

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA1808061

Date In: 23/6/18-15:46	Job description	Date & Time Completed	Done by
Ref No: NA/INC8011447/24	SAS e-filing		
Veh No: P34636A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/6/18-17:00	i-Motor Claim Form	MT/0999779-001	23/6/18 18:28
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: SAL8435E	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% P: 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

NA1803954	Invoice Preparation Checklist	Amt (\$) In 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		
QC Checked by (Engr-In-Charge):	5) FT: 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:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-n INC) against INC \$20		
Lat 1:	9) N12: Idac Mobile 30		
Lat 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	23/06/2018 15:46
Date Of Accident	19/06/2018 17:00
Exact Location Of Accident	JUNC COMPASSVALE ST & PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH636A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAMDAN BIN DUL JALIL
NRIC No	S9106328Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91159643
Alternative Phone No	OFFICE-91159643

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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	5086035319-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ALIF BIN IDRIS
NRIC No	S8808960Z
Date Of Birth	18/03/1988
Occupation	INDOOR
Date Of Driving Pass	11/09/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85990432
Fax Number	
Contact Number	OFFICE-85990432
Email Address	NOEMAIL

Address	BLK 291B COMPASSVALE STREET #02-240
Postcode	542291
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180620/2124 & T/20180622/2166.

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	SGL8435E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICK
NRIC/Passport Number	
Contact Number	93658293
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ALIF BIN IDRIS
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	FBH636A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

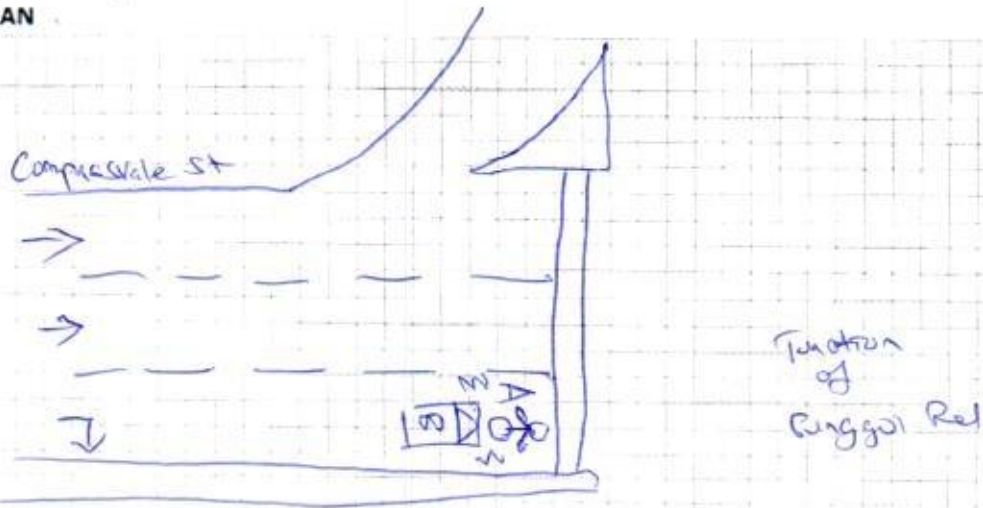
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report NO. T/20180620/2124 and T/20180622/2166

A - FBH 636 A

B - SGH 8435 E



DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Vehicle No.	FBH 636A	Model / Make	Y Gtlera ST200
Date of Accident	10/6/18		
Time of Accident	17:00hrs	HRS	
Location of Accident	Compassvale St x Runggoi Rd		
Exact purpose use during accident	Rx use		
Name of Owner	Muhammad Hamdan Bin Qul Jalil		
Telephone No.	H/P : 91159643	Home :	67858609 Office :
NRIC	S9106328Z		
Address	BK 802, Temples St 83, #04-116, S(520862)		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive (Third Party)	Third Party / Fire / Theft	
Policy No.	5086035819-01		
Name of Driver	As Above If No, Muhammad Alif Bin Faris		
NRIC	S8808965Z	Any Passengers :	N1
Date of birth	14/3/1988		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	11/9/2003		
Gender	(Male) / Female		
Contact No.	H/P : 95990432	Home :	Office :
Address	Rc 2918, Compassvale St, #02-240, S(542291)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Friend		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Muhammad Alif Bin Faris		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SGL 8435E	Any Passengers :	N1
Name of Driver		Contact No. :	93658293
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Portion and fall onto the right side		
Camera Recorder	Yes / (No)		
Email Address	mondalif88@gmail.com	dannhamdano@hotmail.com	
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / (No)
PARTICULAR WORKSHOP	Moto Si PIC		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huana		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@nsi.com.sg		



**SINGAPORE
POLICE FORCE**



T/20180620/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20180620/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 17:15	Vide Report No.:	Station Diary No.: 120
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Informant's Particulars

Name of Informant: MUHAMMAD ALIF BIN IDRIS			Address: APT BLK 291B COMPASSVALE STREET #02-240 SINGAPORE 542291		
ID Type / ID No.: NRIC NO / S8808960Z			Contact No.: Home/Office: Mobile: 85990432		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 18/03/1988	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: HOTEL FRONTDESK PERSONNEL			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 17:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 COMPASSVALE STREET PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
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
FBH636A	Motorcycle		GILERA ST200	Black	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180620/2124

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180620/2124

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ALIF BIN IDRIS	ID No.	S8808960Z
Related Vehicle	FBH636A (Motorcycle)	Contact No.	85990432
Hospital/Clinic	SUNBEAM MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	19/06/2018	Date Discharge	19/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/06/2018 at about 1700hrs, I was riding my motorcycle FBH636A along Compassvale Street. At the cross junction of Compassvale Street and Punggol Road, I was at the extreme right lane. The traffic light was red as such I was at halt. No other vehicle was there. Suddenly, a gold color Toyota car, from the rear did not stop and hit me and my motorcycle. The impact was strong that my motorcycle inch in front and I fell off from my bike. I sustained back pain however I was able to move. The driver namely Patrick, tel: 93658293, informed me that he was not focusing and apologized to me for causing the accident. We agreed on private settlement and exchanged numbers. I am unsure of his vehicle number.

Due to the accident, the handlebar was damaged, right side fairing was scratched, petrol compartment was damaged causing a leakage, brake pump was also leaking. The bike was brought to workshop for further check and repair.

On the same day at about 1830hr, I went to Sunbeam Medical Clinic at Anchorvale and was given 3 days of MC. There was an in-car camera in the involving car, however there was no camera on my bike.



**SINGAPORE
POLICE FORCE**



T/20180620/2124

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Report No. T/20180620/2124


Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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 /  Norashikin Kamsani
Staff Sgt ABDUL YAZID BIN SAMSI Sengkang NPC

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168



Signature: 

Singapore Police Force

Signature Of Informant: 

Date/Time:
20/06/2018 17:15

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20180622/2166

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20180622/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 21:27	Vide Report No.: T/20180620/2124	Station Diary No.: 123
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Informant's Particulars

Name of Informant: MUHAMMAD ALIF BIN IDRIS			Address: APT BLK 291B COMPASSVALE STREET #02-24 SINGAPORE 542291		
ID Type / ID No.: NRIC NO / S8808960Z			Contact No.: Home/Office: Mobile: 85990432		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 18/03/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: HOTEL FRONTDESK PERSONNEL			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 17:00	Type of Location: X-Junction
Location: Along Road 1 COMPASSVALE STREET PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
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	Passenger
FBH636A	Motorcycle		GILERA ST200	Black	Seriously Damaged	0	
SGL8435E	Car	TOYOTA		Gold	Slightly Damaged	0	

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180622/2166

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180622/2166

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ALIF BIN IDRIS	ID No.	S8808960Z
Related Vehicle	NIL	Contact No.	85990432
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.

I had had lodge a report reference T/20180680/2124. I wish to amend the registration plate number SGL8435E in the traffic accident as such, I am lodging this report. I had had lodge a report reference T/20180630/2124



**SINGAPORE
POLICE FORCE**



T/20180622/2166

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T-0180622/2166

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 /

Sgt 1 TENG WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/06/2018 21:27

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9106328Z



Name

MUHAMMAD HAMDAN BIN DUL
JALIL

محمد حمدان بن دؤل جليل

Race

JAVANESE

Date of birth

20-02-1991

Sex

M

S9106328Z

Country of birth

SINGAPORE



4572573



NRIC No. S9106328Z

Date of issue

15-04-2010

Address

APT BLK 862 TAMPINES STREET 83
#04-406
SINGAPORE 520862

Driver


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8808960Z**
Name: **MUHAMMAD ALIF BIN IDRIS**
Birth Date: **18 Mar 1988**
Issue Date: **11 Sep 2008**


0016512198



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8808960Z**



Name: **MUHAMMAD ALIF BIN IDRIS**
Race: **MALAY**
Date of Birth: **18-03-1988** Sex: **M**
Country of Birth: **SINGAPORE**




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

	PASS DATE
Class 2B Motorcycles <= 200 CC	11 Sep 2008
Class 2A Motorcycles between 201 CC and 400 CC	24 Aug 2010
Class 2 Motorcycles > 400 CC	27 Jan 2012

S8808960Z S/No. 9000143055

Licence No: **S8808960Z**



NP 428A

3349931



NRIC No. **S8808960Z**



Blood Group: - Date of issue: **29-03-2003**

Address: **APT BLK 291B COMPASSVALE STREET #02-240 SINGAPORE 542291**

NRIC No: **S8808960Z** Date: **10/03/2009** No: **8190136**

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 : 5086035319-01

Cover : Third Party

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH636A |
| Chassis Number | : ZAPM4640100007045 |
| 2. Name of Policyholder | : MUHAMMAD HAMDAN BIN DUL JALIL |
| 3. Effective Date of Insurance | : 17 Apr 2018 |
| 4. Expiry Date of Insurance | : 17 Mar 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)	: MUHAMMAD HAMDAN BIN DUL JALIL
NAMED DRIVER (2)	: MUHAMMAD ALIF BIN IDRIS
HIRE PURCHASE COMPANY	: H L CYCLE PTE LTD
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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 17 Apr 2018 17:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/06/2018 17:00"/>						
Vehicle No.(For Motor)	<input type="text" value="FBH636A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086035319-01	MUHAMMAD HAMDAN BIN DUL JALIL	S9106328Z	GMC	Third Party	FBH636A	FBH636A	17/04/2018	17/03/2019
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5086035319-01	Policyholder Name	MUHAMMAD HAMDAN BIN DUL	Policyholder NRIC	S9106328Z
Address	BLK 862 #04-406 TAMPINES STREET 83 SINGAPORE 520862				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/04/2018	Effective Date	17/04/2018 00:00	Expiry Date	17/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 862 #04-406	Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520862
Address 4		Address Type	Singapore address	Post Code	520862
Unit No.		Related Policy Number	5086035319-01		

▶ Insured Object: FBH636A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	11/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 11 May 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MUHAMMAD ALIF BIN IDRIS In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

• Exit

Accident MT/D999779

Policy No.	5086035319-01	Vehicle No.	FBH6364	GST Registration No.	
Policyholder Name	MUHAMMAD HAMDAN BIN DUL TALIB			Policyholder NRIC	S9106326Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	91159643	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div><div></div></div>
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<div><div></div> Accident Details</div>					
Report Date	23/06/2018 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/06/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG COMPASSOVALE ST & PUNGGOL RD				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
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			
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

Policyholder Mailing Address

Address 1	BLK 862 #04-406	Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520862
Address 4		Address Type	Singapore address	Post Code	520862
Unit No.		Related Policy Number	5086035319-01		
OT Driver Info					
Driver Name	MUHAMMAD ALIF BIN IDRIS	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8808960Z	Driver DOB	18/03/1988
Register Date of Driver License	11/09/2008	Driver Age	30	Driving Experience	9
Contact No.(Mobile)	85990432	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 231B	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 542291
Address 4		Address Type	Singapore address	Post Code	542291
Unit No.	02-24Q				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="radio"/> No	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		

Modification History

Claims OD1

Menu

Claim Type *	OD-HX	Insured Name	MUHAMMAD HAMDAN BIN DUL	Insured NRIC	S91053282
Contact No.(Mobile)	9159642	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBH636A	TP Vehicle Number	SGL8435E
Claim Description	FBH636A / SGL8435E ON 19 Jun 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	Received
Date Registered	23/06/2018 18:28	Claim Close Date		Date Received	23/06/2018 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/0999779 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/06/2018 18:30

Path *	Category *	Confidential	Urgency *	Description *
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☒ Attachment List

📎 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	SAS	Normal	SAS 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
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	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit
	NAC_PAYA_LBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jun 2018 18:29	Photos	Normal	Photos 2018-6-23		Edit

 Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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