



## 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 withholding 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.
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	05/02/2018 19:11
Date Of Accident	05/02/2018 13:00
Exact Location Of Accident	JUNCTION OF PUNGGOL ROAD AND TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4153P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KIM
NRIC No	S1288676D
Email Address	KNG.CCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97362241
Alternative Phone No	OFFICE-97362241

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3 300 LT-278CC
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065739250-03
Cover Note Number	

### Driver

Name of Driver	NG KIM
NRIC No	S1288676D
Date Of Birth	30/11/1958
Occupation	INDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97362241
Fax Number	
Contact Number	OFFICE-97362241
Email Address	KNG.CCK@GMAIL.COM



Address	BLK 411 CHOA CHU KANG AVENUE 3 #12-351
Postcode	680411
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 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180205/2108

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK722Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHU JIENENG
NRIC/Passport Number	
Contact Number	81214806
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

NG KIM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ4153P

Were seat belts worn?

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:

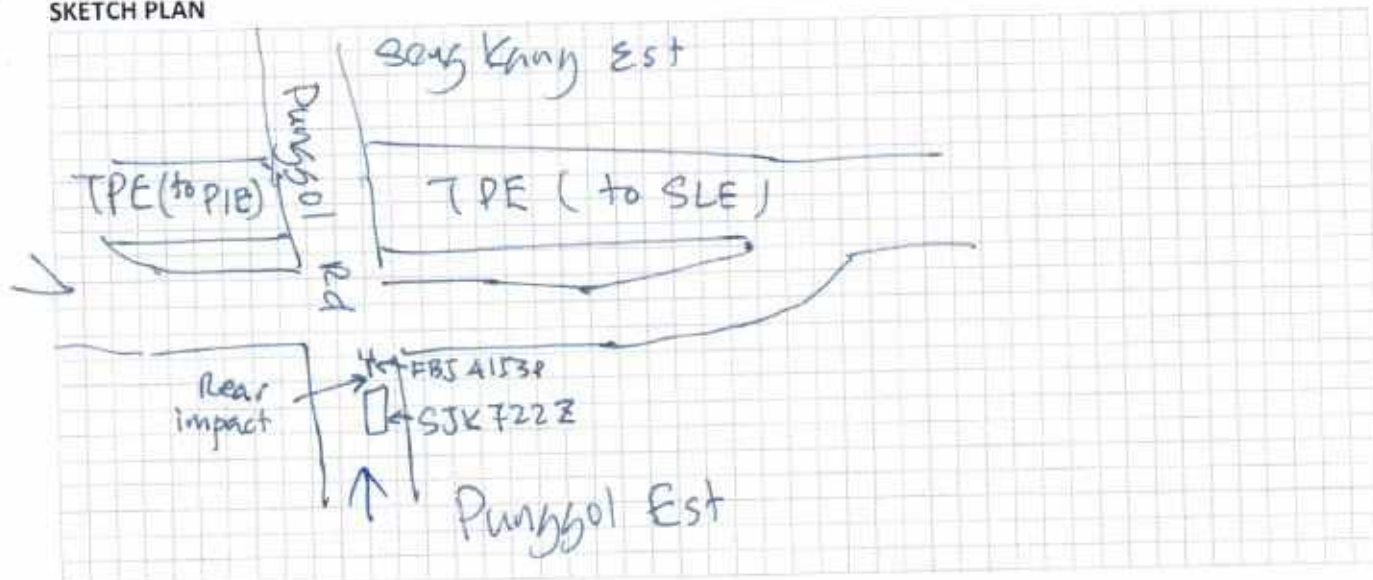
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refuse to Police Report  
T/ 9018 0705/2108

## DECLARATION

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

5/2/2018 (1630 hrs)

Policyholder's Signature  
Date & Time:

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

05/02/2018  
Reporting Centre Personnel's Signature  
Name: Keshi Wintona  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180205/2108

1 of 3

Report No. T/20180205/2108

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
05/02/2018 15:51

Vide Report No.:

Station Diary No.:  
56

**Informant's Particulars**

Name of Informant:  
NG KIM

Address:  
APT BLK 411 CHOA CHU KANG AVENUE 3 #12-351  
SINGAPORE 680411

ID Type / ID No.:  
NRIC NO / S1288676D

Contact No.:  
Home/Office: Mobile: 97362241

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 59 30/11/1958

Type of Informant:  
Rider

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
ENGINEERING EXECUTIVE

Driving Licence Information:  
Class: 2B,2A,3

Date of Expiry:

**General Information of the Accident**

Type of  
Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
05/02/2018 13:00

Type of Location:  
Straight Road

Location:  
Along Road 1  
PUNGGOL ROAD

Along Punggol Road Junction of Punggol Road and TPE.

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Dual Carriage Way

Traffic Control:  
Traffic Light - Working

Traffic Volume:  
Light

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
FBJ4153P	Motorcycle	PIAGGIO	PIAGGIO MP3 300 LT	Grey	Slightly Damaged	0
SJK722Z	Car	HONDA		Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ4153P	NTUC Income Insurance Co-Operative Limited	5065739250-03	19/05/2017	18/05/2018



**SINGAPORE  
POLICE FORCE**



T/20180205/2108

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20180205/2108

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NG KIM	ID No.	S1288676D
Related Vehicle	FBJ4153P (Motorcycle)	Contact No.	97362241
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: 05/02/2018
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ZHU JIENENG	ID No.	NIL
Related Vehicle	SJK722Z (Car)	Contact No.	81214806
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

**Brief Details.**

On 05/02/2018 at about 1300hrs, I was riding my motorbike, registration number FBJ4153P, along Punggol Road towards TPE. I then came to a stopped at the junction of Punggol Road and TPE, at the extreme right lane, waiting for the traffic light to turn green. Suddenly, I felt and impact from the rear. Due to that, I fell to the ground. The driver alighted from his vehicle and assisted me. We then exchanged particulars. I did not have any camera installed. I went to clinic for treatment and was given 3days of MC. I suffered swelling on my lower left leg and pain on my left arm.





**SINGAPORE  
POLICE FORCE**



T/20180205/2108

3 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180205/2108

**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:

D /

Staff Sgt NOORHIDAYAT BIN WAHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/02/2018 15:51

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168



## Claim Handling

Accident MT/0981070

Policy No.	5065739250-03	Vehicle No.	FBJ4153P	GST Registration No.	
Policyholder Name	NG KIM			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	97362241	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	05/02/2018 19:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	05/02/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF PUNGGOL ROAD AND TPE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 411 #12-351	Address 2	CHOA CHU KANG AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5065739250-03		
<b>OI Driver Info</b>					
Driver Name	NG KIM	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S12886760	Driving Experience	
Register Date of Driver License	21/03/1985	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	97362241	Contact No.(Office)		Address 3	
Address 1	BLK 411 #12-351	Address 2	CHOA CHU KANG AVENUE 3	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBJ4153P	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NG KIM	Insured NRIC	
Contact No.(Mobile)	97362241	Contact No.(Home)	67647283	Contact No.(Office)	
Email Address		OI Vehicle Number	FBJ4153P	TP Vehicle Number	
Claim Description	FBJ4153P / SJK722Z OM 5 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	05/02/2018 19:33	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0981070	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/02/2018 19:33
Path *		Category *	Confidential Urgency

Browse

Clear

Please Select

Confidential

















Urgency

Normal



<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	5/3	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	5/2	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	5/1	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	5/0	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼	5/0	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:33	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Feb 2018 19:30	Photos	Normal	Photo

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

# ACCIDENT STATEMENT

ACCIDENT DATE: 05/02/2019 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: Pangol Rd Junction With TPE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 4153P  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5065739250-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Piaggio  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: travelling to work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Ng Kim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1288676D CONTACT: \_\_\_\_\_  
 c) ADDRESS: BK 411 Choa Chu Kang Ave 3, #12-351  
S'pore 680411

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Ng Kim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1288676D CONTACT: 97362241  
 c) ADDRESS: BK 411 Choa Chu Kang Ave 3, #12-351  
S'pore 680411

\* d) DATE OF BIRTH: 30/11/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20.12.1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
 b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Queenstown NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 35K 722Z MODEL: Honda  
 b) DRIVER'S NAME: Zhu Jieneng  
 c) NRIC/FIN/PASSPORT: S88467543 CONTACT: 81214806

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email: kng.cck@gmail.com

Fax: \_\_\_\_\_

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1288676D



NG KIM

黄 钦

CHINESE

Date of Birth

30-11-1958

Country of Birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1288676D

Name

NG KIM

Birth Date 30 Nov 1958

Issue Date 16 Jun 2014



248781

NRIC No. S1288676D



Blood Group Date of issue

O+ 16-10-1994

Address

APT BLK 411 CHOA CHU KANG AVENUE 3  
#12-351  
SINGAPORE 2368

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles $\leq$ 200 cc	21 Mar 1985
Class 2A	Motorcycles between 201 cc and 400 cc	20 Dec 1993
Class 3	Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	16 Aug 1982

NP 428A



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5065739250-03 Cover : Comprehensive

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBJ4153P          |
| Chassis Number                                      | : ZAPM6410200010401 |
| 2. Name of Policyholder                             | : NG KM             |
| 3. Effective Date of Insurance                      | : 19 May 2017       |
| 4. Expiry Date of Insurance                         | : 18 May 2018       |
| 5. 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.

EXCESS (SECTION 1)	: S\$500
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: NG KM
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : A S PHOON PTE LTD (00000571911)  
Date of Issue : 25 Apr 2017 11:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorised Officer

Chief Executive