

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA49001861

Date In: 04/01/2019 18:40	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9000265/4	SAS e-filing		
Vch No: FB3 274K	E-mail (update 3hrs, AIC 2hrs)		
D.O.A: 27/12/2019 17:40	I-Motor Claim Form	mt1026450-001	04/01/2019 19:10
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Vch No: SKQ 4270R

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:

INC/Non-INC: ()

Completed 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:

MAA4900126

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

2/3:

Invoice Description	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TF: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
OP:		
*NS: Courtesy Car / Tpl Allowance	\$35	
*NG: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N-in INC) against INC	\$20	
9) N12: Idao Mobile	\$30	
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 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	04/01/2019 18:40
Date Of Accident	27/12/2018 17:40
Exact Location Of Accident	ANG MO KIO AVENUE 10 TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2774K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZIM BIN ABDUL AZIZ
NRIC No	S8127306E
Email Address	AZIMAILEEN1127@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87527044
Alternative Phone No	OTHERS-87527044

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	5085081648-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AZIM BIN ABDUL AZIZ
NRIC No	S8127306E
Date Of Birth	11/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87527044
Fax Number	
Contact Number	OTHERS-87527044
Email Address	AZIMAILEEN1127@GMAIL.COM

Address	BLK 469 ANG MO KIO AVENUE 10 #07-964
Postcode	560469
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 (including own vehicle) involved in the accident	2
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181230/2008

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	SKQ4270R
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 MOHAMMAD AZIM BIN ABDUL AZIZ

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ2774K

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:

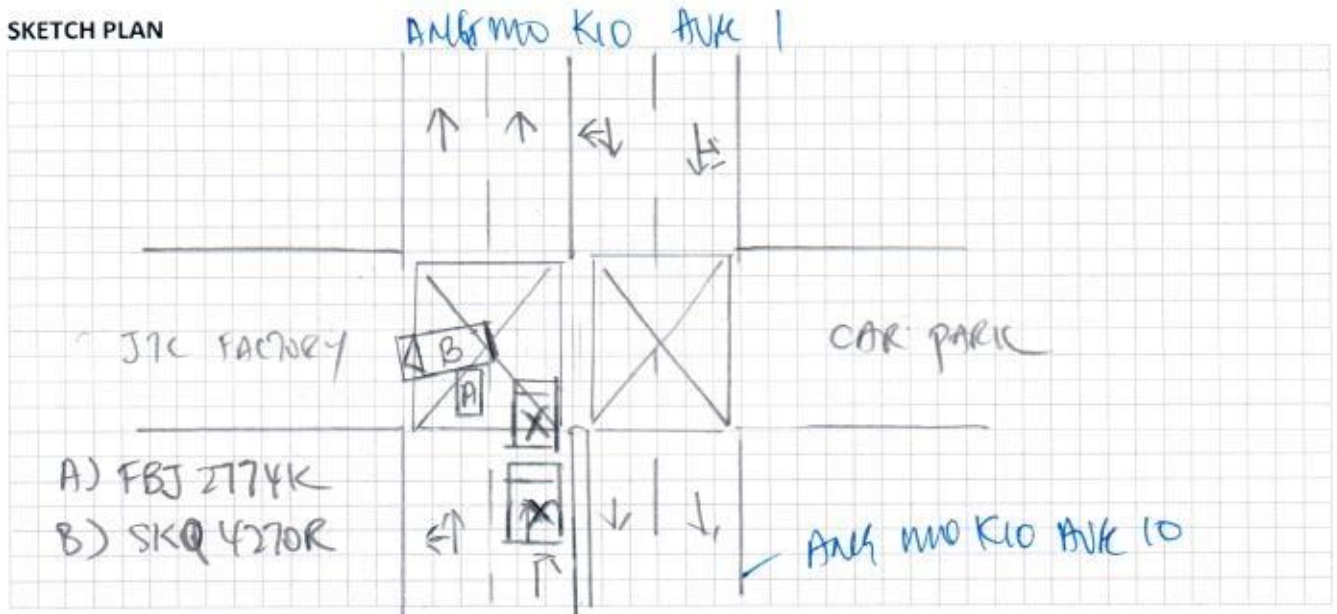
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:

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

DIS REFER TO POLICE REPORT
 T/20181230/2008

DECLARATION

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


 Policyholder's Signature
 Date & Time:

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


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



SINGAPORE POLICE FORCE



T/20181230/2008

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20181230/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2018 01:55	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: MOHAMMAD AZIM BIN ABDUL AZIZ			Address: APT BLK 469 ANG MO KIO AVENUE 10 #07-964 SINGAPORE 560469		
ID Type / ID No.: NRIC NO / S8127306E			Contact No.: Home/Office: Mobile: 87527044		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 11/08/1981	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: DISPATCHED RIDER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/12/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 10 Towards Ang Mo Kio Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FBJ2774K	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2774K	NTUC Income Insurance Co-Operative Limited	5085081648-02	11/09/2018	10/09/2019



**SINGAPORE
POLICE FORCE**



T/20181230/2008

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20181230/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD AZIM BIN ABDUL AZIZ	ID No.	S8127306E
Related Vehicle	FBJ2774K (Motorcycle)	Contact No.	87527044
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2018	Date Discharge	28/12/2018
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

On 27/12/18 at about 1740hours, my motorcycle(FBJ2774K) was travelling along AMK Avenue 10 towards AMK Avenue 1. It is a 4 lane road, 2 lane going same direction the other 2 going opposite direction. I was travelling at the left lane of my direction, suddenly a car from the opposite lane make a right turn to turn into a factory on my left. I tried to apply both front and rear break however I could not stop in time and collided on the left rear of the other vehicle, after which I am unconscious. When I regained my conscious, I was on the floor, face facing down. Traffic police and Ambulance was at scene. I was being conveyed to Tan Tock Seng Hospital, hospitalized on 27/12/18 and discharged on 28/12/18. I was given a total of 9 days of MC. My motorcycle suffered damages. I also suffered multiples injuries due to the collision.

I wish to state that I do not know the other vehicle car plate number as well as particulars.

I am lodging this report for my necessary claims.



**SINGAPORE
POLICE FORCE**



T/20181230/2008

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20181230/2008

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:
F /
Sgt 2 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/12/2018 01:55

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1026450

Policy No.	5085081648-02	Vehicle No.	FBJ2774K	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD AZIM BIN ABDUL AZIZ	Cover Type	Third Party	Policyholder NRIC	S8127306E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87527044	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	04/01/2019 19:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/12/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVENUE 10 TOWARDS ANG MO KIO AVENUE 1				
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 469 #07-964	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
Address 4	SINGAPORE 560469	Address Type	Singapore address	Post Code	560469
Unit No.	07-964	Related Policy Number	5085081648-02		
OI Driver Info					
Driver Name	MOHAMMAD AZIM BIN ABDUL AZIZ	Driver Type	Main Driver	Driver DOB	11/08/1981
Unnamed driver Name		Driver NRIC	S8127306E	Driving Experience	12
Register Date of Driver License	07/09/2006	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	87527044	Contact No.(Office)		Address 3	TECK GHEE HORIZON
Address 1	BLK 469 #07-964	Address 2	ANG MO KIO AVENUE 10	Post Code	560469
Address 4	SINGAPORE 560469	Address Type	Singapore address		
Unit No.	07-964				
Does he own a Singapore Registered car?	No	Driver Vehicle No.	FBJ2774K	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MOHAMMAD AZIM BIN ABDUL A	Insured NRIC	S8127306E	
Contact No.(Mobile)	91669594	Contact No. (Home)		Contact No. (Office)		
Email Address		OI Vehicle Number	FBJ2774K	TP Vehicle Number	SKQ4270R	
Claim Description	FBJ2774K / SKQ4270R ON 27 Dec 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received	
Date Registered		Claim Close Date	04/01/2019 19:09	Date Received	04/01/2019	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1026450	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/01/2019 19:10
Path *			
Choose File	No file chosen	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
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Jan 2019 19:10		Photos	Normal
		Description	M:
		Photos 2019-1-4	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 04 Jan 2019 19:10

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S (BUKIT MERAH)) on 04 Jan 2019 19:09

Photos

Normal

Photos 2019-1-4

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Photos 2019-1-4

SAS

Normal

SAS 2019-1-4

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-1-4

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/2018) (DD/MM/YYYY), TIME: (17:40) (HH:MM)

LOCATION: Bank mo Kio Ask to Insurance for 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 2774K
 b) INSURANCE COMPANY: NRUC
 c) POLICY NUMBER: 1
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Vauxhall Insignia
 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: MOHAMMAD AZIM BIN ABUL A212 (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 87522044
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABUOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (11/08/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/09/2006

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

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: Bank mo Kio

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKQ 4270R 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: _____

WITNESS

Email = AZIMALEEN1127@gmail.com

VIDEO ARMANI (WITNESS)


90690534

*No of passenger
 (including driver)
(1)

*No of passenger
 (including driver)
()

*No of passenger
 (including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8127306E



Name
MOHAMMAD AZIM BIN ABDUL AZIZ
محمد ازیب بن عبدال ازیب

Race
BOYANESE

Date of birth
11-08-1981

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8127306E

Name
MOHAMMAD AZIM BIN ABDUL AZIZ

Birth Date 11 Aug 1981
Issue Date 24 Jan 2004



4770651



NRIC No. S8127306E



Date of issue
13-09-2011

APT R/LK 469 ANG MO KIO AVENUE TO #07-964
SINGAPORE 560469

S8127306E 21/06/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

CLASS	VEHICLE TYPE	EXPIRY DATE
Class 2B	Motorcycles <= 200 CC	97 Sep 2006
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	04 Dec 2001

S8127306E

S / No. 9000052652



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 : 5085081648-02

Cover : Third Party

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBJ2774K |
| Chassis Number | : MH350C004DK682874 |
| 2. Name of Policyholder | : MOHAMMAD AZIM BIN ABDUL AZIZ |
| 3. Effective Date of Insurance | : 11 Sep 2018 |
| 4. Expiry Date of Insurance | : 10 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 COE	: N/A
NAMED DRIVER (1)	: MOHAMMAD AZIM BIN ABDUL AZIZ
NAMED DRIVER (2)	: MOHAMMAD AZIF BIN ABDUL AZIZ
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING 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)

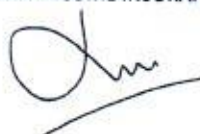
Agency : ASSURE PTE. LTD. (00000572842)
Date of Issue : 10 Sep 2018 10:25 hrs
Reprint : 10 Sep 2018 10:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive