

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	14/08/2019 16:49
Date Of Accident	14/08/2019 07:20
Exact Location Of Accident	ALONG JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9252U
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	HASYAS AIS123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91810104
Alternative Phone No	OFFICE-91810104
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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	5109280207
Cover Note Number	
Driver	
Name of Driver	MOHAMED HASSAN S/O MOHAMED YOUNUS
NRIC No	T0071182E
Date Of Birth	27/12/2000
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91810104
Fax Number	
Contact Number	OTHERS-91810104
Email Address	HASYAS AIS123@GMAIL.COM

Address	BLK 608 JURONG WEST STREET 65 #12-560
Postcode	640608
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	QUEENSTOWN N.P.C.
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190814/2120

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	SML3933X
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASWANT SINGH S/O GURMEJ SINGH
NRIC/Passport Number	S7639631J
Contact Number	97601610
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MOHAMED HASSAN S/O MOHAMED YOUNUS

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG9252U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1630
14/8/19

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

SKETCH PLAN

①

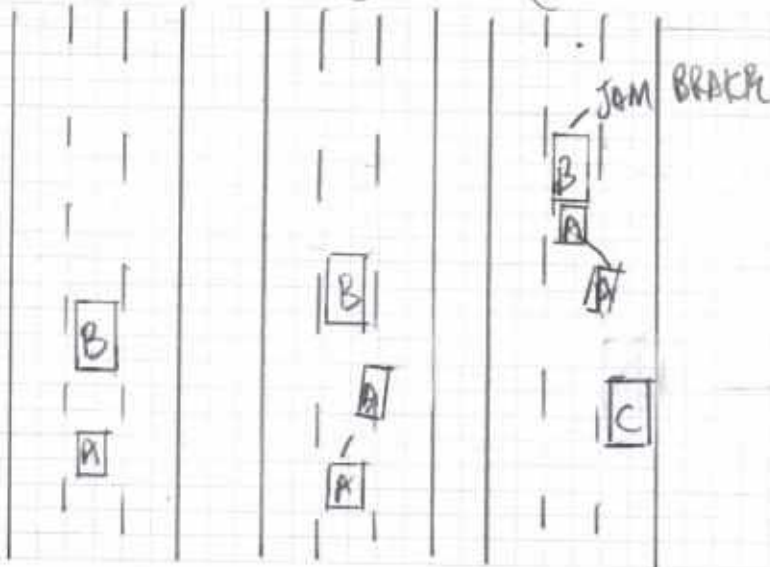
249

JAN

②

(3)

BOOM LAY



A) FBG 92524

B) SML 3933X

C) UNKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
7/20190814/2120

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1630

4/8/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/08/2019
Rashid Murtaza



SINGAPORE POLICE FORCE



T/20190814/2120

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190814/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 16:01		Vide Report No.: J/20190814/0047		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: MOHAMED HASSAN S/O MOHAMED YOUNUS			Address: APT BLK 608 JURONG WEST STREET 65 #12-560 SINGAPORE 640608		
ID Type / ID No.: NRIC NO / T0071182E			Contact No.: Home/Office:		Mobile: 91810104
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 27/12/2000	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name: NANYANG POLYTECHNIC
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2019 07:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BOON LAY JURONG PIER ROAD NEAR 249 JALAN BOON LAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9252U	Motorcycle	YAMAHA	JUPITER	Blue	Slightly Damaged	0
SML3933X	Car	BMW		Red	Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190814/2120

CONTINUATION OF REPORT

Rider			
Name	MOHAMED HASSAN S/O MOHAMED YOUNUS	ID No.	T0071182E
Related Vehicle	FBG9252U (Motorcycle)	Contact No.	91810104
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JASWANT SINGH S/O GURMEJ SINGH	ID No.	S7639631J
Related Vehicle	SML3933X (Car)	Contact No.	97601610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/08/2019 at about 0715hrs, I was riding m/cycle FBG9252U along Jalan Boon Lay towards Jurong Pier Road. I was on centre lane of said road near 249 Jalan Boon Lay. While travelling, I wanted to lane change to the right most lane. I have checked the right mirror and blind spot, and it was clear to proceed. While lane changing, there was a car on my right which drove past me quickly. As it was not safe, I lane changed back to the middle lane and car in front of me SML3933X applied emergency brake. While doing so I tried to stop my vehicle however the m/cycle front portion had collided with the rear portion of the car.

Due to the accident, I fell and injured myself. Said driver had assisted me to move m/cycle and we exchanged particulars. Ambulance was scene and I was conveyed to Ng Teng Fong Hospital.



**SINGAPORE
POLICE FORCE**



T/20190814/2120

3 of 3

Report No: T/20190814/2120

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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:

D /

Staff Sgt MOHAMMED HARIS BIN MOHAMED
PAHORASI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Date/Time:

14/08/2019 16:01

Classification Of Case:

SN 50

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Claim Handling

Policy No.	5104280207	Vehicle No.	FB042520	GST Registration No.	23414700L
Certificate No.	5104280207-IRGG29				
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414700L
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Leading	0
Contact No. (Mobile)	01810104	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KPI	- No Yes	TCA	- No Yes	eCode Reason	
MCO Protection	No	NCD Entitlement(%)	0	Private Hire	No
⌵ Accident Details					
Report Date	14/06/2019 17:04	Accident Report Within 28 hrs	Yes	Accident Type	Collision + Need to Repair
Date of Accident	14/06/2019	Time of Accident (mm:mm)	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BOON LAY				
⌵ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,100.00		
VED OD Excess	0.00	VED TP Excess	1,300.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		
⌵ Benefits					
⌵ GST Registered Information					
GST Registered	Yes	GST Registration Date	18/06/2011		
GST Registration No.	23414700L	GST Status Verified	Yes		
Modification History					
⌵ Policyholder Mailing Address					
Address 1	SUK 1006 #01-10	Address 2	BUKIT HERZAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
Unit No.		Related Policy Number	5104280207		
⌵ GI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	HOVARNED HASSAN SIO HOHAP	Driver NRIC	T00711826	Driver DOB	16/12/2000
Register Date of Driver License	18/07/2019	Driver Age	58	Driving Experience	0
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 508 #13-508	Address 2	BURNS WEST STREET 65	Address 3	SINGAPORE 640620
Address 4		Address Type	Foreign address	Post Code	640600
Unit No.	12-580				
Does he own a Singapore registered car?	Yes - No	Driver Vehicle No.	FR042520	Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Claim	Date
001	1986

Claim Type *	OD-MX	Insured Name	ROSLI WAHAB MOTOR	Insured KATIC	ZP4147001
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	82730369
Email Address		SourceNo@sigmet.com.sg	Vehicle Number	PRD9252U	SHL3913X
Claim Description	PRD9252U / SHL3913X ON 14 Aug 2019				Name of Preferred Workshop
Preferred Workshop	Insured LIBRARY	Poly at Paul	ICM report	Received	
Reported by	Yes	Rapair Option	Preferred Workshop, Name unknown		
Date Registered				14/08/2019 17:09	Date Received 14/08/2019 03:00
Report Taken By				ROSLI WAHAB	
<input checked="" type="checkbox"/> Print KK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Accident No.	MT/10105/1	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2019 17:08

Path		Category	Confidential	Urgency	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Board						Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Req Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 17:08	Photos	Normal	Photos 2019-8-14	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Aug 2019 17:08	Photos	Normal	Photos 2019-8-14	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

Photos

Normal

Photos 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

SAS

Normal

SAS 2019-8-14

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 14 Aug 2019 17:08

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-8-14

Video List

Uploaded By/Date

Folder/Date

File Name

Source

Action

[Display in New Window](#)[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 08 / 2019) (DD/MM/YYYY), TIME: (07 : 20) (HH:MM)
 LOCATION: 249 Jalan Boon Lay

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 9252U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha Jupiter 135
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going 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: Southern Motor (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Hassan s/o Mohamed Younus (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 100711826 CONTACT: 9181 9104
 c) ADDRESS: Blk 608, #12-560, Jurong West St. 65

* d) DATE OF BIRTH: (27 / 12 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/07/19

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: Queensway Police station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML 3933X MODEL: BMW
 b) DRIVER'S NAME: Jaswant Singh
 c) NRIC/FIN/PASSPORT: 576396313 CONTACT: 97601610

9. THIRD PARTY VEHICLE

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

Email = hasyasais123@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0071182E



For LKK/NAC Use Only

MOHAMED HASSAN S/O MOHAMED
YONUS

Race

INDIAN

Date of birth

27-12-2000

Country/Place of birth

INDIA

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: T0071182E

Name:

MOHAMED HASSAN S/O MOHAMED
YONUS

For LKK/NAC Use Only

Birth Date: 27 Dec 2000

Issue Date: 16 Jul 2019



5512401



NRIC No: T0071182E



For LKK/NAC Use Only

Date of issue

13-08-2015

Address

APT BLK 608 JURONG WEST STREET 65
#12-560
SINGAPORE 640608

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

16 Jul 2019

For LKK/NAC Use Only

NP 426A



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109280207	5109280207-000029	SOUTHERN MOTOR	23414700L	GFM	Third Party	FBG9252U	FBG9252U	07/05/2019	06/05/2020

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 : 5109280207-000029

Cover : Third Party

1. Index mark and Registration Number of Vehicle
Chassis Number

: FBG9252U
: MH355S002CK099434

2. Name of Policyholder

: SOUTHERN MOTOR

3. Effective Date of Insurance

: 07 May 2019

4. Expiry Date of Insurance

: 06 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 02 May 2019 15:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive