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| 0 41.10  |  | O (Within: OD 2hrs   | 7P 4hrs)   | 179  | VIII.  |
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| TP Insurer:  |  | urvey Report   | J  |  |  |
| Proformed Wksp / INC Assign Wksp / QW: (   | Ass't Report   | by Fax / Hand to   | Owner/Wksp   |  |  |
|  | 11 KIRGAT  | . nig/   | Telt   | Fax:   |  |
| Owner / Driver: (  | 4 CENJ.  | · INC(   |  | · · ·  | //areal/201  |
|  | eriod: (   |  | Cover Type: (  |  |  |
| Confirmed by : (   | oriou. (   | Date:  | Times  |  |  |
|  | Note-Est Status  |  | %; P: 21-79%. P: 80  | -100%]   |  |
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| Commission of the Commission o   |  |  | <b>国企品的</b>  | No. 3 k Lytton   | by · ·   |
| 1) Apply for Transport Allowance ( )/  |  |  | 1.6  |  |  |
| 11 / Marie Land Land Land Land Land Land Land Land   | Courtesy Car (   | )  |  |  |  |
| 2) QC Check / Post Repair Inspection   | Courtesy Car (   | )  | *  |  |  |
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| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Data Ripher (Auto)  Little and Communication (Auto)  rives / Owner:  ontact No:   | (  | 1) All Acident I  2) DA 1 Dans I  4) PT : Follow-The  For claimhts at  6) TR 1 Ra-la pacet   | mporting (330); massement (5100); INC mough Survey ough Survey (Resurvey) linat INC Only (wef 10 Jan 20 on   | (110)<br>\$40/243<br>\$120<br>\$30<br>03)<br>\$73  | Krahioti<br>W Madibi   |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  () 11 (19) (19) (19) (19) (19) (19) (19)  | ( .  | 1) All Academia 1) All Academia 1) All Academia 1) All Danier A 3) TV: Towing For 4) PT: Follow-The For claiming ap 6) TR: Re-juspect 7) NI: Idas DA + 8) NTUC Addition On?  | cough Survey ough Survey (Resurvey) lintl NC Only (Wef 10 Jan 20 on SMRT Survey  | (110)<br>\$40/545 ·<br>\$120<br>\$30<br>(05)<br>\$73<br>\$160  | (C) about  |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:  Dufa/Ripus (Auto) (Auto)  | (  | 1) All 1 Academil 2) DA 1 Danig Pe 4) PT 1 Follow-Tis For claiming at 6) TR: Re-larged 7) NI 1 Idae DA + 1) NIUC Addition OIL NISt Caurtory C NIST Caurtory C  | sporting (330); seesament (5100); INC ough Survey (Resurvey) lost INC Only (well of In 20 on SMRT Survey al Services:-   | (110)<br>\$40/\$45<br>\$120<br>\$30<br>(05)<br>\$73<br>\$160   | A Sanita   |
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| 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date Time Partial Partial Private Private Post   Pos  | ( .  | 1) AR : Academia 2) DA : Damage A 3) TF : Towing Fe 4) PT : Follow-The 5) PT : Follow-The For claiming ass 6) TR : Re-la speci 7) NI : I day DA + 4) NTUC Addition OR: *NS: Courtoy C *NS: C *NS: Courtoy C *NS: C *NS: Courtoy C *NS: | sporting (330); seesament (5100); INC seesament (5100); INC ough Survey (Resurvey) lost INC Only (wef 10 Jan 20 on SMRT Survey al Services:- ser/Tpt Allowence ordination r Inspection of Uxcess Coordination Nen INC) egalast INC | (110)<br>(40/345   |  |
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#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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.
   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.

| 4. 19 F. M. B. L. C. L.  | ACCIDENT STATEMENT                        |
|--|---|
|  | 04/11/2019 14:41                          |
| 2000 000 000 0000  | 02/11/2019 08:50                          |
|  | ALONG TURUT TRACK GOING TO KRANJI MARSHES |
|  | SINGAPORE                                 |
| and the children of the same o | ETAILS OF OWN VEHICLE                     |
|  | SLR7020J                                  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | AHMAD SYALABI BIN ADI SUNARYO             |
|  | S8733669G                                 |
|  | NUR_SYATHIRAH@HOTMAIL.COM                 |
|  | (LOCAL) +65-96581700                      |
| grant and the professional and the state of  | OFFICE-67831815                           |
| Vehicle Particulars  |   |
| Manufacturer   | HYUNDAI                                   |
| Model  | ELANTRA ELITE AD 1.6GLS AT                |
| 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   | THIRD PARTY                               |
| 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  | 5110446417                                |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | NUR SYATHIRAH BINTE ADI SUNARYO           |
| NRIC No  | S9402829I                                 |
| Date Of Birth  | 25/01/1994                                |
| Occupation   | INDOOR                                    |
| Date Of Driving Pass   | 21/11/2013                                |
| Driving Experience   | 5 YEARS AND 11 MONTHS                     |
| Gender   | FEMALE                                    |
| Mobile Number  | (LOCAL) +65-96745442                      |
| Fax Number   |   |
| Contact Number   | OTHERS-96745442                           |

NUR\_SYATHIRAH@HOTMAIL.COM

Address

BLK 815 TAMPINES AVENUE 4

#09-243

Postcode

520815

And the second

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

100000

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:

: MUAFAH BINTE AMRAN

GENDER:

: FEMALE

Passenger 2

NAME:

: MUSYAFFAH BIN AMRAN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

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?

YES

was there any video captured by Gar Garnera:

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YN6490J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHUA BUCK TING

NRIC/Passport Number

S1725719F

Contact Number

83049113

Address

Postcode

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

# SKETCH PLAN

Veh A: SLK 7020] Veh B: YN 6440 7

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- 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.

THE AM AWARED THAT MY INDURER MAY HAVE A 14 DAYS TIMETRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL DRECK MY POLICY FOR MORE DETAILS

Policyholder's Signature

Date & Time:

Driver's S

(If driver is not the policyholder)

Date & Time: 1|1|19.

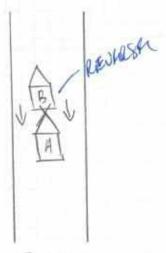
porting Centre Paganney's Signature

NRIC/FIN No.:

SKETCH PLAN

Veh A: SLR 7020]

Veh B: YN 6490 ]



Turn track

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 1 010   | doining on the mead heading formand. There   |
|---------|--|
| 7 00 01 | s driving on the road, heading forward. There he lorry is front of me. I noted that the lorry stopped, |
| way t   | he long is front of me. I noted that the long stopped,   |
| and     | hence, I stopped a distance benind him. He then immediate  |
|         | sed the dorny quickly despite me horning the horn . I attempt  |
|         | J. J. H. D. H. L. L.   |
| to nev  | ese, however be never too quickly and hit the bumper of  |
| My car  |  |
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|         |  |

DECLARATION

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

Policyhous.
Date & Time: 2(11) 17. Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2|11/17 | | 14m

Name:

NRIC/FIN No.:

# Google Maps 2 Turut Track

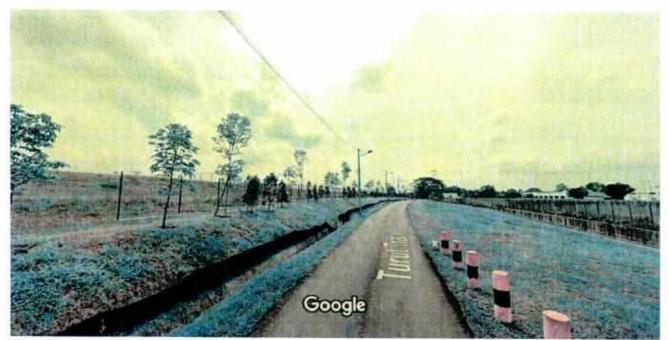


Image capture: Apr 2018 @ 2019 Google

Singapore

Google

Street View - Apr 2018

Sanctuary Golf Cc NSRCC Terrace Cafe

Julyour Cuations

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report \*Time of Accident: \*Date of Accident: 2/4/19 \*Accident Location: road going to knanji Marsher - (Turut Track) Vehicle Details \* Make & Model: Hyundai Elantra elite. \*Vehicle Number: PLK-7010.X ] Insured / Policyholder "Owner Name: Annad Syalabi & My Adi Sunayo. \*Address: BIK PIS Tamping freme 1. # 09-25 . HP: 96281700 . \*Occupation: Teacher (Indoor / Outdoor) \* Tel /H /Other: 67831615 Driver ( ) same as above \*Driver Name: Nor Synthingh Birte Adi Sunango. \*NRIC: 594028291. \*Address: BIK PIS Tampines france 4 # 09-273 \*Date of Birth: 25/01/14 - \*Driving Pass Date: 31/11/2013 . \*HP: 96745442 . \*Email: nur-syathing @ not mail · rom . "Gender Male / Female \*Occupation: Physiotherapist (Indoor / Outdoor) \* Tel /H /Other: 96745442. \*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder : Brother Passengers Details \* P/Name: \_\_\_\_\_\_ Binte Amon (Male/Female) \* P/Name: \_\_\_\_ (Male/Female) \* P/Name: musyaffa ' Rin Amran · (Male/Female) \* P/Name: (Male/Female) Insurance Company HTUC \*Coverage: C / TPFT / TPO \* Policy No: \_\_\_\_\_ \*Insurer: Detail of other vehicle / Property 2 Detail of other vehicle / Property 1 Vehicle No.: YN 64905 Vehicle No.: Make & Model: Make & Model: Vehicle Category: Vehicle Category: \_\_\_\_\_ Name of Driver: Name of Driver: Chua Buck Ting NRIC : 17257195. HP : 8304 9113. No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes / 🐯 (If No, Reporting Only / TP aims) General Information of the accident \*Type of accident: Head-Rear / Side swipe / others: TP Reverse Hit From \*Any video cam: Yes /NO \*Weather conditions: Cor / Raining / others: \*Road Surface: 6/v / Wet / others: NRIC: HP: \*Witness: Yes / 🐶 (Name:

\*No. of passengers (include driver):

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_

\*Injured party: Yes / No

-I/Name:

-I/Name:

# Claim Handling

| 0446417<br>MAD SYALABI BIN ADI SUNARYO<br>VATE CAR INSURANCE<br>81700<br>No Yes | Vehicle No.  Cover Type  Contact No.(Office)   | SLR70201<br>drive CLASSIC   |  | GST Registral Policyholder t   |
|---|--|---|--|--|
| VATE CAR INSURANCE<br>81700   | Contact No.(Office)  |   |  | Policyholder I   |
| VATE CAR INSURANCE<br>81700   | Contact No.(Office)  |   |  |  |
| 81700   | Contact No.(Office)  |   |  |  |
|   |  | 4707/4/-  |  |  |
| No Yes  | Special Remark   | 67831815  |  | Contact No.(H  |
| No Yes  | Special Remark   |   |  | eCode  |
|   | TCA  | + No Yes  |  | eCode Reason   |
|   | NCD Entitlement(%)   | 6   |  | Private Hire   |
|   | Total and the second second  | 8   |  | Cityana tine.  |
| 11/2019 15:11   | Accident Report Within 24 hrs  | Yes   |  | TO A MARKAGON PARTIES  |
| 11/2019   | Time of Accident hh:mm   | 08:50   |  | Accident Type  |
|   |  | 369+314   |  | Country of Ac  |
| ING TURUT TRACK GOING TO KRANJI MARSHES   |  |   |  | ICM No.  |
|   |  |   |  |  |
| Accident  | Windscreen Excess  |   | 100.00   |  |
|   |  |   | 3,000,000  |  |
| 600.00  | TP Standard Excess   |   | 0.00   |  |
| 0.00  | VIED TP Excess   |   | 0.00   | Driver is Cove   |
| 000   |  |   |  |  |
| 600.00  | Total TP Excess Applicable   |   | 0.00   |  |
|   |  |   |  |  |
|   |  |   |  |  |
| No.   |  | GST Regist  | ration Date  |  |
|   |  | GST Status  | Verified   | Yes  |
|   |  |   |  |  |
|   |  |   |  |  |
| 815 #09-243   | Address 2  | TAMPINES AVENUE   | 4  | Address 3  |
| GAPORE 520815   | Address Type   | Singapore address   |  | Post Code  |
| 243   | Related Policy Number  | 5110445417  |  |  |
|   |  |   |  |  |
| Syathirah Bte Adi Sunaryo   | Driver Type  | Named Driver  |  |  |
|   | Driver NRIC  | 594028291   |  | Driver DOB   |
| 01/2014   | Driver Age   | 25  |  | Driving Exper  |
|   | Contact No.(Office)  |   |  | Contact No.()  |
|   | Address 2  |   |  | Address 3  |
|   | Address Type   | Foreign address   |  | Post Code  |
|   |  |   |  |  |
| Yes + No  | Driver Vehicle No.   | SLR70201  |  | Driver Insurer   |
|   |  |   |  |  |
|   |  |   |  |  |
| 9   | Any Injury?  | Yes a No  |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   | pro-   |  |
|   |  |   | OD-MX  | Name A   |
|   |  |   |  | Contact<br>No.   |
|   |  |   |  | (Home)   |
|   |  |   |  | Of<br>Vehicle St.  |
|   |  |   |  | Number   |
|   |  |   | SLR70203 / YN64903 ON  | 2 Nov 2019   |
| Insured Liability Not at Fault  | ¥1   |   |  |  |
| ▼ Repair Preferred Workshop, Name u   | mknown W GIA Received  | •   |  |  |
| Option  | Teport -   |   | 04/11/2019 15:14   | Claim  |
|   |  |   |  | Date   |
|   |  |   | ROSLI WAHAB  |  |
|   | Accident  600.00  0.00  0.500.00  Ng  815 #09-243  SAPORE 520815  243  Syathirah Bite Adi Sunaryo  11/2014  Preferend Liability Not at Fault | 600.00 TP Standard Excess 0.00 YED TP Excess 0.00 Total TP Excess Applicable  Not  Not  1515 #09-243 Address 2 SAPORE 520815 Address Type Related Policy Number  Priver NRIC Driver NRIC Driver NRIC Driver Age Contact No. (Office) Address 2 Address Type  Ves * No Driver Venicle No.  Insured Liability Not at Fault  Preferred  Insured Liability Not at Fault  Preferred Workshop, Name unknown  Insured Liability Not at Fault  Received  Received  Received  Received  Received  Received  Received | Accident Windscreen Excess  600.00 TP Standard Excess 0.00 YED TP Excess 0.00 Total TP Excess Applicable  No GST Regist GST Status  815 #09-243 Address 2 TAMPINES AVENUE SAPORE 520815 Address Type Singapore address Related Policy Number 5110446417  Syathirah Bite Adi Sunaryo Driver Type Named Driver Driver NRIC S94028291  11/2014 Driver Age 25 Contact No. (Office) Address Type Foreign address Address Type Foreign address  Address Type Foreign address  Address Type Foreign address  Any Injury? Yes = No | Accident Windscreen Excess 100.00  600.00 TP Standard Excess 0.00  0.00 VIED TP Excess 0.00  600.00 Total TP Excess Applicable 0.00  No GST Registration Date GST Status Verified  No GST Registration Date GST Status Verified  815 #09-243 Address 2 TAMPINES AVERNUE 4 3APONE \$20815 Address Type Singapore address 110446437  Syathirah Bite Adi Sunarye Driver Type Named Driver S110446437  Syathirah Bite Adi Sunarye Driver Age 25  Contact No.(Office) Address 2  Address Type Foreign address 12  Any Injury? Yes * No SER70201  Driver Vericle No. SER70201  SER70203 / YNE4903 ON SER70200 PMX  SER70203 / YNE4903 ON SER70200 PMX  Repaired Preferred Workshop, Name unknown V CIA Received V |

Save Submit

Attachment

Accident No. MT/1069828 Claim No. Last Doc. Received Yes No Upload Date 04/11/2019 15:14 Path. + Category \* Confider Choose File No file chosen Clear + NO Please Select Choose File No file chosen Clear Please Select \* NO Choose File No file chosen \* NO Clear Please Select Choose File No file chosen Clear Please Select T NO Choose File No file chosen Clear Please Select \* NO Choose File No file chosen \* NO Clear Please Select Message Read

Attachment List

| 575/14         | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>5 (BUKIT MERAH)) on 04 Nov 2019 15:14 | NRIC/ Driving License | Y | Normal  | NRIC/ |
|----------------|---|-----------------------|---|---------|-------|
| - 100          | M Proposition   |                       |   |         |       |
|                | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
| 0              | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>5 (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
|                | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
|                | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BÜKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
|                | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
|                | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
|                | NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
| No.            | NAC_BUKIT_MERAH_BD0676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
| 0.00           | NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
| 17000<br>TAXES | NAC_BUKTT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKTT MERAH)) on 04 Nov 2019 15:14 | Photos                |   | Normal  |       |
| Attachment     | Uploaded By/Date  | Category              | 9 | Urgency |       |

Display in New Window Scan and uploading



# 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: 5110446417

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLR7020J

Chassis Number

: KMHD841CMJU527382

2. Name of Policyholder

: AHMAD SYALABI BIN ADI SUNARYO

3. Effective Date of Insurance

: 25 Aug 2019

4. Expiry Date of Insurance

: 24 Aug 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 business or profession.

#### This Policy does not cover

EXCESS (SECTION 1)

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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

: \$\$600

EXCESS (SECTION 2) N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : AHMAD SYALABI BIN ADI SUNARYO NAMED DRIVER (1) : ADI SUNARYO BIN SOEDARTO NAMED DRIVER (2) : NUR SYATHIRAH BTE ADI SUNARYO

HIRE PURCHASE COMPANY : STANDARD CHARTERED BANK

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF

VALUE 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

: INSUREMYCAR.COM.SG (00000615275)

Date of Issue

: 20 Jun 2019 17:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive