

NATIONAL Assessment Centre Services (wef 1 Jan 05) MAIA 418115353			
Date In: 05/09/2008 20:09	Job description	Date & Time Completed	Done by
Ref No: NBA/200801/625914	SAS e-filing		
Veh No: FEB 2082 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/01/2008 16:55	i-Motor Claim Form	MAI/1010307-001	06/09/2008 10:35
OD: Te 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: FBJ5472L	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

NA1805686	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : 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) NI : 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			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (N11 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	05/09/2018 20:09
Date Of Accident	13/07/2018 16:55
Exact Location Of Accident	ALONG AYE TOWARDS TUAS 9.6KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB2082R
Insured/Policyholder	
Name Of Registered Owner	ZEN KIFLI BIN MAHAT
NRIC No	S7234388C
Email Address	ZULKMAHAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94745335
Alternative Phone No	OTHERS-81304653

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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	REPORTING ONLY
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	5033571386-09
Cover Note Number	

Driver

Name of Driver	ZUL KIFLI BIN MAHAT
NRIC No	S7128598G
Date Of Birth	22/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81304653
Fax Number	
Contact Number	OTHERS-94745335
EMail Address	ZULKMAHAT@GMAIL.COM

Address	BLK 408 PANDAN GARDENS #11-59
Postcode	600408
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	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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180829/2081

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	FBJ5472L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHEW WEICHEN JOEL
NRIC/Passport Number	S9025343C
Contact Number	91371130
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZUL KIFLI BIN MAHAT
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBB2082R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEW WEICHEN JOEL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ5472L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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:

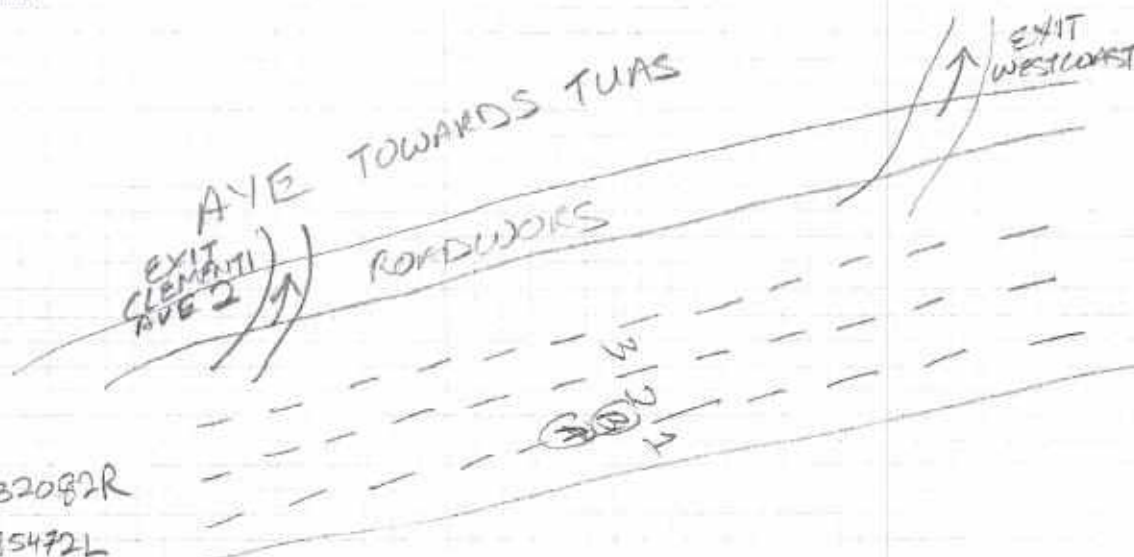
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



A = FBB2082R

B = FBI 5472L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Q/S Refill to Police Referral
1/20/2029/2081~~

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: Robert Brown
NRIC/FIN No.: 9201 1234 5678 9010

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180829/2081

1 of 3

Report No. T/20180829/2081

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 13:49	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: ZUL KIFLI BIN MAHAT			Address: APT BLK 408 PANDAN GARDENS #11-59 SINGAPORE 600408		
ID Type / ID No.: NRIC NO / S7128598G			Contact No.: Home/Office: Mobile: 81304653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 20/08/1971	Type of Informant: Rider		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Despatch Rider			Driving Licence Information: Class: 2A,3,4		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2018 18:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards Tuas, 9.6KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FPB2082R	Motorcycle				Seriously Damaged	0
FBJ5472L	Motorcycle				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180829/2081

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

2 of 3

Report No. T/20180829/2081

CONTINUATION OF REPORT

Rider			
Name	ZUL KIFLI BIN MAHAT	ID No.	S7128598G
Related Vehicle	FBB2082R (Motorcycle)	Contact No.	81304653
Hospital/Clinic	TEBAN GARDEN CLINIC	Class of Driving Licence & Expiry Date	Class: 2A,3,4 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Rider			
Name	Chew Weichen Joel	ID No.	S9025343C
Related Vehicle	FBJ5472L (Motorcycle)	Contact No.	91371130
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

On the 13/7/2018 @ 1655hrs at a/m location, I was riding my motorcycle at the said location, at the most right lane. Suddenly, the motorcycle one FBJ5472L, in front of me jammed brake to avoid collision to one unknown Malaysian motor cycle, thus caused me to brake hard as I was not able to stop on time, thus also collided onto the said motorcycle.

However, the first Malaysian motorcycle after stood up and left the scene without exchanging details and also I was not able to take down the registration plate was I was injured.

Ref TP/IP/47305/2018.



**SINGAPORE
POLICE FORCE**



T/20180829/2081

3 of 3

Report No. T/20180829/2081

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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 /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

29/08/2018 13:49

Classification Of Case:

Authentication Stamp

NP168

Our Ref: MT/CA/TP/059/1003397-002/AS/VU

24 Aug 2018

ZEN KIFLI BIN MAHAT
BLK 408 #11-59
PANDAN GARDENS
SINGAPORE 600408

Dear Policyholder

CLAIM NUMBER: MT/1003397-002
ACCIDENT INVOLVING FBB2082R / CHEW WEICHEN JOEL on 13 Jul 2018

We would like to inform you that a claim for S\$8,145.48 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/1010307

Policy No.	5033571386-09	Vehicle No.	FB82082R	GST Registration No.	
Certificate No.					
Policyholder Name	ZEN KIFLI BIN MAHAT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7234388C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	94745335	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPI	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	06/09/2018 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/07/2018	Time of Accident (hh:mm)	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AYE TOWARDS TUAS 9.8KM				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 408 #11-59	Address 2	PANDAN GARDENS	Address 3	SINGAPORE 600408
Address 4		Address Type	Singapore address	Post Code	600408
Unit No.		Related Policy Number	5033571386-09		
▼ O1 Driver Info					
Driver Name	ZUL KIFLI BIN MAHAT	Driver Type	Named Driver	Driver DOB	20/08/1971
Unnamed driver Name		Driver NRIC	S7128598G	Driving Experience	27
Register Date of Driver License	07/04/1990	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	81304653	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?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FB82082R	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					
Claim 001 New					

Claim Type *	OD-PKE	Insured Name	ZEN KIFLI BIN MAHAT	Insured NRIC	S7234
Contact No.(Mobile)	81118974	Contact No.(Home)	65663384	Contact No.(Office)	NIL
Email Address	zenkifahat@gmail.com	O1 Vehicle Number	FB82082R	TP Vehicle Number	FB1547
Claim Description	FB82082R / FB15472L ON 12 Jul 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered	06/09/2018 10:29	Claim Close Date		Date Received	06/09/2018
Report Taken By	ROSLE WAHAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1010307	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/09/2018 10:35	
Path *				
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Please Select	
Message Read				
▼ Attachment List				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_80067M NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 06 Sep 2018 10:33		Photos	Normal	Photos 2018-9-6

[illegible]




Video List

NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 06 Sep 2018 10:29

SAS

Normal

SAS 2018-9-6

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13/07/2018 (DD/MM/YYYY). TIME: 16:55 (HH:MM)

LOCATION: Along Road 1 Ayer Rajah Expressway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBB 2082 R
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5033571386-09
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING HOURS
 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: ZUL KIFU BIN MAHAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7234388C CONTACT: 9474 5335
 c) ADDRESS: BLK 408, PANDAN GARDENS #11-59
S'PORE (600408)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ZUL KIFU BIN MAHAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7128598G CONTACT: 8130 4653
 c) ADDRESS: BLK 408, PANDAN GARDENS #11-59
S'PORE (600408)

* d) DATE OF BIRTH: 20/08/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/09/1990

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PBJ 5472 L MODEL: HONDA
 b) DRIVER'S NAME: CHEN WICHEN JOEL
 c) NRIC/FIN/PASSPORT: S9025343C CONTACT: 91371130

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL = zulkmahat@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7128598G



Name
ZUL KIFLI BIN MAHAT

Race
JAVANESE
Date of Birth
20-08-1971
Country of Birth
SINGAPORE
Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7128598G

Name
ZUL KIFLI BIN MAHAT

Date of Birth
20 Aug 1971

Issue Date
21 Jan 2015



2791287



NRIC No. S7128598G



Binion Grade
A+
Date of Issue
05-02-1996

Address

APT BLK 408 PANDAN GARDENS
#11-59
SINGAPORE 600408

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

EFFECTIVE DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	07 Sep 1996
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	07 Sep 1996
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	21 Jan 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	25 May 2016

S7128598G

S / No. 9000248177

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5033571386-09

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

FBB2082R

Chassis Number

JH2NC39916M2D0250

2. Name of Policyholder

ZEN KIFLI BIN MAHAT

3. Effective Date of Insurance

12 Jan 2018

4. Expiry Date of Insurance

11 Jan 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)

ZEN KIFLI BIN MAHAT

NAMED DRIVER (2)

ZUL KIFLI BIN MAHAT

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 : TEM SUI HONG THERESA (00000536367)

Date of Issue : 05 Jan 2018 00:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By: