

NATIONAL Assessment Centre Services (NCS) (NCS 1000) **141948037887**

Date In: **20/03/2018 14:59**

Ref No: **NBA/acc/000517714**

Veh No: **FBM 7995**

D.O.A: **19/03/2018 13:15**

OO: **TP / Reporting Only**

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 24hrs, A/C 24hrs)

I-Motor Claim Form

I-Motor NY/O (within 60 days, TP claim)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/VKAR

Preferred Wksp / INC Assign Wksp / OWs:

TP Particulars

Yell No: **SV74205**

Owner / Drivers:

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customers information strictly Confidential & strictly NO role of repeller.

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

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

Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date Time:

Location:

NBA1801792

Human Inquiries:

Driver/Owner:

Contact No:

Assigned Person:

C. Checked by (Bug-In-Charge):

Willow Comments:

Invoice Preparation Checklist:

Item	Amount	Notes
1) AR: Accident Reporting (\$50)		
2) DA: Damage Assessment (\$100)		INC (40)
3) TP: Towing Fee	\$100	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Recovery)	\$120	
For all items apply INC Only (not for Ex 700)		
6) TR: Roadside Assistance	\$120	
7) NI: NI/DA + SMART Survey	\$140	
8) NTUC: Additional Survey Fee		
9) NI: NI/DA + SMART Survey	\$140	
10) NI: NI/DA + SMART Survey	\$140	
11) NI: NI/DA + SMART Survey	\$140	
12) NI: NI/DA + SMART Survey	\$140	
13) NI: NI/DA + SMART Survey	\$140	
14) NI: NI/DA + SMART Survey	\$140	
15) NI: NI/DA + SMART Survey	\$140	
16) NI: NI/DA + SMART Survey	\$140	
17) NI: NI/DA + SMART Survey	\$140	
18) NI: NI/DA + SMART Survey	\$140	
19) NI: NI/DA + SMART Survey	\$140	
20) NI: NI/DA + SMART Survey	\$140	

Invoice Total

Net Charged

Invoice Paid

Net 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	20/03/2018 14:53
Date Of Accident	19/03/2018 13:15
Exact Location Of Accident	PASIR RIS DR 3 TOWARDS PASIR RIS DR 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7299S
Insured/Policyholder	
Name Of Registered Owner	UMAR FARUQ BIN ZULFIKKAR ALI
NRIC No	S9913764I
Email Address	UMARZROWTHER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96478728
Alternative Phone No	OTHERS-96478728

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5098425725
Cover Note Number	

Driver

Name of Driver	UMAR FARUQ BIN ZULFIKKAR ALI
NRIC No	S9913764I
Date Of Birth	07/05/1999
Occupation	INDOOR
Date Of Driving Pass	14/02/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96478728
Fax Number	
Contact Number	OTHERS-96478728
Email Address	UMARZROWTHER@GMAIL.COM

Address	BLK 234 PASIR RIS DRIVE 4 #13-482
Postcode	510234
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?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180319/2193

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	SLV7420S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH CHIN KEONG
NRIC/Passport Number	S7102012F
Contact Number	98962137
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

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.


 20/03/19 11:30am
Policyholder's Signature

Date & Time:


Driver's Signature

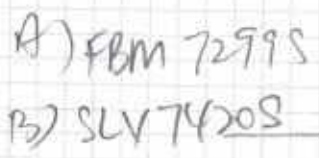
(If driver is not the policyholder)

Date & Time:

 20/03/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 



PLS REFER TO POLICE REPORT
1/20180319/2193

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

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180319/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 22:45		Vide Report No.:		Station Diary No.: 127	
Informant's Particulars					
Name of Informant: UMAR FARUQ BIN ZULFIKKAR ALI			Address: APT BLK 234 PASIR RIS DRIVE 4 #13-482 SINGAPORE 510234		
ID Type / ID No.: NRIC NO / S9913764I			Contact No.: Home/Office: Mobile: 96478728		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 07/05/1999	Type of Informant: Rider		
Race: Indian		Language:		Institution / School Name:	
Occupation: STUDENT		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2018 13:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 3 PASIR RIS DRIVE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBM7299S	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS FI	Black	Slightly Damaged	0
SLV7420S	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7299S	NTUC Income Insurance Co-Operative Limited	5098425725	26/02/2018	25/02/2019



**SINGAPORE
POLICE FORCE**



T/20180319/2193

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20180319/2193

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	UMAR FARUQ BIN ZULFIKKAR ALI	ID No.	S9913764I
Related Vehicle	FBM7299S (Motorcycle)	Contact No.	96478728
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	POH CHIN KEONG	ID No.	S7102012F
Related Vehicle	SLV7420S (Car)	Contact No.	989621371
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 above mentioned date, time and location, I was riding my motorcycle on the said location on the 2nd lane of two lanes. I was approaching the traffic light when I saw that it was turning amber. As such, I braked my vehicle and was about to come to a stop when I felt an impact on the rear. As such, my bike surged forward and I fell from my bike and landed on the right side. After the accident, we went to the side of the road and exchanged particulars as well as to take photographs of the vehicle. After awhile the police officers approached me and asked if I was injured. At that point in time, I was shocked and did not noticed that I was injured. As such, I informed them that I did not require the ambulance. After a few hours, I noticed that my neck, the right side of my shoulder and the right portion of my hips and back were feeling pain. I noticed that there were a few bruises on both sides of my shin and ankle. I then went to the clinic and was given 5 days MC. The driver has a In-car camera.



**SINGAPORE
POLICE FORCE**



T/20180319/2193

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180319/2193

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 1 ISAAC LIM JUN CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2018 22:45

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Claim Handling

Accident MT/0986854

Policy No.	5098425725	Vehicle No.	FBM72995	GST Registration No.	
Policyholder Name	UMAR FARUQ BIN ZULFIKKAR ALI			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	96478728	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(%)	0	Private Hire	No
Accident Details					
Report Date	20/03/2018 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	19/03/2018	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DR 3 TOWARDS PASIR RIS DR 4				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 234 #13-482	Address 2	PASIR RIS DRIVE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	13-482	Related Policy Number	5098425725		
OI Driver Info					
Driver Name	UMAR FARUQ BIN ZULFIKKAR ALI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9913764I	Driver DOB	
Register Date of Driver License	14/02/2018	Driver Age	18	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 234 #13-482	Address 2	PASIR RIS DRIVE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	13-482				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FBM72995	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	UMAR FARUQ BIN ZULFIKKAR ALI	Insured NRIC	
Contact No.(Mobile)	96478728	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBM72995	TP Vehicle Number	
Claim Description	FBM72995 / SLV74205 ON 19 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/03/2018 15:27	Claim Close Date		Date Received	
Report Taken By	ROSLE WAHAB	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0986854	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 15:28
Path *	Category * <input type="text"/> Confidential <input type="text"/> Urgency <input type="text"/>		
Browse... Clear Please Select			

Browse...	Clear	Please Select	▼	001	Normal
Browse...	Clear	Please Select	▼	001	Normal
Browse...	Clear	Please Select	▼	002	Normal
Browse...	Clear	Please Select	▼	003	Normal
Browse...	Clear	Please Select	▼	004	Normal

[Attachment List](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:28	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:28	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:26	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:26	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:25	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 15:25	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 03 / 2018 (DD/MM/YYYY) TIME: 13 : 15 (HH:MM)

LOCATION: Along Road 1 Transit Pasir Ris Drive 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 7299S
 b) INSURANCE COMPANY: NTUC Income Insurance Co-operative Limited
 c) POLICY NUMBER: 5048425725
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Kia Niro NS 200 FI
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport. Going back home from Food bank HA
 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: Umar Faruq Bin Zulkhairi Ali (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S49137641 CONTACT: 96439729
 c) ADDRESS: Blk 234 Pasir Ris Drive 4, #13-482

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
()

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 07 / 05 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 FEB 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: Pasir Ris Neighbourhood Police Centre

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: CLV 74105 MODEL: Car
 b) DRIVER'S NAME: SON CHIN KEONG (FU ZHENGTAN 6)
 c) NRIC/FIN/PASSPORT: S710 2012 F CONTACT: 98961071

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email: umar2routher@gmail.com

Fax: _____

V1020

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9913764I



Name

UMAR FARUQ BIN ZULFIKKAR
ALI

Race

INDIAN

Date of birth

07-05-1999

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9913764I

UMAR FARUQ BIN ZULFIKKAR
ALI

Birth Date: 07 May 1999

Issue Date: 14 Feb 2018



5303745



NRIC No. S9913764I



Date of issue

07-05-2014

Address

APT BLK 234 PASIR RIS DRIVE 4
#13-482
SINGAPORE 510234

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

14 Feb 2018

NP 428A



Licence No: S9913764I



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 : 5098425725

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle
 Chassis Number

: FBM72995
 : MD2A36FZ0GCF47148

2. Name of Policyholder

: UMAR FARUQ BIN ZULFIKKAR ALI

3. Effective Date of Insurance

: 26 Feb 2018

4. Expiry Date of Insurance

: 25 Feb 2019

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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: UMAR FARUQ BIN ZULFIKKAR ALI
NAMED DRIVER (2)	: ZULFIKKAR ALI
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 : COMMERCIAL AGENCY PTE LTD (00000614425)

Date of Issue : 26 Feb 2018 13:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

