

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	29/04/2020 14:55
Date Of Accident	27/04/2020 14:00
Exact Location Of Accident	TOH GUAN RD EAST OUTSIDE ENTRANCE ENTERPRISE HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8375H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HAFIZ BIN SYED MAIDEEN
NRIC No	SXXXX433I
Email Address	ELSON@EQUIPMENTEXTREME.COM
Mobile Phone No	(LOCAL) +65-91864424
Alternative Phone No	OTHERS-91864424

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	TO GO BIKE SHOP TO PAY INSTALLMENT
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107314817-01
Cover Note Number	

Driver

Name of Driver	MOHAMED HAFIZ BIN SYED MAIDEEN
NRIC No	SXXXX433I
Date Of Birth	03/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91864424
Fax Number	
Contact Number	OTHERS-91864424
Email Address	ELSON@EQUIPMENTEXTREME.COM

Address	BLK 251 JURONG EAST STREET 24 #04-112
Postcode	600251
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	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200427/2082

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	SMR4961B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN PHAN CHONG SENG
NRIC/Passport Number	SXXXX442E
Contact Number	96615540
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED HAFIZ BIN SYED MAIDEEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ8375H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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: 29/4/20 1331 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

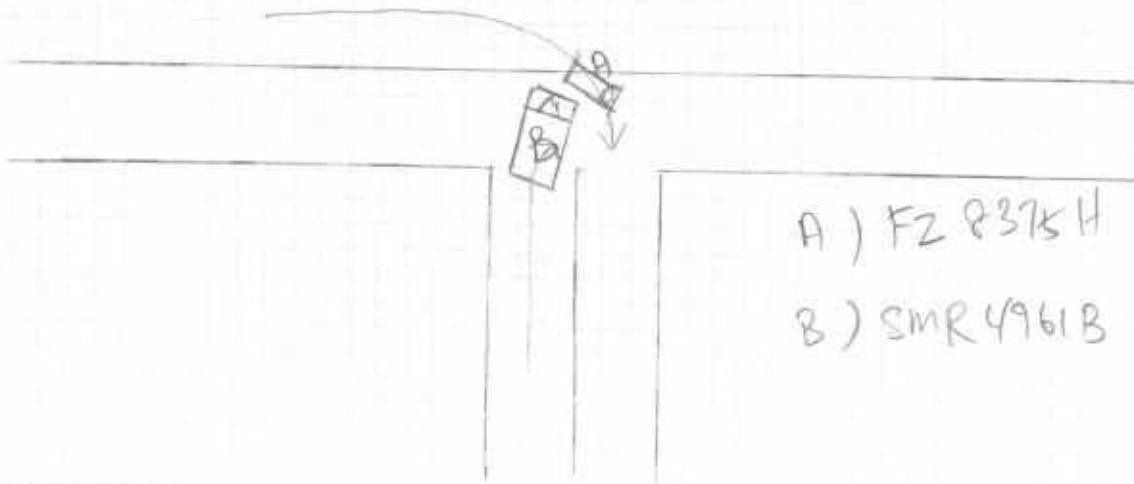
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

TOH GUN ROAD EAST




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T20200427/2082

DECLARATION

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


Policyholder's Signature
Date & Time: 29/4/2020

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 4 / 2020) (DD/MM/YYYY), TIME: (14 : 00) (HH:MM).

LOCATION: Toh Guan Rd East Enterprise Hub

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F28375 H
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5107314817-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda CB400
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: To go bikeshop pay installment
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)
INSURED / POLICY HOLDER

2. INSURED / POLICY HOLDER

- a) NAME: Mohamed Hafiz bin Syed Maideen (MALE) / FEMALE
b) NRIC/FIN/PASSPORT: S9407433I CONTACT: 91864424
c) ADDRESS: BK 251 Jurang East St 24 #04-112 600251

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

DRIVER

- a) NAME: Mohamed Hafiz bin Syed Maideen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S94074337 CONTACT: 91864424
c) ADDRESS: BLK 251 Jurong East St 24 #04-112 600251

*d) DATE OF BIRTH: (03 / 03 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS
WAS DRIVER ON THE

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) Owner
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: Jurong East N.P.C
8. THIRD PARTY VEHICLE _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMR 4961 B MODEL: _____
b) DRIVER'S NAME: Kelvin Phan Chong Seng
c) NRIC/FIN/PASSPORT: S6823442 E CONTACT: _____
THIRD PARTY VEHICLE

9. THIRD PARTY VEHICLE

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

Email = Eison@equipmentextreme.com

VIDEO



SINGAPORE POLICE FORCE



T/20200427/2082

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20200427/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2020 21:29		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: MOHAMED HAFIZ BIN SYED MAIDEEN			Address: APT BLK 251 JURONG EAST STREET 24 #04-112 SINGAPORE 600251		
ID Type / ID No.: NRIC NO / S9407433I			Contact No.: Home/Office: Mobile: 91864424		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 03/03/1994	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SMRT ASSISTANT STATION MANAGER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2020 14:00	Type of Location: Straight Road
Location: Along Road 1 TOH GUAN ROAD EAST Outside the entrance of Enterprise Hub				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FZ8375H	Motorcycle	HONDA	CB400	White	Slightly Damaged	0
SMR4961B	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ8375H	NTUC Income Insurance Co-Operative Limited	5107314817-01	16/02/2020	15/02/2021



**SINGAPORE
POLICE FORCE**



T/20200427/2082

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20200427/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HAFIZ BIN SYED MAIDEEN	ID No.	S9407433I
Related Vehicle	FZ8375H (Motorcycle)	Contact No.	91864424
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	27/04/2020	Date Discharge	27/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Kelvin Phan Chong Seng	ID No.	S6823442E
Related Vehicle	SMR4961B (Car)	Contact No.	96615540
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 the 27.04.2020 at about 2.00pm, I was riding my M/cycle FZ8375H along Toh Guan Road East from Toh Guan Road and as I was about to reach the entrance of Enterprise Hub, I slow down my M/cycle and signal right with the intention to check for on coming traffic from the opposite road before turning into Enterprise Hub. When I was opposite the entrance, I saw a vehicle SMR4961B stopping at the entrance signaling right as he was exiting Enterprise Hub. As there is no traffic from the opposite road, I move my M/cycle forward as I wanted to turn into Enterprise Hub, when the said vehicle without any warning moved forward onto the road of Toh Guan Road East and the front of his vehicle hit onto the right of my M/cycle. I then fell onto the ground but managed to stand up on my own and I sustained some abrasion on my right arm. The Chinese driver then came out of his vehicle to check if I am ok. At that time I am still feeling ok and after we exchanged particulars, the driver left the scene. Subsequently I felt pain on my body and I proceed to NUH to seek treatment and was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20200427/2082

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20200427/2082

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 /
SI CHEONG SIN EE, ALFRED

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/04/2020 21:29

Classification Of Case:

Claim Handling

Accident MY/1882028

Policy No.	3107314817-01	Vehicle No.	F28375H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HAFIZ BIN SYED MAIDEEN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S94074334
Product Code	MOTORCYCLE INSURANCE	Contact No. (Official)		Line of Business	0
Contact No. (Mobile)	91864424	Special Remarks		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	No
KPI	- No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	28/04/2020 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Motor Road
Date of Accident	27/04/2020	Time of Accident (hh:mm)	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOM CLAN RD EAST OUTSIDE ENTRANCE ENTRANCE				

Total Excess Applicable

Excess Type	No Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
RED OD Excess	0.00	RED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00
Driver is Covered?		Not Covered	

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 251 #04-112	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600251
Address 4		Address Type	Singapore address	Post Code	600251
Unit No.	04-112	Related Policy Number	3107314817-01		

DI Driver Info

Driver Name	MUHAMMAD HAFIZ BIN SYED MAIDEEN	Driver Type	Main Driver	Driver DOB	03/02/1994
Uninsured driver Name		Driver NRIC	S94074334	Driving Experience	7
Report Date of Driver License	16/05/2018	Driver Age	26	Contact No. (Home)	
Contact No. (Mobile)	91864424	Contact No. (Official)		Address 2	SINGAPORE 600251
Address 1	BLK 251 #04-112	Address 2	JURONG EAST STREET 24	Post Code	600251
Address 4		Address Type	Singapore address		
Unit No.	04-112	Driver Vehicle No.	F28375H	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes No				

Declaration		Any Injury?	Yes No
Breathalyzer or Blood Test Reading?	0 mg		

Modification History

Claims 991 Raw

Claim Type *	OD-MX	Insured Name	MUHAMMAD HAFIZ BIN SYED MAIDEEN	Insured NRIC	S94074334
Contact No. (Mobile)	91864424	Contact No. (Home)		Contact No. (Office)	
Email Address	hafizmaideen@gmail.com	OT		TP Vehicle Number	SMD40618
Claim Description	F28375H / SMD40618 ON 27 Apr 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Benefit No.		Preferred Repair Option	Preferred Workshop, Name unknown	CIA Report	Received
Finalisation	Yes				
Date Registered				Claim Date	28/04/2020 15:19
Report Taken By					ROSALI WAHAB
				Date Received	28/04/2020 00:00

Print All Letter

Save Submit

Attachment

Accident No.	MY/1882028	Claim No.	301
Last Doc. Received	Yes No	Upload Date	29/04/2020 15:21
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 *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CU)
NAC_BUKIT_MERAH_4004761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 29 Apr 2020 15:21		Photo	Normal	Photos 2020-4-29	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:21	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:21	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:21	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:21	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:21	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	Photos	Normal	Photos 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	PHOTO Driving License	F	Normal MTCJ Driving license 2020-4-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Apr 2020 15:20	SAS	Normal	SAS 2020-4-29

Video List

Uploaded By/Data Folder Data File Name Status

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 : 5107314817-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle	: FZ8375H
Chassis Number	: JH2NC39975M100040
2. Name of Policyholder	: MOHAMED HAFIZ BIN SYED MAIDEEN
3. Effective Date of Insurance	: 16 Feb 2020
4. Expiry Date of Insurance	: 15 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMED HAFIZ BIN SYED MAIDEEN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEEDWAY MOTOR PTE LTD
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 : AXIS LINK PTE LTD (00000614797)
 Date of Issue : 03 Feb 2020 21:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive