

|                                     |  |                       |            |
|-------------------------------------|--|-----------------------|------------|
| NATIONAL Assessment Centre Services |  | MAY 19 08 05 51       |            |
| Date In: 20/06/2019 16:59           | Job description                          | Date & Time Completed | Done by    |
| Ref No: N/A/INC/90109504            | SAS e-filing                             |                       |            |
| Veh No: FBM 3876C                   | E-mail (within 4hrs: AIC Duty)           |                       |            |
| D.O.A: 10/06/2019 14:45             | i-Motor Claim Form                       | MT/1048464-001        | 17:30      |
| QD: TP: Reporting Only              | i-Motor W/O (Within: QD 2hrs, TP 4hrs)   |                       | 20/06/2019 |
|                                     | 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: SKF 3912L | 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: ( )                              |  |

|   |                        |         |
|---|------------------------|---------|
| Remarks: (INC hotline: 6788 6616)                       | Date & Time Completed: | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                        |         |
| 2) QC Check / Post Repair Inspection ( )                |                        |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                        |         |

|         |
|---------|
| Injury: |
|---------|

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |             |          |          |
|---------------------------------|--|-------------|----------|----------|
| NA/904623                       | Invoice Preparation Checklist                      |             | Amo (\$) | Amo (\$) |
|                                 |  |             | In Bill  | Add Bill |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30)                   |             |          |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$60)       |             |          |          |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                        |             |          |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120                 |             |          |          |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30       |             |          |          |
|                                 | For (claimant approval) INC Only (wef 10 Jan 2019) |             |          |          |
|                                 | 6) TR: Re-inspection \$75                          |             |          |          |
|                                 | 7) NI: Idnu DA + SMRT Survey \$100                 |             |          |          |
|                                 | 8) NTUC Additional Services:                       |             |          |          |
|                                 | 9) NI: Idnu Mobile \$30                            |             |          |          |
| QC Checked by (Engr-In-Charge): | * N3: Courtesy Car / Tpt Allowance \$5             |             |          |          |
|                                 | * N6: Repair Co-ordination \$10                    |             |          |          |
|                                 | * N7: Post Repair Inspection \$25                  |             |          |          |
| Auditors' Comments:             | * N8: DV / Collect Excess Coordination \$5         |             |          |          |
|                                 | * N9: TP (Non-INC) against INC \$20                |             |          |          |
|                                 | * N12: Idnu Mobile \$30                            |             |          |          |
| Cal 1:                          | Invoice date:                                      | Fee Charged |          |          |
| Cal 2/3:                        | Invoice total:                                     | 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             | 20/06/2019 16:50              |
| Date Of Accident           | 10/06/2019 14:45              |
| Exact Location Of Accident | ALONG TELOK AYER SERVICE ROAD |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | FBM3876C                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | KADER MAIDEEN BIN MEERASHA |
| NRIC No                     | S1341868C                  |
| Email Address               | NOEMAIL                    |
| Mobile Phone No             | (LOCAL) +65-94578659       |
| Alternative Phone No        | OTHERS-94578659            |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | SYM                    |
| Model  | CRUISYM 300I ABS-278CC |
| 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                                       | REPORTING ONLY         |
| Vehicle Category   | MOTORCYCLE             |

### 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             | 5095075018-01                          |
| Cover Note Number         |  |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | KADER MAIDEEN BIN MEERASHA |
| NRIC No              | S1341868C                  |
| Date Of Birth        | 28/10/1959                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 22/03/1994                 |
| Driving Experience   | 25 YEARS AND 2 MONTHS      |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-94578659       |
| Fax Number           |                            |
| Contact Number       | OTHERS-94578659            |
| EEmail Address       | NOEMAIL                    |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 14 JALAN BUKIT MERAH<br>#02-5032 |
| Postcode  | 150014                               |
| 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   | 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

ON THE 10-06-2019 AT ABOUT 14:45HRS I WAS JUST FINISH PRAYING AT TELOK AYER STREET MOSQUE. JUST I MOVE OUT OF THE MOSQUE I SAW A CAR SKF3912L STOP AT THE ROAD SIDE SO I KEEP TO THE RIGHT TO OVER TAKE THE CAR SUDDENLY THE CAR REVERSE AND I HAVE NO TIME TO STOP AND HIT THE RIGHT REAR OF THE CAR AND WAS JUST A SLIGHT SCRATCH.

#### 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         | SKF3912L             |
| Vehicle Make/Model/Colour           |                      |
| Details Of Properties               |                      |
| Vehicle Category                    | PRIVATE CAR          |
| Name of Driver                      | DZULFADLY BIN HAMZAH |
| NRIC/Passport Number                | S8615591E            |
| 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.

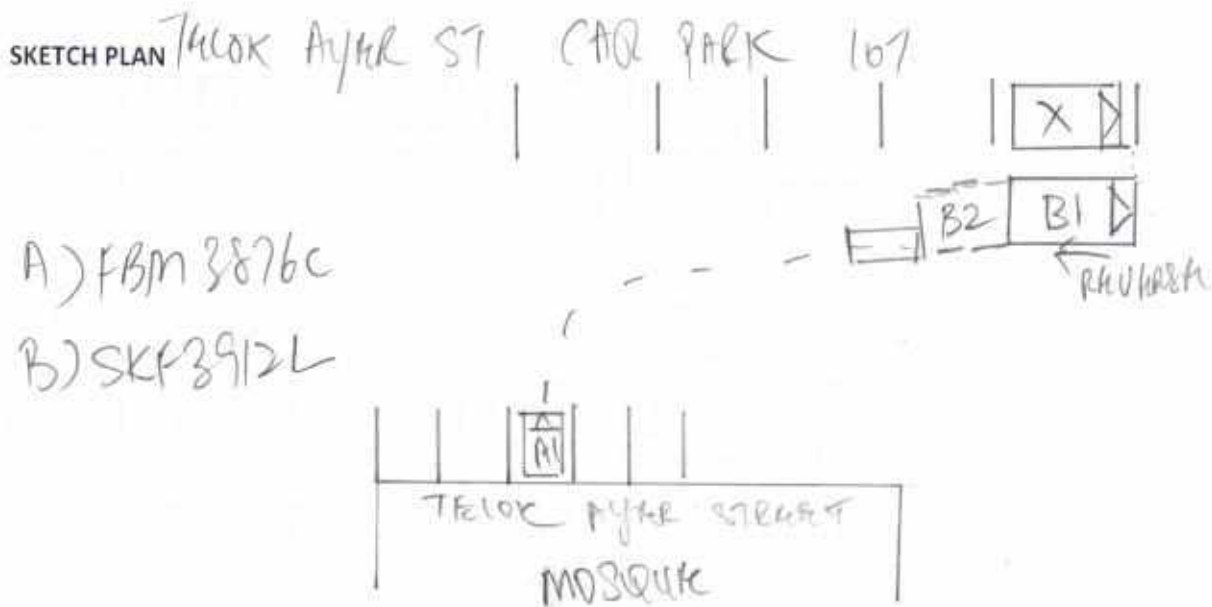
  
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 20/6/19

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

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

## Claim Handling

Accident HT/1048464

|                     |                            |                     |                           |                      |           |
|---------------------|----------------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No.          | 5095075018-01              | Vehicle No.         | FBM3876C                  | GST Registration No. |           |
| Certificate No.     |                            |                     |                           |                      |           |
| Policyholder Name   | KADER MAIDEEN BIN MEERASHA |                     |                           | Policyholder NRIC    | 91341896C |
| Product Code        | MOTORCYCLE INSURANCE       | Cover Type          | Third Party, Fire & Theft | Leading              | 0         |
| Contact No.(Mobile) | NA                         | Contact No.(Office) |                           | Contact No.(Home)    |           |
| Email Address       |                            | Special Remark      |                           | eCode                | No        |
| KPI                 | - No - Yes                 | TCA                 | - No - Yes                | eCode Reason         |           |
| NCD Protection      | No                         | NCD Entitlement(%)  | 30                        | Private Hire         | No        |

## Accident Details

|                   |                                      |                               |       |                     |                          |
|-------------------|--------------------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 11/06/2019 10:46                     | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Head |
| Date of Accident  | 10/06/2019                           | Time of Accident (h:mm)       | 14:45 | Country of Accident | Singapore                |
| Reporting Centre  |                                      | Orange Force                  |       | LOH No.             |                          |
| Accident Location | ALONG TELUK AYER STREET SERVICE ROAD |                               |       |                     |                          |

## Excess

|                         |      |                             |  |                    |  |
|-------------------------|------|-----------------------------|--|--------------------|--|
| Own Damage Excess       | 0.00 | Additional Excess           |  | Windscreens Excess |  |
| Uninsured Driver Excess |      | Outside Singapore OD Excess |  |                    |  |
| Third Party Excess      | 0.00 | Outside Singapore TP Excess |  |                    |  |

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

|           |                 |                       |                   |           |                  |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 14 #02-5032 | Address 2             | JALAN BUKIT MERAH | Address 3 | SINGAPORE 130014 |
| Address 4 |                 | Address Type          | Singapore Address | Post Code | 150014           |
| Unit No.  |                 | Related Policy Number | 5095075018-01     |           |                  |

## Q1 Driver Info

|   |          |                     |                 |                        |  |
|---|----------|---------------------|-----------------|------------------------|--|
| Driver Name                             |          | Driver Type         |                 | Driver DOB             |  |
| Uninsured driver Name                   |          | Driver NRIC         |                 | Driving Experience     |  |
| Register Date of Driver License         |          | Driver Age          |                 | Contact No.(Home)      |  |
| Contact No.(Mobile)                     |          | Contact No.(Office) |                 | Address 3              |  |
| Address 1                               |          | Address 2           |                 | Post Code              |  |
| Address 4                               |          | Address Type        | Foreign address |                        |  |
| Unit No.                                |          |                     |                 |                        |  |
| Does he own a Singapore Registered car? | Yes - No | Driver Vehicle No.  |                 | Driver Insurer Company |  |

## Modification History

Claim 002 **New**

|                     |                                    |                   |                            |                            |                  |
|---------------------|------------------------------------|-------------------|----------------------------|----------------------------|------------------|
| Claim Type *        | GD-HX                              | Insured Name      | KADER MAIDEEN BIN MEERASHA | Insured NRIC               | 91341896C        |
| Contact No.(Mobile) | 97543448                           | Contact No.(Home) | 82741389                   | Contact No.(Office)        |                  |
| Email Address       |                                    | Q1 Vehicle Number | FBM3876C                   | TP Vehicle Number          | 5473312L         |
| Claim Description   | FBM3876C / SKP7913L ON 10 Jun 2019 |                   |                            | Name of Preferred Workshop |                  |
| Preferred Workshop  | Yes                                | Insured Liability | Not at Fault               | GIA report                 | Received         |
| Report Taken By     | ROSLI WANAB                        | Claim Close Date  | 25/06/2019 17:29           | Date Received              | 20/06/2019 00:00 |

☐ Print AK letter

Save Submit

## Attachment

|                    |                |               |                  |
|--------------------|----------------|---------------|------------------|
| Accident No.       | HT/1048464     | Claim No.     | 002              |
| Last Doc. Received | Yes No         | Upload Date   | 20/06/2019 17:30 |
| Path *             |                |               |                  |
| Choose File        | No file chosen | Category *    | Confidential     |
| 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 Read       |                |               |                  |

## Attachment List

| Attachment | Uploaded By/Date   | Category | Urgency | Description      | Msg Sent? (COI) |
|------------|--|----------|---------|------------------|-----------------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos   | Normal  | Photos 2019-6-20 |                 |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos   | Normal  | Photos 2019-6-20 |                 |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos   | Normal  | Photos 2019-6-20 |                 |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos   | Normal  | Photos 2019-6-20 |                 |

|   |  |                      |        |                                |
|---|--|----------------------|--------|--------------------------------|
|   | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos               | Normal | Photos 2019-6-20               |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos               | Normal | Photos 2019-6-20               |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos               | Normal | Photos 2019-6-20               |
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|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:30 | Photos               | Normal | Photos 2019-6-20               |
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|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:29 | Photos               | Normal | Photos 2019-6-20               |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:29 | Photos               | Normal | Photos 2019-6-20               |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:29 | Photos               | Normal | Photos 2019-6-20               |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:29 | SAS                  | Normal | SAS 2019-6-20                  |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 17:29 | MUG/ Driving License | Normal | MUG/ Driving License 2019-6-20 |

Video List

| Uploaded By/Date | Folder/Date | File Name             | Source             | Action |
|------------------|-------------|-----------------------|--------------------|--------|
|                  |             | Display in New Window | Scan and uploading |        |

Our Ref: MT/CA/TP/001/1048464-001/A/VU

11 Jun 2019

KADER MAIDEEN BIN MEERASHA  
BLK 14 #02-5032  
JALAN BUKIT MERAH  
SINGAPORE 150014

Dear Policyholder

**CLAIM NUMBER: MT/1048464-001**  
**ACCIDENT INVOLVING FBM3876C / SKF3912L on 10 Jun 2019**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1341868C



KADER MAIDEEN BIN  
MEERASHA

Race  
INDIAN

Date of Birth  
28-10-1959

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVER LICENSE

License Number: S1341868C



KADER MAIDEEN BIN  
MEERASHA

MRIC No. S1341868C




Official Class: O+

Date of issue: 27-03-1993

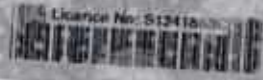
APT BLK 14 JALAN BUKIT KERAI 402-5032  
SINGAPORE 156014

MRIC No. S1341868C Date: 01-07-1994 No: 1949010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| CLASS    | VEHICLE TYPE   | EXPIRY DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 250 cc   | 14 Aug 1999 |
| Class 2A | Motorcycles between 201 cc and 400 cc  | 22 Mar 1994 |
| Class 3  | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms                                     | 06 Dec 1990 |
| Class 4  | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms                                       | 27 May 1987 |
| Class 5  | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 20 Aug 1994 |

License No: S1341868C



## 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** : 5095075018-01

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBM3876C

Chassis Number

: RFGLNB704HSAQ1045

2. Name of Policyholder

: KADER MAIDEEN BIN MEERASHA

3. Effective Date of Insurance

: 14 Oct 2018

4. Expiry Date of Insurance

: 13 Oct 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)               | : N/A   |
| EXCESS (SECTION 2)               | : N/A   |
| EXCESS (THEFT OUTSIDE SINGAPORE) | : PLEASE REFER OVERLEAF                           |
| INSURE WITH COE                  | : YES   |
| NAMED DRIVER (1)                 | : KADER MAIDEEN BIN MEERASHA                      |
| NAMED DRIVER (2)                 | : JOSEPH SUBAS CHANDRA                            |
| HIRE PURCHASE COMPANY            | : SOUTHERN WIND MOTOR CREDIT & TRADING 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 04 Oct 2018 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive