

NATIONAL Assessment Centre Services Part 1 (2009) **NA2006880**

Date In: 01/08/2020 17:25	Job description	Date & Time Completed	Done by
Ref No: NA/ACC20007919/4	SAS e-filing		
Veh No: FBP 6820R	E-mail (within 2hrs, A/C 2hrs)		
DATE: 30/07/2020 15:3	I-Motor Claim Form	mt1098574-001	01/08/2020 17:49
CHI: (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / GW: () Tel: () Fax: ()

TP Particulars: Vch No: **SG 1137G** 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 ()

General Remarks:

() 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: ()

Remarks: (If e-filing: 0711/0010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

NA2003987

Customer's Particulars:	Invoice Itemization	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For e-filing status: INC Only (wef 10 Jan 2020)		
	6) TR: Re-Inspection \$73		
	7) NI: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	CHI:		
	• N5: Courtesy Car / Tpt Allowance \$3		
	• N6: Repair Coordination \$10		
	• N7: Post Repair Inspection \$23		
	• N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11) ngalast INC \$20		
	9) N12: Issue 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	01/08/2020 17:25
Date Of Accident	30/07/2020 15:35
Exact Location Of Accident	ALONG BUKIT BATOK RD TOWARDS PIE TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6820R
Insured/Policyholder	
Name Of Registered Owner	MOHD REIFAN AFIQ BIN MOHD RAMLI
NRIC No	SXXXX156E
Email Address	FULLSTOP423@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97990353
Alternative Phone No	OTHERS-97990353

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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	5105694536-01
Cover Note Number	

Driver

Name of Driver	MOHD RIFQI ANIQ BIN MOHD RAMLI
NRIC No	TXXXX322D
Date Of Birth	08/01/2002
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97990353
Fax Number	
Contact Number	OTHERS-97990353
Email Address	FULLSTOP423@GMAIL.COM

Address	BLK 406 BUKIT BATOK WEST AVENUE 7 #03-36
Postcode	650406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 TO REAR
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200731/2094

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	SLG1137D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MOHD RIFQI ANIQ BIN MOHD RAMLI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD6820R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

IMPORTANT NOTICE


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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:



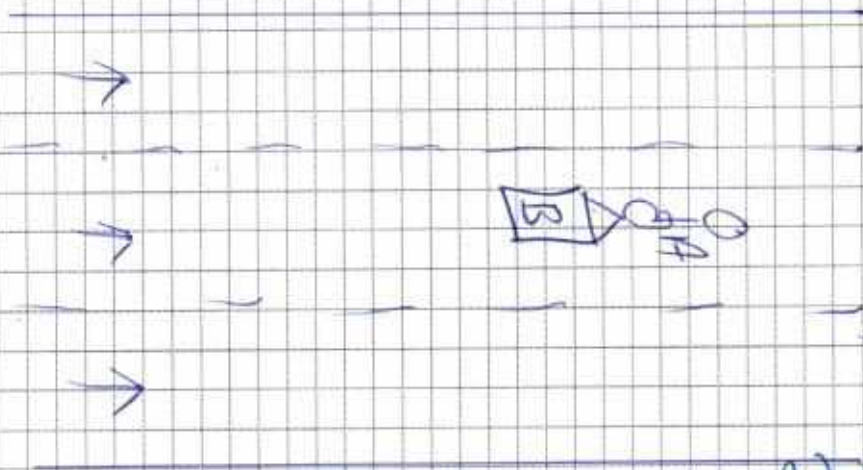
Driver's Signature
(If driver is not the policyholder) Date
& Time:



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

SKETCH PLAN

Bukit B-tok Rd.



A) FBD 6820R
B) SLG 1137D


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police report T120200 731 / 2094

DECLARATION

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


Policyholder's Signature: Date
& Time:


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


Reporting Centre Personnel's Signature
Name: 01/08/2020
NRIC/FIN No.: Kesti 1137D

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 07/2020 (dd/mm/yy) Time of Accident: 15 : 35 (24-HR-FORMAT)

Vehicle No.: FBD 6820R Vehicle Make & Model: _____

Exact location of Accident: Bukit Batok Rd

Policyholder's Name / IC No.: Mohd Reifan Afiz Bin Mohd Ramli 59936156E

Driver's Name / IC No.: Mohammad Rifqi Afiz Bin Mohd Ramli Taz 905220 (AS ABOVE) ☒

Driver's Contact No.: 97990353 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: fullstep423@gmail.com Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Brother

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 01

***Passanger Name:** _____ **Gender: Male / Female** ***Passanger Name:** _____ **Gender: Male / Female**

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLG 1137D

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



**SINGAPORE
POLICE FORCE**



T/20200731/2094

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20200731/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 23:06		Vide Report No.:		Station Diary No.: 105	
Informant's Particulars					
Name of Informant: MOHAMMAD RIFQI ANIQ BIN MOHD RAMLI			Address: APT BLK 406 BUKIT BATOK WEST AVENUE 7 #03-36 SINGAPORE 650406		
ID Type / ID No.: NRIC NO / T0200322D			Contact No.: Home/Office:		Mobile: 97990353
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 08/01/2002	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name: ITE WEST
Occupation: NIL			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: 30/07/2020 15:35	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK ROAD BUKIT BATOK WEST AVENUE 5 along bukit batok road towards PIE, traffic light				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6820R	Motorcycle				Slightly Damaged	0
SLG1137D	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200731/2094

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20200731/2094

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD RIFQI ANIQ BIN MOHD RAMLI	ID No.	T0200322D
Related Vehicle	NIL	Contact No.	97990353
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/0702020 at around 1535hrs, I was travelling along Bukit Batok Road towards PIE and stopped at the traffic light just before Bukit Batok West Avenue 5 as it turned red. As the light turned green, my motorbike (FBD6820R) stalled and I quickly attempted to kickstart the motorbike but to no avail. Because of this I raised my hand to signal the white Nissan Qashai (SLG1137D) that was around 10 meters behind me to let him know that I had engine problems. While my hand still raised up, I felt a hit to the back of my bike which caused me to lose my balance and almost fell over however I managed to lift my bike up before it fell to the side. The said Nissan Qashai had crashed into the back of my bike at what seemed to be travelling at around 10-15km/h. He immediately moved to the side of the road and stopped and I pushed my bike over to him. I called my big brother namely Mohd Reifan Afiq Bin Mohd Ramli (82007746) to come to the scene. After reaching the scene, my brother assisted to call the police. Ambulance and traffic police soon after arrived and I was conveyed to Ng Teng Fong hospital and received 4 days mc for a sprain on my left leg. My motorcycle rear rim was dented, mudguard was bent, number plate was bent and my engine was leaking as a result of the accident. The driver of the vehicle told me that he did not bring his IC thus I was unable to exchange particulars with him. Vide report number: J/20200730/0104.



**SINGAPORE
POLICE FORCE**



T/20200731/2094

3 of 3

Report No. T/20200731/2094

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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:

J /

Sgt 1 DANNY IRFAN BIN ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

31/07/2020 23:06

Classification Of Case:

Claim Handling

Accident MT/1098574

Policy No.	FD66820R	Vehicle No.	FD66820R	GST Registration No.	
Certificate No.					
Policyholder Name	MOHD REIFAN AFIQ BIN MOHD RAMLI	Cover Type	Third Party	Policyholder NRIC	99041137D
Product Code	MOTORCYCLE (NR) (RANCE)	Contact No. (Office)		Loading	0
Contact No. (Mobile)	99041137D	Special Remark		Contact No. (Home)	
Email Address				eCode	NA
KFs	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Endowment (%)	10	Private Hire	No
Accident Details					
Report Date	01/08/2020 17:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - No
Date of Accident	01/08/2020	Time of Accident (hh:mm)	15:35	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICM No.	
Accident Location	ALONG BUKIT BATOK RD TOGAIRAN RE. TRAFIC LIGHT				
Total Excess Applicable					
Excess Type	Per ACCIDENT	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
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					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified			
Modification History					

Policyholder Mailing Address					
Address 1	BLK 400 405-28	Address 2	BUKIT BATOK WEST AVENUE 7	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	140004
Unit No.	03-35	Related Policy Number	5118470442		
OT Driver Info					
Driver Name	MOHAMMAD REIFAN AFIQ BIN MOHD RAMLI	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	99041137D	Driver DOB	08/01/1992
Register Date of Driver License	01/05/2020	Driver Age	28	Driving Experience	0
Contact No. (Mobile)	99041137D	Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FD66820R	Driver Insurer Company	STVC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOHD REIFAN AFIQ BIN MOHD	Insu NRIC	
Contact No. (Mobile)	82907746	Contact No. (Home)		Contact No. (Off)	
Email Address	REIFAN_99@HOTMAIL.COM	OT Vehicle Number	FD66820R	TP	
Claim Description	FD66820R / SLG1137D On 30 Jul 2020				
Preferred Workshop	Preferred	Insured Liability	Not at Fault	GIA report	Received
Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered	01/08/2020 17:49	Claim Close Date		Date Recd	
Report Taken By	ROSLI WAHAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1098574	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	01/08/2020 17:49		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	Urgency *	
Choose File	No file chosen	Clear	Please Select		

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

N/A

Normal

Clear

Please Select

N/A

Normal

Clear

Please Select

N/A

Normal

Attachment List

Attachment	uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	Photos		Normal	Photos 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Aug 2020 17:48	SAS		Normal	SAS 2020-8-1

Video List

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5105694536-01

Cover : Third Party

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD6820R |
| Chassis Number | : 5S3010195 |
| 2. Name of Policyholder | : MOHD REIFAN AFIQ BIN MOHD RAMLI |
| 3. Effective Date of Insurance | : 30 Dec 2019 |
| 4. Expiry Date of Insurance | : 06 Jan 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHD REIFAN AFIQ BIN MOHD RAMLI
NAMED DRIVER (2)	: MOHAMMAD RIFQI ANIQ BIN MOHD RAMLI
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
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 : A S PHOON PTE LTD (00000571911)

Date of Issue : 02 Jan 2020 12:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive