

NATIONAL Assessment Centre Services. Inst 1 Jan 2001

MNBY 20058366

Date In: 09/01/2020 17:45	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 2000 79714	SAS e-illing		
Veh No: FRM 4828E	E-mail (if job done, AIC 2hrs)		
UOA: 16/06/2020 19:205	I-Motor Claim Form	MN/10976532-001	09/01/2020 18:52
QID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / W/ins		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: RHD 6453X INC () / Non-INC () Tel: ()

Owner / Driver: ()

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: YRS () / NO ()

Excess: (\$) Loading: \$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 () ; Invoiced YRS () / 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: _____

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$110
	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (Inst 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NIUC Additional Services	
	QID:	\$5
	*NI: Courtesy Car / Tpl Allowance	\$10
	*NG: Repair Coordination	\$25
	*TF: Post Repair Inspection	\$3
	*ND: DV / Collect Excess Coordination	\$20
	TE (NIUC) YP (Non-INC) against INC	\$30
	9) NI: Ideal Mobile	
	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	09/07/2020 17:45
Date Of Accident	16/06/2020 19:05
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4828K
Insured/Policyholder	
Name Of Registered Owner	ZUBAIDAH BINTE RAHMAT
NRIC No	SXXXX052B
Email Address	RAFIS.AM.KHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82006743
Alternative Phone No	OTHERS-82006743
Vehicle Particulars	
Manufacturer	HONDA
Model	CB190R-184CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME FROM 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105378260-01
Cover Note Number	

Driver

Name of Driver	ZUBAIDAH BINTE RAHMAT
NRIC No	SXXXX052B
Date Of Birth	22/06/1969
Occupation	INDOOR
Date Of Driving Pass	14/05/2007
Driving Experience	13 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82006743
Fax Number	
Contact Number	OTHERS-82006743
E-Mail Address	RAFIS.AM.KHAN@GMAIL.COM

Address	BLK 45 STIRLING ROAD #07-456
Postcode	140045
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200618/7004 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHD6453X
Vehicle Make/Model/Colour	TOYOTA PRIUS
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)

DETAILS OF INJURED PERSON 1

Name	ZUBAIDAH BINTE RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM4828K
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:

23.10/21 9/7/20

17.25

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Handwritten Signature]
[Handwritten Name]
[Handwritten NRIC/FIN No.]

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 06 / 2020) (DD/MM/YYYY), TIME: (19 : 11) (HH:MM)

LOCATION: ALONG TROCK BLANGAH ROAD TOWARDS KEAPAL ROAD AFTER MARANG RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM4928K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CB190R
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY HOME FROM WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ZUBAIDAH BINTE RAHMAT (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 96927052B CONTACT: 82006748
C) ADDRESS: 45 STIRLING RD #07-456 S'PORE 140045

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AR ABRAK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (22 / 06 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS 14 MAY 2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 6432Y MODEL: Taxi
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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = rafis.am.khan@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200618/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20200618/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2020 11:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZUBAIDAH BINTE RAHMAT			Address: APT BLK 45 STIRLING ROAD #07-456 SINGAPORE 140045		
ID Type / ID No.: NRIC NO / S6927052B			Contact No.: Home/Office: Mobile: 82006743		
Nationality: SINGAPORE CITIZEN			Email: rafis.am.khan@gmail.com		
Sex: Female	Age: 50	Date of Birth: 22/06/1969	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Office cleaner		Driving Licence Information: Class: 2B		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2020 19:05	Type of Location: Straight Road
Location: TELOK BLANGAH ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
FBM4828K	Motorcycle	HONDA	CB190R MANUAL	Yellow		0
SHD6453X	TAXI	TOYOTA	PRIUS	Maroon	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4828K	NTUC Income Insurance Co-Operative Limited	5105378260-01	10/11/2019	13/11/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZUBAIDAH BINTE RAHMAT	ID No.	S6927052B
Related Vehicle	FBM4828K (Motorcycle)	Contact No.	82006743
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/06/2020	Date Discharge	17/06/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

Around 1900 hrs I was riding home from work. Before i exited the carpark (Marang Road Carpark), i check for oncoming vehicles and the road was clear for me to proceed. Also, there was a car in front of me. I Exited slowly. I was riding around 30 to 40km/hr as i just exited the car park and the road was wet. As i was riding out the carpark, i was riding slowly and after around 20 meter forward suddenly there is a Taxi (SHD6453X) that hit me on my right side. Taxi head hit me on the right side of the bike. It was around 1910 hrs to 1915 hrs when it happened. The taxi driver was on the opposite side of the road making a wide u-turn into the taxi stand. I was pushed by the taxi and fell on my right side. The bike fell on the right side and pinned my leg down. The Taxi driver rush out of his car saying sorry as he did not see me at all. He pulled the bike up and i told him to move it slowly as i can feel pain on my right leg. Another rider with his wife stopped and rendered assistant to me. The couple helped push the bike to the side of the road and move me to the side of the road which is at the taxi stand. The taxi driver keep insisting that he wanted to send me to the hospital with his taxi. But the couple told him no. The rider wife called for the ambulance. While waiting for the ambulance to come. The couple was talking to the taxi driver and explaining what he did wrong but the taxi driver keep insisting that he did not see me at all. I will attached a few photos of the accident and location which was taken by the wife of the rider who was assisting me. I was lying down at the side of the road motionlessly as i couldn't move my leg and i was in shocked and traumatized by the experience. Around 15 mins later an ambulance came and brought me to Singapore General Hospital.



**SINGAPORE
POLICE FORCE**



T/20200618/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200618/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/06/2020 11:32

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/26149/2020
Date : 29 June, 2020

ZUBAIDAH BINTE RAHMAT
BLK 45 STIRLING ROAD
#07-456
SINGAPORE 140045

Dear Sir/Madam

**ACCIDENT INVOLVING FBM4828K & SHD6453X ALONG TELOK BLANGAH
ROAD TOWARDS KEPPEL ROAD AFTER MARANG ROAD ON 16 JUNE 2020
AT 1911 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of SHD6453X had committed an offence of Careless Driving causing hurt under Sec 65 (4) (a) of the Road Traffic Act. Action has been initiated against the said driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Daniel Yan MingSheng at 65476252 or via email at Daniel_Yan@spf.gov.sg

Yours faithfully

Perlin Chong
for Head Investigation
Traffic Police

Claim Handling

Accident #**MT/1096522**

Policy No.	SI05378260-01	Vehicle No.	FBM4828K	GST Registration No.	
Certificate No.					
Policyholder Name	ZUBAIDAH BINTE RAHMAT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S6927052B
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82006743	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No *
ePK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	18	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	09/07/2020 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	18/06/2020	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK BLANGAH ROAD				

Total Excess Applicable

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

Benefits

GET Registered Information

GET Registered	No	GET Registration Date		GET Status Verified	Yes
GET Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 45 #07-456	Address 2	STERLING ROAD	Address 3	SINGAPORE 140045
Address 4		Address Type	Singapore address	Post Code	140045
Unit No.	07-456	Related Policy Number	SI05378260-01		

DI Driver Info

Driver Name	ZUBAIDAH BINTE RAHMAT	Driver Type	Main Driver	Driver NRIC	S6927052B	Driver DOB	22/06/1969
Unmashed driver name		Driver Age	50	Driving Experience	13	Contact No.(Office)	
Register Date of Driver License	14/05/2007	Contact No.(Office)		Contact No.(Home)		Address 1	BLK 45 #07-456
Contact No.(Mobile)	82006743	Address 2	STERLING ROAD	Address 3	SINGAPORE 140045	Unit No.	07-456
Address 1	BLK 45 #07-456	Address Type	Singapore address	Post Code	140045	Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address 4		Driver Vehicle No.	FBM4828K	Driver Insurer Company	NTUC		
Unit No.	07-456						

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 **Rec**

Claim Type *	OO-HR	Insured Name	ZUBAIDAH BINTE RAHMAT	Insured NRIC	S6927052B
Contact No.(Mobile)	82006743	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT Vehicle Number	FBM4828K	TP Vehicle Number	SND6451X
Claim Description	FBM4828K / SND6451X ON 16 Jun 2020				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Workshop, Name unknown	
Damage No. Finalisation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Repair Option		GIA report	Received
Date Registered		Claim Close Date	09/07/2020 18:01	Date Received	09/07/2020 00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1096522	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/07/2020 18:02
Path *		Category *	Confidential <input type="checkbox"/> Urgency *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Max Size (GB)
NAZ_BUKIT_MERAH_80067% NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Jul 2020 18:02		Photos	Normal	Photos 2020-7-9	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	Photos		Normal	Photos 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	NRIC/ Driving License	X	Normal	NRIC/ Driving License 2020-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2020 18:02	SAS		Normal	SAS 2020-7-9

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5105378260-01

Cover : Third Party, Fire & Theft

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBM4828K |
| Chassis Number | : LWBPCL108H1005593 |
| 2. Name of Policyholder | : ZUBAIDAH BINTE RAHMAT |
| 3. Effective Date of Insurance | : 10 Nov 2019 |
| 4. Expiry Date of Insurance | : 13 Nov 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)	: ZUBAIDAH BINTE RAHMAT
NAMED DRIVER (2)	: JUMADI BIN MUSAADI
HIRE PURCHASE COMPANY	: UNIVERSAL MOTORS 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 : HOR BOON HONG (00000602454)

Date of Issue : 10 Nov 2019 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive