

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

15 MAY 19020821

Date In: 14/02/2019 15:48	Job description	Date & Time Completed	Done by
Ref No: NGA/MCL500797/4	SAS e-filing		
Veh No: GX 4116H	E-mail (E-filing Sheet, AIC Sheet)		
D.O.A: 14/02/2019 08:50	I-Motor Claim Form	MT/1032059-001	14/02/2019
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16/13
	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:

YN 2108R

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: (

Location: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

Remarks: (

14/1901/30

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Comments: (

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Page 1:

Page 2/3:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
Forfeiting against INC Only (ver 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
OP:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NS: Repair Co-ordination	\$10
*NS: Post Repair Inspection	\$25
*NS: DV / Collect Excess Coordination	\$3
TP (NI): TP (Non INC) against INC	\$20
9) NI: Idas Mobile	\$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

GRAND TOTAL



## 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	14/02/2019 15:44
Date Of Accident	14/02/2019 08:50
Exact Location Of Accident	UPP CHANGI RD NORTH TWRDS TANAH MERAH BESAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4716H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR PLUMBER SINGAPORE PTE. LTD.
Co Reg No	201719820R
Email Address	LEON@MRPLUMBER.SG
Mobile Phone No	(LOCAL) +65-92227888
Alternative Phone No	OFFICE-92227888

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096646271
Cover Note Number	

### Driver

Name of Driver	AHMED MD MAHFUZ
Passport No/FIN	G6607323N
Date Of Birth	01/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92227888
Fax Number	
Contact Number	OTHERS-92227888
EMail Address	LEON@MRPLUMBER.SG

Address -  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured PAID DRIVER  
 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? 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) 2  
 Passenger 1  
 NAME: : COLLEAGUE  
 GENDER: : MALE

#### 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 YN2108R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver MANI SHANMUGAM  
 NRIC/Passport Number O 34167737  
 Contact Number 94480819  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)



# SKETCH PLAN

Vehicle No: \_\_\_\_\_

DOA: \_\_\_\_\_

## IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3) Information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the Police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose & transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore & any relevant government agency/authority (such as the police), for the purpose(s) of:-
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims & any necessary investigations relating to the claims;
    - (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
  - b) All insurer(s) involved in this accident and the Insurers' law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - c) My Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

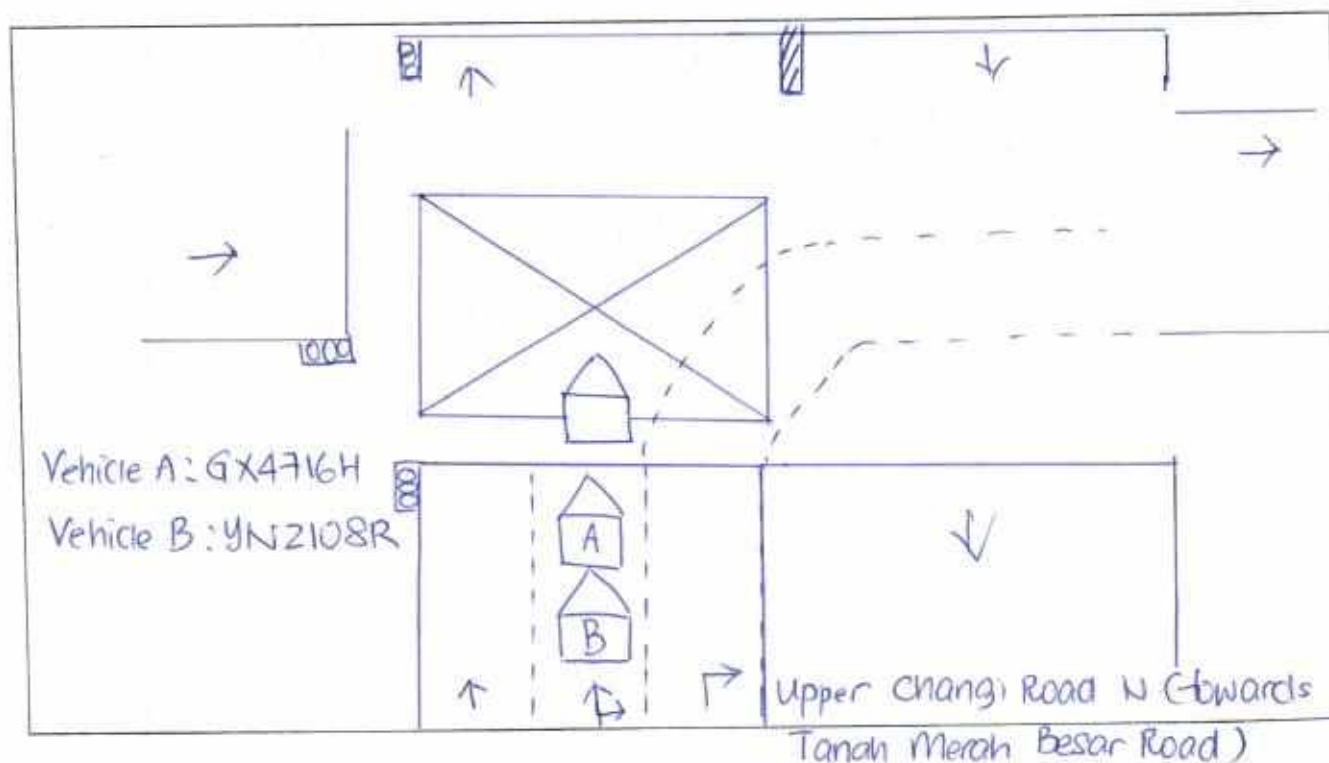
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature  
Date & Time

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

Witnessed by Reporting Center  
Personnel

## Sketch Plan



Describe Circumstances of the Accident

I was travelling along Upper Changi Road N. (towards Tanah Merah Besar Road) on 14/02/19 at about 8.5 am.

Traffic was slow and heavy. The vehicles in front stopped so I followed. Few seconds later, Vehicle B came from behind and hit onto me.

Declaration


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

Policyholder's Signature  
Date & Time



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



Witnessed by Reporting Centre  
Personnel

Accident NT/1032059

### Accident Details

**Express**

### ▼ Benefits

♥ Petriholder Mailing Address

 **OS Driver Info**

7. [Metaphorical History](#)

Claim 001 New

Claim Type *	<div>OD-MR</div> <div>Injured Name</div> <div>MR ELLINGER SINGAPORE PTE</div> <div>Injured NRIC</div> <div>2017198208</div>		
Contact No. (Mobile)	<div>Contact No. (Home)</div> <div></div> <div>Contact No. (Office)</div> <div>NIL</div>		
Email Address	<div>OS Vehicle Number</div> <div>GK4710H</div> <div>TP Vehicle Number</div> <div>YN2108R</div>		
Claim Description	<div>GK4710H / YN2108R ON 14 Feb 2019</div> <div>Name of Preferred Workshop</div> <div></div>		
Preferred Workshop	<div>Insured Liability</div> <div>Not at Fault</div>		
Submit No. Preliminary	<div>Yes</div> <div>Repair Option</div>	<div>Preferred Workshop, Name unknown</div> <div>OS report</div>	<div>Received</div> <div></div>
Date Registered	<div>14/02/2019 16:12</div> <div>Claim Close Date</div> <div></div> <div>Date Received</div> <div>14/02/2019 00:00</div>		
Report Taken By	<div>ROSLI WAHAB</div>		
<input type="checkbox"/> Print AM letter			

Save











Submit

Attachment

Accident No.	HT/1032059	Claim No.	001																												
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2019 15:13																												
Path *	<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr><td><input type="button" value="Clear"/></td><td><input type="text" value="Please Select"/></td><td><input type="text" value="NO"/></td><td><input type="text" value="Normal"/></td></tr> <tr><td><input type="button" value="Clear"/></td><td><input type="text" value="Please Select"/></td><td><input type="text" value="NO"/></td><td><input type="text" value="Normal"/></td></tr> <tr><td><input type="button" value="Clear"/></td><td><input type="text" value="Please Select"/></td><td><input type="text" value="NO"/></td><td><input type="text" value="Normal"/></td></tr> <tr><td><input type="button" value="Clear"/></td><td><input type="text" value="Please Select"/></td><td><input type="text" value="NO"/></td><td><input type="text" value="Normal"/></td></tr> <tr><td><input type="button" value="Clear"/></td><td><input type="text" value="Please Select"/></td><td><input type="text" value="NO"/></td><td><input type="text" value="Normal"/></td></tr> <tr><td><input type="button" value="Clear"/></td><td><input type="text" value="Please Select"/></td><td><input type="text" value="NO"/></td><td><input type="text" value="Normal"/></td></tr> </tbody> </table>			Category *	Confidential	Urgency *	Description *	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
Category *	Confidential	Urgency *	Description *																												
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>																												
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>																												
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>																												
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>																												
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>																												
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>																												
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	<input type="button" value="Send Message"/>																														

Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_8006786 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:13	Photos		Normal	Photos 2019-2-14	
	NAC_BUKIT_MERAH_8006786 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:13	Photos		Normal	Photos 2019-2-14	
	NAC_BUKIT_MERAH_8006786 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:13	Photos		Normal	Photos 2019-2-14	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	Photos	Normal	Photos 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2019 16:12	SAS	Normal	SAS 2019-2-14
Video List				
Uploaded By/Date Folder Date File Name ? Source Action				
		Display in New Window	Scan and uploading	

PERSONAL PARTICULARS

Date of Accident: 14/02/2019

Time of Accident: 8:50 (24Hrs)

Vehicle No: GX4716H

Vehicle Make/Model: Toyota Hiace Diesel 2986cc

Exact Location of Accident: Along junction of Upper Changi Road N Toward Taman Meleah Besar Road

Owner's Name/NRIC: MR. Plumber Singapore Pte Ltd 201719820R

Driver's Name/NRIC: Ahmed MD Mahfuz 063234761/66607323 N

Driver's Contact: 9222 7888 Insurance Co & Policy No: NTUC Ins 5096646271

Driver's Email Address: Leon @ mrplumber.sg

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

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

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

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

Private Use / Work Purpose

Weather Condition & Road Conditions?

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

Occupation

Indoor / Outdoor

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

Yes / No

If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Mani Shanmugam 034167737 Vehicle No: YN 2108 R

Insurance Company: \_\_\_\_\_ Driver's Contact: 9448089

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

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

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

\* Information will be discarded after one week.





SB Transmission Ref No:G249619

### Check your employment details

If you find a problem, please contact your employer or employment agent.

#### আপনার চাকরির বিস্তারিত যাচাই করুন

কোন সমস্যা দেখলে, অনুগ্রহ করে আপনার নিয়োগকর্তা বা নিয়োগকারী এজেন্টের সাথে যোগাযোগ করুন।

<b>YOUR NAME</b> আপনার নাম <b>AHMED MD MAHFUZ</b>	<b>DATE OF BIRTH / SEX</b> জন্ম তারিখ / লিঙ্গ <b>01 FEB 1983 / MALE</b>	<b>NATIONALITY</b> জাতীয়তা <b>BANGLADESHI</b>
<b>PASSPORT NUMBER</b> পাসপোর্ট নম্বর <b>BN0297527</b>	<b>WORK PERMIT NUMBER / FIN</b> ওয়ার্ক পারমিট নম্বর / FIN <b>0 63234761 / G6607323N</b>	<b>DATE OF APPLICATION</b> আবেদন গত্রের তারিখ <b>14 JAN 2019</b>
<b>NAME OF EMPLOYER</b> চাকরীদাতার নাম <b>MR PLUMBER SINGAPORE PTE. LTD.</b>	<b>INDUSTRY</b> শিল্পক্ষেত্র <b>CONSTRUCTION</b>	<b>OCCUPATION</b> পেশা <b>PLUMBER &amp; PIPE FITTER</b>
<b>BASIC MONTHLY SALARY</b> মূল মাসিক বেতন <b>S\$ 880</b>	<b>FIXED MONTHLY ALLOWANCES</b> নির্দিষ্ট মাসিক ভাতা <b>S\$ 124</b>	<b>FIXED MONTHLY SALARY</b> নির্দিষ্ট মাসিক বেতন <b>S\$ 1004</b>
<b>MONTHLY HOUSING, AMENITIES AND SERVICES DEDUCTIONS</b> মাসিক ঘর ভাড়া, সুযোগ-সুবিধাদি ও পরিষেবা খরচ বাবদ কর্তন সমন্বয় <b>S\$ 0</b>	<b>MONTHLY DEDUCTION FOR OTHERS</b> মাসিক অন্যান্য খরচ বাবদ কর্তন সমন্বয় <b>S\$ 0</b>	<b>MONTHLY SALARY AFTER TAKING INTO ACCOUNT FIXED MONTHLY ALLOWANCES AND DEDUCTIONS</b> নির্দিষ্ট মাসিক ভাতা ও বিয়োগগুলির হিসাবের পর মাসিক বেতন <b>S\$ 1004</b>
<b>HOUSING PROVIDED</b> থাকার জায়গা দেয়া হয় <b>YES</b>	<b>SPORE EMPLOYMENT AGENCY (EA)</b> সিঙ্গাপুর এমপ্লয়মেন্ট এজেন্সী <b>N.A.</b>	<b>AGENCY FEE TO BE PAID TO SPORE EA (EXCLUDE FEES FOR OVERSEAS EXPENSES)</b> সিঙ্গাপুর এমপ্লয়মেন্ট এজেন্সীকে প্রদান করা হওয়া প্রদত্ত এজেন্সী ফি (বিদেশী খরচের পরিমাণ বাদ দিয়ে) <b>N.A.</b>

#### ▲ IMPORTANT

Get a copy of your employment contract. It should state your job scope, working days and hours, basic monthly salary and terms such as deductions and leave entitlements.

আপনার চাকরির চুক্তিপত্রের একটি কপি সংগ্রহ করুন। এতে কাজের সুযোগ, কর্মদিবস ও কর্মঘণ্টা, মাসিক মূল বেতন এবং বেতন কাটা ও ছুটির সুবিধা প্রভৃতি শর্ত অবশ্যই উল্লেখ থাকা উচিত।

Do not pay any fees for the \$5000 security bond, levy, work permit application or renewal or cancellation, medical insurance or examinations, training courses and the cost of your journey home. These fees are to be paid by your employer.

\$5000 সিকিউরিটি বন্ড, লেভি, কাজের অনুমোদনের (ওয়ার্ক পারমিটের) আবেদন বা নবায়ন বা আবেদন বাতিল, চিকিৎসা বীমা বা ডাক্তারী পরীক্ষা, প্রশিক্ষণ সংক্রান্ত কোর্সসমূহ, এবং আপনার দেশে যাওয়া প্রভৃতির জন্য কোন টাকা দেবেন না। এসব ফি আপনার নিয়োগকর্তা প্রদান করবে।



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	17 Jun 2013

NP 428A





## 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 : 5096646271

Cover : Third Party, Fire & Theft

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GX4716H                        |
| Chassis Number  | : LH1726119891                   |
| 2. Name of Policyholder   | : MR PLUMBER SINGAPORE PTE. LTD. |
| 3. Effective Date of Insurance  | : 21 Dec 2017                    |
| 4. Expiry Date of Insurance   | : 30 Apr 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.   |                                  |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                  |

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue : 20 Dec 2017 18:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive