

NATIONAL Assessment Centre Services

Date In 13/02/2018 17:17	Job description	Date & Time Completed	Done by
Ref No NA/INC18002945/K4	SAS e-filing		
Veh No FBF7123C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 08/02/2018 13:50	i-Motor Claim Form	MT/0982318	14/2/18 09:45
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGV2955H	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788-6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)		
Cat. 2/3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	13/02/2018 17:17
Date Of Accident	08/02/2018 13:50
Exact Location Of Accident	JUNC AT STRAITS BOULEVARD MAXWELLRD ANDSHENTONWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7123C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD A'KASHA BIN MOHD AMIN
NRIC No	S9336751J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97831664
Alternative Phone No	OTHERS-97831664

Vehicle Particulars

Manufacturer	HUSQVARNA
Model	SM 125
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073493816-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD A'KASHA BIN MOHD AMIN
NRIC No	S9336751J
Date Of Birth	07/10/1993
Occupation	INDOOR
Date Of Driving Pass	13/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97831664
Fax Number	
Contact Number	OTHERS-97831664
Email Address	NOEMAIL

Address	BLK 945 TAMPINES AVE 4 #06-318
Postcode	520945
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	MARINA BAY NPC
Police Station Address	ROAD: 70 MARINA VIEW , POSTCODE: 018962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180208/2108

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	SGV2955H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEOW BEELENG
NRIC/Passport Number	S1607892A
Contact Number	97373628
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD A'KASHA BIN MOHD AMIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF7123C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

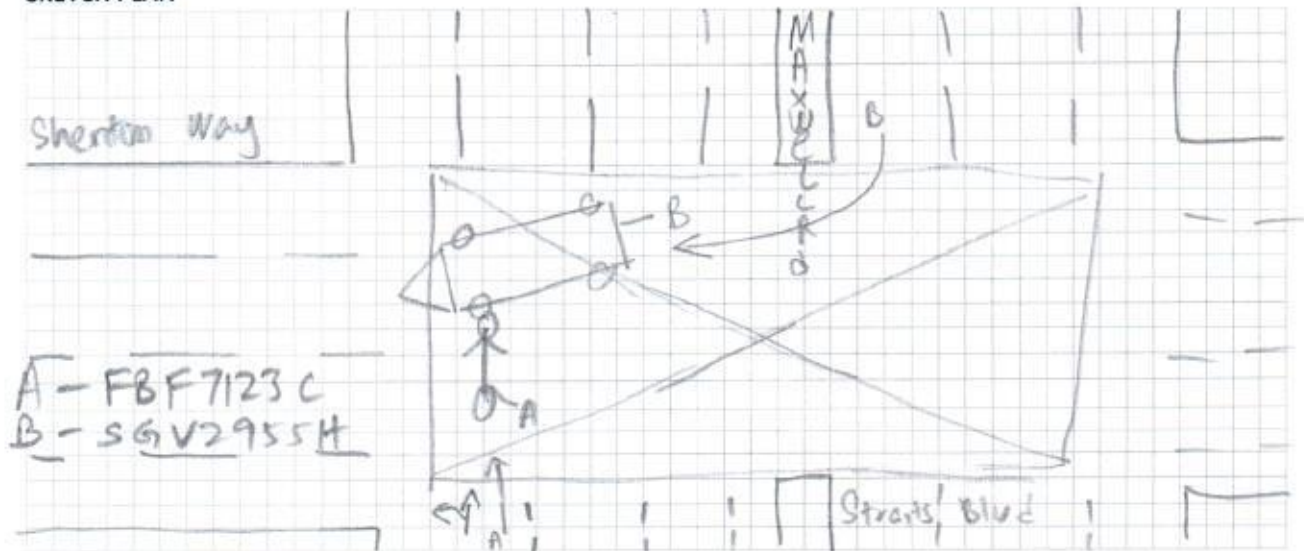


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 13/2/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20180208/2108

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.:



Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20180208/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2018 16:11	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: MUHAMMAD A'KASHA BIN MOHD AMIN			Address: APT BLK 945 TAMPINES AVENUE 4 #06-318 SINGAPORE 520945		
ID Type / ID No.: NRIC NO / S9336751J			Contact No.: Home/Office: Mobile: 97831664		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 07/10/1993	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CUSTOMER SERVICE OFFICER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2018 13:50	Type of Location: X-Junction
Location: Along Road 1 MAXWELL ROAD SHENTON WAY Junction at Straits boulevard, Maxwell Road and Shenton Way				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7123C	Motorcycle	HUSQVARNA	SM 125	Black	Slightly Damaged	0
SGV2955H	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF7123C	NTUC Income Insurance Co-Operative Limited	5073493816-01	02/11/2017	01/11/2018



Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20180208/2108

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Rider				
Name	MUHAMMAD A'KASHA BIN MOHD AMIN	ID No.	S9336751J	
Related Vehicle	FBF7123C (Motorcycle)	Contact No.	97831664	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	Teow Bee Leng	ID No.	S1607892A	
Related Vehicle	SGV2955H (Car)	Contact No.	97373628	
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 the 08/02/2018 at about 1350hrs, I was travelling on my motorcycle, bearing registration number FBF7123C, along Straits Boulevard towards Maxwell Road. As I was approaching the junction of Straits Boulevard and Shenton Way, the traffic light was green in my favor. I noticed a black car, bearing registration number SGV2955H, on the opposite side of Maxwell Road waiting to turn right into Shenton Way. I saw the car slowly inching forward to turn right and I thought that the driver could see me approaching as such I continued forward as the light was still green in my favor.

Halfway through the junction, the said car kept on moving until It eventually hit me on the front right side of my motorcycle at the wheels. This caused my bike to be pushed off and resulted in me falling on the right side. I managed to get up on my own and moved my bike to the side of the road. The driver of the said car drove her car to the side of Shenton Way and we exchanged our particulars and contact number. Neither of us called for police or ambulance.

The damages to my bike from my current assessment are a broken brake lever, broken IU Unit, faulty alignment and a leaking petrol tank. The car had scratches and dents on the left passenger door. I informed the driver that I would be going to see the doctor to get myself assessed as I felt pain on my right wrist. I also informed her that I will be proceeding to make a police report and she acknowledged. That is all.



**SINGAPORE
POLICE FORCE**



T/20180208/2108

3 of 4

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20180208/2108

CONTINUATION OF REPORT



Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

Report No. T/20180208/2108

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: A / Sgt 2 NUR FARHANA BINTI ABDUL AZIZ
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179

Signature Of Informant:
Date/Time: 08/02/2018 16:11
Classification Of Case:

Authentication Stamp
NP168





**SINGAPORE
POLICE FORCE**



G/20180213/2082

1 of 3

Report No. G/20180213/2082

POLICE REPORT (NP299)

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 13/02/2018 13:54	Vide Report No.	Station Diary No. 42
Name Of Informant MUHAMMAD A'KASHA BIN MOHD AMIN	Address APT BLK 945 TAMPINES AVENUE 4 #06-318 SINGAPORE 520945	
ID Type / ID No. NRIC NO / S9336751J	Contact No. Home/Office	Mobile 97831664
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Customer Service Officer	Sex Male	Age 24
Institution/School Name	Language English	Date of Birth 07/10/1993
Date/Time Of Incident 10/02/2018 07:00	Race Malay	
	Location Of Incident EAST COAST PARK SERVICE ROAD SINGAPORE Carpark G	

Brief details.

On 09/02/2018 at about 2200hrs, I went to East Coast Parkway carpark G1 to overnight.

On 10/02/2018 at about 0700hrs, I discovered that the under mentioned items belong to me no longer with me. Make a search but to no avail. I am not sure whether there CCTV around the vicinity.

Property Information

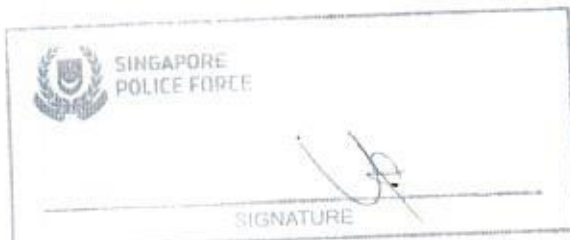
Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp KIANG HENG HUI, ROYCE Contact No.: 62447163

Signature Of Informant:

Date/Time:
13/02/2018 13:54

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20180213/2082

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180213/2082

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Black canvas wallet	Lost				1		One Black canvas wallet
2	Singapore Identity card	Lost				1		One Singapore Identity card
3	Singapore Driving licence	Lost				1		One Singapore Driving licence
4	Singapore Police Force 11-B	Lost				1		One Singapore Police Force 11-B
5	Work access card	Lost				1		One Work access card
6	Work health and dental card	Lost				1		One Work health and dental card
7	Cash	Lost				10	Singapore Dollars 500.00	Cash amounting to Five Hundred dollars Singapore

Signature Of Officer Recording The Report:

G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp KIANG HENG HUI, ROYCE
Contact No.: 62447163

Authentication Stamp

Signature Of Informant:

Date/Time:
13/02/2018 13:54

Classification Of Case:

SIGNATURE



**SINGAPORE
POLICE FORCE**



G/20180213/2082

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180213/2082

8	ATM card	Lost				1		One POSB ATM card
9	Medical Certificate	Lost				1		One medical Certificate from Healthway Medical Centre

Signature Of Officer Recording The Report:

G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL
RAHMAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp KIANG HENG HUI, ROYCE
Contact No.: 62447163

Signature Of Informant:

Date/Time:
13/02/2018 13:54

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



Private & Confidential

MUHAMMAD A'KASHA BIN MOHD AMIN

APT BLK 945 TAMPINES AVENUE 4 #06-318
SINGAPORE 520945

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

You will receive your photocard driving licence by registered post within 10 ~~to~~ working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S9336751J
(2B/3)

C001335951

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD
DRIVING LICENCE**

13/02/2018



**SINGAPORE
POLICE FORCE**

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

Private & Confidential

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S9336751J
(2B/3)

C001335951

IMPORTANT NOTES

YOU CAN DRIVE WHILE AWAITING THE

(Please do not detach)

DELIVERY OF YOUR PHOTOCARD

DRIVING LICENCE. you may visit the following

1. To check the delivery status of your photocard driving licence, you may visit the following webpage

<http://www.police.gov.sg/e-services>

FOR NEW DRIVING LICENCE HOLDER

2. Your driving licence is now placed on one-year probation.
3. Please be reminded that your driving licence will be revoked for a period of one-year if you fail to display the P-plate sign twice or accumulated 13 or more demerit points within the first 12 months from the date your driving licence was issued.
4. If your driving licence is revoked, you are required to pass the prescribed tests of competency (theory and practical) before you can be issued with a new driving licence.

(Please do not detach)



MUHAMMAD A'KASHA BIN MOHD AMIN



Sex	Nationality	
M	SINGAPORE	CITIZEN
Date of birth		Place of birth
07 OCT 1993		SINGAPORE
Date of issue		Date of expiry
23 FEB 2013		01 JUL 2018
Modifications		Authority
SEE PAGE 2		MINISTRY OF HOME AFFAIRS
National ID No		
59336751J		

PASGPMUHAMMAD<AKASHA<BIN<MOHD<AMIN<<<<<<<<<
E3713175H2SGP9310070M1807011S9336751J<<<<98

MT/NB/WELCOM/001

02 Nov 2017

MUHAMMAD A'KASHA BIN MOHD AMIN
BLK 945 #06-318
TAMPINES AVENUE 4
SINGAPORE 520945

Dear Policyholder

MOTORCYCLE INSURANCE
POLICY NUMBER: 5073493816-02

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Motorcycle Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at **csquery@income.com.sg**. Thank you.

Yours sincerely



Ken Ng
Chief Executive

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 : 5073493816-02

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party, Fire & Theft |
| Chassis Number | : FBF7123C |
| 2. Name of Policyholder | : ZKHH200ABAV001137 |
| 3. Effective Date of Insurance | : MUHAMMAD A'KASHA BIN MOHD AMIN |
| 4. Expiry Date of Insurance | : 02 Nov 2017 |
| 5. Persons or Classes of Persons entitled to drive# | : 01 Nov 2018 |
| (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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD A'KASHA BIN MOHD AMIN
NAMED DRIVER (2)	: MUHAMMAD FIRMAN BIN MOHD AMIN
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 : INCOME-BRANCH SERVICES (00000010126)
Date of Issue : 02 Nov 2017 18:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073493816-02	MUHAMMAD A'KASHA BIN MOHD AMIN	S9336751J	GMC	Third Party, Fire & Theft	FBF7123C	FBF7123C	02/11/2017	01/11/2018

▼ Policy Information

Policy No.	5073493816-02	Policyholder Name	MUHAMMAD A'KASHA BIN MOHE	Policyholder NRIC	S9336751J
Address	BLK 945 #06-318 TAMPINES AVENUE 4 SINGAPORE 520945				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/11/2017	Effective Date	02/11/2017 00:00	Expiry Date	01/11/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 945 #06-318	Address 2	TAMPINES AVENUE 4	Address 3	SINGAPORE 520945
Address 4		Address Type	Singapore address	Post Code	520945
Unit No.	06-318	Related Policy Number	5073493816-02		

▶ Insured Object: FBF7123C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0982318

Policy No.	5073493816-02	Vehicle No.	FBF7123C	GST Registration No.	
Policyholder Name	MUHAMMAD A'KASHA BIN MOHD AMIN			Policyholder NRIC	S93
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97831664	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

▼ Accident Details

Report Date	14/02/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	08/02/2018	Time of Accident hh:mm	13:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC AT STRAITS BOULEVARD MAXWELLRD AND SHENTONWAY				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 945 #06-318	Address 2	TAMPINES AVENUE 4	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520111
Unit No.	06-318	Related Policy Number	5073493816-02		

▼ OI Driver Info

Driver Name	MUHAMMAD A'KASHA BIN MOHD AMIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9336751J	Driver DOB	07/11/1988
Register Date of Driver License	13/08/2015	Driver Age	24	Driving Experience	2
Contact No.(Mobile)	97831664	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 945	Address 2	TAMPINES AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	520111
Unit No.	#06-318				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD A'KASHA BIN MOHD	Insured NRIC	S93
Contact No.(Mobile)	97831664	Contact No.(Home)	65226535	Contact No.(Office)	
Email Address	voodoo.shake@gmail.com	OI Vehicle Number	FBF7123C	TP Vehicle Number	SGV
Claim Description	FBF7123C / SGV2955H ON 8 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	14/02/2018 09:48	Claim Close Date		Date Received	14/02/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/0982318

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 14/02/2018 09:45

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:44	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:44	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:43	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 09:43	Photos	Normal	Photos 20:

▼ Video List

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