

NATIONAL Assessment Centre Services.

Ver 1 Jan 05

NWA 19120030

Date In: 10/09/2019 18:47	Job description	Date & Time Completed	Done by
Ref No: NWA/NWA19016060/Y	SAS e-filing		
Veh No: FBM 7022Z	E-mail (within 2hrs, AIC 2hrs)		
DOA: 30/08/2018 17:30	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: CTBE 7889G	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%. P: 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

NA1906871	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Date:	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NIUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (NI1) / TP (Non INC) against INC	\$30
	9) NI2: Idea Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee 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	10/09/2019 13:47
Date Of Accident	30/08/2018 17:30
Exact Location Of Accident	ALONG JURONG PORT ROAD TOWARDS AYE AFTER JLN BURUH
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7022Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ
NRIC No	S9317587E
Email Address	MONTEIRO_ARIF@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96385801
Alternative Phone No	OTHERS-96385801

#### Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	A0055764

#### Driver

Name of Driver	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ
NRIC No	S9317587E
Date Of Birth	23/05/1993
Occupation	INDOOR
Date Of Driving Pass	16/11/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96385801
Fax Number	
Contact Number	OTHERS-96385801
Email Address	MONTEIRO_ARIF@HOTMAIL.COM

Address	BLK 714 CLEMENTI WEST STREET 2 #08-153
Postcode	120714
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?	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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180903/2045

#### 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	GBE7889G
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	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM7022Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



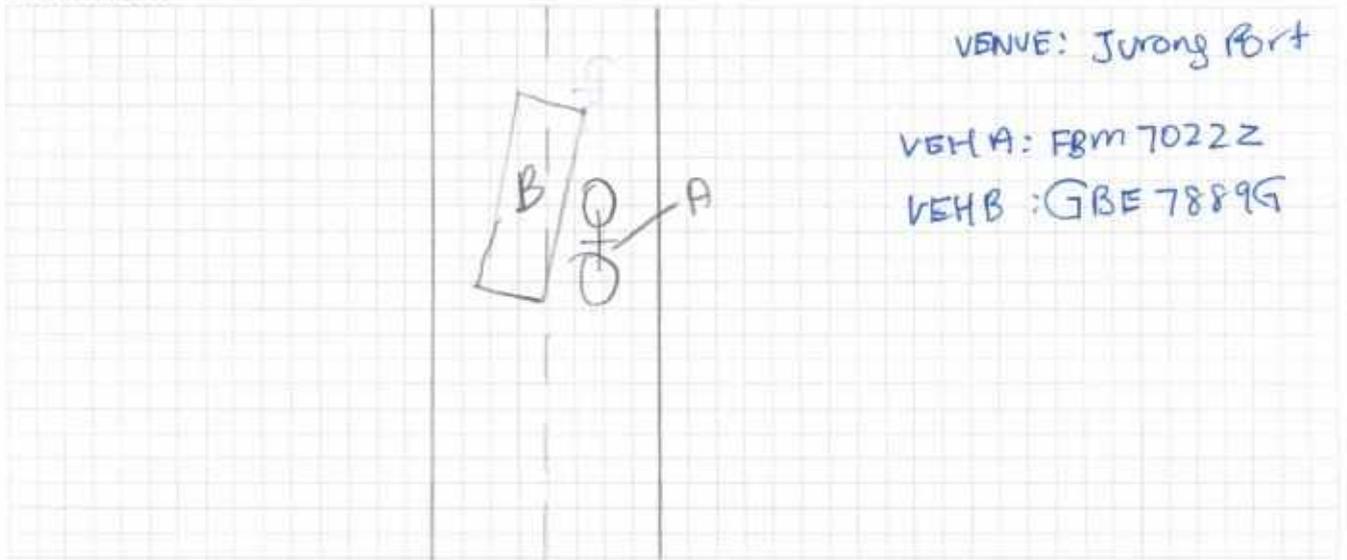
Policyholder's Signature  
Date & Time:

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

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

10/09/2019  
  
KES6 Wan Horz

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.  
 7/20180903/2015

\* Damaged part has been change able to provide receipt.

DECLARATION

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

AS  
 Policyholder's Signature  
 Date & Time:

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

10/09/2015  
Rishi  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180903/2045

1 of 3

Report No. T/20180903/2045

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2018 13:09	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ		Address: APT BLK 714 CLEMENTI WEST STREET 2 #08-153 SINGAPORE 120714	
ID Type / ID No.: NRIC NO / S9317587E		Contact No.:	Mobile: 96385801
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 23/05/1993	Type of Informant: Rider
Race: Eurasian		Language: English	Institution / School Name:
Occupation: QA INSPECTOR		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 JURONG PORT ROAD				
Along Jurong Port Road towards AYE after Jln buroh				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy
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
FBM7022Z	Motorcycle	HONDA	NC750XA (LED)	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7022Z	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB00309418 00	02/03/2018	01/03/2019



Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**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	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ	ID No.	S9317587E
Related Vehicle	FBM7022Z (Motorcycle)	Contact No.	96385801
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Discharge	01/09/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

**Brief Details.**

On 30/08/2018 at about 1730hrs I was riding my bike (FBM7022Z) along Jurong Port Road towards AYE on the right lane of the two lane road. After passing the junction of Jln Buroh, the lorry which had been in front of me initially had began inching left. I was unable to see if the lorry had engage its signal, however seeing this I decided to over take from its right. However as I sped up to the right side of the lorry, its began to swerved back to the right. I then tried to avoid the lorry but was being block by the road divider. I also engaged my brake but the right side of the lorry hit my left handle and I fell to the left into the opposite lane.

After which I remember about 3 passerby came to my assistance. I was conscious but was unable to move. One of the passerby had called for ambulance. I was then conveyed to Ng Teng Fong Hospital and was discharge on 1/9/18. I was given Medical Leave from 30/8/18 to 9/9/18. I also remembered one of the passerby telling me that the lorry did not stopped and continued driving off. Due to the accident I sustained bruises on my right hand and leg, also pain in my chest due to the impact.

I had not seen my bike since then and was unable to access the damages. I also did not see the lorry's plate number. The reference number as informed by Traffic Police is TP/IP/49277/2018



**SINGAPORE  
POLICE FORCE**



T/20180903/2045

3 of 3

Report No. T/20180903/2045

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**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 /  
Sgt 3 CHONG ZHEN LOON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
03/09/2018 13:09

Classification Of Case:

# INVOICE

**MOTOVATION<sup>TM</sup>**  
**ACCESSORY**

RCB: 52932383D

**MOTOVATION ACCESSORY**

No. 53, Ubi Ave 1, Paya Ubi Industrial Park #03-29, Singapore 408934

Tel: +65 6747-1477 Fax: +65 6747-1477

Website: www.motovation-accessory.com.sg

Email: info@motovation-accessory.com.sg

**Cash Sales**

Invoice No:	67707
Page:	1
Date:	27/4/2019
Terms:	Cash
SalesPerson:	Kitty

Part #	Description	Unit Price	Quantity	Price
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H26-91T SC Project SC1-R Titanium with Carbon end cap , Honda NC750

\$ 1,220.00 1 \$ 1,220.00

Deposit \$610

Balance \$610

9638 5801 , Monteiro

<b>Total SGD\$</b>	<b>\$1,220.00</b>
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Prepared By:



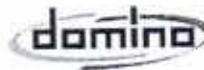
Received By:

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\*\*Good upon sold are not exchangeable nor refundable

Cheque payment is to be cross and made payable to Motovation Accessory

Importer for:





# BOON SIEW SINGAPORE PTE LTD

Company Registration No. 197701866M  
370 Ubi Road 3 Singapore 408651 Tel: +65 6339 9002 Fax: +65 6333 4332  
GST Registration No.: M2-0027502-X

## JOB CARD

Customer Name: MOHAMMAD ARIFF  
Address: 714 CLEMENTINE WEST ST 2  
08-154

Job No: 310621424  
Vehicle Number: 111M70227  
Customer Code: 16254  
Date Time In: 22/12/2018 8:45 AM  
Date Time Delivered:  
Mileage: 0  
Sales Type: RBS  
Vehicle Status: 1 YEAR  
Payment Type: CASH

SINGAPORE 120714

Tel: 96385801

Make Model: HONDA NC750XAL1ED

Registration Date: 02/04/2018

Insur No: JH2RC90A2HK10/L28

Frame No: RC 88E3016207

Motor Code Color: R342 R342

11401  
CW

### (00) PACKAGE SERVICE

- 800 Km Svc
- 2,000 Km Svc
- 3,000 Km Svc
- 4,000 Km Svc
- 8,000 Km Svc
- Pkg A
- Pkg B
- Pkg C
- Pkg D
- Pkg E

### (00) LUBRICATION SERVICE

- Repl. Eng. Oil & Filter
- Oil Service with Safety Check
- Repl. Final Drive Oil \_\_\_\_\_ Ltr
- Inspection Svc (BSS Sheet)

### (01) ENG. & COOLING SYS.

- Complete/Top O-Haul Eng.
- Repl. Air Filter
- Adjust Valve Clearance
- Repl. Timing Chain
- Repl. Rad. Coolant \_\_\_\_\_ Ltr

### (02) FUEL & IGN.

- Repl. Spark Plug(s)
- Repl. Throttle Cable(s)
- Tuning Carburettor
- Repl. Fuel Filter
- Repl./O-haul Carburettor

### (03) BRAKE SYS.

- Repl. Frt. Brake Pad(s)
- Repl. Rr. Brake Shoe
- Repl. Rr. Brake Pad/Shoe
- Flush Brake Sys/Fluids \_\_\_\_\_ Ltr

### (04) CLUTCH SYS.

- O-Haul Clutch
- O-Haul Transmission
- Repl. Clutch Cable
- Repl. Clutch Fluid
- Repl. Clutch Filter

### (05) SYSP, STRG, DR. LINE

- Repl. Drive Chain Set
- Adj./Lub. Drive Chain
- Repl. Drive Belt
- Repl. Fork Seal(s) \_\_\_\_\_ Ltr

### (06) ELECTRICAL SYS.

- Repl. Batt & Chk Chrg. Rate \_\_\_\_\_
- Chrg. Batt & Chk Chrg. Rate \_\_\_\_\_
- Programme Key (HISS)
- Perform HDS Check

### (07) BODY

- Repl. Frt/Rr Tyre
- Patch Frt/Rr Tyre
- Repl. Frt/Rr Inner Tube

### TOWING SERVICE

- Breakdown/Towing Service
- VICOM Insp. Incl. Transp.

### LUBRICANT

- Mineral \_\_\_\_\_ Ltr
- Semi Synthetic \_\_\_\_\_ Ltr
- Fully Synthetic \_\_\_\_\_ Ltr

### RECALL CAMPAIGN

- SC \_\_\_\_\_

### JOB DESCRIPTION

- To repair front brake discs (rotor)

- To check brake L. rear brake lever endtip and washer.



**BOON SIEW SINGAPORE PTE LTD**

Company Registration No. 197701866M  
 370 UBI ROAD 3 SINGAPORE 408651 TEL: 6339 9002 FAX: 6333 4332  
 GST Registration No.: M2-0027502-X

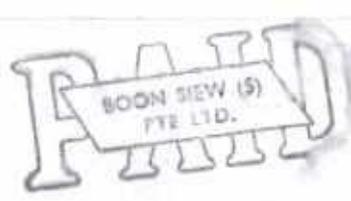
TAX INVOICE NO: INV0924012

Customer Information	Registration No	Model	Job Card No
MONTEIRO MOHAMMAD ARIF	TRM71222	MT50NABED	0902301
	Date of Invoice	Service Subject	Mileage (km)
	20/02/2018	REAR	17000
	Time	Location	Engine No
	12:00 PM	JHORE	W 50034002

Job No	Job Parts Description	Quantity	Unit Price	Amount
0001	Replace front brake disc NEED TO REPLACE THE BRAKE PADS REPLACE FRONT WHEEL HUB 19000 RR BRAKE LEVEL UP TO STOCK		55	55
0002	DISK TR BRAKE	2	14.00	28.00
0003	ACHTORBIKE OILAIN LUBT	1	14.00	14.00
0004	ACHTORBIKE OILAIN LUBT	1	14.00	14.00

TOTAL 137.00  
 GST 13.70  
 TOTAL PAYABLE 53.00  
 GRAND TOTAL 55.68.44

SINGAPORE DOLLAR SIX HUNDRED TEN AND TWENTY FORTY FOUR ONLY



*NS*

*J. Lim*

"Works was carried out subject to the Company's Terms and Conditions of Service,  
 No complaints will be entertained unless reported within seven (7) days of the date of this invoice."

CUSTOMER COPY

# ACCIDENT STATEMENT

ACCIDENT DATE: (30/08/2018) (DD/MM/YYYY), TIME: (5:54) (HH:MM)

LOCATION: Jurong Port Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM70222  
b) INSURANCE COMPANY: Allied World  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA NC750x4 (LED)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: MONTI NPP (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96285801  
c) ADDRESS: \_\_\_\_\_

\* 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: (23/05/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 NOV 2017

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: Jemanti NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GRE7889G 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)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = monteiro\_arif@hotmail.com

VIDEO

2. Mar. 2018 18:09

BHH Office

NO. 950V  
ORIGINAL COPY



MC No A 0005764

# MOTOR INSURANCE COVER NOTE

Whereas the applicant named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance thereupon will cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

Name of Insured: Monteiro Mohammad A'rif Bin Abdul Aziz 89317587 E

## DESCRIPTION OF MOTOR VEHICLE

Type of Vehicle:	Motorcycle	Class Description:	
Registered Number:	F8M7022Z	Make:	Honda
Year of Registration:	2018	Model:	NCT50XA (LED)
Seating Capacity:	02	Chassis Number:	JH2RC90A2HK106128
Engine Capacity/Max Laden Weight:	745cc	Engine Number:	RC88E5016202
Estimated Value:	Market Value		

COVERAGE OF MOTOR POLICY Third Party Fire & Theft Excess \$1000

PERIOD OF INSURANCE 02/03/2018 - 01/03/2019

VALIDITY PERIOD OF COVER NOTE  
VALID FOR 30 DAYS FROM DATE OF ISSUE

HIRE-PURCHASE OWNER Yaw Heng Credit Enterprise Pte Ltd

I/We hereby certify that this Cover Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and the The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) (Republic of Singapore).



Signature of the Intermediary  
Date of Issue: 02/03/2018  
Billing A/C.

Signed For And on Behalf Of

*[Signature]*  
Authorised Person

Allied World Assurance Company, Ltd