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	Assessment/Survey I	eport				**	V24460
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P Particulars: Veh No: GB	93696	INC(	)/Non-INC	( ).			
Owner / Driver: (	100,0		Tcl:			)	
Policy No: ( ) Peri	od: (	) (	Cover Type: (			) .	
Confirmed by : (	. Dai	e1 ,	Tim	12		)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO):	N: 0-209	6; P: 21-799	. F: 80-	100%]		
Year of Registration: ( ) W	arranty: YES ( )/1	10()		) to			
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OC Check / Post Repair Inspection	( -)						
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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 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.

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distanting when the second	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
The second second second second	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	

OFFICE-90011574

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

 $(\cdot)$ 

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

YES

ambulance?

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?

If Yes, against whom?

NO

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

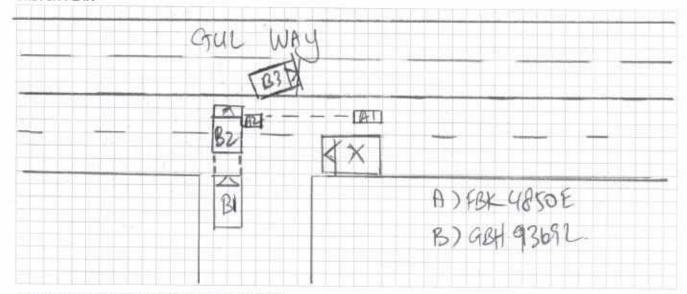
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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# DECLARATION

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

Policyholder's Signature
Date & Time: 1101119

Marcal

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

Name: NRIC/FIN No.:





1 of 4

Report No. T/20190120/2122

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 21:10	lade:	Vide Report No.: J/20190118/2116	Station Diary No.		
Informant's Particulars			0/20100110/2110			
Name of MOHAM	Informant: MED FAIZA	AL BIN	Address: APT BLK 417A FERNVALE I 791417	LINK #03-174 SINGAPORE		
ID Type / ID No.: NRIC NO / S8802805H		05H	Contact No.: Home/Office: Mobile: 90011574			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 30	Date of Birth: 24/01/1988	Type of Informant: Rider			
Race: Malay			Language: Institution / School Na			
Occupation:		CIANI	Driving Licence Information:			

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		( C. P.) This care	Surface:		Roa	d Speed Limit:
raffic Flow: Traffic		raffic Control: ot Controlled		Traffic Volume:		
Traffic Flow:		NOT C	or in one			

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

Details of V	ehicle Insurance			BELLEVINE DOS
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 4 Report No. T/20190120/2122

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			THE RESERVE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4850E	NTUC Income Insurance Co-Operative Limited	5073852922-03	15/09/2018	14/09/2019
THE RESERVE TO SERVE THE PARTY OF THE PARTY	erson Involved			W to be of
Any Pedestr	ian Involved: No			
No of Dodo	steinen teiment NIII	In a st Dadantila of	Carried Control of the Control of th	

Any Pedestrian Ir	ivolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Rider					10 10 10	Le of London Street
Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN			ID No		S8802805H
Related Vehicle	FBK4850E (Motorcycle)			Conta	ct No.	90011574
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/01/2019 Da			charge	18/01	/2019
No. of Days granted Medical Leave 05			Degree	of Injury	NIL	- Internation
Driver						THE PLAN SURE
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 Dis	charge	NIL	
No. of Days gran	ted 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





3 of 4

Report No. T/20190120/2122

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

CONTINUATION OF REPORT

of accident.

That's all.





4 of 4

Report No. T/20190120/2122

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

Sketch Plan

NP168

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.

Date/Time:
0/01/2019 21:10
Classification Of Case:

Accident MY/1028856					
Policy No.	5073852922-08	Vehicle No.	FREARIGE	GSF Registration No.	
Certificate No.					
olicyholder hame	HD FAIZAL BIN HD AMIN			Policyholoer MACC	58802605H
roduit Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Five & TReft.	Sanding	
AMERIC No / Hobile)	90011574	Contact No.(Office)		Contact No.(Home)	
mail Address		Special Remark		eCude	No +
FK.	- No. Yes	TCA	+ Nu Fes	eCode Reason:	1
VCD Protection	ho	NCD Emplement(%)	20	Provatu Hira	No
* Accident Details	40	and the same of the	70	Private stre	-
Seport Date	2010/09/00/2014	Accident Report Within 24 firs	U.S.	(42-44) (42-44)	72.235 VIII VIII 2.55
	21/61/2019 17:47		Yes	Accident Type	Collision - Major Minor Read
ovie of Accident	12/01/2019	Time of Accident to men	59:56	Country of Accident	Sirgipore
Reporting Centre		Crange Farce		JCM No.	
Accident Location	ALONG GUL WAY				
T Excess	1994				
Dwn damage Except	n.00	Additional Excess		Windstreen Excess	
Innamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outstate Singapore TP Excess			
→ Benefits					
→ GST Registered Informati	lan.				
XST Registered	No		GST Registration Date		
DST Registration No.			GST Status verified	2000	
tedification Heatery					
50000000000000000000000000000000000000	2 MOV				
→ Policyholder Malling Addr	117.0	u washing n	- ENGRESS ATTACK	WWW.	
Astidrave 1	BCK 23 #07-999	Address 2	LORONG 4 TOA PAYOH	Address 3	SINGAPORE 210073
Address 4		Address Type	Singapure address	Post Come	310073
Unit Ne.	11-915	Retwied Pickey Number	5073492922-03		
♥ QI Driver Info	U. C.		7811119711		
Orlver Name	MOHAMMED FAZZAL BUN MOHAMMED AMON	Driver Type	Main Driver		
Stroamed driver Name		Driver NIOC	568029050	Dever DOR	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. (Frome)	
Address 1	BUX 73 #07-399	Address 3	LORDING & TOA PAYON	Address 3	SIMILAPORE 213073
Address 4		Address Type	Singapere address	Fest Code	310073
IME NO.	11-915				
Does he own a Singapore Registered car?	Tes is fee	Driver Vehicle No.	FINABILE	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test	8 mg	Any injury?	Yes + No		
Claim Handling					
Commercial					
Yall San					
Accident MT/1028856	3073053922-03	Vehicle No.	FRANCE	AGET Registration for	
Accident MT/1028886 Palicy No.	3073652922-03	Veticle No.	FREARIGE	AST Regaristion No.	
Accident MT/2028836 Policy No. Certificate No.	3073652922-03 MD FAZZAL IIIN MD AMIN	Vetocle No.	FREARCE	AGT Registration for,	**************************************
Accident MT/1028866 Policy No. Certificate No. Policyholder Name		Velocie No.	Democratical Country (	- I Francis - Maria -	\$8802805H
Accident MT/1028866 Palicy No. Certificate No. Palicyholder Name Product Cade	MD FATEAL RIN MO AMIN	ALCOHOLOGY	PRICABIGE Third Party, Fire & Theff	Pelicyholder WATC	SERCOROTH 0
Accident MT/103886  Palicy No. Certificate No. Palicyholder Name Product Code Confact No.(Notile)	MD FASSAL RIN MO AMIN MOTORCYCLE INSURANCE	Cover Type	Democratical Country (	Pelicyholder NATC Laeding Contact Ne (Home)	,
Accident MT/1038856 Policy No. Certificate No. Policyholder Name Product Code Confast No.(Noble) Email Address	MD FASSAL RIN MO AMIN MOTORCYCLE INSURANCE	Cover Type Contact No.[Office]	Democratical Country (	Pelicyholder WATC	
Accident MT/1038856 Policy No. Certificate No. Policyholder Name Product Code Confact No.(Mobile) Email Address	MD FATEAL BIN MO AMIN MOTORCYCLE INSURANCE 90011574	Cover Type Contact No.(Office) Speciel Remark	Third Party, Fire & Theft	Pelicyholder WATL Linddrig Contact Ne. (Home) eCode	•
Accident MT/1038856  Policy No. Certificate No. Policyholder name Product Code Confast No.(Mobile) Email Address RFX	MD FATEAL BIN MO AMIN MOTORCICLE INSURANCE 90011574  NO (2 Yee)	Conset Type Contact No.(Office) Special Remark TEA	Third Party, Fire & Theft  a. No Yes	Policyholder WATE. Lindding Contact Ne. (Home) eCinte eCtote Resion.	No Y
Accident MT/1038816  Policy No. Certificate No. Policyholder Name Product Code Confast No. (Notite) Email Address RFX MCD Protestiles  The Accident Details	MD FATEAL BIN MO AMIN MOTORCICLE INSURANCE 90011574  NO (2 Yee)	Conset Type Contact No.(Office) Special Remark TEA	Third Party, Fire & Theilt	Policyholder WATE Lindding Contact Ne. (Home) eCinde eCinde eCinde Heasen Private Hire	No.
Accident MT/1038816  Policy No. Certificate No. Policyhodder name Product Code Confast No. (Nobile) Email Address RFX NCD Protestiles  ***Accident Details Report Details	MD FATEAL BIN MO AMIN MOTORCYCLE INSURANCE 90011574  * No	Cover Type Contact No.(Office) Special Remark TEA NED Environment(%)	Third Party, Fire & Theilt	Policyholder WATE Lindding Contact Ne. (Home) eCinde eCinde Heason Private Hire Accident Type	No. Tollinion - Major Minor Read
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	NAC_BURIT_MEMAH_800676( NATIONAL ASSESSMENT CENTRE IS (BURIT MERAH)) on 21 Jan 2010 17:51	SERVICE Photos	7.0	Normal		Phintee 201			(00)
5	NAC_BLAIT_HERAH_BODGTE( NATIONAL ASSESSMENT CENTRE S (BUKIT MERAH)) no 21 Jan 2019 17:51	SERVICE Protos		Normal		Photos 301	W-1-11		
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505	6 (SURIT MERAN) on 21 Jun 2019 17:50	French		(burnel)		Photos 201	8+3+83		
1/4	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE 5 (BUHIT MERAH)) in 21 Jan 2019 17:50	PRODUC		Mirmal		Photos 201	9-1-28		
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20	NAC, MAIT MERAH, BOOGTS( NATIONAL ASSESSMENT CENTRE								
	S (BUKIT MERAM)) IN 31 Jan 2019 17:50  NAT_BURIT_MERAH BOGGE NATIONAL ASSESSMENT CENTER	SERVICE		Normal		Photos 2015	1-21		
	S (BUKIT MERAN)) on 21 Jan 2019 17:50	Section 17,0094		Normal		Photos 2019	-1-21		
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	NAC_BURIT_MERAH_B00675( NATIONAL ASSESSMENT CENTRE 5 (BLWIT MERAH)) on 23 Jan 2018 [7:50]	/ C0X370		Harmai		000178-00180			
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19	NAC_BURIT HERAH 800676/ NATIONAL ASSESSMENT CHATUR	SERVICE NRIC! Driving Listing	e.				sw 2019-1-21		
Printer Andrews	NAC_BURIT_HERAH_RODE?6( NATIONAL ASSESSMENT CENTRE 5 (BURIT MERAH)) un 21 Jan 2019 17-50 NAC_BURIT_HERAH_RODE?6: NATIONAL ASSESSMENT CENTRE	SERVICE NRIC/ Driving Licens	Ele Name	Numai		Driving Liters	sw 2019-1-21		

# ACCIDENT STATEMENT

ACCIDENT DATE: 17 101 2019 (DD/MM/	YYY). TIME: (09: 50) (HH:MM
LOCATION: Gul way	
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: FBX 4850 E	
DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: 5073852912 - 0	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	
F)MAKE & MODEL: KTM RC 390  F)TYPE:(SALOON / COUPE / MPV / VAN / LO	PRRY / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIME:	on the way to work
i) ARE YOU CLAIMING UNDER YOUR OWN IN IF NO, PLEASE STATE (THIRD PARTY CLAIM)	SURANCE (YES NO) REPORTING ONLY)
A) NAME: Mohammed Faira Bin Mohammed	Anin (MALE / FEMALE)
b)NRIC/FIN/PASSPORT: S8802805H c)ADDRESS: BIK 417A Fernale Link	CONTACT:90011574
*CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
Clinduding driver) DRIVER  AS Above	(MALE / FEMALE)
CL) b)NRIC/FIN/PASSPORT:	CONTACT:
e)OCCUPATION: (INDOOR / OUTDOOR)	D/MM/YYYY) : :
1) DATE OF DRIVING PASS 06 3	al Joio
5. a) WEATHER CONDITION: (CLEAR / RAINING	ITH INSURED: OWNER
DINUAU SURFACE: (DRY / WET / OTHERS	/ OHIEKS
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATIO  8. THIRD PARTY VEHICLE	N: Zuroud MEST WEC.
the of passenger of VEHICLE NUMBER: GBH9369 L Clincluding driver) B) DRIVER'S NAME: Chang Siow well	MODEL: ToHota HI ACE VAO
9. THIRD PARTY VEHICLE	CONTACT: 90037706
No of passenger d) VEHICLE NUMBER:	MODEL:
(Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT::-
·	7

email = faizalamin 24 @ gmail com

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8802805H



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Name

MOHAMMED FAIZAL BIN MOHAMMED AMIN



MALAY Date of birth 24-01-1988 Country/Face of sent SINGAPORE











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 : VBKJYJ405FC203632  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 define the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of a enactment or regulation in that behalf from driving the Motor Vehicle.	ive
Certificate Number : 5073852922-03  Cover : Third Party, Fire & Theft  Index mark and Registration Number of Vehicle Chassis Number  Chassis Number  Name of Policyholder  Reflective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive#  Named Driver(s) Only. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive Who work of the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of a	ive
1. Index mark and Registration Number of Vehicle Chassis Number C	ive
Chassis Number  Chassis Number  Name of Policyholder  MD FAIZAL BIN MD AMIN  Effective Date of Insurance  Expiry Date of Insurance  Expiry Date of Insurance  Persons or Classes of Persons entitled to drive#  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 a	ive
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Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to d the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of a	ive
	ty
<ol> <li>Limitations as to Use#</li> <li>(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession</li> </ol>	Ñ
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.	
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 Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malays	Aotor a)
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	LIMITE
Countersigned By:	
Countersigned By:  Authorised Officer  Chief Executive	-