





## 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 06/08/2019 14:06  
Date Of Accident 27/07/2019 08:50  
Exact Location Of Accident ALONG PIE TOWARDS BEFORE EXIT TO DUNEARN ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG1620T  
**Insured/Policyholder**  
Name Of Registered Owner ROSLI BIN JAMIL  
NRIC No S9447213Z  
Email Address ROSLI\_J@OUTLOOK.COM  
Mobile Phone No (LOCAL) +65-93278074  
Alternative Phone No OTHERS-93278074  
**Vehicle Particulars**  
Manufacturer YAMAHA  
Model FZ16-153CC (M)  
Exact Purpose for which vehicle was being used at time of accident TRAVELLING TO WORK  
Are you claiming under your own insurance policy for repair to your vehicle? NO  
If No, Please state action to be taken REPORTING ONLY  
Vehicle Category MOTORCYCLE  
**Insurance Company**  
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy NO  
Policy Number 5095228971-01  
Cover Note Number  
**Driver**  
Name of Driver ROSLI BIN JAMIL  
NRIC No S9447213Z  
Date Of Birth 21/12/1994  
Occupation INDOOR  
Date Of Driving Pass 10/01/2017  
Driving Experience 2 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-93278074  
Fax Number  
Contact Number OTHERS-93278074  
Email Address ROSLI\_J@OUTLOOK.COM

Address	BLK 570A WOODLANDS AVENUE 1 #12-878
Postcode	731570
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?	YES
Foreign Vehicle Registration Number	JJE7502 (COMMERCIAL VEHICLE)
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	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/20190727/7014

### 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	JJE7502
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

ROSLI BIN JAMIL

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG1620T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

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### 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:

05/09/2019

1210hrs

Driver's Signature

(If driver is not the policyholder)

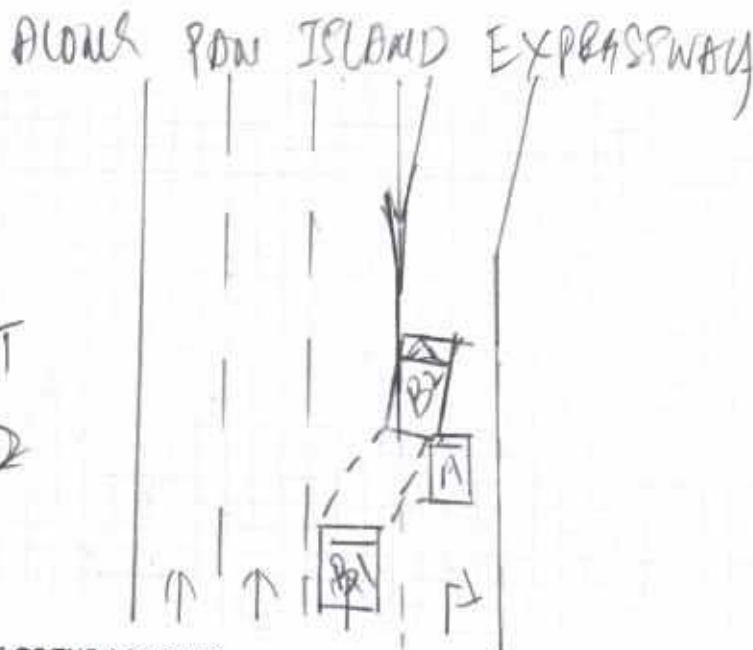
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



A) FBG 1620T

B) JJE 7502

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/07/2019 at about 0850hrs, I was travelling on PIE towards Tuar to go to work. I was on lane 2 of the expressway and made a lane change to lane 1 as I wish to overtake a few ~~slow~~ slower vehicles in front of me. As I was travelling on lane 1 and approaching Exit 26a, a Malaysia van with vehicle number JJE 7502 from lane 2 made a sudden lane change into my lane. I honked at the driver to alert him of my presence however he failed to revert back to his lane and proceeded with the lane change. The rear part of the Malaysia vehicle hit the front part, on the left side of my motorcycle causing me to fall on my left. As a result, I suffered abrasions.

Police Report 1/2580221/2019

## DECLARATION

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

Policyholder's Signature

Date & Time: 05/08/2019

1210hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190727/7014

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

1 of 3

Report No. T/20190727/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2019 23:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ROSLI BIN JAMIL			Address: 570A WOODLANDS AVENUE 1 #12-878 SINGAPORE 731570		
ID Type / ID No.: NRIC NO / S9447213Z			Contact No.: Home/Office:		Mobile: 93278074
Nationality: SINGAPORE CITIZEN			Email: rosli_j@outlook.com		
Sex: Male	Age: 24	Date of Birth: 21/12/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Customer service clerk			Driving Licence Information: Class: 2B		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2019 08:50	Type of Location: near exit 26a
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1620T	Motorcycle	YAMAHA	FZ16	Black	Slightly Damaged	0
JJE7502	Van					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1620T	NTUC Income Insurance Co-Operative Limited			



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

2 of 3

Report No. T/20190727/7014

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ROSLI BIN JAMIL	ID No.	S9447213Z
Related Vehicle	FBG1620T (Motorcycle)	Contact No.	93278074
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/07/2019	Date Discharge	27/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27/07/2019 at about 0850hrs, i was travelling on PIE towards Tuas. I was on lane 2 of the expressway. In front of me, there was a Malaysia vehicle bearing plate number JJE7502.

Before reaching Exit 26a, i have made a lane change to lane 1 as i wish to overtake the few vehicles in front including the mentioned Malaysia vehicle.

While as i was travelling in lane 1 and approaching Exit 26a chevron marking, the Malaysia van abruptly change lane from lane 2 into my lane.

Upon noticing the sudden lane change, i horned at the driver to alert him of my presence however, the driver failed to revert back to his original position and still proceeded to change lane.

The rear part of the Malaysia vehicle hit the front part, on the left side of my motorcycle causing me to fall on my left and was dragged a few distance.

After gaining momentum of myself after the fall with the help from other motorists and the Malaysia vehicle driver, the driver apologised to me and informed that he intended to filter and exit. He was on GPS and was confused of the directions.

A while later, LTA marshal, Orange Force rider from NTUC, Ambulance and Traffic Police arrived at scene.

I was attended by paramedics and conveyed to NUH.





**SINGAPORE  
POLICE FORCE**



T/20190727/7014

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

3 of 3

Report No. T/20190727/7014

**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:  
TP / TPHQ /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

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

Date/Time:  
27/07/2019 23:46

Classification Of Case:

## Claim Handling

Accident MT/1056694

Policy No.	5096226971-01	Vehicle No.	YBG1620T	GST Registration No.	
Certificate No.					
Policyholder Name	ROSLI BIN JAMIL	Cover Type	Third Party	Policyholder NRIC	594472132
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	9
Contact No.(Mobile)	93278074	Special Remark		Contact No.(Home)	
Email Address		TCA	No	eCode	No
ETK	No	NCD Entitlement(%)	11	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	06/06/2019 14:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	27/07/2018	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE TOWARDS BEFORE EXIT TO DUNEARN ROAD				
<b>Excess</b>					
Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore QD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 570A #11-87B	Address 2	WOODLANDS AVENUE 1	Address 3	CHAMPIONS COURT
Address 4	SINGAPORE 731570	Address Type	Singapore address	Post Code	731570
Unit No.	11-87B	Related Policy Number	5096226971-01		
<b>Q1 Driver Info</b>					
Driver Name	ROSLI BIN JAMIL	Driver Type	Main Driver	Driver DOB	21/12/1994
Uninsured Driver Name		Driver NRIC	S91472132	Driving Experience	2
Register Date of Driver License	10/01/2017	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	93278074	Contact No.(Office)		Address 3	CHAMPIONS COURT
Address 1	BLK 570A #11-87B	Address 2	WOODLANDS AVENUE 1	Post Code	731570
Address 4	SINGAPORE 731570	Address Type	Singapore address		
Unit No.	11-87B	Driver Vehicle No.	YBG1620T	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes / No				
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes / No		

Modification History

Claim 001 [View](#)

Claim Type *	OD-MK	Insured Name	ROSLI BIN JAMIL	Insured NRIC	594472132
Contact No.(Mobile)	93278074	Contact No.		Contact No.(Office)	
Email Address		Vehicle Number	YBG1620T	TP Vehicle Number	10E7502
Claim Description	YBG1620T / 10E7502 ON 27 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Balance No. Pre-Settlement	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered					
Report Taken By	06/06/2019 14:17	Claim Close Date		Date Received	06/06/2019 00:00
	ROSLI WANAB				

Print letter

Save Submit

<b>Attachment</b>					
<div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Sent</div> </div>					
<div> <div>Accident No.</div> <div>MT/1056694</div> <div>Claim No.</div> <div>001</div> <div>Last Doc. Received</div> <div>Yes No</div> <div>Upload Date</div> <div>06/06/2019 14:00</div> </div>					
<div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Sent</div> </div>					
<div> <div>Attachment</div> <div>Uploaded By/Date</div> <div>Category</div> <div>Urgency</div> <div>Description</div> <div>Msg Sent (G)</div> </div>					
<div> <div>NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE - 8 (BUKIT MERAH)) on 06 Aug 2019 14:20</div> <div>NAC/ Driving License</div> <div>Normal</div> <div>NAC/ Driving License 2019-8-6</div> <div></div> </div>					
<div> <div>NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE - 8 (BUKIT MERAH)) on 06 Aug 2019 14:22</div> <div>NAC/ Driving License</div> <div>Normal</div> <div>NAC/ Driving License 2019-8-6</div> <div></div> </div>					
<div> <div>NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE - 8 (BUKIT MERAH)) on 06 Aug 2019 14:20</div> <div>SAS</div> <div>Normal</div> <div>SAS 2019-8-6</div> <div></div> </div>					

Attachment List

Send Message



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 14:17	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 14:17	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 14:17	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 14:17	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 14:17	Photos	Normal	Photos 2019-8-6

Video List

Uploaded By/Date	Folder Date	File Name	Size	Source	Action
					<a href="#">Display in New Window</a> <a href="#">Stream and uploading</a>

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No.198500843R



MEDICAL CERTIFICATE

ORIGINAL

NUH192059

NAME: ROSLI BIN JAMIL

NRIC: S9447213

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 5 day(s) from 27-Jul-2019 to 31-Jul-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 27-Jul-2019 09:52 to 27-Jul-2019 12:32

27-Jul-2019

Date

A member of the NUHS

LEE MING ZHOU (19284H)

Issued by

A&E

Location

Signature



National Healthcare Group  
POLYCLINICS

NATIONAL HEALTHCARE GROUP POLYCLINICS

Woodlands Polyclinic

10 Woodlands Street 31  
Singapore 738579

MEDICAL CERTIFICATE

ORIGINAL

WDL19078855

Name : ROSLI BIN JAMIL

NRIC : S9447213Z

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above name is unfit for duty for a period of 5 day(s) from 02/08/2019 to 06/08/2019 inclusive.

The certificate is not valid for absence from court attendance.

The above named attended Examination/Treatment from 02:57 PM to --

Remarks :

For enquiries, please call 63553000

02/08/2019

Date

Dr. RENGANATHAN THARSAN  
(60905F)

Issued By

Woodlands

Location

Signature



# ACCIDENT STATEMENT

ACCIDENT DATE: (27/07/2019) (DD/MM/YYYY), TIME: (08:50) (HH:MM)

LOCATION: PIE towards Tuas, near Exit 26A

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 1620T  
 b) INSURANCE COMPANY: NTUC Income Insurance  
 c) POLICY NUMBER: 5095226971-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha FZ16  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling to 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: ROSLI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

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

### DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

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

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

rosli\_j@outlook.com

email = rosl-j

VIDEO



Name

ROSLI BIN JAMIL

**For LKK/NAC Use Only**

Race

MALAY

Date of birth

21-12-1994

Sex

M

Country of birth

SINGAPORE

S9447213Z

4361120



NRIC No. S9447213Z

**For LKK/NAC Use Only**

Date of issue

25-02-2009

APT BLK 570A WOODLANDS AVENUE 1 #12-878  
SINGAPORE 731570

NRIC No: S9447213Z

Date: 16/01/2017



REPUBLIC OF SINGAPORE DRIVING LICENCE

S9447213Z

ROSLI BIN JAMIL

**For LKK/NAC Use Only**

Birth Date: 21 Dec 1994  
Issue Date: 10 Jan 2017

002646254F



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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

10 Jan 2017

**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)

Certificate Number : 5095226971-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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)

: ROSLI BIN JAMIL

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

: LIU TING (00000602292)

Date of Issue

: 12 Oct 2018 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer \*



Chief Executive