NATIONAL Assessment Centre Services. [ref: Jobs]. MNAY2006123

Date In: 28/07/2020 10:52	Job description	Date & Time Completed	Done by
Ref No: NBA/Tue20007596/4	SAS e-filling		
Veh No: PBA 2465Z	E-mail (Mobile 8hrs, AIC 2hrs)		
D.O.A: 18/07/2020 12:45	I-Motor Claim Form	MT1097695-001	28/07/2020 11:15
OD / (TP) / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMS 3294U INC( ) / Non-INC( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Dates Times)

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 repairer.

( ) 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 :

NA2003021

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($80)	
3) TP : Towing Fee	$40/$45	
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claims against INC Only (wef 10 Jan 2010)		
6) TR : Re-Inspection	$75	
7) NI : Idea DA + SMIU Survey	$160	
8) NIUC Additional Services:-		
OH:		
*N5: Courtesy Car / Tpt Allowance	$5	
*N6: Repair Co-ordination	$10	
*N7: Post Repair Inspection	$25	
*N8: DV / Collect Excess Coordination	$5	
TE (N11) : TP (Non INC) against INC	$20	
9) N12: Idea Mobile	30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 23/07/2020 10:59

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 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.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/07/2020 17:34
Date Of Accident	18/07/2020 12:45
Exact Location Of Accident	ALONG BEDOK NORTH AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2405Z
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOELOVEJESSIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88144896
Alternative Phone No	OFFICE-88144896
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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
Fleet Policy	NO
Policy Number	5109280207-01
Cover Note Number	
Driver	
Name of Driver	WONG JIAN WEN, NOEL
NRIC No	SXXXX347I
Date Of Birth	30/12/1988
Occupation	INDOOR
Date Of Driving Pass	30/12/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	+65-88144896
Fax Number	
Contact Number	OTHERS-88144896
EMail Address	NOELOVEJESSIE@GMAIL.COM

Address	BLK 826 TAMPINES STREET 81 #03-100
Postcode	520826
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	NO COLLISION
Weather Conditions	DRIZZLING
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?	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)	2
Passenger 1	NAME: : APRIL WONG SHI EN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200718/7018

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	SMS3294U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KOK SIONG
NRIC/Passport Number	SXXXX758Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	WONG JIAN WEN, NOEL
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBA2405Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	APRIL WONG SHI EN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBA2405Z
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.

SOUTHERN MOTOR TEL 82730383		23/07/2020
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200718/2018

DECLARATION

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

SOUTHERN MOTOR TEL: 62730369

Policyholder's Signature
Date & Time:

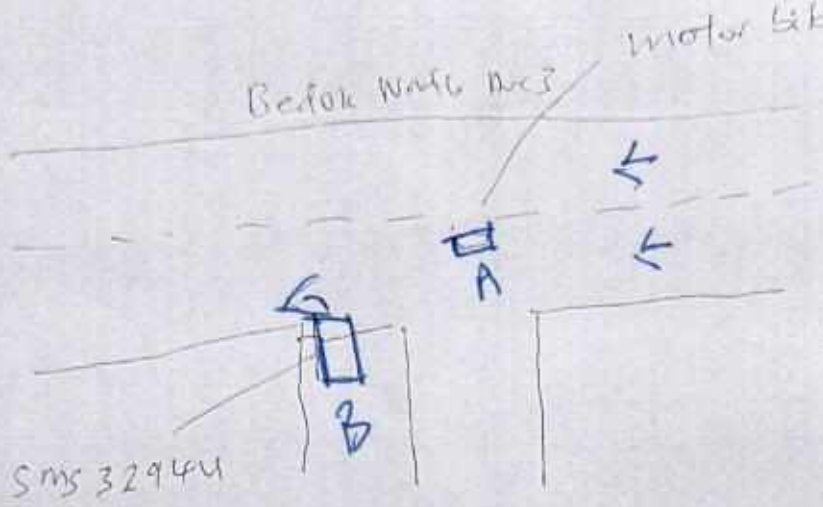
Driver's Signature
(If driver is not the policyholder)
Date & Time:

23/07/2020

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

Date : 18 Jul 2020

Time : 1245 (estimate)



I, Koh Kok Siong, S7722758Z, ~~a~~ driving SMS 3294U, was making a left turn. The bike had to brake hard to avoid knocking into me, and skidded as it was raining

28/07/2020

Koh Kok Siong
S7722758Z

NIGEL WANG
S8851971I

SINGAPORE POLICE FORCE

T/20200718/7018

Report No. T/20200718/7018

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/07/2020 19:48		

Informant's Particulars

Name of Informant: WONG JIAN WEN, NOEL			Address: APT BLK 826 TAMPINES STREET 81 #03-100 SINGAPORE 520826	
ID Type / ID No.: NRIC NO / S8851347I			Contact No.: Home/Office:	Mobile: 88144896
Nationality: SINGAPORE CITIZEN			Email: noelovejessie@gmail.com	
Sex: Male	Age: 31	Date of Birth: 30/12/1988	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Delivery			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2020 12:45	Type of Location: T-Junction
Location: BEDOK NORTH AVENUE 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: No collision (3rd party almost hit me)				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA2405Z	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20200718/7018

Report No. T/20200718/7018

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

CONTINUATION OF REPORT

Pillion			
Name	APRIL WONG SHI EN	ID No.	S9214016D
Related Vehicle	FBA2405Z (Motorcycle)	Contact No.	91834618
Hospital/Clinic	THE FAHRENHEIT MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2020	Date Discharge	18/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Rider			
Name	WONG JIAN WEN, NOEL	ID No.	S8851347I
Related Vehicle	FBA2405Z (Motorcycle)	Contact No.	88144896
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	18/07/2020	Date Discharge	18/07/2020
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

Along Bedok North Ave 3, I was riding on lane 2 before approaching a T-junction. Upon approaching the T-junction, a vehicle SMS3294U turned out abruptly without giving sufficient space for me to travel normally. As a result, the vehicle caused me to skid and fall. At that point in time, I was fetching my girlfriend. Both of us fell down.

We took the particulars of the 3rd party vehicle. And he wrote a note to us to confirmed that his abrupt driving caused us to fall. After the accident, we proceeded to see doctor.

SINGAPORE
POLICE FORCE

T/20200718/7018

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

Report No. T/20200718/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2020 19:48
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168

SOUTHERN MOTOR

Business Reg No: 234147001
Blk 1006, Bukit Merah Lane 2 #01-10, Singapore 159762
Tel: 6273-0369 (3 Lines) Fax: 6274-6614

RENTAL AGREEMENT

Agreement No: 2020/0724

Dated : 16-07-2020

Renter's Name	Wong Jian Wen Noel		
Renter's Address	Blk 826 Tampines Street 81 #03-100 S(520826)		
NRIC/ FIN/ PP	S8851347I	Start Date	16-07-2020
Licence No.	S8851347I	Return Date	22-07-2020
Contact No.	88144896 / 91534618	Security Deposit $	100.00 (O/R: 68384)
Vehicle No.	FBA2405Z	□ Transfer of S.D	Fr Agt:
Make/ Model	Yamaha Sparkle 135	Accessories	NIL

☑ Cash Rental: Rental Amount:$ 130.00 (Cash) Rental Days: 7 days

□ Rental Package: _____

Installment Plan: Monthly Rental Amount Payable: $ _____ No. Of Installments: _____

And Last Installment Amount Payable : $ _____

Your installments under the Rental Agreement will be paid every _____ day of every month commencing on the day _____.

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2. #01-10, Singapore 159762 (hereinafter referred to as the 'Owner") and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and non-transferable. **In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.**

Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount

Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period.. Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount ($)	Date	Cash Sale No.
1					
2					
3					
4					
5					
6					

Renter's initial | Owner's initial

Claim Handling

Accident MT/1097675

Policy No.	5109280207-01	Vehicle No.	FBA2405Z	GST Registration No.	23414700L
Certificate No.	5109280207-01-000001				
Policyholder Name	SOUTHERN MOTOR				
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC	23414700L
Contact No.(Mobile)	88144896	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No

Accident Details

Report Date	23/07/2020 11:11	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	18/07/2020	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		IOM No.	
Accident Location	ALONG BEDOK NORTH AVENUE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	1,500.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
Unit No.		Related Policy Number	5109280207-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG JIAN WEN, NOEL	Driver NRIC	S8851347I	Driver DOB	30/12/1988
Register Date of Driver License	30/12/2018	Driver Age	31	Driving Experience	0
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 826 #01-100	Address 2	TAMPINES STREET 81	Address 3	TAMPINES GROVE
Address 4	SINGAPORE 520826	Address Type	Foreign address	Post Code	520826
Unit No.	01-100				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBA2405Z	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	62730369
Email Address	soumotor@singnet.com.sg	OI Vehicle Number	FBA2405Z	TP Vehicle Number	SMS3294U
Claim Description	FBA2405Z / SMS3294U ON 18 Jul 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/07/2020 11:14	Claim Close Date		Date Received	23/07/2020 00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1097675	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/07/2020 11:15

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Send Ne

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_B0067K(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos	Normal	Photos 2020-7-23	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:15	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:14	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:14	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:14	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:14	Photos		Normal	Photos 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2020 11:14	SAS		Normal	SAS 2020-7-23

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

income

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 : 5109280207-01-000001 Cover : Third Party

1. Index mark and Registration Number of Vehicle : FBA2405Z
   Chassis Number : SYP706214
2. Name of Policyholder : SOUTHERN MOTOR
3. Effective Date of Insurance : 07 May 2020
4. Expiry Date of Insurance : 06 May 2021
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder. MR: WONG JIEN KEN NICK
   (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)	:
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)
Date of Issue : 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMAY200061235 Vehicle Registration No: FBA 2405Z

Name(as shown in NRIC) : WONG JIAN WEI, NOAH NRIC/FIN/Passport No : S XXXX 3471

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 88144896

Email Address : _____

Date of Accident : 18/07/2020 Time of Accident : 12:45

Place of Accident : Jurong Brook North AVH 3

Insurance Company : MUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Injured Party

Policyholder / Driver's Signature
Date:

23/07/2020
Reporting Centre Personnel's Signature
Name: Rosli Motors
NRIC/FIN No.:
Date: