

NATIONAL Assessment Centre Services. (part 1 Jan'08)

17/04/09/30113

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 02/05/2009 17:46 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/ACC/9017587/4 | SAS e-filing | | |
| Veh No: 1BF 5789H | E-mail (24hrs, A/C 2hrs) | | |
| DOA: 20/05/2009 10:00 | I-Motor Claim Form | M7/063514-002 | 02/10/2009 |
| OID: TP / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 18:01 |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: EL 102 | 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 () | |

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

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

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

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

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|--|-------------|
| 1) All: Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) INC (\$10) | |
| 3) TP: Towing Fee 340/345 | |
| 4) PT: Follow-Through Survey \$120 | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| 6) TR: Re-inspection \$75 | |
| 7) NI: Idas DA + SMRT Survey \$160 | |
| 8) NTUC Additional Services: | |
| • NS: Courtesy Car / Tpt Allowance \$3 | |
| • N6: Repair Coordination \$10 | |
| • N7: Post Repair Inspection \$25 | |
| • N8: DV / Collect Excess Coordination \$3 | |
| • TP (N11): TP (Non INC) against INC \$20 | |
| • N12: Idas 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 | 02/10/2019 17:46 |
| Date Of Accident | 20/09/2019 10:00 |
| Exact Location Of Accident | ALONG NEWTON ROAD / MOULMEIN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBF3789H |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMED HAROON RASHEED |
| NRIC No | S13979211 |
| Email Address | SAILENFORTE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-88088932 |
| Alternative Phone No | OTHERS-98376903 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | FZ16-153CC (M) |
| Exact Purpose for which vehicle was being used at time of accident | COMMUTING |
| 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 | 5110487721 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ABDULLAH |
| NRIC No | S9575241A |
| Date Of Birth | 13/11/1995 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/10/2018 |
| Driving Experience | 0 YEAR AND 11 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88088932 |
| Fax Number | |
| Contact Number | OTHERS-98376903 |
| EMail Address | SAILENFORTE@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 56 LENGKOK BAHRU #10-463 |
| Postcode | 150056 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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 | 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/20190924/7024

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 | EL10Z |
| 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 | ABDULLAH |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBF3789H |
| 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:

Wednesday 2/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2/10/19 Wednesday

Reporting Centre Personnel's Signature

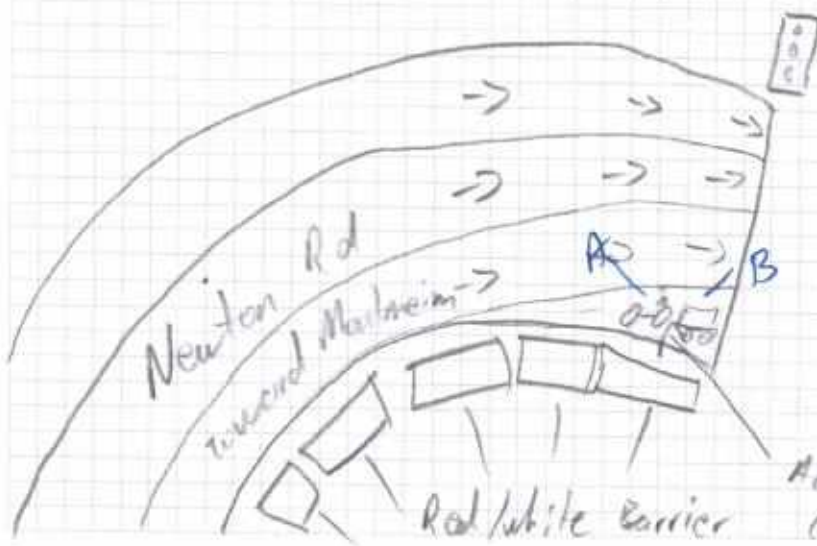
Name:

NRIC/FIN No.:

02/10/2019

Rolla WTB

SKETCH PLAN



A) FBF 3289H

B) EL10Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was

PLS refer to police report
1/20/2019/724

DECLARATION

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

Policyholder's Signature

Date & Time:

Wednesday 2/6/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Wednesday 2/6/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/10/2019

Reza Wabab



**SINGAPORE
POLICE FORCE**



T/20190924/7024

1 of 3

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

Report No. T/20190924/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 24/09/2019 16:42 | | Vide Report No.: E/20190920/0040 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ABDULLAH | | | Address: APT BLK 56 LENGKOK BAHRU #10-463 SINGAPORE 150056 | | |
| ID Type / ID No.: NRIC NO / S9575241A | | | Contact No.: Home/Office: | | Mobile: 98376903 |
| Nationality: INDIAN | | | Email: sailenforte@gmail.com | | |
| Sex: Male | Age: 23 | Date of Birth: 13/11/1995 | Type of Informant: Rider | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: National Service Full Time | | | 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: 20/09/2019 10:00 | Type of Location: X-Junction |
| Location: NEWTON ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 40 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|------|-------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBF3789H | Motorcycle | | | | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190924/7024

2 of 3

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

Report No. T/20190924/7024

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|----------------------------------|
| Rider | | | |
| Name | ABDULLAH | ID No. | S9575241A |
| Related Vehicle | FBF3789H (Motorcycle) | Contact No. | 98376903 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 20/09/2019 | Date Discharge | 20/09/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

I was riding from Newton Rd towards Moulmein Rd. Before the bend to the traffic light, I had intended to turn right into Thompson Rd. I couldn't see any vehicle or traffic light before the bend due to the big red and white barriers along the road. However there was a white vehicle stopped to turn right at the traffic light. I braked to slow down and stop. I was going approximately 40 km/h (unsure of the exact speed). I managed to slow down to avoid major accident but skidded and rear-ended the white vehicle. My bike flipped and hit the back windscreen of the vehicle. The area where I hit the vehicle is shown in attached pictures. I got up and saw my left ankle bleeding. I was able to get up and noticed the vehicle passenger inside were not injured like I was. I heard the lady asking me if I was okay, but I was still dazed and took out my helmet. Another older lady came out of the vehicle and asked for my particulars. I didn't understand what she was asking until she reported a few more times. A student came out from the vehicle, calling for his mom and something related to PSLE. I sat down beside my bike and tried to stop the bleeding by putting pressure on the wound on my left ankle. Somebody put up cones blocking the lane I was in. Ambulance came and conveyed me to tan tock seng hospital.

Accident happen just before Newton Rd/Moulmein Rd traffic light junction on the right most lane at around 10am on 20 September.



**SINGAPORE
POLICE FORCE**



T/20190924/7024

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

3 of 3

Report No. T/20190924/7024

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:
24/09/2019 16:42

Classification Of Case:

Claim Handling

Accident MT/1003514

| | | | | | |
|---|--|-------------------------------|-------------------|------------------------|--------------------------|
| Policy No. | SL1048722 | Vehicle No. | PF2789H | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | MOHAMED HADON RASHEED | Policyholder NRIC | SL1979211 | | |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party | Leasing | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| APK | < No Yes | TCA | < No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hrs | No |
| Accident Details | | | | | |
| Report Date | 23/09/2019 11:39 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 20/09/2019 | Time of Accident (h:mm) | 10:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF NEWTON ROAD / THOMSON ROAD | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | Driver is Covered? | Not Covered |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | Total TP Excess Applicable | 0.00 | | |
| Benefit | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification history | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | SUE SA #10-483 | Address 2 | LENGKOK BAHRU | Address 3 | SINGAPORE 140036 |
| Address 4 | | Address Type | Singapore address | Post Code | 150036 |
| Unit No. | 10-483 | Related Policy Number | SL12780789 | | |
| OT Driver Info | | | | | |
| Driver Name | ABDULLAH | Driver Type | Named Driver | Driver DOB | 13/11/1995 |
| Unnamed driver Name | | Driver NRIC | 98153241A | Driving Experience | 0 |
| Register Date of Driver License | 16/10/2018 | Driver Age | 23 | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore registered car? | Yes - No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | Yes - No | | |

Modification History

Claim 002 **2399**

| | | | | | |
|---------------------|---------------------------------|--------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MK | Injured Name | MOHAMED HADON RASHEED | Insured NRIC | SL1979211 |
| Contact No.(Mobile) | 93951846 | Contact No. (Home) | 64787013 | Contact No. (Office) | NIL |
| Email Address | | OT Vehicle Number | PF2789H | TP Vehicle Number | SL102 |
| Claim Description | PF2789H / SL102 ON 20 Sept 2019 | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Fully At Fault | | |
| Report No. | Yes | Repair Option | Preferred Workshop, Name unknown | CIA report | Received |
| Date Registered | | Claim Close Date | 02/10/2019 18:00 | Date Received | 02/10/2019 00:00 |
| Report Taken By | ROSLI WANAB | | | | |
| Print All letter | | | | | |
| Save Submit | | | | | |

Attachment

| | | | |
|-------------------|------------------|-------------|------------------|
| Accident No. | MT/1003514 | Claim No. | 002 |
| Law Doc. Received | Yes No | Upload Date | 02/10/2019 18:01 |
| Path * | | | |
| Choose File | No file chosen | Clear | Category * |
| Choose File | No file chosen | Clear | Confidential |
| Choose File | No file chosen | Clear | Urgency * |
| Choose File | No file chosen | Clear | Description * |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Choose File | No file chosen | Clear | |
| Message Read | | Clear | |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | urgency |
| | | Photos | Normal |
| | | Photos | Normal |
| Send Message | | | |

| | | | | | |
|--|--|-----------------------|--------|------------------|---------------------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:01 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:01 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:01 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:01 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:00 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:00 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:00 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:00 | Photos | Normal | Photos 2019-10-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:00 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-10-2 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2019 18:00 | SAS | Normal | SAS 2019-10-2 | |

Video List

Updated By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (20/09/2019) (DD/MM/YYYY), TIME: (10:00) (HH:MM)

LOCATION: Newton Rd /

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 3789H
 b) INSURANCE COMPANY: Niva Insurance
 c) POLICY NUMBER: 5110487721
 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: Personal 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: Mohamed Hameed Rasheed (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 513479212 CONTACT: 98088932
 c) ADDRESS: 56 Lankat Behar, #6-463
150056

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Abdullah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59575241H CONTACT: 9837403
 c) ADDRESS: 56 Lankat Behar, #6-463
150056

*d) DATE OF BIRTH: (13/11/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Oct 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS: Clear)

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: Traffic Police Office (online)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBF 3789H MODEL: Yamaha FZ16
 b) DRIVER'S NAME: Mohamed
 c) NRIC/FIN/PASSPORT: 59575241H CONTACT: 9837403

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EL 102 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email = sailentarte@gmail.com

VIDEO

Sailentarte@gmail.com

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 : 5110487721

Cover : Third Party

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBF3789H |
| Chassis Number | : ME121C05482033830 |
| 2. Name of Policyholder | : MOHAMED HAROON RASHEED |
| 3. Effective Date of Insurance | : 17 Jun 2019 |
| 4. Expiry Date of Insurance | : 16 Jun 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|-----------------------|--------------------------|
| EXCESS (SECTION 1) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| INSURE WITH COE | : N/A |
| NAMED DRIVER (1) | : MOHAMED HAROON RASHEED |
| NAMED DRIVER (2) | : ABDULLAH |
| 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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)
Date of Issue : 17 Jun 2019 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive