

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAY 19 010075

Date In: 21/01/2019 17:29	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/19001338/Y	SAS e-filing		
Vch No: FBK 4850E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 17/01/2019 09:50	I-Motor Claim Form	MT/1028856-001	21/01/2019 17:51
OID (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:	Vch No: GBA 9369L	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	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

<p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>At 1:</p> <p>2/3:</p>	<p>Invoice Preparation Charge</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2009)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*NS: Courtesy Car / Tpl Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$23</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (Nil): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile 30</p>	<p>Fee Charged</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Invoice dated</p>
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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	21/01/2019 17:29
Date Of Accident	17/01/2019 09:50
Exact Location Of Accident	ALONG GUL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4850E
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED FAIZAL BIN MOHAMMED AMIN
NRIC No	S8802805H
Email Address	FAIZALAMIN24@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90011574
Alternative Phone No	OFFICE-90011574

Vehicle Particulars

Manufacturer	KTM
Model	390 DUKE-390CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073852922-03
Cover Note Number	

Driver

Name of Driver	MOHAMMED FAIZAL BIN MOHAMMED AMIN
NRIC No	S8802805H
Date Of Birth	24/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90011574
Fax Number	
Contact Number	OFFICE-90011574
EMail Address	FAIZALAMIN24@GMAIL.COM

Address	BLK 417A FERNVALE LINK #03-174
Postcode	791417
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 - MAJOR/MINOR RD
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190120/2122

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	GBH9369L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG SIOW WEE
NRIC/Passport Number	S6918984I
Contact Number	90037706
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4850E
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: 21/01/19

Driver's Signature

(If driver is not the policyholder)

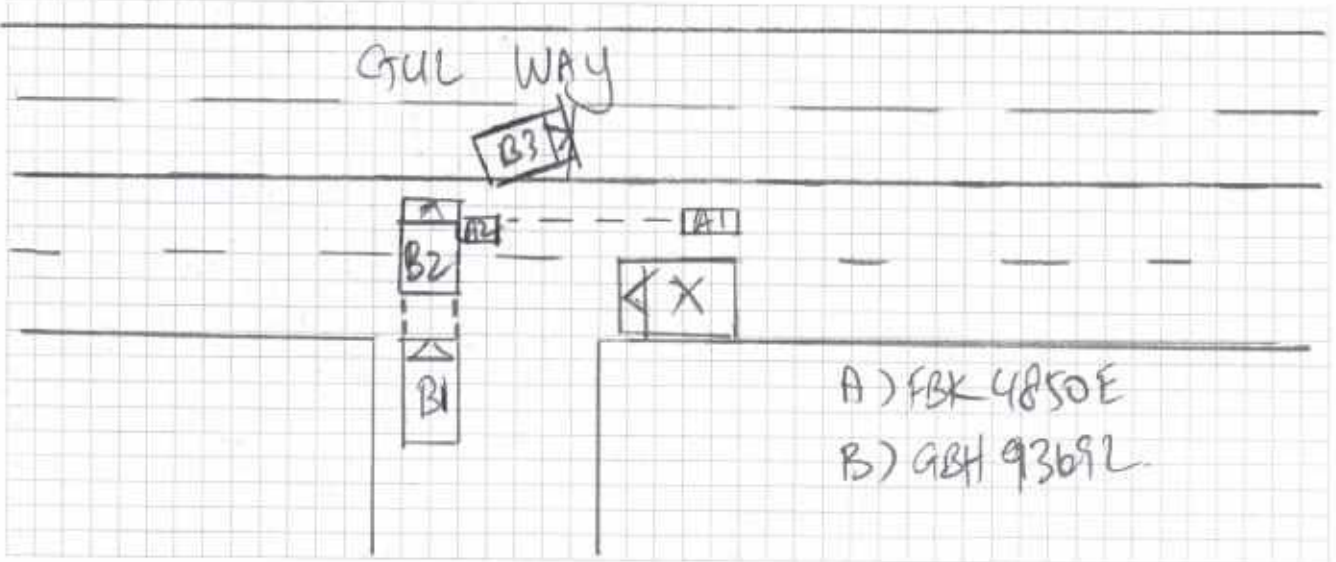
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
1/99/90/20/2/22

DECLARATION

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

Policyholder's Signature
Date & Time: 21/01/19

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

Reporting Centre Personnel's Signature
Name: 21/01/2019
NRIC/FIN No.: Keshi



**SINGAPORE
POLICE FORCE**



T/20190120/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20190120/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 21:10		Vide Report No.: J/20190118/2116		Station Diary No.: 141	
Informant's Particulars					
Name of Informant: MOHAMMED FAIZAL BIN MOHAMMED AMIN			Address: APT BLK 417A FERNVALE LINK #03-174 SINGAPORE 791417		
ID Type / ID No.: NRIC NO / S8802805H			Contact No.: Home/Office: Mobile: 90011574		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 24/01/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SERVICE TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2019 09:50	Type of Location: Straight Road
Location: Along Road 1 GUL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4850E	Motorcycle	KTM	RC390 ABS	White		0
GBH9369L	Lorry	TOYOTA	HIACE VAN TURBO 5DR MT	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20190120/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190120/2122

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4850E	NTUC Income Insurance Co-Operative Limited	5073852922-03	15/09/2018	14/09/2019

Detail of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN		ID No.	S8802805H
Related Vehicle	FBK4850E (Motorcycle)		Contact No.	90011574
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/01/2019		Date Discharge	18/01/2019
No. of Days granted Medical Leave	05		Degree of Injury	NIL
Driver				
Name	CHONG SIOW WEE		ID No.	S6918984I
Related Vehicle	GBH9369L (Lorry)		Contact No.	90037706
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

I wish to make further amendments regarding the previous report that I lodged:

On the above mentioned date and location,

I was riding my bike along the straight road of Gul Way, on the Lane 1 of 2. Trailer was parked along the roadside on lane 2. As I was going straight, suddenly a grey colored van came from my left hand side. The van was coming out from a building and made a turn to the opposite lane.

I sustained injuries and called the ambulance to the accident spot.

Meanwhile, I spoke to the driver and exchange particulars and contact details. According to the driver, he said that he checked out for vehicles behind the trailer, and made the turn when it was clear.

My bike is damaged and was towed by traffic police. I wish to state that I had the right of way at the time



**SINGAPORE
POLICE FORCE**



T/20190120/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190120/2122

CONTINUATION OF REPORT

of accident.

That's all.



**SINGAPORE
POLICE FORCE**



T/20190120/2122

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190120/2122

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 1 IBRAHIM BIN ROSLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

20/01/2019 21:10

Classification Of Case:

Claim Handling

Accident MT/1028856

Policy No.	5073852922-03	Vehicle No.	FBK4850E	GST Registration No.	
Certificate No.					
Policyholder Name	MD FAIZAL BIN MD AMIN			Policyholder NRIC	S8802805H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90011574	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	21/01/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	17/01/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GUL WAY				
▼ 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 73 #07-399	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 310073
Address 4		Address Type	Singapore address	Post Code	310073
Unit No.	11-915	Related Policy Number	5073852922-03		
▼ OE Driver Info					
Driver Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S8802805H	Driver DOB	24/01/1968
Register Date of Driver License	18/05/2006	Driver Age	30	Driving Experience	12
Contact No.(Mobile)	90011574	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 73 #07-399	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 310073
Address 4		Address Type	Singapore address	Post Code	310073
Unit No.	11-915				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK4850E	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 

Claim Handling

Accident MT/1028856

Policy No.	5073852922-03	Vehicle No.	FBK4850E	GST Registration No.	
Certificate No.					
Policyholder Name	MD FAIZAL BIN MD AMIN			Policyholder NRIC	S8802805H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90011574	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	21/01/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	17/01/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GUL WAY				
▼ 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			
Excess Type		Windscreen Excess			
▼ Benefits					
▼ GST Registered Information					
▼ Policyholder Mailing Address					
Address 1	BLK 73 #07-399	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 310073
Address 4		Address Type	Singapore address	Post Code	310073
Unit No.	11-915	Related Policy Number	5073852922-03		
▼ OE Driver Info					
Driver Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8802805H	Driver DOB	24/01/1968
Register Date of Driver License	18/05/2006	Driver Age	30	Driving Experience	12
Contact No.(Mobile)	90011574	Contact No.(Office)		Contact No.(Home)	

Claim Handling(accident reporting Claim Task)

Modification History

Claim Type *	<input type="text" value="GD-MX"/> Insured Name <input type="text" value="MO FAIZAL BIN MO AMIN"/> Insured NRIC <input type="text" value="88022605H"/>	
Contact No. (Mobile)	<input type="text" value="800113374"/> Contact No. (Home) <input type="text" value="NIL"/> Contact No. (Office) <input type="text" value="NIL"/>	
Email Address	<input type="text"/> OI Vehicle Number <input type="text" value="FBK485DE"/> <input type="text" value="19"/> Vehicle Number <input type="text" value="GBH9369L"/>	
Claim Description	<input type="text" value="FBK485DE / GBH9369L ON 17 Jan 2019"/> Name of Preferred Workshop <input type="text"/>	
Referred Workshop <input type="text"/> Insured Liability <input type="text" value="Not at Fault"/>		
Referred No. Finalisation <input type="text" value="Yes"/> Referred Option <input type="text" value="Repair"/> Preferred Workshop, Name unknown <input type="text"/> GIA report <input type="text" value="Received"/>		
Date Registered	<input type="text" value="21/01/2019 17:50"/> Claim Close Date <input type="text"/> Date Received <input type="text" value="21/01/2019 00:00"/>	
Report Taken By	<input type="text" value="ROSLI WANAB"/> Workshop Repairer <input type="text"/> Total Loss but Repaired	

Accident No.	MT/1028838	Claim No.	00t
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Data	21/01/2019 17:51

Path *		Category *	Confidential	Urgency *	Description *	
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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Send						

<https://gicclaim.income.com.sg/gcs/lcm/eclaim/lcmmyTaskForward.do?taskInstanceId=213550004&caseId=2569014&taskId=501&objectId=&action...> 2/2

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 01 / 2019) (DD/MM/YYYY). TIME: (09 : 50) (HH:MM)

LOCATION: Gul way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4850 E
b) INSURANCE COMPANY: NTAC
c) POLICY NUMBER: 5073852922-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KTM RC 390
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way 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: Mohammed Faizal Bin Mohammed Amin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S88028054 CONTACT: 90011574
c) ADDRESS: B1K 417A Fernvale Link #03-174
Singapore 791417

* 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: (24 / 01 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06 Jul 2010

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: Jurong West NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH9369 L MODEL: Toyota Hiace Van
b) DRIVER'S NAME: Chong Siow Wee
c) NRIC/FIN/PASSPORT: S69189841 CONTACT: 90037706

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)


* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = faizalamin24@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8802805H






Name
MOHAMMED FAIZAL BIN
MOHAMMED AMIN

Race
MALAY

Date of birth
24-01-1988

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8802805H



MOHAMMED FAIZAL BIN
MOHAMMED AMIN

Birth Date 24 Jan 1988

Issue Date 09 Nov 2013



002244383F

5237287



NRIC No. S8802805H



Date of issue
09-11-2013

APT BLK 417A FERNVALE LINK #03-174
SINGAPORE 791417

NRIC No. S8802805H Date: 14/01/2018

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


	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	18 Mar 2006
Class 2A Motorcycles between 201 CC and 400 CC	04 Jul 2010
Class 2 Motorcycles > 400 CC	18 Dec 2010
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	13 Jan 2017

S / No. 9000287206

S8802805H

NR 426A

Licence No. S8802805H



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 : 5073852922-03

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : FBK4850E
Chassis Number : VBKJY405FC203632
2. Name of Policyholder : MD FAIZAL BIN MD AMIN
3. Effective Date of Insurance : 15 Sep 2018
4. Expiry Date of Insurance : 14 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMMED FAIZAL BIN MOHAMMED AMIN
NAMED DRIVER (2)	: MOHAMED HAIRUL BIN MOHAMED YATIM
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : YEW HENG CREDIT ENTERPRISE PTE LTD (00000613617)
Date of Issue : 05 Sep 2018 13:40 hrs
Reprint : 05 Sep 2018 13:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive