

# NATIONAL Assessment Centre Services.

Print & Save

MMH42005948

Date In: 14/07/2020 16:27	Job description	Date & Time Completed	Done by
Ref No: NHA-NC20007302/4	SAS e-filing		
Veh No: FBL 4882H	E-mail (Job No, AIC No)		
UOA: 14/07/2020 10:50	I-Motor Claim Form	MD1096881-001	15/07/2020
OD: TP: Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		10:32
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL/SP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PC 582AR	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 repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: _____
Date: _____
_____
_____
_____

NA2003728	Invoice	Invoice No	Invoice Date
Driver/Owner:	1) AR: 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) PT: Follow-Through Survey \$120		
	5) PF: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Ideal DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	• NS: Courtesy Car / Tpl Allowance \$5		
	• NG: Repair Coordination \$10		
	• NR: Post Repair Inspection \$25		
	• ND: DV / Collect Excess Coordination \$5		
	TE (NI): TPQW (INC) against 100 \$20		
	• NI: Ideal Mobile \$0		
	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	14/07/2020 16:27
Date Of Accident	14/07/2020 10:50
Exact Location Of Accident	BLK 392 YISHUN RING ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4882H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IZ BIKE RENTAL
Co Reg No	5XXXX075B
Email Address	IZBIKERENTAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92335454
Alternative Phone No	OFFICE-88084536

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5115441985
Cover Note Number	

### Driver

Name of Driver	MOHAMAD SHAH REEZA BIN ABDUL HAMID
NRIC No	SXXXX075D
Date Of Birth	09/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2007
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92335454
Fax Number	
Contact Number	OTHERS-88084536
Email Address	MOHAMADSHAHREEZA@GMAIL.COM

Address	BLK 427 YISHUN AVENUE 11 #03-602
Postcode	760427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200714/2067

#### 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	PC5828R
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

MOHAMAD SHAH REEZA BIN ABDUL HAMID

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBL4882H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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:

14/07/2020  
1618hr

GIA RMC Sketch Plan Form V2



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

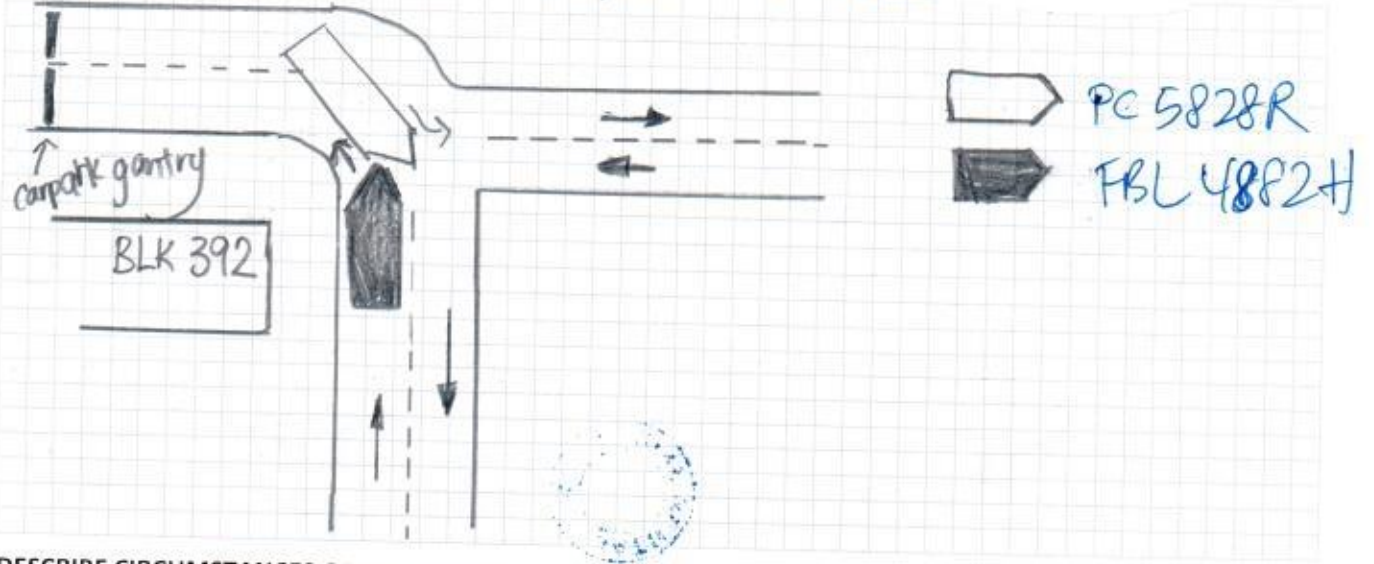
14/07/2020  
1630hrs

14/07/2020

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

SKETCH PLAN

BLK 392 Yestham River Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to truck report T/20200714/2067

DECLARATION

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



Policyholder's Signature  
Date & Time:

QARAF SketchPlanForm\_V3

thick-

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

14/07/2020  
1630hrs

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

14/07/2020  
1682 hours



# ACCIDENT STATEMENT

ACCIDENT DATE: 14/07/2020 (DD/MM/YYYY), TIME: 10:50 (HH:MM)

LOCATION: BIK 392, YISHUN AVE 6, SERVICE ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL4882H  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5115441985-000006  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA SNIPER T150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY 1050hr  
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: 12 BIKE RENTAL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: UEN: 534070758 CONTACT: 92335454  
c) ADDRESS: 119C KIM TIAN ROAD #04-228 S(163119)

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

## DRIVER

- a) NAME: MOHAMAD SHAH REEZA BIN ABDUL HAMID (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8724075D CONTACT: 88084536  
c) ADDRESS: 427 YISHUN AVE 11 #03-602 S(760427)

\* d) DATE OF BIRTH: 09/08/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/2A/2/3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: RIVER VALLEY NPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC5828R MODEL: TOYOTA HIACE  
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: \_\_\_\_\_

12bikerental@gmail.com

email = mohammadshahreeza@gmail.com

VIDEO





Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/07/2020 15:45	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

<b>Informant's Particulars</b>			
Name of Informant: MOHAMAD SHAH REEZA BIN ABDUL HAMID		Address: APT BLK 427 YISHUN AVENUE 11 #03-602 SINGAPORE 760427	
ID Type / ID No.: NRIC NO / S8724075D		Contact No.: Home/Office: Mobile: 88084536	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 09/08/1987	Type of Informant: Rider
Race: Boyanese		Language: English	Institution / School Name:
Occupation: SAFETY OFFICER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2020 10:50	Type of Location: Car Park
Location: Along Road 1 YISHUN RING ROAD				
within the carpark vicinity near to Blk 392 Yishun Ring Rd.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4882H	Motorcycle	YAMAHA	SNIPER T150	White	Slightly Damaged	0
PC5828R	Van	TOYOTA	HIACE	Grey	No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20200714/2067

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MOHAMAD SHAH REEZA BIN ABDUL HAMID	ID No.	S8724075D
Related Vehicle	FBL4882H (Motorcycle)	Contact No.	88084536
Hospital/Clinic	YIM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/07/2020	Date Discharge	14/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	One male Chinese	ID No.	NIL
Related Vehicle	PC5828R (Van)	Contact No.	NIL
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.**

I am the abovementioned and has rented the said motorcycle ( FBL4882H) from the rightful owner since 25th February 2020.

The owner's details are as follows:-

Boo Chin Leong  
S7520962B  
Blk 119C Kim Tian Rd  
#04-228  
C/no:-90018711(hp)

On 14th July 2020 at about 1050hrs, I encountered an accident while riding his motorcycle ( FBL4882H). While I was about to exit the carpark of Blk 392 Yishun Ring Rd, I saw a van ( PC5828R) which was entering into the carpark at that time. The accident happened before I reached the exit barrier of the carpark. I wish to state that the turning gradient of the carpark entry was rather narrow. I saw the van moving towards me and cutting into my lane. As I was trying to avoid going head-on with the van (PC5828R) , I then lost control of the motorcycle and as a result sustained a fall after the van move in. I am also unsure how many passengers are in the van at that time. I believe it is a school passenger van.

The damages to the motorcycle are as follows:-

- 1) Front fork bent
- 2) Mounting on the fork damaged
- 3) Broken clutch lever
- 4) Some scratches on the body and handle.



**SINGAPORE  
POLICE FORCE**



T/20200714/2067

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

3 of 4

Report No. T/20200714/2067

**CONTINUATION OF REPORT**

I then called for Police assistance at scene and the officer advised me to lodge an accident report to claim insurance against the said van driver.





SINGAPORE  
POLICE FORCE



T/20200714/2067

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

4 of 4

Report No. T/20200714/2067

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:  
E /  
Staff Sgt NORMAN BIN JALAL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 ABDUL MUHAJIB BIN HUSSAIN  
Contact No.: 65476845

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
14/07/2020 15:45

Classification Of Case:

# IZ BIKE RENTAL

Reg No. 834070758

Tel: 90018711, 9235454

## Motorcycle Rental Agreement

Particulars of Hirer	
Name	MOHAMMAD SHAH REEZA BIN ABDUL HAMID
NRIC / PRB / FIN	587240750
Address	BLK 427, YISHUN AVENUE 11, #03-602 SINGAPORE 760427
Date of Birth	9 August, 1987
License Pass Date	10 March, 2007
License Issue Date	10 March, 2007
Contact Number	88084536

Vehicle Details	
Rental Agreement Number	
Date	
Registration Number	FB14882H
Registration Date	15/11/2016
Make / Model	YAMAHA SHIVER T150
Colour	White
Engine Number	G3E6E0229559
Chassis Number	MH3UG874000035417
U Number	714620110
OUT Date	25-02-2020
OUT Time	1930hr
OUT Mileage	
OUT Fuel Level	
OUT Defects (if Any)	
IN Date	
IN Time	
IN Mileage	
IN Fuel Level	
IN Defects (if Any)	
Delivery of Vehicle	
Collection of Vehicle	

The above Hirer and Additional Driver(s) agree to lease the abovementioned vehicles from I-Z Limos Services and be liable for all Damages, Repairs, Insurance Excess, Accident Liability & Traffic Offences Summons incurred during the rental period. Hirer & Additional Driver(s) agree to and accept the following Terms & Conditions:

- 1) Vehicle rental Rates at \$ 400 per (Day/Week/Month), to be paid as \$ 400 weekly/monthly.
- 2) Minimum Rental Period of 1 ~~7~~ Days/Weeks/Months, Failing Which Deposit Will Be Forfeited.
- 3) Rental Period of 1 Days/Weeks/Months.
- 4) To Pay A Deposit of \$ 100 During The Term Of This Agreement, to defray fully or partially the cost of necessary repairs, insurance excess or replacement. Deposit is Fully Refundable At The End Of The Rental Period Up To A Maximum Of 3 Days, As Long As The Rental Agreement is Adhered To And There is No Outstanding Monies Owed & Issues Not Settled (Repairs/Damages/Summons/Etc).
- 7) To Bear the Insurance Excess of \$1500 & Accident Liability of \$1500 in the event of any insurance claim. If Hirer or Driver is below 22 years old and/or has a less than 2 years license, the Insurance Excess will be doubled.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD & AGREE THAT THE RENTAL OF THE ABOVEMENTIONED VEHICLE BY IZ BIKE RENTAL TO YOU IS GOVERNED BY THE TERMS OF THIS RENTAL AGREEMENT STATED ABOVE (THIS PAGE) & THE GENERAL DEFINITIONS, STANDARD TERMS & CONDITIONS OF THE RENTAL AGREEMENT OVERLEAF (NEXT 2 PAGES, TOTAL OF 3 PAGES)

HIRER Sign (Co. Stamp) & Date	Mohamed Shah Reza <i>[Signature]</i>
-------------------------------	---

IZ BIKE RENTAL	
Name: Boo Chin Leong	Signature & Date
NRIC: S75209628	<i>[Signature]</i> 25/2/20

HAZEL HUB



## 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** : 5115441985-000006

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

1. Index mark and Registration Number of Vehicle

: FBL4882H

Chassis Number

: MH3UG0740G0035417

2. Name of Policyholder

: IZ BIKE RENTAL

3. Effective Date of Insurance

: 24 Feb 2020

4. Expiry Date of Insurance

: 23 Feb 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)

: S\$1,500

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: N/A

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 : ABWIN PTE LTD (00000614234)

Date of Issue : 08 Jan 2020 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1096881

Policy No.	5115441985	Vehicle No.	FBL4882H	GST Registration No.		
Certificate No.	5115441985-000006					
Policyholder Name	IZ BIKE RENTAL					
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53407075B	
Contact No.(Mobile)	92335454	Contact No.(Office)		Loading	0	
Email Address	izbikerental@gmail.com	Special Remark		Contact No.(Home)		
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No	
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason		
Accident Details			Private Hire			Yes
Report Date	15/07/2020 10:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe	
Date of Accident	14/07/2020	Time of Accident hh:mm	10:50	Country of Accident	Singapore	
Reporting Centre		Orange Force		TCM No.		
Accident Location	BLK J92 YISHUN RING ROAD CARPARK					
Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess				
OD Standard Excess	0.00	TP Standard Excess	1,500.00			
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
Additional Excess						
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00			
Benefits						
GST Registered Information						
GST Registered	No	GST Registration Date		GST Status Verified	Yes	
GST Registration No.						
Modification History	15/07/2020 10:28:54 System changed GST Status Verified from No to Yes					
Policyholder Mailing Address						
Address 1	BLK 119C #04-228	Address 2	KIM TIAN ROAD	Address 3	KIM TIAN 119	
Address 4	SINGAPORE 163119	Address Type	Singapore address			
Unit No.	04-228	Related Policy Number	5115441985	Post Code	163119	
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/08/1987	
Unnamed driver Name	MOHAMAD SHAH REEZA BIN AI	Driver NRIC	S8724075D	Driving Experience	13	
Register Date of Driver License	10/03/2007	Driver Age	32	Contact No.(Office)		
Contact No.(Mobile)	88084536	Contact No.(Office)		Contact No.(Home)		
Address 1	BLK 427 #03-602	Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760427	
Address 4		Address Type	Foreign address	Post Code	760427	
Unit No.	03-602					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBL4882H	Driver Insurer Company	NTUC	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No			
Modification History						

Claim 001 New

Claim Type *	OD-MK	Insured Name	IZ BIKE RENTAL	Insured NRIC	53407075B	
Contact No.(Mobile)	90018711	Contact No. (Home)		Contact No. (Office)	+	
Email Address	isaacbcd@gmail.com	OI Vehicle Number	FBL4882H	TP Vehicle Number	PCS828R	
Claim Description	FBL4882H / PCS828R ON 14 Jul 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	15/07/2020 10:31	
Date Registered				Date Received	15/07/2020 00:	
Report Taken By	ROSLI WAHAB					
<input type="checkbox"/> Print AK letter						
<div>Save Submit</div>						

Attachment

Accident No.	MT/1096881	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2020 10:32
Path *			
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Category *</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Confidential</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Urgency *</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	<div>Description *</div>
<div>Choose File No file chosen</div>		<div>Clear</div>	
<div>Choose File No file chosen</div>		<div>Clear</div>	
<div>Choose File No file chosen</div>		<div>Clear</div>	
<div>Choose File No file chosen</div>		<div>Clear</div>	
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH); en 15 Jul 2020 10:32		Photos	Normal
Description			Msg Sent? (CO)
Photos 2020-7-15			





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:32	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:32	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:32	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:32	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:32	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:32	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	Photos	Normal	Photos 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-15
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2020 10:31	SAS	Normal	SAS 2020-7-15

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

14/07/2020 16:10

Vehicle No.(For Motor)

FBL4882H

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115441985	5115441985-000006	IZ BIKE RENTAL	53407075B	GFM	Third Party, Fire & Theft	FBL4882H	FBL4882H	24/02/2020	07/01/2021

Continue