

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MA20075164

| | | | |
|---------------------------|--|-----------------------|------------------|
| Date In: 01/09/2020 15:09 | Job description | Date & Time Completed | Done by |
| Ref No: NAB/INC20009388/4 | SAS e-filing | | |
| Veh No: FBH 365Y | E-mail (Mobile No, A/C No) | | |
| D.O.A: 28/08/2020 13:15 | I-Motor Claims Form | mtl/102/44-201 | 03/09/2020 14:20 |
| QD TP Reporting Only | I-Motor W/O (With: OD No, TP No) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: | Tel: | Fax: |
| TP Incident/Type: | Veh No: SMQ4561C | 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 repolar.

() 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: _____

| | |
|----------------------|--|
| Date of Injury: | |
| Time of Injury: | |
| Location of Injury: | |
| Weather Conditions: | |
| Witnesses: | |
| Police Report No: | |
| Police Station: | |
| Police Officer: | |
| Police Contact No: | |
| Police Address: | |
| Police Email: | |
| Police Phone: | |
| Police Fax: | |
| Police Website: | |
| Police Social Media: | |
| Police Other: | |

| | | | |
|---------------------------------|---------------|---|--|
| MA20075164 | Driver/Owner: | 1) All Accident Reporting (\$30) | |
| Contact No: | | 2) DA Damage Assessment (\$100) INC (\$20) | |
| Damaged Portion: | | 3) TP Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | | 4) PT Follow-Through Survey \$120 | |
| | | 5) PT Follow-Through Survey (Resurvey) \$30 | |
| | | For claiming against INC Only (ver 10 Jan 2005) | |
| | | 6) TR Re-inspection \$75 | |
| | | 7) NI Idea DA + EMRT Survey \$140 | |
| | | 8) NTUC Additional Services: | |
| | | ON: | |
| | | • NI: Courtesy Car / Tpl Allowance \$3 | |
| | | • NI: Repairs Co-ordination \$10 | |
| | | • NI: Post Repair Inspection \$25 | |
| | | • NI: DV / Collect Excess Coordination \$3 | |
| | | TP (NI) / TP (Non INC) against D&G \$20 | |
| | | 9) NI: Idea Mobile \$0 | |
| | | Invoice dated | |
| | | Invoice dated | |
| | | Fee Charged | |
| | | 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 | 01/09/2020 15:00 |
| Date Of Accident | 28/08/2020 13:15 |
| Exact Location Of Accident | ALONG SERANGOON LINK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBH3165Y |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM KWANG SENG |
| NRIC No | SXXXX070C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84184039 |
| Alternative Phone No | OTHERS-84184039 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | YAMAHA |
| Model | JUPITER MX-134CC HC |
| 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 | 5118217392 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM KWANG SENG |
| NRIC No | SXXXX070C |
| Date Of Birth | 14/07/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/03/1983 |
| Driving Experience | 37 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84184039 |
| Fax Number | |
| Contact Number | OTHERS-84184039 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 318A ANCHORVALE LINK #04-243 |
| Postcode | 541318 |
| 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 - U-TURN |
| 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 | SENGKANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE . POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800 - 3438999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200828/2115

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 | SMQ4561C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | D'SILVA WILFRED GILBERT |
| NRIC/Passport Number | SXXXX822C |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM KWANG SENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH3165Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

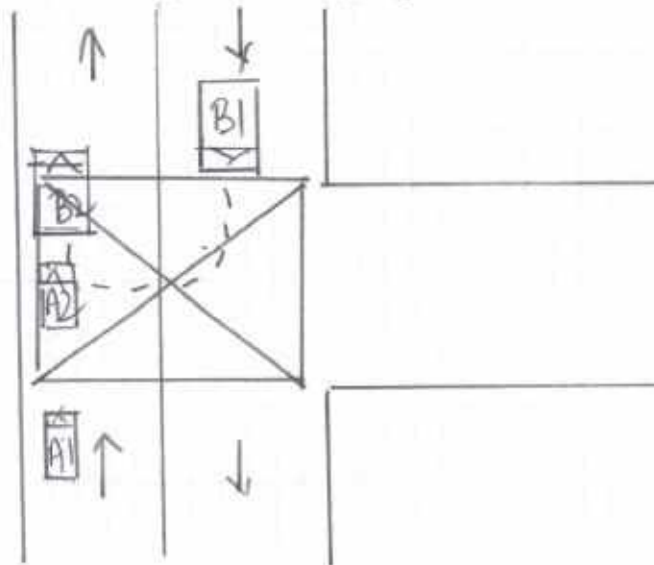

Policyholder's Signature
Date & Time: 1/9/20

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


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

SKETCH PLAN

Shoochuan LINK



A) FBH 31651
B) SMQ 4561C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020828/2115

DECLARATION

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

 19/20
Policyholder's Signature
Date & Time:

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

 01/09/2020
Reporting Centre Personnel's Signature
Name: Ross Linares
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200828/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200828/2115

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 28/08/2020 20:06 | | Vide Report No.: F/20200828/0097 | | Station Diary No.: 84 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM KWANG SENG | | | Address: APT BLK 318A ANCHORVALE LINK #04-243 SINGAPORE 541318 | | |
| ID Type / ID No.: NRIC NO / S1670070C | | | Contact No.: Home/Office: Mobile: 84184039 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 14/07/1964 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Motorcycle delivery man | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

| | | | | |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/08/2020 13:15 | Type of Location: Straight Road |
| Location: SERANGOON LINK | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | 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 |
| FBH3165Y | Motorcycle | YAMAHA | JUPITER MX (HC) | Purple | Slightly Damaged | 1 |
| SMQ4561C | Car | | | | Slightly Damaged | 1 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBH3165Y | NTUC Income Insurance Co-Operative Limited | 5118217392 | 13/07/2020 | 12/07/2021 |



SINGAPORE POLICE FORCE



T/20200828/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20200828/2115

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | | |
| Rider | | Use of Pedestrian Crossing: NA | |
| Name | LIM KWANG SENG | ID No. | S1670070C |
| Related Vehicle | FBH3165Y (Motorcycle) | Contact No. | 84184039 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 28/08/2020 | Date Discharge | 28/08/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | D'SILVA WILFRED GILBERT | ID No. | S8803822C |
| Related Vehicle | SMQ4561C (Car) | Contact No. | NIL |
| 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 the 28/08/2020 at about 1315hrs, I was riding my motorcycle bearing the registration plate FBH3165Y. I had just exited NEX shopping mall loading and unloading bay. While I was travelling straight, I noticed one car bearing the registration plate number SMQ4561C, suddenly made a u-turn in front of me. I quickly stepped on my brake however, was unable to avoid colliding to the left rear of the said car. The collision had caused me to lose balance and fall. I did not manage to check on my motorcycle properly however, I noticed that my side mirror and front mud guard and right side of my motorcycle fairing was damaged. The left rear of the car sustained some dents and scratches. Some passerby helped me up and pulled my motorcycle up. I exchanged particulars with the driver and subsequently he left. When I tried to walk, I felt pain on right toe, as such, I called for ambulance. The traffic police and ambulance came and I was conveyed to Tan Tock Seng Hospital by the ambulance. I sustain some cuts and abrasion on my right toes. Tan Tock Seng Hospital gave me MC from 28/08/2020 to 30/08/2020.



**SINGAPORE
POLICE FORCE**



T/20200828/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200828/2115

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:
F /
Staff Sgt NUR NADHIRAH BINTE HASHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/08/2020 20:06

Classification Of Case:



Singapore Police Force

Claim Handling

Accident MT/1102144

| | | | | | |
|---|------------------------|-------------------------------|-------------------|------------------------|--------------------|
| Policy No. | 51800179C | Vehicle No. | FBH1185V | GST Registration No. | |
| Cardholder No. | | | | | |
| Policyholder Name | LIM KWANG SENG | Driver Type | Third Party | Policyholder NRIC | 51878070C |
| Product Code | MD1000FCST INSURANCE | Contact No.(Office) | | License | |
| Contact No.(Mobile) | 84384035 | Second Number | | Contact No.(Home) | |
| Email Address | | TCA | No | eCode | 74 |
| SPR | No | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private No. | No |
| Accident Details | | | | | |
| Report Date | 03/09/2020 14:14 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - U-Turn |
| Date of Accident | 28/08/2020 | Time of Accident (H:mm) | 13:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | LOH No. | |
| Accident Location | ALONG SEAHAYUNION LINK | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | Driver is Covered? | Not Covered |
| HED OD Excess | 0.00 | YED 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 Status Verified | Yes |
| GST Registration No. | | | | | |
| Notification history | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 318A 904-243 | Address 2 | ANCHORVALE LINK | Address 3 | SINGAPORE 541318 |
| Address 4 | | Address Type | Singapore address | Post Code | 541318 |
| Unit No. | | Related Policy Number | 51801774Z | | |
| Q1 Driver Info | | | | | |
| Driver Name | LIM KWANG SENG | Driver Type | Main Driver | Driver DOB | 14/02/1984 |
| Uninsured driver Name | | Driver ARIC | 51678070C | Driving Experience | 37 |
| Register Date of Driver license | 23/03/1983 | Driver Age | 36 | Contact No.(Home) | |
| Contact No.(Mobile) | 84384035 | Contact No.(Office) | | Address 1 | SINGAPORE 541318 |
| Address 1 | BLK 318A 904-243 | Address 2 | ANCHORVALE LINK | Address 3 | SINGAPORE 541318 |
| Address 4 | | Address Type | Singapore address | Post Code | 541318 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes | Driver Vehicle No. | FBH1185V | Driver Insurer Company | NTUC |
| Disputation | | | | | |
| Breakdown or Blood Test Reading? | 0 mg | Any injury? | Yes | No | |

Notification history

Claim 001 New

| | | | | | |
|-------------------------|------------------------------------|-------------------|------------------------|------------------------|--------------------------|
| Claim Type * | OD-HE | Insured Name | LIM KWANG SENG | Insured NRIC | 51878070C |
| Contact No.(Mobile) | 81183413 | Contact No.(Home) | 87298035 | Contact No.(Office) | |
| Email Address | | Vehicle Number | FBH1185V | Vehicle Number | 5404541C |
| Claim Description | FBH1185V / 5404541C ON 28 Aug 2020 | | | | Name of Insured Workshop |
| Preferred Workshop | | Insured Liability | Normal Fault | Reported Workshop Name | unknown |
| Report No. Finalisation | Yes | Reported Workshop | Reported Workshop Name | Reported Workshop | Reported Workshop |
| Date Reported | 03/09/2020 14:17 | Claim Clear Date | | Date Reported | 03/09/2020 00 |
| Report Taken By | ROSLI WAHAB | | | | |
| Print As Letter | | | | | |
| Save Submit | | | | | |

Attachment

| Accident No. | MT/1102144 | Claim No. | 001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|-------------|------------------|-----------------|------------------|-----------|---------------|-------------|----------------|--|--------|--------|---------------|-----------------|--------|-------|---------------|----|--------|-------|---------------|----|--------|-------|---------------|----|--------|-------|---------------|----|--------|
| Last Date Received | Yes No | Worked Date | 03/09/2020 14:20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Clear</td> <td>Please Select</td> <td>No</td> <td>Normal</td> </tr> <tr> <td>Clear</td> <td>Please Select</td> <td>No</td> <td>Normal</td> </tr> <tr> <td>Clear</td> <td>Please Select</td> <td>No</td> <td>Normal</td> </tr> <tr> <td>Clear</td> <td>Please Select</td> <td>No</td> <td>Normal</td> </tr> <tr> <td>Clear</td> <td>Please Select</td> <td>No</td> <td>Normal</td> </tr> <tr> <td>Clear</td> <td>Please Select</td> <td>No</td> <td>Normal</td> </tr> </tbody> </table> | | | | 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 |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Attachment</th> <th>Uploaded By/Date</th> <th>Category</th> <th>Urgency</th> <th>Description</th> <th>Req Sent? (CO)</th> </tr> </thead> <tbody> <tr> <td>NAC_BURIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) 1 on 03 Sep 2020 14:29</td> <td></td> <td>Photos</td> <td>Normal</td> <td>Photos 2020-4-3</td> <td></td> </tr> </tbody> </table> | | | | Attachment | Uploaded By/Date | Category | Urgency | Description | Req Sent? (CO) | NAC_BURIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) 1 on 03 Sep 2020 14:29 | | Photos | Normal | Photos 2020-4-3 | | | | | | | | | | | | | | | | | |
| Attachment | Uploaded By/Date | Category | Urgency | Description | Req Sent? (CO) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAC_BURIT_MERAH_806676 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) 1 on 03 Sep 2020 14:29 | | Photos | Normal | Photos 2020-4-3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attachment List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

[Video List](#)

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

Certificate of Insurance

INSURANCE POLICY FOR MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (ARRANGEMENT) ACT, 2011 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1988 (MALAYSIA)

Certificate Number: 5118217892


- | | |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | Cover: Third Party |
| Chassis Number | FBH1165Y |
| 2. Name of Policyholder | MR. LIM KWANG SENG |
| 3. Effective Date of Insurance | 11 Jul 2020 |
| 4. Expiry Date of Insurance | 11 Jul 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. | |
| The 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) | LIM KWANG SENG |
| NAMED DRIVER (2) | N/A |
| HIRE PURCHASE COMPANY | N/A |
| SUM INSURED | N/A |

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

Agency : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 11 Jul 2020 16:23 hrs

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive