

NATIONAL Assessment Centre Services.

[ver 1.3.1003]

1/10/2020 14:52

Date In: 1/10/2020 14:52	Job description	Date & Time Completed	Done by
Ref No: N/BA/INC200097807	SAS e-filing		
Veh No: PBM 7893B	E-mail (Egula thir, AIG thir)		
D.O.A: 04/09/2020 0015	1-Motor Claims Form	1/11/2020 15:41	11/09/2020
OD TP Reporting Only	1-Motor W/O (Withot OD thir, TP thir)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wkep / INC Assgn Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLV 8914C	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 Refor 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 > \$3000] ()		

Injury: ()	
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Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (110)
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: (See DA + EMRT Survey)	\$160
	8) NIUC Additional Services:	
	9) NI: (See DA + EMRT Survey)	
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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	11/09/2020 14:52
Date Of Accident	04/09/2020 00:15
Exact Location Of Accident	ALONG CTE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7893B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXXX700L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89015399
Alternative Phone No	OFFICE-89015399

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109280207-01
Cover Note Number	

Driver

Name of Driver	SHAIKH ISHTIYAQUE HUSSAIN
Passport No/FIN	GXXXXX130K
Date Of Birth	04/05/1988
Occupation	INDOOR
Date Of Driving Pass	05/10/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89015399
Fax Number	
Contact Number	OTHERS-89015399
Email Address	NOEMAIL

Address	BLK 119B KIM TIAN ROAD #06-240
Postcode	162119
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200907/2095

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	SLV8914C
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW GIN SANG
NRIC/Passport Number	SXXXX884B
Contact Number	98181637
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SHAIKH ISHTIYAQUE HUSSAIN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM7893B
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:

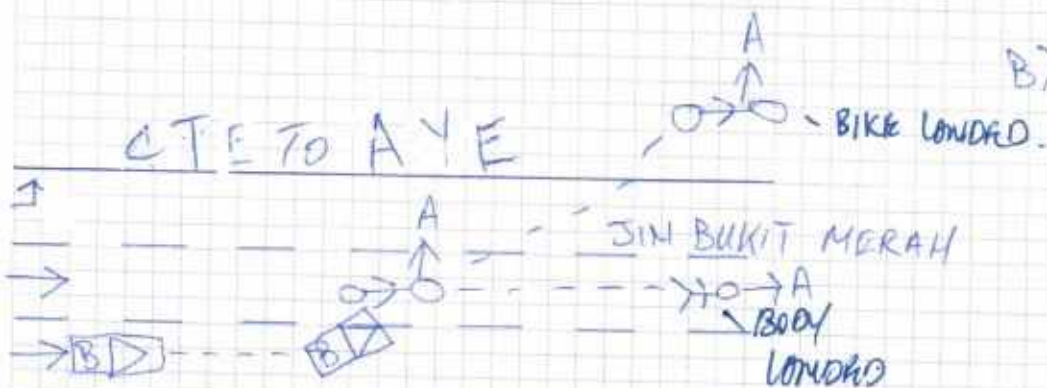
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Red*
NRIC/FIN No.: *11/09/2020*

SKETCH PLAN

A)FBM7893B

B)SLV8914C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT T/20200907/2095

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: (04/07/2020) (DD/MM/YYYY), TIME: (00:15) (HH:MM)

LOCATION: AYE TO CTR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM7893B
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5109280207-01-000035
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA 125RA
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SHAHIDUZZAMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHAIKH ISHTIAQUE HUSSAIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G1820130K CONTACT: 87015301
c) ADDRESS: BIKI 119B KIM TIAN RD HOE-240
SIPOR (162119)

* d) DATE OF BIRTH: (04/06/1988) (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:

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV8914C MODEL: HONDA
b) DRIVER'S NAME: LOW GIN SANG
c) NRIC/FIN/PASSPORT: S11302884B CONTACT: 98181637

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

* No of passengers
(Including driver)
()

Chair =

VIDEO



SINGAPORE POLICE FORCE



T/20200907/2095

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200907/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2020 16:55	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars

Name of Informant: SHAIKH ISHTIYAQUE HUSSAIN			Address: APT BLK 119B KIM TIAN ROAD #06-240 SINGAPORE 162119		
ID Type / ID No.: FIN NO / G1820130K			Contact No.: Home/Office: Mobile: 89015399		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 04/05/1988	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2020 00:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
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 Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7893B	Motorcycle	HONDA	WAVE 125R A	Blue	Totally Damaged	0
SLV8914C	Car	HONDA	CIVIC 1.8L 5MT	Silver		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200907/2095

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200907/2095

CONTINUATION OF REPORT

Rider			
Name	SHAIKH ISHTIYAQUE HUSSAIN	ID No.	G1820130K
Related Vehicle	FBM7893B (Motorcycle)	Contact No.	89015399
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	08	Degree of Injury	Serious
Driver			
Name	Low Gia Sang	ID No.	S1302884B
Related Vehicle	SLV8914C (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 04/09/2020 at about 0015hrs, I was riding along CTE towards Tuas at the second lane, before Jalan Bukit Merah Exit. Suddenly, I felt an impact from behind, which caused me to fall on the road, and my motorbike sliding towards the right road shoulder. I was unable to get up immediately and had to lie on the road for awhile. I realized that I was bleeding on my left calf and ankle, and I slowly got up to check where is my motorbike. I was able to hobble towards the road shoulder. I then saw the driver taking pictures of his car (SLV8914C). He did not talk to me throughout the accident and was only taking pictures. I saw that his passenger left his car and noticed that he is a grab driver. Ambulance then arrived and attended to me to stop my bleeding. I was not conveyed as I was able to walk. I then got the driver's driving license.

The EMAS helped shift my motorbike to Blk 2 Sponner Road. After which, I walked home from Sponner Road. I did not go and see a doctor as I feel that since I was able to walk I want to take a rest first. When I woke up at 1800hrs, I felt a sharp pain of my left calf and ankle, and the whole leg is swollen. I also felt pain on my right knee. I was unable to get up and continued to rest until the next day on the 05/09/2020 where I went to see a doctor at UNIHEALTH 24-HR Clinic. I was given 3 days of MC from 05/09/2020 to 07/09/2020. I then went back for a medical review on the 07/09/2020 and was given another 5 days of MC from 08/09/2020 to 12/09/2020, as the swelling is still very bad.

I noticed that the driver has in car camera. I also observe that he has a puncture of his front left tire. Throughout the accident he only came to me once and told me that I cross onto his lane, which I did not.



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200907/2095

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200907/2095

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20200907/2095

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 SIM WENG HONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

511 45

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/09/2020 16:55

Classification Of Case:



SOUTHERN MOTOR

Business Reg No: 20111000

1306/1006, Bukit Merah Lane 2, #01-10, Singapore (159762)

Tel: 6273-0369 (3 Lines) Fax: 6274-0614

RENTAL AGREEMENT

Agreement No. 203010901

Dated: 02-09-2020

Renter's Name	Shaikh Ishiyague Hussain		
Renter's Address	Blk 119B Kim Tian Road #06-240 S(162119)		
NRIC/ FIN/ PP	G1820130K 191	Start Date	02-09-2020
Licence No.	G1820130K 855290753	Return Date	08-09-2020
Contact No.	87104387/89015399	Security Deposit S	100.00 (O/R: 68607)
Vehicle No.	F18M7893B	<input type="checkbox"/> Transfer of S.D	Fr Agt:
Make/ Model	FR10 91058451 Honda Wave 125RA	Accessories	

☒ Cash Rental: Rental Amount: S 100.00 (Cash) Rental Days: 7 days

☐ Rental Package: _____

Installment Plan: Monthly Rental Amount Payable: S _____ No. Of Installments: _____

And Last Installment Amount Payable: S _____

Your installments under the Rental Agreement will be paid every _____ day of every month commencing on the day _____.

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762 (hereinafter referred to as the "Owner") and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and non-transferable. **In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.**

Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount

Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period.. Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount (\$)	Date	Cash Sale No.
1					
2					
3					
4					
5					
6					

Renter's Initial	Owner's Initial
	

Claim Handling

Accident MT/1102287

Policy No.	S109280207-01	Vehicle No.	FBH7893B	GST Registration No.	23414700L
Certificate No.	S109280207-01-000035				
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414700L
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
KPI	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	04/09/2020 13:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Lane
Date of Accident	04/09/2020	Time of Accident (hh:mm)	00:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	CTE TWDS AVE BEFORE JLN BUKIT MERAH EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 1006 P01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
Unit No.		Related Policy Number	S109280207-01		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	62730269
Email Address	seumotor@winnet.com.sg	OI Vehicle Number	FBH7893B	TP Vehicle Number	SLV9914C
Claim Description	FBH7893B / SLV9914C ON 4 Sept 2020				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Damage No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	11/09/2020 15:23
Report Taken By				Workshop Repairer	ROGLI WANAB
					Total Loss Not Reported

☐ Print AX letterSave Submit

Attachment

Accident No.	MT/1102287	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/09/2020 15:41

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="radio"/> NO <input type="radio"/> YES	<input type="radio"/> Normal <input type="radio"/> Urgent	

Send H

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent/ (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:41	Photos	Normal	Photos 2020-9-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:41	Photos	Normal	Photos 2020-9-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:25	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:25	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:25	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:25	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:25	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:25	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:23	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:23	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:23	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:23	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:23	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:23	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:20	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:20	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:20	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:20	Photos		Normal	Photos 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:20	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Sep 2020 15:20	SAS		Normal	SAS 2020-9-11

Video List

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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5109280207-01-000035

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBM78938

Chassis Number

: NF125MP0069407

2. Name of Policyholder

: SOUTHERN MOTOR

3. Effective Date of Insurance

: 07 May 2020

4. Expiry Date of Insurance

: 06 May 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) :

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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive