

NATIONAL Assessment Centre Services

(ver 1 Jan 2000)

MAA418/39264

Date In: 26/10/2008 15:32	Job description	Date & Time Completed	Done by
Ref No: NBA/INC10019533/Y	SAS e-Mailing		
Veh No: SJM 8631 P	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 26/10/2008 01:00	I-Motor Claim Form	MA/10/7326-001	26/10/2008
OD / TP / Reporting Only	I-Motor W/O (within 24 hrs, TP 3hrs)		16:04
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SJR 7536 L, INC () / Non-INC ()		
Owner / Driver:	Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: BSL 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 repeller.

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

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

Remarks: INC Hotline 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Actions

Human's Particulars	Invoice Preparation Checklist	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$20/145	
C Checked by (Engn-In-Charge):	4) FT: Follow-Through Survey	\$130	
	5) XT: Follow-Through Survey (Re-survey)	\$30	
	6) TR: Re-inspection	\$15	
	7) NI: New DA + SMART Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DV / Collect Unpaid Coordination	\$5	
	13) NI: TP (N/A) INC against INC	\$30	
	14) NI: Idle Mobile	\$10	
	Invoice dated	Not Charged	
	Issued dated	Not 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 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. 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	26/10/2018 15:32
Date Of Accident	26/10/2018 01:00
Exact Location Of Accident	AT RESORT WORLD SENTOSA ENTERING BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM8631P
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97707613
Alternative Phone No	OFFICE-86194553

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103945941
Cover Note Number	

Driver

Name of Driver	NORHAN FAREEZ BIN NORHANGINI
NRIC No	S9204520Z
Date Of Birth	12/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97707613
Fax Number	
Contact Number	OTHERS-86194553
Email Address	NOEMAIL

Address	BLK 223 PENDING ROAD #02-109
Postcode	670223
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181026/2044

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	SJR7536L
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HILMY
NRIC/Passport Number	
Contact Number	83390625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC1706E
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ELIZABETH HO
NRIC/Passport Number	
Contact Number	91690097
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HILMY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR7536L
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.

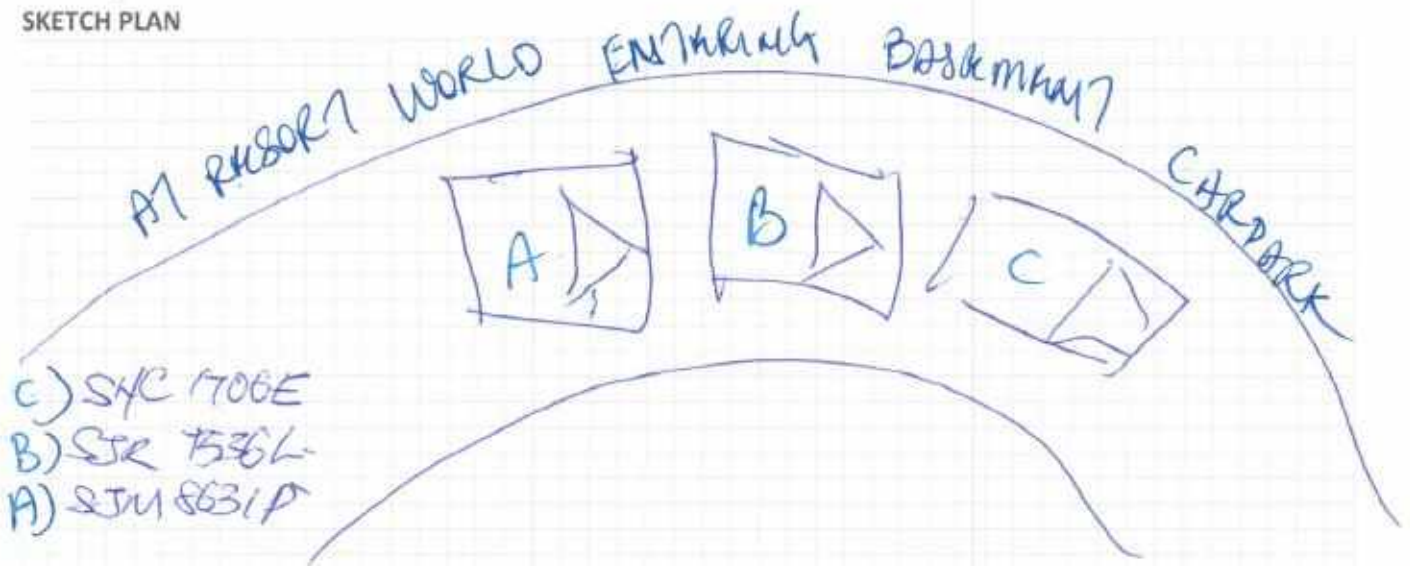


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Roddi Hartono*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT T/20/8/026/20AH

However I want to emphasize that SJR 7536L had banged onto S/C 1706E earlier before I banged onto SJM 7536L. This could be confirmed by driver of SJR 7536L.

As matter of fact taxi driver Elizabeth Ho also admitted to E brake due to long queue ahead

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:



SINGAPORE POLICE FORCE



T/20181026/2044

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20181026/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 11:55		Vide Report No.:		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: NORHAN FAREEZ BIN NORHANGINI			Address: APT BLK 223 PENDING ROAD #02-109 SINGAPORE 670223		
ID Type / ID No.: NRIC NO / S9204520Z			Contact No.: Home/Office:		Mobile: 86194553
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 12/02/1992	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name: SINGAPORE POLYTECHNIC
Occupation: Student			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2018 01:00	Type of Location: Bend
Location: Along Road 1 SENTOSA GATEWAY At Resort World Sentosa, Entering Basement Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1706E	Car	HYUNDAI	I40		Slightly Damaged	0
SJM8631P	Car	SUZUKI	SX4		Seriously Damaged	0
SJR7536L	Car	MITSUBISHI	LANCER		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181026/2044

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20181026/2044

CONTINUATION OF REPORT

Brief Details.

On 26/10/018 at about 0050hrs, I was driving my car (SJM8631P) along Sentosa Gateway and wanting to go to Resort World Sentosa. At about 0100hrs, I wanted to park my car at the basement carpark. The road leading to the downward ramp is a bend and therefore I could not see what was after the bend. As I was driving, the car in front (SJR7536L) had suddenly stopped his car. I could not react as it happen all of a sudden and collided with the car in front. I then went out of my car and talked to the driver namely (Muhammad Hilmy, H/P: 83390625) who informed me that the taxi in front of him (SHC1706E) had suddenly break as they were driving down the ramp. In the event, Hilmy had accidentally hit the taxi. The driver of the taxi namely (Elizabeth Ho, H/P: 91690097) informed that there was a queue at the ramp but she managed to break on time. I then took down the particulars of all the drivers involved.

My front bumper was seriously damaged while there was slight damages to the 2 other cars. I was informed by Muhammad Hilmy that he received a 5 days Medical Certificate after going to the hospital.



**SINGAPORE
POLICE FORCE**



T/20181026/2044

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20181026/2044

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 /

Sgt 2 NUR HAKIM BIN LOQMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

26/10/2018 11:55

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force

SN 117

10/26/2018

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1017328

Policy No.	5103945941	Vehicle No.	SLM8631P	GST Registration No.	
Certificate No.					
Policyholder Name	TOODS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	97707613	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
EFK	= No Yes	TCA	= No Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	06/10/2018 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/10/2018	Time of Accident (Local)	03:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT RESORT WORLD SENTOSA ENTERING BASEMENT CARPARK				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified			No
Modification History					
Policyholder Mailing Address					
Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDO
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	5104793061		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/02/1992
Unnamed driver Name	NORHAN FAREZ BIN NORHANIC	Driver NRIC	S92045202	Driving Experience	4
Register Date of Driver License	17/08/2014	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	96194553	Contact No.(Office)		Address 1	SINGAPORE 670223
Address 1	BLK 223 #02-109	Address 2	PENDING ROAD	Post Code	670223
Address 4		Address Type	Foreign address		
Unit No.	02-109	Driver Vehicle No.	SLM8631P	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop: Insured Liability: Fully at fault
 Preferred Workshop, Name unknown GIA report Received

Date Registered

Report Taken By

Print AX letter

GD-MX	Insured Name	TOODS PARTNERS PTE. LTD.	Insured NRIC	201533177E
97707613	Contact No. (Home)		Contact No. (Office)	
	01	SLM8631P	TP	
	Vehicle Number		Vehicle Number	SLR75
SLM8631P / SLR7506K ON 26 Oct 2018				
26/10/2018 16:02		Claim Close Date		Date Received
ROSLI WAHAB				

Save Submit

Attachment

Accident No.	MT/1017328	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	26/10/2018 16:04
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:04		Photos	Normal	Photos 2018-10-26	M

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:04	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Oct 2018 16:03	SAS	Normal	SAS 2018-10-26
	Video List			
Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

rsbm

To: Theresa Vimala D/O Balagangadharan
Subject: MT/1017326-001 SJM8631P

Hi Theresa the above claim third party vehicle number should be SJR7536L type wrongly in the ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

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ACCIDENT STATEMENT

Date Of Report 26/10/18
 Date Of Accident / Time 26/10/18 0100hrs
 Exact Location Of Accident SEVYOSA RAMP TO BAKKENT RESORT WALK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM 8637A
 Insured/Policyholder 700
 Name Of Registered Owner / COMPANY TODDS PARTNERS PTE
 NRIC No / CO. REG NO.
 Email Address thienze@gmail.com
 Mobile Phone No 97707613
 Alternative Phone No

Vehicle Particulars

Manufacturer SUZUKI
 Model ~~SCOOTER~~ 8x4
 Exact Purpose for which vehicle was being used WORK.
 at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Reporting

If No, Please state action to be taken

Vehicle Category

Insurance Company NTUC Income
 Name of Insurance Company
 Type Of Coverage drive classic
 Fleet Policy

Policy Number ISAG14A21500 203824
 Cover Note Number

Driver

Name of Driver NORHAN FARBEZ BIN NORHANGIN
 NRIC No S9204520Z
 Date Of Birth 12 02 1992
 Occupation SELF EMPLOYED
 Date Of Driving Pass 17/9/2014
 Driving Experience
 Gender MALE
 Mobile Number 86194553
 Fax Number
 Contact Number
 Email Address



MALAY
Date of birth: 12-02-1992
Country of birth: SINGAPORE

70-81

License Number: **S9204520Z**

Marvin



Birth Date: 12 Feb 1992
Issue Date: 17 Sep 2014



002345143H

4929897



S9204520Z



74-03-2007

APT BLK 223 FENDING ROAD #02-109
SINGAPORE 870223
ESTD No: 892045262 Date: 14

Date: 14-02-2013 (Mo) 7:18:29 A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

CH	Time 10
CH	Time 11
CH	Time 12
CH	Time 13
CH	Time 14

THESE THINGS ARE NOT THE SAME AS THE OTHERS
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ms. A.9.2.71
ms. A.9.2.72
ms. A.9.2.73

9/26/2012

S / No: 9000229144

4274

Licencia No. 573045202

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: S103945941/

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJM8631P/

Chassis Number

: JSAGYA21S00203824

2. Name of Policyholder

: TODD'S PARTNERS PTE. LTD./

3. Effective Date of Insurance

: 17 Sep 2018/

4. Expiry Date of Insurance

: 18 Jan 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 CGE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(/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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 17 Sep 2018 11:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive