

OP*

*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: Idao Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Address	BLK 154 JALAN TECK WHYE #03-77
Postcode	680154
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	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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

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	SGV7925L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DHARMINDER SINGH S/O KARPAL SINGH
NRIC/Passport Number	S7337150C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

8

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

Passenger 4

NAME: :

GENDER: :

Passenger 5

NAME: :

GENDER: :

Passenger 6

NAME: :

GENDER: :

Passenger 7

NAME: :

GENDER: :

SKETCH PLAN

Vehicle No:

DOA: 15/09/2018

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
 - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the Insurers' 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.

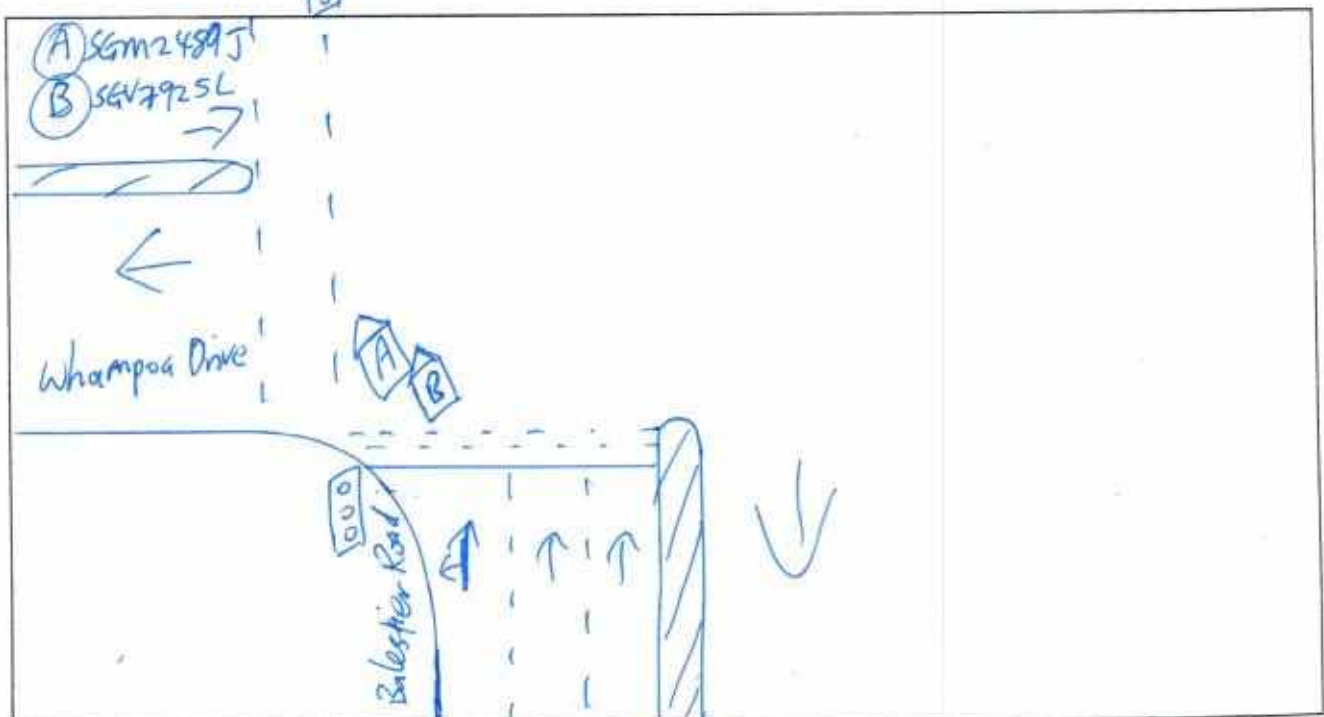
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature
Date & Time

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

Witnessed by Reporting Center
Personnel

Sketch Plan



Describe Circumstances of the Accident

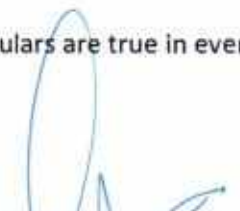
of Balesier Road & Whampoa Drive


I was stationary at the traffic junction, to give way to pedestrian crossing.
Vehicle (B) hit onto my car (A) while my car was stationary.
Traffic was moderate at that point of time.
Nobody was injured.

Declaration

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


Policyholder's Signature
Date & Time


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

 17/09/2018
Witnessed by Reporting Centre
Personnel

Claim Handling

Accident MT/1011708

Policy No.	5084702335-01	Vehicle No.	SGM24897	GST Registration No.	
Certificate No.					
Policyholder Name	KHAIRUDIN BIN HUSSEIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	913126262
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91473361	Special Remarks		Contact No.(Home)	
Email Address		TCA	Yes No	eCode	No
MPK	Yes No	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	17/09/2018 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/09/2018	Time of Accident (H:M:S)	21:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BALESTIER ROAD TOWARDS WHAMPOA DRIVE				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 154 #03-77	Address 2	JALAN TECK WHITE	Address 3	SINGAPORE 580154
Address 4		Address Type	Singapore address	Post Code	580154
Unit No.		Related Policy Number	5084702335-01		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/10/1987
Unnamed driver Name	QAMARUJIL IMAN BIN KHAIRUDIN	Driver NRIC	58732526A	Driving Experience	0
Register Date of Driver License	02/11/2017	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	91473361	Contact No.(Office)		Address 3	SINGAPORE 580154
Address 1	BLK 154 #03-77	Address 2	JALAN TECK WHITE	Post Code	580154
Address 4		Address Type	Foreign address		
Unit No.	03-77				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGV7925L	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		
Modification History					

Claim 001 New

Claim Type *	CO-MX	Insured Name	KHAIRUDIN BIN HUSSEIN	Insured NRIC	913126262
Contact No.(Mobile)	91473361	Contact No.(Home)	88927368	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SGM24897	TP Vehicle Number	SGV7925L
Claim Description	SGM24897 / SGV7925L ON 15 Sept 2018				Name of Preferred Workshop
Preferred Workshop Request No. Finalisation	Yes	Insured Liability	Not at Fault	GSA report	Received
Date Registered	17/09/2018 12:31	Claim Close Date		Date Received	17/09/2018
Report Taken By	RUSLI WAHAB				
Print AX letter					
Save Submit					

Attachment

Accident No.	MT/1011708	Claim No.	001
Leaf Doc. Received	Yes No	upload Date	17/09/2018 12:32
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32		Photos	Normal
Description Photos 2018-9-12			

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	Photos	Normal	Photos 2018-9-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	Photos	Normal	Photos 2018-9-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	Photos	Normal	Photos 2018-9-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	Photos	Normal	Photos 2018-9-17
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	Photos	Normal	Photos 2018-9-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 12:32	SAS	Normal	SAS 2018-9-17

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

PERSONAL PARTICULARS

Date of Accident: 15/09/2018

Time of Accident: 21:35 (24Hrs)

Vehicle No: SGM2489J

Vehicle Make/Model: Toyota Wish

Exact Location of Accident: Along Balestier Road towards Whampoa Drive

Owner's Name/NRIC: Khairuddin Hussein / S13128263

1 Driver (male)

Driver's Name/NRIC: Qamarul Iman Bin Khairuddin / S8732526A

2 passengers

Driver's Contact: 91473361

Insurance Co & Policy No: NTUC Income

(1 male)

Driver's Email Address: hancarsrepairs@gmail.com

(1 female)

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Father/Son

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

S7337150C

Driver's Name/IC: Dharminder Singh s/o

Vehicle No: SGV7925L

Approx

8 pax
including
children

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1312826Z**



Name

KHAIRUDDIN HUSSEIN

Race

BOYANESE

Date of birth

23-10-1958

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8732526A**



Name

QAMARUL IMAN BIN KHAIRUDDIN

Race

BOYANESE

Date of birth

17-10-1987

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1312826Z**

Name

KHAIRUDDIN BIN HUSSEIN

Birth Date: **23 Oct 1958**

Issue Date: **14 Jan 2004**



091886330G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8732526A**

Name

QAMARUL IMAN BIN KHAIRUDDIN

Birth Date: **17 Oct 1987**

Issue Date: **02 Nov 2017**



002739822K

OWNERS: 91473361

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 02 Nov 2017

NP 428A



Licence No: S8732526A

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 12 Dec 1984

NP 428A



Licence No: S1312826Z

5312004



NRIC No. **S8732526A**



Date of issue
14-05-2014

Address

**APT BLK 154 JALAN TECK WHYE
#03-77
SINGAPORE 680154**

4234178



NRIC No. **S1312826Z**



Date of issue
16-06-2008

Address

**APT BLK 154 JALAN TECK WHYE
#03-77
SINGAPORE 680154**

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: 5084702335-01

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGM2489J |
| Chassis Number | : ZNE100332794 |
| 2. Name of Policyholder | : KHAIRUDDIN BIN HUSSEIN |
| 3. Effective Date of Insurance | : 12 Oct 2017 |
| 4. Expiry Date of Insurance | : 11 Oct 2018 |
| 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 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: KHAIRUDDIN HUSSEIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE 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 : TAI THONG LEE TRADING PTE LTD (00000612744)
Date of Issue : 09 Oct 2017 18:04 hrs
Reprint : 09 Oct 2017 18:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive