

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MAH48089659			
Date In: 11/07/2008 18:45	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/012666/Y	SAS e-filing		
Veh No: FS 2768J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/06/2008 23:10	i-Motor Claim Form	mt1002615-001	11/07/2008 19:04
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: SHO 2661M	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

MAH48089659	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) 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		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
	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	11/07/2018 18:45
Date Of Accident	28/06/2018 23:10
Exact Location Of Accident	ALONG RIVER VALLEY RD TOWARDS CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS2768J
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN BIN MOHAMMED ZAKARIAH
NRIC No	S9050753B
Email Address	AMAN_BMZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82317378
Alternative Phone No	OTHERS-82317378
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5084169545-01
Cover Note Number	
Driver	
Name of Driver	ABDUL RAHMAN BIN MOHAMMED ZAKARIAH
NRIC No	S9050753B
Date Of Birth	25/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82317378
Fax Number	
Contact Number	OTHERS-82317378
EMail Address	AMAN_BMZ@HOTMAIL.COM

Address	BLK 55 LENGKOK BAHRU #11-437
Postcode	151055
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180629/7009 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHD2661M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL RAHMAN BIN MOHAMMED ZAKARIAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FS2768J
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: 11-7-2018

15:34 hrs

Driver's Signature

(If driver is not the policyholder)

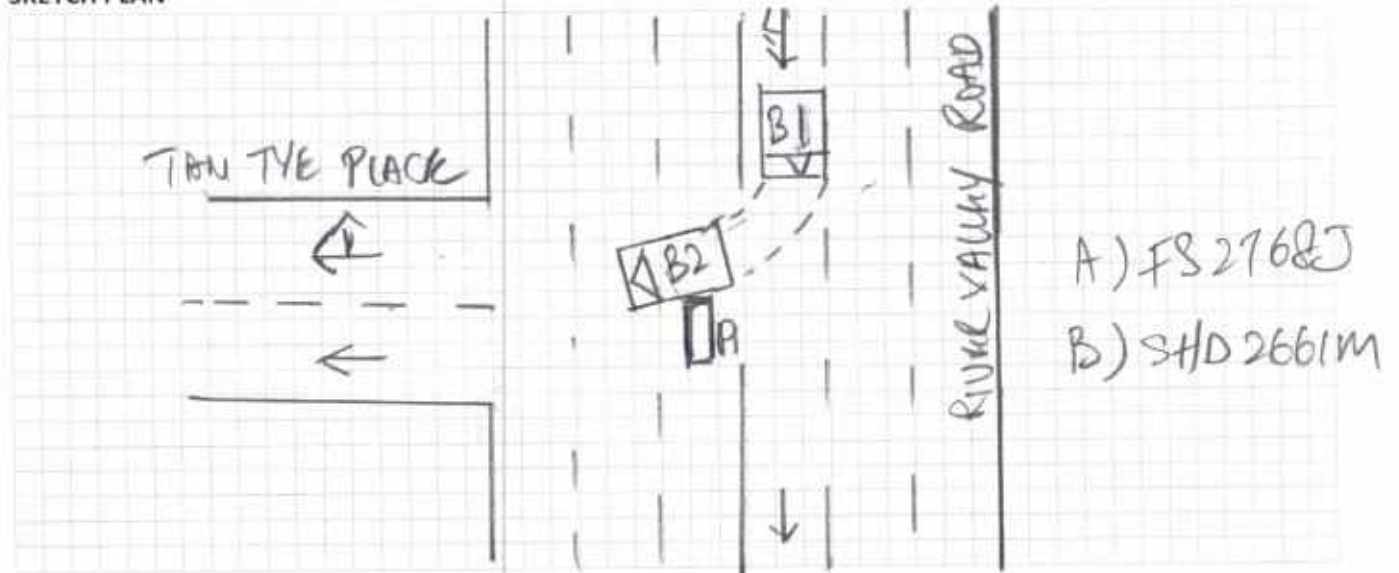
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/S REF no police report
11/2018 0627/7009*

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 11-07-2018
1534 hrs

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

[Signature] 11/07/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180629/7009

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180629/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2018 14:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL RAHMAN BIN MOHAMMED ZAKARIAH			Address: APT BLK 55 LENGKOK BAHRU #11-437 SINGAPORE 151055		
ID Type / ID No.: NRIC NO / S9050753B			Contact No.: Home/Office: Mobile: 82317378		
Nationality: SINGAPORE CITIZEN			Email: aman_bmz@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 25/12/1990	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: DISPATCH SPECIALIST			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2018 23:13	Type of Location: Straight Road
Location: TAN TYE PLACE Along river valley road heading towards clemenceau avenue, outside Liang Court				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS2768J	Motorcycle	YAMAHA	RXZ	Blue	Totally Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS2768J	NTUC Income Insurance Co-Operative Limited	5084169545-01	15/09/2017	31/08/2018



**SINGAPORE
POLICE FORCE**



T/20180629/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180629/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHMAN BIN MOHAMMED ZAKARIAH	ID No.	S9050753B
Related Vehicle	FS2768J (Motorcycle)	Contact No.	82317378
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

I was riding along river valley road heading towards 409 river valley road when I collided with a taxi which was making a right turn from the opposite direction of the road.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180629/7009

3 of 3

Report No. T/20180629/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/06/2018 14:44

Classification Of Case:

Claim Handling

Accident HT/1002615

Policy No.	5084169545-01	Vehicle No.	P52766J	GST Registration No.	
Policyholder Name	ABDUL RAHMAN BIN MOHAMMED ZAKARIAH			Policyholder NRIC	S9050753B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82317378	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
WPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

Accident Details

Report Date	11/07/2018 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/07/2018	Time of Accident hh:mm	23:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG RIVER VALLEY RD TOWARDS CLEMENCEAU AVE				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Uninsured 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 55 #11-437	Address 2	LENGKOK BANBU	Address 3	SINGAPORE 151055
Address 4		Address Type	Singapore address	Post Code	151055
Unit No.	11-437	Related Policy Number	5084169545-01		

OI Driver Info

Driver Name	ABDUL RAHMAN BIN MOHAMMED ZAKARIAH	Driver Type	Main Driver	Driver DOB	25/12/1990
Unnamed driver Name		Driver NRIC	S9050753B	Driving Experience	4
Register Date of Driver License	06/06/2014	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	82317378	Contact No.(Office)		Address 3	SINGAPORE 151055
Address 1	BLK 55 #11-437	Address 2	LENGKOK BANBU	Post Code	151055
Address 4		Address Type	Singapore address		
Unit No.	11-437				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	P52766J	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ABDUL RAHMAN BIN MOHAMMED	Insured NRIC	S9050753B
Contact No.(Mobile)	86506369	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	P52766J	TP Vehicle Number	SHD2661M
Claim Description	P52766J / SHD2661M ON 10 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/07/2018 00:00
Date Registered	11/07/2018 19:03	Claim Close Date			
Report Taken By	ROSLI WAMAS				

☒ Print AK letter

Save Submit

Attachment

Accident No.	HT/1002615	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	11/07/2018 19:04

Path *

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Message Read		Clear Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:04	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:04	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:04	Photos	Normal	Photos 2018-7-11	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:04	Photos	Normal	Photos 2018-7-11	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:03	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:03	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:03	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:03	Photos	Normal	Photos 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 Jul 2018 19:03	SAS	Normal	SAS 2018-7-11	Edit
Video List					
Uploaded By/Date	Folder Date	File name			Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 06 / 2018) (DD/MM/YYYY), TIME: (23 : 13) (HH:MM)

LOCATION: TAN JYE PLACE, along River Valley Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FS 27687
b) INSURANCE COMPANY: NTUL INCOME
c) POLICY NUMBER: 5084169545-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA RXZ
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: ABDUL RAHMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 99050753B CONTACT: 8231 7378
c) ADDRESS: 55, LONGKOK BAHU # 11-457
(S) 18/055

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (25 / 12 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 5-6-2014

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) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: ONLINE REPORT

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 266 1M MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

Email = aman brz@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9050753B



Name
ABDUL RAHMAN BIN
MOHAMMED ZAKARIAH

عبدالرحمن بن محمد زكارياء

Race

JAVANESE

Date of birth

25-12-1990

Country of birth

SINGAPORE

Sex

M

002311939D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9050753B

ABDUL RAHMAN BIN
MOHAMMED ZAKARIAH

Birth Date: 25 Dec 1990

Issue Date: 05 Jun 2014



002311939D



0023050

NRIC No: S9050753B



Date of issue
25-08-2006

Address
APT BLK 55 LENGKOK BAHRU
#11-437
SINGAPORE 151055

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

EFFECTIVE DATE

Class 2B
(Class 2A)

MOTORCYCLES NOT EXCEEDING 250 CC
MOTORCYCLES BETWEEN 251 CC AND 400 CC

30 Jun 2014
28 Jul 2014

S / No. 9000262794

NRIC No: S9050753B

NP 425A



Licence No: S9050753B

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 : 5084169545-01

Cover : Third Party

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : F52768J |
| Chassis Number | : ZMC251591 |
| 2. Name of Policyholder | : ABDUL RAHMAN BIN MOHAMMED ZAKARIAH |
| 3. Effective Date of Insurance | : 15 Sep 2017 |
| 4. Expiry Date of Insurance | : 31 Aug 2018 |
| 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)	: ABDUL RAHMAN BIN MOHAMMED ZAKARIAH
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 : CHIN POH YEW (00000602383)

Date of Issue : 03 Sep 2017 15:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive