

NATIONAL Assessment Centre Services. (ver 1 Jan 2015)

MAA 40073267

Date In: 26/08/2020 15:48	Job description	Date & Time Completed	Done by
Ref No: NPA/INC200090384	SAS e-filing		
Veh No: 16C 54504	E-mail (by date sent, A/C 2hrs)		
D.O.A: 26/08/2020 26:48	I-Motor Claims Form	26/08/2020 16:49	
OD: TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Handicaps:	Veh No: GN75324	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: _____

Damage: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repairs Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NS: DV / Collect Licenses Coordination	\$3
	TP (NI): TP (NI) INC against 240	\$10
	5) NI: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

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	26/08/2020 15:18
Date Of Accident	25/08/2020 23:45
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5450U
Insured/Policyholder	
Name Of Registered Owner	YAP LYE HOCK JACKIE (YE LAIFU)
NRIC No	SXXXX043A
Email Address	JACKY.750@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91912411
Alternative Phone No	OTHERS-91912411
Vehicle Particulars	
Manufacturer	SUZUKI
Model	UH200A BURGMAN-200CC ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115471536
Cover Note Number	
Driver	
Name of Driver	YAP LYE HOCK JACKIE (YE LAIFU)
NRIC No	SXXXX043A
Date Of Birth	23/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1998
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91912411
Fax Number	
Contact Number	OTHERS-91912411
EMail Address	JACKY.750@HOTMAIL.COM

Address	BLK 138 BISHAN STREET 12 #07-466
Postcode	570138
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	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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
PLEASE REFER TO POLICE REPORT T/20200826/2003	
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	GW7532G
Vehicle Make/Model/Colour	TOYOTA LITEACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YAP LYE HOCK JACKIE (YE LAIFU)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK5450U

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.

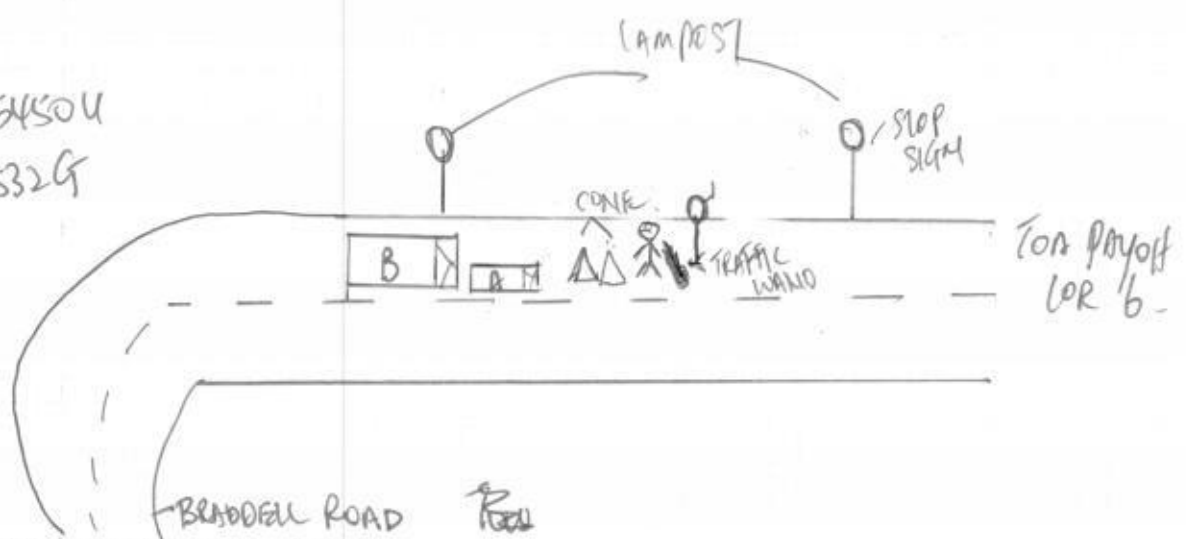
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A) FBK 54504
B) GW 75329



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 1/20200826/2003

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:

26/08/2020
Name: [Signature]
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25/08/2020 (DD/MM/YYYY), TIME: 2345 (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 5450U
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5115471536
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUZUKI / UH200ALS BURGMAN 200 ABS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: YAP LIA HOCK JACKIE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7618048A CONTACT: 9191 2411
 c) ADDRESS: BLK 138 BISHAN ST 12 #07-466 S'570138

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABDOU (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)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: BISHAN

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: AW 75324 MODEL: TOYOTA LEXUS
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)

(4)

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()

email = jacky.750@hotmail.com

V1020



SINGAPORE POLICE FORCE



T/20200626/2003

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No T/20200626/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2020 02:37	Vide Report No: E/20200625/0147	Station Diary No.: 12
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Informant's Particulars

Name of Informant: YAP LYE HOCK JACKIE			Address: APT BLK 138 BISHAN STREET 12 #07-466 SINGAPORE 570138		
ID Type / ID No.: NRIC NO / S7618043A			Contact No.: Home/Office: Mobile: 91912411		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 23/06/1976	Type of Informant: Rider		
Race: Chinese			Language English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 25/08/2020 23:45	Type of Location: Bend
Location: BRADDELL ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Controlled by Others e.g. Workmen	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
FBK5450U	Motorcycle	SUZUKI	UH200AL5 BURGMAN 200 ABS	Silver	Slightly Damaged	0
GW7532G	Van	TOYOTA	LITEACE 5DR	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No: T/20200826/2003

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK5450U	NTUC Income Insurance Co-Operative Limited	5115471536	10/01/2020	09/01/2021	

Brief Details.

On 25/08/2020 at about 2345hrs, I was riding my motorcycle FBK5450U along Braddell Rd heading towards Toa Payoh Lor 6 direction. I noticed from my side mirror that a van, GW7532G was driving about 3 car lengths behind me taking the same route. As I was negotiating the bend, I barely noticed some safety cones and a traffic controller ahead of me. The traffic controller was holding onto a traffic wand however there was no visible light emitting from it. As the road was very dark, I slowly rode towards Toa Payoh direction. Suddenly, the traffic controller lowered his traffic wand, signaling for me to stop. As such, I applied my brakes and stopped my motorcycle.

After my motorcycle came to a stop, I felt an impact from the rear. I lost my balance and my motorcycle fell on the ground. After the impact, the driver of the van alighted and approached me to apologize. As I was speaking with him, I noticed that he reeked strongly of alcohol as such contacted police for assistance. Another vehicle passing by also came to provide their assistance to us. Subsequently TP officers came to scene. I wish to state that I am suffering from some injuries on my right ankle area however I have yet to see a doctor.

I wish to state that the main cause of the accident lies with the construction company in charge of the road works at the area. As they did not have any blinkers or lights at the area where they were working and the traffic controller was not visible. The traffic controller was positioned at a dark area between the 2 nearest lamp posts. This is a hazard to other road users and also poses as a threat to the traffic controller's personal safety. I was advised by the TP officers to lodge a report about the matter and was given a case card.



**SINGAPORE
POLICE FORCE**



T/20200826/2003

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

3 of 3

Report No. T/20200826/2003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 PUA JIAN YAN, JEREMIAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD

FUAT

Contact No: 65476066

SN 061

Authentication Stamp

NP183

SIGNATURE

Signature Of Informant:

Date/Time:

26/08/2020 02:37

Classification Of Case:

Claim Handling

Policy No.	5115471536	Vehicle No.	FBK3450U	GST Registration No.	
Certificate No.					
Policyholder Name	YAP LYE HOCK JACKIE			Policyholder NRIC	S7618043A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91912411	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	26/08/2020 16:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/08/2020	Time of Accident hh:mm	23:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BRADDELL ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Not Covered
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	Yes	
Modification History					
Policyholder Mailing Address					
Address 1	BLK 138 #07-466	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570138
Address 4		Address Type	Singapore address	Post Code	570138
Unit No.		Related Policy Number	5115471536		
D1 Driver Info					
Driver Name	YAP LYE HOCK JACKIE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7618043A	Driver DOB	23/06/1976
Register Date of Driver License	01/01/2017	Driver Age	44	Driving Experience	3
Contact No.(Mobile)	91912411	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 138 #07-466	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570138
Address 4		Address Type	Singapore address	Post Code	570138
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK5450U	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim Type *	OD-MX	Insured Name	YAP LYE HOCK JACKIE	Insured NRJC	S7618043A
Contact No.(Mobile)	91912411	Contact No. (Home)	NIL	Contact No. (Office)	64874646
Email Address	jecky.750@hotmail.com	Ol	FBK5450U	TP	GW7532G
Claim Description	FBK5450U / GW7532G ON 25 Aug 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				26/08/2020 16:45	Claim Close Date
Report Taken By				ROSLI WAHAB	Date Received
					26/08/2020 00:

Save Submit

Accident No. Last Doc. Received	M7/1101306 <input checked="" type="radio"/> Yes <input type="radio"/> No	Claim No. Upload Date	001 26/08/2020 16:49
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Path *	Category *	Confidential	Urgency *	Description *
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_890676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH))	on 26 Aug 2020 16:49	Photos	Normal	Photos 2020-8-26	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:49	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:49	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:49	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:47	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:47	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:47	Photos		Normal	Photos 2020-8-26
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:46	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:46	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:46	Photos		Normal	Photos 2020-8-26
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:45	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:45	Photos		Normal	Photos 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-8-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Aug 2020 16:45	SAS		Normal	SAS 2020-8-26

Video List

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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 : 5115471536

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK5450U

Chassis Number

: MLCC9112100402085

2. Name of Policyholder

: YAP LYE HOCK JACKIE

3. Effective Date of Insurance

: 10 Jan 2020

4. Expiry Date of Insurance

: 09 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: YAP LYE HOCK JACKIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DE XING MOTOR PTE LTD
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 : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 10 Jan 2020 11:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive