

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

Date & Time Completed

Done by

Date In: 11/09/2009 11:16

Ref No: NAC/INC 90/6105/4

Veh No: BM 4019S

DOA: 22/08/2005 18:30

OD: (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: 8CD 8232CF

INC () / Non-INC ()

Tel:

Owner / Driver: (

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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() 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:

NAC907023

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Ref 1:

2/3

1) AR: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$160
7) NI: Idas DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance	\$5
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (NI1): TP (Non INC) against INC	\$20
9) NI2: Idas Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

Stamp

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	11/09/2019 11:26
Date Of Accident	26/08/2019 18:30
Exact Location Of Accident	ALONG JALAN BUKIT MERAH TOWARDS LOWER DELTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4049S
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD FIRDAUS BIN TARMIDI
NRIC No	S8512652J
Email Address	GARFIELDFFYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87843058
Alternative Phone No	OTHERS-87843058

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5111393504
Cover Note Number	

Driver

Name of Driver	AHMAD SAUFI IRYANI BIN MASRAN
NRIC No	S9341233H
Date Of Birth	17/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87843058
Fax Number	
Contact Number	OTHERS-87843058
Email Address	GARFIELDFFYY@GMAIL.COM

Address	BLK 72 REDHILL ROAD #04-41
Postcode	150072
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190828/2178

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	SLD8232G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	AHMAD SAUFI IRYANI BIN MASRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM4049S
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:

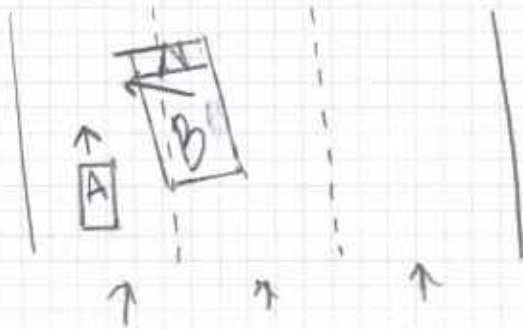
 04/11/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/09/2019
Reporting Centre Personnel's Signature
Name:  11/09/2019
NRIC/FIN No.:

SKETCH PLAN JIN BUKIT MARAH TOWARDS LOWAR PULSA

A) FRM 4049S

B) SLD 8732G




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P.L.S. REFER TO POLICE REPORT
1/20190828/2178

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: 6/9/19


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



SINGAPORE POLICE FORCE



T/20190828/2178

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20190828/2178

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2019 23:55		Vide Report No.: D/20190826/0087		Station Diary No.: 65
Informant's Particulars				
Name of Informant: AHMAD SAUFI IRYANI BIN MASRAN		Address: APT BLK 72 REDHILL ROAD #04-41 SINGAPORE 150072		
ID Type / ID No.: NRIC NO / S9341233H		Contact No.: Home/Office: Mobile: 87843058		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 17/10/1993	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Paramedic		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/08/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Towards Lower Delta, Beside Block 120 Bukit Merah View, Under the overhead bridge				
Weather: Drizzling	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4049S	Motorcycle					0
SLD8232G	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190828/2178

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190828/2178

CONTINUATION OF REPORT

Rider			
Name	AHMAD SAUFI IRYANI BIN MASRAN	ID No.	S9341233H
Related Vehicle	FBM4049S (Motorcycle)	Contact No.	87843058
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/08/2019	Date Discharge	28/08/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 26/08/2019 at about 1830hrs, I was travelling along Jalan Bukit Merah towards Central Expressway, as such I was riding in the bus lane, while I was riding, suddenly there was a red coloured car whom had swerved into my lane which I then tried to avoid the car. I then swerved right to avoid the car however I recalled that after swerving left, I suddenly swerved right, which at that point I was unsure if the car had hit onto me.

After the accident, I was unsure what had happened as I was in a state of shock, I was then conveyed to the hospital by the ambulance, I am not sure what was the damage on my motorcycle and the car. I recalled that I was riding along the bus lane with dotted yellow line.



**SINGAPORE
POLICE FORCE**



T/20190828/2178

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20190828/2178

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 1 TAN YEOW ANN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2019 23:55

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp

NP188

SIGNATURE

SN 45

Claim Handling

Accident MT/1061922

Policy No.	5111393504	Vehicle No.	FBM40495	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMAD FIRDAUS BIN TARMIDI			Policyholder NRIC	S8512652
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	87943058	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KYC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	11/09/2019 11:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/08/2019	Time of Accident (hh:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BUKIT MERAH TOWARDS LOWER DELTA				

Total Excess Applicable

Excess Type	Per Accident	Withdrawn Excess			
OD Standard Excess		TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 611 #03-478	Address 2	CHOA CHU KANG NORTH 7	Address 3	SINGAPORE 600617
Address 4		Address Type	Singapore Address	Post Code	680617
Unit No.		Related Policy Number	5111393504		

Q1 Driver Info

Driver Name	AHMAD SAUFI BRYAN BIN MASRAN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S5541233H	Driver DOB	17/10/1993
Register Date of Driver License	16/05/2014	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	87943058	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBM40495	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No		
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAMAD FIRDAUS BIN TARMIDI	Insured NRIC	S8512652
Contact No.(Mobile)	87943058	Contact No. (Home)	83143970	Contact No. (Office)	
Email Address		Q1 Vehicle Number	FBM40495	TP Vehicle Number	SLDR2320
Claim Description	FBM40495 / SLDR2320 CH 26 Aug 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability		Not at Fault		
Repair No. Finalisation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	11/09/2019 11:53	Claim Close Date		Date Received	11/09/2019 00:00
Report Taken By	RUSLI WANAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1061922	Claim No.	001		
Last Doc. Received	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Upload Date	11/09/2019 11:54		
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 Read					

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent / (CG)
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE & (BUKIT MERAH) on 11 Sep 2019 11:54		NRIC Driving License	Y	NRIC Driving License 2019-9-11	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE		SAS	Normal	SAS 2019-9-11	

S (BUKIT MERAH)) on 11 Sep 2019 11:42

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

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Photos

Normal

Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

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Photos 2019-9-11

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Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2019 11:42

Photos

Normal

Photos 2019-9-11

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

Pm15

ACCIDENT STATEMENT

ACCIDENT DATE: (26/08/2019) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: Jln Bukit Mawar Towards Lower Bukit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 40695
b) INSURANCE COMPANY: AFAC
c) POLICY NUMBER: 511393504
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda PCX 150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVE 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: Muhammad Firdaus Bin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8512652J CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AHMAD RYANI IRYANI Bin MARIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: S8543058
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING PASS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLE
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: BUKIT MAWAR

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: _____

email = garfieldfuy@gmail.com

VIDEO

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 : 5111393504

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party, Fire & Theft |
| Chassis Number | : FBM4049S |
| 2. Name of Policyholder | : MLHKF12AIC5002895 |
| 3. Effective Date of Insurance | : MUHAMAD FIRDAUS BIN TARMIDI |
| 4. Expiry Date of Insurance | : 24 Jul 2019 |
| 5. Persons or Classes of Persons entitled to drive# | : 13 Apr 2020 |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (d) Use for any purpose in connection with the Motor Trade. | |
| # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings. | |

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMAD FIRDAUS BIN TARMIDI
NAMED DRIVER (2)	: AHMAD SAUFI IRYANI BIN MASRAN
HIRE PURCHASE COMPANY	: A.S. PHOON 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 : A S PHOON PTE LTD (00000571911)
Date of Issue : 24 Jul 2019 10:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive