

15/5/2010

INS. CASE OWNER:

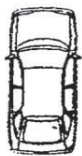
CC 6 /AIG14023421 / Kh e3

LKK:

IDAC:

ASSIGNMENTSurveyor: KennethDOI: 09/12/14Date / Time : 09/12/14Registered in Merimen: 18/12/14

Pre-assign / CCU / FTE

Insured Vehicle No.: SGG 5290B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 05/12/14

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

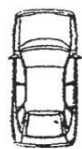
If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO Insured Liability :

% Final ? Yes / No

SJP7452E →

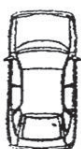
INSRS:

WSP: Alan's United

Tel :

Liability :

RMKS:



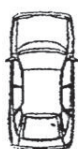
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	<u>SJP7452E - CS/TP140201881Kgbk3, DOA: 07/08/14</u>	Call OI:	
	<u>SGG 5290B - X</u>	After call ltr to OI:	
		Type Report:	
		Prepare Invoice:	
		Others:	
		Documentation Check List:	Handler Typist
		OI Apt Ltr:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Approval Email:	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

FINAL SETTLEMENT		Date :	Confirm with
Repair Cost:	S\$	Final Liability:	% (Agreed / Assessed)
Loss of Rental:	S\$	(days)	BOLA S/N No. :
Loss of Use:	S\$	(\$ x days)	If NO or B 28, Ass. Lia :
1) Claim status: Normal/Reject/Private Settle			

(08/11/14)

REF: AIG/

ASS. REC. BY:

ASSIGNMENTKenneth

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Alan's

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: **The veh had commenced its
repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : **Yes** or **No**GIA / PR Seen: _____ Consistent? : **Yes** or **No**Est. Repairs: 09 days Res.: **Yes** or **No**Lum Sum: 20 % 3 Val.: **Yes** or **No****CA / REV / REP. / 24 HRS**Vehicle: **IN / OUT**

Date: _____ Person Contacted: _____

Veh No: STP 7452E Yr Regn: 11, 05Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Subaru Impreza c.c. 1994Colour: Black A/C: **Insured / Std / NI / NA**Sp. Reading: 126842 T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: JF1GD BK1435G 055548Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: **F:** Continental 225/45ZR17**R:** Archiles 235/45R17**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /****TOYO / YOKO** or**Front**R/Bal. 6 mmL/Bal. 6 mmD.O.A. 5/12/14**Rear**R/Bal. 6 mmL/Bal. 6 mmD.O.I. 9/12/14

Survey held at _____

Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** orols ReaThe **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : **Preli. Report**☐ : **Final Report**

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

S + RS. SI

Photos

Others

Report Format : _____

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: 5066588471

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJP7452E |
| Chassis Number | : JF1GDBKH35G055544 |
| 2. Name of Policyholder | : YONG WEI HANG |
| 3. Effective Date of Insurance | : 10 Jul 2014 |
| 4. Expiry Date of Insurance | : 09 Jul 2015 |
| 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

- (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: YONG WEI HANG
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 : IVAN INSURANCE AGENCY (00000614519)

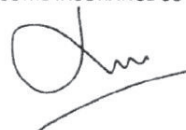
Date of Issue : 10 Jul 2014 15:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive