

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) **MMA 48176611**

Date In: 27/09/2008 19:10	Job description	Date & Time Completed	Done by
Ref No: MMA 48176611/4	SAS e-filing		
Veh No: FR5J 339Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/09/2008 22:40	i-Motor Claim Form	MRI1013354-001	27/09/2008
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:30
	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: **SMD 2983S** 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	
	Ant (\$) 1st Bill	Ant (\$) 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	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Dat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OH*	
	*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 (Non INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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 willful 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	27/09/2018 19:10
Date Of Accident	22/09/2018 22:40
Exact Location Of Accident	ALONG BEDOK NORTH ROAD BETWEEN BLK 705/706
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ339Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED ARSHAD BIN ALIAS
NRIC No	S8727297D
Email Address	MDSYAFIIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84986121
Alternative Phone No	OTHERS-84986121

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	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	5085922699-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAFI'IE BIN ISMAIL
NRIC No	S9709272I
Date Of Birth	20/03/1997
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84986121
Fax Number	
Contact Number	OTHERS-84986121
EMail Address	MDSYAFIIE@HOTMAIL.COM

Address	BLK 23 TELOK BLANGAH CRESCENT #13-32
Postcode	090023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	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/20180925/2176

#### 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	SMD7983S
Vehicle Make/Model/Colour	KIA CAREN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA YANG LENG
NRIC/Passport Number	S1596001I
Contact Number	98172817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

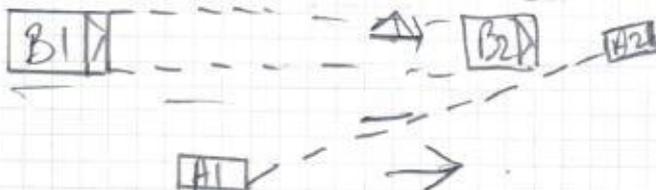
Name	MUHAMMAD SYAFI'IE BIN ISMAIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ339Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

ALONG BUKIT NORTON RD

BYNNKUM

BK 705/206  
CARPARK



- A) FBJ 3394
- B) SMD 7983S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20180925/2176

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 27/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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.

 27/19/2018

Policyholder's Signature  
Date & Time:

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

 27/19/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180925/2176

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

1 of 4

Report No. T/20180925/2176

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2018 23:19		Vide Report No.:	Station Diary No.: 100
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD SYAFI'IE BIN ISMAIL		Address: APT BLK 23 TELOK BLANGAH CRESCENT #13-32 SINGAPORE 090023	
ID Type / ID No.: NRIC NO / S9709272I		Contact No.:	Mobile: 84986121
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 20/03/1997	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: PSA TECHNICIAN		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2018 22:40	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH ROAD				
Along Bedok North Rd after the bustop number: 84459 (Between Blk 705/706) before a left turn towards a carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBJ339Y	Motorcycle	YAMAHA	FZ16	Blue	Slightly Damaged	0
SMD7983S	Car	KIA	CARENS	Blue	Slightly Damaged	2

**Details of Person Involved**

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



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

**CONTINUATION OF REPORT**

Rider			
Name	MUHAMMAD SYAFI'IE BIN ISMAIL	ID No.	S9709272I
Related Vehicle	FBJ339Y (Motorcycle)	Contact No.	84986121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHIA YANG LENG	ID No.	S1596001I
Related Vehicle	SMD7983S (Car)	Contact No.	98172817
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.**

On 22/09/2018 at about 2240hrs, I was riding at the 2nd lane from the left along the straight road of Bedok North Rd after passing by bustop no: 84459 (between Blk 705/706) when I overtake the car bearing registration number SMD7983S on the 1st lane from the left at about 1.5 car length just before turning left towards a carpark.

As I was turning left towards the carpark, the car bearing registration number SMD7983S hit the back of my bike and thus causing me to fall on my right and skidded to the front.

We initially came to an agreement for a private settlement however, on 25/09/2018 at about 1630hrs, we arranged to meet up at B/1004 Bukit Merah Lane 3 for the settlement with the other party, I could not agree on the quoted amount set by the other party thus I did not give him any money.

I wish to state that I had suffered a slight abrasion on left hand and my right leg however, I was not attended by any Traffic Police and Ambulance thus was not conveyed to the hospital and I did not went to consult a doctor.

I also wish to stated that there was no pedestrian involved, no government property was damaged however, I exchanged particulars with the driver and the driver has a in-car camera with the actual footage.



**SINGAPORE  
POLICE FORCE**



T/20180925/2176

3 of 4

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/20180925/2176

**CONTINUATION OF REPORT**

**Claim Handling**

**Accident MT/1013354**

Policy No.	5085922699-01	Vehicle No.	FB1339Y	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMED ARSHAD BIN ALIAS			Policyholder NRIC	S8727297D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	84986121	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KfK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	27/09/2018 19:11	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/09/2018	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BEDOK NORTH ROAD BWTWEEN BLK 705/706				

**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 Status Verified	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	BLK 467A #13-501	Address 2	FERNVALE LINK	Address 3	FERNVALE LEA
Address 4	SINGAPORE 791467	Address Type	Singapore address	Post Code	791467
Unit No.		Related Policy Number	5091187213-01		

**O1 Driver Info**

Driver Name	MUHAMMAD SYAFIIE BIN ISMAIL	Driver Type	Named Driver	Driver DOB	20/03/1997
Unnamed driver Name		Driver NRIC	S97092721	Driving Experience	0
Register Date of Driver License	06/03/2018	Driver Age	21	Contact No.(Home)	
Contact No.(Mobile)	84986121	Contact No.(Office)		Address 3	MOUNT FABER VIEW
Address 1	BLK 23 #13-32	Address 2	TELOK BLANGAH CRESCENT	Post Code	090023
Address 4	SINGAPORE 090023	Address Type	Foreign address		
Unit No.	13-32				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FB1339Y	Driver Insurer Company	NTUC

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No
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**Modification History**

**Claim 001** New

**Claim Type \***

Contact No.(Mobile)	81891345	Insured Name	MOHAMMED ARSHAD BIN ALIAS	Insured NRIC	S8727297D	
Email Address	ARSHADALIAS87@GMAIL.COM	Contact No.(Home)	NIL	Contact No.(Office)		
Claim Description	FB1339Y / SMD7983S DN 22 Sept 2018				TP Vehicle Number	SMD79
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop		
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Report Taken By	ROSLI WAHAB	Claim Close Date	27/09/2018 19:17	
				Date Received	27/09/2018	

Print AK letter

**Attachment**

Accident No.	MT/1013354	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/09/2018 19:30
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		
Message Read			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:30		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-27	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:30	SAS	Normal	SAS 2018-9-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:30	Photos	Normal	Photos 2018-9-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:17	Photos	Normal	Photos 2018-9-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:17	Photos	Normal	Photos 2018-9-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:17	Photos	Normal	Photos 2018-9-27
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:17	Photos	Normal	Photos 2018-9-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 19:17	Photos	Normal	Photos 2018-9-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 09 / 2018 (DD/MM/YYYY), TIME: (10 : 35) (HH:MM)

LOCATION: Bedok North Road Bat Blocks 705/706

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ3394  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5085922699-03  
d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: FBJ3394  
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: MOHAMMED ARSHAD BIN ALIAS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8727297D CONTACT: \_\_\_\_\_  
c) ADDRESS: APT BIK 467A FERVALE LINK #B-501

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHIA Yang Leng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S15960012 CONTACT: 9817 2817  
c) ADDRESS: \_\_\_\_\_

No of passengers  
(including driver)  
(1)

\*d) DATE OF BIRTH: (20 / 03 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

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: SMD 79835 MODEL: KIA CARENS  
b) DRIVER'S NAME: CHIA YANG LENG  
c) NRIC/FIN/PASSPORT: S15960011 CONTACT: 9817 2817

No of passengers  
(including driver)  
( )

## 9. THIRD PARTY VEHICLE

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

No of passengers  
(including driver)  
( )

EMAIL = mdsyafie@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S97092721



Name  
**MUHAMMAD SYAFIE BIN ISMAIL**

Race  
**MALAY**

Date of birth **20-03-1997** Sex **M**

Country of birth  
**SINGAPORE**



5084359



NRIC No: S97092721



Date of issue  
18-05-2012

Address  
APT BLK 23 TELOK BLANGAH CRESCENT  
#13-32  
SINGAPORE 090023

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

06 Mar 2018

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** : 5085922699-01

**Cover** : Third Party, Fire & Theft

- |                                                  |                             |
|--------------------------------------------------|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>FBJ339Y</b>            |
| Chassis Number                                   | : ME121COG9D2028834         |
| 2. Name of Policyholder                          | : MOHAMMED ARSHAD BIN ALIAS |
| 3. Effective Date of Insurance                   | : 12 Dec 2017               |
| 4. Expiry Date of Insurance                      | : 11 Dec 2018               |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMMED ARSHAD BIN ALIAS
NAMED DRIVER (2)	: MUHAMMAD SYAFIIE BIN ISMAIL
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 : CHUA XIU WEN (00000602457)

Date of Issue : 06 Dec 2017 12:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive