

# NATIONAL Assessment Centre Services

(ref 1 Jan 00)

MA419028427

Date In: 19/02/2019 17:31	Job description	Date & Time Completed	Done by
Ref No: NPA/INC190031034	SAS e-filing		
Veh No: FY 390X	E-mail (to John Shree, AIC 2hrs)		
D.O.A: 13/02/2019 17:40	I-Motor Claim Form	mt11032801001	19/02/2019 17:57
OID / TP: <u>Reporting Only</u>	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:	Veh No: CYCLIST	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>MA41901826</p> <p>Client/Insurer Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditor's Comments:</p> <p>Cal 1:</p> <p>2/2</p>	<p>Invoice No: 11032801001</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) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ref 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idau DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>*N12: Idau Mobile \$30</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</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	19/02/2019 17:31
Date Of Accident	13/02/2019 17:40
Exact Location Of Accident	CROSS JUNCTION OF JALAN AHMAD IBRAHIM/BENOI ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY390X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD FAIZA BIN MD NOOR
NRIC No	S7273426B
Email Address	MFAIZALNOOR72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90146154
Alternative Phone No	OTHERS-90146154

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ8S
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	REPORTING ONLY
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	5082635331-02
Cover Note Number	

#### Driver

Name of Driver	MOHD FAIZA BIN MD NOOR
NRIC No	S7273426B
Date Of Birth	25/10/1972
Occupation	INDOOR
Date Of Driving Pass	15/06/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90146154
Fax Number	
Contact Number	OTHERS-90146154
Email Address	MFAIZALNOOR72@GMAIL.COM

Address	BLK 102 WOODLANDS STREET 13 #03-232
Postcode	730102
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	COLLIDED INTO BICYCLIST
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190215/2077

#### 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 Witness 1

Name	AMIR
Phone Number	98232817
Email Address	

#### Details of Witness 2

Name	AZIZUL
Phone Number	96166939
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	

Details Of Properties	BICYCLIST
Vehicle Category	NA/UNKNOWN
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	MOHD FAIZA BIN MD NOOR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FY390X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



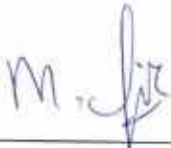
## SKETCH PLAN

### IMPORTANT NOTICE

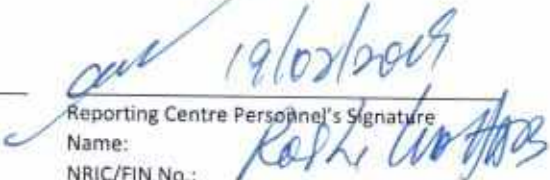
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

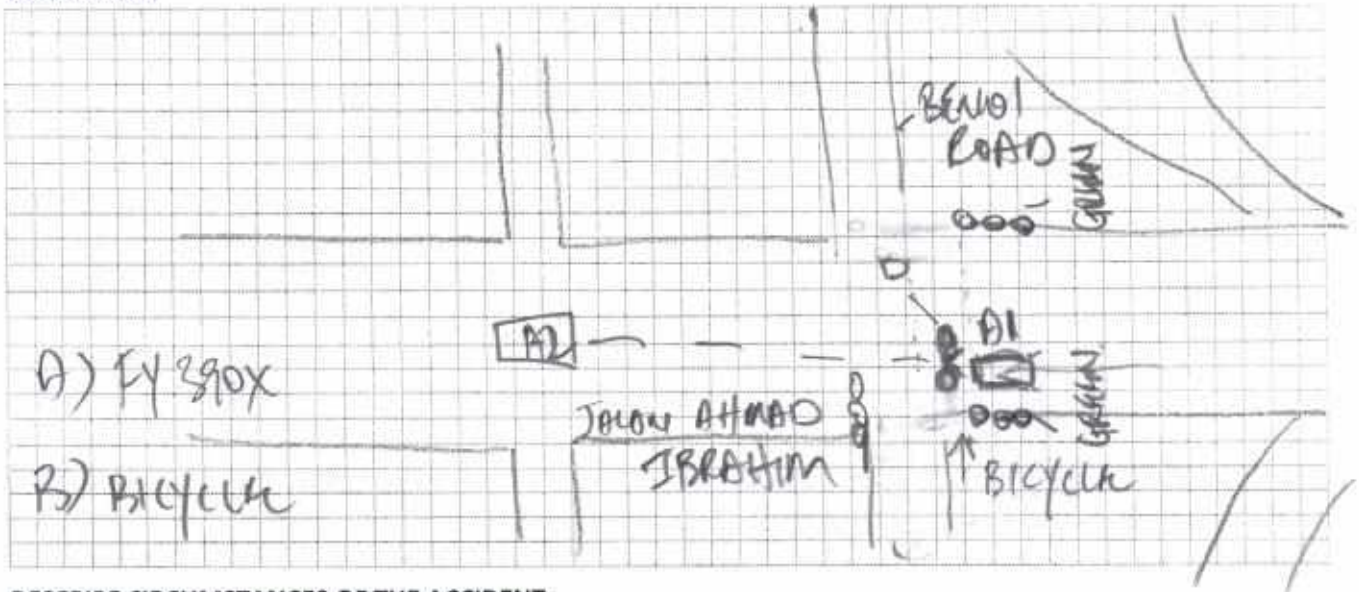
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

PLS REFER TO POLICE REPORT  
7/20190215/2017

### DECLARATION

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

M. [Signature]

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.:

19/02/2019

Rashid [Signature]





# SINGAPORE POLICE FORCE



T/20190215/2077

1 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20190215/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/02/2019 13:34	Vide Report No.:	Station Diary No.: 62
<b>Informant's Particulars</b>		
Name of Informant: MOHD FAIZA BIN MD NOOR	Address: APT BLK 102 WOODLANDS STREET 13 #03-232 SINGAPORE 730102	
ID Type / ID No.: NRIC NO / S7273426B	Contact No.: Home/Office: 0127062934      Mobile: 90146154	
Nationality: MALAYSIAN	Email:	
Sex: Male	Age: 46	Date of Birth: 25/10/1972
Type of Informant: Driver		
Race: Malay	Language:	Institution / School Name:
Occupation: PRINCIPLE TECHNICIAN	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: 13/02/2019 17:40	Type of Location: X-Junction
Location: Along Road 1 JALAN AHMAD IBRAHIM BENOI ROAD At the cross junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
FY390X	Motorcycle	YAMAHA	FZ8-S	Blue	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY390X	NTUC Income Insurance Co-Operative Limited	5082635331-02	27/07/2018	26/07/2019



# SINGAPORE POLICE FORCE



T/20190215/2077

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20190215/2077

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD FAIZA BIN MD NOOR	ID No.	S7273426B
Related Vehicle	FY390X (Motorcycle)	Contact No.	90146154
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Serious

### Brief Details.

On the 13/02/2019 at about 1730hrs, I was driving motorcycle bearing the registration of FY390X along Jalan Ahmad Ibrahim.

On the same day at about 1740hrs, at the cross junction of Jalan Ahmad Ibrahim and Benoi Road, the traffic light turn green, hence I ride my motorcycle forward, suddenly a man on bicycle dashed out of the road from my left hand side direction. As it is too sudden, so I tried to move away from him, however, I still grazed on the rear side of the bicycle. After that, my motorcycle dropped and I rolled on the road for around 15-20 meters. I am still conscious, so I get up and discovered that the man on the bicycle also fell down and sitting on the road. At this moment, there is a rider namely, Amir, approached to me stating that he had witnessed the whole accident and he helped me called for police and ambulance. He also said that he is willing to be my witness for this accident. After that police and ambulance came, police took down both of our particulars and ambulance sent both the cyclist and me to the Ng Teng Fong General hospital. I did not manage to take down his particular. Hospital gave me 6 days MC.

The motorcycle bearing the registration of FY390X had several damages and it is not able to function or ride. It is seriously damaged.

I also want to state that my both hands and my left knee have abrasion. I also have a sprain on my left ankle. I am slightly injured.

No government property was damaged during the accident and my motorcycle is YAMAHA FZ 800cc. There are two witnesses for my accident. Amir with contact number 98232817 and Azizul with contact number 96166939.

My sister namely Saadiah with contact number is 96502518 and my brother namely Mad yazzad with contact number 98226184. In case I am not able to pick up the phone.





**SINGAPORE  
POLICE FORCE**



T/20190215/2077

3 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20190215/2077

**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/  
WU SHANGZHEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Signature Of Informant:

Date/Time:  
15/02/2019 13:34

Classification Of Case:

Authentication Stamp

NP168



Signature: \_\_\_\_\_

Police Officer



Traffic Police  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No: T/20190215/2077 Name: Mohd Faiza Bin Md Noor  
Accident Date / Time: 13/02/2019 @ 1740 hrs Address: BLK 102 Woodlands St 13 #03-332  
Vehicle(s) involved: FY 390 X NRIC No: S7273426B  
Bicycle Tel No: 90146154 / 0127062934  
Date: 15/02/2019

Dear Sir / Madam

I wish to amend as follows:

suddenly a man on the bicycle dashed out from the pavement to the road from  
my left hand side direction.

my brother namely Mad Yazid with contact number 9827 6184.

M. Faiza  
S7273426B

JURONG WEST AVE  
SINGAPORE 649482  
TEL: 1800-7929999

SE WU SHANGHAI

Yours faithfully



## Claim Handling

Accident HT/1032601

Policy No.	SOE185331-02	Vehicle No.	PR300X	GST Registration No.	
Certificate No.					
Policyholder Name	MOHD FAIZA BIN MO NOOR			Policyholder NRIC	S72734268
Product Code	MOTORCYCLE INSURANCE	Cover Type	THIR Party, Fire & Theft	Leaving	0
Contact No.(Mobile)	90146154	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
NFE	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

## Accident Details

Report Date	19/02/2019 17:55	Accident Report Within 24 hrs	Yes	Accident Type	Collided Into Cyclist
Date of Accident	13/02/2019	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CROSS JUNCTION OF JALAN AHMAD IBRAHIM/BENDI ROAD				

## Excess

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

## Benefit

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 102 #03-232	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730102
Address 4		Address Type	Singapore address	Post Code	730102
Unit No.		Related Policy Number	SOE185331-02		

## OT Driver Info

Driver Name	Mohd Faiza Bin Md Noor	Driver Type	Mem Driver		
Uninsured driver Name		Driver NRIC	S72734268	Driver DOB	25/10/1972
Register Date of Driver License	15/06/1996	Driver Age	46	Driving Experience	22
Contact No.(Mobile)	90146154	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 102 #03-232	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730102
Address 4		Address Type	Singapore address	Post Code	730102
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PR300X	Driver Insurer Company	NTUC

## Declaration

Synthetic/ven or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **NEW**

Claim Type *	OD-MX *	Insured Name	MOHD FAIZA BIN MO NOOR	Insured NRIC	S72734268
Contact No.(Mobile)	90146154	Contact No. (Home)	93656089	Contact No. (Office)	
Email Address		OT Vehicle Number	PR300X	TP Vehicle Number	CYCLIST
Claim Description	PR300X / CYCLIST ON 13 Feb 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Business No.		Endorsed Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	19/02/2019 17:57
Report Taken By				Date Received	19/02/2019 00:00

Print All letter

Save Submit

## Attachment

Accident No.	HT/1032601	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2019 17:57

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	
Message Read	Clear Please Select	NO	Normal	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19	
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19	
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	Photos	Normal	Photos 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	SAS	Normal	SAS 2019-2-19
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Feb 2019 17:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-19

Video List

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7273426B



Name

MOHD FAIZA BIN MD NOOR

محمد فايزا بن محمد نور

Race

MALAY

Date of birth

25-10-1972

Sex

M

Country of birth

MALAYSIA



8893950

NRIC No. S7273426B



Nationality

MALAYSIAN

Date of issue

01-12-2007

Address

APT BLK 102 WOODLANDS STREET 13  
#03-232  
SINGAPORE 730102



## 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 : 5082635331-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FY390X

Chassis Number

: JYARN251000002442

2. Name of Policyholder

: MOHD FAIZA BIN MD NOOR

3. Effective Date of Insurance

: 27 Jul 2018

4. Expiry Date of Insurance

: 26 Jul 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)

: MOHD FAIZA BIN MD NOOR

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: SOUTHERN WIND MOTOR CREDIT & TRADING 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

: 21 Jul 2018 12:14 hrs

Reprint

: 21 Jul 2018 12:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive