

NATIONAL Assessment Centre Services			
Date In: 25/07/2018 12:18	Job description	Date & Time Completed	Done by
Ref No: NHA/20190131154	SAS e-filing		
Veh No: IBM 8245K	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 24/07/2018 06:35	I-Motor Claim Form	ml/105498-01	25/07/2018 12:37
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 / HNC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: UNKNOWN	INC ( ) / Non-INC ( )	
Owner / Driver: ( )	BKX	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: (\$ )	Landing: \$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 handling: 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: ( )
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Date/Time	Actions

NA/1905563		Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
Claimant's Particulars:				In Bill	Add. Bill
Driver/Owner:		1) AR: Accident Reporting (\$30):			
Contact No:		2) DA: Damage Assessment (\$100):		INC (\$80)	
Damaged Portion:		3) TP: Towing Fee		\$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey		\$120	
Auditors' Comments:		5) PT: Follow-Through Survey (Resurvey)		\$30	
Cat. 1:		Excludes against INC Only (wef 10 Jan 2009)			
Cat. 2/3:		6) TR: Re-inspection		\$75	
1 / 1		7) NI: Idm DA + SMRT Survey		\$160	
		8) NTUC Additional Services:			
		9) NI2: Idm Mobile		\$0	
		* N3: Courtesy Car / Tpl Allowance		\$5	
		* N6: Repair Co-ordination		\$10	
		* N7: Post Repair Inspection		\$25	
		* N8: DY / Collect Excess Coordination		\$5	
		TP (NIL): TP (Non INC) against INC		\$20	
		Invoice dated		Pen Charged	
		Invoice dated		Fee Charged	

07-MAY-2018 16:39



## 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	25/07/2019 12:18
Date Of Accident	24/07/2019 06:35
Exact Location Of Accident	ENTRANCE INTO MANDAI LAKE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8245R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AMINURASHID BIN JA'AFAR
NRIC No	S9210092H
Email Address	SUCC33DISHALL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85222564
Alternative Phone No	OTHERS-85222564
<b>Vehicle Particulars</b>	
Manufacturer	KTM
Model	390 DUKE-390CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099487612-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD AMINURASHID BIN JA'AFAR
NRIC No	S9210092H
Date Of Birth	29/03/1992
Occupation	INDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85222564
Fax Number	
Contact Number	OTHERS-85222564
Email Address	SUCC33DISHALL@GMAIL.COM

Address	BLK 712 JURONG WEST STREET 71 #12-165
Postcode	640712
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 - CHANGE/CROSS LANE
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT J/20190724/7026

#### 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	UNKNOWN
Vehicle Make/Model/Colour	MALAYSIAN BIKE
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 MUHAMMAD AMINURASHID BIN JA'AFAR

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM8245R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 24/07/19

11.01am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

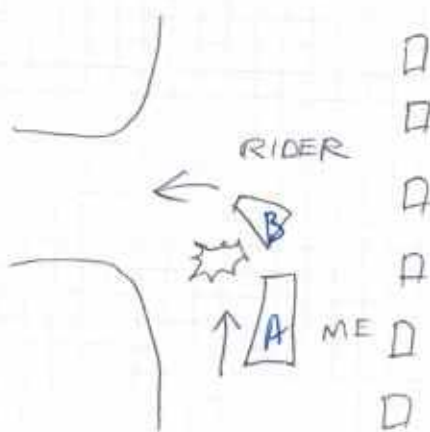
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



MANDAI LAKE ROAD

A) FBM 8245R

B) UNKNOWN  
MALAYSIAN  
BIKE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning right from inner pocket towards Mandai Lake Road, Malaysian rider cut my queue to go to the front, I let him move off first before following. Thought he would go straight to the end of the road but shortly after turned sharp left without signalling. I could not brake in time and collided with him.

Police Report J/20190724/2026

## DECLARATION

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

Policyholder's Signature

Date & Time: 24/07/19  
11-01am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/07/2019  
Rashid



# SINGAPORE POLICE FORCE



J/20190724/7026

1 of 2

## POLICE REPORT (NP299)

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Report No. J/20190724/7026

Date/Time Report Made 24/07/2019 20:08	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD AMINURASHID BIN JA'AFAR	Address APT BLK 712 JURONG WEST STREET 71 #12-165 SINGAPORE 640712	
ID Type / ID No. NRIC NO / S9210092H	Contact No. Home/Office: Mobile: 85222564	
Nationality SINGAPORE CITIZEN	Email Address succ33dishall@gmail.com	
Occupation Other finance dealers and brokers	Sex Male	Age 27
Institution/School Name	Date of Birth 29/03/1992	Race Malay
Date/Time Of Incident 24/07/2019 06:30 - 24/07/2019 06:35	Location Of Incident APT BLK 712 JURONG WEST STREET 71 #12-165 SINGAPORE 640712	

### Brief details.

Accident with a Malaysian rider. Turned right into Mandai Lake Road heading towards the zoo, with the rider shortly in front of me. Earlier, he had cut the queue, as most Malaysian riders do to be in front of the right turn pocket (cutting me). I let him go first when the green right turn arrow flashed, and stayed behind him. I thought he would be going all the way straight on the road towards the very end. He made a sudden sharp left turn without signalling, not into a proper road, but one of the many alleys/entrances along the construction sites for the new parks/attractions. I could not brake fully in time and hit his rear

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2019 20:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20190724/7026

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190724/7026

wheel, causing both of us to fall off our bikes.

Subjects Involved			
Victim			
Person Name	MUHAMMAD AMINURASHID BIN JA'AFAR		
ID Type	NRIC NO	ID No	S9210092H
Gender	Male	Age	27
Race	Malay	Language	English
Occupation	Other finance dealers and brokers	Address Type	
Address	APT BLK 712 JURONG WEST STREET 71 #12-165 SINGAPORE 640712		Mobile No 85222564
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD AMINURASHID BIN JA'AFAR (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

24/07/2019 20:08

Classification Of Case:



## Claim Handling

## Accident MT/1254948

Policy No.	509487612-01	Vehicle No.	PM82438	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AMINURASHID BIN ISAFAR	Policyholder NRIC	9921092H		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Leading	II
Contact No.(Mobile)	85222594	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
CTE	No Yes	TCA	No Yes	eCode Reason	
WCD Provision	No	WCD Endorsement No.	0	Private HHC	No
<b>Accident Details</b>					
Report Date	25/07/2019 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	24/07/2019	Time of Accident hh:mm	06:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ENTRANCE INTO HENDAI LAKE ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	SOC 00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
USD OD Excess	0.00	Yield TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	SOC 00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 712 #12-103	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640712
Address 4		Address Type	Singapore address	Post Code	640712
Unit No.		Related Policy Number	509487612-01		
<b>OT Driver Info</b>					
Driver Name	MUHAMMAD AMINURASHID BIN ISAFAR	Driver Type	Motor Driver	Driver NRIC	9921092H
Unnamed Driver Name		Driver NRIC	9921092H	Driver DOB	28/02/1992
Register Date of Driver License	28/09/2012	Driver Age	27	Driving Experience	0
Contact No.(Mobile)	85222594	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 712 #12-103	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640712
Address 4		Address Type	Singapore address	Post Code	640712
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PM82438	Driver Insurer Company	NTUC
Declaration					
Breach/Driver or Blood Test Reading?	0 mg	Any injury?	Yes - No		
<b>Modification History</b>					

Claim 001

Asw

Claim Type *	OO-MR	Insured Name	MUHAMMAD AMINURASHID BIN	Insured NRIC	9921092H
Contact No.(Public)		Contact No. (N)		Contact No. (Office)	Nil
Email Address		CI	PM82438	TP	Comprehensive
Claim Description		Vehicle Number	PM82438	Vehicle Number	PM82438
Preferred Workshop		PM82438 / UNKNOWN MALAYSIAN BIKE ON 24 Jul 2019		Name of Preferred Workshop	
Insured Liability	Insured	Partial at Fault			
Preferred Workshop, Name unknown		CIA Reason	Rejected		
Date Registered	25/07/2019 12:38	Claim Date	25/07/2019 00:00		
Report Taken By	ROSLI WIRNAE				
<b>Print as letter</b>					
<b>Save Submit</b>					

## Attachment

Accident No.	MT/1254948	Claim No.	001
Left Doc. Received	Yes No	Upload Date	25/07/2019 12:37
<b>Path *</b>			
Choose File	No file chosen	Category *	Normal
Choose File	No file chosen	Confidential	Normal
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		
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 23 Jul 2019 12:37	Photo	Normal	Photos 2019-7-25
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 25 Jul 2019 12:37	Photo	Normal	Photos 2019-7-25



Police Report

## ACCIDENT STATEMENT

ACCIDENT DATE: (24/07/19) (DD/MM/YYYY), TIME: (06:36) (HH:MM)

LOCATION: ENTRANCE INTO MANDAI LAKE ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 8245R  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5099487612-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: KTM DUKE 390  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
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 AMINURASHID JA'AFAR (MALE/FEMALE)  
b) NRIC/FIN/PASSPORT: 9210092H CONTACT: 85222564  
c) ADDRESS: BLOCK 712 JURONG WEST STREET 71 #12-165 S640712

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AL ABU KH (MALE/FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (29/03/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR/OUTDOOR)

f) DATE OF DRIVING PASS 21/10/15

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

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: ANKAWA BIKH MALAYSIA MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT: 8356 7026

### 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)  
(1)

No of passenger  
(including driver)  
( )

email = succ33dishall@gmail.com  
VIDEO



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9210092H



For LKK/NAC Use Only

MUHAMMAD AMINURASHID BIN  
JA'AFAR

محمد امينوراشيد بن جعفر

Race

MALAY

Date of birth

29-03-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9210092H



MUHAMMAD AMINURASHID BIN  
JA'AFAR

For LKK/NAC Use Only

Birth Date: 29 Mar 1992

Issue Date: 15 Mar 2018



4023950



NRIC No. S9210092H

For LKK/NAC Use Only

Date of issue

31-03-2007

Address

APT BLK 712 JURONG WEST STREET 71  
#12-155  
SINGAPORE 640712

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	28 Sep 2012
Class 2A	Motorcycles between 201 cc and 400 cc	12 Oct 2016
Class 2	Motorcycles > 400 cc	15 Mar 2018
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	21 Oct 2015

For LKK/NAC Use Only

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)

<b>Certificate Number</b>	5099487612-01	<b>Cover</b>	Comprehensive
1. Index mark and Registration Number of Vehicle			FBM8245R
Chassis Number			VBKJPJ406HC229243
2. Name of Policyholder			MUHAMMAD AMINURASHID BIN JA'AFAR
3. Effective Date of Insurance			06 Apr 2019
4. Expiry Date of Insurance			05 Apr 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)	: S\$500
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD AMINURASHID BIN JA'AFAR
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SIN HENG CREDIT 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 : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)  
Date of Issue : 29 Mar 2019 11:23 hrs  
Reprint : 29 Mar 2019 11:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive