

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2020)

MAIAC 2003084

| | | | |
|----------------------------|---|-----------------------|------------------|
| Date In: 01/06/2020 18:14 | Job description | Date & Time Completed | Done by |
| Ref No: X188/MC 20006069/Y | SAS e-filing | | |
| Veh No: SJB 5264 Y | E-mail (Vehicle then, A/C then) | | |
| D.O.A: 30/05/2020 15:15 | I-Motor Claim Form | MT1093550-001 | 01/06/2020 18:29 |
| OD: TP: Reporting Only | I-Motor W/O (with/without OD then, TP then) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whom | | |

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

| | | |
|-------------------------------|--|-----------------------|
| TP Particulars: | Veh No: SJB 7005 G | 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 > \$3000) ()

Injury: ()

| | |
|---------------------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Ingr-In-Charge): | |

MAIAC 2003084

| | | |
|---------------------------------|---|--|
| Driver/Owner: | 1) All: Accident Reporting (330) | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Damaged Portion: | 3) TP: Towing Fee \$10/24h | |
| QC Checked by (Ingr-In-Charge): | 4) PT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (valid to Jan 2020) | |
| | 6) TR: TR Inspection \$75 | |
| | 7) NI: NI DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | 9) NI: NI DA + SMRT Survey \$30 | |
| | 10) NI: NI DA + SMRT Survey \$30 | |
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7/1%

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 | 01/06/2020 18:14 |
| Date Of Accident | 30/05/2020 15:15 |
| Exact Location Of Accident | BUFFALO ROAD AND RACE COURSE ROAD JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SJF5264Y |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMED ASAN S/O MEERA SAHIB |
| NRIC No | SXXXX233J |
| Email Address | MSSULAIMAN88@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83456383 |
| Alternative Phone No | OTHERS-83456383 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HYUNDAI |
| Model | AVANTE |
| Exact Purpose for which vehicle was being used at time of accident | GOING MARKET |
| 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 | 5098520181-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | MUHAMED ASAN S/O MEERA SAHIB |
| NRIC No | SXXXX233J |
| Date Of Birth | 26/06/1939 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/09/1961 |
| Driving Experience | 58 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83456383 |
| Fax Number | |
| Contact Number | OTHERS-83456383 |
| Email Address | MSSULAIMAN88@HOTMAIL.COM |

| | |
|---|--|
| Address | BLK 15 TELOK BLANGAH CRESCENT #02-236 |
| Postcode | 090015 |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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? | 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 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 | SJB7005G |
| Vehicle Make/Model/Colour | TOYOTA VIOS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | VISHNU VEERAN |
| NRIC/Passport Number | SXXXX336Z |
| Contact Number | 84992800 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

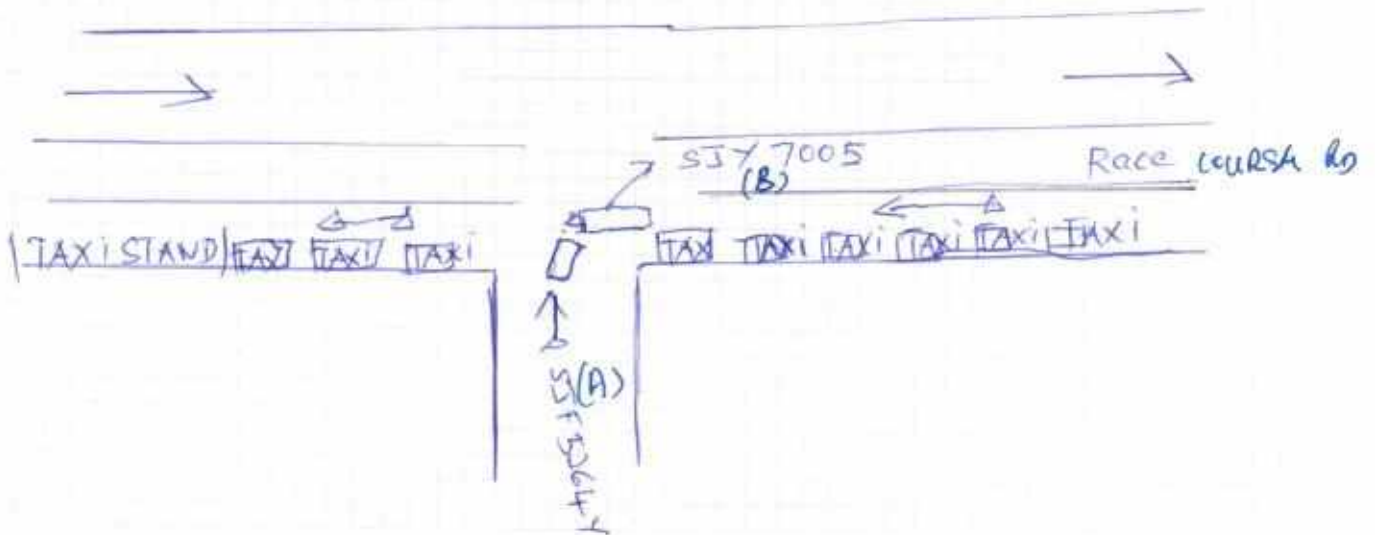
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

01/06/2020
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 30-05-2020 at 1515hrs, I was driving along buffalo Rd towards Race course Rd, AS I approach the junction there were long que of TAXI on my right and left, when I slowly move out towards race course Road the car SJY7005 suddenly was in front, and I knocked onto it. The damage was not serious for both cars.

DECLARATION

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

Policyholder's Signature

Date & Time: 01/06/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 01/06/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

01/06/2020
Reshwanth

ACCIDENT STATEMENT

ACCIDENT DATE: (30/05/2020) (DD/MM/YYYY), TIME: (15:15) (HH:MM).

LOCATION: BUFFALO Rd and Race Course Rd Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 5264 Y
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5098526181-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: SHOP MARKET
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Muhammed ASAN ((MALE) / FEMALE)
 B) NRIC/FIN/PASSPORT: S0377233J CONTACT: 83456383
 C) ADDRESS: BLK 15 - 02 - 236, TELOK BLANGAH
CRESCENT (090015)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS. ASHABO JH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*D) DATE OF BIRTH: 12/06/1939 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS 2-09-1961

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. ☐ REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJB 7005 G MODEL: Toyota Vios
b) DRIVER'S NAME: Wah VISHNU VEERAM
c) NRIC/FIN/PASSPORT: S88213362 CONTACT: 84992800

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = mssulqiman88@gmail.com

VIDEO

Claim Handling

Accident M3/1003998

| | | | | | |
|---------------------|-------------------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 30983251R1-01 | Vehicle No. | SJF5264Y | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | S03777337 |
| Policyholder Name | MUHAMMAD ASAN S/O MEERA SAHIB | Driver Type | Other CLASSIC | Leading | 0 |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Contact No.(Home) | |
| Contact No.(Mobile) | 83456383 | Special Remark | | eCode | hs |
| Email Address | | TCA | Yes | eCode Reason | |
| KPI | Yes | WCD Endorsement(%) | 50 | Private Hire | No |
| NCD Protection | No | | | | |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 01/06/2020 18:14 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major Minor Road |
| Date of Accident | 30/05/2020 | Time of Accident (hr:min) | 18:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BUFFALO ROAD AND RACE COURSE ROAD JUNCTION | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 500.00 | TP Standard Excess | 0.00 | Driver is Covered? | Covered |
| KIDG OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 500.00 | Total TP Excess Applicable | 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 15 #02-236 | Address 2 | TELOK BLANGAH CRESCENT | Address 3 | SINGAPORE 090015 |
| Address 4 | | Address Type | Singapore address | Post Code | 090015 |
| Unit No. | | Related Policy Number | 30983251R1-01 | | |

OT Driver Info

| | | | | | |
|---|-----------------------------|---------------------|------------------------|------------------------|------------------|
| Driver Name | MUHAMMAD ASAN S/O MEERASHIB | Driver Type | Main Driver | Driver DOB | 25/06/1998 |
| Uninsured Driver Name | | Driver NRIC | S03772331 | Driving Experience | 53 |
| Register Date of Driver License | 01/01/1991 | Driver Age | 21 | Contact No.(Home) | |
| Contact No.(Mobile) | 83456383 | Contact No.(Office) | | Address 2 | SINGAPORE 090015 |
| Address 1 | BLK 15 #02-236 | Address 2 | TELOK BLANGAH CRESCENT | Post Code | 090015 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | Driver Vehicle No. | SJF5264Y | Driver Insurer Company | NTUC |
| Does he own a Singapore Registered car? | Yes | | | | |

| | | | | | |
|-------------------------------------|------|-------------|-----|----|--|
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes | No | |

Modification History

Claim 001 New

| | | | | | |
|-----------------------|------------------------------------|----------------------------------|----------------------------|---------------------|----------------------------|
| Claim Type * | OD-RX | Injured Name | MUHAMMAD ASAN S/O MEERA SA | Injured NRIC | S03772331 |
| Contact No.(Mobile) | | Contact No. | 83456383 | Contact No.(Office) | |
| Email Address | | Vehicle Number | SJF5264Y | Vehicle Number | SJF5264Y |
| Claim Description | SJF5264Y / SJF5264Y ON 30 May 2020 | | | | Name of Preferred Workshop |
| Preferred Workshop | | Injured Liability | Fully at Fault | QIA report | Received |
| Settlement Evaluation | Yes | Preferred Workshop, Name unknown | | Claim Date | 01/06/2020 18:29 |
| Date Registered | | | | Date Received | 01/06/2020 00 |
| Report Taken By: | ROSLI WAHAB | | | | |

Risk AE letter

Save Submit

Attachment

| | | | |
|--------------------|------------|-------------|------------------|
| Accident No. | M3/1003998 | Claim No. | 001 |
| Last Doc. Received | Yes | Upload Date | 01/06/2020 18:29 |

| Category * | Confidential | Urgency * | Description * |
|------------|---------------|-----------|---------------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Send Mail

| Attachment | Uploaded By/Date | Category | Priority | Description | Msg Sent (CO) |
|--|------------------|----------|----------|-----------------|---------------|
| NAC_BUKIT_MERAH_300676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Jun 2020 18:29 | | Photo | Normal | Photos 2020-6-1 | |



| | | | |
|---|----------------------|--------|-------------------------------|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | Photos | Normal | Photos 2020-6-1 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | Photos | Normal | Photos 2020-6-1 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | Photos | Normal | Photos 2020-6-1 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | Photos | Normal | Photos 2020-6-1 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | Photos | Normal | Photos 2020-6-1 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | Photos | Normal | Photos 2020-6-1 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | NRIC Driving License | 1 | NRIC Driving License 2020-6-1 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:29 | SAS | Normal | SAS 2020-6-1 |

Video List

uploaded By/Date

Folder Date

File Name

Source

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5098520181-02

Cover : drive CLASSIC

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJFS264Y |
| Chassis Number | : KMH0U41BR8U510778 |
| 2. Name of Policyholder | : MUHAMED ASAN S/O MEERA SAHIB |
| 3. Effective Date of Insurance | : 31 May 2020 |
| 4. Expiry Date of Insurance | : 30 May 2021 |
| 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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| 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 | : YES (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : MUHAMED ASAN S/O MEERASHIB |
| 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 : DQ INSURE (00000572952)

Date of Issue : 08 Apr 2020 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive