

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

MAN 419157581

Date In: 29/11/2009 12:38	Job description	Date & Time Completed	Done by
Ref No: 1201/10021106/4	SAS e-filing		
Veh No: FBK 4524 Z	E-mail (Within 2hrs, A/C 2hrs)		
DOA: 28/11/2009 16:55	I-Motor Claim Form	21/10/2009 12:54	
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBK 17987	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 repairer.

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

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

General Remarks:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

MAN 1909078	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
Auditor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
Date:	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Issue DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI: Issue Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	29/11/2019 12:38
Date Of Accident	28/11/2019 16:55
Exact Location Of Accident	PIE (CHANGI) EXIT TO TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4534Z
Insured/Policyholder	
Name Of Registered Owner	HARUDA BIN MOHAMED SULAIMAN
NRIC No	S8909347C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83210837
Alternative Phone No	OTHERS-83210837

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109672616
Cover Note Number	

Driver

Name of Driver	HARUDA BIN MOHAMED SULAIMAN
NRIC No	S8909347C
Date Of Birth	20/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83210837
Fax Number	
Contact Number	OTHERS-83210837
Email Address	NOEMAIL

Address	BLK 417 PASIR RIS DRIVE 6 #13-331
Postcode	510417
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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/20191128/7034

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	FBK1798T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGW3422S

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

HARUDA BIN MOHAMED SULAIMAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ4534Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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.

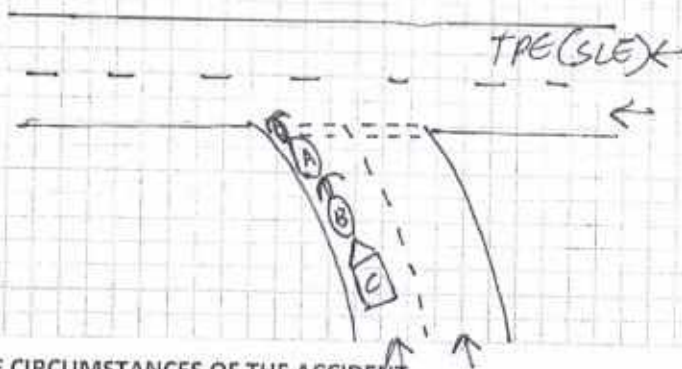
Policyholder's Signature
Date & Time:

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

29/11/2015
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE(CHANGI) EXIT TO TPE(SLE)



VEH. A - FBJ4534Z

VEH. B - FBK1798T

VEH. C - SGW3422S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. T/2019/128/7034

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:

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



SINGAPORE POLICE FORCE



T/20191128/7034

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

1 of 3

Report No. T/20191128/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2019 21:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HARUDA BIN MOHAMED SULAIMAN			Address: APT BLK 417 PASIR RIS DRIVE 6 #13-331 SINGAPORE 510417		
ID Type / ID No.: NRIC NO / S8909347C			Contact No.: Home/Office: Mobile: 83210837		
Nationality: SINGAPORE CITIZEN			Email: harudasulaiman@live.com		
Sex: Male	Age: 30	Date of Birth: 20/03/1989	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ICA OFFICER			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: 28/11/2019 16:55	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4534Z	Motorcycle					0
FBK1798T	Motorcycle					0
SGW3422S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191128/7034

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

2 of 3

Report No. T/20191128/7034

CONTINUATION OF REPORT

Rider			
Name	HARUDA BIN MOHAMED SULAIMAN	ID No.	S8909347C
Related Vehicle	FBJ4534Z (Motorcycle)	Contact No.	83210837
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the stated date and time, i vehicle FBJ4534Z was travelling on PIE (chang) going to exit to TPE(SLE). While my vehicle was stationary waiting for traffic to clear before moving off. Suddenly, i felt an impact from the rear causing me to fall to the right side. I then realised that vehicle FBK1798T had hit my rear. And there is another vehicle SGW3422S which had hit onto vehicle FBK1798T. There is a chain collision involving 3 vehicles.

After the accident i felt pain and went to seek doctor consultation at Unihealth Clinic at bedok and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20191128/7034

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

3 of 3

Report No. T/20191128/7034

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 /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

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:
28/11/2019 21:08

Classification Of Case:

Date of Accident : 28/11/2019 Accident Time: 1655 (24-HR-Format)
Accident Place : PIE(CHANGI) EXIT TO TPE(SLE)
Vehicle No. (Car Plate No.) : FBJ4534Z Make/Model: YAMAHA YZF-R15
Insurance Company : NTUC Policy No: _____
Owner or Company Name /IC No. : HARUDA BIN MOHAMED SUAIMAN 58909347C
Owner or Company Contact No. : 83210837 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : SAME AS ABOVE
DRIVER'S Date Of Birth : 20/03/1989 DRIVER'S License Pass Date 11/01/2013
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : BLK 417 PASIR RIS DRIVE 6 #13-331
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 5510417
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>(B) FBK 1798T</u>	Vehicle No: <u>(E) SGW 3422S</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Claim Handling

Accident MT/1073554

Policy No.	5109672616	Vehicle No.	FBJ4534Z	GST Registrat
Certificate No.				
Policyholder Name	HARUDA BIN MOHAMED SULAIMAN			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	83210837	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	29/11/2019 12:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2019	Time of Accident hh:mm	16:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE (CHANGI) EXIT TO TPE (SLE)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	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 417 #13-331	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-331	Related Policy Number	5109672616	

▼ O1 Driver Info

Driver Name	Haruda Bin Mohamed Sulaiman	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	58909347C	Driver DOB
Register Date of Driver License	01/01/2017	Driver Age	30	Driving Exper
Contact No.(Mobile)	83210837	Contact No.(Office)		Contact No.(H
Address 1	BLK 417 #13-331	Address 2	PASIR RIS DRIVE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-331			
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBJ4534Z	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	Insured Name	HA
Consent No. Finalisation	Repair Option	Preferred Workshop, Name unknown			Contact No. (Home)	651
Date Registered					O1 Vehicle Number	FBJ
Report Taken By					FBJ4534Z / FBK1798T ON 28 Nov 2019	
					29/11/2019 12:53	Claim Close Date
					ROSLI WAHAB	

Print AK letter

Save Submit

Attachment

Accident No.	MT1073554	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	29/11/2019 12:54

Figure 4.

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Head

Clear

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Category •

Confider

Please Select

☐ NO

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Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:54	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:53	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:53	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:53	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:53	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:53	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2019 12:53	SAS		Normal	S-

Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

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 : 5108672616

Cover : Third Party

1. Index mark and Registration Number of Vehicle
Chassis Number

: RJM534Z
: ME11CKD41E2D17761

2. Name of Policyholder

: HARUDA BIN MOHAMED SULAIMAN

3. Effective Date of Insurance

: 29 May 2019

4. Expiry Date of Insurance

: 28 May 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)	: HARUDA BIN MOHAMED SULAIMAN
NAMED DRIVER (2)	: MOHAMED SULAIMAN BIN AGUS
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 : DIRECT BUSINESS DEPT (00000000280)

Date of Issue : 17 May 2019 07:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	347C
Vehicle Details	
Vehicle No.:	FBJ4534Z
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R15 MANUAL
Primary Colour:	White
Secondary Colour:	Red
Manufacturing Year:	2014
Engine No.:	1CK4017662
Chassis No.:	ME11CK041E2017761
Maximum Power Output:	-
Open Market Value:	\$2,815.00
Original Registration Date:	29 May 2014
First Registration Date:	29 May 2014
Transfer Count:	1
Actual ARF Paid:	\$423.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	28 May 2024
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$4,003.00
COE Rebate Amount:	\$1,764.00
Total Rebate Amount:	\$1,764.00

The information contained herein is correct as at 29 Nov 2019