

NATIONAL Assessment Centre Services

(Ref: Jan 05)

MANA418107919

Date In: 20/08/2008 17:37	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/05324	SAS e-filing		
Veh No: FBA DA	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/08/2008 00:00	i-Motor Claim Form	MT/1008035-001	20/08/2008 18:10
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJP 2062E	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 / Trip Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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 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	20/08/2018 17:37
Date Of Accident	19/08/2018 00:00
Exact Location Of Accident	BLK 738 JURONG WEST STREET 73
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA42A
Insured/Policyholder	
Name Of Registered Owner	ABDUL WARITH BIN ABDUL WAHAB
NRIC No	S8919299D
Email Address	WARITHWAHAB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97859799
Alternative Phone No	OTHERS-96778212

Vehicle Particulars

Manufacturer	BMW
Model	GS R1200
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092641314-01
Cover Note Number	

Driver

Name of Driver	ABDUL WAFI BIN ABDUL WAHAB
NRIC No	S9402063H
Date Of Birth	14/01/1994
Occupation	INDOOR
Date Of Driving Pass	28/01/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96778212
Fax Number	
Contact Number	OTHERS-97859799
Email Address	WARITHWAHAB@GMAIL.COM

Address	BLK 524 JURONG WEST STREET 52 303-245
Postcode	640524
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
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	SJP2062E
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG KUO HOONG
NRIC/Passport Number	S8277170J
Contact Number	96801395
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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

BLK 738 JURONG WEST STREET 73



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 August 2018 at 0000hrs, I was sitting at the playground in front of Block 738 Jurong West Street 73. Suddenly I heard a thud sound. That's where I saw the car SJP2062E hit my bike and fell down off ~~me~~ from the side-stand ~~at~~ and hit the curb and the ground. Initially he wanted to private settlement but in the ~~at~~ end he choose to ^{by} claim insurance.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police
Annex D

NOTICE OF REPORTING

Informant Name : Abdul Wafi Bin Abdul Wahab
Identity Card No : S9402063H
Age / Sex : 24 yrs/ Male
Address : B/524 Jurong West Street 52 #03-245
Nationality and Race : Indian
Occupation : Medic
Telephone No : 96778212

This is to confirm that the above informant, driver of vehicle registration number, **FBA42A**, has reported to the Police a traffic accident which occurred on the 19/08/2018 at **1210Hrs** along **B/738 Jurong West Street 73 (carpark)** involving the following vehicle/s:

V1 : FBA42A
V2 : SJP2062E

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer : SGT T160385 Chia Shun Zheng
Date / Time : 19/08/2018
Station Diary No : 8
Police Post : Jurong West NPC

Signature of Informant :

Signature of Issuing Officer :

Original : - to be issued to informant
Duplicate : - to be submitted to Traffic Police

CTC

Challenging Tomorrow's Changes

Subject: _____

Date: _____

Date : 19/08/2018

Time : 12 am MIDNIGHT

I, YONG KUO HOONG S8277170J, drive a Hyundai Avante (SJP2062E) reverse my car and hit the front of a motorbike, BMW GSR 1200 (FBA42A). I will bear the cost of repair and damages.

Bike owner particular

Name of rider : ABDUL WAFI BIN ABDUL WAHAB

IC : S9402063H

I also did not see the motorbike behind as the lane was dark.

Witness by:

AHMAD ZAHRI

S9431680D



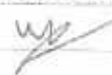
YONG KUO HOONG

S8277170J



Abdul Wafi

S9402063H



2018/08/19
Rosli Wahab

Claim Handling

Accident MT/1008035

Policy No.	5062641314-01	Vehicle No.	FBA42A	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL WARITH BIN ABDUL WAHAB	Cover Type	Comprehensive	Policyholder NRIC	58515293D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97853739	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No *
KFK	Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	20/08/2018 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	19/08/2018	Time of Accident(hh:mm)	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 738 JURONG WEST STREET 73				

Benefits

Own Damage Excess	1,000.00	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 882 #10-80	Address 2	TAMPINES STREET 84	Address 3	TAMPINES SPRING
Address 4	SINGAPORE 521882	Address Type	Singapore address	Post Code	521882
Unit No.	10-80	Related Policy Number	5062641314-01		

OI Driver Info

Driver Name	ABDUL WAHAB BIN ABDUL WAHAB	Driver Type	Named Driver	Driver DOB	14/01/1994
Unnamed Driver Name		Driver NRIC	S9402063H	Driving Experience	5
Register Date of Driver License	20/02/2013	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	96778212	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does He own a Singapore Registered car?	Yes	Driver Vehicle No.	FBA42A	Driver Insurer Company	NTUC

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ABDUL WARITH BIN ABDUL WAHAB	Insured NRIC	58515293D
Contact No.(Mobile)		Contact No. (Home)	95604006	Contact No. (Office)	NIL
Email Address		Vehicle Number	FBA42A	TP Vehicle Number	S1P206
Claim Description	FBA42A / S1P20626-ON 18 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Insured No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	20/08/2018 17:55	Date Received	20/08/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1008035	Claim No.	001	Category *	Confidential	Urgency *	Decls
Last Recd. Received	Yes	Upload Date	20/08/2018 18:10				
Patch *							
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		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Aug 2018 18:10		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-20	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 18:10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:56

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:56

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:56

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:56

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:55

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:55

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
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S (BUKIT MERAH)) on 20 Aug 2018 17:55

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 20 Aug 2018 17:55

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Normal

SAS 2018-8-20

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Photos 2018-8-20

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 08 / 2012) (DD/MM/YYYY), TIME: (00 : 00) (HH:MM)

LOCATION: 738 JUKONG WEST ST 73

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBI 42 A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW GS R1200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: ABDUL WABITH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5919299D CONTACT: 97859799
 c) ADDRESS: 882 TAMPINES ST 84 #0 #10-80 5(521882)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ABDUL WABITH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59431880D CONTACT: 96778212
 c) ADDRESS: 524 JUKONG WEST ST 52 #03-245 5640524

* d) DATE OF BIRTH: (12 / 06 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/01/2009

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

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: JUKONG WEST NPL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YONG LHO HOONG MODEL: HYUNDAI
 b) DRIVER'S NAME: YONG LHO HOONG
 c) NRIC/FIN/PASSPORT: 58277170J CONTACT: 96801395

9. THIRD PARTY VEHICLE

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

Email = warithwahab@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9402063H



Name

ABDUL WAFI BIN ABDUL WAHAB

عبدالوفاى بن عبدالوهاب

Race

MALAY

Date of birth

14-01-1994

Sex

M

Country/Place of birth

SINGAPORE



5820841



NRIC No. S9402063H



Date of issue

11-10-2017

Address

APT BLK 524 JURONG WEST STREET 52
#03-245
SINGAPORE 640524

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9402063H

ABDUL WAFI BIN ABDUL WAHAB



Birth Date: 14 Jan 1994

Issue Date: 26 Jun 2016



002017066B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	20 Feb 2013
Class 2A	Motorcycles between 201 cc and 400 cc	07 Nov 2014
Class 2	Motorcycles > 400 cc	26 Jan 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	26 May 2017

NP 428A



Licence No: S9402063H



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 : 5092641314-01

Cover : Comprehensive

- | | |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBA42A |
| Chassis Number | : WB10A0206HZ779354 |
| 2. Name of Policyholder | : ABDUL WARITH BIN ABDUL WAHAB |
| 3. Effective Date of Insurance | : 15 Jul 2018 |
| 4. Expiry Date of Insurance | : 14 Jul 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)	: S\$1,000
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: ABDUL WARITH BIN ABDUL WAHAB
NAMED DRIVER (2)	: ABDUL WAFI BIN ABDUL WAHAB
HIRE PURCHASE COMPANY	: SPEEDWAY MOTOR PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

**This Bike is Still Under
Hire Purchase with
SPEEDWAY MOTOR PTE LTD
No add rider or renewal
is allowed**

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 : AXIS LINK PTE LTD (00000614797)
Date of Issue : 12 Jul 2018 15:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

IMPORTANT NOTICE - ACCIDENT

In the event of any accident involving the Motor Vehicle, irrespective of whether it would give rise to claims, the insured shall, together with the motor vehicle, call SPEEDWAY MOTOR at 610 1511 report the accident during office hour.