MATTONIA I					
NATIONAL Assessment Centre	Services.	el i Jan'os) .	May 4190	10952	
Date In: >3 01 2019 11:25	Job description		Date &Time Com	pleted	Done by
Ref NO: NBA/ MC19001494/ Y	SAS c-filing				
Veh No. FBM 3199Z	E-mail (4)dia an	n, AIC 2hrs)			
08:51 17/01/2019 12:30	i-Motor Claim	Porm	MT1102914	9-001	23/01/2017
00 (70)	I-Motor W/O	Within: OD 2hrs,	TP (brs)		12,00
OD (TP.) Reporting Only	I-Photo Upload	led			*
	Assessment/Sur	ey Report			·
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp		
Proforred Wksp / INC Assign Wksp / QW: (			Telt	Faxt	
TP Particulars: Veh No: XE3	759 P .	. INC(	)/Non-INC(	), ,	
Owner / Driver: (		ati.	Tel:		)
Policy No: ( ) Perio	d: (	)	Cover Type: (		
Confirmed by : (	¥0	Date:	Tlmei		<del>,                                    </del>
			%; P: 21-79%.	r: 80-100%	1
	irranty: YES (	)\NO(	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000(	Danieros Central	CHARLES TO SAFETY	म्बर्ग भगवार जन्म	William I
Sendial Kellindense K. T. T. Selle K. L.	的现在分词	<b>医的小块的部</b> 是	examination of	A CANDON	31
( ) Walle-In Customar : Customer's Inform		idential & Str	ctly NO rater of re	patrer.	2
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		3 3	<del>,</del> ,	<del></del>
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO	) ( ); To	wing Co: (		,
randaris de la liste de la meser de la companya de	201016162		话传说。说说新信息	le sur vice	Einland by .
1) Apply for Transport Allowance ( )/Cou	irtesy Car ( )			•	
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4) QC Check / Post Repair Inspection	( ·)				
			1		
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Upload Resurvey Photo [Repair Cost > \$300  Injury:  MUCLIMA ACTIONS  MB1900672		1) AR: Assident	(7)(0)(G)(-(3)(1)(Reporting (330))		Sandes (A rabut)
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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,
- 3. 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.

**ACCIDENT STATEMENT** 

	ACCIDENT STATEMENT
Date Of Report	23/01/2019 11:25
Date Of Accident	17/01/2019 12:30
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM3199Z
Insured/Policyholder	
Name Of Registered Owner	LIM KWEE BENG
NRIC No	S1499490D
Email Address	LIMKB618@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96131063
Alternative Phone No	OTHERS-96131063
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097683438
Cover Note Number	
Driver	
Name of Driver	LIM KWEE BENG
NRIC No	S1499490D
Date Of Birth	27/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96131063
Fax Number	

OTHERS-96131063

LIMKB618@GMAIL.COM

Address

BLK 476 ANG MO KIO AVENUE 10

#11-802

Postcode

560476

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

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190117/2203

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

XE3759P

Vehicle Make/Model/Colour

PETROLEUM LORRY

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMMAD SOFIAN BIN MOHAMMAD RAZALI

NRIC/Passport Number

S8312352D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Caribbaan wager wall SKETCH PLAN Telok BlangahRd A) FBM 31992 B) XE 3759P

CRIBE CIRCUMSTANCES OF THE ACCIDENT	
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10, 5	
(b) 10'	
(60)	
1000	
Q 1 1/10	
MO	

## **DECLARATION**

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

Policyholder Signature Date & Time:

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

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

NRIC/FIN No.:





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

1 of 3 Report No. T/20190117/2203

# REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 23:37	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: EE BENG		Address: APT BLK 476 ANG MO KIO A SINGAPORE 560476	AVENUE 10 #11-802
	/ ID No.: O / S14994	90D	Contact No.: Home/Office: Mobile: 96131063	
National SINGAP	ity: ORE CITIZ	EN	Email:	Wobile, 95131063
Sex: Male	Age: 57	Date of Birth: 27/02/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat Bus drive			Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accid	ent	Carlo Carlo	San	
Type of Accident:	Non-Injury		Drink Drive: No	Date/Time of Accident:	Type of Location:
Location:			INO	17/01/2019 12:30	
TELOK BLAN	IGAH ROAD				
	langah Road toward	- 0	on a water the result was one		
Weather:	nangan Koad toward	Road	n Water Wal Surface:		Danid Constitution
Clear		Dry			Road Speed Limit:
Traffic Flow:		Traffi	c Control:		Traffic Volume:
Type of Collis	ion:				
7,5-3,00,00	Services			a	Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No. Co.
FBM3199Z	Motorcycle	MARALIA	United States of the Control of the		Condition	No of Passenger
THE SECTION CONTRACTOR		YAMAHA	MW 125 3- WHEELER	White	Seriously Damaged	0
XE3759P	Petroleum Lorry				No Damage	0

Vehicle No.	Insurance Company	Insurance No	F#. 0	I -
CULTURE FIRE FAIRFURGER CONTROL OF THE		mourance NO	Effective	Expiry Date
DIVISTABL	NTUC Income Insurance Co-Operative Limited	5097683438	29/01/2018	27/04/2019





2 of 3

Report No. T/20190117/2203

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999 CONTINUATION OF REPORT

Control of the Contro	n Involved	10000				
Any Pedestrian In			Han of Da	destries	Cross	ing: NA
	No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver				T.5	S to be seen	044004000
Name	LIM KWEE BENG			ID No.		S1499490D
Related Vehicle	FBM3199Z (Motorcycle)			Contac	ct No.	96131063
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL Date			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver				THE PARTY		APPENDING TO SE
Name	MOHAMMAD SOFIAN RAZALI	N BIN MC	DAMMAD	ID No.	S	S8312352D
Related Vehicle	XE3759P (Petroleum	Lorry)		Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No of Dave gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

## Brief Details.

On 17/01/2019 at about 1230hrs, i was travelling along Telok blangah road towars Caribbean Water Wall. it was red light and i stopped beside a Petroleum Lorry. When the traffic light turned green i allow him to make a right turn first and i did not accelerate and i was riding slowly as i wanted to let the lorry complete it turn however the rear still knocked onto my motor and i fell together with my motor. My motor front left were dented and we exchange our particulars however he said that he is not in the wrong. I am not sure whether if there is any CCTV around the vicinity. No traffic police or ambulance was at scene. I have slight abrasion on my left leg due to the fall and i have no intention to consult a doctor. I am making this report for Insurance claim.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20190117/2203

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 Informant:
一块起
Date/Time: 17/01/2019 23:37
Classification Of Case:
5N 49

erificate for:  Illigrander Name Link mount Chile McOr  Infact No. (Mobile) Shi mail Address  FK #  CD Protection No.  W Addition Details	7663438	Vehicle No.		COST REPORTATION OF	
Exploider Name Link odust Cride McOr intact No. (Mobile) 98.1 hall Address K # ID Protection No. in Addition Details			19H11H45	gsf Registration in	
dust Code NO  Maccino (Mobile) 961  est Address  K #  D Protection No  P Addident Detaile	CASC SUPER			Pulicyholder NRCC	S1499490D
tact No. (Mobile) 55 I 81 Address L # D Protection No. P Addition Cotalle	KWEE BENG		0.0 92220		
off Address  Protection by Accident Datable	TORCYCLE INSURANCE	Cover Type	Hard Rarry, Fire & Theft	Leading	
a Protection No.	31063	Corract No (Office)		Contact No.(Home)	fee al
Protector Per Per Accident Detaile		Special Remark		eCode	No. *
Accident Detaile	No Yes	TCA	n No Yes	eCode Reviers	
Accident Detaile		NCD Entitlement(%)	18	Private Hira	No
ort Date 23/	01/2019 11:56	Accident Report William 24 hrs	Yes	Accodent Type	Side Swipe
	01/2019	Time of Accident thomas	12 30	Country of Accident	Singapore
	01/2019	Orange Force	1440	DOM No.	
porting Centre	AMERICAN DARKER DE LEO	Charles Forth			
	DNG TELCK BLANSAH ROAD				
Estess	11000	FAGGEDIANIA PARTO		Windstreen Excess	
in damage Excess	0.00	Additional Excess		10000005011.055000	
merced Driver Excess		Outside Singappin CO Excess			
out Party Excess	8.00-	Dutside Singapore TP Escess			
r Benefits					
# GST Registered Information					
T Registered	No		GST Registration Date		
T Augistration No.			GET Status Verified	Yes	
diffication History					
W Policyholder Mailing Address				1119/01/02	3.3555000000131000
	x 476 #11-802	Address 2	ANG MO KIG AVENUE 18	Address 3	TECK GHEE HORIZON
	NSAPORE SEGATH	Address Type	Singapore address	Fost Code	565476
	401	Relatest Publicy Blambar	3097663436		
* Of Driver Info		The state of the s			
26 19 10 10 10 10 10 10 10 10 10 10 10 10 10	H KWEE BENG	Delvar Type	Main Driver		
1111	H CALL SUNG	Driver NRIC	\$14994900	Dower DOB	27/02/1961
rysamed driver Name	YEAR TO SEE THE SEE TH		52	Driving Experience	(384)
[15] [15] [15] [15] [15] [15] [15] [15]	7/01/1901	Driver Age	54	Contact No.(Home)	(1990)
Surcast No. (Moline) 96	1191063	Contact No.(Office)			The state of the s
iddress I. S.	± 475 ≠11-80Z	Address 2	AND NO KID AVENUE 10	Address 3	TRICK GHEE HOMIZON
sdatness 4 Si	WGAPORE 960475	Address Type	Singapore activess	Post Code	580476
Jrill No. 31	1-802				
Does he swn a Singapore	Yes × No	Driver Valuate No.	296731962	Driver Insurer Company	ATUC
Registered car?	55.5				
Reconstron Breathalyser or Blood Test o	1927	Any injury?	Yes + No		
leim Handling					
Accident MT/1029149		100-00100	Occasion Service		
	Q976#345#	Vehicle No.			
Pattey No. 5			FBM31982	GST Registration No.	
			FBM31992	DESCRIPTION OF THE PROPERTY OF	( e Olade Bud. )
Cartificate No.	IM KWEE BENG		FBH31992	GST Registration No. Policytuder NRIC	\$14994900
Certificate No. Policyholder Name L	IM KWEE BENG KOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	DESCRIPTION OF THE PROPERTY OF	\$1.499490D ©
Cartificate No. Policyholder Name L Product Clide #		Cover Type Contact No.(Office)		Policyhulder NRIC	•
Cartificate No.  PoSicyholder Name L  Product Clide 5  Contact No.(Mobile) 9	IOTORCYCLE INSURANCE			Policyhoder NRIIC Leeting	
Cartificate No.  PoScynolder Name L  Product Clide R  Cortact No.(Mobile) 9  Email Address	IOTORCYCLE INSURANCE	Contact No. (Office)		Pulscynuder MUC Leating Contact Nu (Home) eCode eCode Reason	0 No •
Cartificate No.  PoScynolder Name L  Product Clide 8  Contact No.(Mobile) 9  Email Address  KPA	IOTORCYCLE INSURANCE H0121043 No Yee	Contact No.(Office) Special flamark	Third Party, Fire & Theft	Pulsyhuder MUC Leeting Contact Nu/Home) eCods	•
Cartificate No.  PoScynilder Name  Froduct Cade  Contact No.(Mobile)  Email Address  KPA  NCD Protection	NOTORCYCLE INSURANCE NO.131063	Contact No.(DMcs) Special Remark TCA	Third Parry, Pink & Theft	Pulscynuder MUC Leating Contact Nu (Home) eCode eCode Reason	o No e
Cartificate No.  PoScynilder Name  Froduct Cade  Contact No.(Mobile)  Email Address  KPA  NCD Protection  P Accident Details	IOTORCYCLE INSURANCE NO 121063 * No Yes	Contact No.(DMcs) Special Remark TCA	Third Parry, Pink & Theft	Pulscynuder MUC Leating Contact Nu (Home) eCode eCode Reason	o No e
Cartificate No.  PoScynolder Name  Product Cade  Contact No.(Mobile)  Email Address  KFN  NCD Protection  P Accident Details  Report Date	IOTORCYCLE INSURANCE 10121063 100 Yes 100 XVIII	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hos	Third Parry, Fire & Theft  a: No Yee  15	Pulscynuder NRUC Leating Contact Nu (Home) eCode eCode Reteon Syvate Hint	© No T
Cartificate No.  PoScynidder Name  Product Cade  Contact No.(Mobile)  Email Address  KEN  NCD Protection  P Accident Details  Report Date  Date of Accident	IOTORCYCLE INSURANCE NO 121063 * No Yes	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hos	Third Parry, Fire & Theft  a: No Yee  15	Pulscynuder NRUC Leating Contact Nu (Home) eCode eCode Retean Syvate Hint	To The Swipe
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# ACCIDENT STATEMENT

ĄC	CIDENT DATE: 1 91 9918 (DD/MM/YYY), TIME: 12 . 3- )(HH:MM	A) ,
LOC	CATION: ALVAL THUCK BLONGON RO TOWNEDS CHEIBERA	
	a) VEHICLE NUMBER: TBM 3197Z	
S	G)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT B)MAKE & MODEL: YOUNG WW - 125 3 - WHERE AT HEFT I)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	1
	h)PURPOSE OF USING AT ACCIDENT TIME:	×
- i	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:	,
(a @	c)ADDRESS:CONTACT:CONTACT:CONTACT:CONTACT:	
* No of passange		- e
(_)	b) NAME:	- 12
·	*d) DATE OF BIRTH: (27 / 02 / 1467 )(DD/MM/YYYY)	
2	1) DATE OF DRIVING PASC 17 101 1987	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY? (YES (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CONDITION: (CLEAR / RAINING / OTHERS_	
6.	b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)	<u> </u>
9	IF YES, PLEASE STATE WHICH POLICE STATION: QUELLE LOWA.  THIRD PARTY VEHICLE	
it No of passenger	a) VEHICLE NUMBER: YE 3759 MODEL:	<u>.</u>
() 9.	THIRD PARTY VEHICLE	-
tho of passenger (Including driver	OF DRIVERS NAME:	<u>.</u> * •
(;	T) NRIC/FIN/PASSPORT:CONTACT:	 . :

email = lime & sis@igna: 12000 VIDED limkshe gmail.com

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1499490D





LIM KWEE BENG

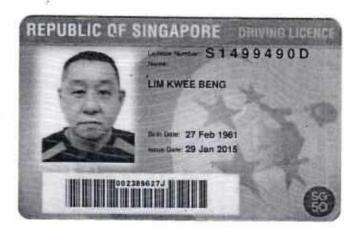
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CHINESE

27-02-1961

SINGAPORE





5424843





29-01-2015

APT BLK 476 ANG MO KIO AVENUE 10 #11-802 SINGAPORE 560476

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc

Motor Cars=< 3000kg with =<7 passengers, exclusive
of the driver; and other motor vehicles =< 2500kg

Motor vehicles which are constructed to carry
load or passengers and the unladen weight > 2500kg

Motor vehicles which are not constructed to
carry load and the unladen weight < 7250kg

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 : 5097683438

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBM3199Z

Chassis Number

2. Name of Policyholder

: MLESE781111008977

3. Effective Date of Insurance

: LIM KWEE BENG : 29 Jan 2018

4. Expiry Date of Insurance

: 27 Apr 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)

: LIM KWEE BENG

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

MAH 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

: ASSURE PTE, LTD. (00000572842)

Date of Issue

: 29 Jan 2018 10:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive