

NATIONAL Assessment Centre Services

Date In: 23/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007478/13	SAS e-filing		
Veh No: FBB70215	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/04/18 2030	i-Motor Claim Form	MT/0991719-001	
OD (TP) Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLM5234T	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

NA1802529	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	23/04/2018 18:18
Date Of Accident	21/04/2018 20:30
Exact Location Of Accident	JUNC OF BEDOK NORTH ST 1 & BEDOK NORTH AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7021J
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD HAZIQ BIN MOHAMED JALIL
NRIC No	S9010205B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86470799
Alternative Phone No	OTHERS-86470799

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135
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
Fleet Policy	NO
Policy Number	5034233769-09
Cover Note Number	

Driver

Name of Driver	MUHAMAD HAZIQ BIN MOHAMED JALIL
NRIC No	S9010205B
Date Of Birth	26/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86470799
Fax Number	
Contact Number	OTHERS-86470799
EMail Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR RD #04-1331
Postcode	470131
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	
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	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , 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/20180422/2065

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	SLM5334T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOO SEE WAH ANTHONY
NRIC/Passport Number	S7010841J
Contact Number	81886686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMAD HAZIQ BIN MOHAMED JALIL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBB7021J
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: 23/4/2018

23/4/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

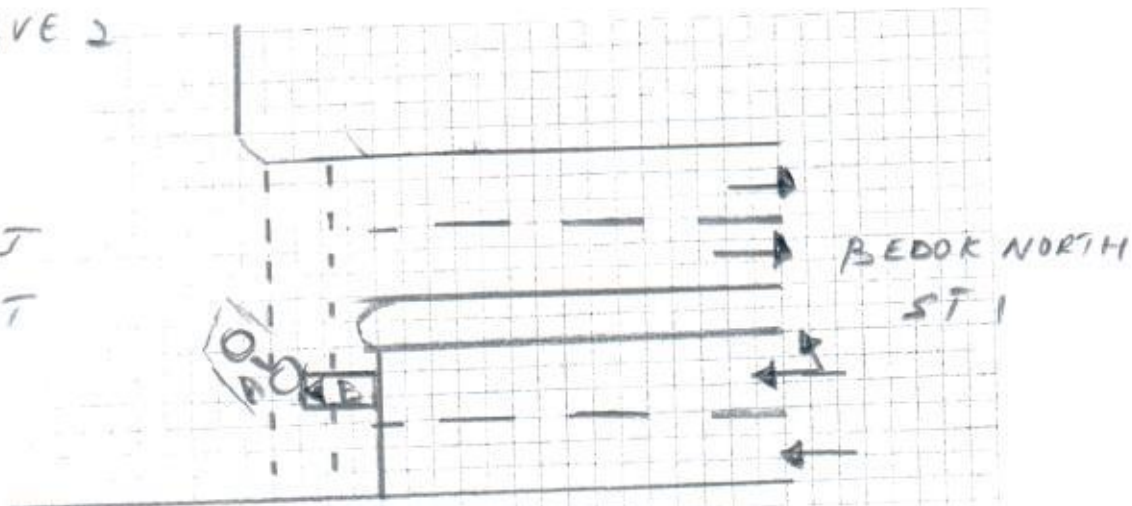
NRIC/FIN No.:

SKETCH PLAN

BEDOK NORTH
AVE 2

A- FBB7021J

B- SLM5334T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20180422/2065

DECLARATION

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

Policyholder's Signature

Date & Time: 23042018

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180422/2065

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180422/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2018 15:17	Vide Report No.:	Station Diary No.: 25
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMAD HAZIQ BIN MOHAMED JALIL			Address: APT BLK 131 BEDOK RESERVOIR ROAD #04-1331 SINGAPORE 470131	
ID Type / ID No.: NRIC NO / S9010205B			Contact No.: Home/Office: Mobile: 86470799	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 26/03/1990	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: DELIVEROO			Driving Licence Information: Class: 2B,2A 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: 21/04/2018 20:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH STREET 1 BEDOK NORTH AVENUE 2 T junction of Bedok North Street 1 and Bedok North Avenue 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
FBB7021J	Motorcycle	YAMAHA	Spark 135	Blue	Seriously Damaged	0
SLM5334T	Car	HONDA	Grace hybrid	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180422/2065

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Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180422/2065

CONTINUATION OF REPORT

Rider			
Name	MUHAMAD HAZIQ BIN MOHAMED JALIL	ID No.	S9010205B
Related Vehicle	FBB7021J (Motorcycle)	Contact No.	86470799
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	22/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Hoo See Wah Anthony	ID No.	S7010841J
Related Vehicle	NIL	Contact No.	81886686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21st April 2018 at about 2030hrs, I was riding my motorcycle bearing registration plate number FBB7021J along Bedok North Street 1. Approaching the T- Junction of Bedok North Street 1 and Bedok North Avenue 2, I kept right intending to turn right. The traffic light was green. However, there was oncoming vehicle. As such, I stopped and waited for oncoming vehicle to clear before I proceed. Subsequently, a car bearing registration plate number SLM5334T suddenly bang onto my rear. The impact was quite strong. I fell down together with my bike. Due to the accident, my bike sustained damages on the rear headlight. The rear bike frame was dented. The front portion of the bike (Internal Panel) was also damaged as it came out. No ambulance came to scene. The other party does not sustain any injuries.

As I felt pain on my shoulder, I went to Intemedical 24hr clinic on 22nd April 2018 and was given 5 days mc. My left leg near the ankle sustained bruises too. I do not have any footages of the accident. I believe the other party have an in car camera. That's all.



**SINGAPORE
POLICE FORCE**



T/20180422/2065

3 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180422/2065

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 AHMAD BIN HASHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Signature Of Informant:

Date/Time:

22/04/2018 15:17

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 04 / 18) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: JUNG OF BEOK NORTH ST 1 & BEOK NORTH AVE 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA70215
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 503423769-09
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: YAMAHA SPARK 135
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: MUHAMMAD HAZIQ BIN MOHAMED JALIL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86470799
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
()

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01-01-2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: _____

8. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SLM53347 MODEL: HONDA GRACE
b) DRIVER'S NAME: HOO SEE WAH ANTHONY
c) NRIC/FIN/PASSPORT: 570108415 CONTACT: 81866686

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

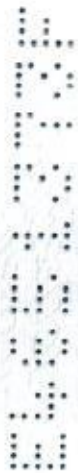
- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = glen-enterprise@
fax =

23/04/18

warning for motorcycle

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:



PASSPORT



REPUBLIC OF SINGAPORE



Type Country Code Passport No
PA SGP E4651373F
Name

MUHAMAD HAZIQ BIN MOHAMED JALIL

Sex Nationality
M SINGAPORE CITIZEN
Date of birth Place of birth
26 MAR 1990 SINGAPORE
Date of issue Date of expiry
06 JUN 2014 06 JUN 2019
Modifications Authority
SEE PAGE 2 MINISTRY OF HOME AFFAIRS
National ID No
S9010205B

PASGPMUHAMAD<HAZIQ<BIN<MOHAMED<JALIL<<<<<<<<
E4651373F0SGP9003266M1906062S9010205B<<<<<84



SINGAPORE POLICE FORCE



G/20170927/2083

1 of 3

Report No. G/20170927/2083

POLICE REPORT (NP299)

Police Station Of Origin
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Date/Time Report Made 27/09/2017 15:15	Visit Report No.	Station Diary No. 22
Name Of Informant MUHAMAD HAZIQ BIN MOHAMED JALIL	Address APT BLK 131 BEDOK RESERVOIR ROAD #04-1331 SINGAPORE 470131	
ID Type / ID No. NRIC NO / S9010205B	Contact No. Home/Office	Mobile 8647 0799
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVEROO RIDER	Sex Male	Age 27
Institution/School Name	Date of Birth 26/03/1990	Race Malay
Date/Time Of Incident 27/09/2017 12:00 - 27/09/2017 12:30	Location Of Incident 590 EAST COAST ROAD ESSO FRANKEL SINGAPORE 459995	

Brief details.

I am a Deliveroo Rider. On 27/09/2017 at about 11.45am, I left my house and proceed to collect order at Bedok Interchange. Before I move off, I had placed my wallet inside a front box of my motorcycle (FBB7021J) and lock it before rode off to work. On 27/09/2017 at about 12pm, I reached a multi-storey carpark located beside Blk 207 New Upper Changi Road (Hawker Centre) and parked my motorbike at the basement floor. I then went to 'A Claypot' to collect the order. On the same day at about 12.10pm, I went back to my motorbike and rode off.

Signature Of Officer Recording The Report: G / Sr Staff Sgt ABDUL RAHMAN BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/09/2017 15:15
Officer In-Charge Of Case: G / Bedok South N.P.C / Sr Staff Sgt ROHAIZAD BIN ABDULLAH Contact No.: 18002448999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20170927/2083

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20170927/2083

On the same day at about 12.20pm, I reached 21 Elliot Road (Elliot at the East Coast) to deliver the food and had parked my bike inside the condominium basement carpark. On the same day at about 12.25pm, I left the place and proceed to ESSO located near to Frankel Ave. On the same day at about 12.30pm, as I was about to check for my wallet to pump petrol, I realised that my wallet was no longer inside the box.

I wished to state that my front box lock is spoilt and can be opened and close using other keys. I did not see anyone at both locations (MSCP beside Blk 207 New Upper Changi Road and 21 Elliot Road) when I parked my motorbike. I have no suspect in mind. During this incident I was wearing white polo-tee and my helmet is grey colour (Nova).

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Brand/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	WALLET	Stolen	Pierre Cardin			1		One Black Colour wallet

Signature Of Officer Recording The Report:
G / Sr Staff Sgt ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok South N.P.C /
Sr Staff Sgt ROHAIZAD BIN ABDULLAH
Contact No.: 18002448999

Authentication Stamp

Signature Of Informant:

Date/Time:
27/09/2017 15:15

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20170927/2083

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20170927/2083

2	Licence	Stolen	Singapore Driving Licence			1		One Singapore Driving Licence belongs to MUHAMAD HAZIQ BIN MOHAMED JALIL, NRIC NO S9010205B
3	Identity Card	Stolen	SINGAPORE NRIC			1		One Singapore NRIC belongs to MUHAMAD HAZIQ BIN MOHAMED JALIL, NRIC NO S9010205B
4	Cash	Stolen				1	Singapore Dollars 250.00	Cash amounting to SGD\$250
5	Credit Card / Debit Card/ ATM Card	Stolen	DBS BANK LTD	POSB		1		One POSB ATM Card.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok South N.P.C /
Sr Staff Sgt ROHAIZAD BIN ABDULLAH
Contact No.: 18002448999

Authentication Stamp

Signature Of Informant:

Date/Time:
27/09/2017 15:15

Classification Of Case:

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 : 5034233769-09

Cover : Third Party

1. Index mark and Registration Number of Vehicle
Chassis Number

: **FBB7021J**

: 5YP718730

2. Name of Policyholder

: MUHAMAD HAZIQ BIN MOHAMED JALIL

3. Effective Date of Insurance

: 03 Jan 2018

4. Expiry Date of Insurance

: 02 Jan 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

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: MUHAMAD HAZIQ BIN MOHAMED JALIL

NAMED DRIVER (2)

: MUHAMAD HANIF BIN MOHAMED JALIL

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

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 : 02 Jan 2018 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0991719

Policy No.	5034233769-09	Vehicle No.	FBB7021J	GST Registration No.	
Policyholder Name	MUHAMAD HAZIQ BIN MOHAMED JALIL	Cover Type	Third Party	Policyholder NRIC	S9010205B
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	86470799	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	MCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ **Accident Details**

Report Date	24/04/2018 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/04/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BEDOK NORTH ST 1 & BEDOK NORTH AVE 2				

▼ **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 131 #04-1331	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470131
Address 4		Address Type	Singapore address	Post Code	470131
Unit No.		Related Policy Number	5034233769-09		

▼ **OI Driver Info**

Driver Name	MUHAMAD HAZIQ BIN MOHAMED JALIL	Driver Type	Main Driver	Driver DOB	26/03/1990
Unnamed driver Name		Driver NRIC	S9010205B	Driving Experience	9
Register Date of Driver License	22/06/2006	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	86470799	Contact No.(Office)	0	Address 3	SINGAPORE 470131
Address 1	BLK 131	Address 2	BEDOK RESERVOIR ROAD	Post Code	470131
Address 4		Address Type	Singapore address		
Unit No.	#04-1331				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	MUHAMAD HAZIQ BIN MOHAMED	Insured NRIC	S9010205B
Contact No.(Mobile)	86470799	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBB7021J	TP Vehicle Number	SLM5334T
Claim Description	FBB7021J / SLM5334T ON 21 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	24/04/2018 00:00
Date Registered	24/04/2018 17:42	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSJINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0991719	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal ▼
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

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	SAS	Normal	SAS 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:42	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:41	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:41	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:41	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:41	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:41	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:40	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:40	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:40	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:40	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:40	Photos	Normal	Photos 2018-4-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 17:40	Photos	Normal	Photos 2018-4-24

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading