

NATIONAL Assessment Centre Services. [last 1 Jan 2003]

27 MAY 2000 1156

Date In: 24/01/2000 12/46	Job description	Date & Time Completed	Done by
Ref No: N/A/2000001479/y	SAS e-filing		
Veh No: FBP 9020A	E-mail (Ljula 3hrs, AIG 2hrs)		
Q.O.A. 13/01/2000 p.10	I-Motor Claims Form	M/1188461-002	24/01/2000 13:09
QID : TP : Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Agent		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBP 5647S	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Consented by: (Date:	Time:
Insured/Driver Liability: (%) [Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repair.

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: IDA+DA+SMRT Survey	\$160
	8) NIUC Additional Services:	
	9) NIUC Additional Services:	
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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	24/01/2020 12:46
Date Of Accident	13/01/2020 12:10
Exact Location Of Accident	JUNCTION OF LENGKOK BAHRU AND HOY FATT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9020A
Insured/Policyholder	
Name Of Registered Owner	ILHAM ADLI SHAH BIN AIDI
NRIC No	SXXXX750A
Email Address	SOPHIAH_SUHANNA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91713534
Alternative Phone No	OTHERS-96465251

Vehicle Particulars

Manufacturer	YAMAHA
Model	R15 V3
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110757068
Cover Note Number	

Driver

Name of Driver	SOPHIAH SUHANNA BINTE AMZAH
NRIC No	SXXXX504E
Date Of Birth	12/06/1992
Occupation	INDOOR
Date Of Driving Pass	26/07/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91713534
Fax Number	
Contact Number	OTHERS-96465251
Email Address	SOPHIAH_SUHANNA@HOTMAIL.COM

Address	BLK 618 WOODLANDS AVENUE 4 #04-537
Postcode	730618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	NO
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	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 SKETCH PLAN

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	FBB5647S
Vehicle Make/Model/Colour	SUZUKI DRZ
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL RAZAK BIN BASKI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

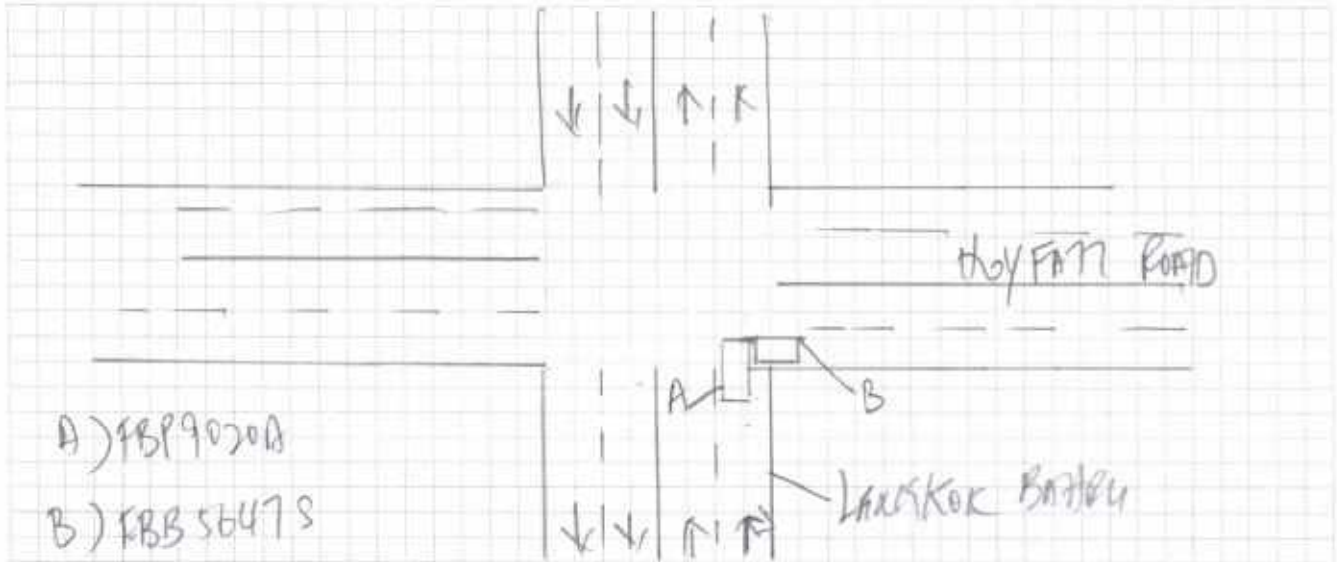
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/01/2020
5PM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200113/2095

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: 23/01/2020
5pm

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

ACCIDENT STATEMENT

ACCIDENT DATE: 13/01/2020 (DD/MM/YYYY), TIME: 12:10 (HH:MM)

LOCATION: Junction of Road 1 & Road 2; Lengkok Bahru / Hoy Fatt Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 9020A
 b) INSURANCE COMPANY: NMC
 c) POLICY NUMBER: 5110757068
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha R15 V3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Traveling to work
 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: Iham Adli Shah Bin Aidi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S4047150A CONTACT: 91713534
 c) ADDRESS: 61 Lengkok Bahru #04-470
Singapore 150061

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sophiah Suhanna Binte Anzah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S4220504F CONTACT: 96465251
 c) ADDRESS: Woodlands Ave 4 Bk 618 #04-537
Singapore 730618

* d) DATE OF BIRTH: 12/06/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 July 2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FIANCE

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Merah West N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FB85647S MODEL: SUZUKI DRZ
 b) DRIVER'S NAME: Abdul Razak Bin Baski
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

Email: sophiah_suhanna@hotmail.com
 VIDEO



SINGAPORE POLICE FORCE



T/20200113/2095

1 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/20200113/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2020 14:50		Vide Report No.:	Station Diary No.: 77
Informant's Particulars			
Name of Informant: SOPHIAH SUHANNA BINTE AMZAH		Address: APT BLK 618 WOODLANDS AVENUE 4 #04-537 SINGAPORE 730618	
ID Type / ID No.: NRIC NO / S9220504E		Contact No.:	Mobile: 97465251
Nationality: SINGAPORE CITIZEN		Home/Office:	Email:
Sex: Female	Age: 27	Date of Birth: 12/06/1992	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Retail		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2020 12:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 LENGKOK BAHRU HOY FATT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Stationary vehicle and moving vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5647S	Motorcycle	SUZUKI	DRZ	White		0
FBP9020A	Motorcycle	YAMAHA	R15 V3	Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9020A	NTUC Income Insurance Co-Operative Limited	5110757068	27/06/2019	20/06/2020



**SINGAPORE
POLICE FORCE**



T/20200113/2095

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

2 of 3

Report No. T/20200113/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOPHIAH SUHANNA BINTE AMZAH	ID No.	S9220504E
Related Vehicle	FBP9020A (Motorcycle)	Contact No.	96465251
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/01/2020 about 1210hrs, I was waiting at the junction of Hoy Fatt and Lengkok Bahru. While I was about to move off, from the junction, I look to my right and see a white motorcycle (FBB5647S) already braking and slanting to the floor. After which the rider fell and his bike dragged on the floor and his front tyre hit onto my front tyre. I then let go of my motorcycle and drop it on the road. After the motorcycle had stopped the said rider was still pinned underneath the motorcycle. Subsequently he got up and move his motorcycle to the side of the road. About 30 minutes later ambulance came first before traffic police arrived. I only suffered some scratches from the accident and the damage to my left lever guard. The other rider was also conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20200113/2095

3 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/20200113/2095

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 /
Sr Staff Sgt HERMAN BIN OTHMAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

SN 45

Signature Of Informant:

Date/Time:
13/01/2020 14:50

Classification Of Case:

Claim Handling

Accident MT/1080862

Policy No.	5110757068	Vehicle No.	FBP9020A	GST Registrati
Certificate No.				
Policyholder Name	ILHAM ADLI SHAH BIN AIDI			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NTL	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	20/01/2020 11:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/01/2020	Time of Accident hh:mm	12:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF HOY FATT ROAD AND LENGKOK BAHRU			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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 61 #04-470	Address 2	LENGKOK BAHRU	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106865057-01	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	ILH
Contact No.(Mobile)	91713534	Contact No. (Home)	
Email Address	ILHAMADLI@OUTLOOK.COM	OI Vehicle Number	FBP
Claim Description	FBP9020A / FBB5647S ON 13 Jan 2020		
Preferred Workshop Request No. Finalisation	Yes	Insured Liability	Not at Fault
	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	24/01/2020 13:08	Received	
Report Taken By	ROSLI WAHAB	Claim Close Date	


Print AK letter

Save Submit

Attachment

Accident No.	MT/1080652	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date:	24/01/2020 13:09
Path *		Category *	Confider
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:09	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:09	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:09	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:09	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:09	NRIC/ Driving License	Y	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jan 2020 13:09	SAS	Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
		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)

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

Certificate Number : 5110757068

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

FBP9020A

Chassis Number

ME1RG525SK0031082

2. Name of Policyholder

ILHAM ADLI SHAH BIN AIDI

3. Effective Date of Insurance

27 Jun 2019

4. Expiry Date of Insurance

26 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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: ILHAM ADLI SHAH BIN AIDI

NAMED DRIVER (2)

: SOPHIAH SUHANNA BINTE AMZAH

HIRE PURCHASE COMPANY

: SPEEDWAY MOTOR PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

This Bike is Still Under
Hire Purchase with
SPEEDWAY MOTOR PTE LTD
No ~~alter~~alter or renewal
is allowed

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

: AXISLINK PTE LTD (00000614797)

Date of Issue

: 27 Jun 2019 15:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

IMPORTANT NOTICE - ACCIDENT

In the event of an accident involving the Motor Vehicle, irrespective of whether it would give rise to a claim, it should then be reported with the Motor Vehicle Club which may be done at any time during the accident during office hours.