

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

12/11/2008

Date In: 12/11/2008 12:21	Job description	Date & Time Completed	Done by
Ref No: N/A/INC00204944	SAS e-illing		
Veh No: 126 388A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 12/11/2008 12:20	1-Motor Claim Form	12/11/2008 12:35	
OID: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: GBE 184	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%; P: 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:	1) Apply for Transport Allowance ( ) / Courtesy Car ( )
	2) QC Check / Post Repair Inspection ( )
	3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:
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Date/Time	Action

NA/80.7386	1) AR: Accident Reporting (\$30)	
Customer's Particulars:	2) DA: Damage Assessment (\$100)	INC (\$50)
Driver/Owner:	3) TP: Towing Fee	\$40/\$45
Contact No:	4) FT: Follow-Through Survey	\$120
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idas DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	QD:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NR: Repair Co-ordination	\$10
	*NP: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Co-ordination	\$5
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI: Idas Mobile	\$0
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

Auditor's Comments:

Page 1:
Page 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 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	13/11/2018 12:21
Date Of Accident	12/11/2018 12:20
Exact Location Of Accident	CLAYMORE ROAD OPPOSITE 25/27 CLAYMORE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3888A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUHAIMI BIN RAZALI
NRIC No	S8708357H
Email Address	SUHAIMIRAZALI71@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96221187
Alternative Phone No	OTHERS-96221187

### Vehicle Particulars

Manufacturer	SYM
Model	GTS 200-172CC
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
Fleet Policy	NO
Policy Number	5098459856
Cover Note Number	

### Driver

Name of Driver	SUHAIMI BIN RAZALI
NRIC No	S8708357H
Date Of Birth	20/03/1987
Occupation	INDOOR
Date Of Driving Pass	07/12/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221187
Fax Number	
Contact Number	OTHERS-96221187
Email Address	SUHAIMIRAZALI71@GMAIL.COM

Address	BLK 155 YISHUN STREET 11 #12-90
Postcode	760155
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?	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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181113/2020

#### 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	GBF18U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD NURULHAQ BIN MUZINI
NRIC/Passport Number	S8836900I
Contact Number	96569984
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

SUHAIMI BIN RAZALI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG3888A

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:

13/Jul/18 @ 15:21hrs

Driver's Signature

(If driver is not the policyholder)

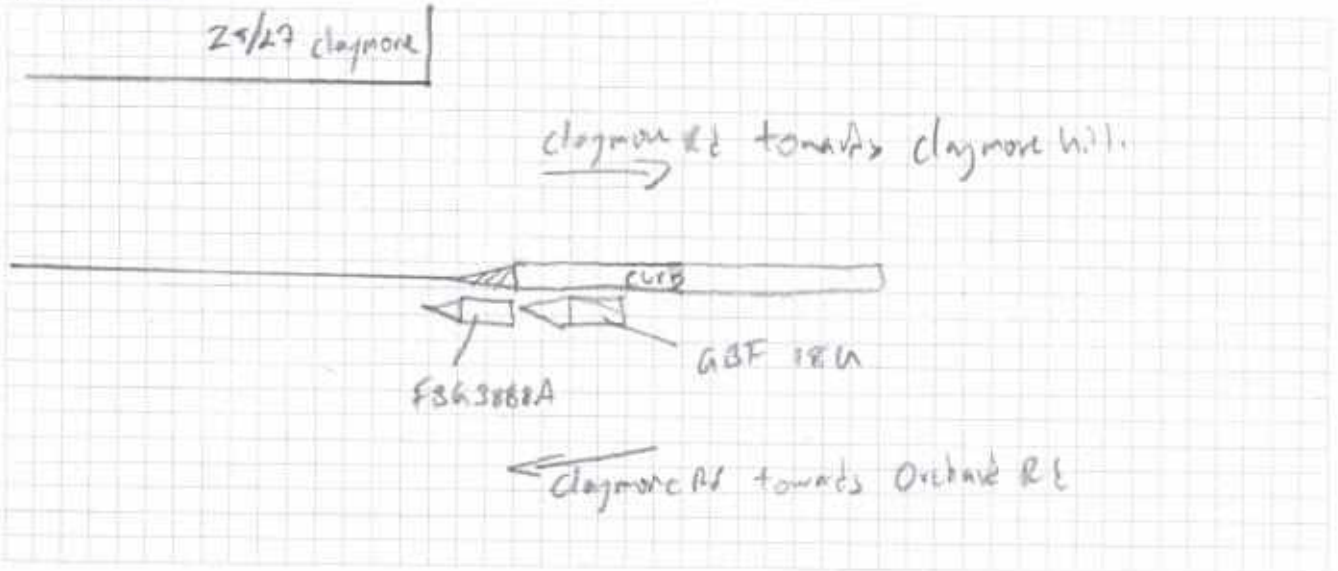
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: "P/S REF 701 7/2018/113/2020" and "to police report 7".

## DECLARATION

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

Policyholder's Signature  
Date & Time:

13/4/18 @ 112hr2

GRAPHIC SketchPlanForm\_V3

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

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

13/4/2018  
Keshi Lutfan





# SINGAPORE POLICE FORCE



T/20181113/2020

1 of 3

Report No. T/20181113/2020

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2018 07:26		Vide Report No.:		Station Diary No.: 9
<b>Informant's Particulars</b>				
Name of Informant: SUHAIMI BIN RAZALI		Address: APT BLK 155 YISHUN STREET 11 #12-90 SINGAPORE 760155		
ID Type / ID No.: NRIC NO / S8708357H		Contact No.: Home/Office: Mobile: 96221187		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 20/03/1987	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Police officer		Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2018 12:20	Type of Location: Straight Road
Location: Along Road 1 CLAYMORE ROAD Along Claymore Road opposite 25/27 Claymore Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBG3888A	Motorcycle	SYM	GTS200	Grey	Seriously Damaged	0
GBF18U	Van				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3888A	NTUC Income Insurance Co-Operative Limited	5098459856	27/02/2018	26/12/2018



Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20181113/2020

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SUHAIMI BIN RAZALI	ID No.	S8708357H
Related Vehicle	FBG3888A (Motorcycle)	Contact No.	96221187
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	12/11/2018	Date Discharge	12/11/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Person Involved</b>			
Name	MUHAMMAD NURULHAQ BIN MUZINI	ID No.	S8836900I
Related Vehicle	GBF18U (Van)	Contact No.	96569984
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/11/2018 at about 1215hrs, I was riding along Claymore Road towards Orchard Road. I had signal my intention to turn right towards the Condominium, 25/27 Claymore Road. As there were a few incoming vehicles coming from the opposite side of the road, I stop my vehicle to wait for the traffic to clear before moving off and continue my journey.

As I was waiting patiently, I my bike lunged forward as it was hit from the rear. I fell off my bike. I then recovered quickly and realize that my vehicle was hit from the rear by a DHL, Van, GBF18U.

The driver had alighted from his vehicle to make a check on me. I felt pain from my spine however, as I was in the middle of the road, I had quickly taken several photos of the incident and quickly move my bike to the side of the road.





**SINGAPORE  
POLICE FORCE**



T/20181113/2020

3 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20181113/2020

**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:  
E /  
Sgt 2 ADRIAN TAN KAR WEE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/11/2018 07:26

Classification Of Case:

## Claim Handling

Accident MT/1019333

Policy No.	5098435856	Vehicle No.	FBG3888A	GST Registration No.	
Certificate No.					
Policyholder Name	SUHAIMI BIN RAZALI	Cover Type	Third Party	Policyholder NRIC	S8708357H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96221187	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	13/11/2018 12:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/11/2018	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLAYMORE ROAD OPPOSITE 23/27 CLAYMORE ROAD				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 202 #03-95	Address 2	BUKIT BATOK STREET 23	Address 3	SINGAPORE 650202
Address 4		Address Type	Singapore address	Post Code	650202
Unit No.		Related Policy Number	5098435856		
<b>Q1 Driver Info</b>					
Driver Name	SUHAIMI BIN RAZALI	Driver Type	Main Driver	Driver DOB	20/03/1987
Unnamed driver Name		Driver NRIC	S8708357H	Driving Experience	12
Register Date of Driver License	07/12/2005	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	96221187	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 202 #03-95	Address 2	BUKIT BATOK STREET 23	Address 3	SINGAPORE 650202
Address 4		Address Type	Singapore address	Post Code	650202
Unit No.					
Does he own a Singapore Registered Car?	Yes + No	Driver Vehicle No.	FBG3888A	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SUHAIMI BIN RAZALI	Insured NRIC	S8708357H
Contact No.(Mobile)	96221187	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	FBG3888A	TP Vehicle Number	GBF181
Claim Description	FBG3888A / GBF181 ON 12 Nov 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Product No.		Preferred			
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	13/11/2018 12:54
Report Taken By	ROSLI WAHAB				

Print &amp; K letter

Save Submit

## Attachment

Accident No.	MT/1019333	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/11/2018 12:55
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		Clear	Please Select *

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	PI
NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2018 12:55		Photos	Normal	Photos 2018-11-13	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:55	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:55	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:55	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:55	Photos	Normal	Photos 2019-11-13
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:55	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:54	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:54	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:54	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:54	Photos	Normal	Photos 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-13
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 12:54	SAS	Normal	SAS 2019-11-13

Video List

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[Display in New Window](#)    [Scan and upload photos](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 11 / 2018 (DD/MM/YYYY), TIME: 12 : 30 (HH:MM)

LOCATION: claymore Road, Opposite 25/27 claymore Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F36 3888A  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: SDH 8450856  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: STM GTS 200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
 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: Shamir Bin Razali (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 887083574 CONTACT: 91721184  
 c) ADDRESS: 6159, Yishun St 11, #12-40, 75721155

\* 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: 20 / 03 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 07/12/2005

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 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: Orchard NRC

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GSE 184 MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Muhammad Nurul Hq Bin Azman

c) NRIC/FIN/PASSPORT: 585369001 CONTACT: 965 64484

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = Shamirrazali71@gmail.com

Fax =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8708357H



Name

SUHAIMI BIN RAZALI

سوحيمي بن غزالي

Race  
MALAY

Date of birth  
20-03-1987

Sex  
M

Country/Place of birth  
SINGAPORE



5900644



NRIC No. S8708357H

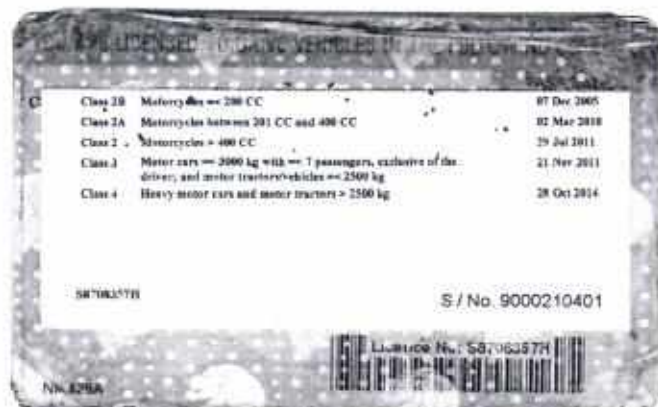


Date of issue

26-03-2018

Address

APT BLK 155 YISHUN STREET 11  
#12-90  
SINGAPORE 760155



## 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 : 5098459856

Cover : Third Party

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBG3888A           |
| Chassis Number                                   | : RFGLM18WXC001781   |
| 2. Name of Policyholder                          | : SUHAIMI BIN RAZALI |
| 3. Effective Date of Insurance                   | : 27 Feb 2018        |
| 4. Expiry Date of Insurance                      | : 26 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: SUHAIMI BIN RAZALI
NAMED DRIVER (2)	: ABDUL RAHMAN BIN ABDUL RAHIM
HIRE PURCHASE COMPANY	: N/A
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 : LIEW ZHEN YAN (00000602586)

Date of Issue : 27 Feb 2018 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive