

# NATIONAL Assessment Centre Services.

Part 1 (JAN 2003)

NA200278

Date In: 20/04/2020 15:09	Job description	Date & Time Completed	Done by
Ref No: N/A/INC20005316/V	SAS e-filing		
Veh No: FBN 7731E	E-mail (Update Status, A/C Thru)		
D.O.A: 17/04/2020 15:20	I-Motor Claim Form	my/1091630-001	20/04/2020 17:42
OID: TP: Reporting Only	I-Motor W/O (Within: OD Thru, TP Thru)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Participant:	Veh No: FBN 7731E	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 > \$5000) ( )		

Injury: ( )
Damage: ( )
Driver/Owner: ( )
Contact No: ( )
Damaged Portion: ( )

NA200278	1) All: 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	\$110
QC Checked by (Begr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC/Only (var 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: 1 Day DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NT: 1 Day Mobile	\$3
	*NS: Courtesy Car / Tpl Allowance	\$10
	*NT: Repairs Coordination	\$25
	*NT: Post Repair Inspection	\$3
	*NT: DV / Collect Documents Coordination	\$30
	TP (NI) / TP (Non INC) against TRC	\$30
	Fee Charged	
	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	20/04/2020 15:09
Date Of Accident	17/04/2020 15:20
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7775D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD MUSTAFA BIN MOOSA
NRIC No	SXXXX987C
Email Address	MUSTAFAMOOSA95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81250607
Alternative Phone No	OTHERS-81250607

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)-321CC
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

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	5106429757-01
Cover Note Number	

### Driver

Name of Driver	MOHAMAD MUSTAFA BIN MOOSA
NRIC No	SXXXX987C
Date Of Birth	25/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81250607
Fax Number	
Contact Number	OTHERS-81250607
Email Address	MUSTAFAMOOSA95@GMAIL.COM

Address	BLK 40 JALAN RUMAH TINGGI #11-270
Postcode	151040
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?	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 POLICE REPORT T/20200417/2032

#### 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	FX7731E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	87488728
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH7387X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

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.
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.

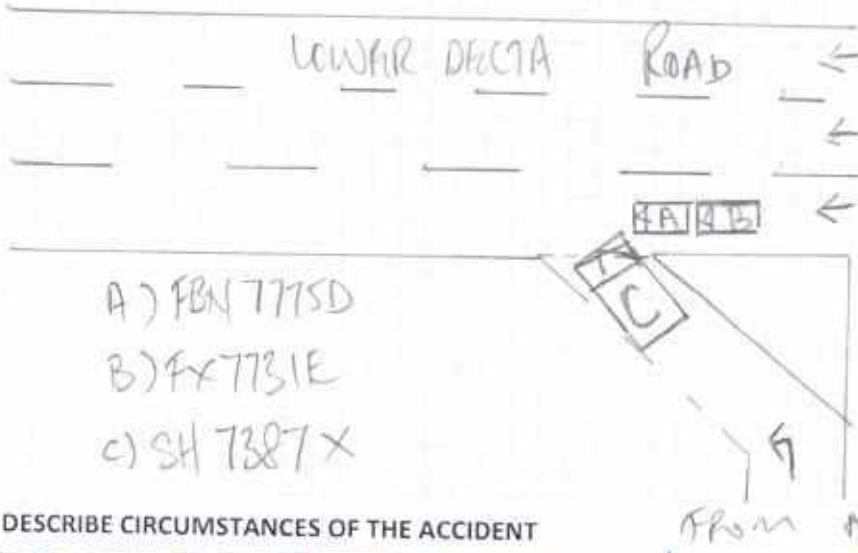
 20 APR 2020  
Policyholder's Signature  
Date & Time:  
10.10AM

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

 20/04/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200417/2032

## DECLARATION

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

*[Signature]* 20 Apr 2020

Policyholder's Signature

Date & Time: 10.10AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 20/04/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]* 20/04/2020

## ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 4 / 2020) (DD/MM/YYYY), TIME: (15 : 20) (HH:MM)

LOCATION: LOWER DELTA RD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 7775 D  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5106429757 - 01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA MT-03  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: ON 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: MOHAMAD MUSTAFA BIN MOOSA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 1699987C CONTACT: 81250607  
c) ADDRESS: BLK 40, #11-270  
JALAN RUMAH TINGGI, S151640

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

### DRIVER

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

\* d) DATE OF BIRTH: (25 / 09 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1 FEB 1986

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: BUKIT MERAH WEST

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FX 7731 E MODEL: MOTORCYCLE  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8748 8728

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SH 7387 X MODEL: TAXI  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

email = mustafamoosa95@gmail.com  
VIDEO



# SINGAPORE POLICE FORCE



T/20200417/2032

1 of 3

Report No. T/20200417/2032

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/04/2020 16:16		Vide Report No.: A/20200417/0080		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD MUSTAFA BIN MOOSA			Address: APT BLK 40 JALAN RUMAH TINGGI #11-270 SINGAPORE 151040		
ID Type / ID No.: NRIC NO / S1699987C			Contact No.: Home/Office: Mobile: 81250607		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 25/09/1965	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: FOOD DELIVERYMAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/04/2020 15:20	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 LOWER DELTA ROAD JALAN BUKIT MERAH ALONG LOWER DELTA ROAD TOWARDS JALAN BUKIT MERAH, T-JUNCTION OF AYE AND LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN7775D	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Silver	Slightly Damaged	0
FX7731E	Motorcycle				Seriously Damaged	0
SH7387X	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20200417/2032

2 of 3

Report No. T/20200417/2032

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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN7775D	NTUC Income Insurance Co-Operative Limited	5106429757-01	17/12/2019	16/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD MUSTAFA BIN MOOSA	ID No.	S1699987C
Related Vehicle	FBN7775D (Motorcycle)	Contact No.	81250607
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/04/2020 at about 1520hrs, I was riding my motorcycle bearing car plate number FBN7775D travelling along Lower Delta Road towards Jalan Bukit Merah on the left lane. When approaching the T-junction of AYE and Jalan Bukit Merah, the traffic light was green and I continued to travel along Lower Delta Road. A 'Comfort Delgro' taxi bearing car plate number SH7387X suddenly inch out of the filter lane. I managed stop my motorcycle in time however my front tires grazed against the front right bumper of the taxi. A motorcycle bearing car plate number FX7731E could not stopped in time and collided onto the rear of my motorcycle causing myself and my motorcycle to fall on the right. I wished to inform that I did not sustain any injury, however my motorcycle right mirror and rear mudguard were cracked, scratches on front car plate and the rear car plate and the top box rack were bend. The taxi sustained minor scratches on the front right bumper from my motorcycle tires. I also wished to inform that traffic police and ambulance were at scene and there was no government property damaged.



**SINGAPORE  
POLICE FORCE**



T/20200417/2032

3 of 3

Report No: T/20200417/2032

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

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 3 TEO JIA SHENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
17/04/2020 16:16

Classification Of Case:

## Claim Handling

Accident MT/1091639

EXIT

Policy No.	5106429157-01	Vehicle No.	FBK777SD	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD MUSTAFA BIN MOOSA			Policyholder NRIC	51069987C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	81250607	Contact No. (Office)		Contact No. (Home)	
Email Address	mustafamoo05@gmail.com	Special Remarks		eCode	No
KPI	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Endowment (%)	20	Private Hire	No

Report Date		20/04/2020 17:39		Accident Report Within 24 hrs		Yes	
Date of Accident		17/04/2020		Time of Accident (H:M:S)		17:30	
Reporting Centre		ALONG LOWER DECKTA ROAD		Accident Type		Collision - Head to Head	
Accident Location				Country of Accident		Singapore	
				ICR No.			

Total Excess Applicable							
Excess Type		Per Accident		Windscreen Excess			
OD Standard Excess		0.00		TP Standard Excess		0.00	
YED OD Excess		0.00		YED TP Excess		0.00	
Additional Excess				Driver is Covered?		Not Covered	
Total OD Excess Applicable		0.00		Total TP Excess Applicable		0.00	

GST Registered Information							
GST Registered		No		GST Registration Date			
GST Registration No.				GST Status Vehicle		Yes	
Notification History							

Policyholder Mailing Address							
Address 1		BLK 40 #11-270		Address 2		JALAN BUKAH TINGGI	
Address 4		SINGAPORE 101040		Address Type		Singapore address	
Unit No.		11-270		Related Policy Number		5106429157-01	
				Address 3		BUKAH TINGGI VIEW	
				Post Code		101040	

Driver Info							
Driver Name		MUHAMMAD MUSTAFA BIN MOOSA		Driver Type		Main Driver	
Uninsured Driver Name				Driver NRIC		51069987C	
Register Date of Driver License		07/02/1986		Driver Age		34	
Contact No. (Mobile)		81250607		Contact No. (Office)			
Address 1		BLK 40 #11-270		Address 2		JALAN BUKAH TINGGI	
Address 4		SINGAPORE 101040		Address Type		Singapore address	
Unit No.		11-270		Address 3		BUKAH TINGGI VIEW	
Does he own a Singapore Registered car?		Yes - No		Driver Vehicle No.		FBK777SD	
				Driver Insured Company		NTUC	

Declaration							
Breathalyzer or Blood Test Reading?		None		Any injury?		Yes - No	

## Modification History

Claim 001 OD-MX

EXIT

Claim Type *		OD-MX		Insured Name		MUHAMMAD MUSTAFA BIN MOOSA		Insured NRIC		51069987C	
Contact No. (Mobile)		81250607		Contact No. (Home)		64791295		Contact No. (Office)			
Email Address		mustafamoo05@gmail.com		CI		Vehicle Number		FBK777SD		Ex777(E)	
Claim Description		FBK777SD / FBK777SD ON 17 Apr 2020		Name of Preferred Workshop							
Preferred Workshop		Insured Liability		Not at Fault							
Business No.		Preferred Workshop		Preferred Workshop, Name unknown		GIA report		Received			
Data Registered		Yes		No							
Report Taken By		06/04/2020 17:37		Claim Close Date				Date Filled		20/04/2020 17:37	
		00000000000000000000		Workshop Received				Total		00000000000000000000	

## Print All Notes


















Save Submit

## Attachment

Accident No.		MT/1091639		Claim No.		001	
Last Doc. Received		Yes No		Upload Date		20/04/2020 17:42	
Choose File		No file chosen		Category *		Confidential	
Choose File		No file chosen		Urgency *		Normal	
Choose File		No file chosen		Description *			
Choose File		No file chosen					
Choose File		No file chosen					
Choose File		No file chosen					
Choose File		No file chosen					
Message Read							

Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action	
	NAC_PAYA_JBL_000001 ( NATIONAL ASSESSMENT CENTRE SERVICES) u 20 Apr 2020 17:43	Photos	Normal	Photo 2020-4-20		EXIT	
	NAC_PAYA_JBL_000001 ( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2020 17:42	Photos	Normal	Photo 2020-4-20		EXIT	
	NAC_PAYA_JBL_000001 ( NATIONAL ASSESSMENT CENTRE SERVICES) u 20 Apr 2020 17:43	Photos	Normal	Photo 2020-4-20		EXIT	



Claim Handling (accident) reporting - Claim Task - 001 (DD-MX)						
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:41	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:41	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:41	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:41	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:41	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	Photos	Normal		Photos 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	NAC/ Driving License	Normal		NAC/ Driving License 2020-4-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_B00801( NATIONAL ASSESSMENT CENTRE SERVICES) # 20 Apr 2020 17:37	SAS	Normal		SAS 2020-4-20	<a href="#">Edit</a>

Video List

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## 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 :** 5106429757-01

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBN7775D

Chassis Number

: MH3RH125000009356

2. Name of Policyholder

: MOHAMAD MUSTAFA BIN MOOSA

3. Effective Date of Insurance

: 17 Dec 2019

4. Expiry Date of Insurance

: 16 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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MOHAMAD MUSTAFA BIN MOOSA

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 02 Dec 2019 21:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive