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TP Particulars: Veli No: PROFER INC () Non-INC () Owner / Driver: () Policy No: () Period: () Cover Type: () Confirmed by: () Date: Timor) Insured/Driver Liability: (%) [Note-Bst. Status (WO): N: 0-20%; P: 21-79%, P: 30-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () General Remarks: () Loading: \$1,000 () / \$2,000 () One of a Remarks: () Total Loss Case: to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () Repair Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () Repair Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () Repair Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towed-In (); Invoice: YES () / NO (); Towed-In (); Invoice: YES () / NO (); Towed-In (); Invoice: YES () / NO (); Towed-In (); Invoice: YES () / NO (); Towed-In (); Invoice: YES () / NO (); Towed-In (); Invoice: YES () / NO (); Towed-In (); Inv	Preferred Wksp / INC Assign Wksp / QW: (Fax:)
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: (S) Loading: \$1,000 () / \$2,000 () Genefal Remarks: () Loading: \$1,000 () / \$2,000 () Genefal Remarks: () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Towed-In (); Invoice: YES () / NO (); Towing Co. (General Remarks: () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: () / Towed-In () / Towe		W8588R	. INC()/No	n-INC ()			
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Invoice Preparation Checklist In Bill	•							
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Claumant's Particulars: 2 DA: Damage Assessment (\$100); INC (\$30) Driver/Owner: 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idea DA + SMRT Survey \$160 8) NTUC Additional Services: OD: **N5: Courtesy Cer / Tp. Allowanue \$55	NA 2005250				e (530);		ilit.Bitt.	Note Div
Driver/Owner: 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 Contact No: For claiming seeinst ING Only (wef 10 Jan 2005) 6) TR: Re-Inspection \$75 7) N1: Idea DA + SMRT Survey \$160 8) NTUC Additional Services: OD: *N5: Courtesy Cer / Tp Allowanue \$55	Cliumant's Particulars:	INSTRUMENTAL PROPERTY.	2) DA : Damage	Assessm	ent (\$100); INC	\$40/\$45		
Contact No: S) FT: Follow-Through Survey (Resurvey) 50			4) FT . Follow-7	Through S	urvey	\$120		
Damaged Portion: 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services: OD: *N5: Courtesy Cer / Tp Allowanus 53			C) WT . Follow-	Through S	urvey (Resurvey)	2005)		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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.
- 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.

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A harden or a contract of the contract of	ACCIDENT STATEMENT
Date Of Report	05/10/2020 12:32
Date Of Accident	02/10/2020 13:45
Exact Location Of Accident	625 ALJUNIED RD(CITI TECH INDUSTRIAL BLDG)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE1393J
Insured/Policyholder	
Name Of Registered Owner	ZOHRA WAHAB TRADING CO PTE LTD
Co Reg No	1XXXXX117E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67470329
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073605101-05
Cover Note Number	
Driver	
Name of Driver	ANDRAR JAHABARDEEN NOORUL AMEEN
NRIC No	SXXXX979A
Date Of Birth	12/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1996
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84351903
Fax Number	
VLDBPD VINE VEN AND PROPERTY.	

ZOWACO@ZOWAMEDICAL.COM.SG

BLK 107 ALJUNIED CRESCENT Address

#12-02

Postcode 380107

Was driver an employee of the Insured's Company YES

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 SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SEM ABDUL ALEEM

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMN8588R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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

5/10/202

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

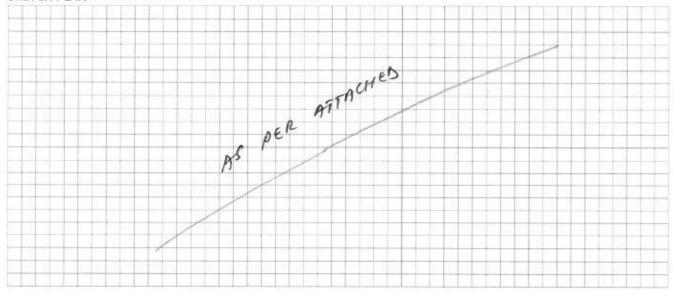
Policyholder's Signature

Date & Time:

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

Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

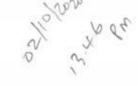
I/We declare the foregoing particulars are true in every respect.

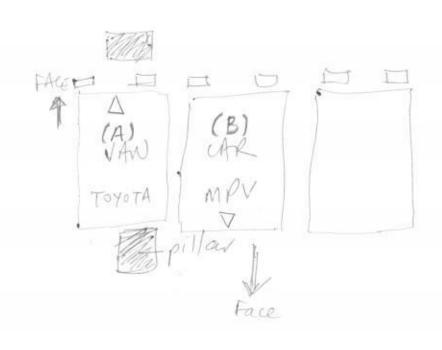
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

(CITI TECH INDUSTRIAL REDG)





On 2 nd October Friday, I parked my van reversing into the Parking Cot. There was another Cow-KIA MPV partieth on the side as above. Carne SMN 8588 R The owner in the same milding alleged we Scrapped his Front door whilst neversing. We chedied his car the scrapped area was not matching our back portion on the right. Owner insist and he made a report. the measured the scrap from ground-28" on owner's MPV, whilst our was 27.1. Bendes the Bumper would have hit The Car when reversing, but bumper was 18"-21" from ground.

ACCIDENT STATEMENT

	e)MAKE & MODEL: TOWN f)TYPE:(SALOON / COUPE / MPV g)VEHICLE CATEGORY:(PRIVATE h)PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A)NAME: ZOHRA WAHA b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a)NAME: ANDRAR JAHR b)NRIC/FIN/PASSPORT:	THIRD PARTY / THIRD PARTY FIRE (VANY LORRY / MOTORCYCLE / COMMERCIAL) ENT TIME: 60 COMMERCIAL MOTORCYCLE / COMMERCIAL MO	EMALE)
Ho of passenga (Including driver) (2) MABBUL	a) VEHICLE NUMBER: GBC b) INSURANCE COMPANY: C) POLICY NUMBER: GO 3 G G d) POLICY TYPE: COMPREHENSI' e) MAKE & MODEL: TO GO f) TYPE: (SALOON / COUPE / MPV g) VEHICLE CATEGORY: (PRIVATE h) PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: TO HEAD WATE b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHR b) NRIC/FIN/PASSPORT:	THIRD PARTY / THIRD PARTY FIRE (VANY LORRY / MOTORCYCLE / COMMERCIAL) ENT TIME: 60 COMMERCIAL MOTORCYCLE / COMMERCIAL MO	EMALE)
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Ho of passanga Including driver) (2) MABBUL.	C)POLICY NUMBER:	VENTHIRD PARTY / THIRD PARTY FIRE // ANY LORRY / MOTORCYCLE / (/ COMMERCIAL) MOTORCYCLE / (/ COMMERC	EMALE)
Ho of passengar Including driver) (2) MABDUL	d)POLICY TYPE: COMPREHENSI' e)MAKE & MODEL: 70902 f)TYPE: (SALOON / COUPE / MPV g)VEHICLE CATEGORY: (PRIVATE h)PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A)NAME: 7040 AFT b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a)NAME: ANDRAR JAHR b)NRIC/FIN/PASSPORT:	TENTHIRD PARTY / THÍRD PARTY FIRE VANY LORRY / MOTORCYCLE / (COMMERCIAL) MOTORCYCLE / (COMMERCIAL) MOTORCYCLE / (ENT TIME:	EMALE)
Ho of passengal Including driver) (2) MABDUL	d)POLICY TYPE: COMPREHENSI' e)MAKE & MODEL: 70902 f)TYPE: (SALOON / COUPE / MPV g)VEHICLE CATEGORY: (PRIVATE h)PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A)NAME: 7040 AFT b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a)NAME: ANDRAR JAHR b)NRIC/FIN/PASSPORT:	TENTHIRD PARTY / THÍRD PARTY FIRE VANY LORRY / MOTORCYCLE / (COMMERCIAL) MOTORCYCLE / (COMMERCIAL) MOTORCYCLE / (ENT TIME:	EMALE)
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No of passengal Including driver) (<u>2</u>) MABDUL.	f)TYPE: (SALOON / COUPE / MPV g) VEHICLE CATEGORY: (PRIVATE h) PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YO IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: ZOHRA WAHA b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHA b) NRIC/FIN/PASSPORT:	VANY LORRY / MOTORCYCLE / COMMERCIAL MOTORCYCLE / COME	EMALE) 270329
No of passengalinduding diver) (2) MABDUL.	g) VEHICLE CATEGORY: (PRIVATE h) PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: ZOHRA WAHA b) NRIC/FIN/PASSPORT: C) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHR b) NRIC/FIN/PASSPORT:	COMMERCIAL MOTORCYCLE) ENT TIME: 600 COMMERCIAL MOTORCYCLE) ENT TIME: 600 COMMERCIAL MOTORCYCLE) ENT TIME: 600 COMMERCIAL MOTORCYCLE) ENT TIME: 600 COMMERCIAL MOTORCYCLE)	EMALE) 270329
No of passengal Including driver) (<u>2</u>) MABDUL.	h)PURPOSE OF USING AT ACCID i) ARE YOU CLAIMING UNDER YO IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: ZOHRA WAHA b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHA b) NRIC/FIN/PASSPORT:	ENT TIME: 600 COM G UP OWN INSURANCE (YES/NO) TY CLAIM / REPORTING ONLY) B TRADING (MALE / FE CONTACT: 670	EMALE) 270229
No of passengalinduding diver) (2) MABBUL:	i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: ZOHRA WAHA b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHA b) NRIC/FIN/PASSPORT:	UP OWN INSURANCE (YES/NO) TY CLAIM / REPORTING ONLY) B TRADING (MALE / FE CONTACT: 679	170229
No of passengalinduding diviver) (2) MABBUL.	IF NO, PLEASE STATE (THIRD PAR INSURED / POLICY HOLDER A) NAME: ZOHRA WAHA b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHR b) NRIC/FIN/PASSPORT:	B TRADING (MALE / FE CONTACT: 679	170229
No of passengalinduding diver) (2) MABBUL:	INSURED / POLICY HOLDER A) NAME: ZOHRA WAHA b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHA b) NRIC/FIN/PASSPORT:	B TRADING (MALE / FE CONTACT: 670	170229
No of passengalinduding diviver) (2) MABBUL.	A)NAME: ZOHRA WAHA b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALS DRIVER a)NAME: ANDRAR JAHA b)NRIC/FIN/PASSPORT:	CONTACT: 670	170229
Including driver) (2) MABBUL.	b)NRIC/FIN/PASSPORT:	CONTACT: 670	170229
Including driver) (2) MABBUL.	* CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHR b) NRIC/FIN/PASSPORT:	O POLICY HOLDER	
Including driver) (2) MABBUL.	* CONTINUE TO 3.d IF DRIVER ALS DRIVER a) NAME: ANDRAR JAHA b) NRIC/FIN/PASSPORT:	ENROSEN NUMBUS AN	n EEN
Including driver) (2) MABBUL.	DRIVER a) NAME: ANDRAR JAHR b) NRIC/FIN/PASSPORT:	ENROLLY MOLDER	, EEN
Including driver) (2) 11 ABBUL.	DRIVER a) NAME: ANDRAR JAHR b) NRIC/FIN/PASSPORT:	ENROLLA MULLEUS AN	1 EEN
Including driver) (2) 11 ABBUL.	Office that Assi Okt.	BARDEEN MUDICUL AN	1 ECM
Including driver) (2) 1 ABBUL.	Office that Assi Okt.	(MALE) FE	
(2)	Office that Assi Okt.		MALE)
		CONTACT: & 43	55.1705
	c)ADDRESS:	**	
	*d)DATE OF BIRTH: (12 / 04)	1970NDD/MM (VVV)	
LEEM	e)OCCUPATION: (INDOOR / OUT		
	f) YEARS OF DRIVING EXPRERIENCE		
	WAS DRIVED AN EMPLOYEE OF	THE INCHPENS COMPANYS OF	-6.4.1107
M) 4.		THE INSURED'S COMPANY? (YE	ES / NO)
5	IF NO, RELATIONSHIP OF THE a) WEATHER CONDITION: (CLEAR		1
٥.	b)ROAD SURFACE: (DRY / WET /		
4	WAS ANYBODY INJURED (YES AN		
	a) REPORTED TO POLICE (YES / NO		
/.	그는 사람이 이 경기에 있는데 기급하게 되었다면 하면 하면 하지만 하게 되었다면 하는데 모양하게 되었다면 하는데		(4)
0	IF YES, PLEASE STATE WHICH PO	ICE STATION:	
·	a) VEHICLE NUMBER: SMNS	9333	
		JEST MODEL:	
iduding driver)	b) DRIVER'S NAME:	2200002	
()	c) NRIC/FIN/PASSPORT:	CONTACT:	
	THIRD PARTY VEHICLE	10000000	
lo of passenger	d) VEHICLE NUMBER:	MODEL:	
ndudiae dulas	e) DRIVER'S NAME:	agent of the second of the	
inding ariver	f) NRIC/FIN/PASSPORT:	CONTACT:	

email = 20 waco a Iowa medical comissifax =

VIDEO =



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: 5073605101-05

: GBE1393J

: 10 Sep 2020

: 09 Sep 2021

: JTFHTO2P300177735

Cover : Comprehensive

: ZOHRA WAHAB TRADING CO PTE LTD

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : YES INSURE WITH COE

HIRE PURCHASE COMPANY

SUM INSURED

: N/A : 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

: TEY CHUI GIONG (00000521932)

Date of Issue

: 28 Aug 2020 12:48 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Claim Handling

Accident MT/1105647								
Policy No.	5073605101-05	Vehicle No.	GBE13933		GST R	egistration No.		M28922
Certificate No.								
Policyholder Name	ZOHRA WAHAB TRADING CO PTE LTD				Policy	holder NRIC		1995001
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive		Loadin	ig		0
Contact No.(Mobile)	0	Contact No.(Office)	67470329			ct No.(Home)		0
Email Address		Special Remark			eCode			No V
KFK	W No Yes	TCA	W No Yes			Reason		
NCD Protection	No	NCD Entitlement(%)	20		Privat	e Hire		No
→ Accident Details					2752	7.02		73/7725
Report Date	06/10/2020 09:35	Accident Report Within 24 hrs	Yes			int Type		Side Swi
Date of Accident	02/10/2020	Time of Accident hh:mm	13:45			ry of Accident		Singapor
Reporting Centre	625 ALJUNIED RD(CITI TECH INDUSTRIAL BLDG)	Orange Force			ICM N	0.		
Accident Location Total Excess Applicable	625 ALJUNIED RO(CITT TECH INDUSTRIAL BLDG)							
Excess Type	Per Accident	Windscreen Excess		100.00				
Laces Apr	rai monatra	William Coll Exects		100.00				
QD Standard Excess	600.00	TP Standard Excess		0.00				
VIED OD Excess	0,00	YIED TP Excess		0.00	Driver	is Covered?		Covered
Additional Excess								
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00				
▽ Benefits								
	tion							
GST Registered	Yes			tration Date		15/12/199	95	
GST Registration No. Modification History	M289221395 06/10/2020 09:38:04 System ch	anged GST Registration Date from	GST Status 01/01/2015 to 15/12/1			Yes		
Production restory	06/10/2020 09:38:04 System ch	anged GST Status Verified from No	to Yes					
▼ Policyholder Mailing Add	Iress							
Address 1	629 ALJUNIED ROAD	Address 2	#08-02 CITITECH	INDUSTRIAL	Addre	ss 3		SINGAPO
Address 4		Address Type	Singapore address		Post C			389838
Unit No.		Related Policy Number	5073605101-05					
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	ANDRAR JAHABARDEEN NOORU	Driver NRIC	S7070979A		Driver	DOB		12/04/1
Register Date of Driver License	18/03/1996	Driver Age	50		Drivin	g Experience		24
Contact No.(Mobile)	B4351903	Contact No.(Office)	0		Conta	ct No.(Home)		0
Address 1	BLK 107	Address 2	ALJUNIED CRESCE	NT	Addre	as 3		SINGAPO
Address 4		Address Type	Singapore address		Post C	ode		380107
Unit No.	#12-02							
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver	Insurer Comp	any	
21/21/21/2								
Declaration Breathalyser or Blood Test	28A733	3577670355	000000000000000000000000000000000000000					
Reading?	0 mg	Any injury?	Yes m No					
Modification History								
5.00								
Claim 001 OD-MX New	E.							
Claim Type *				OD-MX	Insure	ed Troups	WAHAB TRAI	and on ad
Claim type +				OD-MX	Name Conta	F.C	MATHO TRAI	DING CO P
Contact No.(Mobile)					No. (Hom	1000		
\$2505					10	300		
Email Address					Vehici Numb		33	
Claim Description				GBE1393) / SMN8588R (ON 2 Oct 2020			
				Control of the contro				
Fireferred Workshop	Preference Liability Fully at Fault	V GIA D						
Conust No. Yes	Repair Preferred Workshop, Name Option	unknown v report Received	•		Claim			
Date Registered				06/10/2020 09:44	Close			
Report Taken By				ROSLINDA	Works			
Meport taken by				EKOSLINDA	Repair	er		
Ly.								
Print AK letter								
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Attachment			the who was					
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▼	11777777	en e		001				_
Accident No.	MT/1105647	Claim No. Upload Date		001				
List Doc. Received	● Yes ○ No	Optional Date	8	06/10/2020 00:00		and the second	20020000	
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File Name

Photos

NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2020 09:40

Folder Date

▼ Video List

Uploaded By/Date

Display in New Window Scan and uploading

Normal

Photos 2020-10-6

Photos 2020-10-6

Source

9