

NATIONAL Assessment Centre Services (wef 1 Jan 08)		NA 419072266	
Date In: 03/06/2019 16:08	Job description	Date & Time Completed	Done by
Ref No: N301/ENC/900976/Y	SAS e-filing		
Veh No: ABP 62344	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 31/05/2019 19:20	i-Motor Claim Form	nr/104392-001	03/06/2019 16:55
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SCH 747B	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

NA1904047	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cal 1:	6) TR: Re-inspection \$75			
Cal 2/3:	7) N1: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	N11: 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: Idm Mobile \$0			
	Invoice dated	Fees Charged		
	Fees 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	03/06/2019 16:09
Date Of Accident	31/05/2019 19:20
Exact Location Of Accident	CLEMENTI AVENUE 6 JUST ENTERING AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6234U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SALIHIN BIN ISA
NRIC No	S8909129B
Email Address	XHARAFIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91817462
Alternative Phone No	OTHERS-91817462

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09 ABS TRACER GT
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	5109439504
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SALIHIN BIN ISA
NRIC No	S8909129B
Date Of Birth	19/03/1989
Occupation	INDOOR
Date Of Driving Pass	12/09/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817462
Fax Number	
Contact Number	OTHERS-91817462
Email Address	XHARAFIN@GMAIL.COM

Address	BLK 453A BUKIT BATOK WEST AVENUE 6 #04-757
Postcode	651453
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	COLLISION - HEAD TO REAR
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?	NO
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	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/20190601/7017

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH747B
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU YE SOON, JUSTIN
NRIC/Passport Number	S9345825G
Contact Number	91700304
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SALIHIN BIN ISA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP6234U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

03/06/2019

1500

Driver's Signature

(If driver is not the policyholder)

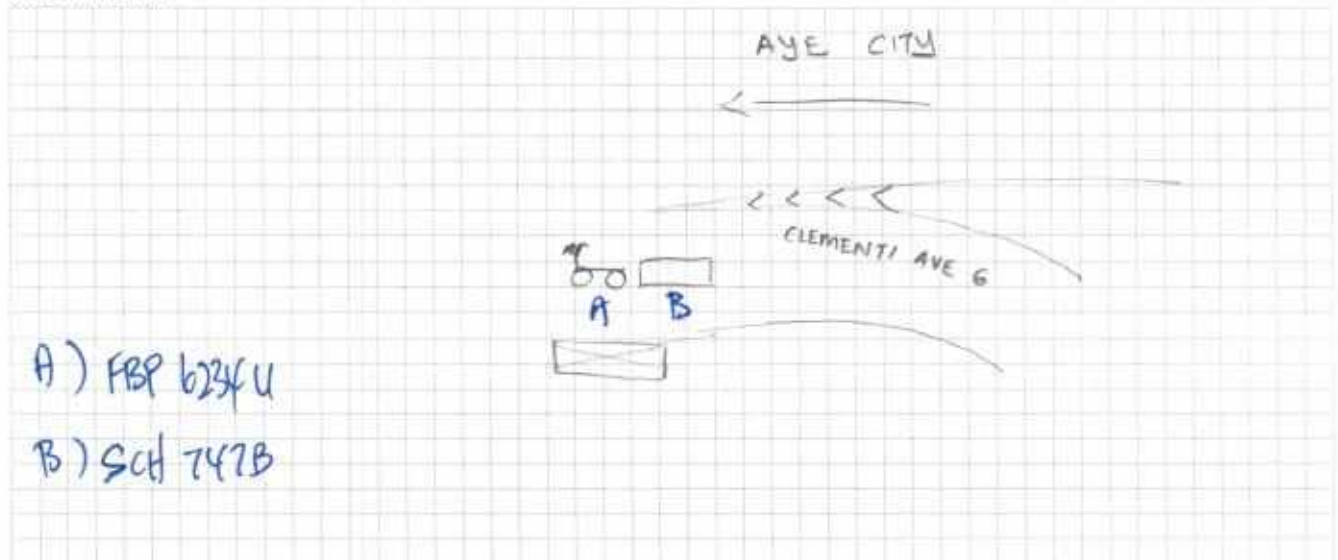
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) FBP 6234U

B) SCH 747B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms refer to Police Report
11/20190601/2017

DECLARATION

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

Signature
Date & Time:
03/06/2019
1500

Policyholder's Signature

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

Signature
03/06/2019
Date & Time:
NRIC/FIN No.:
Kesh Mathan

Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



T/20190601/7017

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

1 of 3

Report No. T/20190601/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2019 18:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD SALIHIN BIN ISA			Address: APT BLK 453A BUKIT BATOK WEST AVENUE 6 #04-757 SINGAPORE 651453		
ID Type / ID No.: NRIC NO / S8909129B			Contact No.: Home/Office: Mobile: 91817462		
Nationality: SINGAPORE CITIZEN			Email: reme033@gmail.com		
Sex: Male	Age: 30	Date of Birth: 19/03/1989	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Port/Shipping operations supervisor			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2019 19:20	Type of Location: Straight Road
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6234U	Motorcycle	YAMAHA	MT-09 ABS TRACER GT	Blue		0
SCH747B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6234U	NTUC Income Insurance Co-Operative Limited	5109439504	08/05/2019	07/05/2020



**SINGAPORE
POLICE FORCE**



T/20190601/7017

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

2 of 3

Report No. T/20190601/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SALIHIN BIN ISA	ID No.	S8909129B
Related Vehicle	FBP6234U (Motorcycle)	Contact No.	91817462
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 31 May 2019 at about 1920hrs , I was riding my motorcycle (FBP6234U) along AYE towards city . Suddenly I felt an huge impact from the rear of my bike, a vehicle (SCH747B) collided onto the rear of my motorcycle . As a result of the accident, my motor bike was damaged and I am injured .

I sustained injuries, severe back pain from the above accident and was admitted in the Hospital currently .



**SINGAPORE
POLICE FORCE**



T/20190601/7017

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

3 of 3

Report No. T/20190601/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
01/06/2019 18:13

Classification Of Case:

Claim Handling

Accident NT/1047392

Policy No.	5109429504	Vehicle No.	FBP6234U	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD SALIHIN BIN ISA	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S89091298
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	91817462	Special Remarks		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	03/06/2019 16:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/05/2019	Time of Accident (h:mm)	19:20	Country of Accident	Singapore
Reporting Office		Orange Force		ICM No.	
Accident Location	CLEMENTI AVENUE 5 JUST ENTERING AYE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess		Total TP excess Applicable	0.00		
Total OD Excess Applicable	0.00				

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 453A #04-757	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST TERRACE @ BUKIT BATOK
Address 4	SINGAPORE 651453	Address Type	Singapore address	Post Code	651453
Unit No.	04-757	Related Policy Number	5109429504		

▼ Q1 Driver Info

Driver Name	MUHAMMAD SALIHIN BIN ISA	Driver Type	Main Driver	Driver DOB	19/02/1989
Unnamed driver Name		Driver NRIC	S89091298	Driving Experience	13
Register Date of Driver License	22/04/2007	Driver Age	30	Contact No. (Office)	
Contact No. (Mobile)	91817462	Address 1	BLK 453A #04-757	Contact No. (Home)	
Address 1	BLK 453A #04-757	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST TERRACE @ BUKIT BATOK
Address 4	SINGAPORE 651453	Address Type	Singapore address	Post Code	651453
Unit No.	04-757	Driver Vehicle No.	FBP6234U	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001 **NEW**

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop		Injured Liability	Not at Fault
Yes	Require	Preferred Workshop, Name unknown	GSA report
Date Registered		Received	

Report Taken By

Print AX letter

GD-MX	Injured Name	MUHAMMAD SALIHIN BIN ISA	Injured NRIC	S89091298
9516346	Contact No. (Home)		Contact No. (Office)	
	OT		TP	
	Vehicle Number	FBP6234U	Vehicle Number	SCH747B
	FBP6234U / SCH747B GN 31 May 2019		Name of Preferred Workshop	

Claim Close Date	03/06/2019 16:54	Date Received	03/06/2019 00:00
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ROSLI WAHAB

Save Submit

Attachment

Accident No.	NT/1047392	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/06/2019 16:55
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Has Sent? (CO)
		Photos	Normal	Photos 2019-6-3	
		Photos	Normal	Photos 2019-6-3	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:55	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	Photos	Normal	Photos 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jun 2019 16:54	SAS	Normal	SAS 2019-6-3

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 05 / 2019) (DD/MM/YYYY), TIME: (19 : 20) (HH:MM)

LOCATION: CLEMENTI AVE 6 JUST ENTERING AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP6234U
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5109439504
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA TRACER GT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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 SALIHIN BIN ISA (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S89091298 CONTACT: 91817462
C) ADDRESS: BUKIT BATOK WEST AVENUE 6 BIK 453A #04-757

* 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: (19 / 03 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING PASS 12.09.2013

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCH 747B MODEL: HONDA CIVIC
b) DRIVER'S NAME: LAU YE SOON, JUSTIN
c) NRIC/FIN/PASSPORT: S93458259 CONTACT: 9170 0304

9. THIRD PARTY VEHICLE

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

email = ~~reme~~ xharafin@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8909129B



Name

MUHAMMAD SALIHIN BIN ISA

Race

MALAY

Date of birth
19-03-1989

Sex

M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8909129B

Name

MUHAMMAD SALIHIN BIN ISA

Birth Date: 19 Mar 1989

Issue Date: 03 Jun 2011



For LKK/NAC Use Only



3774003



NRIC No. S8909129B

Date of issue

09-09-2005

APT BLK 453A BUKIT BATOK WEST AVENUE 8 #04-757
SINGAPORE 851453

NRIC No: S8909129B

Date: 09/09/2018

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	27 Aug 2007
Class 2A Motorcycles between 201 CC and 400 CC	25 Nov 2008
Class 2 Motorcycles > 400 CC	12 Nov 2013
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Jan 2009

S8909129B

S / No. 9000180615



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5109439504

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBP6234U |
| Chassis Number | : JYARN575000010502 |
| 2. Name of Policyholder | : MUHAMMAD SALIHIN BIN ISA |
| 3. Effective Date of Insurance | : 08 May 2019 |
| 4. Expiry Date of Insurance | : 07 May 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD SALIHIN BIN ISA
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 : 08 May 2019 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive