

**NATIONAL Assessment Centre Services.** [part 1 Jars/00] **MAY 30070387**

Date In: 18/08/2020 15:16	Job description	Date & Time Completed	Done by
Ref No: NBA/INC20008676/4	SAS e-illing		
Veh No: FBC 2197M	E-mail (E-jobs sheet, AIC sheet)		
DOA: 15/08/2020 10:30	I-Motor Claims Form	MTCU00362001	18/08/2020
OT (TP) Reporting Only	I-Motor W/O (within OD 2hrs, TP 4hrs)		15:47
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whan		

Produced Wkep / INC Assign Wkep / QW: ( )

TP Particulars: Vch No: **SCP 282C** 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 > \$9000] ( )

Injury: \_\_\_\_\_

**NA 7004353**

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/45	
IC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (see 10 Jan 2020)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	OT:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Co-ordination \$5	
	TP (N1): TP (Non-INC) against INC \$20	
	5) N13: Idea 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	18/08/2020 15:16
Date Of Accident	15/08/2020 10:30
Exact Location Of Accident	ALONG JURONG WEST STREET 71
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2197M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD NOH BIN KOSNIN
NRIC No	SXXXX464G
Email Address	MANUFAL_NOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96364243
Alternative Phone No	OTHERS-96364243

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5025556642-12
Cover Note Number	

#### Driver

Name of Driver	MOHAMMAD NOH BIN KOSNIN
NRIC No	SXXXX464G
Date Of Birth	27/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96364243
Fax Number	
Contact Number	OTHERS-96364243
Email Address	MANUFAL_NOH@HOTMAIL.COM

Address	BLK 837 JURONG WEST STREET 81 #02-85
Postcode	640837
Was driver an employee of the Insured's Company?	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	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	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/20200815/2099 (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP2482C
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW SEE WEI
NRIC/Passport Number	SXXXX419Z
Contact Number	91128453
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name	MOHAMMAD NOH BIN KOSNIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC2197M
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)**

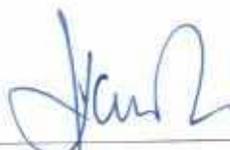
I understand, acknowledge, agree and consent that:

- (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:

18/8/2020  
1430



Driver's Signature  
(If driver is not the policyholder)

Date & Time:  
18/8/2020  
1430



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/08/2020  
Kasli Loo Hoong



# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 8 / 2020 (DD/MM/YYYY), TIME: 10 : 30 (HH:MM)

LOCATION: JURONG WEST ST 71

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 2197M
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5025556642-12
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA SUPER 4 VITEC 3
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: MOHAMMAD NOH BIN KASHIM (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1838464 G CONTACT: 96364234
- c) ADDRESS: BLK 837 JURONG WEST ST 81  
# 02-85

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

### DRIVER

- a) NAME: AR. ABU KH (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CAREER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) (YES)

7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLP2482C MODEL: MITSUBISHI

b) DRIVER'S NAME: AW SEE WEI

c) NRIC/FIN/PASSPORT: S8921419Z CONTACT: 91128453

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = manufal\_noh@hotmail.com

VIDEO



**SINGAPORE  
POLICE FORCE**



T/20200815/2099

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Report No. T/20200815/2099

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2020 23:37	Vide Report No.:	Station Diary No.: 127
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**Informant's Particulars**

Name of Informant: MOHAMMAD NOH BIN KOSNIN		Address: APT BLK 837 JURONG WEST STREET 81 #02-85 SINGAPORE 640837	
ID Type / ID No.: NRIC NO / S1838464G		Contact No.: Home/Office:	Mobile: 96364234
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 27/09/1967	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: SERVICING TECHNICIAN		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 15/08/2020 10:30	Type of Location: Straight Road
Location: JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2197M	Motorcycle	HONDA	CB400	Grey	Slightly Damaged	0
SLP2482C	Car	MITSUBISHI		Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2197M	NTUC Income Insurance Co-Operative Limited	5025556642-12	24/12/2019	23/12/2020



**SINGAPORE  
POLICE FORCE**



T/20200815/2099

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Report No. T/20200815/2099

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

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>			
Name	MOHAMMAD NOH BIN KOSNIN	ID No.	S1838464G
Related Vehicle	FBC2197M (Motorcycle)	Contact No.	96364234
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	AW SEE WEI	ID No.	S8921419Z
Related Vehicle	SLP2482C (Car)	Contact No.	91128453
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.**

On 15/08/2020 at about 1030hrs, I was riding my grey Honda motorcycle bearing the number plate FBC2197M along Jurong West St 71 towards Jurong West St 61 beside Blk 712 near the carpark gantry area when suddenly, a silver Mitsubishi car bearing the number plate SLP2482C made a right turn and collided onto the right side of my motorcycle. I fell down after the collision. Afterwards, the car stopped and the driver came out and helped me up. Subsequently, I got his particulars and the driver brought me to Ng Teng Fong Hospital to get a medical assessment. I wish to state that I have gotten a 07 days MC from 15/08/2020 to 21/08/2020 after the medical check up. I wish to state that I am suffering soreness on my right shoulder and scratches on my left shin. I wish to state that my motorcycle has suffered a broken engine casing, right side mirror is twisted and there are a broken speedometer. The car suffered tearing on the front right bumper side. No police or ambulance was called.

I wish to state that I do not think that the car of the driver has any in-car camera. I wish to state that there was a big truck in front of the car, hence it might have been a blind spot for the driver. I wish to state to state that I did not notice any CCTV around the area.



**SINGAPORE  
POLICE FORCE**



T/20200815/2099

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Report No. T/20200815/2099

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

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20200815/2099

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Report No. T/20200815/2099

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/  
SC2 TAN RUI BIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/08/2020 23:37

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE

Claim Handling

Accident #17/1100263

Policy No.	50/556641-12	Vehicle No.	FBC219TH	GST Registration No.	
Certificate No.				Relayholder NRIC	510266640
Policyholder Name	MUHAMMAD MOH BIN KOSNOR	Cover Type	Third Party, Fire & Theft	Leading	0
Product Code	MTTCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96344243	Special Remarks		eCode	No *
Email Address	muhammad_mohbin@gmail.com	TCR	No Yes	eCode Reason	
KPI	No Yes	NCD Entitlement(%)	20	Insure Mile	No
NCD Protection	No				

**Accident Details**

Report Date	18/08/2020 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/08/2020	Time of Accident (H:MM)	10:30	Country of Accident	Singapore
Reporting Centre		Change Face		ICR No.	
Accident Location	ALONG DUNING WEST STREET 31				

**Total Excess Applicable**

Excess Type	Per Accident	Workshop Excess	0.00	Driver is Covered?	Not Covered
GD Standard Excess	0.00	TP Standard Excess	0.00		
DED GD Excess	0.00	DED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total GD Excess Applicable	0.00				

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Registration History			

**Policyholder Mailing Address**

Address 1	BLK 437 #02-05	Address 2	ALONG WEST STREET 31	Address 3	SINGAPORE 040837
Address 4		Address Type	Singapore address	Post Code	040837
Unit No.		Related Policy Number	502596640-12		

**Q1 Driver Info**

Driver Name	MUHAMMAD MOH BIN KOSNOR	Driver Type	Main Driver	Driver DOB	27/04/1967
Unnamed driver Name		Driver NRIC	510266640	Driving Experience	33
Register Date of Driver License	27/03/1997	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	96344243	Contact No.(Office)		Address 1	SINGAPORE 040837
Address 1	BLK 437 #02-05	Address 2	ALONG WEST STREET 31	Post Code	040837
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBC219TH	Driver Insurer Company	NTL
Does he own a Singapore Registered car?	Yes No				

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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**Modifier History**

Claim 001 **BSR**

Claim Type *	GD-MR	Insured Name	MUHAMMAD MOH BIN KOSNOR	Insured NRIC	510266640
Contact No. (Mobile)	96344243	Contact No. (Home)	97912475	Contact No. (Office)	
Email Address		UJ		TP Vehicle Number	BLP2482C
Claim Description		Vehicle Number	FBC219TH / SLP2482C ON 15 Aug 2020	Name of Insured Workshop	
Preferred Workshop		Claim Close Date	18/08/2020 15:44	Date Received	18/08/2020 00:00
Estimated No. of Injuries	1	Report Taken By	MUHAMMAD		
Date Registered					

**Attachment**

Accident No.	MT/1100352	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/08/2020 15:47

Category *	Confidential	Urgency *	Description *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_20200701 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Aug 2020 15:47		Photo	Normal	Photos 2020-8-18	



**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** : 5025556642-12

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

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBC2197M                |
| Chassis Number                                      | : JH2NC39926M201083       |
| 2. Name of Policyholder                             | : MOHAMMAD NOH BIN KOSNIN |
| 3. Effective Date of Insurance                      | : 24 Dec 2019             |
| 4. Expiry Date of Insurance                         | : 23 Dec 2020             |
| 5. Persons or Classes of Persons entitled to drive# |                           |

(a) Named Driver(s) Only.

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

6. Limitations as to Use#

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

This Policy does not cover

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

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMMAD NOH BIN KOSNIN
NAMED DRIVER (2)	: MOHAMAD SAZALI BIN KAMBALI
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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)  
Date of Issue : 17 Dec 2019 16:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorized Officer

Chief Executive