The Property of the Property o	Job description	Date & Time Completed	Done by	
Date In: 06/12/2017 13:50	100 description		1	
ResNo NBA/ INC17023152 K4	SAS e-filing			
Veh No FBF 8972L	E-mail (within 8hrs. Ale	1-07-170	1 06 12 17 1	7:50
DOA 10/11/2017 22:30	i-Motor Claim For		1 10 11 11 11 11	
	i-Motor W/O (Within	n: OD 2hrs. TP 4hrs)		3
OD TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey F	Report		
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/WksD		
LING Assista Wiken LOW: I		Tel:	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (	YN 2257T.	INC( )/Non-INC( )		
II Particulars.	10000	_ Tel:	)	
Owner / Driver: (	eriod: (	) Cover Type: (	)	
Confirmed by (	Da		)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F: S	0-100%]	
1110.01		NO( )		
Year of Registration.		)	Amsan	
The second secon	A Managaran Co.	THE RESIDENCE OF THE PARTY OF T	11 119	
General Remarks:-	ti - trieth Confide	atial & Strictly NO rafer of repair	er.	
( ) Walk-In Customer: Customer's info	ormation strictly confide	man a constraint ————————————————————————————————————		
( ) Total Loss Case : to e-mail Insui	rer URGENTLY.	- : 5 /		)
Drive-In ( )/Towed-In ( ); Invoid	ce: YES ( ) / NO (	); Towing Co. (		
Remarks:- (INC hotline: 6788 6616)		Date&Time Complete	d Done b	у
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Courtesy Car ( )			
1) Apply for Transport	( )			
2) OC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection	\$3000] ()			- V)
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	\$3000] ( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	\$3000] ( )			
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3) Upload Resurvey Photo [Repair Cost > 5]  Injury:			Ani((S)	· Aint (
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions		voice Preparation Checklist	Ani((5)	
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  . NA 1705	7563 In	a R · Accident Reporting (\$30);	lst Bill	
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  . NA 1705	7563 In	AR: Accident Reporting (\$30); DA: Damage Assessment (\$100); TF: Towing Fee	1st Bill NC (\$80) \$40/\$45	
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAITO:  Claumant's Particulars:	7563 In (1) (2) (3) (4)	AR: Accident Reporting (\$30); DA: Damage Assessment (\$100); IF: Towing Fee FT: Follow-Through Survey The Survey (Resurvey)	1st Bill NC (\$80) \$40/\$45 \$120 \$30	
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3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damäged Portion:  QC Checked by (Engr-In-Charge):  Auditors! Comments:-	7 5 6 3 In 2) 3) 4) 5) 6) 7) 8)	AR: Accident Reporting (\$30);  DA: Damage Assessment (\$100);  IF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Resurvey) FT: Follow-Through Survey (Resurvey) TR: Re-inspection NI: Idae DA + SMRT Survey  NTUC Additional Services:  OD*  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection  *N8: DV / Collect Excess Coordination  TP (N11): TP (N-m INC) against INC	1st Bill  NC (\$80)  \$40/\$45  \$120  \$30  \$75  \$160  \$51	Add 8
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damäged Portion:  QC. Checked by (Engr-In-Charge):	7 5 6 3 In 2) 3) 4) 5) 6) 7) 8)	AR: Accident Reporting (\$30);  DA: Damage Assessment (\$100);  IF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Resurvey) FOLClaiming against INC Only (wef 10 J. TR: Re-inspection NI: Idae DA + SMRT Survey NTUC Additional Services;  OD:  *N5: Courtesy Car / Tpt Allowance  *N6: Repair Co-ordination  *N7: Post Repair Inspection  *N8: DV / Collect Excess Coordination  TP (N11): TP (N-10 INC) against INC  ) N12: Idae Mobile	1st Bill  NC (\$80)  \$40/\$45  \$120  \$30  \$200  \$75  \$160  \$55  \$510  \$25  \$520	Add 8

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of 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.

BOOK OF THE PROPERTY.	ACCIDENT STATEMENT	ATT BEST TO
Date Of Report	06/12/2017 13:50	
Date Of Accident	10/11/2017 22:30	
Exact Location Of Accident	TAI SENG AVENUE HEADING TWDS UBI	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	alternin
Vehicle Registration Number	FBF8972L	
Insured/Policyholder		
Name Of Registered Owner	ABDUL HAMID BIN MOHAMED ALI	
NRIC No	S1656876G	
Email Address	KEMY4880@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-81051859	
Alternative Phone No	OTHERS-81051859	
Vehicle Particulars		
Manufacturer	YAMAHA	

Manufacturer FZ 16 Model

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

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken MOTORCYCLE Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5052730234-05 Policy Number

Cover Note Number

Driver

ABDUL HAMID BIN MOHAMED ALI Name of Driver

S1656876G NRIC No 16/06/1963 Date Of Birth INDOOR Occupation 20/01/1990 Date Of Driving Pass

27 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81051859 Mobile Number

Fax Number

OTHERS-81051859 Contact Number

KEMY4880@GMAIL.COM EMail Address

BLK 334 HOUGANG AVE 5

#09-262

530334 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

NO COLLISION Type Of Accident DRIZZLING Weather Conditions

WET Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

YES Was any body injured in the Accident? YES

Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

GEYLANG N.P.C Police Station Name

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address

SINGAPORE

YES

NO

YN2257T

TEL NO: - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171111/2009

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

### **DETAILS OF INJURED PERSON 1**

Name ABDUL HAMID BIN MOHAMED ALI

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? FBF8972L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:
  - 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 .:

		1 X/ve	Attached	\
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CRIBE CIRCUMSTANCES	OF THE ACCIDENT			
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Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

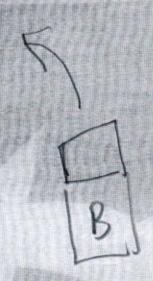
NRIC/FIN No.:

Tai Seng Ave towards Ubi Road

FBF 8972 L







Long Turn Left without stopping and giveway at the Stopping Line.  $(\gamma \times 22577)$ 





1 of 3

. Report No. T/20171111/2009

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No. 1800-8486999

		FIC ACCIE	DENT	Vide Re	Vide Report No.:				Station Diary No.:	
ate/Time 1/11/2017	Repor 7 01:49	t Made:		and another	The second secon			17	AND THE PERSON NAMED IN COLUMN	
formant	's Pari	ticulars		Address	MANUAL DE					
Name of Informant: ABDUL HAMID BIN MOHAMED ALI		APT BL 530334	Address. APT BLK 334 HOUGANG AVENUE 5 #09-262 SINGAPORE 530334							
D Type /	ID No.	: :6876G		Contact Home/C			Mobile: 8	1051859	9	
Nationality SINGAPO	۷:	ITIZEN		Email:						
Sex: Male	Age 54	: Da	ate of Birth 5/06/1963	Rider	f Informant:		Institution	/ Scho	ol Name:	
Race: Malay				Langua		· · · · · · · · · · · · · · · · · · ·				
Occupation: TECHNICIAN(GENERAL)			Driving Licence Information: Class: Date of			Expiry:				
to the second			the Accid	ent	V-402			T	ype of Location	
Type of Acciden	the state of the s	Injury	V	mbulance	Drive Accid		e/Time of dent: 1/2017 22:30		ype or Locatio	
Location Along R TAI SEI	oad 1 NG AV							Road S	Speed Limit:	
Meading Weather Drizzlin	er:	200	YLANG	NPOWet	d Surface:				Volume:	
Traffic One W	Flow:	wo way	SAPORE	AR ROATraff 40901/Not	Controlled				e conveyed by	
Type o	f Collis ision	sion:			The second benefit and the second		11 18 No. 11	ambul No	ance.	
	2012									
Committee of the Commit	THE RESERVE AND PARTY OF THE PA	hicle In	volved	ake	Model	Color	The second second second second	ndition	No of Passen	
Mahiel	e No.	Type		MAHA	FZ 16	Black	SI	ghtly	0	

Details of Vo	ehicle Involve	d	Model	Color	Condition	No of Passeng
Vehicle No.	Type	Make		The second second second second	Slightly	0
FBF8972L	Motorcycle	YAMAHA	FZ 16	Black	Damaged	

Details of Ve	hicle Insurance	Insurance No	Effective	Expiry Da
Libiala Nia	Insurance Company		07/01/2017	06/01/20
FBF8972L	NTUC Income Insurance Co-Operative	303270020		



2 of 3

Report No. T/20171111/2009

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No			_	- AIA	
No. of Pedestrians Injured: NIL		Use of Pede	estrian	Cross	ng: NA	
Rider			ID No.		S1656876G	
Name	ABDUL HAMID BIN MOHAMED ALI		ID No.		516566766	
Related Vehicle	FBF8972L (Motorcycle)		Contact No.		81051859	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	10/11/2017	Date Disch	arge	NIL		
Na of Dove gran	ted Medical Leave 04	Degree of	Injury	Sligh		

#### Brief Details.

On 10/11/17 at about 2230hrs, I was driving along tai seng avenue heading towards ubi when one white lorry turn out from kim chuan lane to tai seng avenue without stopping at the stopping line. To avoid knocking onto the lorry I applied emergency brake which cause my motorcycle to skid due to the wet weather and fell to the ground. I was then shortly conveyed by ambulance to Tan tock seng hospital so I did not manage to get his car plate number and particulars.

I remember there is a TP officer attended to my accident but I was about to leave to tan tock seng hospital.



T/20171111/2009

3 of 3

di

Report No. T/20171111/2009

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

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: G / Sgt 2 LIM ZHENG HONG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2017 01:49	4.1
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:	



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 6259 www.police.gov.sg

Our Ref

: TP/IP/60991/2017

Date

: 24 November, 2017

Abdul Hamid Bin Mohamed Ali Blk 334 Hougang Avenue 5 #09-262 Singapore 530334

Dear Sir/Madam

# ACCIDENT INVOLVING FBF8972L/ YN2257T ON 10/11/17 AT 2218 HRS, ALONG TAI SENG AVENUE

I refer to the above accident.

- Please be informed that we have completed our investigations which shows that the driver of YN2257T had committed an offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act Chapter 276. Action has been initiated against the said driver for the said offence.
- If you have any queries, please contact the Investigation Officer, Abdillah at telephone
   65476246.

Yours faithfully

Zaini Mohamed Salleh, Stn Insp For Head, Traffic Investigation Traffic Police Singapore Police Force



10. Ubi Avenue 3 Singapore 408865 Tel: 6547 0000

Fax: 6547 6259

Date: 12 Nov 2017

Your Ref

Our Ref

: TP/IP/60991/2017

ABDUL HAMID BIN MOHAMED ALI APT BLK 334 HOUGANG AVENUE 5 #09-262 SINGAPORE 530334

FBF8972 L

ւլլութվովիվիվիկիվ

Dear Sir / Madam,

# CASE OF TRAFFIC ACCIDENT ALONG TAI SENG AVENUE ON 10 NOV 2017 @ 10.18 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer MD ABDILLAH BIN PALIL at his / her office number: 65476246 or the supervisor SITI HAIRA BTE BATRA at 65476221 if you have any further queries.
- Thank you. 5

Yours faithfully,

TAN CHEE SING (ASP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.



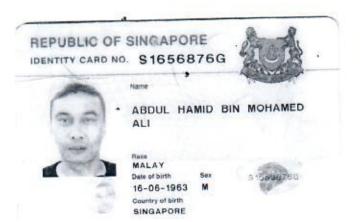
Bukit Meraling

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good much is	CCIDENT DATE: ( CO. / . IN. / COT / )(DD/MM/YYYY).	IIWs:(	
and william	CCIDENT DATE: 10/11/2017/10D/MMMYYYY).	heading - toward	Ubi.
do Nom 16	CATION:   at	<del></del>	
Culeva	·· 9		
/,	1 DETAILS OF VEHICLS	N. T.	98
	alvehicle Number: FBF8972		
	b)INSURANCE COMPANY:	and the same of th	150
	C)POLICY NUMBER:	- Company of the contract of t	***
	d) POLICY TYPE: (COMPREHENSIVE / THIRD PART	IA / THISO LASTA LIKE PILLELI	23
	CILLARE & LICOSIL		
	()TYPE: (SALOON / COUPE / MPY / VAN / LORRY	/ WOLOSCACIE' OTHERS	
	g) VEHICLE CATEGORY:   PRIVATE / COMMERCIA	AL / MOTORCYCLE)	9
	hipurpose of using at accident time:		
	I) ARE YOU CLAIMING UNDER YOUR OWN INSUF	RANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	INO DINIO ONI YI	27
59		L'OKHILO OLICIA	139.0
	2. INSURED / POLICY HOLDER	11.11.00 ( PETIL ET ET	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[MALE / FEMALE]	
27	b) NRIC/FIN/PASSPORT:	CONTACT!	<del>-</del>
	c ADDRESS:		
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	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HO	DLDER	11 11
Will of		11) Sectional Parameter	
\$ Ho of passon	Jep alsimie.	(MALE / FEMALE)	
Cincluding de	iver.) b) MRIC/FIN/PASSPORT:	CONTACT 810518	57
(15	[2014] (1), 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	The second secon	
(1)	c) ADDRESS:		100
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	*dIDATE OF BIRTH: [](DD/	initiational	
	· DOCCUPATION: (INDOOR / OUTDOOR)	N.	-1/.
	1) DATE OF DRIVING TULLUCE	EDIE COMPANIVE PER INC	DOWN.
	4. WAS DRIVER AN EMPLOYEE OF THE INSUR	CEDIS COMPANTI A COMP	1
	THE NEW BELLETONICHTO OF THE UKIVER WILL	I INSURCE I	
	5 OWEATHER CONDITION: (CLEAR / RAINING /	OTHERS DE CELLES	
	BIRDAD SURFACE: (DRY / ME) / OTHERS	A	- Contract (1)
	WAS ANYBODY INJURED (YES/ NO)	the state	*
10	7 OUR EPORTED TO POLICE (RES / NO)	34	1
10	IF YES, PLEASE STATE WHICH POLICE STATION	V:	
	8. THIRD PARTY VEHICLE YN 2257	P a successive	
4 140 of passon		MODEL!	<del></del>
	- LI CONTROLS PLANE.	Checks 15-12	
(Induding d		CONTACT:	
( )	o NKIC/FIN/FASSLONI	The consequence of the consequen	
-	9. THIRD, P'ARTY YEHICLE	MODEL:	5 G (c)
an here	d) VEHICLE NUMBER!	MODEL!	
A 10 of bace		CONTACTIL	- 1
(Including	delver) () KRIC FX PASSPORTI	CONTACT	
( )	TOTAL REPORTED TO THE TOTAL PROPERTY OF THE		
-		5 y 5	353

email: Kenny egnail: com

fax = Kenny 4880 @ gnail-com

VIDEO











#### Certificate of Insurance

MOTOR VEHICLES (TH	IIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (TH	IIRD PARTY RISKS AND COMPENSATION) RULES, 1960
	T LOOT INAL AVEIN

ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : Third Party, Fire & Theft Certificate Number : 5052730234-05

Index mark and Registration Number of Vehicle

: ME121C07BB2018215 Chassis Number

: ABDUL HAMID BIN MOHAMED ALI 2. Name of Policyholder : 07 Jan 2017 3. Effective Date of Insurance

: 06 Jan 2018 4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only. 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.

N/A EXCESS (SECTION 1) N/A EXCESS (SECTION 2)

PLEASE REFER OVERLEAF EXCESS (THEFT OUTSIDE SINGAPORE)

: YES INSURE WITH COE

: ABDUL HAMID BIN MOHAMED ALI NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : UNIVERSAL MOTORS PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

COMMERCIAL AGENCY PTE LTD (00000614425) Agency

: 28 Dec 2016 15:51 hrs Date of Issue 28 Dec 2016 15:51 hrs Reprint

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Chief Executive **Authorised Officer** 

- PaaTash		516						Gener	alClaim
eBaoTech  Hello, NAC_PAYA_UBI_80	0601				2.1	Change Lar	nguage	· Change Password	Log Ou
My Desktop	<b>Policy Query</b>						10000		
Notice of Loss	Policy No.				Date of Acci	dent	10/11	/2017 22:30	
	Vehicle No.(For Motor)	FBF8972L							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	6 5052730234-05	ABDUL HAMID BIN MOHAMED ALI	S1656876G	GMC	Third Party, Fire & Theft	FBF8972L	FBF8972L	07/01/2017	06/01/2018
					Continue				

Policy No.	5052730234-05	Policyholder Name	ABDUL HAMID BIN MOHAMED A	Policyholder NRIC	S1656876G
Address	BLK 334 #09-262 HOUGANG AV	ENUE 5 SING	APORE 530334		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	28/12/2016	Effective Date	07/01/2017 00:00	Expiry Date	06/01/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy!	nolder Mailing Address			V V V 2 2	Name of the Control o
Address 1	BLK 334 #09-262	Address 2	HOUGANG AVENUE 5	Address 3	SINGAPORE 530334
Address 4		Address Type	Singapore address	Post Code	530334
Unit No.		Related Policy Number	5052730234-05		
<b>♪</b> Insure	d Object: FBF8972L				
⊕ Endors	sements			1015 - 9255	THE COURT OF THE WORLD WARREN
	ce Date of Endorsement	Endors	ement Type Endorseme	nt Status	Endorsement Content

ident MT/0972639		the support	FBF8972L	GST Registration No.
icy No. 5	052730234-05	Vehicle No.	PBF6372L	Policyholder NRIC
licyholder Name A	BOUL HAMID BIN MOHAMED ALI			Loading
oduct Code N	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Contact No.(Home)
ontact No.(Mobile) 8	91051859	Contact No.(Office)	0	eCode
mail Address		Special Remark		eCode Reason
FK.	© No ← Yes	TCA	@ No € Yes	\$1.531.0000000000000000000000000000000000
CD Protection	No	NCD Entitlement(%)	20	
<b>♦</b> Accident Details				Accident Type 5
	06/12/2017 17:41	Accident Report Within 24 hrs	Yes	ACCIDETA 1990
cepuit bote	10/11/2017	Time of Accident hh:mm	22:30	Country of Accident S
	10/13/2017	Orange Force		ICM No.
Reporting Centre	TAI SENG AVENUE HEADING TWDS UBI			
	TAI SENG AVENUE HEADING THOS VOI			
⇒ Benefits				
▽ Excess	0.00	Additional Excess		Windscreen Excess
Own damage Excess	0.00	Outside Singapore OD Excess		
Unnamed Driver Excess	4.00	Outside Singapore TP Excess		
Third Party Excess	0.00	Cotside Singapore in Excess		
GST Registered Informat	tion		GST Registration Date	
GST Registered	No		GST Status Verified	Yes
GST Registration No.				
Modification History				
A DEL VIGIO DE CONTROL DE LA CASO DE CASO.	.000			
Policyholder Mailing Add	BLK 334 #09-262	Address 2	HOUGANG AVENUE 5	Address 3
Address 1	BLK 334 #09-202	Address Type	Singapore address	Post Code
Address 4		Related Policy Number	5052730234-05	
Unit No.		Regulato Policy (Voltage		
OI Driver Info		Driver Type	Main Driver	
Driver Name	ABDUL HAMID BIN MOHAMED ALI	Driver NRIC	S1656876G	Driver DOB
Unnamed driver Name			54	Driving Experience
Register Date of Driver License	20/01/1990	Driver Age	0	Contact No.(Home)
Contact No.(Mobile)	81051859	Contact No.(Office)	HOUGANG AVENUE 5	Address 3
Address 1	BLK 334	Address 2		Post Code
Address 4		Address Type	Singapore address	7001 0000
Unit No.	#09-262			
Does he own a Singapore Registered car?	(* Yes @ No	Driver Vehicle No.		Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes 🚇 No	
Medification History  Claim 001 OD-MX Nex	w.			
	OD-MX *	Insured Name	ABDUL HAMID BIN MOHAMED A	Insured NRIC
Claim Type *		Contact No.(Home)	NIL	Contact No.(Office)
Contact No.(Mobile)	81051859	OI Vehicle Number	FBF8972L	TP Vehicle Number
Email Address	CONTRACTOR A CONTRACTOR ON TA NA. 2017			Name of Preferred Workshop
	FBF8972L / YN2257T ON 10 Nov 2017	Toronto Philippine	Partially at Fault	
Claim Description		Insured Liability *	And the second s	▼ GIA report
Preferred Workshop Contact	7/1	Preferend Repair Option	Preferred Workshop, Name unknown	and property and
	Yes			Date Received
Preferred Workshop Contact No.	Yes • 06/12/2017 17:49	Claim Close Date		Date Received Total Loss but Repaired
Preferred Workshop Contact No. Require Finalisation Date Registered				Date Received Total Loss but Repaired
Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	06/12/2017 17:49	Claim Close Date		
Preferred Workshop Contact No. Require Finalisation Date Registered	06/12/2017 17:49	Claim Close Date	Save Submit	
Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	06/12/2017 17:49	Claim Close Date	Save Submit	
Preferred Workshop Contact No.  Require Finalisation Date Registered Report Taken By  Print AK letter  Attachment	06/12/2017 17:49 KRISHNASAMY	Claim Close Date	Save Submit 001	
Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	06/12/2017 17:49	Claim Close Date Workshop Repairer		

