

NATIONAL Assessment Centre Services [print / Jarkling] NA/19096001			
Date In: 22/07/2019 20:20	Job description	Date & Time Completed	Done by
Ref No: NA/190190/29217	SAS e-filing		
Veh No: 26K 3557A	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 20/07/2019 14:40	I-Motor Claim Form	NA/1054500-001	23/07/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:36
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SHC 4101E	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/1905526 Chairman's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comment(s): Cal. J: Cal. 2/3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$40)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2019)			
	6) TR: TR Inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	* N3: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	5) N12: Idno Mobile \$0			
	Invoice dated	Fax Charged		
	E-mail dated	Fax 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	22/07/2019 20:20
Date Of Accident	20/07/2019 14:40
Exact Location Of Accident	AYE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK3557A
Insured/Policyholder	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	201829910Z
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86466512
Alternative Phone No	OFFICE-86466512

Vehicle Particulars

Manufacturer	HONDA
Model	INTEGRA
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

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	5108172420
Cover Note Number	

Driver

Name of Driver	MOHAMAD FAIZAL BIN ABDULLAH
NRIC No	S8110468I
Date Of Birth	11/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86466512
Fax Number	
Contact Number	OTHERS-86466512
Email Address	ROGERKTM525@YAHOO.COM.SG

Address	BLK 256D SUMANG WALK #10-659
Postcode	824256
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	CHAIN COLLISION
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	6
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE

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	SHC4101E
Vehicle Make/Model/Colour	SMRT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA HUI LENG
NRIC/Passport Number	S1826979A
Contact Number	93378515
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJL6762M
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver THERESA LOH HUI TING
NRIC/Passport Number S9138218J
Contact Number 91372585
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLB8151S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SH7915Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLX919G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

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

Aye Towards Change

A
E
A
D
A
C
A
A
B
A
F

- A) SGK 3557A
- B) SAC 4101E
- C) SJL 6762M
- D) SLB 8151S
- E) SH 7915Y
- F) SLX 919G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/07/2019 I was travelling Aye Towards Change
 I was at 1st lane of 4 lanes road. The car in front
 stop I follow suddenly the car SHC 4101E hit the back
 of my car & my car move forward & hit the car in front
 of me SJL 6762M I came down and saw total 6 car
 involved collision that all

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: 22.7.19.

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

Claim Handling

Accident MY/1034550

Policy No.	3100172420	Vehicle No.	SGK3557A	GST Registration No.	
Certificate No.	3100172420-000001				
Policyholder Name	ABS RENTAL PTE LTD			Policyholder NRIC	201029910Z
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	86466512	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
AKF	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	23/07/2019 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	20/07/2019	Time of Accident hh:mm	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	AYE TOWARDS CHANGE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	6001 BERCH ROAD	Address 2	#22-04A GOLDEN HILLS TOWER	Address 3	SINGAPORE 199388
Address 4		Address Type	Singapore address	Post Code	199388
Unit No.	05-10	Related Policy Number	3100352222		

Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	MOHAMMAD FAIZAL BIN ABDULLI	Driver NRIC	S81104687	Driver DOB	11/04/1981
Register Date of Driver License	08/04/2014	Driver Age	38	Driving Experience	5
Contact No.(Mobile)	86466512	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 256D #10-659	Address 2	SUMANG WALK	Address 3	PUNGGOL CRAL
Address 4	SINGAPORE 824258	Address Type	Foreign address	Post Code	824258
Unit No.	10-659				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGK3557A	Driver Insurer Company	YTUC

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	Injured Name	ABS RENTAL PTE LTD	Injured NRIC	201029910Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		TP Vehicle Number	SGK3557A	TP Vehicle Number	SHC4101E
Claim Description	SGK3557A / SHC4101E ON 20 Jul 2019			Name of Preferred Workshop	
Preferred Workshop		Injured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	23/07/2019 10:31	Claim Close Date		Date Received	23/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MY/1034550	Claim No.	001
AK Doc. Received	Yes No	Upload Date	23/07/2019 10:36
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			
Attachment List		Urgency *	Description *
		Normal	
		Normal	
		Normal	
		Normal	
		Normal	
		Normal	
		Normal	
		Normal	

Send Message

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Jul 2019 10:36	Photos	Normal	Photos 2019-7-23	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 23 Jul 2019 10:36	Photos	Normal	Photos 2019-7-23	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:36	Photos	Normal	Photos 2019-7-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:36	Photos	Normal	Photos 2019-7-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:36	Photos	Normal	Photos 2019-7-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:36	Photos	Normal	Photos 2019-7-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 10:36	SAS	Normal	SAS 2019-7-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 7 / 2019 (DD/MM/YYYY), TIME: 2 : 40 (HH:MM)

LOCATION: AYE TOWARD CHANGI

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGK 3557A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5108172420000001
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA INTEGRA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: MOHAMAD FAIZAL B ABDULLAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8110468I CONTACT: 86466512
c) ADDRESS: 2560 SUMANG WALK #10-659

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ABS RIMAN PEE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: 11 / 04 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08-4-2014

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: SHC 4101E MODEL: SMART TAXI
b) DRIVER'S NAME: CHUA HUI LENG
c) NRIC/FIN/PASSPORT: S1826979A CONTACT: 93378515

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STL 6762M MODEL: TOYOTA
b) DRIVER'S NAME: THERESA LOH HUI TING
c) NRIC/FIN/PASSPORT: S9138218J CONTACT: 91372585

SH 7915Y
SLB 8151S
SLX 919G

email =

VIDEO

WIFE
DON

No of passengers
(including driver)
(3)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S81104681



MOHAMAD FAIZAL BIN
ABDULLAH

For LKK/NAC Use Only

JAYATI
11-01-1981
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No: S81104681
Name: MOHAMAD FAIZAL BIN
ABDULLAH

For LKK/NAC Use Only

Birth Date: 11 Apr 1981
Valid Date: 08 Apr 2014

002292700E

399



S81104681

For LKK/NAC Use Only

12-01-2007

APT BLK 256D SUMANG WALK #10-859
SINGAPORE 824258
NRIC No: S81104681 Date: 06/01/2018

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


EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 08 Apr 2014

For LKK/NAC Use Only

NP 428A

Licence No: S81104681



Hello, NAC_BUKIT_MERAH_800676

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

Policy Query

Policy No.	<input type="text" value="5108172420"/>	Date of Accident	<input type="text" value="20/07/2019 20:18"/>
Vehicle No.(For Motor)	<input type="text" value="SGK3557A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108172420	5108172420-000001	ABS RENTAL PTE LTD	201829910Z	GFM	Third Party, Fire & Theft	SGK3557A	SGK3557A	12/03/2019	29/01/2020

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: 0108172420-000001

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGK3357A**
Chassis Number : **JHMDCS4506S201183**
2. Name of Policyholder : **ABS RENTAL PTE LTD**
3. Effective Date of Insurance : **12 Mar 2019**
4. Expiry Date of Insurance : **11 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 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.

If 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME STREET 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)

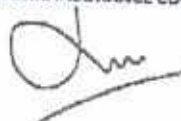
Agency : **SININS AGENCY PTE. LTD. (0000815123)**
Date of Issue : **13 Mar 2019 09:12 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive