

NATIONAL Assessment Centre Services			
Date In	19/06/2018 09:59	Job description	Date & Time Completed
Ref No	NBA/2018/103114	SAS e-filing	
Veh No	FX 8781H	E-mail (within 8hrs. AIC 2hrs)	
D.O.A	14/06/2018 09:40	i-Motor Claim Form	19/06/2018 11:25
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: SLV 1873H	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

NA1803882	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idnc 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	19/06/2018 09:59
Date Of Accident	14/06/2018 09:40
Exact Location Of Accident	ALONG TAMPINES ROAD TOWARDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6781A
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	XMABHX@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-88286176
Alternative Phone No	OFFICE-88286176

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBX125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5100726122
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AMIRUL BIN HANAFI
NRIC No	S9544383D
Date Of Birth	29/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88286176
Fax Number	
Contact Number	OTHERS-88286176
Email Address	XMABHX@YAHOO.COM.SG

Address	BLK 784 YISHUN AVENUE 2 #04-1529
Postcode	760784
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180614/2185

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1873H
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRIYANKA MAHESHWARI
NRIC/Passport Number	S7969587D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLX4157L

Vehicle Make/Model/Colour

VOLKSWAGEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FUNG PAK HANG MARTIN

NRIC/Passport Number

S8272037E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AMIRUL BIN HANAFI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC6781A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.



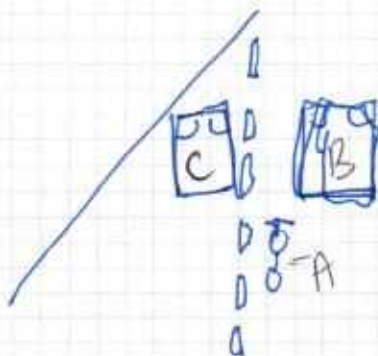
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

TAMPINER ROAD TOURS KPE



- A) FBC 6281A
- B) SLV 1873H
- C) SLX 4157L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER TO POLICE REPORT
7/20180614/2185

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:

18/06/2018

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

19/06/2018
POLICE REPORT



SINGAPORE POLICE FORCE



T/20180614/2185

1 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180614/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2018 22:33	Vide Report No.: G/20180614/0260	Station Diary No.: 72
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Informant's Particulars

Name of Informant: MUHAMMAD AMIRUL BIN HANAFI			Address: APT BLK 784 YISHUN AVENUE 2 #04-1529 SINGAPORE 760784	
ID Type / ID No.: NRIC NO / S9544383D			Contact No.: Home/Office: Mobile: 88286176	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 22	Date of Birth: 29/11/1995	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Part-time Delivery			Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/06/2018 09:40	Type of Location: Entering KPE
Location: Along Road 1 TAMPINES ROAD				
Along Tampines Rd towards KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Self-skidded			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC6781A	Motorcycle	YAMAHA	YBR125	Silver	Slightly Damaged	0
SLV1873H	Car	MITSUBISHI				0
SLX4157L	Car	VOLKSWAGO N		White		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180614/2185

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC6781A		5100726122	05/06/2018	04/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD AMIRUL BIN HANAFI		ID No.	S9544383D
Related Vehicle	FBC6781A (Motorcycle)		Contact No.	88286176
Hospital/Clinic	Raffles Medical		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	14/06/2018		Date Discharge	14/06/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Priyanka Maheshwari		ID No.	S7969587D
Related Vehicle	SLV1873H (Car)		Contact No.	NIL
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
Driver				
Name	Fung Pak Hang Martin		ID No.	S8272037E
Related Vehicle	SLX4157L (Car)		Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20180614/2185

3 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No: T/20180614/2185

CONTINUATION OF REPORT

Brief Details.

On 14/06/2018 at about 0940hrs, I was entering from the most left lane of KPE from Tampines Rd. Subsequently, I wanted to cut in between two cars in between the most lane and the lane on the right when I skidded after I jam braked. There were two vehicle owners (SLV1873H & SLX4157L) came to me and mentioned that due to the incident, my bike had collided onto their vehicles. However, to my recollection, I did not hit onto any vehicles. There was one vehicle owner (Ronald Quek, c/n: 97729724) which was behind came and told me that he did not witness what happened but there was a in-car footage that he will be able to send me. I was then conveyed by Ambulance to Raffles Hospital due to hip, knee and elbow injury. Thereafter I was given 3 days MC. Due to the accident, my right side of my motorcycle was damaged. Also, I suffered multiple abrasions on my right/knee, lower back contusion and right hip contusion/abrasion.

Subsequently, I received a call from 65476437, who identified as TP IO SI Joe, to ask me to do Police report. He was the In-charge of the accident case.



**SINGAPORE
POLICE FORCE**



T/20180614/2185

4 of 4

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180614/2185

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:

F /

Sr Staff Sgt KOH KIAN WEE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Signature Of Informant:

Date/Time:

14/06/2018 22:33

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

The premium on this policy has not been collected.

Accident MT/0999119

Policy No.	5100726122	Vehicle No.	FBC6781A	GST Registration No.	NA
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414700L
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81286176	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
KIK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	19/06/2018 10:32	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	19/06/2018	Time of Accident (hh:mm)	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES ROAD TOWARDS RPE				

Benefits

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,300.00	Outside Singapore TP Excess	

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	NA	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
Unit No.		Related Policy Number	5100726122		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/11/1995
Unnamed driver Name	MUHAMMAD AMRUL BIN HANAF	Driver NRIC	S0544363D	Driving Experience	3
Register Date of Driver License	21/06/2014	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	88286176	Contact No.(Office)		Address 3	KHATIB VALE
Address 1	BLK 754 #04-1529	Address 2	YISHUN AVENUE 2	Post Code	760794
Address 4	SINGAPORE 760794	Address Type	Foreign address		
Unit No.	04-1529			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.	FBC6781A		

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L		
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	82730369		
Email Address	sumotor@singnet.com.sg	01 Vehicle Number	FBC6781A	TP Vehicle Number	SLV1873H		
Claim Description	FBC6781A / SLV1873H ON 19 Jun 2018	Name of Preferred Workshop					
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GJA report	Received		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/06/2018 10:44		
Date Registered	19/06/2018 10:38	Claim Close Date		Total Loss But Repaired			
Report Taken By	ROSLE WAHAB	Workshop Repairer					
Print AR letter							
Save Submit							

Attachment

Accident No.	MT/0999119	Claim No.	181
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	19/06/2018 11:25
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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			
Send Message Upload			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 19 Jun 2018 11:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-19		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 19 Jun 2018 10:44	SAS	Normal	SAS 2018-6-19		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 19 Jun 2018 10:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-19		Edit

<http://gicclaim.income.com.sg/gcs/icm/eclaim/icmmyTaskForward.do?taskInstanceId=193705262&caseId=2479020&objectId=null&taskId=501&acti...> 2/2

ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 06 / 2018 (DD/MM/YYYY), TIME: 09 : 40 (HH:MM)

LOCATION: Along Road / Tampines Road towards KPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 6781A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 8100726122
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YBE 125
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way 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: Southern Motor (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Amir Bin Hanafi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 595443830 CONTACT: 8828 6176
 c) ADDRESS: 984 Yishun Ave 2 #04-1529

*d) DATE OF BIRTH: 22 / 11 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 Aug 2014

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

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: Yishun South N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV1873H MODEL: MITSUBISHI
 b) DRIVER'S NAME: Priyanka Maheshwari
 c) NRIC/FIN/PASSPORT: 579695870 CONTACT: -

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLX4157L MODEL: VOLKSWAGEN
 e) DRIVER'S NAME: Fung Pak Hing Nathan
 f) NRIC/FIN/PASSPORT: 58272037E CONTACT: -

Email = xmabhx@yahoo.com.sg

fax = XMABHX



Type	Country Code	Passport No
PA	SGP	E6384540H
Name		

Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
29 NOV 1995	SINGAPORE
Date of issue	Date of expiry
16 NOV 2016	16 NOV 2021
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S9544383D	

PASGPMUHAMMAD<AMIRUL<BIN<HANAFI<<<<<<<<<<<<<
E6384540H7SGP9511291M2111164S9544383D<<<<<96

NAME:
 ISSUED BY:
 INV. REF. NO.:
 (Consumer Good)
 Mobile Device
 1806019
 BY CIRCLES K
 1806019

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9544383D**

Name: **MUHAMMAD AMIRUL BIN HANAFI**

Birth Date: **29 Nov 1995**

Issue Date: **21 Aug 2014**

002337671A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	21 Aug 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	21 May 2014

89544383D

S / No. 9000247886

NP 428A

Licence No: S9544383D



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)



Certificate Number : 5100726122

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: ~~8M78938~~ FBC6781A

Chassis Number

: NF125MP0069467 LBPKE12848 0015474

2. Name of Policyholder

: SOUTHERN MOTOR

3. Effective Date of Insurance

: ~~28 May 2018~~ 05 JUN 2018

4. Expiry Date of Insurance

: ~~27 May 2019~~ 04 JUN 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 14 May 2018 15:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

