

NATIONAL Assessment Centre Services.

[wef 1 Jan 2005]

19MAY19032853

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 11/03/2019 20:19 | Job description | Date & Time Completed | Done by |
| Ref No: N387 INC 900496/Y | SAS e-Milling | | |
| Veh No: SJM T152E | E-mail (w/old 3hrs, AIC 2hrs) | | |
| D.O.A: 01/03/2019 06:15 | I-Motor Claim Form | MT/1035468-001 | 11/03/2019 20:34 |
| OID / TP / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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: () / 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%. F: 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: () | |
| Repairer: () | |
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

| |
|----------------|
| Injury: () |
| Date/Time: () |
| Location: () |
| Weather: () |
| Other: () |

| | |
|--|---|
| <p>19MAY1901866</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal 1:</p> <p>2/3</p> | <p>INVOICE INFORMATION</p> <p>1) AR: Accident Reporting (\$30) INC (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>• NS: Courtesy Car / Tpr Allowance \$5</p> <p>• NG: Repair Coordination \$10</p> <p>• NH: Post Repair Inspection \$25</p> <p>• NI: DV / Collect Excess Coordination \$5</p> <p>• TP (Nil): TP (Non INC) against INC \$20</p> <p>9) NI: idao Mobile \$30</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p> |
|--|---|

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 | 11/03/2019 20:19 |
| Date Of Accident | 08/03/2019 06:15 |
| Exact Location Of Accident | MSCP BLK 693 WOODLANDS AVENUE 6 DECK 3 LOT 80 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJM7752E |
| Insured/Policyholder | |
| Name Of Registered Owner | NAIM BIN KAMIS |
| NRIC No | S1449908C |
| Email Address | NAIMKAMIS1960@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91200054 |
| Alternative Phone No | OTHERS-91200054 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | FIT |
| Exact Purpose for which vehicle was being used at time of accident | CAR WAS PARKED |
| 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 | 5107762984 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NAIM BIN KAMIS |
| NRIC No | S1449908C |
| Date Of Birth | 16/11/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/10/1978 |
| Driving Experience | 40 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91200054 |
| Fax Number | |
| Contact Number | OTHERS-91200054 |
| Email Address | NAIMKAMIS1960@GMAIL.COM |

| | |
|---|--|
| Address | BLK 693D WOODLANDS AVENUE 6 #05-845 |
| Postcode | 734693 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS EAST N.P.C |
| Police Station Address: | ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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/20190309/2010

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |


SKETCH PLAN

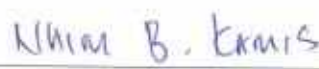
IMPORTANT NOTICE


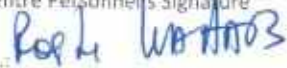
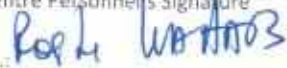
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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



Front Bumper damaged
was hit & run

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S Refr to Police Report
11/03/2019

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

11/03/2019

Ros & Winton



SINGAPORE POLICE FORCE



T/20190309/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20190309/2010

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 09/03/2019 02:51 | | Vide Report No.: | | Station Diary No.: 37 | |
| Informant's Particulars | | | | | |
| Name of Informant: NAIM BIN KAMIS | | | Address: APT BLK 693D WOODLANDS AVENUE 6 #05-845 SINGAPORE 734693 | | |
| ID Type / ID No.: NRIC NO / S1449908C | | | Contact No.: Home/Office: Mobile: 91200054 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 58 | Date of Birth: 16/11/1960 | Type of Informant: Vehicle Owner | | |
| Race: Javanese | | | Language: | | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|---|---------------------------|--------------------|--|-------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 08/03/2019 06:15 | Type of Location: Car Park |
| Location: Along Road 1 WOODLANDS AVENUE 6 | | | | |
| Multi storey carpark of Blk 693 Woodlands Ave 6, Deck 3 lot 80. | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|-------|-------|-----------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| SJM7752E | | HONDA | FIT | White | | 0 |
| SMD5703Y | | SUBARU | | Black | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20190309/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20190309/2010

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------|--|--|-----------------------------------|
| Vehicle Owner | | | | |
| Name | NAIM BIN KAMIS | | ID No. | S1449908C |
| Related Vehicle | SJM7752E | | Contact No. | 91200054 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On 07/03/2019 at 2320hrs, I last parked white Honda Fit car bearing registration SJM7752E at lot 80 of Blk 693 Woodlands Ave 6 Deck 3, multi storey carpark. Everything was last seen intact.

On 08/03/2019 at about 0615hrs, when I went to retrieve my car, I discovered damages at the front bumper. Looking at the damages, it could only be caused by other vehicle hitting into my car. I further discovered that a black Subaru bearing registration SMD5703Y parked beside me at lot 79 also had damages at the front bumper however his damages were more serious as a portion of the left side bumper came off. I observed that there is an in-car camera in his vehicle which seemed to be in recording mode. I did not call for Police as I was in hurry. There is in-car camera in my car however it is not in recording mode when parked. I had no suspect in mind.



**SINGAPORE
POLICE FORCE**



T/20190309/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20190309/2010

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:

L /

Sr Staff Sgt NUR FARHANA BINTE MOHAMAD
NASIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

Date/Time:

09/03/2019 02:51

Classification Of Case:

Authentication Stamp

NP168



Accident NT/102644

| | | | | | | | | | |
|---|--|---|--|-------------------------------|--|-----------------------|--|-----------------------|--|
| Policy No. | | SLO762984 | | Vehicle No. | | SLM77629 | | GST Registration No. | |
| Certificate No. | | | | Cover Type | | Drive CLASSIC | | Policyholder NRIC | |
| Policyholder Name | | NAM SEN KAMIS | | Contract No.(Office) | | | | 3144940AC | |
| Product Code | | PRIVATE CAR INSURANCE | | Contract No.(Home) | | | | Leasing | |
| Contact No.(Mobile) | | 91200054 | | Special Remarks | | | | Contact No.(Home) | |
| Email Address | | | | TCR | | - No - Yes | | eCode | |
| eNR | | - No - Yes | | NCD Entitlement(%) | | 0 | | eDrive Reason | |
| NCD Protected | | No | | | | | | Private Use | |
| Private Use | | No | | | | | | | |
| ➤ Accident Details | | | | | | | | | |
| Report Date | | 31/03/2019 22:29 | | Accident Report Within 24 hrs | | Yes | | Accident Type | |
| Date of Accident | | 28/03/2019 | | Time of Accident (h:mm) | | 08:15 | | Damaged while parked | |
| Reporting Centre | | | | Damage Type | | | | Country of Accident | |
| Accident Location | | MSP Bldg 401 WOODLANDS AVENUE 6 DOCK 3 LOT 81 | | | | | | SGM No. | |
| | | | | | | | | | |
| ➤ Total Excess Applicable | | | | | | | | | |
| Excess Type | | Per Accident | | Windscreen Excess | | 100.00 | | | |
| OG Standard Excess | | 400.00 | | TF Standard Excess | | 0.00 | | | |
| YIED OG Excess | | 0.00 | | YIED TF Excess | | 0.00 | | Driver is Covered? | |
| Additional Excess | | 0.00 | | | | | | Not Applicable | |
| Total OG Excess Applicable | | 800.00 | | Total TF Excess Applicable | | 0.00 | | | |
| ➤ Benefits | | | | | | | | | |
| ➤ GST Registered Information | | | | | | | | | |
| GST Registered | | No | | GST Registration No. | | GST Registration Date | | | |
| GST Registration No. | | | | GST Status Verified | | Yes | | | |
| Modification History | | | | | | | | | |
| ➤ Policyholder Mailing Address | | | | | | | | | |
| Address 1 | | BLK 553G #05-045 | | Address 2 | | WOODLANDS AVENUE 6 | | Address 3 | |
| Address 4 | | SINGAPORE 734693 | | Address Type | | Singapore address | | ADMIRALTY GROVE | |
| Unit No. | | 05-045 | | Related Policy Number | | SLO7762984 | | Post Code | |
| | | | | | | | | 734693 | |
| ➤ OL Driver Info | | | | | | | | | |
| Driver Name | | NAM SEN KAMIS | | Driver Type | | Main Driver | | | |
| Uninsured Driver Name | | | | Driver NRIC | | S1449909C | | Driver DOB | |
| Register Date of Driver License | | 23/10/1988 | | Driver Age | | 38 | | 18/11/1980 | |
| Contact No.(Mobile) | | 91200054 | | Contact No.(Office) | | | | Driving Experience | |
| Address 1 | | BLK 553G #05-045 | | Address 2 | | WOODLANDS AVENUE 6 | | 38 | |
| Address 4 | | SINGAPORE 734693 | | Address Type | | Singapore address | | Contact No.(Home) | |
| Unit No. | | 05-045 | | | | | | Address 3 | |
| Does he own a Singapore Registered car? | | Yes - No | | Address Type | | | | ADMIRALTY GROVE | |
| | | | | Driven Vehicle No. | | SLM77629 | | Post Code | |
| | | | | | | | | 734693 | |
| | | | | | | | | Driver Return Company | |
| | | | | | | | | NTUC | |
| Declaration | | | | | | | | | |
| Breakdown or Basic Text Reading? | | 0 mg | | Any Injury? | | Yes - No | | | |
| | | | | | | | | | |

Modification History

| | |
|-----------|------|
| Claim 001 | None |
|-----------|------|

| | | |
|--|--|--|
| Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Insured Liability Date Registered Report Taken By Print As Letter | Insured Name Contact No. (Mobile) OT Vehicle Number SIM752B / - On 8 Mar 2019 Insured No. Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Date Received Date Received | 51449028C 83354018 SIM752B On 8 Mar 2019 11/03/2019 20:34 ROSLI WAHAB 11/03/2019 00:08 |
|--|--|--|

Attachment

| | | | |
|--|--|---|--|
| Accident No. PH/1025468 Last Doc. Received: Y N | | Claim No. 001 Upload Date 11/01/2019 20:04 | |
| Path: * | | Category * | |
| Choose File No file chosen Choose File No file chosen Choose File No file chosen Choose File No file chosen Choose File No file chosen Choose File No file chosen Choose File No file chosen Message Read | | Confidential | |
| Attachment List | | Urgency * | |
| Attachment | | Description | |
| Uploaded By/Date | | Urgency | |
| Category | | Description | |
| NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Jan 2019 20:14 | | Normal | |
| NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Jan 2019 20:14 | | Normal | |

| | | | | |
|---|--|----------------------|--------|--------------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | Photos | Normal | Photos 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | NRIC Driving License | Normal | NRIC Driving License 2019-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:34 | SAS | Normal | SAS 2019-3-11 |

Video List

| Uploaded By/Date | Poster Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| Display in new window Scan and uploading | | | | |

14010

LOCATION: Multi Storey Carpark Bldg 693

a) VEHICLE NUMBER: SJM 7752 E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5107762984
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Fit
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (X)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

A) NAME: NAIM BIN KAMIS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91200054
 c) ADDRESS: Blk 693 D #05-845 Woodlands Ave 6
S (734693)

DRIVER

~~24~~ No of passengers
(Including driver)
(0)

a) NAME: ASAKASHI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (16/01/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS 23 / 10 / 1978

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: WOODLANDS FLS?

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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

email = Ho Naim Kamis 1960 @ Gmail

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1449908C



Name

NAIM BIN KAMIS

Race

JAVANESE

Date of birth

16-11-1960

Sex

M

Country/Place of birth
SINGAPORE



5186380



NRIC No. S1449908C



Date of issue

06-06-2013

APT BLK 893D WOODLANDS AVENUE 6 #05-845
SINGAPORE 734693

NRIC No: S1449908C

Date: 01/12/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S1449908C

Name

NAIM BIN KAMIS

Birth Date 16 Nov 1960

Issue Date 27 Dec 2013



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

EFFECTIVE DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 03 Apr 1980 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 03 Apr 1980 |
| Class 2 | Motorcycles > 400 cc | 03 Apr 1980 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 23 Oct 1978 |

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: 5107762984 1. Index mark and Registration Number of Vehicle : SJM7752E Chassis Number : GE61123709 2. Name of Policyholder : NAIM BIN KAMIS 3. Effective Date of Insurance : 04 Mar 2019 4. Expiry Date of Insurance : 03 Mar 2020 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. | Cover : drive CLASSIC |
|---|------------------------------|

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 | : NAIM BIN KAMIS |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : INDEX 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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)
 Date of Issue : 04 Mar 2019 10:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive