

NATIONAL Assessment Centre Services		Ref: 1 Jan 2005		19/10/18/28399	
Date In: 03/10/2018 15:39	Job description	Date & Time Completed	Done by		
Ref No: NBA/MCLB/79467	SAS e-filing				
Veh No: FB3 2520R	E-mail (within 3hrs, AIC 2hrs)				
D.O.A: 14/08/2018 20:25	i-Motor Claim Form	myt1014215001	03/10/2018 16:58		
OD: TP 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: SLG 32254	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

X1A2806384		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-				1st Bill	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			
Cat 1:		For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:		6) TR: Re-inspection \$75			
		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*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			
		Invoice date:		Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	03/10/2018 15:39
Date Of Accident	14/08/2018 20:25
Exact Location Of Accident	ALONG SIXTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2576R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAMUEL JOSEPH
NRIC No	S9400640F
Email Address	SAMUELJOSEPH94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87493851
Alternative Phone No	OTHERS-87493851

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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
Fleet Policy	NO
Policy Number	5068457924-03
Cover Note Number	

### Driver

Name of Driver	SAMUEL JOSEPH
NRIC No	S9400640F
Date Of Birth	04/01/1994
Occupation	INDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493851
Fax Number	
Contact Number	OTHERS-87493851
Email Address	SAMUELJOSEPH94@HOTMAIL.COM



Address	BLK 690D CHOA CHU KANG CRESCENT #15-66
Postcode	684690
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	
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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 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	SLG3225U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SAMUEL JOSEPH
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ2576R
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.

8  
Policyholder's Signature

Date & Time: 3/10/18  
1243hrs

Driver's Signature

(If driver is not the policyholder)

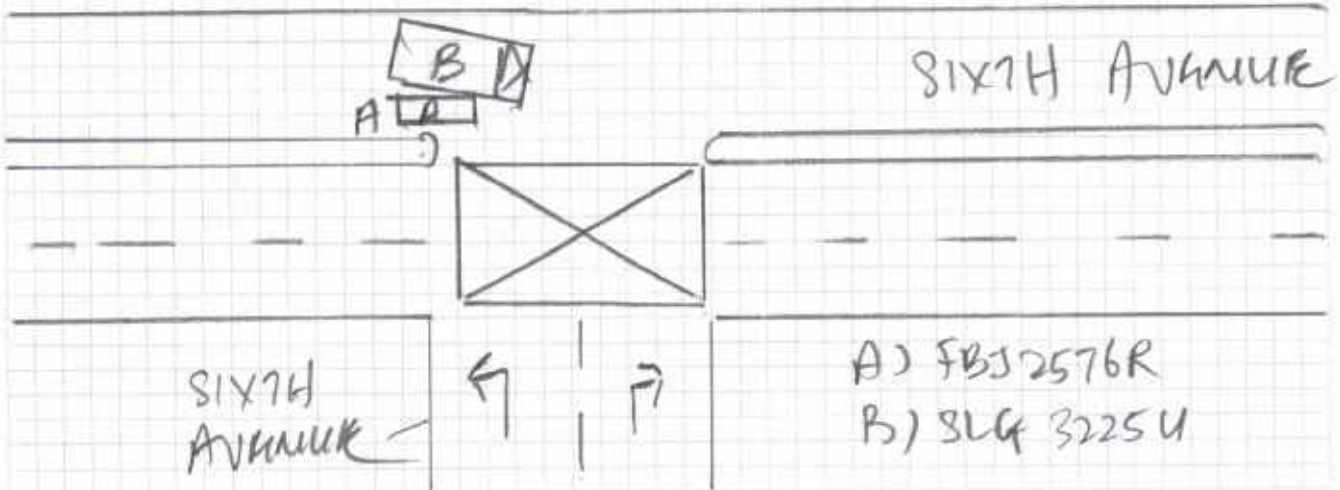
Date & Time:

03/10/2018  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*MS REFER TO POLICE REPORT*  
*7/20180914/2087*

DECLARATION

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

Policyholder's Signature  
Date & Time: 03/10/18  
1250hrs

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

Reporting Centre Personnel's Signature  
Name: 03/10/2018  
NRIC/FIN No:





# SINGAPORE POLICE FORCE



T/20180914/2087

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20180914/2087

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/09/2018 14:38		Vide Report No.: J/20180816/7051		Station Diary No.: 85	
<b>Informant's Particulars</b>					
Name of Informant: SAMUEL JOSEPH			Address: APT BLK 171 BUKIT BATOK WEST AVENUE 8 #07-357 SINGAPORE 650171		
ID Type / ID No.: NRIC NO / S9400640F			Contact No.: Home/Office: Mobile: 87493851		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 04/01/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/08/2018 20:25	Type of Location: Straight Road
Location: Along Road 1 SIXTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
FBJ2576R	Motorcycle	YAMAHA	YZF-R15 MANUAL	Blue	Totally Damaged	0
SLG3225U	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2576R	NTUC Income Insurance Co-Operative Limited	5068457924-04	29/08/2018	19/08/2019



# SINGAPORE POLICE FORCE



T/20180914/2087

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20180914/2087

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAMUEL JOSEPH	ID No.	S9400640F
Related Vehicle	FBJ2576R (Motorcycle)	Contact No.	87493851
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/08/2018	Date Discharge	14/08/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight

### Brief Details.

On 14/08/2018 at about 2025hrs, I was driving my motorcycle, FBJ2576R along Sixth Venue when a car, SLG3225U who was in front of me suddenly make a sharp right turn which caused me to crash onto him. I was at the rear right side of the car and we were at the right lane, both our vehicle just made a left turn from Bukit Timah road into Sixth Avenue. I was unsure if he wanted to make a right turn or a U-turn as the car, SLG3225U did not turn on his signal. The direction that he was turning into was a one-way lane that is against our traffic flow.

I crashed onto the vehicle when the car made a sudden turn and I fell over. My motorcycle was totally damaged from the accident. My gear shift had fallen off from my motorcycle and my motorcycle had multiple huge scratches all around the body of the vehicle. I was conveyed by ambulance to Ng Teng Fong General Hospital and was given 6days MC by the doctor. My motorcycle was placed at a parking lot by a passer-by whom I did not have his particulars. I did not see the damages suffered by the other party's vehicle as I was conveyed before I could exchange particulars.

The police and ambulance were at scene. I recently renewed my insurance on the 29/08/2018 as it expired on the 28/08/2018.

I am lodging this report for record purposes and for my insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20180914/2087

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No. T/20180914/2087

**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:

J /

Sgt 2 FELICIA GOH MIN EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

14/09/2018 14:38

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

## Claim Handling

## Accident MT/1014215

Policy No.	5068457924-03	Vehicle No.	FB12576R	GST Registration No.	
Certificate No.					
Policyholder Name	SAMUEL JOSEPH	Cover Type	Third Party	Policyholder NRIC	S9400640F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87493851	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	03/10/2018 16:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/08/2018	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SIXTH AVENUE				

## 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 632 #10-161	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730632
Address 4		Address Type	Singapore address	Post Code	730632
Unit No.	10-161	Related Policy Number	5068457924-04		

## OI Driver Info

Driver Name	SAMUEL JOSEPH	Driver Type	Main Driver	Driver DOB	04/01/1994
Unnamed driver Name		Driver NRIC	S9400640F	Driving Experience	4
Register Date of Driver License	22/08/2013	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	87493851	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 632 #10-161	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730632
Address 4		Address Type	Singapore address	Post Code	730632
Unit No.	10-161				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FB12576R	Driver Insurer Company	NTUC

## Declaration

Brachialyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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## Modification History

Claim 001

New

Claim Type *	CO-MX	Insured Name	SAMUEL JOSEPH	Insured NRIC	S9400640F
Contact No.(Mobile)	87493851	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	samueljoseph94@hotmail.com	Vehicle Number	FB12576R	Vehicle Number	SLG33
Claim Description	FB12576R / SLG3323U ON 14 Aug 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	03/10/2018 16:53	Claim Close Date		Date Received	03/10/2018
Report Taken By	ROSLE WANAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1014215	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/10/2018 18:58
Path *		Category *	Confidential Urgency *
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Oct 2018 16:58		Photos	Normal	Photos 2018-10-3	



Video List

1

Source

### Orchard in New Windsor

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 14/08/2014 (DD/MM/YYYY), TIME: 20:25 (HH:MM)

LOCATION: Sithu venue

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F6J2576R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Y2F-RIS  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: going to work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Samuel Joseph (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9900690F CONTACT: 87993851  
 c) ADDRESS: Blk 690D Cplx ch kang Crescent #15-66

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

Signature of passenger  
(including driver)

(+)

- DRIVER  
 a) NAME: AS Abdul M (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

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

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

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

Signature of passenger  
(including driver)

- a) VEHICLE NUMBER: SLG 3225U MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

Signature of passenger  
(including driver)

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

EMAIL: SamuelJoseph94@Homatil.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9400640F



Name  
**SAMUEL JOSEPH**

Race  
**INDIAN**

Date of birth  
**04-01-1994**

Country of birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S9400640F**

Name  
**SAMUEL JOSEPH**

Birth Date **04 Jan 1994**

Issue Date **22 Aug 2013**




00221525411

4660714



NRIC No. **S9400640F**



Date of issue  
**23-12-2010**

**APT BLK 590D CHOA CHU KANG CRESCENT #15-66  
SINGAPORE 694690**

NRIC No. **S9400640F** Date: **28/09/2018**

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

	EFFECTIVE DATE
<input checked="" type="checkbox"/> Class 2B Class 3 Motorcycles <= 280 CC Motor cars <= 3500 kg w/d <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Aug 2013 15 Mar 2018

S / No. 9000314439

S9400640F

NP 428A

License No: S9400640F



## 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** : 5068457924-03

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: **FBJ2576R**

Chassis Number

: ME11CK05BD2014373

2. Name of Policyholder

: SAMUEL JOSEPH

3. Effective Date of Insurance

: 20 Aug 2017

4. Expiry Date of Insurance

: 19 Aug 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: SAMUEL JOSEPH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : YEW HENG CREDIT ENTERPRISE PTE LTD (00000613617)

Date of Issue : 18 Aug 2017 12:11 hrs


Reprint : 18 Aug 2017 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA48128399 Vehicle Registration No: FBJ 2576R  
Name (as shown in NRIC) : SAMUEL JOSEPH NRIC/FIN/Passport No : S9400640F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87493851  
Email Address : \_\_\_\_\_  
Date of Accident : \_\_\_\_\_ Time of Accident : 20:25  
Place of Accident : Along SIXTH AVENUE  
Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle License No SLG 82254

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafael Lim  
NRIC/FIN No.:  
Date: 26/10/2018