

NATIONAL Assessment Centre Services (part 1 of 2) **MAAC(506)754**

Date In: 14/05/2019 16:23	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/900853914	SAS e-filing		
Veh No: FW 8695A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/05/2019 00:25	I-Motor Claim Form	MT1044490-001	14/05/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:52
	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: **SHA 776M** 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%; F: 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

N/A/903490

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2018)		
Cat. 2/3:	6) TR: Re-inspection \$75		
1 / 1 '19	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	(21)		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	N12: Idno Mobile \$0		
	Invoice dated	Pen Charged	
	Excess Paid	Fuel 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 willful 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	14/05/2019 16:23
Date Of Accident	11/05/2019 00:25
Exact Location Of Accident	JUNCTION OF ORCHARD ROAD AND ANGULLIA PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW8695A
Insured/Policyholder	
Name Of Registered Owner	MD SYAHFIE B MD YOSOPE
NRIC No	S9027846J
Email Address	MDSYAHFIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82903606
Alternative Phone No	OTHERS-82903606

Vehicle Particulars

Manufacturer	HONDA
Model	NF125MD-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
Fleet Policy	NO
Policy Number	5108379205
Cover Note Number	

Driver

Name of Driver	MD SYAHFIE B MD YOSOPE
NRIC No	S9027846J
Date Of Birth	11/08/1990
Occupation	INDOOR
Date Of Driving Pass	17/07/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82903606
Fax Number	
Contact Number	OTHERS-82903606
EMail Address	MDSYAHFIE@GMAIL.COM

Address	BLK 546B SEGAR ROAD #02-55
Postcode	672548
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?	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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190511/2012

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	OBBARD
Phone Number	82296008
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7976M
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
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	MD SYAHFIE B MD YOSOPE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FW8695A
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)**

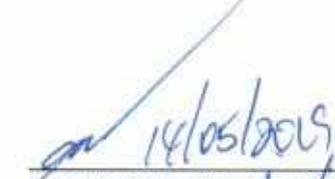
I understand, acknowledge, agree and consent that:

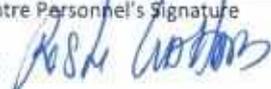
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 13/05/2019

Policyholder's Signature
Date & Time: 11 50 HRS

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

 14/05/2019

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

SKETCH PLAN

ORCHARD ROAD

A) FW 8695A

B) SH/A 7976M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

POL REFERR TO POLICE REPORT
7/20190511/2012

DECLARATION

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

sd 13/05/2019
 Policyholder's Signature
 Date & Time: 1150 HRS

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

sd 14/05/2019
 Reporting Centre Personnel's Signature
 Name: Rosalyn Lim
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190511/2012

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190511/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2019 02:40	Vide Report No.: E/20190511/0005	Station Diary No.: 12
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Informant's Particulars

Name of Informant: MUHAMMAD SYAHFIE BIN MOHAMED YOSOPE		Address: APT BLK 546B SEGAR ROAD #02-55 SINGAPORE 672546	
ID Type / ID No.: NRIC NO / S9027846J		Contact No.: Home/Office:	Mobile: 82903606
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 11/08/1990	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: FOOD PANDA DELIVERY RIDER		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2019 00:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ORCHARD ROAD ANGULLIA PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW8695A	Motorcycle	HONDA	NF125MD	Black	Seriously Damaged	0
SHA7976M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW8695A	NTUC Income Insurance Co-Operative Limited	5108379205	21/03/2019	20/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD SYAHFIE BIN MOHAMED YOSOPE	ID No.	S9027846J	
Related Vehicle	FW8695A (Motorcycle)	Contact No.	82903606	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	11/05/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 11 May 2019 at 12.25am, I was riding my motorcycle (FW8695A, Honda NF125MD, Black) along Orchard Road. I was on the rightmost lane and positioned to turn right towards Patterson Road.

There was a Comfort Taxi (SHA7976M, Hyundai, Blue) on my left. He was on the straight ahead lane only. However, the taxi wanted to make a right turn into Angullia Park and stopped his taxi in the middle of my lane. I slowed down but the taxi did not move forward. Thus, I decided to proceed forward.

Suddenly, the taxi made the right turn into Angullia Park and I could not stop in time. I hit onto the taxi's right side mirror. I fell and sustained injuries such as abrasions and numbness on my wrist. I called the ambulance and police also arrived (Vide E/20190511/0005).

There was a passer-by who claimed that he witnessed the accident. (Jeff Obbard, Hp: 822296008).

I was then conveyed to Tan Tock Seng Hospital. My motorcycle was towed to Traffic Police. I was given 3 days medical leave. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20190511/2012

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20190511/2012

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: E / Sgt 3 NUR MARISSA SYAQILA BINTE SAMSAIDI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2019 02:40
Officer In Charge Of Case: TP /GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1044490

Policy No.	3108379205	Vehicle No.	FW895A	GST Registration No.	
Certificate No.					
Policyholder Name	MD SYAHFIE B MD YUSOF			Policyholder NRIC	99027846
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82903606	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eFile	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	14/05/2019 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/05/2018	Time of Accident hh:mm	00:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ORCHARD ROAD AND ANGULLIA PARK				

Total Excess Applicable

Excess Type	Per Accident	Withdrawn Excess			
DD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED DD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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 546B #02-55	Address 2	SEGAR ROAD	Address 3	SEGAR VALE
Address 4	SINGAPORE 672546	Address Type	Singapore address	Post Code	672546
Unit No.	02-55	Related Policy Number	3108379205		

OT Driver Info

Driver Name	MD SYAHFIE B MD YUSOF	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	99027846	Driver DOB	11/08/1990
Register Date of Driver License	17/07/2018	Driver Age	28	Driving Experience	0
Contact No.(Mobile)	82903606	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 546B #02-55	Address 2	SEGAR ROAD	Address 3	SEGAR VALE
Address 4	SINGAPORE 672546	Address Type	Singapore address	Post Code	672546
Unit No.	02-55				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	FW895A	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Notification History

Claim 001 **Open**

Claim Type *	CO-MK	Insured Name	MD SYAHFIE B MD YUSOF	Insured NRIC	99027846
Contact no.(Mobile)	82903606	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	FW895A	TP Vehicle Number	SHA7926H
Claim Description	FW895A / SHA7926H ON 11 May 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No. Registration	Yes <input type="checkbox"/>	Insured Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	14/05/2019 16:34	Date Received	14/05/2019 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1044490	Claim No.	001																		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	14/05/2019 16:52																		
<table border="1"> <thead> <tr> <th>Attachment</th> <th>Uploaded By/Date</th> <th>Category</th> <th>Urgency</th> <th>Description</th> <th>Msg Sent (CO)</th> </tr> </thead> <tbody> <tr> <td> NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:52</td> <td></td> <td>NRC/ Driving License</td> <td>Normal</td> <td>NRC/ Driving License 2019-5-14</td> <td></td> </tr> <tr> <td> NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:52</td> <td></td> <td>SAS</td> <td>Normal</td> <td>SAS 2019-5-14</td> <td></td> </tr> </tbody> </table>				Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:52		NRC/ Driving License	Normal	NRC/ Driving License 2019-5-14		NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:52		SAS	Normal	SAS 2019-5-14	
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:34

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 May 2019 16:34

Photos

Normal

Photos 2019-5-14

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 05 / 2019) (DD/MM/YYYY), TIME: (00 : 25) (HH:MM)

LOCATION: ALONG ROAD 1 TRAVELING TOWARD ROAD 2
ORCHARD ROAD, MUGILLIA PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW8695A
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5108379205
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA NF125 MO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: OTW HOME
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: MUHAMMAD SYAHFIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9027846J CONTACT: 82903606
c) ADDRESS: BLK 546B SEGAR ROAD #02-55
S 672546

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (11 / 08 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17 JULY 2018

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

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: BISHAW N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 7976M MODEL: TAXI
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 = mdsyahfie@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9027846J




Name
 MUHAMMAD SYAHFIE BIN
 MOHAMED YOSOPE

Race
 MALAY

Date of birth
 11-08-1990

Country of birth
 SINGAPORE

Sex
 M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9027846J



Name
 MUHAMMAD SYAHFIE BIN
 MOHAMED YOSOPE

Birth Date: 11 Aug 1990

Issue Date: 22 Mar 2013

002163459C



4163797




NRIC No: S9027846J

Date of issue
 04-01-2008

APT BLK 546B SEGAR ROAD #02-55
 SINGAPORE 872548
 NRIC No: S9027846J Date: 15/09/2015

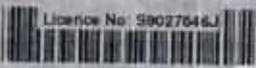
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 250 CC	17 Jul 2014
Class J	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Mar 2013
Class 4	Heavy motor cars and motor tractors > 2500 kg	22 Mar 2013

S9027846J S / No. 9000317487

NP 420A

Licence No: S9027846J



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 : 5108379205

Cover : Third Party

- | | |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : FW8695A |
| Chassis Number | : NF125MD0068586 |
| 2. Name of Policyholder | : MD SYAHFIE B MD YOSOPE |
| 3. Effective Date of Insurance | : 21 Mar 2019 |
| 4. Expiry Date of Insurance | : 20 Mar 2020 |

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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MD SYAHFIE B MD YOSOPE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : TELESALLES-DIRECT MARKETING (00000601661)

Date of Issue : 21 Mar 2019 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorized Officer

Chief Executive