

**NATIONAL Assessment Centre Services.** [ver 1 Jan 2009] **NA1902019**

Date In: 18/03/2019 18:13	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/90008924	SAS e-filing		
Veh No: SMG 8876X	E-mail (by job sheet, AIC sheet)		
D.O.A: 16/03/2019 13:10	I-Motor Claim Form	18/03/2019 18:30	
OID / TR: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **GDA 9687E** 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: ( )

Reminders:

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

2) QC Check / Post Repair Inspection ( )

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

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

Date: \_\_\_\_\_

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

<b>NA1902019</b>	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Additional Comments:	For claim against INC Only (ver 10 Jan 2009)	
Date:	6) TR: Re-inspection	\$73
	7) NI: Idau DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	\$1
	*NS: Courtesy Car / TP Allowance	\$10
	*NG: Repair Coordination	\$25
	*NH: Post-Repair Inspection	\$5
	*ND: DV / Collect Excess Coordination	\$20
	TP (Nil) / TP (Non-INC) (ver 10 Jan 2009)	\$0
	9) NI: Idau 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 judgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	18/03/2019 18:13
Date Of Accident	16/03/2019 13:10
Exact Location Of Accident	ALONG WOODLANDS AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8876X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-94508445
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMMAD HAMBALI BIN KAMARI
NRIC No	S8339393I
Date Of Birth	06/12/1983
Occupation	INDOOR
Date Of Driving Pass	11/05/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508445
Fax Number	
Contact Number	OTHERS-94508445
Email Address	KARZTALEASING@GMAIL.COM

Address	BLK 421 FAJAR ROAD #06-485
Postcode	670421
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?	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	GBA9687E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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)**

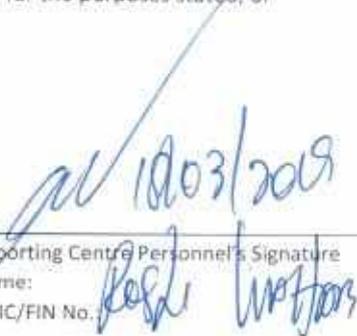
I understand, acknowledge, agree and consent that:

- (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. 

Woodland Ave 3.

STADIUM

Busstop

Traffic light

SMG 8876X

Pick up

A

B

9687E

A) SMG 8876X

B) GBA 9687E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Ave 3. As I was approaching the traffic light, I didn't manage to brake on time due to misjudgment.

The other party / driver of GBA 9687E agreed that he will not claim any payment from me.

DECLARATION

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



Policyholder's Signature  
Date & Time:

M. Gauthier

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/03/2019  
Reshwanth

**Claim Handling**

Accident MT/1030429

Policy No.	1084904286-02	Vehicle No.	SMG8876x	GST Registration No.	
Certificate No.				Policyholder MUC	53318366E
Policyholder Name	KARZ-TA LEASING	Cover Type	Drive CLASSIC	Leading	0
Product Code	FLEET INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	97596445	Special Remark		eCode	<input type="button" value="No"/>
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
MPV	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD ENDORSEMENT (%)	0	Private Info	Yes
NCD Protection	No				

**Accident Details**

Report Date	18/03/2019 18:24	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Road to Road
Date of Accident	18/03/2019	Time of Accident (h:mm)	1:20	Country of Accident	SINGAPORE
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG WOODLANDS AVENUE 3				

**Excess**

Own Damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	150.00
Uninsured Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	317 DUTRAM ROAD	Address 2	#01-23 CONCORDE SHOPPING	Address 3	SINGAPORE 390075
Address 4		Address Type	Singapore address	Post Code	390075
Unit No.	B1-03	Related Policy Number	1081295720-02		

**Q2 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/12/1963
Unnamed driver Name	MOHAMMAD HAFSUDU BIN KARU	Driver MUC	505291931	Driving Experience	11
Register Date of Driver License	12/05/2008	Driver Age	05	Contact No. (Home)	
Contact No. (Mobile)	91177103	Contact No. (Office)		Address 1	SINGAPORE 670421
Address 1	Suk 421 486-683	Address 2	FALAH ROAD	Post Code	670421
Address 4		Address Type	Foreign address		
Unit No.	06-497	Driver Vehicle No.	SMG8876x	Driver Insurer Company	NTUC
Does he own a Singapore Registered CRT	Yes - No				

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001: **NEW**

Claim Type *	OD-MX	Insured Name	KARZ-TA LEASING	Insured MUC	53318366E	
Contact No. (Mobile)	91222222	Contact No. (Home)		Contact No. (Office)	NIL	
Email Address		Vehicle Number	SMG8876x	TP Vehicle Number	08A9687E	
Claim Description	SMG8876x / Q8A9687E CR 18 Mar 2019				Name of Refered Workshop	
Preferred Workshop		Insured Liability	Party at Fault	UJA report	Reported	
RAIRIX No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Date	18/03/2019 18:29	
Date Registered				Date Received	18/03/2019 00:00	
Report Taken By						
Print Ack letter						

**Attachment**

Accident No.	MT1030429	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/03/2019 18:30

Page \*

Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Classification	Description	Mig Sent (SD)
	NAC_BUKIT_MERAH_806476( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Mar 2019 18:30	Photos	Normal	Photos 2019-3-18		
	NAC_BUKIT_MERAH_806476( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Mar 2019 18:30	Photos	Normal	Photos 2019-3-18		
	NAC_BUKIT_MERAH_806476( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Mar 2019 18:30	Photos	Normal	Photos 2019-3-18		



## Leasing Contract of Agreement

This Contract of Agreement is drafted on Day 03<sup>th</sup> Month Jan Year 2019

Between

**KARZ-TA LEASING** "hereby called *The Owner*" (Singapore Company Registration No.: 53318368E), A company incorporated in Singapore and having its registered address at 317, OUTRAM ROAD, B1-03 CONCORDE SHOPPING CENTRE, HOLIDAY INN ATRIUM, (169075)

And

Name: **Mohammad Hambali Bin Kamari** of NRIC: S83393931, DOB: 06/12/1983, Driving pass Date: 11/05/2006 "hereby called *The Hirer/Driver*" residing at B1,K 421 Fajar Road #06-485 S(670421),

Relive Driver  
N.A

On this lease agreement "*The Owner*" shall lease the vehicle with the below mentioned details hereinafter named as "*The Vehicle*" to "*The Hirer/Driver*" on the agreed terms and condition as set out by "*The Owner*" in this agreement contained herein -

### Description of Vehicle

- Make and Model: Honda Shuttle Hybrid 1.5
- Registration No: SMG8876X
- Chassis No: GP72000657
- Engine No: LEB7100985
- Registration Date: 02 JAN 2019
- Colour: Black

### Lease Period

As agreed on a lease period of 24 months with effect from the 05<sup>th</sup> Day of Jan 2019 to 04<sup>th</sup> Day of Jan 2021.

### Rental Rates

The rate has been hereby agreed between both parties at S\$480/- Week with a refundable security deposit of S\$1000.

"The Owner" shall reserve the rights to change or amend any of the clause and rental rates without prior notice to "The Hirer/Driver" or additional driver(s) if any.

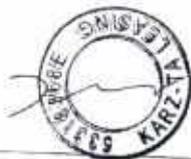
Ist Driver

- Hirer / Driver Signature: 
- Name: Mohammad Hambali Bin Kamari Email: info.hambali@gmail.com
- NRIC / Passport No.: S83393931 Bank A/C:
- Date: 03 Jan 2019 Contact: 91177103/ 81806607

Additional Driver

N.A

KARZ-TA LEASING Representative



- Signature / Company Stamp: 
- Date: 03 Jan 2019

# ACCIDENT STATEMENT

ACCIDENT DATE: 16, 3, 2019 (DD/MM/YYYY), TIME: (1:10) (HH:MM)

LOCATION: Along Woodlands Ave 3.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG 8876 X  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5084904286  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Honda Shuttle Hybrid  
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Hirer  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Karza Leasing (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S3518368E CONTACT: 94508445  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Mohammad Hambali Bin Kamari (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S83393934 CONTACT: 91197103  
c) ADDRESS: Blk 421, Tajar Rd #06-485, 670421.

\* d) DATE OF BIRTH: (06/12/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 May 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBA 9687 E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96858588

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = Karza Leasing @ gmail . com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: **S83393931**



Name  
**MOHAMMAD HAMBALI BIN KAMARI**

محمد حمبالي بن كماري

Race  
**MALAY**

Date of birth

**06-12-1983**

Sex

**M**

Country/Place of birth  
**SINGAPORE**



5206782



NRIC No: **S83393931**



Date of issue  
**20-08-2013**

Address  
**APT BLK 421 FAJAR ROAD  
#06-485  
SINGAPORE 670421**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S83393931**



Name  
**MOHAMMAD HAMBALI BIN KAMARI**

Birth Date: **06 Dec 1983**

Issue Date: **20 Aug 2013**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 - Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

Nº 428A



Licence No: **S83393931**

# Register New Vehicle

## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SMG8876X	Vehicle Scheme:	Normal
Vehicle Type:	R11 - Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	SHUTTLE HYBRID 1.5 AUTC
Vehicle Attachment 2:	-	Engine No.:	LEB7100985
Vehicle Make:	HONDA	Trailer Chassis No.:	-
Chassis No.:	GP72000657	Passenger Capacity:	4
Motor No.:	H13800704	Power Rating:	22.0 kW
Propellant:	Petrol-Electric	Maximum Laden Weight:	1465 kg
Engine Capacity:	1496 cc	Secondary Colour:	-
Maximum Power Output:	101.0 kW (135 bhp)	Original Registration Date:	02 Jan 2019
Unladen Weight:	1190 kg	Open Market Value:	\$22,772.00
Primary Colour:	Black	Minimum PARF Benefit:	\$6,940.00
First Registration Date:	02 Jan 2019	Additional Registration Fee Rate:	First \$20,000.00 (100%) (140%)
Manufacturing Year:	2018		
PARF Eligibility:	Yes		
No. of Transfers:	0		
Actual ARF Paid:	\$13,881.00		

### Owner Particulars

Owner Name:	KARZ-TA LEASING
Owner ID Type:	Business
Owner ID:	53318368E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	317
Registered Street Name:	OUTRAM ROAD
Registered Unit No.:	# B1 - 03
Registered Building Name:	CONCORDE SHOPPING CENTRE
Registered Postal Code:	169075
COE No. / Expiry Date:	2019010103002388Z / 01 Jan 2029
COE Bid Category:	B - Car above 1600cc or 97kW (130bhp)
QP Paid:	\$31,001.00

### Transaction Details

Business Transaction Ref. No.:	20190102160851420062
Business Transaction Date:	02 Jan 2019
Business Transaction Time:	16:08:51

### Message

The above vehicle has been successfully registered.  
Please note that \$35,443.00 will be deducted from your GIRO account.

OK Save as PDF

### 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:** 5084904286-02 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMG8876X**  
 Chassis Number : GP72000657
2. Name of Policyholder : **KARZ-TA LEASING**
3. Effective Date of Insurance : **02 Jan 2019**
4. Expiry Date of Insurance : **01 Jan 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 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)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,000
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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)

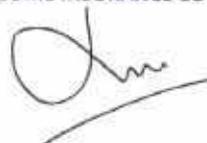
Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 23 Jul 2018 12:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive