

NATIONAL Assessment Centre Services. [ver 1 Jan 2003]

11/12/2018 15:45

Date In: 11/12/2018 14:43	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/022271/4	SAS e-filing		
Veh No: FBJ 7525 E	E-mail (within 4hrs, AIC 2hrs)		
DOA: 11/12/2018 11:45	I-Motor Claim Form	11/12/2018 15:01	
OID: TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:01
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: — 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 repair.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC) (022271/4) (11/12/2018) (15:45) (FBJ 7525 E) (NBA)

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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel: 1: 2 / 3:	Invoice Ref: 022271/4	Amount (\$)	Admissible
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (over 10 Jan 2003)		
	6) TR: Re-inspection	\$75	
	7) NI: Idea DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
OD:			
• N5: Courtesy Car / Tpl Allowance	\$5		
• N6: Repair Coordination	\$10		
• N7: Post Repair Inspection	\$25		
• N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
N12: Idea Mobile	\$0		
Invoice dated	Fee Charged		
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 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 judgement 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	11/12/2018 14:43
Date Of Accident	11/12/2018 11:45
Exact Location Of Accident	BLK 3A TELOK BLANGAH CRESCENT LOT 13 DECK 1B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7525E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG SHAN XIAN
NRIC No	S9270676A
Email Address	MAURIS@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-90029620
Alternative Phone No	OTHERS-90029620

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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
Fleet Policy	NO
Policy Number	5091627481-01
Cover Note Number	

### Driver

Name of Driver	YONG SHAN XIAN
NRIC No	S9270676A
Date Of Birth	24/07/1992
Occupation	INDOOR
Date Of Driving Pass	18/04/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90029620
Fax Number	
Contact Number	OTHERS-90029620
Email Address	MAURIS@HOTMAIL.SG

Address	BLK 787D WOODLANDS CRESCENT #08-38
Postcode	734787
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	UNDER SHELTER
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### 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/20181211/2048

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

11 DEC 2018 14:21 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/12/2018

Rashid Wathani

SKETCH PLAN

UNKNOWN WITHIN OWNERS CAMP  
BIKE WAS LYING ON GRASS  
FLOOR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DR REPORT TO POLICE REPORT  
1/2018/21/2048

DECLARATION

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

Policyholder's Signature

Date & Time: 11 DEC 2018  
14:21 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/12/2018

Reza Wafar





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**

Vehicle Owner			
Name	YONG SHAN XIAN	ID No.	S9270676A
Related Vehicle	NIL	Contact No.	90029620
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/12/2018 I parked my motorbike at Lot 13 , Deck 1B of Blk 3A Telok Blangah Crescent at about 0825hrs. I parked my motorbike using the side stand which was located on the left side of the motorbike. After which I secured my motorbike using the handlelock towards the left. I remember that Lot 12 and 14 was being occupied by other motorbike.

On 11/12/2018 at about 1145hrs , my colleague spotted my motorbike lying on the ground towards the right side. When I went to see my motorbike , Lot 12 was not being occupied. I did not have any suspect in mind nor neither did I have any conflicts with anyone recently. I have always been parking at this said carpark for the past 2 months. This is the first time such an incident happen to me. My motorbike damages were , handlebar, scratch marks on the exhaust pipe , crash bar, right mirror and right hand guard. The above damages were base off the exterior. The damage cost were unknown to me until I sent to workshop for a detailed screening.

My motorbike was parked at the corner of the carpark which is catered for motorbikes only. There is no traffic flow towards the area except for motorbike.



**SINGAPORE  
POLICE FORCE**



T/20181211/2048

3 of 3

Report No. T/20181211/2048

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

**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 / Sr Staff Sgt NOOR ADNIN BINTE SAINAL 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Signature Of Informant: 
Date/Time: 11/12/2018 13:16
Classification Of Case: —

Authentication Stamp NP168 
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**Claim Handling**

Accident HT/1023422

Policy No.	5091627481-01	Vehicle No.	FBJ7525E	GST Registration No.	
Certificate No.					
Policyholder Name	YONG SHAN XIAN	Cover Type	Third Party	Policyholder NRIC	99270676A
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90029620	Special Remarks		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFK	- No Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date	11/12/2018 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Hk and run
Date of Accident	11/12/2018	Time of Accident (h:mm)	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 34 TELUK BANGAH CRESCENT LOT 13 DECK 1B				

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

<b>Policyholder Mailing Address</b>					
Address 1	BLK 787D #08-38	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 734787
Address 4		Address Type	Singapore address	Post Code	734787
Unit No.		Related Policy Number	5091627481-01		

<b>DI Driver Info</b>					
Driver Name	YONG SHAN XIAN	Driver Type	Main Driver	Driver DOB	24/07/1992
Uninsured driver Name		Driver NRIC	99270676A	Driving Experience	2
Register Date of Driver License	21/01/2016	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	90029620	Contact No.(Office)		Address 3	SINGAPORE 734787
Address 1	BLK 787D #08-38	Address 2	WOODLANDS CRESCENT	Post Code	734787
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBJ7525E	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

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

**Claim 001** New

Claim Type *	OO-MX	Insured Name	YONG SHAN XIAN	Insured NRIC	99270676A
Contact No.(Mobile)	90029620	Contact No.(Home)	93620620	Contact No.(Office)	
Email Address	trauns@hulmail.sg	TP Vehicle Number	FBJ7525E	TP Vehicle Number	
Claim Description	FBJ7525E / - ON 11 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Estimated Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	11/12/2018 15:01
Report Taken By	ROSLI WANAB				

Print AX 1000

Save Submit

<b>Attachment</b>					
Accident No.	HT/1023422	Claim No.	001		
Last Date Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	11/12/2018 15:01		
Choose File	No file chosen	Clear	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 Head					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	HL
NAC_SUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 11 Dec 2018 15:01		Photos	Normal	Photos 2018-12-11	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 15:01	Photos	Normal	Photos 2018-12-11
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 15:01	Photos	Normal	Photos 2018-12-11
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 15:01	Photos	Normal	Photos 2018-12-11
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 15:01	NJC/ Driving License	Normal	NJC/ Driving License 2018-12-11
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2018 15:01	SAS	Normal	SAS 2018-12-11

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / DEC / 2018) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: BIK 3A TELOK BLANGAH CRESCENT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 7625E  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5091627481-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CB400X  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTE  
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: YONG SHAN XIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9270676A CONTACT: 90029620  
c) ADDRESS: 787D WOODLANDS CRESCENT #08-38 5734787

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

## DRIVER

- a) NAME: AS. ABRAK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (24 / 07 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/01/2016

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 UNDER SHELTER)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT MERAH WEST NPC

## 8. THIRD PARTY VEHICLE

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

## 9. THIRD PARTY VEHICLE

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

\*No of passenger  
(including driver)  
(0)

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

email = mauris@hotmail.sg

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9270676A



Name  
YONG SHAN XIAN

楊善賢

Race  
CHINESE

Date of birth  
24-07-1992

Country of birth  
MALAYSIA

Sex  
M



4092789

NRIC No. S9270676A



Date of issue  
10-08-2007

Address

APT BLK 787D WOODLANDS CRESCENT  
#08-38  
SINGAPORE 734787

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9270676A

YONG SHAN XIAN

Birth Date: 24 Jul 1992

Issue Date: 21 Jan 2016



002521510B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	21 Jan 2016
Class 2A	Motorcycles between 201 CC and 400 CC	18 Apr 2017
Class 2	Motorcycles > 400 CC	26 Nov 2018
Class 3	Motor cars <= 3000 kg with <= 7 passengers, excluding of the driver, and motor tractors <= 2000 kg	17 Jun 2016

S9270676A

S / No. 9000285420



License No: S9270676A

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 : 5091627481-01 Cover : Third Party

1. Index mark and Registration Number of Vehicle : FB17525E  
 Chassis Number : NC47300510R
2. Name of Policyholder : YONG SHAN XIAN
3. Effective Date of Insurance : 29 Sep 2018
4. Expiry Date of Insurance : 28 Sep 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
INSURE WITH CODE	: N/A
NAMED DRIVER (1)	: YONG SHAN XIAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

(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 : CHONG CHIN WEI (00000602491)  
 Date of Issue : 24 Sep 2018 13:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive