

# NATIONAL Assessment Centre Services

(Ref: 133700)

MAH/20052015

Date In: 16/06/2020 17:39	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: N/A/Inc 20006371/4	E-mail (Ljalia 2hrs, AIC 2hrs)		
Veh No: SRP 485 G	I-Motor Claim Form	mt1094582-201	16/06/2020 18:13
P.O.A: 15/06/2020 15:40	I-Motor W/O (Withdr: OD 2hrs, TP 4hrs)		
Q1) TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Pax / Hand to Owner/Withdr		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBE 5911H	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% P: 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: ( )	
Damaged Portion: ( )	
Contract No: ( )	
QC Checked by (Engr-In-Charge): ( )	

NA2003146	1) AIC Accident Reporting (\$30)	
Driver/Owner:	2) DA Damage Assessment (\$100)	INC (\$10)
Contract No:	3) TP Towing Fee	\$100
Damaged Portion:	4) PT Follow-Through Survey	\$100
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey)	\$100
	For claiming against INC Only (over 10 Jan 2005)	\$75
	6) TR Re-inspection	\$100
	7) NI (No DA + SMRT Survey)	
	8) NTUC Additional Services	
	9) NI: Courtesy Car / Tpt Allowance	\$5
	10) NI: Repair Coordination	\$10
	11) NI: Post Repair Inspection	\$5
	12) NI: DV / Collect Theories Coordination	\$10
	13) TP (AIC) / TP (ON INC) against INC	\$5
	14) NI: Idea Mobile	
	Invoice dated	For Charged
	Invoice dated	For 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 willful 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	16/06/2020 17:39
Date Of Accident	15/06/2020 15:40
Exact Location Of Accident	PASIR RIS STREET 21 BEFORE PASIR RIS DRIVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP4185G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUTEEZ PTE. LTD.
Co Reg No	2XXXXX815N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91856724
Alternative Phone No	OFFICE-91856724

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112023565
Cover Note Number	

### Driver

Name of Driver	MOHD KASSIM BIN ABDUL SALAM
NRIC No	SXXXX942B
Date Of Birth	16/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	07/04/1976
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91856724
Fax Number	
Contact Number	OTHERS-91856724
Email Address	NOEMAIL



Address BLK 898A TAMPINES STREET 81  
#02-784  
Postcode 521898  
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 - 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? 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: : KATELYN GOH  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)  
Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT G/20200616/7037

#### 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 GBF5911H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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

MOHD KASSIM BIN ABDUL SALAM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGP4185G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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)**


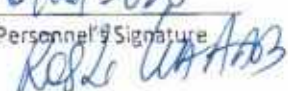
I understand, acknowledge, agree and consent that:

- (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.



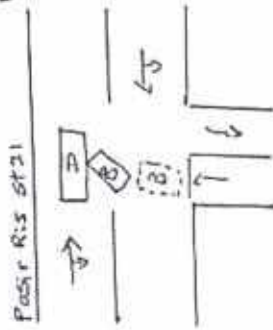
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

PASIR RIS DC 2



Vehicle A: SCP41FSF

Vehicle B: GBFS911H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated Date and time I Vehicle A ~~SCP~~ SEP A85F  
 was travelling along PASIR RIS St 21 suddenly Vehicle B GBFS911H  
 hit on to my right side of my vehicle. I was been drag  
 to the left side of the road as my front part of my car hit the curb,  
 a long ~~and~~ the van crossed over the centre divider to  
 the opposite side of the road before the van stalled.  
 I get down of the car and realise that the lady Driver  
 say and did not stop, and turn out of the car park

POLICE REPORT G/2020066/7039

## DECLARATION

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



Policyholder's Signature  
 Date & Time:

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

*[Signature]* 16/06/2023  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.:



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 5/06/20 (dd/mm/yy) Time of Accident: 15:40 (24-HR-FORMAT)

Vehicle No.: SGP 485G Vehicle Make & Model: Honda Stream

Exact location of Accident: PASIR RIS Street 21 Before PASIR RIS Dr 2

Policyholder's Name / IC No.: \_\_\_\_\_ (As Above) ☐

Driver's Name / IC No.: MOHD KASIM BIN ABDUL SALAM

Driver's Contact No.: 91856724 Company Contact No.: \_\_\_\_\_

Driver's Address: BK 898A Tampines 64 81 #02-784 store 521878

Insurance Company: NTUC Email address (if any): \_\_\_\_\_

#### Relationship between Owner & Driver:

Owner / Spouse / Children / Friend / Parent \_\_\_\_\_

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?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 2

Passenger Name: Katelyn Goh

Gender: F

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

#### 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: GBF 5911 H

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

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



## POLICE REPORT (NP299)

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

Report No. G/20200616/7037

Date/Time Report Made 16/06/2020 16:05	Vide Report No.	Station Diary No.		
Name Of Informant MOHD KASIM BIN ABDUL SALAM	Address APT BLK 898A TAMPINES STREET 81 #02-784 SINGAPORE 521898			
ID Type / ID No. NRIC NO / S0097942B	Contact No. Home/Office:	Mobile: 91856724		
Nationality SINGAPORE CITIZEN	Email Address kasim.salam54@gmail.com			
Occupation hirer	Sex Male	Age 65	Date of Birth 16/11/1954	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 15/06/2020 15:40	Location Of Incident 259 PASIR RIS STREET 21 Outside LOYANG POINT along pasir ris st 21 SINGAPORE 510259			

### Brief details.

on the stated date and time i vehicle A sgp4185g was travelling along pasir ris st 21 suddenly vehicle b gbf5911h hit on to my right side of my vehicle.

on 16/6/20 i felt my shoulder and low back hurt and i went to near by clinic our family physician clinic & surgery at tampines for medical check i was given 5 day of mc.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	16/06/2020 16:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20200616/7037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200616/7037

Subjects Involved			
Victim			
Person Name	MOHD KASIM BIN ABDUL SALAM		
ID Type	NRIC NO	ID No	S0097942B
Gender	Male	Age	65
Race	Malay	Language	English
Occupation	hirer	Address Type	
Address	APT BLK 898A TAMPINES STREET 81 #02-784 SINGAPORE 521898		Mobile No 91856724
Is Informant A Victim?	Yes		
Person Name	MOHD KASIM BIN ABDUL SALAM (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/06/2020 16:05

Classification Of Case:

## Claims Handling

## Accident MT/1094582

Policy No.	5110021005	Vehicle No.	SGP4185G	GST Registration No.	
Certificate No.	5110021005-000008				
Policyholder Name	KUTEEZ PTE. LTD.	Cover Type	Third Party	Policyholder NAIC	201911005H
Product Code	FLEET MASTER INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	91806724	Special Remark		Contact No. (Home)	
Email Address		TCR	No Yes	eCode	Nil
EFB	No Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

## Accident Details

Report Date	16/06/2020 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	15/06/2020	Time of Accident (Approx)	15:40	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	PASIR RIS STREET 22 BEFORE RADCLIFF DRIVE 2				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	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			

## Policyholder Mailing Address

Address 1	BLK 909 #08-173	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 738009
Address 4		Address Type	Singapore address	Post Code	738009
Unit No.	08-173	Related Policy Number	5110021005		

## OD Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/11/1994
Unnamed Driver Name	MOHD KASIM BIN ABDUL SAL	Driver NAIC	SAXXA9420	Driving Experience	44
Register Date of Driver License	05/04/1976	Driver Age	65	Contact No. (Home)	
Contact No. (Mobile)	91806724	Contact No. (Office)		Address 3	TAMPINES POLYVIEW
Address 1	BLK 896A #02-104	Address 2	TAMPINES STREET 81	Post Code	571896
Address 4	SINGAPORE 521898	Address Type	Foreign address		
Unit No.	02-104				
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	SGP4185G	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes No		

## Modification History

## Claim 001

Save

Claim Type *	CC-HX	Insured Name	KUTEEZ PTE. LTD.	Insured NAIC	201911005H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	Nil
Email Address		DI Vehicle Number	SGP4185G	Vehicle Number	GGF5911H
Claim Description	SGP4185G / GGF5911H On 15 Jun 2020			Name of Preferred Workshop	
Preferred Workshop Selected No. Provision	Yes	Insured Liability	Not at Fault	Preferred Workshop Name unknown	GTA report
Date Registered	16/06/2020 18:11	Claim Close Date		Date Reported	16/06/2020 00
Report Taken By	ROBIL RAHAB				

Print All later

Save Submit

## Attachment

Accident No.	MT/1094582	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/06/2020 18:13
Path *		Category *	Confidential
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Confidential	Normal

Send Mail

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (GCS)
NAC_RAYA_U01_000601 NATIONAL ASSESSMENT CENTRE SERVICES) 0	n 16 Jun 2020 18:13	Photos	Normal	Photos 2020-6-16	

	Activity	Category	Status	Comments	Date
	NAC_PAYA_UBI_B00681( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 18 Jun 2020 19:13	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:13	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:13	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:13	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:12	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:12	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:12	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:12	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	Photos	Normal		Photos 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	NRIC/ Driving License	V	Normal	NRIC/ Driving License 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	NRIC/ Driving License	V	Normal	NRIC/ Driving License 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	NRIC/ Driving License	X	Normal	NRIC/ Driving License 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	NRIC/ Driving License	V	Normal	NRIC/ Driving License 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	NRIC/ Driving License	V	Normal	NRIC/ Driving License 2020-6-18
	NAC_PAYA_UBI_A00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 16 Jun 2020 19:11	NRIC/ Driving License	V	Normal	NRIC/ Driving License 2020-6-18
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) @ n 18 Jun 2020 19:11	SAS	Normal		SAS 2020-6-18

 [Video List](#)

Upload 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)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5112023565-000009

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SGP4185G**  
Chassis Number : **RN61011620**
2. Name of Policyholder : **KUTEEZ PTE. LTD.**
3. Effective Date of Insurance : **21 Oct 2019**
4. Expiry Date of Insurance : **20 Oct 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **SININS AGENCY PTE. LTD. (00000615123)**  
Date of Issue : **19 Aug 2019 14:33 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive