

NATIONAL Assessment Centre Services. [ref: J2003]

Date In: 24/01/2019 16:57	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9001626/Y	SAS e-filing		
Veh No: SJR 8704 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/01/2019 12:00	I-Motor Claim Form	MT/1029386-002	24/01/2019
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:17
	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: GBC 4040 J	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 9001626/Y)	Completed by: N/A	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

N/A/900719	Invoice No: [ ]	Invoice Date: [ ]	Invoice Total: [ ]
	Client Particulars:	Driver/Owner:	Contact No:
Damaged Portion:	QC Checked by (Engr-In-Charge):	Auditor's Comments:	
1) AR: Accidental Reporting (\$30) 2) DA: Damage Assessment (\$100); INC (\$80) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wof 10 Jan 2009) 6) TR: Re-Inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:- OD: *N5: Courtesy Car / Tpl Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (Nil): TP (N-in INC) against INC \$20 9) NI2: Idao Mobile \$0		Date 1: _____ Date 2/3: _____ 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	24/01/2019 16:57
Date Of Accident	23/01/2019 12:00
Exact Location Of Accident	CTE (CITY) OPP SELETAR WEST LINK (YISHUN AVE 1)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8704L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	FEYZAAKIM30@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81343905
Alternative Phone No	OFFICE-81343905

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	5107026787
Cover Note Number	

### Driver

Name of Driver	AHMAD MUSTAKIM BIN MUHAMMAD
NRIC No	S9503544B
Date Of Birth	28/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81343905
Fax Number	
Contact Number	OTHERS-81343905
EMail Address	FEYZAAKIM30@GMAIL.COM

Address	BLK 91 HENDERSON ROAD #03-140
Postcode	150091
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 - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : NUR SHAFIZAH JUMATDI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190123/2173

#### 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	GBC4040T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUMARESAN S/O SINNAYAH
NRIC/Passport Number	S8633843B
Contact Number	84185103

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NUR SHAFIZAH JUMATDI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR8704L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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.

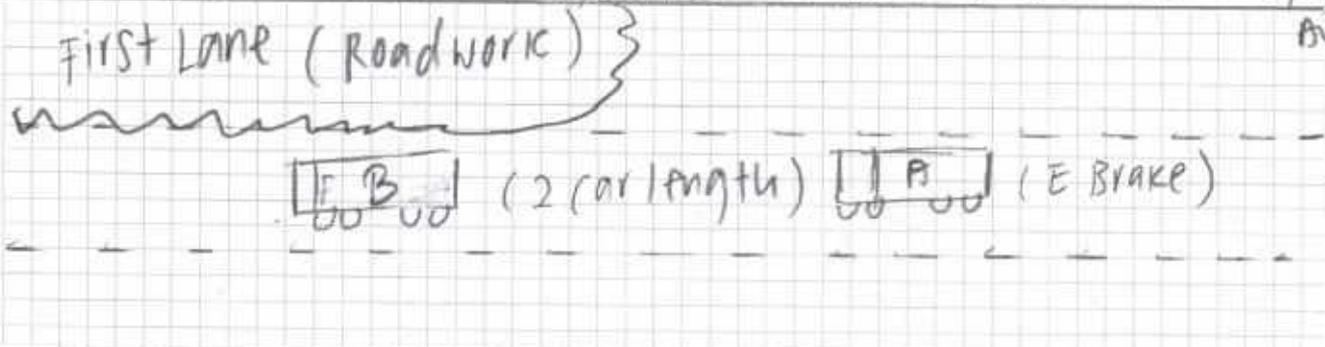


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN SUK TOWARDS (TECITY) OPP SAKTIAR WISAT LAMIC (13THM BUK 1)



- A) SJR 8104L
- B) GBC 4040T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT  
T/20190123/2173

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: 24/01/19

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Rosli Wathani  
 NRIC/FIN No.:



Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20190123/2173

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2019 20:36	Vide Report No.: F/20190123/0074	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: AHMAD MUSTAKIM BIN MUHAMMAD SALIM		Address: APT BLK 91 HENDERSON ROAD #03-140 SINGAPORE 150091	
ID Type / ID No.: NRIC NO / S9503544B		Contact No.: Home/Office:	Mobile: 81343905
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 28/01/1995	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

General information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2019 12:00	Type of Location: EXPRESSWAY
Location: Along Road 1 SELETAR EXPRESSWAY  SLE TOWARDS CTE (CITY), OPPOSITE SELETAR WEST LINK (YISHUN AVE 1), LANE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBC4040T	LTA PICKUP TRUCK	NISSAN	NAVARA	White	Slightly Damaged	1
SJR8704L	Car	NISSAN	SYLPHY	Silver	Seriously Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20190123/2173

2 of 3

Report No. T/20190123/2173

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**CONTINUATION OF REPORT**

Passenger			
Name	NUR SHAFIZAH JUMATDI		ID No. S9826044G
Related Vehicle	SJR8704L (Car)		Contact No. 81343905
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2019		Date Discharge 23/01/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	AHMAD MUSTAKIM BIN MUHAMMAD SALIM		ID No. S9503544B
Related Vehicle	NIL		Contact No. 81343905
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 23/01/2019 at about 12.00pm, I was driving a rental car (SJR8704L, silver colour, Nissan Slyphy) with my girlfriend seated at the passenger seats and we were travelling along SLE towards the direction of CTE 'City'.

While travelling I was driving along lane 2, I noticed a pickup truck (GBC4040T, white colour, LTA) slowing down about 2 car length in front of me thus I applied my brake to slow down however my car slide forward and collided to the pickup truck head to rear.

The Traffic Police and Ambulance attended to the accident, My car was not installed with in-car camera. My girlfriend was conveyed to Sengkang General Hospital for medical treatment due to some back pain.

*[Faint signature or stamp]*



Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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: D / Sgt 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 20:36
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

Authentication Stamp  
NP168

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/1029388**

Policy No.	SI07026787	Vehicle No.	SJ88704L	GST Registration No.	NA
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	101709136H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KYC	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

**Accident Details**

Report Date	24/01/2019 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	23/01/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	NA				

**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	03/11/2015
GST Registration No.	NA	GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	80 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	SI07208976		

**01 Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 **New**

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/1029388**

Policy No.	SI07026787	Vehicle No.	SJ88704L	GST Registration No.	NA
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	101709136H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KYC	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

**Accident Details**

Report Date	24/01/2019 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	23/01/2019	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	NA				

**Excess**

**Total Excess Applicable**

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		
Excess Type		Windscreen Excess	0.00		

**All Claims Excess**

YIELD All Claim Excess		Driver is Covered?	
Total All Claim Excess Applicable			
OD Standard Excess		TP Standard Excess	
YIELD OD Excess		YIELD TP Excess	
Additional Excess	0.00	Driver is Covered?	
Total OD Excess Applicable		Total TP Excess Applicable	

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	03/11/2015
GST Registration No.	NA	GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	80 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	SI07208976		

**01 Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	



# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 19) (DD/MM/YYYY). TIME: (12:00) (HH:MM)

LOCATION: CTE (CITY) (OPP Sclatir West Link (Yishun Ave 1))

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR8704L  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5107026787  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN SYLPHY  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: S/S AMIN HOCOMESS PTK (TD) (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
C) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AHMAD MUSTAICEM BIN MUHOSALIM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 89503544B CONTACT: 81543905  
c) ADDRESS: 91 HENDERSON RD #03-140 S(150091)

\*d) DATE OF BIRTH: (28 / 01 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRED

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Meran west

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC4040T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: KUMARASAN S/D SINNAYAH  
c) NRIC/FIN/PASSPORT: 88633843B CONTACT: 84185103

## 9. THIRD PARTY VEHICLE

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

email = Feyzaakim30@gmail.com

VIDEO

NOR

\*No of passenger  
(Including driver)  
(2)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9503544B



Name  
AHMAD MUSTAKIM BIN MUHAMMAD SALIM  
أحمد مصطفى بن محمد سليم

Race  
JAVANESE

Date of birth  
28-01-1995

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9503544B

Name: AHMAD MUSTAKIM BIN MUHAMMAD SALIM

Birth Date: 28 Jan 1995  
Issue Date: 06 May 2015




002424170E



4877801



NRIC No: S9503544B



Date of issue  
20-01-2013

APT BLK 91 HENDERSON ROAD #03-140  
SINGAPORE 150091

NRIC No: S9503544B Date: 20/01/2013 No: 7908994

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	06 May 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	24 Mar 2016

S / No. 9000246244

9950344B

NP 428A

Licence No: S9503544B



## 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:** 5107026787

**Cover :** Third Party

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle   | : <b>SJR8704L</b>   |
| Chassis Number   | : JN1BAAG11Z0110134   |
| 2. Name of Policyholder  | : SR5 AUTO HOLDINGS PTE. LTD.   |
| 3. Effective Date of Insurance   | : 14 Jan 2019   |
| 4. Expiry Date of Insurance  | : 16 Jul 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 : 14 Jan 2019 16:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive