

NATIONAL Assessment Centre Services. part 1 Jan 2009

Date In: 27/12/2009 18:28	Job description	Date & Time Completed	Done by
Ref No: N/A/INC19022006/4	SAS e-illing		
Veh No: BE 6599A	E-mail (to/for 3hrs, AIC 2hrs)		
DOA: 26/12/2009 15:30	I-Motor Claim Form	ml1017408-000	27/12/2009 18:58
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: YN 5735K	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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 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:	

<p>NA 108622</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bgr-In-Charge):</p> <p>Auditor's Comments:</p> <p>Ref: 1:</p> <p>2/2</p>	<p>Invoice / Receipt</p> <p>1) AIC: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (110)</p> <p>3) TP: Towing Fee \$40/445</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claim against INC Only (var 10 Jan 2009)</p> <p>6) TR: Re-inspection \$73</p> <p>7) NI: Idas DA + SMRT Survey \$160</p> <p>8) NIUC Additional Services:</p> <p>ON:</p> <p>*N3: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repairs Coordination \$10</p> <p>*N7: Post Repair Inspection \$23</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (NIU) / TP (Sua INC) against INC \$20</p> <p>9) NI2: Idas Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>
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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	27/12/2019 18:28
Date Of Accident	26/12/2019 15:30
Exact Location Of Accident	LOWER DELTA ROAD EXIT AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6599A
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ASYRAF B MOHD KHALID
NRIC No	SXXXX942A
Email Address	ALLIFIZAINI84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86786294
Alternative Phone No	OTHERS-87422821

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	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	5106246918-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ALLIFI BIN ZAINI
NRIC No	SXXXX511J
Date Of Birth	09/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86786294
Fax Number	
Contact Number	OTHERS-87422821
Email Address	ALLIFIZAINI84@GMAIL.COM

Address	BLK 409 BUKIT BATOK WEST AVENUE 4 #03-160
Postcode	650409
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	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?	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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20191227/7001

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	YN5735K
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PAN ONN SOON
NRIC/Passport Number	SXXXX273F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD ALLIFI BIN ZAINI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE6599A
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:

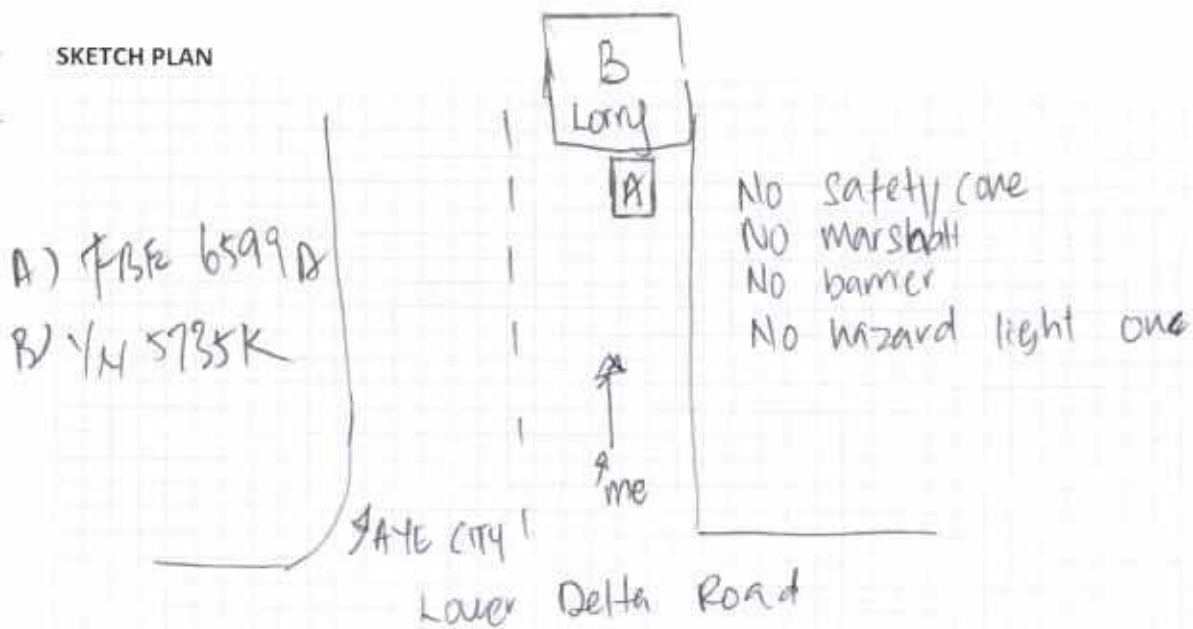
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form:

PLS Refill to Police Report

A/2019/227/7001

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature
27/12/2019 4:15pm
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature 27/12/2019
Reporting Centre Personnel's Signature
Name: *Reda*
NRIC/FIN No.: *HAAB*

ACCIDENT STATEMENT

ACCIDENT DATE: 26.12.2019 (DD/MM/YYYY), TIME: 03:30 (HH:MM)

LOCATION: Lower delta road exit AYE towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 6599 A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5106346918-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha Sport 135cc
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: riding
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Muhammad Ayub Bin Udd Khalid (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 90065113 CONTACT: 86386294
 c) ADDRESS: 26 Marsiling Drive #13-217

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Alif Bin Zaini (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 90065113 CONTACT: 87422821
 c) ADDRESS: 401 Bukit Timah West Ave A #02-150

* d) DATE OF BIRTH: 04 / 05 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/07/2009

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: online Report (Central Division)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 5735 K MODEL: Mitsubishi
 b) DRIVER'S NAME: Pan Ann Soon
 c) NRIC/FIN/PASSPORT: 818072738 CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = Alif Alif Zaini 04@gmail.com

VIDAS



SINGAPORE POLICE FORCE



A/20191227/7001

1 of 2

POLICE REPORT (NP299)

Report No. A/20191227/7001

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 27/12/2019 02:14	Vide Report No.	Station Diary No.
Name Of Informant MOHAMMAD ALLIFI BIN ZAINI	Address APT BLK 409 BUKIT BATOK WEST AVENUE 4 #03-160 SINGAPORE 650409	
ID Type / ID No. NRIC NO / S8406511J	Contact No. Home/Office:	Mobile: 87422821
Nationality SINGAPORE CITIZEN	Email Address allifzaini84@gmail.com	
Occupation GRAB DELIVERY	Sex Male	Age 35
Institution/School Name	Date of Birth 09/03/1984	Race Malay
Date/Time Of Incident 26/12/2019 15:30 - 26/12/2019 15:40	Location Of Incident LOWER DELTA ROAD	

Brief details.

at about 3.30pm i was riding yamaha spark 135 red colour plate FBE 6599 A and was exiting from lower delta road to AYE. i saw CTM lorry plate YN5735K was on the right side of the road.as i was riding on the 1st lane of the road,i saw the lorry as i saw its was signalling left i decided to go straight.suddenly what after i look at my left side side mirror den i notice the lorry didnt move.i have to jam break my motorbike and my motorbike didnt stop on time and hit the rear of the lorry.i would like to state that theres no traffic cones on sight and no traffic mashall.they didnt not display any safety banner or signage to warn out road user there.after the accident they claim they put safety cones after talking to the crew i decided to talk to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 02:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20191227/7001

the driver (PAN ONN SOON S1307273F) and he claim that they already put safety cones to warn others and also 3 cones on the crash bumper but i already took a picture that they only put 1 cone behide my motorbike.after talking they decide to close the road with safety cones...the driver didnt on hazard lights...i would like to state i didnt speeding on that road as the impact was not so bad as i just fly from my bike to the bumper of the maintence lorry...
i have the video recording of the driver say they dont need to put safety cones as they are slow moving vehicle but infront of that lorry was another lorry which was parking and not moving.i have taken all pictures and video of the accident.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/12/2019 02:14

Classification Of Case:

Claim Handling

Exit

Accident MT/1077409

Policy No.	S106246818-01	Vehicle No.	FB008864	GST Registration No.	
Cardholder No.					
Policyholder Name	MUHAMMAD ASYRAF B MOHD KHALID			Policyholder NRIC	55448424
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	No
KPI	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	20	Prohibit Hire	Not Available

Accident Details

Report Date	27/12/2019 13:34	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	26/12/2019	Type of Accident (Human)	00-06	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	NA				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver Is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess		YED TP Excess			
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 35 #13-017	Address 2	MARSHING DRIVE	Address 3	SINGAPORE 730026
Address 4		Address Type	Singapore address	Post Code	730026
Unit No.		Related Policy Number	S106246818-01		

D1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered Car?	Yes = Yes	Driver Vehicle No.		Driver (Insurer Company)	

Modification History

Claim 002

New

Claim Type *	DD-MX	Insured Name	MUHAMMAD ASYRAF B MOHD KHALID	Insured NRIC	55448424
Contact No. (Mobile)	9755799	Contact No. (Home)		Contact No. (Office)	
Email Address	MUHAMMADASYRAF@GMAIL.COM	GT Vehicle Number	FB008864	Vehicle Number	FB008864
Claim Description	FB008864 / FB008864 ON 25 Dec 2019				
Preferred Workshop		Insured License		Partially at Fault	
Repair no. (Insured)	1	Repair Cycle	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/12/2019 18:57	Claim Date		Date Received	27/12/2019 00:00
Report Taken By	BOB L WANG				

Print All Data

Save Submit

Attachment

Accident No.	MT/1077409	Claim No.	002
Last Doc. Received	Yes No	Upload Date	27/12/2019 18:58

Choose File	No file chosen	Choose File	No file chosen	Choose File	No file chosen	Choose File	No file chosen	Choose File	No file chosen	Choose File	No file chosen	Choose File	No file chosen	Choose File	No file chosen	
Message Read																

Category *	Confidential	Urgency *	Description *
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27		Edit
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27		Edit

	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:58	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	Photos	Normal	Photos 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	NUC Driving License	F	NUC Driving License 2019-12-27	Edit
	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2019 18:57	SAS	Normal	SAS 2019-12-27	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new window	Scan and uploading	

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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5106246918-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBE6599A

Chassis Number

: SYP012429

2. Name of Policyholder

: MOHAMAD ASYRAF B MOHD KHALID

3. Effective Date of Insurance

: 10 Dec 2019

4. Expiry Date of Insurance

: 09 Dec 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)

: MOHAMAD ASYRAF BIN MOHAMAD KHALID

NAMED DRIVER (2)

: MOHAMMAD ALLIFI BIN ZAINI

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 : LIM KIAN HWEE ALVIN (00000602355)

Date of Issue : 14 Nov 2019 12:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive