

NATIONAL Assessment Centre Services.

[Part 1 of 2]

MAA500065489

Date In: 03/08/2020 18:53

Ref No: N/A INC 2000 80064

Veh No: BR 2646E

DOB: 30/07/2020 17:10

OT: Reporting Only

TP Insurer:

Job Description

Date & Time Completed

Done by

SAS e-filing

E-mail (2 days this, AIC this)

I-Motor Claim Form

I-Motor W/O (Within: OD this, TP this)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Witness

mmh098785-001

04/08/2020

10:58

Preferred Wreck / INC Assign Wreck / QW: (

TP Particulars:

Veh No:

SMT 5230K

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 raparor.

() 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: (

)

MA2004032

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

MA 1:

MA 2:

1) DART Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$40)
3) TP: Towing Fee	\$40/\$40
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claim against INC Only (over 10 Jan 2020)	
6) TR: Re-inspection	\$75
7) NI: Inc DA + SMRT Survey	\$160
8) NIUC Additional Services:	
ON:	
* NI: Courtesy Car / Tpl Allowance	\$3
* NI: Repair Coordination	\$10
* NI: Post Repair Inspection	\$25
* NI: DV / Collect Excess Coordination	\$3
TE (H1): TP/PA/INC/Excess LRG	\$30
TE (H2): Inc Mobile	\$0

Invoice dated

Invoice dated

Fee Charged

Fee Charged

MAA500065489

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 willful 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 03/08/2020 18:53
 Date Of Accident 30/07/2020 17:10
 Exact Location Of Accident ALONG COLEMAN STREET
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2646E
Insured/Policyholder
 Name Of Registered Owner YEW HENG CREDIT ENTERPRISE PTE LTD
 Co Reg No 1XXXXX191M
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-87491214
 Alternative Phone No OFFICE-87491214
Vehicle Particulars
 Manufacturer HONDA
 Model ADV150-149CC ABS CVT
 Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES
 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 5116649627
 Cover Note Number
Driver
 Name of Driver JUFRI PRICE
 NRIC No SXXXXX577H
 Date Of Birth 11/10/1988
 Occupation OUTDOOR
 Date Of Driving Pass 02/02/2009
 Driving Experience 11 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-87491214
 Fax Number
 Contact Number OFFICE-87491214
 EMail Address NOEMAIL

Address	46 MARINE PARADE ROAD #03-01
Postcode	449305
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	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?	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	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/20200731/2072 AND T/20200803/2104

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT5230K
Vehicle Make/Model/Colour	VOLKSWAGEN SCIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YU QING
NRIC/Passport Number	SXXXX107J
Contact Number	92374695
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

JUFRI PRICE

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBR2646E

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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200781/2012
7/20200803/2104

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:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (30/07/2020) (DD/MM/YYYY), TIME: (17:10) (HH:MM)

LOCATION: ALONG 1 COLEMAN STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 2646
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5116649627-000009
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA ADV 150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY
 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: YEW HENG CREDIT ENTERPRISE PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JUFRI PRICE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8839577H CONTACT: 87491214
 c) ADDRESS: 46 MARINE PARADE ROAD, #03-01, SINGAPORE 449305
 *d) DATE OF BIRTH: (11/10/1988) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 2/2/2009

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL

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: MARINE PARADE NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMTS230K MODEL: VOLKSWAGEN SCIROCCO
 b) DRIVER'S NAME: LIM YU QING
 c) NRIC/FIN/PASSPORT: S9337107J CONTACT: 92374695

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

email =

VIDEO YES



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2020 17:47		Vide Report No.: A/20200730/0079		Station Diary No.:	
Informant's Particulars					
Name of Informant: Jufri Price			Address: BLK 46 MARINE PARADE ROAD #03-01 SILVERSEA SINGAPORE 449305		
ID Type / ID No.: NRIC NO / S8839577H			Contact No.: Home/Office: Mobile: 87491214		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 11/10/1988	Type of Informant: Rider		
Race: Caucasian			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2020 17:10	Type of Location: Straight Road
Location: Along Road 1 COLEMAN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving vehicle against - stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2646E (Not Accurate)	Motorcycle				Totally Damaged	0
SMT5230K (Not Accurate)	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200731/2072

2 of 3

Report No. T/20200731/2072

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On 30/07/2020 at about 1710hrs I was driving on Coleman Street delivering food. I came to a stop as I noticed the vehicle in front of me came to a stop and as he had overshoot a turn into the driveway of 23A Coleman St. . He reversed the car too fast and I was not able to react fast enough to horn my bike. I did not sustain any injuries as I jumped off my bike when the vehicle came into contact with my bike.

My bike was stationary when the incident happened. The damages to my bike are to my front mudguard which was chipped off and scratches to the front fairing(headlights), front left side fairing and rear left side fairing. The damages to his vehicle are scratch marks on the rear side.

I was informed to come down and make a police report for my insurance claims as the bike was from a rental company.



[Handwritten signature]



**SINGAPORE
POLICE FORCE**



T/20200731/2072

3 of 3

Report No. T/20200731/2072

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

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: G / Sgt 1 NOORSHARFIRAH BINTE MOHAMED JUMADI
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 17:47
Classification Of Case:



SINGAPORE POLICE FORCE



T/20200803/2104

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20200803/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2020 18:07		Vide Report No.: T/20200731/2072		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: JUFRI PRICE		Address: 46 MARINE PARADE ROAD #03-01 SINGAPORE 449305			
ID Type / ID No.: NRIC NO / S8839577H		Contact No.: Home/Office: Mobile: 87491214			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 31	Date of Birth: 11/10/1988	Type of Informant: Rider		
Race: Caucasian		Language: English		Institution / School Name:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2020 17:10	Type of Location: Straight Road
Location: Along Road 1 COLEMAN STREET				
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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2646E	Motorcycle				Totally Damaged	0
SMT5230K	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200803/2104

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200803/2104

CONTINUATION OF REPORT

Brief Details.

With reference to T/20200731/2072, I want to add on that I have went to Singapore General Hospital to seek for treatment and was given 7 days of hospitalization leave from 01/08/2020 to 07/08/2020. I sustained torn ligament on my right wrist. That is all.



**SINGAPORE
POLICE FORCE**



T/20200803/2104

Police Station Of Origin:
Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No: T/20200803/2104

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:

D /

Sgt 3 HENG JINGWEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2020 18:07

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 49

SIGNATURE



ANYBIKE RENTAL PTE LTD.
CO REG NO: 200713637M




友興信貸企業私人有限公司
YEW HENG CREDIT ENTERPRISE PTE LTD

1007 BUKIT MERAH LANE 3
#01-05 SINGAPORE 159721

Make / Model Honda Adv 150	License plate FG22646E
RENTAL AMOUNT (\$) 550	Rental Term 1 month
Start Date / Time 20/6/2020 4.45	End Date / Time 20/7/2020
Start mileage 10034	Return mileage
Malaysia usage No. of days —	Malaysia usage amount \$5 —
Facebook ID: —	Email: —

HIRER'S NAME JUFRI PRICE	
HIRER'S ADDRESS 46 MARINE PARADE RD. #03-01, 449305	
NRIC/PASSPORT NO. S8839577H	HIRER'S D.O.B. 11/10/88
DRIVING LICENSE NO. S8839577H	DRIVING LICENSE CLASS 2B
LICENSE PASS DATE 2/2/09	DEMERIT POINTS
CONTACT NO. 87491214	Emergency Contact Name: MICK PRICE Hp No: 87491214

HIRER SIGNATURE: 
NAME: JUFRI PRICE
NRIC: S8839577H
DATE: 20/6/20

OFFICIAL USE:	
OFFERED BY:	GPRU
PAYMENT:	Payment transfer
DEPOSIT:	\$100
BALANCE:	\$550
TOTAL:	\$650

Extended till 20/8/2020

AmRb 202007-0734

Claim Handling

Accident NT/1096785

Policy No.	5116649527	Vehicle No.	FR26488	GST Registration No.	M200622307
Certificate No.	5116649527-000026	Driver Type	Third Party	Policyholder NRIC	1984001911H
Policyholder Name	VIEW HENG CREDIT ENTERPRISE PTE LTD	Contact No. (Office)		Gender	B
Product Code	FLEET MASTER INSURANCE	Special Remark		Contact No. (Home)	
Contact No. (Mobile)	87491214	TCA	No Yes	eCode	No
Email Address		NCD Endorsement(%)	0	eCode Reason	
KPI	No Yes			Private Mini	No
NCD Protection	No				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver Is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,300.00		
KID OD Excess	0.00	KID TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	1,300.00		
Total OD Excess Applicable	0.00				

GST Registered Information

GST Registered	Yes	GST Registration No.	M200622307	GST Registration Date	01/04/1999
GST Registration No.		GST Status Verified			Yes
Modification History					

Policyholder Mailing Address

Address 1	411 CHANGI ROAD	Address 2	SINGAPORE 419880	Address 3	
Address 4		Address Type	Streets address	Post Code	439800
Unit No.		Related Policy Number	5116649527		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/10/1988
Unnamed driver Name	SUPRI PEICE	Driver NRIC	88039577H	Driving Experience	11
Regular Date of Driver License	02/02/2008	Driver Age	31	Contact No. (Home)	
Contact No. (Mobile)	87491214	Contact No. (Office)		Address 1	SINGAPORE 442006
Address 1	46 MARINE PARADE ROAD	Address 2	#02-01 SILVERDA	Address 3	
Address 4		Address Type	Foreign address	Post Code	449300
Unit No.	03-01	Driver Vehicle No.	FR26488	Driver Insurer Company	NTUC
Does he own a Singapore Registered Car?	Yes No				

Declaration:					
Insured/Under-Insured Test Result?	0 HQ	Any Injury?	Yes No		

Modification history

Claim 001 OD-MX New

Claim Type *

Contact No. (Mobile)	87491214	Insured Name	VIEW HENG CREDIT ENTERPRISE	Insured NRIC	1984001911H
Email Address		Contact No. (Home)		Contact No. (Office)	87491214
Claim Description		OT		TP	
Preferred Workshop		Vehicle Number	FR26488	Vehicle Number	SM74230K
Preferred Workshop Name		FR26488 / SM74230K On 11 Jul 2020		Name of Preferred Workshop	
Date Reported	03/04/2020 17:28	Claim Date		Date Received	03/08/2020 1
Report Taken By	ROSLI RAHAB	Workshop Repaired		Total Ltho Sub Repaired	
Print QR Code					

Attachment

Accident No.	NT/1096785	Claim No.	001
Last Doc Received	Yes No	Upload Date	04/08/2020 10:56
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	No
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE		SAS	Normal	SAS 2020-6-4	

 Video List

Display as New Window Scan and Reading

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 : 5116649627-000009

Cover : Third Party

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBR2646E |
| Chassis Number | : MH1KF611XKK007542 |
| 2. Name of Policyholder | : YEW HENG CREDIT ENTERPRISE PTE LTD |
| 3. Effective Date of Insurance | : 30 Mar 2020 |
| 4. Expiry Date of Insurance | : 29 Mar 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
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 : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)
Date of Issue : 11 Mar 2020 09:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive