NATIONAL Assessment Centre Services [Cost + Profit] MNAC190254O

Date In: 05/08/2019 17:27	Job description	Date & Time Completed	Done by
Ref No: NBA/MNC/90136734	SAS e-filing		
Veh No: SJM6135T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/08/2019 15:25	i-Motor Claim Form	MT/1056517-001	05/08/2019 18:22
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SGW7431P 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

NB1906011

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additions/ Comments:

Cal. 1:

Cal. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add.Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$65		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2015)			
6) TR : Re-Inspection	$75		
7) N1 : Idau DA + SMRT Survey	$100		
8) NTUC Additional Services:			
(2)(3)			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idau Mobile	30		
Invoice dated:	Fee Charged:		
Invoice dated:	Fee Charged:		

07-MAY-2019 18:39

P. 1/1

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	05/08/2019 15:52
Date Of Accident	02/08/2019 15:25
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM6135T
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	N.FAREEZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93824426
Alternative Phone No	OFFICE-93824426
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100477884-01
Cover Note Number	
Driver	
Name of Driver	NORHAN FAREEZ BIN NORHANGINI
NRIC No	S9204520Z
Date Of Birth	12/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824426
Fax Number	
Contact Number	OTHERS-93824426
EMail Address	N.FAREEZ@HOTMAIL.COM

Address	BLK 223 PENDING ROAD #02-109
Postcode	670223
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?	YES
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	**ROAD**: 1 SEGAR ROAD , **POSTCODE:** 677738 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-8929999 - **FAX NO**:
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	SGW7431P
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH LIAN QUEE
NRIC/Passport Number	S1273797A
Contact Number	97325112
Address	

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

DETAILS OF INJURED PERSON 1	
Name	NORHAN FAREEZ BIN NORHANGINI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJM6135T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

Bukit Panjang Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/20190803/2114

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
		05/08/2019 Rosa Lim

SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677736
Tel No: 1800-8025599

Report No: T2021908232114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No:	Station Diary No:
03/08/2019 15:43		88

Informant's Particulars

Name of Informant: NORHAN FAREEZ BIN NORHANGINI			Address: APT BLK 223 PENDING ROAD #02-109 SINGAPORE 670223	
ID Type / ID No: NRIC NO / S9204520Z			Contact No: Home/Office:	Mobile: 93824426
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 12/02/1992	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,2A,3,3A	Date of Expiry:

General Information of the Accident

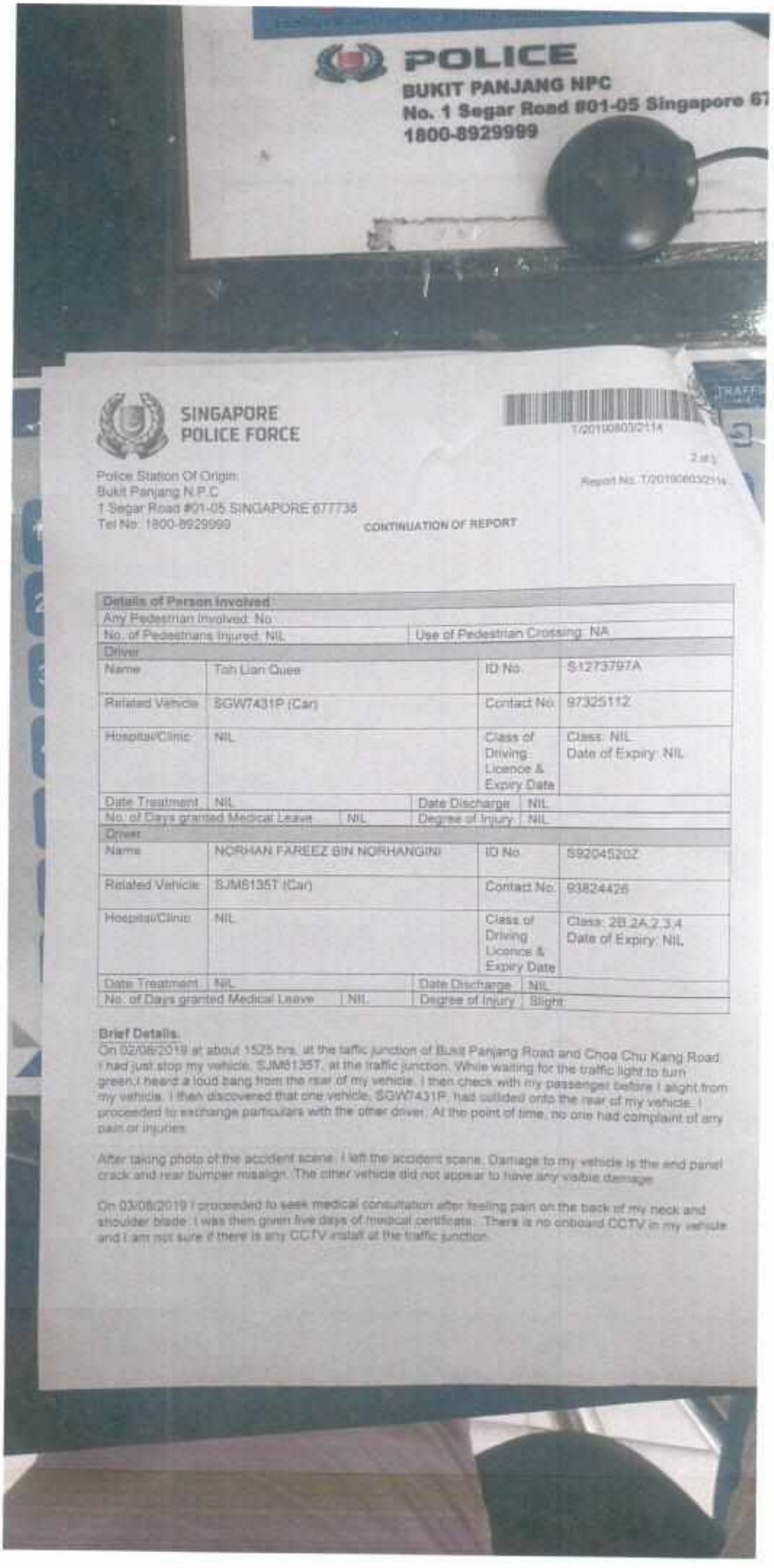
Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 02/08/2019 15:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT PANJANG ROAD CHOA CHU KANG ROAD at the traffic junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No:	Type:	Make:	Model:	Color:	Condition:	No of Passenger:
SGW7431P	Car	NISSAN		Beige	Slightly Damaged	0
SJM0135T	Car	TOYOTA		Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No:	Insurance Company	Insurance No:	Effective:	Expiry Date:
SJM0135T	NTUC Income Insurance Co-Operative Limited	510047786401	12/01/2019	11/01/2020



SINGAPORE POLICE FORCE

T/20190803/2114

2 of 3

Report No. T/20190803/2114

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677736
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Toh Lian Quee		ID No	S1273797A
Related Vehicle	SGW7431P (Car)		Contact No	97325112
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	NORHAN FAREEZ BIN NORHANGINI		ID No	S9204520Z
Related Vehicle	SJM8135T (Car)		Contact No	93824426
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	

Brief Details.

On 02/08/2019 at about 1525 hrs, at the taffic junction of Bukit Panjang Road and Choa Chu Kang Road I had just stop my vehicle, SJM8135T, at the traffic junction. While waiting for the traffic light to turn green,I heard a loud bang from the rear of my vehicle. I then check with my passenger before I alight from my vehicle. I then discovered that one vehicle, SGW7431P, had collided onto the rear of my vehicle. I proceeded to exchange particulars with the other driver. At the point of time, no one had complaint of any pain or injuries.

After taking photo of the accident scene, I left the accident scene. Damage to my vehicle is the end panel crack and rear bumper misalign. The other vehicle did not appear to have any visible damage.

On 03/08/2019 I proceeded to seek medical consultation after feeling pain on the back of my neck and shoulder blade. I was then given five days of medical certificate. There is no onboard CCTV in my vehicle and I am not sure if there is any CCTV install at the traffic junction.


POLICE
BUKIT PANJANG NPC
No. 1 Segar Road #01-05 Singapore 677738
1800-8929999
SINGAPORE
POLICE FORCE
Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999
CONTINUATION OF REPORT
Sketch Plan
Informant is not able to provide sketch plan
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474880 stating the report number as reference
Signature Of Officer Recording This Report
Sr Staff Sgt CHOO NGAI PANG
Signature Of Informant
Date/Time
03/08/2019 15:40
Officer In Charge Of Case
Classification Of Case
Contact No: 65478436

Claim Handling

Accident MT/1056517

Policy No.	S100477884-01	Vehicle No.	SJM6135T	GST Registration No.	
Certificate No.					
Policyholder Name	TODDS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83824426	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPB	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	05/08/2019 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/08/2019	Time of Accident hh:mm	15:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT PANJANG ROAD				

Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	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	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-75	Related Policy Number	S109206103		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NORHAN FAREEZ BIN NORHANE	Driver NRIC	S9204530Z	Driver DOB	12/02/1992
Register Date of Driver License	17/09/2014	Driver Age	27	Driving Experience	4
Contact No.(Mobile)	83824426	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 223 #02-109	Address 2	PENDING ROAD	Address 3	SINGAPORE 670223
Address 4		Address Type	Foreign address	Post Code	670223
Unit No.	02-109				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJM6135T	Driver Insurer/ Company	NTUC

Declaration

Breathalyser or Blood Test Reading)	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MV	Insured Name	TODDS PARTNERS PTE. LTD.	Insured NRIC	201533177E
Contact No.(Mobile)	97707813	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SJM6135T	TP Vehicle Number	SGW7431P
Claim Description	SJM6135T / SGW7431P ON 3 Aug 2019			Name of Preferred Workshop	
Date Registered	05/08/2019 18:19	Claim Close Date		Date Received	05/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Preferred Workshop Contact No. | Insured Liability: Not at Fault

Finalisation: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Print AK letter

Save | Submit

Attachment

Accident No.	MT/1056517	Claim No.	001
Last Doc. Received	Yes No	Upload Date	05/08/2019 18:22

Path *		Category *	Confidential	Urgency *	Description *
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 | Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2019 18:22	Photos	Normal	Photos 2019-8-5	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2019 18:22	Photos	Normal	Photos 2019-8-5	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Aug 2019 18:22	Photos	Normal	Photos 2019-8-5	

SINGAPORE ACCIDENT STATEMENT

... of the accident to assist us in the claims process.

... the Policyholder and/or the Authorised Driver.

... as possible. Any wilful misrepresentation or withholding of material facts ...

... companies is not an admission of policy liability on the part of the insurer ...

... pending further investigation.

... the insurers of the GIA Records Management Centre established by the General Insurance Association ...

ACCIDENT STATEMENT

3 AUGUST 2019

Time 2 AUGUST 2019 / 3.25pm

Bukit Panjang Road

Singapore

DETAILS OF OWN VEHICLE

SJM 6135 T

Toads.

~~...~~ Henzg@gmail.com

TY vios.

Hirer. TTP.

NTUC

... vehicle was being used

... insurance policy

Norhan Fareez Bin Norhongini

S9204526Z

12/02/1992

self employed

17 Sep 2014

male

9382 4426

n.fareez@hotmail.com

Hirer

to & to Rear
Dry
clean.

NO

2.

Yes

DETAILS OF OTHER VEHICLE PROPERTY

SGW 7431 P
Nissan Sunny

Teh Lian Guee
S1273747A
9732 5112
650 Senja link, #07-12


REPUBLIC OF SINGAPORE DRIVING LICENCE
S9204520Z
NORHAN FAREEZ BIN
NORHANGINI
For LKK/NAC Use Only
12 Feb 1992
17 Sep 2014


REPUBLIC OF SINGAPORE
IDENTITY CARD NO S9204520Z
For LKK/NAC Use Only
NORHAN FAREEZ BIN
NORHANGINI
MALAY
12-02-1992
M
SINGAPORE


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES
EFFECTIVE DATE
For LKK/NAC Use Only
ST No 9300829144


S9204520Z
For LKK/NAC Use Only
24-03-2007
APT BLK 223 PENDING ROAD #02-109
SINGAPORE 670223
Date: 14-02-2013

income

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: 5100477884-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM6135T**
   Chassis Number : MHRSHV830S0907003
2. Name of Policyholder : TODOS PARTNERS PTE. LTD.
3. Effective Date of Insurance : 12 Jan 2019
4. Expiry Date of Insurance : 11 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$2,000
EXCESS (SECTION 2)	: S$1,500
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	: N/A
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. (00000615123)
Date of Issue : 11 Jan 2019 09:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 366500200 / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA1419055[illegible] Vehicle Registration No: SJM6135T

Name (as shown in NRIC) : [illegible] NRIC/FIN/Passport No : S9205202Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 938[illegible]

Email Address : _____

Date of Accident : 05/08/2019 Time of Accident : 15:35

Place of Accident : ALONG BUKIT PANJANG ROAD

Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER IS 5100477884-01

Policyholder / Driver's Signature
Date:

05/08/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 56655002C / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAYCSP025401 Vehicle Registration No: SJM6135T

Name (as shown in NRIC) : NORHON FARHAZ BIN NORHAIRI, NRIC/FIN/Passport No : S9205202

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 98324426

Email Address : _____

Date of Accident : 01/08/2019 Time of Accident : 15:25

Place of Accident : AMOY BUKIT PASOH ROAD

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO NORHON FARHAZ BIN NORHAIRI.

Policyholder / Driver's Signature
Date:

06/08/19

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