

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2001]

MAA200 30767

Date In: 10/03/2020 16:39	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 20003833/4	SAS e-filing		
Veh No: FBB 78384	E-mail (by date time, AIC 2hrs)		
D.O.A: 04/03/2020 07:55	I-Motor Claim Form	10/03/2020 16:57	
OID: (TP) Reporting Only	I-Motor W/O (with: OD 1hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: ( )	Tel: ( )	Fax: ( )
TP Manufacturer: ( )	Veh No: 87 2025M	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%. F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Landing: \$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: ( )

Date/Time: ( )

( )

( )

( )

( )

MAA2001999	1) AIC Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
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	
	For claiming against INC Only (ver 10 Jan 2001)	
	6) TR: Re-inspection \$75	
	7) NI: Idae DA + EMRT Survey \$160	
	8) NTUC Additional Services	
	9) NI: Idae Mobile	
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3 / 3

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	10/03/2020 16:39
Date Of Accident	04/03/2020 07:55
Exact Location Of Accident	ALONG PRINCE OF WALES ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7838U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED BIN AHMAT
NRIC No	SXXXX848A
Email Address	THISISNOTSYNTHX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82319916
Alternative Phone No	OTHERS-82319916

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	SENDING WIFE TO WORK

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	5111130418
Cover Note Number	

### Driver

Name of Driver	MOHAMMED BIN AHMAT
NRIC No	SXXXX848A
Date Of Birth	06/12/1946
Occupation	INDOOR
Date Of Driving Pass	01/10/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82319916
Fax Number	
Contact Number	OTHERS-82319916
Email Address	THISISNOTSYNTHX@GMAIL.COM

Address	BLK 86 COMMONWEALTH CLOSE #02-49
Postcode	140086
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NADIAH BINTE ABDULLAH (WIFE) GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200308/2045

#### 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	SLT2125M
Vehicle Make/Model/Colour	TOYOTA VELLFIRE
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 MOHMMED BIN AHMAT  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBB7838U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NADIAH BINTE ABDULLAH  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBB7838U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES

Address  
Postcode




## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: 10 March 2020  
14 25

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

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

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. 7/20200308/2045

DECLARATION

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

Policyholder's Signature

Date & Time: 10 March 2020

1425

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/03/2020

Rep. L. Wong



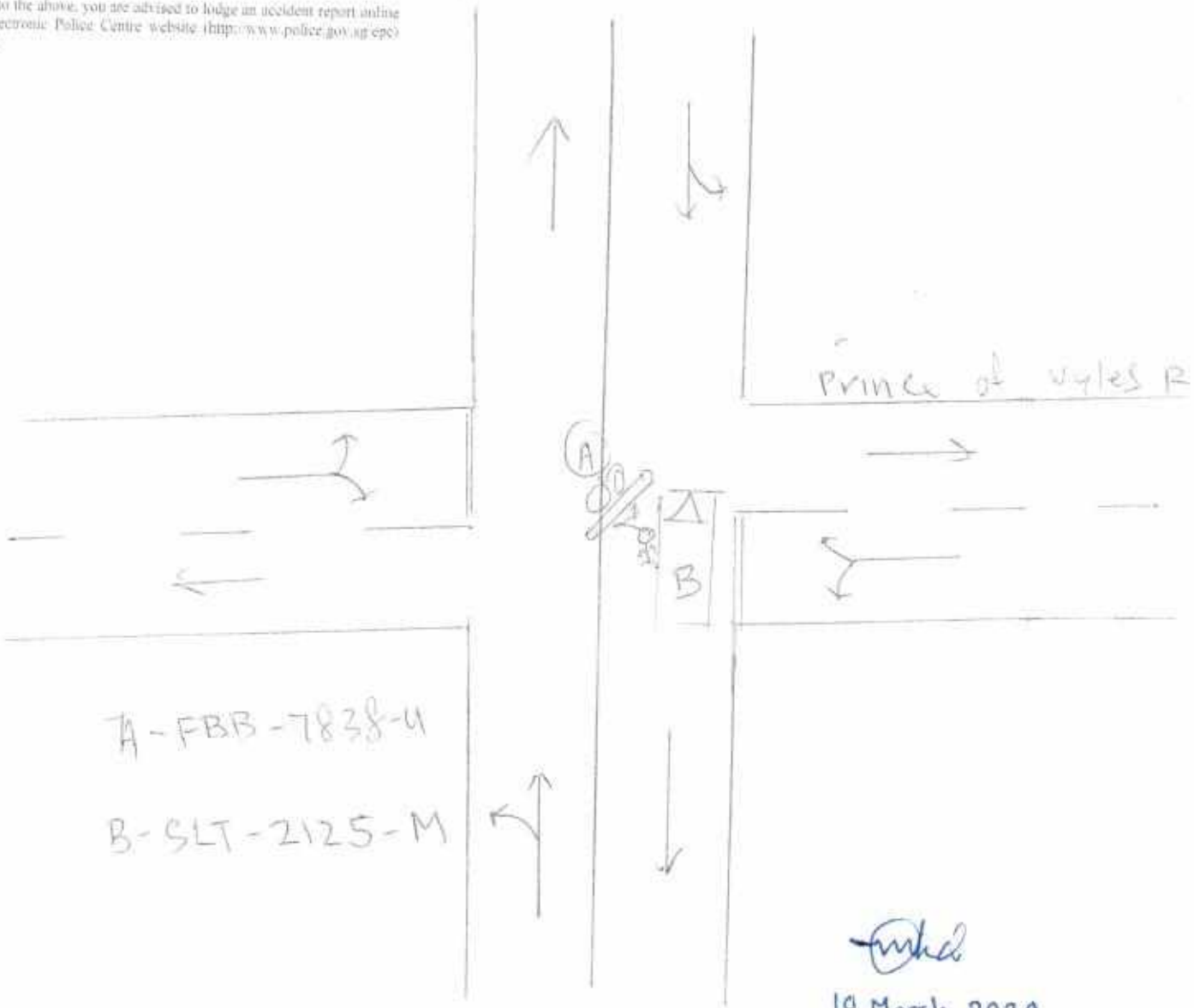
TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

# CASE CARD

REPORT NO. E/20200304/0051  
Traffic Accident along Prince of Wales Rd  
involving vehicles: car & bike  
on 04/03/2020 at about \_\_\_\_\_ am/pm

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

Prince of Wales Rd



A - FBB-7838-U

B - SLT-2125-M

*[Signature]*

10 March 2020

*[Signature]* 10/03/2020

## ALX BUSINESS ADVISORY SERVICES

ALEX TAN  
Director

Reg No: 53205815A  
(Tampines)

Intermediary Business  
3rd Party Claim  
Vehicle and Personal Injury

中介公司交易业务  
第三者索赔  
专业车辆及相关损伤索赔

14 Robinson Road, #08-01A,  
Far East Finance Building,  
Singapore 048515

Mobile: (65) 8422 3232  
(65) 9105 1573



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 4 / 3 / 2020 ) (DD/MM/YYYY), TIME: ( 07 : 55 ) (HH:MM)

LOCATION: Prince of Wales Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB 7838 U
- b) INSURANCE COMPANY: NTUC Income
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )
- e) MAKE & MODEL: Honda CBF150
- f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )
- g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )
- h) PURPOSE OF USING AT ACCIDENT TIME: Send wife to work
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Mohamed Bin Ahmat (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S0538848A CONTACT: 8231 9916
- C) ADDRESS: 86 Commonwealth Close #02-49 Singapore 140086

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 06 / 12 / 1946 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS 01 Oct 1981

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: Changkat NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 2125 M MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Nadiah Binte  
Abdullah

No of passenger  
(including driver)  
( 2 )

No of passenger  
(including driver)  
(    )

No of passenger  
(including driver)  
(    )

email = thisisnotsynth@gmail.com

VIDEO





# SINGAPORE POLICE FORCE



T/20200308/2045

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200308/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2020 13:12		Vide Report No.: E/20200304/0051		Station Diary No.: 10
<b>Informant's Particulars</b>				
Name of Informant: MOHMMED BIN AHMAT		Address: APT BLK 86 COMMONWEALTH CLOSE #02-49 SINGAPORE 140086		
ID Type / ID No.: NRIC NO / S0538848A		Contact No.: Home/Office: Mobile: 82319916		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 73	Date of Birth: 06/12/1946	Type of Informant: Rider	
Race: Boyanese		Language: English	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2020 07:55	Type of Location: X-Junction
Location: Along Road 1 PRINCESS OF WALES ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7838U	Motorcycle	HONDA	CBF150	Black	Slightly Damaged	1
SLT2125M	Car	TOYOTA	Vellfire	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB7838U	NTUC Income Insurance Co-Operative Limited	5111130418	19/07/2019	18/07/2020



# SINGAPORE POLICE FORCE



T/20200308/2045

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 3

Report No. T/20200308/2045

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHMMED BIN AHMAT	ID No.	S0538848A
Related Vehicle	FBB7838U (Motorcycle)	Contact No.	82319916
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/03/2020	Date Discharge	07/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	NADIAH BTE ABDULLAH	ID No.	S7179098C
Related Vehicle	FBB7838U (Motorcycle)	Contact No.	91645104
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2020	Date Discharge	04/03/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight

### Brief Details.

On 4/3/2020 at about 0755hrs, I was riding along Princess of Wales Rd, with my wife as pillion. As I approached the cross junction, I signaled right to show my intention to turn right into Prince of Wales Rd. There was no traffic hence I made the right turn into Prince of Wales Rd. At this juncture, as my motorcycle was making about the right turn halfway, there was a bang at the rear of my motorcycle. Me and my wife both fell to our right side on the road with my motorcycle. The vehicle which collided onto my motorcycle then swerved to the right side of my motorcycle. The vehicle then reversed about 1 meter. Both of us then knocked on the side of the car and shouted to stop the driver from reversing into us. I then called for the police. My wife then get up and took photos of the accident scene. My right leg was stuck under the bike. The ambulance then arrived shortly and conveyed both me and my wife to the National University Hospital. The traffic police assisted me to get up from my bike. There were no eye witnesses when the accident happened. I was given 5 days MC as I sustained fractures on my right ribs, pain on my shoulder, lower back and neck. My wife was given 14 days MC as she sustained fracture on the middle toe of the right leg, pain from the neck all the way down to the right side of her body. The driver claimed he got a in-car camera in his vehicle.





**SINGAPORE  
POLICE FORCE**



T/20200308/2045

3 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200308/2045

**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:

G /  
Sgt 3 LIM JUN AN

Signature Of Informant:

*[Handwritten Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/03/2020 13:12

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD TAUFIQ BIN MOHAMED  
Contact No: 92977771

Classification Of Case:

Authentication Stamp  
NP168

*[Handwritten Signature]*  
SIGNATURE



## Account MT/1087679

CLAIM# 003	NEW
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✓ Every day, before

526 527

attachment

Attachment List

112

[illegible]

Wolfram List

Submitted On/Date	Folder/Date	File Name	Source	Action
<div> <input type="button" value="Display in New Window"/> <input type="button" value="Scan and Quarantine"/> </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 : 111130418

- |   |                      |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle  | Cover : Third Party  |
| Chassis Number  | : FB67838U           |
| 2. Name of Policyholder   | : LALKE11A073005885  |
| 3. Effective Date of Insurance  | : MOHAMMED BIN AHMAT |
| 4. Expiry Date of Insurance   | : 19 Jul 2019        |
| 5. Persons or Classes of Persons entitled to drive#   | : 18 Jul 2020        |
| (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)	: MOHAMMED BIN AHMAT
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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)  
Date of Issue : 12 Jul 2019 15:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive