

NATIONAL Assessment Centre Services			
Date In: 13/08/2009 19:32	Job description	Date & Time Completed	Done by
Ref No: NBA/200901905314	SAS e-tiling		
Veh No: SJL 4657Y	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 09/08/2009 13:05	I-Motor Claim Form	M11057458-001	13/08/2009 19:54
OD: TPC 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 / HNC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SG5596C	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:	IN/Non-INC: 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	Action

NA/906/95		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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		
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey)	\$30		
Add'l Comments:		Ex: claiming excluded INC Only (wef 10 Jan 2009)			
Cat. 1:		6) TR: Re-inspection	\$75		
Cat. 2/3:		7) NI: Idm DA + SMRT Survey	\$100		
1/1/1		8) NTWC: Additional Services:			
		1211			
		*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 (Non-INC) against INC	\$20		
		9) NI2: Idm bills	\$0		
		Invoice date	Pen Charged		
		Invoice total	Pen 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	13/08/2019 19:32
Date Of Accident	09/08/2019 13:05
Exact Location Of Accident	ALONG CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL4657Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFIZ BIN MOHAMED NASIR
NRIC No	S9106238J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91996804
Alternative Phone No	OTHERS-91996804
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.3 IMA CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105895033
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFIZ BIN MOHAMED NASIR
NRIC No	S9106238J
Date Of Birth	26/02/1991
Occupation	INDOOR
Date Of Driving Pass	21/12/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91996804
Fax Number	
Contact Number	OTHERS-91996804
EMail Address	NOEMAIL

Address BLK 253 SIMEI STREET 1
#08-541

Postcode 520253

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 SIDE SWIPE

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? YES

If Yes, Please state which Police Station

Police Station Name CHANGI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5872999 - FAX NO: 65872900

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2019809/2114

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 SG5596C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

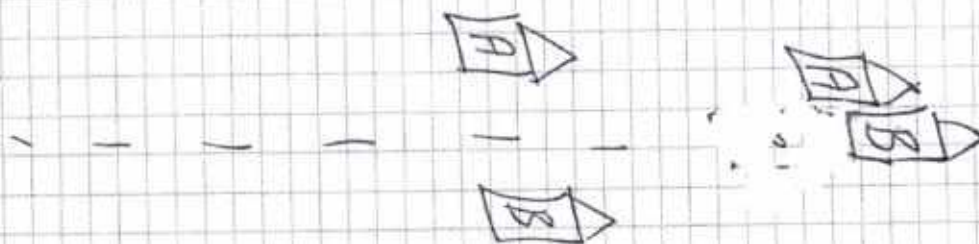
Policyholder's Signature Date
& Time:

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

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

SKETCH PLAN

Chai Chu Kang Drive



A) 8JL4657Y

B) SG5596C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police report T/20190809/2114

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.:



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2019 19:06		Vide Report No.:		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: MUHAMMAD HAFIZ BIN MOHAMED NASIR			Address: APT BLK 253 SIMEI STREET 1 #08-541 SINGAPORE 520253		
ID Type / ID No.: NRIC NO / S9106238J			Contact No.: Home/Office:		Mobile: 91996804
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 26/02/1991	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Field Engineer			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2019 13:05	Type of Location: Straight Road
Location: CHOA CHU KANG DRIVE Near Masjid Al Khair				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5596C	Bus/Coach/Mi nibus				Slightly Damaged	0
SJL4657Y	Car	HONDA	CIVIC IMA 1.3L CVT	Grey	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL4657Y	NTUC Income Insurance Co-Operative Limited	5105895033	30/11/2018	29/11/2019



**SINGAPORE
POLICE FORCE**



T/20190809/2114

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20190809/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HAFIZ BIN MOHAMED NASIR	ID No.	S9106238J
Related Vehicle	SJL4657Y (Car)	Contact No.	91996804
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above date, about 1.08pm at Choa Chu Kang Drive, I was driving on the 3rd lane when a SMRT BUS which was on the 2nd lane was near to my car as such I make a stop nearer to the end of the merging lane, in order to give way to the bus. However the bus filtered more to the left and the exit of the bus door caught my front bumper causing it to drop and I mounted to the curb due to the impact. Both me and the bus driver exchange particulars and took photos of the damage. I called tow truck service to tow my car.



SINGAPORE
POLICE FORCE



T/20190809/2114

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20190809/2114

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/08/2019 19:06

Classification Of Case:

Claim Handling

Accident MT/1057488

Policy No.	SL13497033	Vehicle No.	SL14657V	GST Registration No.	
Certificate No.				Policyholder NRIC	991062381
Policyholder Name	MUHAMMAD HAFIZ BIN MOHAMMED BASIR	Cover Type	Basic CURBIDE	Leading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	91996804	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
ATK	No Yes	NCD Exemption No.	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	13/08/2019 19:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/08/2019	Time of Accident (mm:hh)	13:05	Country of Accident	Singapore
Reporting Centre		Crash Point		ICM No.	
Accident Location	AJONG CHOR CHU KANG DRIVE				

Excess

Own Damage Excess	100.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore UG Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 253 #08-541	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 330253
Address 4		Address Type	Singapore address	Post Code	330253
Unit No.	08-541	Related Policy Number	SL13497033		

GT Driver Info

Driver Name	MUHAMMAD HAFIZ BIN MOHAMMED BASIR	Driver Type	Main Driver	Driver DOB	15/02/1991
Uninsured Driver Name		Driver NRIC	991062381	Driving Experience	10
Register Date of Driver License	21/02/2009	Driver Age	28	Contact No.(Office)	
Contact No.(Mobile)	91996804	Contact No.(Office)		Address 5	SINGAPORE 330253
Address 3	BLK 253 #08-541	Address 2	SIMEI STREET 1	Post Code	330253
Address 4		Address Type	Singapore address		
Unit No.	08-541			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SL14657V		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	MUHAMMAD HAFIZ BIN MOHAMMED BASIR	Insured NRIC	991062381
Contact No.(Mobile)	91996804	Contact No. (Home)		Contact No. (Office)	
Email Address		CI	SL14657V	TP	9933395C
Claim Description	SL14657V / SL13497033 ON 9 Aug 2019			Vehicle Number	
Referred Workshop		Insured Liability	Partially at Fault	Name of Preferred Workshop	
Settlement No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Date	13/08/2019 19:32	Date Received	13/08/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1057488	Claim No.	001																												
Last Doc. Received	Yes No	Upload Date	13/08/2019 19:54																												
Path *	<table> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </table>			Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_8008761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Aug 2019 19:54	Photos	Normal	Photos 2019-8-13	
	NAC_BUKIT_MERAH_8008761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Aug 2019 19:54	Photos	Normal	Photos 2019-8-13	
	NAC_BUKIT_MERAH_8008761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Aug 2019 19:54	Photos	Normal	Photos 2019-8-13	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:54	Photos	Normal	Photos 2019-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:53	Photos	Normal	Photos 2019-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:53	Photos	Normal	Photos 2019-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:53	Photos	Normal	Photos 2019-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:53	Photos	Normal	Photos 2019-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:53	SAS	Normal	SAS 2019-8-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2019 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-13

Video List

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

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09 / 08 / 2019 (dd/mm/yy) Time of Accident: 13 : 05 (24-HR-FORMAT)

Vehicle No.: 55L 4657Y Vehicle Make & Model: _____

Exact location of Accident: Choa Chu Kang Drive

Policyholder's Name / IC No.: Muhammad Hafiz Bin Mohamed Nasir 59106238J

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 91996804 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: NTUC

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 01

*Passanger Name: _____

Gender: Male / Female

*Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SG 5596C

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9106238J



MUHAMMAD HAFIZ BIN
MOHAMED NASIR

For LKK/NAC Use Only

Race:
MALAY

Date of Birth: 26-02-1991 Sex: M

Country of Birth:
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number: S9106238J

Name:
MUHAMMAD HAFIZ BIN
MOHAMED NASIR

For LKK/NAC Use Only

Birth Date: 26 Feb 1991
Issue Date: 21 Dec 2009

001614704A



3048111
S9106238J

For LKK/NAC Use Only



Date of Issue:
28-02-2006

Address:
APT BLK 253 SIMEI STREET 1
#08-541
SINGAPORE 520253

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals <= 2500kg

PASS DATE:
21 Dec 2009

For LKK/NAC Use Only



License No: S9106238J

NP 428A

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: S105895033
The Policyholder	: MUHAMMAD HAFIZ BIN MOHAMED NASIR BLK 253 #08-541 SIMEI STREET 1 SINGAPORE 520253

Period of Insurance	: 30 Nov 2018 To 29 Nov 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$1,916.20

Interest Insured

Cover Type	: drive CLASSIC		
Primary Driver	: MUHAMMAD HAFIZ BIN MOHAMED NASIR		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/CIVIC HYBRID	Capacity	: 1300cc
Registration Number	: SJL4657Y	Registration Year	: 2008
Chassis Number	: JHMF036209S202070	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency	: IMOTOR INSURE (00000573595)
Date of Issue	: 30 Nov 2018 17:13 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

