

# NATIONAL Assessment Centre Services

Print 1 Jan 2009

NA1900520

Date In: 18/01/2009 16:17	Job description	Date & Time Completed	Done by
Ref No: NBS/INC/19001864	SAS e-filing		
Veh No: SMD 7115A	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 17/01/2009 09:35	I-Motor Claim Form	MT11028480-001	18/01/2009 16:41
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: YP 6632G	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:	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

NA1900520	Invoice Particulars	Amount (\$)	Balance (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Date: 1/2/3:	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance	\$5	
	*NG: Repair Co-ordination	\$10	
	*NT: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$5	
	TP (Nil): TP (Nil) INC against INC	\$20	
	9) NI: Idao 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	18/01/2019 16:17
Date Of Accident	17/01/2019 09:35
Exact Location Of Accident	BKE NEAR ECO LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7715A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RASHID BIN KECHIL
NRIC No	S2013596D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91167455
Alternative Phone No	OTHERS-91167455

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS TOW
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103750504
Cover Note Number	

### Driver

Name of Driver	ABDUL RASHID BIN KECHIL
NRIC No	S2013596D
Date Of Birth	26/10/1954
Occupation	INDOOR
Date Of Driving Pass	11/12/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91167455
Fax Number	
Contact Number	OTHERS-91167455
Email Address	NOEMAIL

Address	BLK 302 BUKIT BATOK STREET 31 #01-37
Postcode	650302
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (including own vehicle) involved in the accident	5
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)	0

#### 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	YP6632G
Vehicle Make/Model/Colour	TOW TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

Veh A: SMD 7715A

Veh B: YP 6632G

Veh C: Unknown

Veh D: Unknown

Veh E: Unknown

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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.:

**SKETCH PLAN**

Veh A: SMD 7715 A

Veh B: YP 6632 G

Veh C: Unknown

Veh D: Unknown

Veh E: Unknown

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My Car On towing to my Workshop , i followed the tow truck . Vehicle C in front make an e-brake to complete stop , Vehicle B followed . However could not stop in time and hit onto rear of Vehicle C and my car move forward and Collided to truck (Tow) .

**DECLARATION**

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

Rahul 18/11/19

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.:18/11/2019  
Roshan Upthas

## Claim Handling

Accident MT/1028480

Policy No.	S103750504	Vehicle No.	SM07715A	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL RASHID BIN KECHEL	Cover Type	drive CLASSIC	Policyholder NRIC	S20135960
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	91167455	Special Remark		Contact No. (Home)	
Email Address				eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
<b>Accident Details</b>					
Report Date	18/01/2019 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	17/01/2019	Time of Accident h:mm	09:35	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SKE NEAR ECO LINK				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 302 #01-37	Address 2	BUKIT BATOK STREET 31	Address 3	HONG KAH GREEN
Address 4	SINGAPORE 650302	Address Type	Singapore address	Post Code	650302
Unit No.		Related Policy Number	S103750504		
<b>01 Driver Info</b>					
Driver Name	ABDUL RASHID BIN KECHEL	Driver Type	Main Driver	Driver DOB	26/10/1954
Unnamed driver Name		Driver NRIC	S20135960	Driving Experience	21
Registrar Date of Driver License	11/12/1997	Driver Age	64	Contact No. (Home)	
Contact No. (Mobile)	91167455	Contact No. (Office)		Address 3	HONG KAH GREEN
Address 1	BLK 302 #01-37	Address 2	BUKIT BATOK STREET 31	Post Code	650302
Address 4	SINGAPORE 650302	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SM07715A	Driver Insurer Company	NTUC
Does he (she) e Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

## Claim Handling

Accident MT/1028480

Policy No.	S103750504	Vehicle No.	SM07715A	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL RASHID BIN KECHEL	Cover Type	drive CLASSIC	Policyholder NRIC	S20135960
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	91167455	Special Remark		Contact No. (Home)	
Email Address				eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
<b>Accident Details</b>					
Report Date	18/01/2019 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	17/01/2019	Time of Accident h:mm	09:35	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SKE NEAR ECO LINK				
<b>Excess</b>					
			<b>Total Excess Applicable</b>		
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type:		Windscreen Excess	100.00		
All Claims Excess		Driver is Covered?			
YIED All Claim Excess					
Total All Claim Excess Applicable		TP Standard Excess			
OD Standard Excess		YIED TP Excess		Driver is Covered?	
YIED OD Excess					
Additional Excess	0.00	Total TP Excess Applicable			
Total OD Excess Applicable					
<b>Benefits</b>					
<b>GST Registered Information</b>					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 302 #01-37	Address 2	BUKIT BATOK STREET 31	Address 3	HONG KAH GREEN
Address 4	SINGAPORE 650302	Address Type	Singapore address	Post Code	650302



Unit No. \_\_\_\_\_

Related Policy Number

5103750504

 O2 Driver Info

Driver Name	ABDUL RASHID BIN KECIL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2013396D	Driver DOB	28/10/1934
Register Date of Driver License	11/12/1997	Driver Age	64	Driving Experience	21
Contact No.(Mobile)	91167455	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 302 #01-37	Address 2	BUKIT BATOK STREET 31	Address 3	HONG KAH GREEN
Address 4	SINGAPORE 650302	Address Type	Singapore address	Post Code	650302
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SMD7713A	Driver Insurer Company	NTUC

### Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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#### Modification History

Claim 001 OD-MX

## Method

Claim Type *	DD-MX	Insured Name	ABDUL RASHID BIN KECHEL	Insured NRIC	S201
Contact No. (Mobile)	91157455	Contact No. (Home)	NE	Contact No. (Office)	
Email Address		Vehicle Number	SMD7715A	Vehicle TP	YP66
Claim Description	SMD7715A / YP6622G ON 17 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered			18/01/2019 16:39	Claim Close Date	Date Received 15/0
Report Taken By			ROSLI WAHAB	Workshop Reparer	Total Loss bill Repaired

Print AN letter

Save Submit

**Attachment**

Account No.	HT/1028480	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/01/2019 16:41

Path *	Category *	Confidential	Urgency *	Des
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

Attachment List

Attachment	Upload By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:41	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:41	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:41	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:41	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:41	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:40	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:40	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:40	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:40	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:40	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:39	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 18 Jan 2019 16:39	Photos	Normal	Photos 2019-1-18



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 16:38	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2019 16:39	Photos	Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Jan 2019 16:39	SAS	Normal	SAS 2019-1-18
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 16:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-18

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>

# Accord Auto Services Pte Ltd

## Particular of Insured / Driver & Details of the Accident

Location of Accident: W. P. B. B. E. near Eco Link

Date of Accident: 17/1/19

Landmark of Accident Area (IF ANY): \_\_\_\_\_

Time of Accident: Approx 0935

No. of Passenger (Including Driver): \_\_\_\_\_

Passenger Name: Abdul Rashid B. Kechil

## Details of Own Vehicle

Vehicle Registration Number: SMD 7715A Make/ Model: Toyota Estima Aras 2.4 A

Name of Preferred workshop: Accord Auto Services Pte Ltd Contact: 62717433

## Insured/ Policy Holder

Name of Registered Owner: Abdul Rashid B. Kechil NRIC: S20135961

Address: BK 302, Bukit Batok St. 31 #01-37 9th Ave 650302

Occupation: Station Manager (Indoor / Outdoor) Mobile No: 91167455

Email: \_\_\_\_\_

## Driver

Name of Driver: As above NRIC/Fir: S20135961

Driving License Pass Date: 15.1.2003 DOB: 26.10.1954

Address: as above

Occupation: as above Indoor / Outdoor) Mobile No: as above

Gender: Male/ Female Other Contact: Home No. / Office / Others: \_\_\_\_\_

Email: \_\_\_\_\_

## Insurance Company

Insurance Company: AITUC (C/TFPT/TPO) Policy No: \_\_\_\_\_

### \*Comprehensive/Third Party Fire & Theft/Third Party Only

Driver an employee: Yes / No if no, what is relationship with the policyholder: \_\_\_\_\_

\*If Driver is a policyholder, kindly ignore this question

Veh C: Unknown Veh E: Unknown

Veh D: Unknown

## Details of other vehicle Property 1

Vehicle Registration No.: YP 6630 G (Veh B)

Vehicle Make/Model/Colour: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC: \_\_\_\_\_

No. of Passenger (Including Driver): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

## Details of other vehicle Property 2

## For Official use only

Claiming Own Insurance: Yes / No

If No, Reporting only / Third Party Claim

## General Information of Accident

Type of Accident: Head-Rear / Side Swipe / Others: \_\_\_\_\_

Weather Conditions: Clear / Raining / Others: \_\_\_\_\_

Road Surface: Dry / Wet / Others Material / Property damaged: Yes / No

Any police report made: Yes / No Injured party: Yes / No 1. \_\_\_\_\_

Any Video Cam: Yes / No 2. \_\_\_\_\_

Summon Against Whom: \_\_\_\_\_ 3. \_\_\_\_\_

\*For injured Party details, it must be supported by police report


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **S2013596D**

Name  
**ABDUL RASHID BIN KECHIL**

Birth Date: **26 Oct 1954**  
Issue Date: **15 Jan 2003**

1000121090D



**REPUBLIC OF SINGAPORE**



IDENTITY CARD NO. **S2013596D**

Name  
**ABDUL RASHID BIN KECHIL**

Race  
**MALAY**

Date of Birth: **26-10-1954** Sex: **M**

Country of Birth  
**MALAYSIA**


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

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

PASS DATE: **11 Dec 1997**

NP 428A

Licence No: **S2013596D**



8182780

ARC NO. **S2013596D**

Nationality: **MALAYSIAN**

Blood Group: **O+** Date of issue: **12-12-1995**

**APT BLK 302 BUKIT BATOK STREET 31 #01-37**  
**SINGAPORE 650302**

**S2013596D 27/10/2013**







### 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: 5103750504

Cover : drive CLASSIC

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SMD7715A                |
| Chassis Number  | : ACR500062077            |
| 2. Name of Policyholder   | : ABDUL RASHID BIN KECHIL |
| 3. Effective Date of Insurance  | : 15 Sep 2018             |
| 4. Expiry Date of Insurance   | : 25 Sep 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ABDUL RASHID BIN KECHIL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of issue : 14 Sep 2018 13:25 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive