

NATIONAL Assessment Centre Services. (ver 1 Jan 2003)

MA 20019386

Date In: 06/03/2020 17:15	Job description	Date & Time Completed	Done by
Ref No: 188/INC 2000 3116/4	SAS e-filing		
Veh No: 191 5978	E-mail (Vehicle 2hrs, AIC 2hrs)		
D.O.A: 06/03/2020 17:30	I-Motor Claim Form	written 240-001	06/03/2020 17:58
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: SMP 2740X 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 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: _____

MA 2001918	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Ward for Comments:	For claimant against INC Only (ver 10 Jan 2003)	
Est. 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Coordination \$10	
	*NW: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TE (NIU) / TP (Non-INC) against INC \$20	
	9) NI: Idao 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	06/03/2020 17:16
Date Of Accident	04/03/2020 17:30
Exact Location Of Accident	ALONG ALEXANDRA RD (OPPOSITE AIA) TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5197S
Insured/Policyholder	
Name Of Registered Owner	PERUMAL MARIAPPAN
NRIC No	SXXXX976G
Email Address	PERUMAL2521@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83729828
Alternative Phone No	OTHERS-83729828

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5116439434
Cover Note Number	

Driver

Name of Driver	PERUMAL MARIAPPAN
NRIC No	SXXXX976G
Date Of Birth	21/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1991
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83729828
Fax Number	
Contact Number	OTHERS-83729828
EEmail Address	PERUMAL2521@GMAIL.COM

Address	BLK 21 JALAN TENTERAM #03-445
Postcode	320021
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200306/2103

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	SMP2740X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG
NRIC/Passport Number	SXXXX133F
Contact Number	84312607
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	PERUMAL MARIAPPAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH5197S
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:

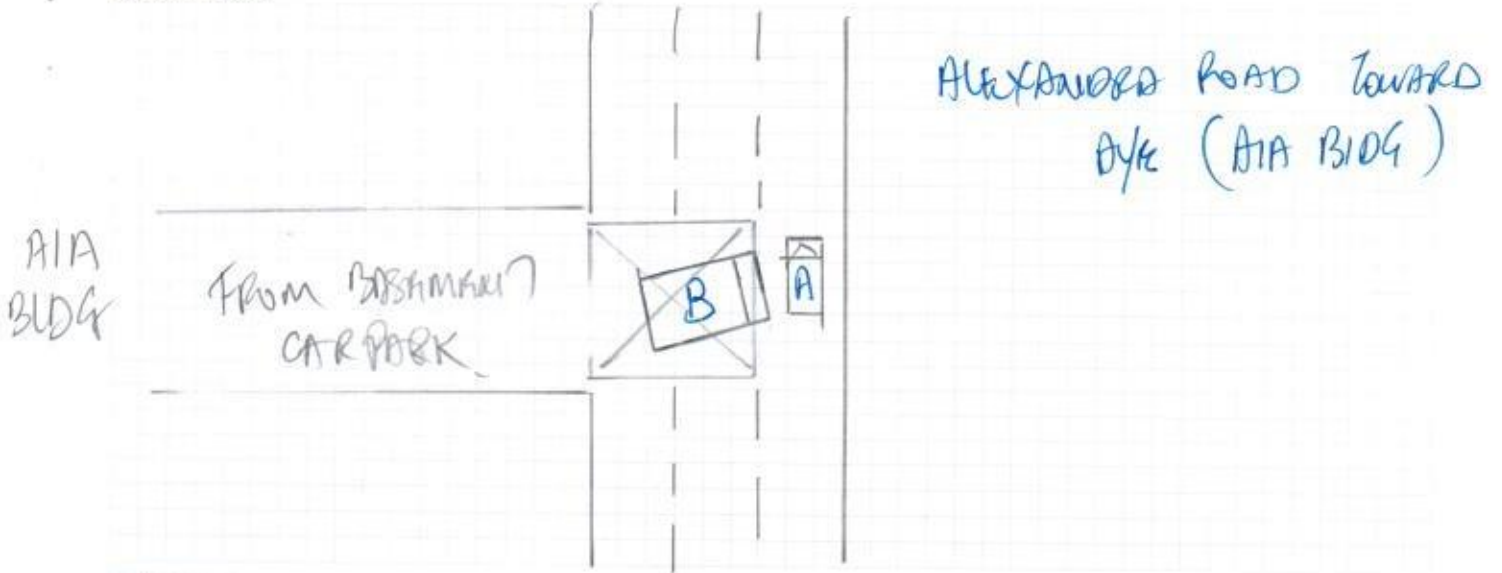
muf 06/03/2020 17.00

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

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

an 06/03/2020
Koshi
Wong

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200306/2103

DECLARATION

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

mf 06/03/2020 1700
 Policyholder's Signature
 Date & Time:

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

[Signature] 06/03/2020
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (04/03/2020) (DD/MM/YYYY), TIME: (17.30) (HH:MM)

LOCATION: Along Alexandra Rd toward AYE Tuas,

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 5197 S
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5116439434
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: YAHAMA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: on the way home
- 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: PERUMAL MARIAPPAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S-2F38976 G CONTACT: 83729828
- c) ADDRESS: Blk - 760 woodlands ave 6, #05-12
Singapore - 730760

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: 21/01/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2A

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

- 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: Queenstown Police station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 2740 X MODEL: Honda
- b) DRIVER'S NAME: Wong
- c) NRIC/FIN/PASSPORT: S-6946133 F CONTACT: 84312607

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = perumal 2521@gmail.com

VIDEO



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200306/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 16:37	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: PERUMAL MARIAPPAN		Address: APT BLK 760 WOODLANDS AVENUE 6 #05-12 SINGAPORE 730760	
ID Type / ID No.: NRIC NO / S2738976G		Contact No.: Home/Office:	Mobile: 83729828
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 54	Date of Birth: 21/01/1966	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: TUNNEL SUPERVISOR		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ALEXANDRA ROAD AYER RAJAH EXPRESSWAY Along Alexandra Road toward AYE Tuas. Infront of AIA Alexandra Building, at the 1st lane, beside yellow box. Lamp Post Number: 141				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5197S	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SMP2740X	Car	HONDA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200306/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5197S	NTUC Income Insurance Co-Operative Limited	5116439434	26/02/2020	25/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	PERUMAL MARIAPPAN		ID No.	S2738976G
Related Vehicle	FBH5197S (Motorcycle)		Contact No.	83729828
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	04/03/2020		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	Wong		ID No.	S6946133F
Related Vehicle	SMP2740X (Car)		Contact No.	84312607
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 04/03/2020 at about 1730hrs, I was riding my motorcycle bearing registration number FBH5197S, along Alexandra Rd toward AYE tuas, on the 1st lane. There were total of 3 lanes and the yellow box only cover lane 2 and 3. Suddenly vehicle bearing registration number SMP2740X came out from AIA building Carpark, and drove straight into lane 1. The said vehicle then hit onto my left paddle which caused me to fell off from my vehicle and my right leg was stuck underneath my motorcycle. I sustain swallow on my right ankle, right knee and slight pain on my back. The said vehicle driver then assisted me to get up and we moved to the side of the road to exchange particulars. The driver did not sustain any injury.

On 04/03/2020, I went to Ng Teng Fong hospital to consult doctor. I was give 7 days of MC from 5 March - 11 March. I would like to state that my motorcycle gear paddle, back paddle and side mirrors were broken. I have send it to my workshop.



**SINGAPORE
POLICE FORCE**



T/20200306/2103

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20200306/2103

CONTINUATION OF REPORT




Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 2 SURAIYAH PARVEEN BINTE HABIB MUHAMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2020 16:37
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1087240

Policy No.	5116439434	Vehicle No.	FBH51975	GST Registration No.	
Certificate No.					
Policyholder Name	PERUMAL MARIAPPAN	Cover Type	Third Party	Policyholder NRIC	S2738976G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83729828	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No *
KPK	No Yes	NCD Entitlement(%)	0	eCode Reason	
MCD Protection	No			Private Hire	No

Accident Details

Report Date	06/03/2020 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	04/03/2020	Time of Accident (hh:mm)	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ALEXANDRIA RD (OPPOSITE AIA) TOWARDS TUAS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 700 #05-12	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730760
Address 4		Address Type	Singapore address	Post Code	730760
Unit No.	05-12	Related Policy Number	5116439550		

OT Driver Info

Driver Name	PERUMAL MARIAPPAN	Driver Type	Main Driver	Driver DOB	21/01/1969
Unnamed Driver Name		Driver NRIC	S2738976G	Driving Experience	28
Renewal Date of Driver License	15/10/1993	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	83729828	Contact No.(Office)		Address 3	SINGAPORE 730760
Address 1	BLK 700 #05-12	Address 2	WOODLANDS AVENUE 6	Post Code	730760
Address 4		Address Type	Singapore address		
Unit No.	05-12				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBH51975	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	PERUMAL MARIAPPAN	Insured NRIC	S2738976G
Contact No.(Mobile)	83729828	Contact No.(Home)		Contact No.(Office)	
Email Address		OC Vehicle Number	FBH51975	TP Vehicle Number	SMP2740X
Claim Description	FBH51975 / SMP2740X ON 4 Mar 2020				
Preferred Workshop		Injured Liability	Not at Fault	GIA report	Received
Estimate No.		Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	06/03/2020 17:56	Claim Close Date		Date Received	06/03/2020 00:00
Report Taken By	MOSELI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1087240	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/03/2020 17:58
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	Please Select
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Choose File	No file chosen		NO
Message Read			

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 06 Mar 2020 17:58	Photos	Normal	Photos 2020-3-6		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:58	Photos	Normal	Photos 2020-3-6		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:58	Photos	Normal	Photos 2020-3-6		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:58	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:58	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:58	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:57	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:57	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:57	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	Photos		Normal	Photos 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2020 17:56	SAS		Normal	SAS 2020-3-6	Edit

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
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[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 : 5116439434 Cover : Third Party

1. Index mark and Registration Number of Vehicle : FBH5197S
 Chassis Number : ME121C0G5D2011641
 2. Name of Policyholder : PERUMAL MARIAPPAN
 3. Effective Date of Insurance : 26 Feb 2020
 4. Expiry Date of Insurance : 25 Feb 2021
 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)	: PERUMAL MARIAPPAN
NAMED DRIVER (2)	: N/A
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 : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)
 Date of Issue : 26 Feb 2020 16:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive