

NATIONAL Assessment Centre Services

[APR - JAN 03]

MAA48105327

Date In: 15/08/2018 10:29	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/001/481414	SAS e-filing		
Veh No: FBF 3503 R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/07/2018 07:50	i-Motor Claim Form	MT/1007262001	15/08/2018 11:19
OD: TP <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: UNKNOWN CYCLIST	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

<p>MAA48105102</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cal. 1:</p> <p>Cal. 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1st Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TP: Towing Fee \$40/\$45			
	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: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD:				
*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 (N/rn INC) against INC		\$20		
9) N12: Idao 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 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. 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	15/08/2018 10:29
Date Of Accident	08/07/2018 07:50
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3503R
Insured/Policyholder	
Name Of Registered Owner	SHARAN VIKASH
NRIC No	S7865504F
Email Address	VICKY2103@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87255621
Alternative Phone No	OTHERS-87255621

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200-199CC DTS-I
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	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	5100631655
Cover Note Number	

Driver

Name of Driver	SHARAN VIKASH
NRIC No	S7865504F
Date Of Birth	20/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87255621
Fax Number	
Contact Number	OTHERS-87255621
Email Address	VICKY2103@GMAIL.COM

Address	BLK 442 CHOA CHU KANG AVENUE 4 #04-359
Postcode	680442
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	COLLIDED INTO BICYCLIST
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/20180717/7006

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHARAN VIKASH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBF3503R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

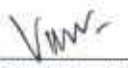
SKETCH PLAN

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:

15/8/17

10.00 am

Driver's Signature

(If driver is not the policyholder)

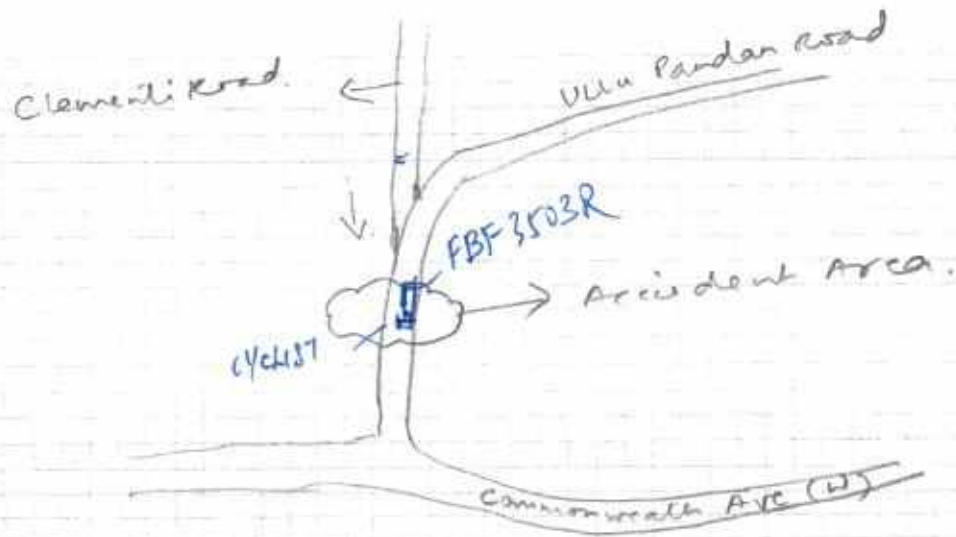
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS refer to police report.
1/20180717/2006

DECLARATION

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

Vann

Policyholder's Signature

Date & Time:

15/8/18

10:00 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/8/2018

Poh Li Wai



SINGAPORE POLICE FORCE



T/20180717/7006

1 of 3

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

Report No: T/20180717/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 11:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHARAN VIKASH			Address: APT BLK 442 CHOA CHU KANG AVENUE 4 #04-359 SINGAPORE 680442		
ID Type / ID No.: NRIC NO / S7865504F			Contact No.: Home/Office: Mobile: 87255621		
Nationality: INDIAN			Email: vicky2103@gmail.com		
Sex: Male	Age: 40	Date of Birth: 18/01/1978	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/07/2018 19:50	Type of Location:
Location: CLEMENTI ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3503R	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3503R	NTUC Income Insurance Co-Operative Limited	5100631655	10/05/2018	19/05/2019



**SINGAPORE
POLICE FORCE**



T/20180717/7006

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

2 of 3

Report No. T/20180717/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHARAN VIKASH	ID No.	S7865504F
Related Vehicle	FBF3503R (Motorcycle)	Contact No.	87255621
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	20	Degree of Injury	Serious
Cyclist			
Name	Unknown Cyclist	ID No.	NIL
Related Vehicle	NIL	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

Brief Details.

Dear SIR, i would like to highlight that, i was coming from the upper bukit timah road towards clementi road. I had to turn left towards commonwealth ave west. Accident happened around 100 mtr before the junction. All i remember traffic light was in my favour. I dont remember myself hitting someone. I may be hit from behind , but i am not sure. When i came in senses, i saw ambulance coming and pick me and other person injured. Ambulance people said- other person injured is cyclist.

i dont remember how this accident happened. i fully trust country police/ traffic system. Would appreciate you would let me know the findings.

Regards,
Sharan Vikash



**SINGAPORE
POLICE FORCE**



T/20180717/7006

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

3 of 3

Report No. T/20180717/7006

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 /
THABAGESH JEYATHESH
Contact No.: 65476232

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:
17/07/2018 11:06

Classification Of Case:

SALES AGREEMENT OF MOTORCYCLE

VEHICLE REGISTRATION NUMBER: FBF350312

MAKE: Bajaj MODEL: Pulsar 200 DTS-1

CHASSIS NO: MD2DHJC22SCE45051 ENGINE NO: JCG3SE74873

YEAR OF MANUFACTURE: 2009 TEL NO: 8725 56 21

EMAIL: _____

I/WE Sharan Vikash

NO: S7865504F OF 442 Choa Chu Kang Ave 4 #04-359 S(680442) BEARING NRIC / PASSPORT

BEING THE OWNER OF THE MOTORCYCLE MENTIONED ABOVE SOLD THE MOTORCYCLE FREE FROM ANY ENCUMBRANCE TO UNIVERSAL MOTORS PTE LTD OF BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762. TEL 62782029 EMAIL: enquiry@umpl.com.sg

ON DATE: 15-8-2018 TIME: 0931

THE SALE OF THIS MOTORCYCLE WILL INCLUDE EXISTING INSURANCE, ROAD TAX AND C.O.E IF ANY

MUTUALLY AGREED PRICE-----\$ 611.00

LESS: OWINGS TO HIRE PURCHASE / FINANCE COMPANY (IF ANY). \$ -

LESS (OTHERS)-----\$ -

BALANCE PAID TO ME-----\$ 611.00
=====

UPON SIGNING THIS SALES AGREEMENT I DECLARE I HAVE COLLECTED THE FULL AMOUNT (I.E. THE AGREED PRICE OR BALANCE AFTER DEDUCTING SUM OWING TO HIRE PURCHASE COMPANY OR OTHERS) FROM THE PURCHASER.

*BY SIGNING THIS SALES AGREEMENT MEANS THAT YOU HAD AGREE TO HAVE THE BIKE TRANSFER TO UNIVERSAL MOTORS PTE LTD WITH IMMEDIATE EFFECT AND YOU ACKNOWLEDGE THAT YOU ARE NOT ALLOWED TO CLAIM BACK THE MOTORCYCLE Vmm ← (Please sign here)

Vmm
SIGNATURE OF SELLER
NAME: _____

cent
ACCEPTED AND PURCHASED FOR
UNIVERSAL MOTORS PTE LTD

SETTLEMENT MODE: CASH / CHEQUE / TRADE-IN (INV NO: _____)

AMOUNT USED TO OFFSET NEW PURCHASE-----\$ -

BALANCE AMOUNT PAID TO SELLER-----\$ 611.00

Claim Handling

Accident MT/1007262

Policy No.	S100631659	Vehicle No.	FBF3503R	GST Registration No.	
Certificate No.					
Policyholder Name	SHARAN VIKASH	Cover Type	Third Party	Policyholder NRIC	S7865504F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87255621	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KPI	+ No Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	15/08/2018 11:14	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	08/07/2018	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CLEMENTI ROAD				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 442 #04-359	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680442
Address 4		Address Type	Singapore address	Post Code	680442
Unit No.	04-359	Related Policy Number	S100631655		

OI Driver Info

Driver Name	Sharan Vikash	Driver Type	Main Driver	Driver DOB	20/01/1978
Unnamed driver Name		Driver NRIC	S7865504F	Driving Experience	2
Register Date of Driver License	01/01/2016	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	87255621	Contact No.(Office)		Address 3	SINGAPORE 680442
Address 1	BLK 442 #04-359	Address 2	CHOA CHU KANG AVENUE 4	Post Code	680442
Address 4		Address Type	Singapore address		
Unit No.	04-359				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBF3503R	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No

Notification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	SHARAN VIKASH	Insured NRIC	S7865504F
Contact No.(Mobile)	87255621	Contact No.(Home)	87667140	Contact No.(Office)	854571
Email Address	vicky2103@gmail.com	CI	FBF3503R	TP	UNKNOWN
Claim Description	FBF3503R / UNKNOWN CYCLIST ON 8 Jul 2018				
Preferred Workshop	Insured Liability	Not at fault			
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/08/2018 11:17	Claim Close Date		Date Received	15/08/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1007262	Claim No.	001
Last Doc. Retrieved	Yes No	Upload Date	15/08/2018 11:19
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mt
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Aug 2018 11:19		Photos	Normal	Photos 2018-8-15	

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 07 / 18) (DD/MM/YYYY), TIME: (07 : 50) (HH:MM)

LOCATION: Clementi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF3503R
 b) INSURANCE COMPANY: NTU C.
 c) POLICY NUMBER: 5100631655
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Bajaj Pulsar 200 DTSi
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) Reporting only

2. INSURED / POLICY HOLDER

- A) NAME: Sharan Vikash (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S7865504 F CONTACT: _____
 C) ADDRESS: Blk-442, #04-359, Choa Chu Kang Ave. 04, Singapore 680 442

* 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: (20 / 01 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) ~~DATE~~ OF DRIVING PASS: 30.10.2013

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

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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown Cyclist 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 = vicky2103@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7865504F



Name

SHARAN VIKASH

Race

INDIAN

Date of birth

20-01-1978

Sex

M

Country of birth

INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S7865504F

Name SHARAN VIKASH

Birth Date 20 Jan 1978

Issue Date 30 Oct 2013

002235864F

8977028

NRIC No. S7865504F

Nationality
INDIAN

Date of issue
24-10-2008

APT BLK 442 CHOA CHU KANG AVENUE 4 #04-359
SINGAPORE 680442

NRIC No: S7865504F Date: 24/01/2012 (R)

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

Class	Motorcycles	Motor cars	Effective Date
Class 2B	Motorcycles <= 100 CC	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2000 kg	30 Oct 2013
Class 3			18 Sep 2017

S / No. 9000273663

S7865504F

Licence No. S7865504F

NP 42BA

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 : S100631655

Cover : Third Party

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBF3503R |
| Chassis Number | : MD2DHJCZZSCE45051 |
| 2. Name of Policyholder | : SHARAN VIKASH |
| 3. Effective Date of Insurance | : 10 May 2018 |
| 4. Expiry Date of Insurance | : 19 May 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)	: SHARAN VIKASH
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 : DIRECT BUSINESS DEPT (00000600280)


Date of Issue : 09 May 2018 21:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive