

NATIONAL Assessment Centre Services [ver 1 Jan 03]

NBA1900743

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 16/01/2019 15:26 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/MAC190009834 | SAS e-filing | | |
| Veh No: SJN 316TR | E-mail (Schedule Sheet, AIC Sheet) | | |
| D.O.A: 12/01/2019 02:45 | I-Motor Claim Form | MT/1027941-002 | 16/01/2019 |
| OID: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 15:41 |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SJR 2240Y 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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time Actions

| | |
|--|--|
| | |
| | |
| | |
| | |

Comments Particulars

| | | |
|---------------------------------|--|--|
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Auditors Comments: | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claim against INC Only (ver 10 Jan 2003) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idco DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | OID: | |
| | *N5: Courtesy Car / Tpl Allowance \$3 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$23 | |
| | *N8: DV / Collect Excess Coordination \$3 | |
| | TP (Nil): TP (Non-INC) against INC \$20 | |
| | 9) NI2: Idco Mobile \$0 | |

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 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 | 16/01/2019 15:26 |
| Date Of Accident | 12/01/2019 02:45 |
| Exact Location Of Accident | BEDOK NORTH RD TURN RIGHT TO BEDOK RESERVOIR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SJN3167R |
| Insured/Policyholder | |
| Name Of Registered Owner | SRS AUTO HOLDINGS PTE. LTD. |
| Co Reg No | 201709236H |
| Email Address | MISWANDI123@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-87760429 |
| Alternative Phone No | OFFICE-87760429 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HYUNDAI |
| Model | AVANTE |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5103490012 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | MOHAMED MISWANDI BIN MOHAMED KAMARUDDIN |
| NRIC No | S9247373B |
| Date Of Birth | 10/12/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/08/2015 |
| Driving Experience | 3 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87760429 |
| Fax Number | |
| Contact Number | OTHERS-87760429 |
| EEmail Address | MISWANDI123@HOTMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 414 WOODLANDS STREET 41 #02-79 |
| Postcode | 730414 |
| 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 | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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) | 1 |

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 | SJR2240Y |
| Vehicle Make/Model/Colour | TOYOTA WISH |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM CHONG HWEE RICHARD |
| NRIC/Passport Number | S7237672B |
| Contact Number | 91550371 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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.

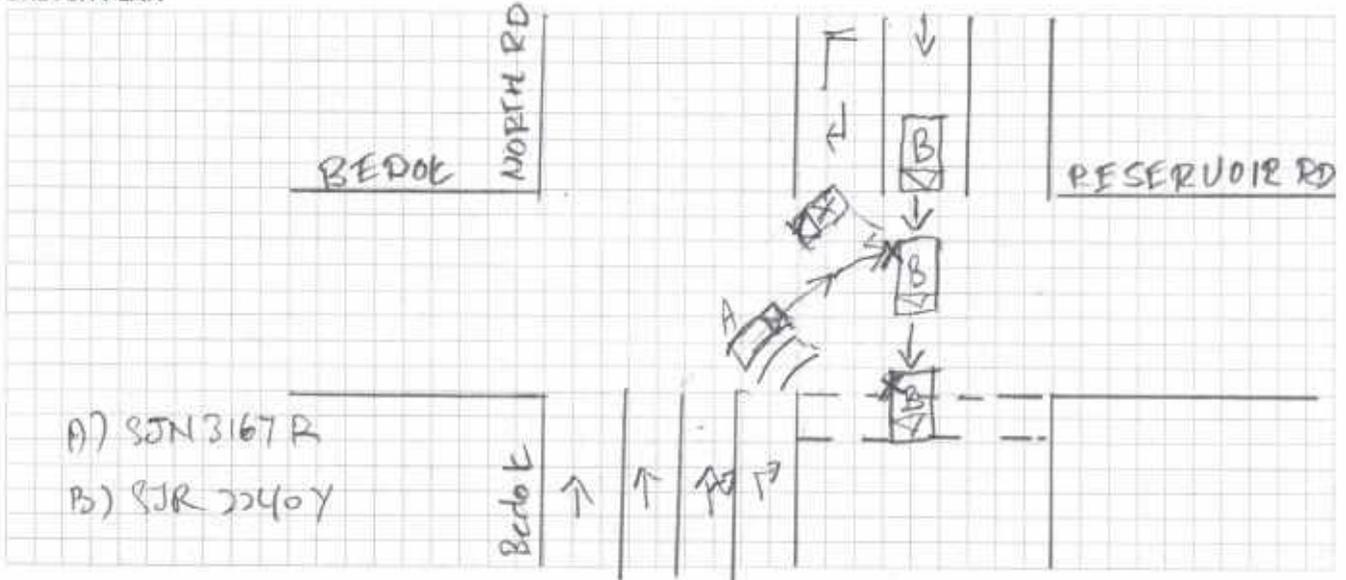


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 January 2019 on my way to Bedok Reservoir Road from Bartley towards Bedok North Rd, while approaching the traffic light junction, I slow down to execute the right turn from the second lane. While slowing down the opposite road there's a car in the pocket box, so but there's isn't any vehicle on the second lane.

Therefore I slowly approached in front of pocket box to view and ensure there's isn't an oncoming vehicle as my vision was block by the car in front of me. While I slowly move forward pass my pocket line slowly I confirm and ensure there's no oncoming car.

Therefore I step on my accelerator slowly to move this Toyota wish SJR 2240Y Black colour dash in front of me. Then I quickly press the brake but still hit the passenger door and back of the car. So I stop Park mode and get at my car. The car

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: Reski WAHAB
NRIC/FIN No.:

16/1/18
142ahr

that was hit were already in the opposite lane.

Claim Handling

Accident NT/1027941

| | | | | | |
|---------------------|---|---------------------|---|----------------------|---------------|
| Policy No. | S103490012 | Vehicle No. | SJN3167R | GST Registration No. | 201709236H |
| Certificate No. | | | | | |
| Policyholder Name | SRS AUTO HOLDINGS PTE. LTD. | | | Policyholder NRIC | 201709236H |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KPK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Not available |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|----------------------------|
| Report Date | 15/01/2019 16:09 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| Date of Accident | 12/01/2019 | Time of Accident hh:mm | 02:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BEDOK NORTH RD JUNCTION WITH BEDOK RESERVOIR RD | | | | |

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 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/09/2017 |
| GST Registration No. | 201709236H | GST Status Verified | Yes |
| Modification History | 15/01/2019 10:06:06 Deborah Hui changed GST Registration No. from NA to 201709236H 16/01/2019 10:06:06 Deborah Hui changed GST Registration Date from 01/01/2015 to 01/09/2017 16/01/2019 10:06:06 Deborah Hui changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 60 UBI CRESCENT | Address 2 | #01-01 | Address 3 | SINGAPORE #06569 |
| Address 4 | | Address Type | Singapore address | Post Code | 438569 |
| Unit No. | | Related Policy Number | S107043322 | | |

01 Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Registrar Data 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? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 New

| | | | | | | |
|---------------------|------------------------------------|------------------------|-----------------------------|---------------------|----------------------------|--|
| Claim Type * | CO-MX | Insured Name | SRS AUTO HOLDINGS PTE. LTD. | Insured NRIC | 201709236H | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 68482 | |
| Email Address | | 01 Vehicle Number | SJN3167R | TP Vehicle Number | 03822 | |
| Claim Description | SJN3167R / SJR2240Y On 12 Jan 2019 | | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Partially at Fault | GIA report | Received | |
| Repair Option | Repair | Workshop, Name unknown | | Claim Close Date | 16/01/2019 15:25 | |
| Date Registered | | Report Taken By | ROSLI WAHAB | Date Received | 16/01/2019 | |

Print AK letter

Save Submit

Attachment

| | | | |
|---|---|--|-----------------------------------|
| Accident No. | NT/1027941 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 14/01/2019 15:41 |
| Path * | | Category * | |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="NO"/> |
| <input type="button" value="Message Read"/> | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|---------------------------------|
|  | NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Jan 2019 15:41 | SAS | Normal | SAS 2019-1-15 |
|  | NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Jan 2019 15:41 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-1-16 |



| | | | |
|--|--------|--------|------------------|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 15:25 | Photos | Normal | Photos 2019-1-16 |

Video List

| Uploaded By/Date | Finder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 12/1/19 (DD/MM/YYYY). TIME: 02:46 (HH:MM)

LOCATION: Bedok North Road turning right to Bedok Reservoir RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8SJN 2167R
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5103490012
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI AVANTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal Usage
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: SES AUTO HOLDINGS PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMED ISWADDI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2247373B CONTACT: 87760420
c) ADDRESS: Block 414 Woodlands Street 41
#02-7A S(930414)

* d) DATE OF BIRTH: 10/12/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 AUG 2015

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) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: 5JR 2240Y MODEL: TOYOTA WISH
b) DRIVER'S NAME: LIM CHONG HWEI RICHARD
c) NRIC/FIN/PASSPORT: 97237672B CONTACT: 91580371

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

email = Miswandi123@hotmail.com

VIDEO absrental.sg@gmail.com

SINGAPORE
S9247373B



Name
MOHAMED ISWANDI BIN
MOHAMED KAMARUDDIN

Race
MALAY

Date of birth
10-12-1992

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9247373B



MOHAMED ISWANDI BIN
MOHAMED KAMARUDDIN

Birth Date: 10 Dec 1992

Issue Date: 14 Nov 2015

00Z493059K






NRIC No: S9247373B



Date of issue
21-12-2007

APT BLK 414 WOODLANDS STREET 41 #02-78
SINGAPORE 730414
NRIC No: S9247373B Date: 25/08/2015

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

| Class | Vehicle Description | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 27 Aug 2015 |

NP 428A

Licence No: S9247373B



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: 5103490012

Cover : Third Party

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN3167R |
| Chassis Number | : KMHDU41BR9U689686 |
| 2. Name of Policyholder | : SRS AUTO HOLDINGS PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Sep 2018 |
| 4. Expiry Date of Insurance | : 11 Feb 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|------------|
| EXCESS (SECTION 1) | : 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)

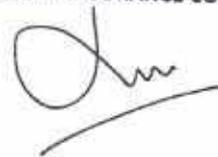
Agency : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 31 Aug 2018 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive