

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA19033081

Date In: 12/03/2019 11:39	Job description	Date & Time Completed	Done by
Ref No: NA19033081/4437/4	SAS e-filing		
Veh No: FBD 0377D	E-mail (4 jobs 8hrs, AIC 2hrs)		
D.O.A: 02/03/2019 15:00	I-Motor Claim Form	NA19033081-001	12/03/2019
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12/3
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: —	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: ()

Repairer's Use (Call 011-67884616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: —

Date/Time	Assignment

NA1901882

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	Forfeiting against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Idao Mobile	
Auditor's Comments:	10) NI: Idao Mobile	
Date:	11) NI: Idao Mobile	
	12) NI: Idao Mobile	
	13) NI: Idao Mobile	
	14) NI: Idao Mobile	
	15) NI: Idao Mobile	
	16) NI: Idao Mobile	
	17) NI: Idao Mobile	
	18) NI: Idao Mobile	
	19) NI: Idao Mobile	
	20) NI: Idao Mobile	

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	12/03/2019 11:39
Date Of Accident	02/03/2019 15:00
Exact Location Of Accident	ALONG JURONG CANAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6377D
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	MUHDKHAIRIN0810@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87500726
Alternative Phone No	OFFICE-87500726

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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
Fleet Policy	NO
Policy Number	5100726122
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRIN BIN BADRULJSHIZAN
NRIC No	T0034433D
Date Of Birth	08/10/2000
Occupation	INDOOR
Date Of Driving Pass	11/12/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87500726
Fax Number	
Contact Number	OTHERS-87500726
Email Address	MUHDKHAIRIN0810@GMAIL.COM

Address	BLK 427 JURONG WEST AVENUE 1 #07-234
Postcode	640427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190305/2060

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 INJURED PERSON 1

Name	MUHAMMAD KHAIRIN BIN BADRULJSHIZAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD6377D
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.
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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:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 12/03/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

1/20190305/2060

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

12/03/2019
Resh Nathan



SINGAPORE POLICE FORCE



T/20190305/2060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190305/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 12:54		Vide Report No.: D/20190302/0100		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD KHAIRIN BIN BADRULJSHIZAN			Address: 427 JURONG WEST AVENUE 1 #07-234 SINGAPORE 640427		
ID Type / ID No.: NRIC NO / T0034433D			Contact No.: Home/Office: Mobile: 87500726		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 08/10/2000	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/03/2019 15:00	Type of Location: Bend
Location: JURONG CANAL DRIVE ALONG JURONG CANAL DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6377D	Motorcycle	YAMAHA	T135	Red		0



**SINGAPORE
POLICE FORCE**



T/20190305/2060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190305/2060

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING FROM MY MOTORCYCLE WORKSHOP, AT BUKIT MERAH LANE 2, WHERE I
RENT THE MOTORCYCLE.

AS I WAS NEGOTIATING THE LEFT BEND INTO JURONG CANAL DRIVE, I SUDDENLY SAW A CAR
ON THE LEFT, I THEN VEERED TO MY RIGHT. MY RIGHT SIDE COLLIDED INTO THE CENTRE
DIVIDER. I DID NOT FELL AND THERE WAS NO COLLISION WITH OTHER VEHICLE. THAT'S ALL.
87500726



**SINGAPORE
POLICE FORCE**



T/20190305/2060

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190305/2060

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
05/03/2019 12:54

Classification Of Case:

Claim Handling

The premium on this policy has not been collected.

Accident HT/1025545

Policy No.	5100726222	Vehicle No.	PR063772	GST Registration No.	23414706L
Contingent No.					
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414706L
Product Code	FLEET INSURANCE	Cover Type	Third Party	Insuring	0
Contact No.(Mobile)	87500726	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	NA
KPI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

Accident Details

Report Date	12/03/2019 12:00	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	32/03/2019	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Change Price		ICM No.	
Accident Location	41000 BUKIT MERAH CANAL DRIVE				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	18/05/2011
GST Registration No.	23414706L	GST Status Verified	Yes
Head/Coon History			

Policyholder Mailing Address

Address 1	BUK L000 #01-10	Address 2	15-KIT MERAH LANE 2	Address 3	SINGAPORE 133762
Address 4		Address Type	Singapore address	Post Code	133762
Unit No.		Related Policy Number	5100726222		

GI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver QOS	08/10/2008
Unnamed Driver Name	MUHAMMAD KHAIRUN BIN BACH	Driver NRIC	700344330	Driving Experience	0
Register Date of Driver License	08/12/2018	Driver Age	18	Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Home)		Address 1	SINGAPORE 640477
Address 1	BUK 477 #07-238	Address 2	15-KIT MERAH LANE 2	Post Code	640477
Address 4		Address Type	Foreign address		
Unit No.	07-238			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PR063772		

Destination

Breakdowner or Blast Test Reading?	0 mg	Any injury?	Yes - No
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Hugization History

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	SOUTHERN MOTOR	Insurer NRIC	23414706L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	87500726
Email Address		Insured Email	sumotor@singtel.com.sg	Vehicle Number	PR063772
Claim Description		PR063772 / - ON 2 Mar 2019		Name of Policyholder	Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Rematch No. Finalisation	Yes	Preferred Workshop, Name unknown	CSA report	Received	
Date Registered				Claim Close Date	12/03/2019 12:28
Report Taken by				Date Received	12/03/2019 00:00

Print All letter

Save Submit

Attachment

Accident No.	HT/1025545	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/03/2019 12:28

Refr *

Choose File	No file chosen	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 box

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Mar 2019 12:28	Photos	Normal	Photos 2019-3-12	0
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Mar 2019 12:28	Photos	Normal	Photos 2019-3-12	
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 12 Mar 2019 12:28	Photos	Normal	Photos 2019-3-12	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

Photos

Normal

Photos 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

NRIC/ Driving License

Normal

NRIC/ Driving license 2019-3-12

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 12 Mar 2019 12:28

SAS

Normal

SAS 2019-3-12

Video List

Uploaded By/Date

Folder Data

File Name

Source

Action

[View in New Window](#)
[Start and Uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (02/03/2019) (DD/MM/YYYY). TIME: (15:05) (HH:MM)

LOCATION: Along Tiramur Canal Dr

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FSD 6377D
b) INSURANCE COMPANY: NTAU
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Southee M. N. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 81
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD KHARIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 820076
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = muhammadkharim810@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO T0034433D



Name

MUHAMMAD KHAIRIN BIN
BADRULJSHIZAN

Race

MALAY

Date of birth

08-10-2000

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Vehicle Number T0034433D

MUHAMMAD KHAIRIN BIN
BADRULJSHIZAN

Birth Date: 08 Oct 2000

Issue Date: 11 Dec 2015



5480515



NRIC No T0034433D



Date of issue

05-06-2015

Address

APT BLK 427 JURONG WEST AVENUE 1
#07-234
SINGAPORE 640427

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

11 Dec 2018

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : S100726122

Cover : Third Party

1. Index mark and Registration Number of Vehicle : FBD6377D

2. Name of Policyholder : SYP301160

3. Effective Date of Insurance : SOUTHERN MOTOR

4. Expiry Date of Insurance : 25 Sep 2018

5. Persons or Classes of Persons entitled to drive : 24 Sep 2019

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

(/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. (03600572842)
Date of Issue : 14 May 2018 15:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Transfer Fee Enquiry

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.: FBD6377D
 Vehicle Type: P00 - Passenger Motorcycle/Autocycle/Moped
 Vehicle Attachment 1: No Attachment
 Vehicle Scheme: Normal
 Vehicle Make: YAMAHA
 Vehicle Model: T135
 Chassis No.: 5YP301160
 Propellant: Petrol
 Engine No.: 5YP301160
 Engine Capacity: 135 cc
 Maximum Power Output: -
 Maximum Laden Weight: -
 Unladen Weight: 101 kg
 Year Of Manufacture: 2009
 Original Registration Date: 26 May 2009
 Lifespan Expiry Date: -
 COE Category: D - Motorcycle
 Quota Premium: \$902.00
 COE Expiry Date: 25 May 2019
 Road Tax Expiry Date: 25 May 2019
 Inspection Due Date: 25 May 2019
 Intended Transfer Date: 11 Sep 2018
 CO2 Emission: -
 CO Emission: -
 HC Emission: -
 NOx Emission: -
 PM Emission: -

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print