NATIONAL Assessment Centre Services. MNA420067364

	Job description	Date &Time Completed	Done by
Date In: 11/08/2020 11:30	SAS e-filing		
Ref No: NBA/TAC20008229/4	E-mail (Apple 8hrs, AIC 2hrs)		
Veh No: SGM 9676E	I-Motor Claim Form	MT1099375-001	11/08/2020 11:54
D O A: 10/08/2020 12:00	I-Motor W/O (Within OD 7hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SKQ 3420C 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 repairer.

( ) 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 :

NA2004/40

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2020)			
6) TR : Re-Inspection	$75		
7) NI : Idea DA + SMRT Survey	$140		
8) NTUC Additional Services-			
OD:			
* N8: Courtesy Car / Tpt Allowance	$3		
* N6: Repair Coordination	$10		
* N7: Post Repair Inspection	$25		
* N5: DV / Collect Excess Coordination	$3		
TP (N11) : TP (Non INC) against INC	$10		
9) N12: Idea Mobile	$0		

Invoice dated Fee Charged

Invoice dated Fee Charged

MNA420057364 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 11/08/2020 11:30
SUBMITTED BY: RDSLI BIN ABDUL WAHAB

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 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.**
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	11/08/2020 11:30
Date Of Accident	10/08/2020 12:00
Exact Location Of Accident	FILTER LANE PIE TOWARDS TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLM9676E
Insured/Policyholder	
Name Of Registered Owner	ALIFMIRZAN BIN KAMARUDIN
NRIC No	SXXXX153F
Email Address	ALIFMIRZAN10@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91148140
Alternative Phone No	OTHERS-91148140
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA 200
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	5116779880
Cover Note Number	
Driver	
Name of Driver	ALIFMIRZAN BIN KAMARUDIN
NRIC No	SXXXX153F
Date Of Birth	10/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91148140
Fax Number	
Contact Number	OTHERS-91148140
EMail Address	ALIFMIRZAN10@GMAIL.COM

Address	BLK 316 BUKIT BATOK STREET 32 #04-135
Postcode	650316
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 - 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: : SUSAN MARIAM BTE BAHARAM (WIFE) GENDER : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 21 BUKIT BATOK EAST AVE 4 , **POSTCODE**: 659840 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-6659999 - **FAX NO**: 66655793
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200810/2073

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ3430C
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMED FAHMEE BIN ABDUL AZIZ
NRIC/Passport Number	SXXXX066I
Contact Number	91252053

Address	29 PASIR RIS LINK #05-19
Postcode	518152
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ALIFMIRZAN BIN KAMARUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM9676E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SUSAN MARIAM BTE BAHARAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM9676E
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

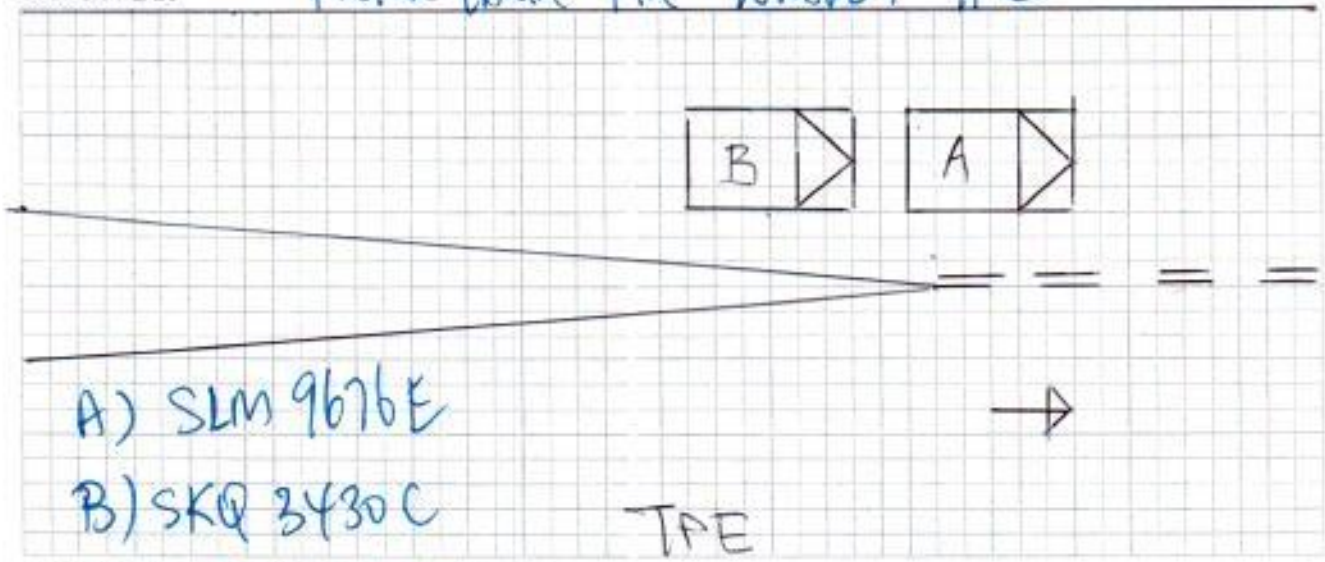
   (ii) for complying with requirements under any regulations, laws or court orders.

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 FILTER LANE PIE TOWARDS TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

T/20200810/2073

DECLARATION

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

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.:
		11/08/2020

MXAS19IR2467 / Xinya Auto Services Pte Ltd - HQ
ENTRY DATE & TIME: 10/12/2019 13:46
SUBMITTED BY: Tan Mui Heng

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 11 08 20

Date Of Accident 10 08 20 1200

Exact Location Of Accident FILTER LANE PIE TO TAMPINES

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM 9676E

Insured/Policyholder

Name Of Registered Owner ALIFMIRZAN BIN KAMARUDIN

Co Reg No

Email Address alifmirzan10@gmail.com.

Mobile Phone No 91148140

Alternative Phone No

Vehicle Particulars

Manufacturer MB CLA 200.

Model CCA 200

Exact Purpose for which vehicle was being used at time of accident PRIVATE.

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken CCAM THIRD PARTY.

Vehicle Category

Insurance Company

Name of Insurance Company NTUC.

Type Of Coverage COMPREHENSIVE.

Fleet Policy

Policy Number

Cover Note Number

Driver AS ABOVE.

Name of Driver

NRIC No S8407153F

Date Of Birth 10-3-84

Occupation PROPERTY AGENT.

Date Of Driving Pass 18 APRIL 2008

Driving Experience

Gender MALE.

Mobile Number

Fax Number

Contact Number

EMail Address

Address

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident FRONT TO REAR

Weather Conditions CLEAR

Road Surface DRY.

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES.

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) 02

Details of Police Action

Was the accident reported to the police? YES.

If Yes,Please state which Police Station BT BATOK NPC

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?

Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SKQ 3430C

Vehicle Make/Model/Colour MB WHITE.

Details Of Properties

Name of Driver MOHAMEED FAYMEE B ABDUL AZIZ

NRIC/Passport Number S7441206I

Contact Number

Address 29 PASIR RIS LINK

Postcode #05-19 (518152)

Insurance Company Name

Nature Of Damage FRONT.

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SINGAPORE POLICE FORCE

T/20200810/2073

Report No. T/20200810/2073

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE 659840
Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/08/2020 23:26		128

Informant's Particulars

Name of Informant: ALIFMIRZAN BIN KAMARUDIN			Address: APT BLK 316 BUKIT BATOK STREET 32 #04-135 SINGAPORE 650316	
ID Type / ID No.: NRIC NO / S8407153F			Contact No.: Home/Office:	Mobile: 91148140
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 10/03/1984	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/08/2020 12:00	Type of Location: filter lane
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY TAMPINES EXPRESSWAY Filter lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ3430C	Car				Slightly Damaged	0
SLM9676E	Car	MERCEDES BENZ	CLA200 (R18)	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM9676E	NTUC Income Insurance Co-Operative Limited	5116779880	17/03/2020	16/03/2021

SINGAPORE POLICE FORCE

T/20200810/2073

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE 659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMED FAHMEE BIN ABDUL AZIZ	ID No.	S8412066I
Related Vehicle	SKQ3430C (Car)	Contact No.	91252053
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ALIFMIRZAN BIN KAMARUDIN	ID No.	S8407153F
Related Vehicle	SLM9676E (Car)	Contact No.	91148140
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2020	Date Discharge	10/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SUSAN MARIAM BTE BAHARAM	ID No.	S8142639B
Related Vehicle	SLM9676E (Car)	Contact No.	92350020
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/08/2020	Date Discharge	10/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 10/08/2020 at about 1200hrs, I was with my wife, driving along PIE going towards TPE. As I was approaching the filter lane, I stopped my car so that I can check for incoming vehicle. While i was waiting, suddenly I felt a strong impact on my rear. We both went down to check the accident that happened and discovered that another vehicle , SKQ3430C, had collided onto my rear. I asked him what happened and he told me that he did not see my vehicle.

The damages to my vehicle were rear bumper dented and the car's alignment was off. All parties managed to exchanged particulars. Subsequently, me and my wife went to see the Doctors and were

given 3 days MC each. For me I suffered a strained neck which can cause a rise in BP while my wife felt pain on her abdominal area because she had just done her major operation due to cancer. I do not have any in car camera recording the accident but I do have a video recording on my phone of the accident scene. I wish to add on that the other driver had damages on his front bumper.

SINGAPORE POLICE FORCE

T/20200810/2073

Report No. T/20200810/2073

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE 659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 MUHAMMAD NORHAZREEN SHAH BIN HARIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 23:26
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

Claim Handling

Accident MT/1099375

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registration No.	
Certificate No.					
Policyholder Name	ALIFMIRZAN BIN KAMARUDIN			Policyholder NRIC	[illegible]
Product Code	PRIVATE CAR INSURANCE	Cover Type	[illegible] CLASSIC	Loading	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Email Address	[illegible]@gmail.com	Special Remark		eCode	[illegible]
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	[illegible]	Private Hire	No

Accident Details

Report Date	[illegible] 11:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	[illegible]	Time of Accident hh:mm	[illegible]	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE PIE TOWARDS TPE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	[illegible]		
OD Standard Excess	[illegible]	TP Standard Excess	[illegible]		
YIED OD Excess	[illegible]	YIED TP Excess	[illegible]	Driver is Covered?	Covered
Additional Excess	[illegible]				
Total OD Excess Applicable	[illegible]	Total TP Excess Applicable	[illegible]		

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 316 #04-135	Address 2	BUKIT BATOK STREET 32	Address 3	SINGAPORE 650316
Address 4		Address Type	Singapore address	Post Code	650316
Unit No.	04-135	Related Policy Number	[illegible]		

OI Driver Info

Driver Name	ALIFMIRZAN BIN KAMARUDIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	[illegible]	Driver DOB	[illegible]
Register Date of Driver License	[illegible]	Driver Age	[illegible]	Driving Experience	[illegible]
Contact No.(Mobile)	[illegible]	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 316 #04-135	Address 2	BUKIT BATOK STREET 32	Address 3	SINGAPORE 650316
Address 4		Address Type	Singapore address	Post Code	650316
Unit No.	04-135				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	[illegible]	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-[illegible]	Insured Name	ALIFMIRZAN BIN KAMARUDIN	Insured NRIC	[illegible]
Contact No.(Mobile)		Contact No.(Home)	[illegible]	Contact No.(Office)	
Email Address		OI Vehicle Number	[illegible]	TP Vehicle Number	[illegible]
Claim Description	[illegible] ON 10 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Remark No.		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA Report	Received
Date Registered	11/08/2020 11:53	Claim Close Date		Date Received	11/08/2020 [illegible]
Report Taken By	[illegible]				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1099375	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/08/2020 11:54

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Send Msg

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_[illegible] NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 11 Aug 2020 11:54	Photos	Normal	Photos 2020-8-11	

NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	Photos		Normal	Photos 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-11
NAC_BUKIT_MERAH_800676| NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Aug 2020 11:54	SAS		Normal	SAS 2020-8-11

Video List

Uploaded By/Date	Folder Date	File Name	Source

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20-307953
Affidavit

income
made different

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: 5116779880 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM9676E**
   Chassis Number : WDD1173432N034414
2. Name of Policyholder : ALIFMIRZAN BIN KAMARUDIN
3. Effective Date of Insurance : 17 Mar 2020
4. Expiry Date of Insurance : 16 Mar 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ALIFMIRZAN BIN KAMARUDIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : THIS MARKETING INSURANCE AGENCY (00000572208)
Date of Issue : 16 Mar 2020 17:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive