

NATIONAL Assessment Centre Services [Page 1 of 2] MNA49089712			
Date In: 09/07/2019 17:17	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/90121457	SAS e-filing		
Veh No: GX 8583Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/2019 17:10	I-Motor Claim Form	ML1052620-00	09/07/2019 17:34
OD : TP <u>Reporting Only</u>	I-Motor W/O (Within: OD Thru, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner / Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SL 367X	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

N/A/90511K	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$20			
	Excess/claiming against INC Only (wof 10 Jan 2019)			
	6) TR: Re-inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
QC Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
Auditors' Comments:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cal. Li:	*N9: TP (NI) : TP (N-in INC) against INC \$20			
	*N12: Idno Mobile \$0			

Cap. 2/3:	Invoice dated	Fee Charged
1/1/19	Invoice dated	Fee Charged

07-MAY-2019 16:39

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	09/07/2019 17:17
Date Of Accident	08/07/2019 17:10
Exact Location Of Accident	TOH GUAN ROAD (EXIT FROM IMM BUILDING)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX8583Y
Insured/Policyholder	
Name Of Registered Owner	ACE LEASING
Co Reg No	53392060D
Email Address	DRUNNERSLOG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93222968
Alternative Phone No	OFFICE-87930570

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110547599
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NORFAUZAN BIN PARSIM
NRIC No	S8411462F
Date Of Birth	14/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93222968
Fax Number	
Contact Number	OTHERS-87930570
Email Address	DRUNNERSLOG@GMAIL.COM

Address	BLK 450C SENGKANG WEST WAY #25-351
Postcode	793450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING
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	RAINING
Road Surface	WET

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	SLL3617X
Vehicle Make/Model/Colour	MAZDA 6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JUN HUI (HUANG JIUHUI)
NRIC/Passport Number	S7824415A
Contact Number	97821690
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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:

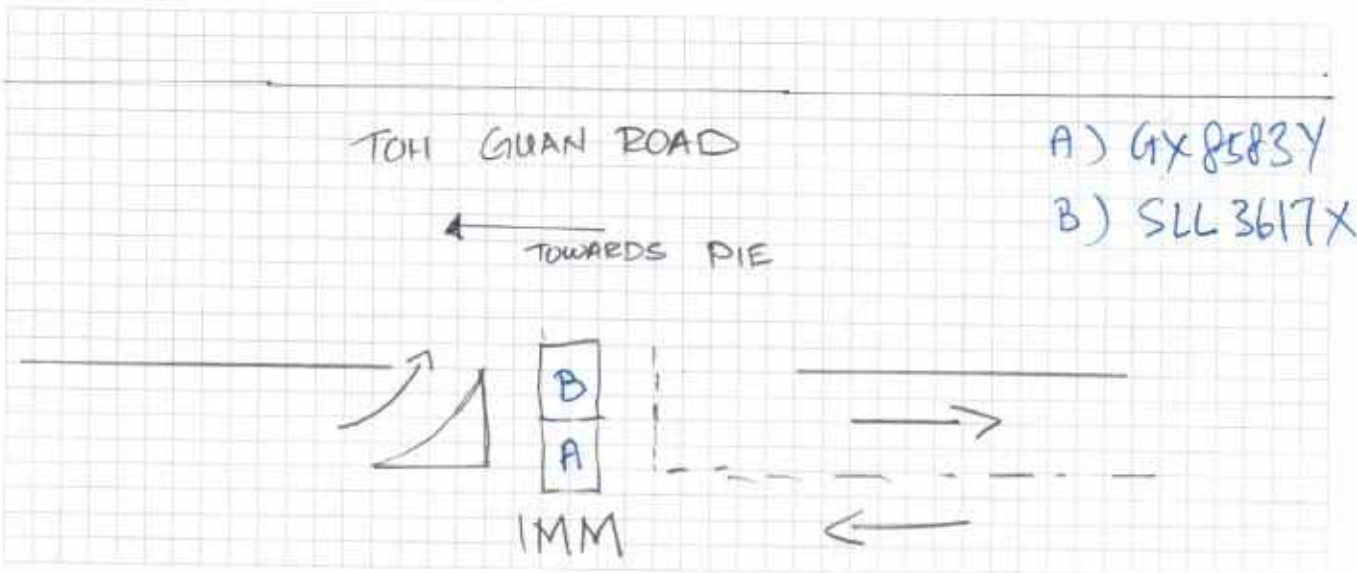
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 09/07/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08 July 2019, at approximately 1706 hrs, I was in queue out from IMM to Toh Guan Road. I was the 2nd vehicle, in front is a Mazda6, registration SLL 3617X. As I was moving off, the car in front of me braked and I followed suit. I ~~manag~~ managed to stop in time, however the vehicle seemed to slide and hit the Mazda.

No casualties or injuries.

Road was wet and it was drizzling.

Traffic was heavy at Toh Guan Road (Towards PIE)

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: 09/07/2019
1519 hrs

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

ACE LEASING - AGREEMENT

Hirer Name : (as in IC) MUHAMMAD NORFAUZAN BIN FARSIM

NRIC/Passport No S8411462F Date of Birth 14 Apr 1984

Address BLK 607 BEDOK RESERVOIR ROAD

#07-632 S(470607)

AGE: 35 Occupation DELIVERY DRIVER

Driving Experience 11 years Driving License S8411462F / 001620851E

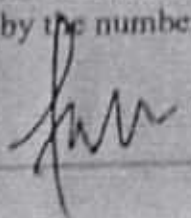
License Type International / Local

Contact Number 8369 4605 / 87611017

IMPORTANT

1. The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/ the authorized Driver
2. The vehicle in question refers to the stipulated vehicle rented to the hirer by ACE LEASING
3. All vehicles are supplied with fuel and should be returned with fuel level likewise. A service charge of \$5 on top of a fuel surcharge is payable by the hirer should he fail to return the vehicle at the appropriate fuel level
4. No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day. Any returns after our operation hours will be charged as a full day rental.
5. Use of the vehicle for illegal purpose (For instance in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
6. Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of ACE LEASING. The hirer is liable for a penalty of \$200 in addition to the appropriate insurance top up in the case of non-disclosure or Malaysia usage.
7. The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with it's use or operation.
8. The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by any person in regard to the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. ACE LEASING reserve the right not to provide a replacement vehicle if an accident occurred. Any damage to the vehicle will be repaired at ACE LEADING authorized workshop. Loss of use of the vehicle by ACE LEASING can also be claimed at the rate of the Highest daily rental rate of the vehicle multiplied by the number of days ACE LEASING loses the use of the vehicle.

Hirer Signature



1. Termination of the contract is possible if the Hirer is able to ensure that ACE LEASING does not suffer losses due to unilateral premature termination of contract by hirer.

Charges

Daily _____ day @ \$ _____ per DAY

Weekly/ Monthly Week @ \$ \$900 per Weekly/ Monthly

Others 1 yr lease 6th March 2019 - 5th March 2020

Compensation Per Day for ACE Leasing Lost of Use

@ \$ 40 per day/Monthly

Delivery or Collection Svc _____

SUB total _____

Fuel Level - OUT _____

IN _____

Accessories CHECK

☒ Tool Kit

☒ Vehicle JACK

☒ Spare Type

☒ Fuel Cap

☒ Sound System

☒ Hub Cap 4

Reverse Camera

Hirer Signature _____

GX26274 3pm

GX85834

~~2500~~

Winded over
July 1st 7pm

IMPORTANT

Insurance EXCESS

ACCIDENT OWN CLAIM EXCESS \$3000

ACCIDENT 3rd PARTY CLAIM EXCESS \$3000

In the EVENT of an accident FULL EXCESS of \$6000 must be paid IMMEDIATELY

- Insurance does not cover accidents caused by
DRINK DRIVING or
ILLEGAL USE OF VEHICLE

HIRER/DRIVER WILL BEAR FULL LIABILITY

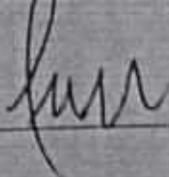
SECURITY DEPOSIT RECEIVED by ACE LEASING

\$900 to be paid later

Deposit will be returned once the lease ends.

I have read and agree to the terms and conditions on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature below will be considered to have been made on the charge/credit card voucher. All information I have been given ACE LEASING in connection with this agreement is true.

Hirer Signature



Claim Handling

Accident MT/1052620

Policy No.	3110347599	Vehicle No.	GX8583Y	GST Registration No.	
Certificate No.					
Policyholder Name	ACE LEASING				
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Policyholder NRIC	333920600
Contact No.(Mobile)	93322968	Contact No.(Office)		Leading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
NCD Protection	No	NCD Implementation	0	eCode Reason	
Accident Details			Private Hing No		

Report Date	09/07/2019 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/07/2019	Time of Accident Return	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TCH GUAN ROAD (EXIT FROM IMM BUILDING)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/07/2019 17:27:18 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 2 #23-42	Address 2	DELTA AVENUE	Address 3	DELTA AVENUE ESTATE
Address 4	SINGAPORE 161002	Address Type	Singapore address	Post Code	161002
Unit No.	06-56	Related Policy Number	3110981073		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD NORFAUZA BIN R	Driver NRIC	S8411452F	Driver DOB	14/04/1984
Register Date of Driver License	01/07/2008	Driver Age	35	Driving Experience	11
Contact No.(Mobile)	93322968	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 607 #07-632	Address 2	BECON RESERVOIR ROAD	Address 3	EUNOS RAINBOW
Address 4	SINGAPORE 670607	Address Type	Foreign address	Post Code	470607
Unit No.	07-632				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	GX8583Y	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Modification History

Claim 001

Claim Type *	OD-MX	Insured Name	ACE LEASING	Insured NRIC	333920600
Contact No.(Mobile)	93322968	Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	GX8583Y	Vehicle Number	3113617X
Preferred Workshop		GX8583Y / 3113617X ON 8 Jul 2019			
Insured Liability	Fully at Fault	Name of Preferred Workshop			
Subsist No. Provision	<input type="button" value="Yes"/> <input type="button" value="No"/>				
Data Registered	<input type="button" value="Registered"/> <input type="button" value="Repair Option"/>	Preferred Workshop, Name unknown	GIA report	Received	
Report Taken By		Claim Close Date	09/07/2019 17:34	Date Received	09/07/2019 00:00
<input type="checkbox"/> Print AK letter		ROELI WAHAB			

Attachment

Accident No.	MT/1052620	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2019 17:34
Path *			
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
		Photos	Normal	Photos 2019-7-9	
		Photos	Normal	Photos 2019-7-9	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	Photos	Normal	Photos 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 17:34	SAS	Normal	SAS 2019-7-9

[Video List](#)

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

ACCIDENT STATEMENT

ACCIDENT DATE: 08/07/2019 (DD/MM/YYYY), TIME: 17:10 (HHMM)

LOCATION: Ton Guan Road (Exit of Imin Building)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Gx8583Y
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5110547599
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA LITEACE
 f) TYPE: (SAEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: ACE LEASING (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: 93222968
 C) ADDRESS: 7 DELTA AVE #23-42 S(61002)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Muhammad Norfaizan Bin Parsim (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: S9411462F CONTACT: 87930570
 f) ADDRESS: BLK 607 Bedok Reservoir Road #07-632 S(470607)

* d) DATE OF BIRTH: 14/04/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/07/2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: LEASE (DRIVER)

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: SLL3617X MODEL: Mazda 6
 b) DRIVER'S NAME: Ng Joon Hui (HUANG JIUNHUI)
 c) NRIC/FIN/PASSPORT: S7624415A CONTACT: 97821690

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)
(1)

* No of passenger
 (including driver)
()

email = drummerslog@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8411462F



For LKK/NAC Use Only

MUHAMMAD NORFAUZAN BIN
PARSIM

محمد نور فوزان بن فرسيم

Race
INDONESIAN

Date of birth
14-04-1984

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S8411462F



MUHAMMAD NORFAUZAN BIN
PARSIM

For LKK/NAC Use Only

Birth Date 14 Apr 1984

Issue Date 01 Jul 2006



5295554



NRIC No. S8411462F



For LKK/NAC Use Only

Date of issue
17-04-2014

Address

APT BLK 450C SENGKANG WEST WAY
#25-351
SINGAPORE 793450

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

Class 3 Motor Cars < 3000kg s.l.f., < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

Issue Date
01 Jul 2006

For LKK/NAC Use Only



Licence No: S8411462F

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 : 5110547599

Cover : Comprehensive

- | | |
|---|---------------|
| 1. Index mark and Registration Number of Vehicle | : GX8583Y |
| Chassis Number | : CR425009580 |
| 2. Name of Policyholder | : ACE LEASING |
| 3. Effective Date of Insurance | : 19 Jun 2019 |
| 4. Expiry Date of Insurance | : 18 Jun 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: STAR CAPITAL 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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 19 Jun 2019 11:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive