

NATIONAL Assessment Centre Services

(ver 1 Jan 00)

MAY 19 2016

Date In: 28/02/2019 10:36	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9003140/Y	SAS e-filing		
Veh No: SJX 2932C	E-mail (e-jobs 4hrs, AIC 4hrs)		
D.O.A: 28/02/2019 17:25	I-Motor Claim Form	M/1034002-001	28/02/2019
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11.00
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

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

TP Particulars: Vch No: SLN 9141 B 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

NA/901550	Invoice Particulars	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$43	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
9) NI: Idao Mobile		
10) NI: Repair Co-ordination		
11) NI: Post Repair Inspection		
12) NI: DV / Collect Excess Coordination		
13) NI: TP (N1) / TP (N-in INC) against INC		
14) NI: Idao Mobile		
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	28/02/2019 10:36
Date Of Accident	24/02/2019 17:25
Exact Location Of Accident	BLK 418 CHOA CHU KANG AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2932C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD AZHAR BIN KHAMIS
NRIC No	S7510024H
Email Address	KHAMIS.BJAIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97567196
Alternative Phone No	OTHERS-97567196

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059382530-05
Cover Note Number	

### Driver

Name of Driver	KHAMIS BIN JAIS
NRIC No	S0019527H
Date Of Birth	30/12/1948
Occupation	INDOOR
Date Of Driving Pass	25/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97567196
Fax Number	
Contact Number	OTHERS-97567196
Email Address	KHAMIS.BJAIS@GMAIL.COM

Address	BLK 422 CHOA CHU KANG AVENUE 4 #04-232
Postcode	680422
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

**General Information of the Accident**

Type Of Accident	SIDE SWIPE
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	SLN9141B
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL HISHAM
NRIC/Passport Number	S8029907I
Contact Number	98811061
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: ↓

GENDER: ↓

Passenger 2

NAME: ↓

GENDER: ↓

## SKETCH PLAN

### IMPORTANT NOTICE

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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**.
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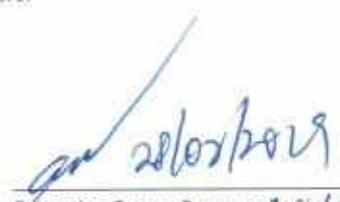
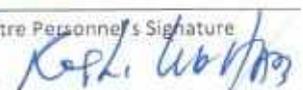
#### **8. Consent under the Personal Data Protection Act (PDPA)**

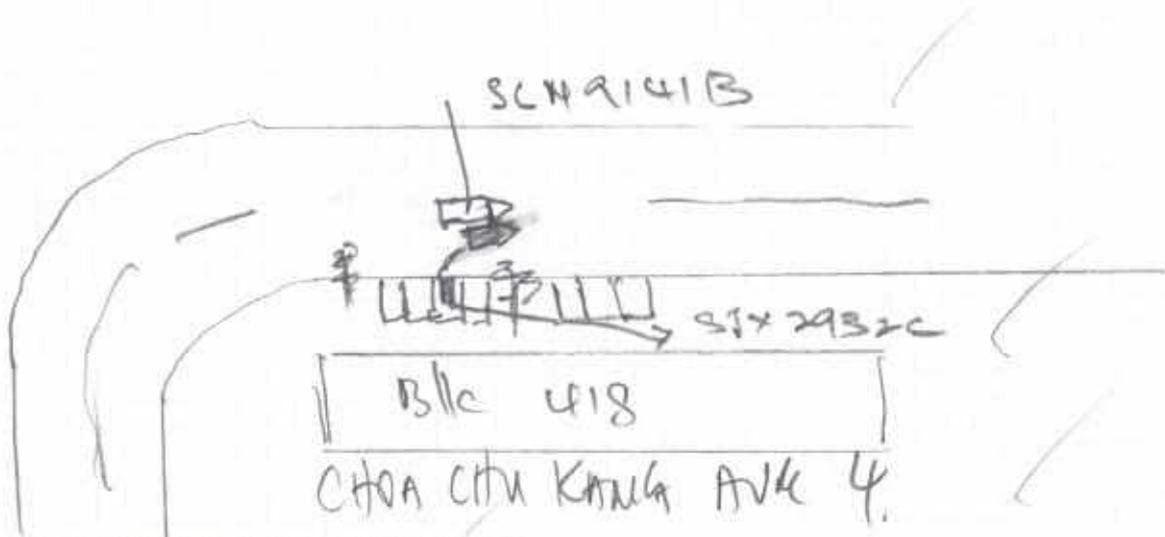
I understand, acknowledge, agree and consent that:

- (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: 27/2/19

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/19 @ 1725 hrs at carpark of Blk 418 Choa Chu Kang Ave 4. After look left, right and left I drive up my car reg SIX 2932C from lot No 222 to right side of the carpark. Suddenly a car from my left knocked into my front left bumper.

No one is injured. my car was slightly damaged at front left bumper and the other car SCH 9141B slightly damaged at front right bumper as show as photograph.

Both of us wanted to settle and we signed the mutual settlement form. I was informed that he wanted to settle about \$1900 (damaged plus his ~~salary~~ salary).

That is all

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

[Signature] 27/2/19  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

[Signature] 28/02/2019  
 Reporting Centre Personnel's Signature  
 Name: [Signature]  
 NRIC/FIN No.:

## Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.

1. Details of the Accident: 24/02/2019 Time: 1725hrs.  
 Date (dd/mm/yyyy): 24/02/2019  
 Location: carpark BIK 418 (Choa Chu Kong Ave 4)
- 2a. Vehicle registration no. SLN 9141B driven by KHARUL HISYAM S8029907I  
 (Name & Nric no) and owned by KHARUL HISYAM S8029907I (Name & Nric no).
- 2b. Vehicle registration no. SJX 2432C driven by KHAMIS BIN JAIS S0019572H  
 (Name & Nric no) and owned by Mohd Azhar S7510024H (S041) (Name & Nric no).
3. The parties have agreed to settle this matter amicably as follows: \*delete a or b as applicable.

\*a. Neither party shall be liable to compensate the other party for any loss or damages incurred or to be incurred as a result of the accident.

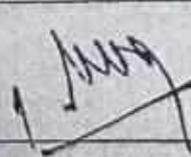
\*b. Without any admission of liability, KHAMIS (party paying compensation) has paid a sum of \$ \_\_\_\_\_ which KHARUL (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

*will pay upon getting quotation*

*to be received.*

4. There are no personal injuries to the undersigned parties.

5.

	Vehicle A no. : <u>SLN 9141B</u>	Vehicle B no. : <u>SJX 2432C</u>
Name	<u>KHARUL HISYAM</u>	<u>KHAMIS BIN JAIS</u>
NRIC no.	<u>S8029907I</u>	<u>S0019572H</u>
Address	<del>KHARUL</del> <u>316 BUKIT BATUIC ST 32 #12-137 S(650316)</u>	<u>422 Choa Chu Kong Ave 4 #04-232 S(680422)</u>
Tel no.	<u>98811061</u>	<u>97567196.</u>
Signature & Date	 <u>24/9</u>	

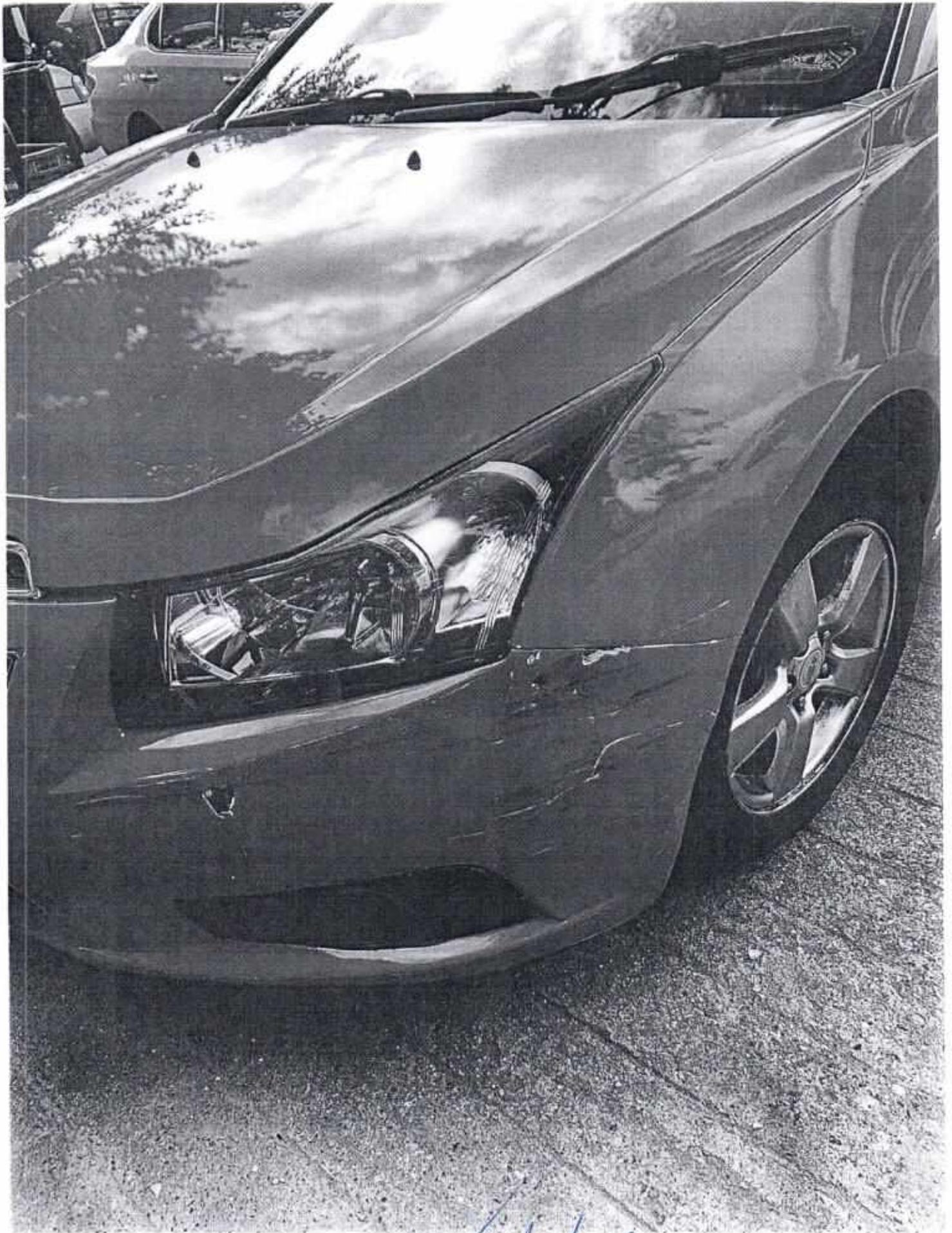
*on 28/02/2019*



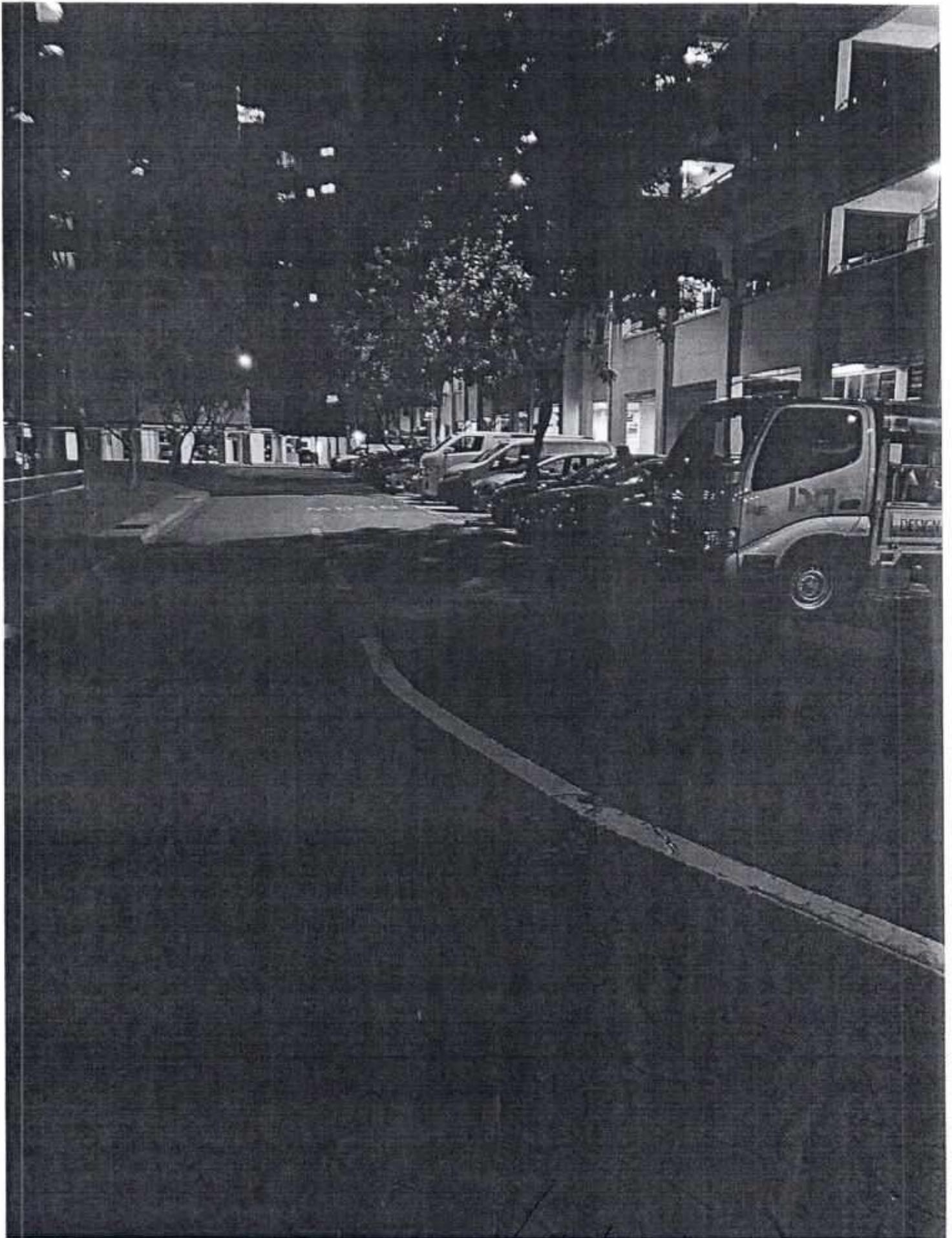
SJX 2932C

223

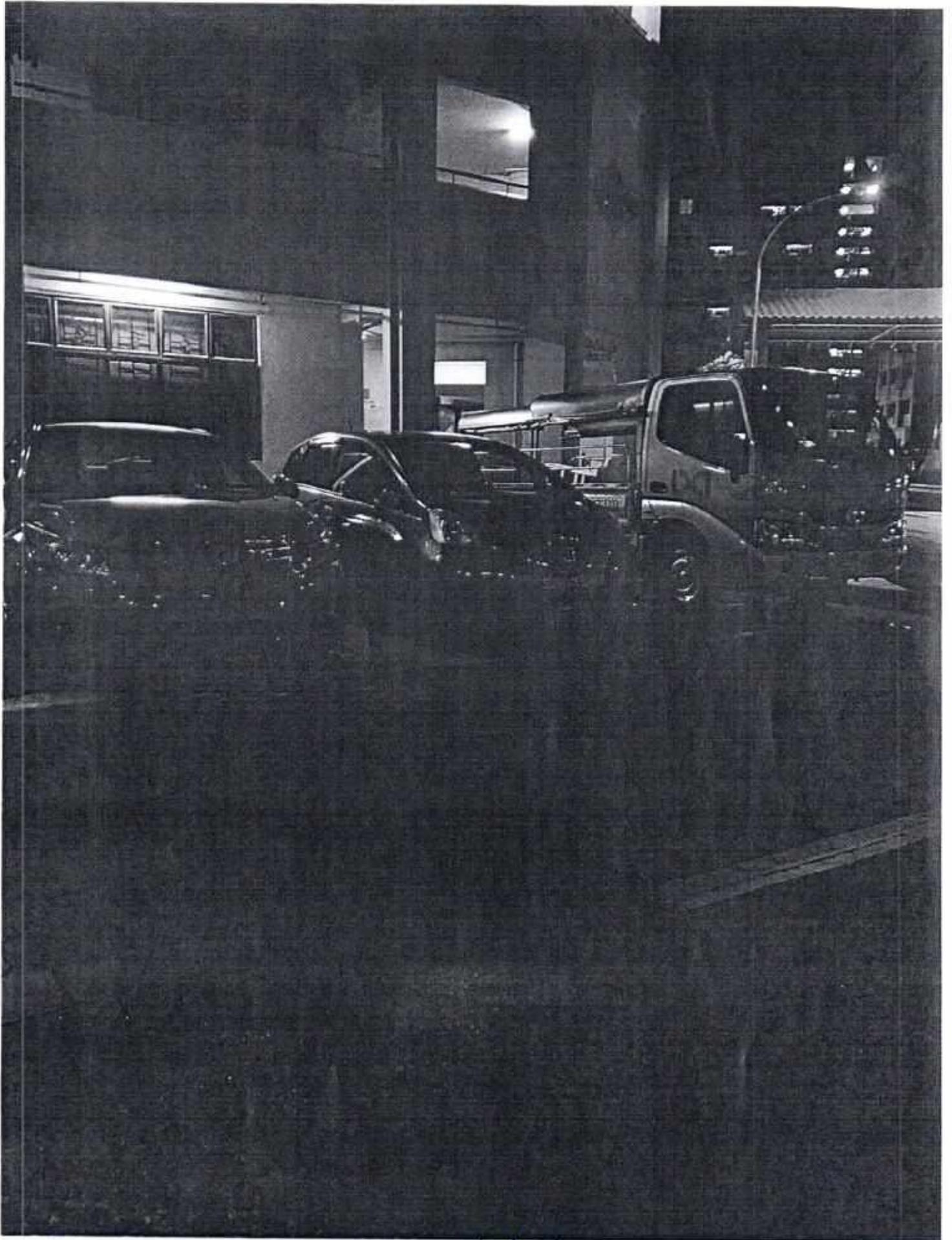
No 28/01/2019



CA 28102/2019



at 28/02/2019



cu 28/02/2019



Car 28/02/2018



*APR 2018*

Claim Handling

Accident HT/1034002

Policy No.	885634230-05	Vehicle No.	5K2932C	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AZHAR BIN KHAMIS	Driver Type	PRO CLASSIC	Policyholder NRIC	S7510024H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Licence	D
Contact No.(Mobile)	97567196	Special Remarks		Contact No.(Home)	
Email Address		TCA	No Yes	eCafe	No
RFE	No Yes	NCD Entitlement(%)	10	eCafe Reason	
NCD Protection	No			Private ins	No

Accident Details

Accident Date	28/02/2019 10:54	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/02/2019	Time of Accident (h:mm)	17:25	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	BLK 418 CHOK CHU KANG AVENUE 4 CANTON				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 194 #05-34	Address 2	BELOU ROAD	Address 3	SINGAPORE S70184
Address 4		Address Type	Singapore address	Post Code	670184
Unit No.	04-232	Related Policy Number	885634230-05		

GI Driver Info

Driver Name	MUHAMMAD AZHAR BIN KHAMIS	Driver Type	Main Driver	Driver DOB	12/04/1975
Uninsured Driver Name		Driver NRIC	S7510024H	Driving Experience	34
Region State of Driver License	DU/01/1885	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	97567196	Contact No.(Office)		Address 1	SINGAPORE S70184
Address 1	BLK 144 #05-34	Address 2	BELOU ROAD	Address 2	
Address 4		Address Type	Singapore address	Post Code	670184
Unit No.	04-232	Driver Vehicle No.	5K2932C	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No

Professional History

Claim 001 New

Claim Type *	GD-ME	Insured Name	MUHAMMAD AZHAR BIN KHAMIS	Insured NRIC	S7510024H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		GI Vehicle Number	5K2932C	Vehicle Number	SCH91418
Claim Description	5K2932C (SCH91418) ON 28 Feb 2019				
Preferred Workshop	Incurd Liability	Partially at Fault	GI report	Received	
Sanction No. (Inspection)	Yes	Report Option	Preferred Workshop, Name unknown	Claim Close Date	28/02/2019 10:55
Date Registered				Date Received	28/02/2019 00:00
Report Taken By					ROSI WAHAB

Save Submit

Attachment

Accident No.	HT/1034002	Claim No.	001
Last Dis. Received	Yes No	Upload Date	28/02/2019 11:03
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Email			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size (KB)
	NAC_BUKIT_MERAH_805676) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 11:50	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_805675) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 11:00	Photos	Normal	Photos 2019-2-28	
	NAC_BUKIT_MERAH_805676) NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 11:00	Photos	Normal	Photos 2019-2-28	

Claim Handling(incident reporting - Claim Task )

	NAC_BUKIT_MERAH_800610 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 10:59	Photos	Normal	Photos 2019-2-28
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 10:59	NAC Driving License	Normal	NAC Driving License 2019-2-28
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 28 Feb 2019 10:59	SAS	Normal	SAS 2019-2-28

Video List

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

**rsbm**

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**From:** rsbm <rsbm@lkkauto.com>  
**Sent:** Wednesday, 13 March, 2019 11:12 AM  
**To:** 'Theresa Vimala D/O Balagangadharan'  
**Cc:** ODsupport@income.com.sg  
**Subject:** MT/1034002-001 SJX2932C

Hi the above mention claims the t/p vehicle number should be SLN9141B and not SCH9141B thanks.

Thanks & Best Regards,  
**ROSLI WAHAB**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)

# ACCIDENT STATEMENT

ACCIDENT DATE: 24/02/2019 (DD/MM/YYYY), TIME: 17:25 (HH:MM)

LOCATION: Carpark B1K 418 Choa Chu Kang Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 2932C  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: FLA 505938230-05  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: CHEVROLET CRUZE  
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: Muhammad Azhary bin Idris (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7010024C CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: KHAMU BIN FAD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0019527H CONTACT: 97567196  
c) ADDRESS: B1K 422 Choa Chu Kang Ave 4 #01-232  
S (680422)

\* d) DATE OF BIRTH: 30/12/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/6/1977

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER

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

b) ROAD SURFACE: (DRY / WET / OTHERS) NO

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: SCH 9141B MODEL: Mazda  
b) DRIVER'S NAME: KAMPUK HUSMAN  
c) NRIC/FIN/PASSPORT: S8029907I CONTACT: 98811061

## 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)  
(2)

\* No of passenger  
(Including driver)  
( )

email = thomas.bjais@gmail.com  
VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO, S0019527H



Name  
**KHAMIS BIN JAIS**  
 اسم بن جيس  
 Race  
**MALAY**  
 Date of birth 30-12-1948 Sex M  
 Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0019527H**  
 Name  
**KHAMIS BIN JAIS**  
 Birth Date **30 Dec 1948**  
 Issue Date **17 Apr 2003**




3724470



IDENTITY CARD No. S0019527H



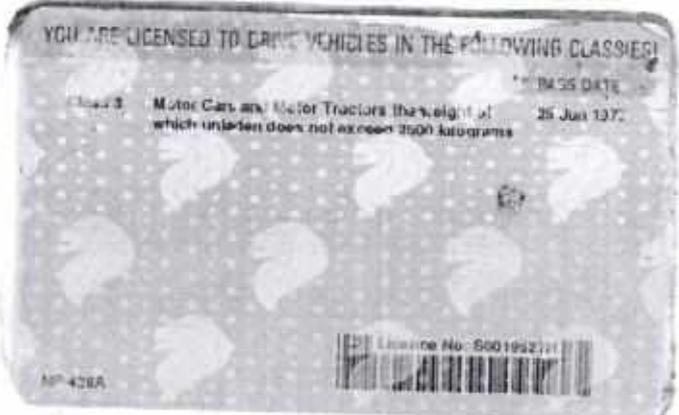
Date of issue  
**13-06-2005**

Address  
**APT BLK 422 CHOA CHU KANG AVENUE #**  
**#04-232**  
**SINGAPORE 680422**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFI

Class 1 Motor Cars and Motor Tractors (the weight of which unladen does not exceed 3500 kilograms)

ISSUE DATE  
**25 Jun 1977**



MP 428A



License No: S0019527H

### 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:** 5059382530-05 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJX2932C**  
 Chassis Number : KL1JA6961AK639306

2. Name of Policyholder : MOHD AZHAR BIN KHAMIS

3. Effective Date of Insurance : 01 Jun 2018

4. Expiry Date of Insurance : 31 May 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	: MOHAMMAD AZHAR BIN KHAMIS
NAMED DRIVER (1)	: KHAMIS BIN JAIS
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: POSB
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 : ALPINE CREDIT PTE LTD (00000610144)  
 Date of Issue : 14 May 2018 23:13 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 - 17:00  
 UEN: S65500200 / GST Reg. No: M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : RMA119077670 Vehicle Registration No: SJX2932C

Name (as shown in NRIC) : KHAMIS BIN JALIS NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver/ Vehicle Owner) (\* Please delete as appropriate)

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 97567196

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

Date of Accident : 26/03/2019 Time of Accident : 17:25

Place of Accident : BUKIT TIMAH CHIA CHU KANG AREA 4 CARPARK

Insurance Company : MIC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① DRIVER NAME TO KHAMIS BIN JALIS

② THE VEHICLE NUMBER TO SLM9141B

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name: ROSE LIAW  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 13/03/2019