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Owner/Driver: (17		Cover Type: (1.
	od: (Dates.	Time	-)
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		Involve dated		Pas Charges	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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	07/07/2020 16:12
Date Of Accident	07/07/2020 07:00
Exact Location Of Accident	JUNCTION OF LOR 4 TOA PAYOH/TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE
or feel of considering a profession of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE5455M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NRIC No	SXXXX518H
Email Address	MUHD_ISKANDAR87@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91123920
Alternative Phone No	OFFICE-91123920
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5057769922-07
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NRIC No	SXXXX518H
Date Of Birth	19/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123920
Fax Number	
Contact Number	OFFICE-91123920

MUHD_ISKANDAR87@HOTMAIL.COM

Address

BLK 179 TOA PAYOH CENTRAL

#04-464

Postcode

310179

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 ON COLLISION

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING .

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200707/2040

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 Vehicle Make/Model/Colour

FBK2125D

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

CHIA YAM HENG

NRIC/Passport Number

SXXXX694C

Contact Number

93370922

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ISKANDAR BIN ELHAM WIJAYA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBE5455M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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: 7/7/20

2.50pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (01/07/2020)(DD/MM	(/YYYY), TIME:(O' : OO)(HH;MM)-
LOCATION: Too Payot Lon 4	Hoa Rayon Central
	(104 1- John Central
1. DETAILS OF VEHICLE	
· a) VEHICLE NUMBER: FBE 5456A	
DINSURANCE COMPANY: NTUE IN	YCOME
CJPOLICY NUMBER:	
dipolicy type: (COMPREHENSIVE / THIR	D PARTY / THIRD PARTY FIRE &THEFTI
BIMAKE & MODEL: MONOH CISE	LOCORR
TITYPE:(SACOON / COUPE / MPV /V AN /	LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMA	MERCIAT / MOTORCYCLEI
THE POSE OF USING AT ACCIDENT TIME	Croing to work.
IJ ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE EXESTINO!
IF NO. PLEASE STATE (THIRD PARTY CLAIM	M / REPORTING ONLY)
AINAME: Muhammac lakardar Bin	AN MALE / FEMALE
DINKIC/FIN/PASSPORT: 5870 4618H	CONTACT. 91123920
CIADDRESS: BIK 179 Too Payor	central #04-464
5 pore 210179	
는 CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
(Individual -) DINAME: As Above.	
MULLIAMY SINVER) HINDIC/FIN/PASSBORY	(MALE / FEMALE)
() c)ADDRESS:	CONTACT:
ALTANOMAS AND	(*)
"d)DATE OF BIRTH: (19 / 02 / 1987)(DD/MM/YYYYI
e)OCCUPATION: (HIDOOR / OUTDOOR)	
FIDSTE OF DRIVING PACC 17/03	3/2009
4. WAS DRIVER AN EMPLOYEE OF THE INS	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER I	WITH INSURED.
5. a) WEATHER CONDITION: (CLEAR / RAINING	G / OTHERS
b)ROAD SURFACE: [DRY / WEF / OTHERS	7. It a
6. WAS ANYBODY INJURED (YES ANO) 7. O)REPORTED TO POUCE (YES ANO)	# 3X 14
IE VES BLEASE STATE VALUE OF THE	To B . C. I INDC
IF YES, PLEASE STATE WHICH POLICE STATE 8. THIRD PARTY VEHICLE	ON: 104 Tayou Certai NYC
THE OF PASSONNER OF VEHICLE AND LIBER FB152125D	MODEL: P.G.O IME IGO WEL BIKE 3 NLO
Including driver) b) DRIVER'S NAME: Chia Yem Hong (1) NRIC/FIN/PASSPORT: 50492694	MODEL: 1. G.O 11. 1-2 WEE 11E SELE
(1) NRIC/FIN/PASSPORT: 50492694	CONTACT: 93370922
7. THIRD PARTY VEHICLE	
Ho of passinger of VEHICLE NUMBER:	MODEL:
Ind I Driver Strame	
NRIC/FIN/PASSPORT:	CONTACT:
()	
13	

email = muhd_iskandar 87@Lotmail.com. VIDED





1 of 4

Report No. T/20200707/2040

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2020 13:05			Vide Report No.:	Station Diary No.: 52			
Informa	nt's Particu	ulars					
MUHAM	Informant: MAD ISKAI WIJAYA	NDAR BIN	Address: APT BLK 179 TOA PAYO 310179	H CENTRAL #04-464 SINGAPORE			
ID Type / ID No.: NRIC NO / S8704518H			Contact No.: Home/Office: Mobile: 91123920				
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 33 19/02/1987			Email:				
			Type of Informant: Rider				
Race: Malay			Language: Institution / School Nam				
Occupation:			Driving Licence Information: Class: 2B.2A.3.4.5 Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambula	Drink nce Drive: No	Date/Time of Accident: 07/07/2020 07:00	Type of Location
Location: Junction of R LORONG 4 T TOA PAYOH				
Weather: Clear	1.95	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
				Anyone conveyed by

Details of v	ehicle Involve				1 - 111	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBE5455M	Motorcycle	HONDA	CBR1000RR	Orange	Slightly Damaged	0
FBK2125D	Motorcycle	P.G.O.	I ME 150 WEL BIKE 3- WHEELER	Red	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

2 of 4 Report No. T/20200707/2040

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Incurence No.	1-	
	NITUC Income I	Insurance No	Effective	Expiry Date
	Limited Limited	5057769922-07	10/06/2020	09/06/2021

Details of Pers Any Pedestrian			1997				
No. of Pedestria	ins Injured: NII		100				
Rider	THE THE		Use of	Pedestria	in Cros	sing; NA	
Name	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA			ID N	0.	S8704518H	
Related Vehicle	FBE5455M (Motorcy	cle)		Cont	act No.	91123920	
Hospital/Clinic	RAFFLES MEDICAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date Treatment	07/07/2020	115	The second secon			/2000	
No. of Days gran	ted Medical Leave	04	Degree	scharge 07/07/2020 of Injury Slight			
Rider			Degree	Or Injury	Silgini		
Name	Chia Yam Heng			ID No		S0492694C	
Related Vehicle	FBK2125D (Motorcyc	le)		Conta	ct No.	93370922	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g e &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Dis		NIL		
vo. of Days grant	ed Medical Leave	NIL	Degree o	floiup	NIL		

Brief Details.

On 7/7/20 at around 0700hrs, I was trave!ling along Lorong 4 Toa Payoh, on the first lane going straight.

The traffic light was still green so I proceeded forward. Suddenly, one motorcycle turned right towards toa payoh central. I saw the right turning green arrow was not turned on yet. I did not know why he turned right.

I tried to brake but could not stop it in time. Both our vehicles colided into each other. I fell down and tried to stand up. Next, I exchanged particulars with the other driver and took photos of the damaged vehicle.

Next, traffic police and ambulance arrived. Traffic police took down our details and left the scene vide incident E/20200707/0020 under IO Jofi, 65476960.

I suffered injuries on both elbows, right pelvic and right shin. Ambulance came and conveyed me to hospital. Doctor assessed me and gave me 4 days mc.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

3 of 4 Report No. T/20200707/2040

CONTINUATION OF REPORT

Next, I came to police station to lodge a report.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

4 of 4 Report No. T/20200707/2040

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 Record E / Sgt 3 KUAH JIA HAO	ing The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 07/07/2020 13:05
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476178		Classification Of Case:
Authentication Stamp	2	
51	GNATURE	

Claim Handling Accident MT/1056397 Policy No. 9657759933-87 Vehicle No. PRES433H GOT Registration No. Certificate No. Policyholder Name HUHAMMAD ISKANDAR BIN ELHAM WIJAYA Policyholder NRIC 5870+519H Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Trust Ineting: Contact No.(Monie) 91123920 Contact No. (Office) Contact No (Hume) Small Address Special Remark **BCode** No. Tes TOW. score Reason NCD Protection No NCD Entitlement(%) Private Hiro - Accident Delaite Report Date 67/07/2020 16:22 Accident Report Within 24 hrs. Yes Assident Type Collision - Head on collecte Date of Accident 97/07/2920 Time of Accident blumm Country of Accident Singapore. Reporting Control Orange Force ICM No. JUNCTION OF LOW # TOA PRYCHITGA PAYON CENTRAL Total Excess Applicable Fer Azodent Windstreet Facess OD Standard Excuse B.nn TP Standard Excess a po VIED OU EXCESS 0:00 YEED TP EXCESS 0.00 Driver H. Covered? Not Covered Additional Facine Tidal OD Excess Applicable Total TP Excess Applicable 0.00 □ GST Registered Information GGT Regimensil GST Registration Date GST Segistration No. GST Status Verified Ten North atom History → Policyholder Mailing Address Address T BLK 175 #94-464 Address 2 TOA PAYON CENTRAL Address J SINGAPORE X10179 Address Type Singapore address Post Code 310179 UNIT NO 04:454 Retated Policy Number 5057789922-07 to the Driver Late. Driver Name MUHAMMAD JEKANDAR BON ELHAM WIDAYA Utramed envir Name 887045184 Driver DOS V9/02/1087 Register Data of Driver License Driver Age 18/09/2006 33 Driving Experience 11 Contact No.(Mobile) 91123920 Contact Wo (Office) Contact No.(Home) Appress 1 DLK 179 #04-404 TOA PAYOR CENTRAL Appress 3 SINGAPORE STOLEN Address 4 Address Type Вінраріля воднеза Post Code 310129 tret No. 04-464 Docume own a Singapore Registered car? Yes - No Driver Venicle No. Driver Draumer Company PRESASSIN KTUC Dectaration Breathalyser or Blood Test Reading? any injury? Yes 240 Modification Hallory Claim BDI OD-MX NEW Claim Type * MUHAMMAD ISKANDAR BIN EUI NACC DO-MK SE704518H Contact No.(Mobile) 91123930 Email Address HUHD_ISHANDARE?BHCTHAIL Vehicle 738154039 FBK2175D Claim Description FBE5455M / FBH2125D ON 7 Jul 2020 Inspect Listing Not at Fault Experies Preferred Workshop, Na Option Workshop Bertier No. The Finalization Preferred Workshop, Name Date Registered u7/07/2020 15:25 97/97/2020 0 Report Taken By ROSLI WANKE Print AK letter Save Sament Attachment Accident No. MT/1096297 100 Last Disc. Received # Yes Ci to Upman Done 07/07/2020 14:3W Path + Category * Пинстрони з Choose File No file chosen Clear Choose File No file chosen Clear ٠ Please Select NO. Choose File No file chosen Clear Please Seinch ¥ Choose File No file chosen Chair Please Select ¥ NO Chaose File No Sie chosen Clear Please Select Chacse File No Sie chosen Clear Fleanu Select NO Send H Attachment List Attachment Uploaded By/Cete Canegory Urgenia Description NAC_BUKIT_MERAH_BOXXYX(NATIONAL ASSESSMENT CENTRE SERVICE Protest Normal Photos 2020-2-7

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Universit By/Date

Fooder Date

3 (BUKIT MERAH)) on 07 Jul 2020 15:34

WASHEST -				
NAC_BLATT_MERAH_BUSST6! NATIONAL ASSESSMENT CENTRE SERVICE S (SURIT MERAH)) am 57 Jul 2022 15:33	545		hiormal	SAS 2025-7-7
NAC_BLWIT_MERAH_BOORFO; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 07 Jul 2020 16:33	NRIC/ Driving Comme	×	Nurricul	ARIC/ Driving License 2023-7-7
NAC_BURZT_MERAN_BOOKTO(NATIONAL ASSESSMENT CENTRE SERVICE S (BURT MERAN)) AN 07 JW 2020 16:33	Phutoe		Normal	Protos 2010-7-2
NAC_BURIT_MERAH_BOOK/36; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 07 Jul 2020 16:33	Photos		Normal	Photos 2020-7-7
NAC_BURT_MERAM_BOOKTE; NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURT MERAM)) on 07 Jul 2020 16:33	Phonos		Northyal	Printes 2020-7-7
NAC_BURST_HERAH_BOGGFG; NATIONAL ASSESSMENT CENTRE SERVICE S (BURST HERAH)) on 07 Set 2020-10:33	Photos		Normal	Printers 2020-7-7
NAC_BURST_HERAH_BOCKTO(NATIONAL ASSESSMENT CENTRE SERVICE S (BURST MERAH)) an 97 Jul 2020 16:34	Photos:		Normal	Photos. 2029-7-7
NAC_BURIT_HERAH_BUGG76; NATIONAL ASSESSMENT CENTRE BERVICE S (BURIT MERAH)) on 07 Jul 2020 16:24	Photos		Normal	Phones 2020-7-7
NAC_BUNIT_HERAH_BDC676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 07 3st 2070 16:34	Photos		Nonmal	Photos 2030-3-7
NAC_BUN37_MERAH_BODE76(NATIONAL ASSESSMENT CENTRI) SERVICE 5 (RURTT MERAH)) on 57 Jul 2020 14:34	Hutton		Normal	Photos 2020-3-3
NAC_BLACT_MIRAH_BIDETG(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 07 Jul 2020 16:34	Photos		Normal	Phoose 2020-7-7
NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 07 Jul 2020 16:24	Photos		Normal	Phobas 2020-7-7
MAC_BUKIT_MIRAH_BODS78(MATIONAL ASSESSMENT CENTRE SERVICE 8 (RUNIT MEARH)) on 07 Jul 2020 16:34	Printed		Nacross	Photos 2000-7-7
NAC_BUKIT_HERAH_BOODTR(NATIONAL ASSESSMENT CENTRE SERVICE S (BLKIT MERAH)) un 07 Jul 2020 15 (3e	Prettics		Normal	Photos 2520-7-7
NAC_BUKIT_PERAH_888876/, NATIONIA, ASSESSMENT CENTRE SERVICE 3. (BLAKIT MEARH)) on 07 Jul 2020 16:3#	Photos		Narryul	Photos 2020-1-7
AAC_HUKIT_MERAH_BOOSTG(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on U7 Air 2020 16:34	Photos		Nurmal	France 2020-7-7
AAC_BUNCT_MERAH, BOOKPAC NATIONAL ASSESSMENT CENTRE SERVICE S (BLIKIT MERAH)) an 07 Ma 2020 16:34	Photos		Normal	Photos 2020-7-7
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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 : 5057769922-07

Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to driven (a) Named Driver(s) Only.

Cover : Third Party, Fire & Theft : FBE5455M

: JH25C59AX9K101984

MUHAMMAD ISKANDAR BIN ELHAM WUAYA

: 10 Jun 2020

: 09 Jun 2021

- 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. 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

EXCESS (SECTION 1)

EXCESS (SECTION 2)

EXCESS (THEFT OUTSIDE SINGAPORE)

INSURE WITH COE

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

N/A

N/A

: PLEASE REFER OVERLEAF

: MUHAMMAD ISKANDAR BIN ELHAM WIJAYA : MOHAMED BAHTIAR BIN MOHAMED ZAINI

: N/A

: 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

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 01 Jun 2020 13:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive