

NATIONAL Assessment Centre Services

(Ref: 1-400-955)

NA441814858

Date In: 05/09/2018 17:58	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/80/624914	SAS e-filing		
Veh No: 1B4 4931X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/08/2018 09:10	i-Motor Claim Form	17/10/2017-001	05/09/2018 18:09
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: SLB 4010 S	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

NA1005672	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st 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			
	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:-			
	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-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:				

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	04/09/2018 17:58
Date Of Accident	16/08/2018 09:10
Exact Location Of Accident	ALONG BKE TOWARDS WOODLANDS A/F DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4931X
Insured/Policyholder	
Name Of Registered Owner	ABDUL KADER FAZLUDEEN
NRIC No	S7866884I
Email Address	FAZUL.DEEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97802555
Alternative Phone No	OTHERS-97802555

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO OFFICE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102394379
Cover Note Number	

Driver

Name of Driver	ABDUL KADER FAZLUDEEN
NRIC No	S7866884I
Date Of Birth	21/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97802555
Fax Number	
Contact Number	OTHERS-97802555
EEmail Address	FAZUL.DEEN@GMAIL.COM

Address	BLK 105 HENDERSON ROAD #06-17
Postcode	150105
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180817/2025

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	SLB4010S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEK SWEE LEONG
NRIC/Passport Number	S7726395J
Contact Number	99086756
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL KADER FAZLUDDEEN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBH4931X
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.

K. Fagul

Policyholder's Signature

Date & Time: 04/09/2018

18.00 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

04/09/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resh Waffon

SKETCH PLAN

Along BKE TOWARDS Woodlands A/E Dairy Farm
EHT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
17/08/2018

DECLARATION

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

K. Fagut

Policyholder's Signature

Date & Time: 04/09/2018

18:00 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/09/2018

Koshi WATOB



SINGAPORE POLICE FORCE



T/20180817/2025

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180817/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2018 10:35	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: ABDUL KADER FAZLUDDEEN			Address: APT BLK 105 HENDERSON CRESCENT #06-17 SINGAPORE 150105		
ID Type / ID No.: NRIC NO / S7866884I			Contact No.: Home/Office:		Mobile: 97802555
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 21/03/1978	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: IT ADMIN			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/08/2018 09:10	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY ALONG BKE TOWARDS WOODLANDS AFTER DAIRY FARM RD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4931X	Motorcycle	YAMAHA	YBR 125 MANUAL	Silver Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4931X	NTUC Income Insurance Co-Operative Limited	5102394379	19/07/2018	18/07/2019



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20180817/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL KADER FAZLUDDEEN	ID No.	S78668841
Related Vehicle	FBH4931X (Motorcycle)	Contact No.	97802555
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/08/2018	Date Discharge	16/08/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 17/08/2018 at about 0910hrs, I was travelling along BKE towards Woodlands. I was travelling on my motorcycle, registration plate number FBH4931X, on the 4th lane of the expressway. I was travelling at a speed of about 50km/h. After passing by the exit of Dairy Farm Road, I noticed one black colour car from the 3rd lane driving near my motorcycle. The car subsequently entered my lane and hit my motorcycle from the rear. I then lost control of my motorcycle and fell to the ground. I could not remember exactly what happened after that as I was in and out of consciousness. I was then conveyed to Ng Teng Fong General Hospital by ambulance about 30 minutes later.

I sustained injuries on my left and right arm, both shoulders, back, both legs and left side of my face. I also suffered a fracture on my last finger on the right hand. I was treated at Ng Teng Fong General Hospital and was given Hospitalisation Leave from 16/08/2018 to 22/08/2018 (MC Ref: 44572643). My motorcycle also was seriously damaged. There were Traffic Police officers at scene however I did not have any report number of the accident. I also did not have any details of the other party. That is all.



**SINGAPORE
POLICE FORCE**



T/20180817/2025

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20180817/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 MUHAMMAD FAHMI BIN OSMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NG CHWEE THENG
Contact No.: 65476397

Signature Of Informant:

Date/Time:
17/08/2018 10:35

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Task Transfer Exit

TOS TAB SUB

Accident MT/1010277

Policy No.	5102394379	Vehicle No.	FBH4931X	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL KADER FAZLUDEEN			Policyholder NRIC	S78668841
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97802555	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	05/09/2018 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/08/2018	Time of Accident hh:mm	09:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	ALONG BRE TOWARDS WOODLANDS A/F DAIRY FARM RD EXIT				

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			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 105 #06-17	Address 2	HENDERSON CRESCENT	Address 3	HENDERSONVILLE
Address 4	SINGAPORE 150105	Address Type	Singapore address	Post Code	150105
Unit No.	06-17	Related Policy Number	5102394379		

O1 Driver Info

Driver Name	ABDUL KADER FAZLUDEEN	Driver Type	Main Driver	Driver DOB	21/03/1978
Unnamed driver Name		Driver NRIC	S78668841	Driving Experience	0
Register Date of Driver License	01/01/2018	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	97802555	Contact No.(Office)		Address 3	HENDERSONVILLE
Address 1	BLK 105 #06-17	Address 2	HENDERSON CRESCENT	Post Code	150105
Address 4	SINGAPORE 150105	Address Type	Singapore address		
Unit No.	06-17				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBH4931X	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Investigation

Claim 001 OD-MX New

TOS TAB SUB

Claim Case Officer

Claim Type	OD-MX	Insured Name	ABDUL KADER FAZLUDEEN	Insured NRIC	S78668841
Contact No.(Mobile)	97802555	Contact No.(Home)		Contact No.(Office)	
Email Address	FAZLUDEEN@GMAIL.COM	DI Vehicle Number	FBH4931X	TP Vehicle Number	SLB40105
Claim Description	FBH4931X / SLB40105 ON 16 Aug 2018				
Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop Name	Insured Liability report	Not at fault
Registration Date	05/09/2018 18:02	Claim Close Date		Date Received	05/09/2018 00:00
Report Taken By	ROBIL WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1010277	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/09/2018 00:00
Path *		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		
Choose File	No file chosen		
Message Read			

Send Message Upload

Attachment

▼ Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>			

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 08 / 2018 (DD/MM/YYYY), TIME: 09 : 05 (HH:MM)

LOCATION: ALONG RUKIT MERA TIMAH EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 4931X
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5102394379
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) ☒
e) MAKE & MODEL: YAMAHA / YBR125
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO OFFICE
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 KADER FAZLUDEEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7866884I CONTACT: 97802555
c) ADDRESS: BLK 105, #06-17 HENDERSON CRESCENT
SINGAPORE - 150150105

* 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: 21 / 03 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08-NOV-2017

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: BUKIT MERAH WEST N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB40105 MODEL: _____
b) DRIVER'S NAME: CHEK SWEE LEONG
c) NRIC/FIN/PASSPORT: S7726395T CONTACT: 88096756

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S78668841



Name

ABDUL KADER FAZLUDDEEN

Race

INDIAN

Date of birth

21-03-1978

Sex

M

Country of birth

INDIA

S78668841

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S78668841

Name

ABDUL KADER FAZLUDDEEN

Birth Date: 21 Mar 1978

Issue Date: 08 Nov 2017



002741700C

9012604



NRIC No. S78668841



Nationality

INDIAN

Date of issue

11-03-2009

APT BLK 105 HENDERSON CRESCENT #08-17
SINGAPORE 150105
NRIC No: S78668841 Date: 29/11/2012 (R)

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

08 Nov 2017

NP 428A



Licence No: S78668841

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 : 5102394379

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBH4931X

Chassis Number

: LBPKE1786D0014281

2. Name of Policyholder

: ABDUL KADER FAZLUDEEN

3. Effective Date of Insurance

: 19 Jul 2018

4. Expiry Date of Insurance

: 18 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)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: ABDUL KADER FAZLUDEEN

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 16 Jul 2018 20:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive