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NATIONAL Assessment Centre	Services, puri usial.	SMOK2129	0007	
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Tr Hindenton . S Veh Not All	14742E, NO	(, )/Non-IN	C( ),	
Owner / Driver: ( .		Tel;		)
Policy No: ( ) Peri	00: (	) Cover Type:	<u> </u>	
Confirmed by 1 (	· Datet,	Tin		)
Insured/Driver Liability: ( %) [N	loce-Est Siams (WO): N: 0	-20%; P: 21-79	%. P: 80-100	)/(6)
	Vorronty: YES ( )/NO (	>		
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\*SN08212O0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 24/02/2021 18:19 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
-VERSION: 1 (24/02/2021 18:19 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process,
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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
- 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 Submission 24/02/2021 18:19 (SGT) Date of Accident 23/02/2021 17:40 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information **TOWARDS CHANGI** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKD4590K

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SINCERE RENTAL Company Reg No 5XXXX089E Email Address rogerktm525@yahoo.com.sg Mobile Phone No (Phone) +65-84025025 Alternative Phone No +65-84025025

#### VEHICLE PARTICULARS

Manufacturer Nissan Model Sylphy Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5115335124-01 Cover Note Number

#### DRIVER

Name of Driver MUHAMMAD NABIL BIN SARDON NRIC No SXXXX400Z

Date Of Driving Pass Driving experience	22/09/2014 6 YEARS AND 5 MONTHS
Gender	Male
-Mobile Number	(Phone) +65-84025025
Alt. Phone Number	-
Email Address	rogarlytmE2E@yahaa aam aa
Address	rogerktm525@yahoo.com.sg
	BLK 327 JURONG EAST STREET 31 #04-178
Address complement	•
Postcode	600327
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	
Nodu Guitace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1707-70
	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	<u>~</u>
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	<u></u>
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	LINICANAL BACANCOER
Gender	UNKNOWN PASANGGER
Gerider	Male
DETAILS OF POLICE ACTION	
Was the assistant and the theory is a	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	F.
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are assident photos quellable for attaches and	
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	R VEHICLE PROPERTY 1
Vahicla Registration Number	ED0.1740E
Vehicle Registration Number	FBG4742E
Vehicle Manufacturer	Honda
Vehicle Model	.5
Vehicle Variant	·
Vehicle Colour	
Vehicle Category	Mataravala
N / D	Motorcycle

Contact Number	(Phone) +65-90620736
Address	-
Address complement	_
Postcode	-
Insurance Company Name	
Nature Of Damage	_
Details of property damaged in accident	9
No. Of Passenger (Including Driver)	<b>3</b>

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

scribe Circumstances of th	e Accident		
Or 23 - Feb 202	1, I was driving so	ng along Lone	1 at PIE
Towards change	. Suddenly &	motorque l	nit my rear
and skidded?		U	
	<u> </u>		
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#### Declaration

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

Witnessed by Reporting Centre Personnel

## ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 02 / 2021) (DD/MM/YYY), TIME: 1740 (HH:MM)
A CONTRACTOR OF THE STATE OF TH
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: 6 CD4500 C
DINSURANCE COMPANY: NTUC FACOME.
CIPOLICY NUMBER: 511 533 \$ \$124-01-00005
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
ALMANE MODEL! N. 2890
F)TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: WORKING
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. MSUKED / POLICY HOLDER
ANAME: SINCERE RENTAL
D) NRIC/FIN/PASSPORT:CONTACT:
c)ADDRESS:
* CONTRACTOR OF THE PARTY OF TH
*CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER DRIVER
(Including driver) alliAME: Muh Ammad-Nabil Bin Sandon. (MALE/FEMALE)
history relation and the second of the secon
CIADDRESS: Durong east 5+ 31, BIK 327, 1+09-198
\$( <b>5</b> \ <b>6</b> \ <b>3</b> 2 <b>?</b> 7.
"d) DATE OF BIRTH: (24/08/1983)(DD/MM/YYYY)
6)OCCUPATION; (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASC 15/07/2009
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. d) WEATHER CONDITION: CLEAR RAINING / OTHERS
DIROAD SURFACE: (DRY) WET / OTHERS
6. WAS ANYBODY INJURED (YES /NO)
7. a) REPORTED TO POUCE (YES /NOT .
IF YES, PLEASE STATE WHICH POUCE STATION:
Ho of passenger a) VEHICLE NUMBER: FBG4742 E MODEL: Honda
Including driver) B) DRIVER'S NAME: 30 id shafiq Bin Said Abdul Rafi
(1) "C) NRIC/FIN/PASSPORT: 596138716 CONTACT: 90620336
9. THIRD, PARTY VEHICLE
Mo of passanger d) VEHICLE NUMBER: MODEL: "
Induding delice
( CONTACT:

email.=

#### Claim Handling

#### Accident MT/1122284

Policy No.	5115335124-01		Vehicle No.	SKD4590K		GST Registration No.	
Certificate No.	5115335124-01-000005						
Policyholder Name	SINCERE RENTAL					Policyholder NRIC	533
Product Code	FLEET MASTER INSURANCE		Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	84025025	7.4	Contact No.(Office)			Contact No.(Home)	
Email Address			Special Remark			eCode	No
KFK	No Yes		TCA	No Yes		eCode Reason	140
NCD Protection	No		NCD Entitlement(%)	0		Private Hire	Yes
Accident Details	NO		NCD Enddement(70)	U		rrivate nire	res
Les Assembles and Assembles an	25/02/2021 00 55		4 - 14 - 15 P 1 Will 1 - 24 b -				
Report Date	25/02/2021 09:57		Accident Report Within 24 hrs	Yes		Accident Type	Col
Date of Accident	23/02/2021		Time of Accident hh:mm	17:40		Country of Accident	Sin
Reporting Centre			Orange Force			ICM No.	
Accident Location	PIE TOWARDS CHANGI						
<b>▽ Total Excess Applicable</b>							
xcess Type	Per Accident		Windscreen Excess		100.00		
OD Standard Excess	2,000.00		TP Standard Excess		1,500.00		
TED OD Excess			YIED TP Excess			Driver is Covered?	Cov
	0.00		TIED IP EXCESS		0.00	Driver is Covered?	COV
Additional Excess	0						
Total OD Excess Applicable	2000.00		Total TP Excess Applicable		1,500.00		
▼ Benefits	Man						
♥ GST Registered Informa      GST Registered	No			GST Registratio	n Date		
GST Registration No.	NO			GST Status Ver		Yes	
Modification History				GST Status Ven	incu	les	
	dress						
							CT
Address 1	BLK 76 #12-174		Address 2	BEDOK NORTH ROAD		Address 3	51
	BLK 76 #12-174		Address 2 Address Type	Singapore address		Post Code	
Address 1 Address 4 Unit No.	BLK 76 #12-174 12-174						
Address 4			Address Type	Singapore address			
Address 4 Unit No.  OI Driver Info			Address Type	Singapore address			
Address 4 Unit No.  OI Driver Info Driver Name	12-174		Address Type Related Policy Number	Singapore address 5115335124-01			46
Address 4 Unit No.	12-174 Unnamed Driver MUHAMMAD NABIL BIN SARDC		Address Type Related Policy Number Driver Type	Singapore address 5115335124-01 Unnamed Driver		Post Code	46
Address 4 Unit No.  OI Driver Info  Driver Name  Unnamed driver Name	12-174 Unnamed Driver MUHAMMAD NABIL BIN SARDC		Address Type Related Policy Number  Driver Type Driver NRIC	Singapore address 5115335124-01 Unnamed Driver S8831400Z		Post Code  Driver DOB	46
Address 4 Unit No.  OI Driver Info  Driver Name Unnamed driver Name Register Date of Driver License	12-174  Unnamed Driver  MUHAMMAD NABIL BIN SARDC 13/07/2009		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age	Singapore address 5115335124-01 Unnamed Driver S8831400Z		Post Code  Driver DOB Driving Experience	46
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	12-174  Unnamed Driver  MUHAMMAD NABIL BIN SARDC 13/07/2009		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office)	Singapore address 5115335124-01 Unnamed Driver S8831400Z		Post Code  Driver DOB  Driving Experience Contact No.(Home)	24
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	Singapore address 5115335124-01 Unnamed Driver S8831400Z 32		Post Code  Driver DOB Driving Experience Contact No.(Home) Address 3	24 11
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1	12-174  Unnamed Driver  MUHAMMAD NABIL BIN SARDC 13/07/2009		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	Singapore address 5115335124-01 Unnamed Driver S8831400Z 32		Post Code  Driver DOB Driving Experience Contact No.(Home) Address 3	24
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	24
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	24
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes  No		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address  SKD4590K		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	24
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes  No		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address  SKD4590K		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	24
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  New	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes  No		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address  SKD4590K		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code	24 111 688 N
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type *	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes No		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?	Singapore address 5115335124-01  Unnamed Driver \$8831400Z 32  Foreign address  SKD4590K  Yes  No		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code Driver Insurer Company	24 11 68 N
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001  New  Claim Type * Contact No.(Mobile)	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes No		Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any Injury?	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address  SKD4590K  Yes No		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office)	24 11 11 11 11 11 11 11 11 11 11 11 11 11
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Contact No.(Mobile) Email Address	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes  No  O mg	021	Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?	Singapore address 5115335124-01  Unnamed Driver \$8831400Z 32  Foreign address  SKD4590K  Yes  No		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number	24 11 68 N
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Address 4 Unit No.  OI Driver Info  Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 1001  New  Claim Type * Contact No.(Mobile)  Email Address Claim Description Preferred Workshop Contact	Unnamed Driver MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178 Yes  No  O mg	021	Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number	Singapore address 5115335124-01  Unnamed Driver \$8831400Z 32  Foreign address  SKD4590K  Yes No	<b>V</b>	Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number	24 11 55 N
Address 4 Unit No.  OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	12-174  Unnamed Driver  MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178  Yes No  Omg  OD-MX  SKD4590K / FBG4742E ON 23 Feb 20	021	Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any injury?  Insured Name Contact No.(Home) OI Vehicle Number	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address  SKD4590K  Yes No  SINCERE RENTAL  SKD4590K		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	24 11 68 N
Address 4  Unit No.  OI Driver Info  Driver Name  Unnamed driver Name  Register Date of Driver License  Contact No.(Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore  Registered car?  Declaration  Breathalyser or Blood Test  Reading?  Modification History  Claim 001  New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation	12-174  Unnamed Driver  MUHAMMAD NABIL BIN SARDC 13/07/2009 84025025  09-178  Yes No  OD-MX  SKD4590K / FBG4742E ON 23 Feb 20  Yes	021	Address Type Related Policy Number  Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type  Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option	Singapore address 5115335124-01  Unnamed Driver S8831400Z 32  Foreign address  SKD4590K  Yes No  SINCERE RENTAL  SKD4590K		Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code  Driver Insurer Company  Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	24

Save Submit

Attachment

Accident No. Last Doc. Received

Choose File No file chosen MT/1122284

Path \*

Claim No.

Upload Date

25/02/2021 10:15

	Category *			Confidential		Urgency *	
Clear	Please Select	~	NO	~	Normal	,	
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Message Read					
	List				
Attachment	Uploaded By/Date	Category	9	Urgency	Description
A	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
- 37	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
3	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
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<b>R</b>	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:15	Photos		Normal	Photos 2021-2-25
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GIBP 4709	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-25
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4 5,7 °	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-25
3	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 25 Feb 2021 10:14	SAS		Normal	SAS 2021-2-25

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Folder Date

File Name

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Source

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### 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: 5115335124-01-000005

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKD4590K

Chassis Number

: JN1BAAG11Z0150747

2. Name of Policyholder

: SINCERE RENTAL

3. Effective Date of Insurance

: 09 Feb 2021

4. Expiry Date of Insurance

: 08 Feb 2022

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

	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
SUM INSURED	
HIRE PURCHASE COMPANY	: AMZ PTE, LTD.
NAMED DRIVER (2)	: N/A
NAMED DRIVER (1)	: N/A
PRIMARY DRIVER	: N/A
	: NO
EXCESS WAIVER	: NO
TRANSPORT ALLOWANCE	: NO
NCD PROTECTION	: YES
INSURE WITH COE	: NO
REPAIR AT OWNER'S PREFERRED WORKSHOP	: PLEASE REFER OVERLEAF
UNNAMED DRIVER EXCESS	: N/A
ADDITIONAL EXCESS	: 5\$100
WINDSCREEN EXCESS	: S\$1,500
EXCESS (SECTION 2)	: 5\$2,000
EXCESS (SECTION 1)	. 562 000

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

: 5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 08 Feb 2021 09:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive**