

NATIONAL Assessment Centre Services (wef 1 Jan 2005) <b>NAH 1804237</b>			
Date In: <b>02/07/2018 19:18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAH 1804237</b>	SAS e-filing		
Veh No: <b>FBM 9016D</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>02/07/2018 10:30</b>	i-Motor Claim Form	<b>mt/001497-00</b>	<b>02/07/2018 19:58</b>
OD TR: <u>Reporting Only</u>	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: <b>8HA 8762G</b>	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: _____
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Date/Time	Actions

<b>NAH 1804237</b>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
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			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11) against INC \$20			
	9) N12: Idac Mobile 30			
	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	03/07/2018 19:18
Date Of Accident	02/07/2018 10:30
Exact Location Of Accident	353 TANGLIN ROAD SINGAPORE 247959
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM9016D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD HANAFEE BIN IBRAHIM
NRIC No	S9338921B
Email Address	HANAFEE.IBRAHIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94882083
Alternative Phone No	OTHERS-94882083
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	XMAX 300
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5100596339
Cover Note Number	
<b>Driver</b>	
Name of Driver	AHMAD HANAFEE BIN IBRAHIM
NRIC No	S9338921B
Date Of Birth	17/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94882083
Fax Number	
Contact Number	OTHERS-94882083
Email Address	HANAFEE.IBRAHIM@GMAIL.COM



Address	BLK 820 YISHUN STREET 81
	#02-658
Postcode	760820
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SHA8762G
Vehicle Make/Model/Colour	CITYCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA ENG LEOW
NRIC/Passport Number	S1291783Z
Contact Number	96232710
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

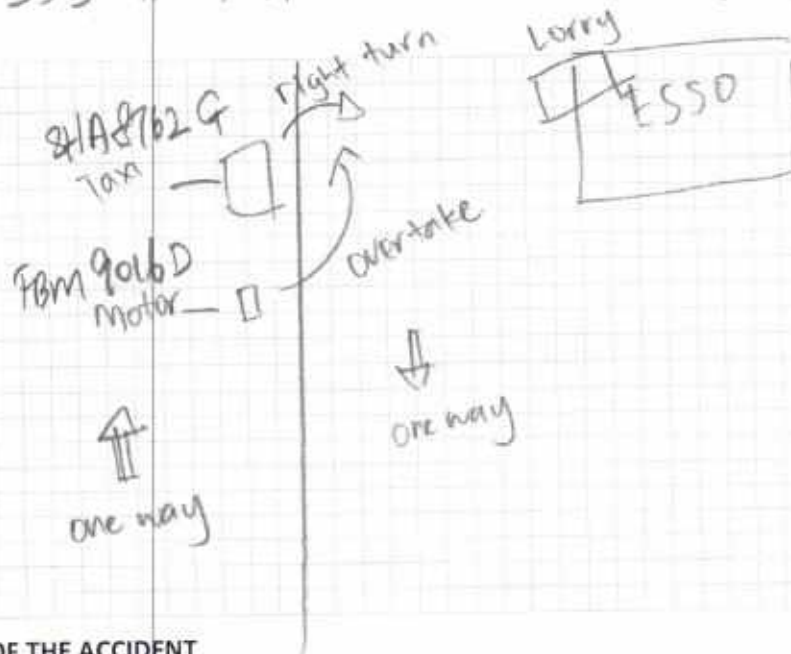
Policyholder's Signature  
Date & Time: 29/1/18

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

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

353 TANGLIN ROAD S'PORE 247959

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Tanglin Road towards Orchard Road to start my work. The traffic outside Esso, 353 Tanglin Road, stopped due to a taxi turning in & entrance was blocked by a garbage truck. I proceed with my intention to overtake on the right and proceed on when the taxi mentioned proceed by making a right turn to the Esso mentioned. The taxi, 8762 G, hit the left side of my bike that caused me to lose balance and fall on my left. After falling, taxi driver went out to assist me and my bike and we exchanged particulars. Damages on my motorcycle was seen on the floorboard, fairings on the left side and engine casing. No damages were found on the taxi, however. No injuries for both me and the taxi driver. We both have agreed not to proceed with claiming each other.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 2/7/18

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

Reporting Centre Personnel's Signature  
Name: 03/07/2018  
NRIC/FIN No.: [Signature]



## Claim Handling

Accident MT/1001497

Policy No.	5100596339	Vehicle No.	BM9016D	GST Registration No.	
Policyholder Name	AHMAD HANAFEE BIN IBRAHIM	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S53389218
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94882083	Special Remarks		Contact No.(Home)	
Email Address		TCA	+ NO Yes	eCode	No
KPL	+ No Yes	ACD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	03/07/2018 19:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/07/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	353 TANGLIN ROAD SINGAPORE 247939				

## Benefit

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

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK B20 #02-658	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760820
Address 4		Address Type	Singapore address	Post Code	760820
Unit No.	02-658	Related Policy Number	5100596339		

## OI Driver Info

Driver Name	AHMAD HANAFEE BIN IBRAHIM	Driver Type	Main Driver	Driver DOB	17/10/1993
Unnamed driver Name		Driver NRIC	S53389218	Driving Experience	6
Register Date of Driver License	04/04/2014	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	94882083	Contact No.(Office)		Address 3	SINGAPORE 760820
Address 1	BLK B20 #02-658	Address 2	YISHUN STREET 61	Post Code	760820
Address 4		Address Type	Singapore address		
Unit No.	02-658			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	BM9016D		

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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## Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	AHMAD HANAFEE BIN IBRAHIM	Insured NRIC	S53389218
Contact No.(Mobile)	94882083	Contact No.(Home)		Contact No.(Office)	
Email Address	HANAFEE IBRAHIM@GMAIL.COM	OI Vehicle Number	BM9016D	TP Vehicle Number	SHA 8762G
Claim Description	BM9016D / SHA 8762G ON 2 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	03/07/2018 19:57	Claim Close Date		Date Received	03/07/2018 00:00
Report Taken By	MOSLI WAHAB				

Print All letter

Save Submit

## Attachment

Accident No.	HT/1001497	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/07/2018 19:58
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		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (R UKIT MERAH)) on 03 Jul 2018 19:58	Photo	Normal	Photos 2018-7-3		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (R UKIT MERAH)) on 03 Jul 2018 19:58	Photo	Normal	Photos 2018-7-3		Edit
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (R UKIT MERAH)) on 03 Jul 2018 19:58	Photo	Normal	Photos 2018-7-3		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	Photos	Normal	Photos 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	NRDC/ Driving License	Normal	NRDC/ Driving License 2018-7-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 19:57	SAS	Normal	SAS 2018-7-3	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 07 / 2018 (DD/MM/YYYY), TIME: 10 : 30 (HH:MM)

LOCATION: 353 Tanglin Road, Singapore 247959

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 9016 D  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5100 596339  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA XMAX 300  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY  
 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: AHMAD HANAFEE BIN IBRAHIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9338921B CONTACT: 9488 2803  
 c) ADDRESS: B1K 820 VISHNU ST RT #02-658 S(760820)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AHMAD HANAFEE BIN IBRAHIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9338921B CONTACT: 9488 2803  
 c) ADDRESS: B1K 820 VISHNU ST RT #02-658 S(760820)

\* d) DATE OF BIRTH: 07 / 10 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/04/2014

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

- a) VEHICLE NUMBER: SHA 8762 G MODEL: City Cab  
 b) DRIVER'S NAME: CHUA ENK LEON  
 c) NRIC/FIN/PASSPORT: S12917832 CONTACT: 96232710

## 9. THIRD PARTY VEHICLE

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

email = hanafee.ibrahim@gmail.com

VIDEO =

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9338921B



Name

AHMAD HANAFEE BIN  
IBRAHIM

احمد هانافي بن ابراهيم

Race

MALABARI

Date of birth

17-10-1993

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9338921B

Name

AHMAD HANAFEE BIN  
IBRAHIM

Birth Date: 17 Oct 1993

Issue Date: 02 Jun 2012



0020738768



NRIC No. S9338921B



Date of issue  
22-10-2008

Address  
APT BLK 820 YISHUN STREET 81  
#02-658  
SINGAPORE 760820

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles < 200 CC	04 Jun 2014
Class 2A	Motorcycles between 201 CC and 400 CC	04 Oct 2015
Class 2	Motorcycles > 400 CC	01 Jun 2017
Class 3	Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractor-vehicles < 2500 kg	02 Jun 2012

S / No. 9000272040



NP 428A

**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** : 5100596339

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle
- Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive#
  - (a) Named Driver(s) Only.

: FBM9016D  
: MH3SH0842JK003420  
: AHMAD HANAFEE BIN IBRAHIM  
: 08 May 2018  
: 07 May 2019

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)	: AHMAD HANAFEE BIN IBRAHIM
NAMED DRIVER (2)	: AHMAD TARMIDZI BIN IBRAHIM
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 08 May 2018 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive