

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11905080

Date In: 17/4/19 - 19:09	Job description	Date & Time Completed	Done by
Ref No: NA/WC 192066 09/24	SAS e-filing		
Veh No: FBN75L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/4/19 - 19:15	i-Motor Claim Form	NA/1040666-001	17/4/19 19:23
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SK5184H	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:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA 192066 09/24	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile \$0		
Pat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	17/04/2019 19:09
Date Of Accident	14/04/2019 19:15
Exact Location Of Accident	JUNC DEPOT RD & LOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN75L
Insured/Policyholder	
Name Of Registered Owner	NOR AZMY BIN SURANI
NRIC No	S8209255B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86113784
Alternative Phone No	OFFICE-86113784

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000 ABS MANUAL
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	5105048945
Cover Note Number	

Driver

Name of Driver	NURAZRI BIN SURANI
NRIC No	S8742188J
Date Of Birth	08/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87198917
Fax Number	
Contact Number	OFFICE-87198917
EMail Address	NOEMAIL

Address	BLK 459 YISHUN AVENUE 11 #05-716
Postcode	760459
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190416/2079.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE5284H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 NURAZRI BIN SURANI

Approximate Age

Injuries Sustain HAND & LEG

Injured person in which vehicle? FBN75L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

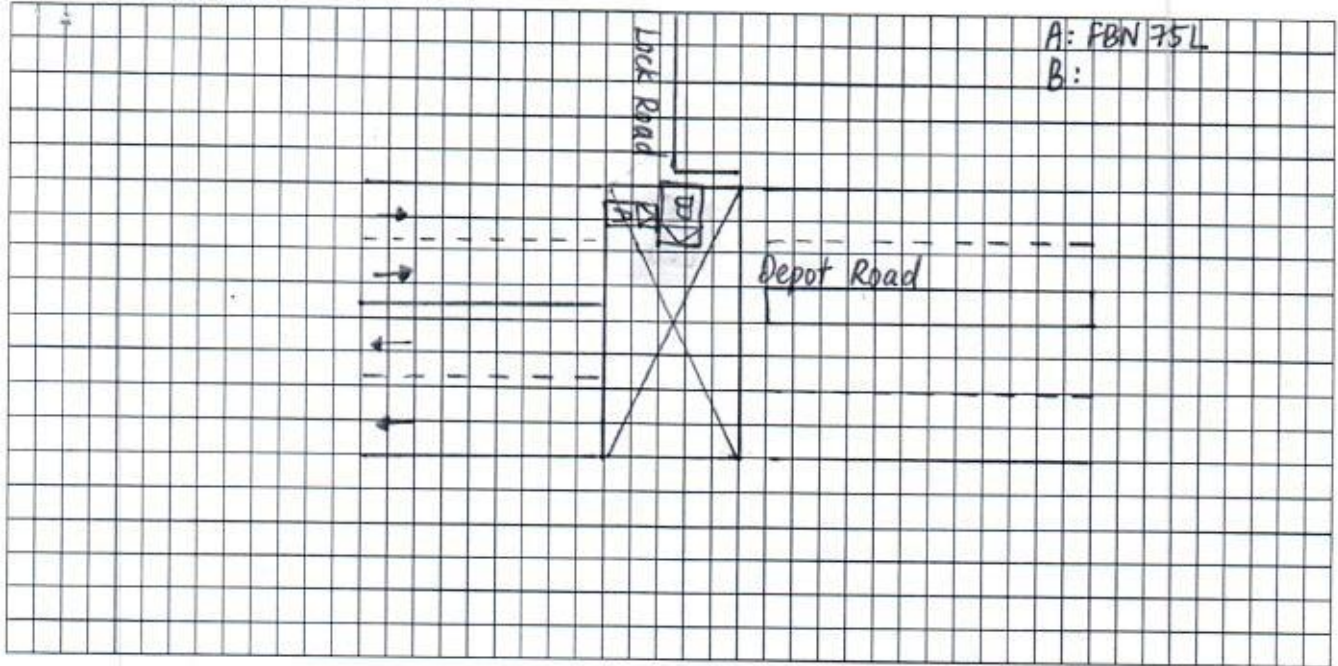


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	14/04/2019	(DD/MM/YY)
Time of accident	19:15	(HH:MM)
Exact location of accident	At junction of Depot Road and Lock Road.	

DETAILS OF VEHICLE		
Vehicle registration number	FBN 75 L	
Vehicle make and model	Kawasaki	
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____	
Vehicle category	Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/>	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER		
Name	Ndr Azmy Bin Surani	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8209255 B	
Contact	8611 3784	
Address	Apt Blk 824 Jurong West Street 81 #04-448 S(640824)	

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)	
Name	Nurazri Bin Surani	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8742188 J	
Contact	8719 8917	
Address	Apt Blk 459 Yishun Avenue 11 #05-716 S(760459)	
Email address		
Date of birth	08/12/1987	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	14/10/2015	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Brother</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKE 5284 H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Nurazri Bin Surani
Injuries sustained	Hand and leg
Which vehicle person in?	FBN 75L
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20190416/2079

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20190416/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2019 13:25		Vide Report No.: D/20190414/0116		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: NURAZRI BIN SURANI			Address: APT BLK 459 YISHUN AVENUE 11 #05-716 SINGAPORE 760459		
ID Type / ID No.: NRIC NO / S8742188J			Contact No.: Home/Office: Mobile: 87198917		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 08/12/1987	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/04/2019 19:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 DEPOT ROAD LOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
FBN75L	Motorcycle	KAWASAKI		Black	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190416/2079

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190416/2079

CONTINUATION OF REPORT

Rider			
Name	NURAZRI BIN SURANI	ID No.	S8742188J
Related Vehicle	FBN75L (Motorcycle)	Contact No.	87198917
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	14/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

On 14/04/19 at about 1913hrs, I was riding on my motorcycle along Deport Rd towards Jurong East. Out of a sudden, one Black, unknown make, unknown vehicle registration plate number came out from Lock Road from my left side and I thought the said vehicle driver will stop his vehicle due to there is a stopping line however the said vehicle driver did not stop. I then collided with the said vehicle. After the collision, I flew over the top of the said vehicle to the right side of the said vehicle. After I landed on the road, I felt pain on my body however still remaining conscious. Passerby subsequently assisted me to call for ambulance and shortly ambulance came and I was conveyed to National University Hospital.

I was attended by Dr Sim Tiong Beng and was given 10 days of medical leave. I wish to state that there is no fractures found on my body. I only suffered bruises on my left leg, wounds found on my right leg however the doctor had stitched up my wounds. I also felt pain on my right hand wrist and doctor had bandaged it.

There is in car camera installed front and back of my motorcycle. I wish to state that my motorcycle is currently in one of the workshop (Team Work Garage) recommend by one of the passerby namely, Fabian Tan, contact: 93856537, who visited me in hospital.



**SINGAPORE
POLICE FORCE**



T/20190416/2079

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190416/2079

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:

L /
Sgt 2 OOI JIA JUN ✓

Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
16/04/2019 13:25

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature: _____ ✓

Singapore Police Force



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8742188J



Name
NURAZRI BIN SURANI



Race
JAVANESE
Date of birth
08-12-1987
Country/Place of birth
SINGAPORE

Sex
M

S8742188J

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8742188J

Name
NURAZRI BIN SURANI

Birth Date: 08 Dec 1987

Issue Date: 22 Jun 2010



6082984

NRIC No. S8742188J



Date of issue
14-12-2018

Address

APT BLK 459 YISHUN AVENUE 11
#05-718
SINGAPORE 760459

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

Class 2B MOTORCYCLES NOT EXCEEDING 250 CC
Class 2A MOTORCYCLES BETWEEN 251 CC AND 400 CC
Class 2 MOTORCYCLES EXCEEDING 400 CC

22 Jun 2010
19 Jun 2014
14 Oct 2018

S / No 9000241008

NP428A



License No: S8742188J

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 : 5105048945

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBN75L

Chassis Number

: JKAZRT00FGA005674

2. Name of Policyholder

: NOR AZMY BIN SURANI

3. Effective Date of Insurance

: 27 Oct 2018

4. Expiry Date of Insurance

: 26 Oct 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)

: NOR AZMY BIN SURANI

NAMED DRIVER (2)

: NURAZRI BIN SURANI

HIRE PURCHASE COMPANY

: SPEEDWAY MOTOR PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

This Bike is Still Under
Hire Purchase with
SPEEDWAY MOTOR PTE LTD
No add rider or renewal
is allowed

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 : AXIS LINK PTE LTD (00000614797)

Date of Issue : 27 Oct 2018 09:58 hrs

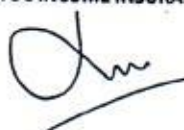
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:





Authorised Officer



Chief Executive

IMPORTANT NOTICE - ACCIDENT

In the event of any accident involving the Motor Vehicle irrespective of whether it would give rise to claims, the insured shall together with the motor vehicle, Call SPEEDWAY MOTOR at 6316 1611 report the accident during office hour.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/04/2019 19:15"/>							
Vehicle No. (For Motor)	<input type="text" value="FBN75L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105048945		NOR AZMY BIN SURANI	S8209255B	GMC	Third Party, Fire & Theft	FBN75L	FBN75L	27/10/2018	26/10/2019
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5105048945	Policyholder Name	NOR AZMY BIN SURANI	Policyholder NRIC	S8209255B
Certificate No.					
Address	BLK 824 #04-448 JURONG WEST STREET 81 SINGAPORE 640824				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/10/2018	Effective Date	27/10/2018 00:00	Expiry Date	26/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 824 #04-448	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640824
Address 4		Address Type	Singapore address	Post Code	640824
Unit No.		Related Policy Number	5105048945		

Insured Object: FBN75L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/10/2018 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 15% and not 20% as declared in your policy application. In view of the reduction of NCD, an additional premium of \$39.20 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident NT/1040666

- **Exit.**

Policy No.	S105048945	Vehicle No.	PBN73L	GST Registration No.	
Certificate No.					
Policyholder Name	NOR AZMY BIN SURANI			Policyholder NRIC	S8209255B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	86113784	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div></div>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	17/04/2019 19:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	14/04/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG DEPOT RD & LOCK RD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 824 #04-448	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640824
Address 4		Address Type	Singapore address	Post Code	640824
Unit No.		Related Policy Number	S105048945		
OE Driver Info					
Driver Name	NURAZRI BIN SURANI	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8742188J	Driver DOB	08/12/1987
Register Date of Driver License	14/10/2015	Driver Age	31	Driving Experience	3
Contact No.(Mobile)	87198917	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 459	Address 2	YISHUN AVENUE 11	Address 3	DEW SPRING @ YISHUN
Address 4	SINGAPORE 760459	Address Type	Singapore address	Post Code	760459
Unit No.	05-716				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claims 001 **NEW**

Claim Type *	OD-MX	Insured Name	MOR AZMY BIN SURANI	Insured NRIC	S62092558
Contact No (Mobile)	81772289	Contact No (Home)	87955935	Contact No (Office)	
Email Address	sib_tweety@hotmail.com	OI Vehicle Number	FBN75L	TP Vehicle Number	SKES284H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBN75L / SKES284H DN 14 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	17/04/2019 19:23	Claim Close Date		Date Received	17/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1040666	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/04/2019 19:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="Clear"/>	<input type="text" value="NO"/> <input type="button" value="Clear"/>	<input type="text" value="Normal"/> <input type="button" value="Clear"/>	<input type="text"/>

Browse...		Clear	Please Select	NO	Normal	
Browse...		Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	SAS	Normal	SAS 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:24	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Apr 2019 19:23	Photos	Normal	Photos 2019-4-17		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				