

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 2001)

MA2000760

Date In: 21/01/2020 13:16	Job description	Date & Time Completed	Done by
Ref No: X/BA/2000/4004	SAS e-filing		
Veh No: SHN 3602R	E-serial (Explain Error, AIC 2hrs)		
D.O.A: 20/01/2020 18:30	I-Motor Claims Form	ml108774-001	21/01/2020 13:16
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wreck / INC Assign Wreck / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH0302L	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$9000] ()	

Injury: _____

Date: _____

MA2000760	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damage Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
_____	6) TR: Re-inspection	\$75
_____	7) NI: Idea DA + SMRT Survey	\$160
_____	8) NTUC Additional Services	
_____	9) NI: Idea Mobile	
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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	24/01/2020 13:16
Date Of Accident	20/01/2020 18:30
Exact Location Of Accident	SLIP ROAD SIMS WAY TOWARDS GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3602R
Insured/Policyholder	
Name Of Registered Owner	STALLION MOTORS
Co Reg No	5XXXX052D
Email Address	EQUINOAUTOMOTIVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87788987
Alternative Phone No	OFFICE-91186035

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	5112942529
Cover Note Number	

Driver

Name of Driver	AHMAD KANDIAS ABDUL GHANI BIN SAFARWAN
NRIC No	SXXXX841C
Date Of Birth	27/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1976
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87788987
Fax Number	
Contact Number	OTHERS-91186035
Email Address	EQUINOAUTOMOTIVE@GMAIL.COM

Address	BLK 5 BEACH ROAD #12-4921
Postcode	190005
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?	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 POLICE REPORT G/20200123/7031

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	SHD302L
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 INJURED PERSON 1

Name	AHMAD KANDIAS ABDUL GHANI BIN SAFARWAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMN3602R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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: 

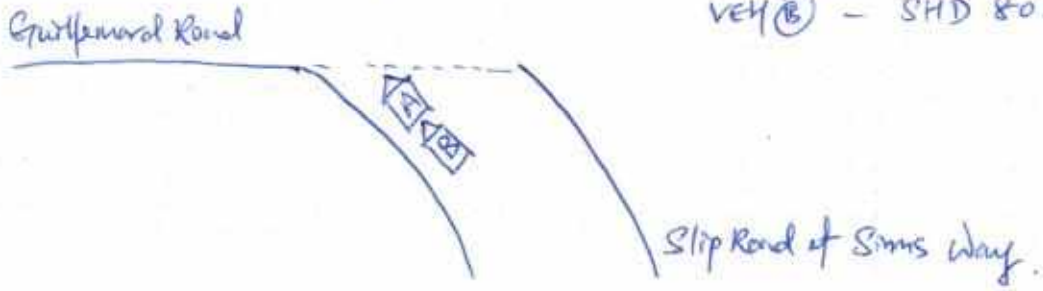

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Date of Accident : 20/01/2020
Time of Accident : 1830 hours.

VEH (A) - SMN 3602R
VEH (B) - SHD 802L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 9/20200123/7031

DECLARATION

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

[Signature]



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 20/01/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Date of Accident : 20/01/2020 Accident Time: 1830 (24-HR-Format)
Accident Place : Slip Road Sims Way towards Guillemard Road.
Vehicle No. (Car Plate No.) : SMN 3602K Make/Model: TOYOTA VIOS
Insurance Company : NTUC Policy No.:
Owner or Company Name / IC No. : STALLION MOTORS (53258052D)
Owner or Company Contact No. : 8778 8987 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Amud Kandas Abdul anan Bin Safarwan.
DRIVER'S Date Of Birth : 27/7/1955 DRIVER'S License Pass Date 25 June 1976
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : Box 5 Beach Road #12-4921.
DRIVER'S Contact No./ Alt No. : (1) 91186035 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : equinoautomotive@gmail.com
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 Pass 1 (m)
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose
Any Injury (If YES, Pls state): Yes : BODY INJURY - Driver

Other Party Driver's Particular (if any)

Vehicle No: <u>SHD 802L</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

1 Unknown Male passenger



**SINGAPORE
POLICE FORCE**



G/20200123/7031

1 of 2

POLICE REPORT (NP299)

Report No. G/20200123/7031

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 23/01/2020 11:59	Vide Report No.	Station Diary No.		
Name Of Informant AHMAD KANDIAS ABDUL GHANI BIN SAFARWAN	Address APT BLK 5 BEACH ROAD #12-4921 SINGAPORE 190005			
ID Type / ID No. NRIC NO / S0065841C	Contact No. Home/Office:	Mobile: 91186035		
Nationality SINGAPORE CITIZEN	Email Address ahmadkandias@yahoo.com			
Occupation GRAB DRIVER	Sex Male	Age 67	Date of Birth 27/07/1952	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 20/01/2020 18:30	Location Of Incident SIMS WAY			

Brief details.

On the above mentioned date and time, I was stationary in my vehicle SMN3602R along slip road of Sims Way towards Guillemard Road with 1 male Indian passenger on board my vehicle.

I was waiting for oncoming traffic on Guillemard Road to clear before turning left onto said road when all of a sudden, there was a massive impact from the rear.

I alighted to realise that SHD802L had collided into the rear of my vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 11:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20200123/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200123/7031

The next morning, I woke up with soreness on my neck, both shoulders and back areas.

I went to see my family doctor on 22/01/2020 at Unihealth 24 Hour Clinic (Toa Payoh) and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 11:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Claim Handling

Accident MT/1081714

Policy No.	5112942529	Vehicle No.	SMN3602R	GST Registrati
Certificate No.				
Policyholder Name	STALLION MOTORS			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87788987	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	24/01/2020 13:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/01/2020	Time of Accident hh:mm	18:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP ROAD SIMS WAY TOWARDS GUILLEHARD ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	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	24/01/2020 13:32:57 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 65 #01-99	Address 2	YUNG KUANG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-99	Related Policy Number	5112942529	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AHMAO KANDIAS ABDEL GHANI	Driver NRIC	SXXXXB41C	Driver DOB
Register Date of Driver License	25/06/1976	Driver Age	67	Driving Experi
Contact No.(Mobile)	91186035	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 5 #12-4921	Address 2	BEACH ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	12-4921			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMN3602R	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX		Insured Name	ST/
Contact No.(Mobile)			Contact No.	
Email Address			Vehicle Number	SM
Claim Description	SMN3602R / SHD302L ON 20 Jan 2020			
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received
PARMENT No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	24/01/2020 13:33		Claim Close Date	
Report Taken By	RQSLI WAHAB			

Print AK letter

Attachment

Accident No.	MT/1081714	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/01/2020 13:34

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:34	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:34	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:34	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:34	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:34	SAS		Normal	S

▼ **Video List**

Uploaded By/Date
Folder Date
File Name


[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: 5112942529

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMN3602R**
 Chassis Number : **MR053HY9305042362**
2. Name of Policyholder : **STALLION MOTORS**
3. Effective Date of Insurance : **27 Sep 2019**
4. Expiry Date of Insurance : **26 Sep 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	: EFIZZIG CREDIT 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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
 Date of Issue : 26 Sep 2019 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive