

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

NA2000 7893

Date In: 09/09/2000 10:09	Job description	Date & Time Completed	Done by
Ref No: NA2000 9990/Y	SAS e-illing		
Veh No: FBD 2157Z	E-mail (Mobile 2hrs, A/C 2hrs)		
D.O.A: 03/09/2000 18:20	1-Motor Claims Form	mt/1003/04/00	11/01/2000
OID: TP Reporting Only	1-Motor W/O (Withlet OD 2hrs, TP 4hrs)		15:36
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL32		

Preferred Wkep / INC Assign Wkep / OW:	Tolt	Fact
TP Particulars:	Veh No: YN 5332P	INC () / Non-INC ()
Owner / Driver:		Tcl:
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: 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: _____

Date: _____

NA2000 968	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (var 10 Jan 2000)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + EMRT Survey \$160	
	8) NTUC Additional Services	
	OR:	
	*Nst Courtesy Car / Tpt Allowance \$5	
	*Nst Repairs Coordination \$10	
	*Nst Post Repair Inspection \$25	
	*Nst DV / Collect Excess Coordination \$5	
	*Nst TP (NI) / TP (DA INC) against DNG \$10	
	2) NI: Idea Mobile	
	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	09/09/2020 10:09
Date Of Accident	03/09/2020 18:20
Exact Location Of Accident	ALONG SLE BEFORE WOODLANDS AVENUE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2157Z
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	HAKIMUHAMAD@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83884725
Alternative Phone No	OFFICE-83884725

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	IMRAN NUR HAKIM BIN MUHAMAD
NRIC No	TXXXX347D
Date Of Birth	27/09/2001
Occupation	INDOOR
Date Of Driving Pass	09/07/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83884725
Fax Number	
Contact Number	OTHERS-83884725
Email Address	HAKIMUHAMAD@YAHOO.COM.SG

Address BLK 307 HOUGANG AVENUE 5
#07-317
Postcode 530307
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 - CHANGE/CROSS LANE
Weather Conditions DRIZZLING
Road Surface WET

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200905/7027

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 YN5332P
Vehicle Make/Model/Colour
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

IMRAN NUR HAKIM BIN MUHAMAD

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBD2157Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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: 07/09/2020 1443

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

SKETCH PLAN

WOODLAND AVE
12



Along side BEFORE
WOODLANDS AVE 12 EXIT

A) FBO 2157Z

B) 1/4 5332P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 72020/0905/7027

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: 7/09/2020 14 43

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

Samiha

ACCIDENT STATEMENT

ACCIDENT DATE: 03/09/2020 (DD/MM/YYYY), TIME: 08:20 (HH:MM)

LOCATION: AWAY A SENGAR EXP BLF WOODLAND WILDFIRE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRD 71572
b) INSURANCE COMPANY: NUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda CBR150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE PRIVATE USE
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: SAMIHA M (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8387724
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: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING
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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YK 5332P MODEL: _____
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: _____

email = hakimuhamad@yahoo.com.sg

VIDSO



SINGAPORE POLICE FORCE



T/20200905/7027

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

1 of 3

Report No: T/20200905/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2020 21:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: IMRAN NUR HAKIM BIN MUHAMAD			Address: 307 HOUGANG AVENUE 5 #07-317 SINGAPORE 530307		
ID Type / ID No.: NRIC NO / T0129347D			Contact No.: Home/Office: Mobile: 83884725		
Nationality: SINGAPORE CITIZEN			Email: kames434@gmail.com		
Sex: Male	Age: 18	Date of Birth: 27/09/2001	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/09/2020 06:20 PM,	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One 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	Conditio	No of
FBD2157Z	Motorcycle					0
YN5332P	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200905/7027

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

2 of 3

Report No. T/20200905/7027

CONTINUATION OF REPORT

Rider			
Name	IMRAN NUR HAKIM BIN MUHAMAD	ID No.	T0129347D
Related Vehicle	FBD2157Z (Motorcycle)	Contact No.	83884725
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/09/2020	Date	04/09/2020
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

I was riding my bike(FBD2157Z) on lane 3 along SLE before woodlands ave 12 exit. Suddenly a lorry (YN5332P) cut into my lane and jam brake. I dont have enough time to brake and hit the rear of the lorry. After that i was black out for a moment until a kind motorist (FBP1893A) woke me up. I was injured badly, the ambulance sent me to KTP hospital and was granted 7days MC.



SINGAPORE
POLICE FORCE



T/20200905/7027

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

3 of 3

Report No: T/20200905/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NOOR HIDAYAH BINTE ABDULLAH
Contact No.: 65476251

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/09/2020 21:07

Classification Of Case:

Claim Handling

Accident MT/1103694

Policy No.	5108386207-01	Vehicle No.	PR021572	GST Registration No.	23414796
Certificate No.	5108386207-01-000009				
Policyholder Name	SOUTHERN MOTOR				
Product Code	FLEET MOTOR INSURANCE	Driver Type	Third Party	Policyholder NRIC	23414796
Contact No. (Mobile)	82884725	Contact No. (Office)		Linking	0
Email Address		Special Remarks		Contact No. (Home)	
WFE	No Yes	TCA	No Yes	ICode	No
NCB Protection	No	NCB Entitlement(%)	0	ICode Amount	
<input type="checkbox"/> Accident Details				Private Hire	No

Report Date	17/09/2020 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	13/09/2020	Time of Accident (h:mm)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SEE BEYDAE WOODLANDS AVENUE 12 EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	No Covered
GD Standard Excess		TP Standard Excess	1,500.00		
DED GD Excess	0.00	DED TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

GST Registered	Yes	GST Registration No.	23414796	GST Registration Date	18/06/2001
GST Registration No.	23414796	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 1006 401-10	Address 2	BLK 11 HERAN LANE 2	Address 3	SINGAPORE 159761
Address 4		Address Type	Singapore address	Post Code	159761
Unit No.		Related Policy Number	5108386207-01		

Driver Info

Driver Name	Muhammad Driver	Driver Type	Uninsured Driver	Driver DOB	27/09/2011
Uninsured driver name	MURHAN RUI NAKOR EDY MUHAM	Driver NRIC	701293479	Driving Experience	0
Register Date of Driver (Local)	30/07/2020	Driver Age	8	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	SINGAPORE 530301
Address 1	BLK 307 407-317	Address 2	HOUSSAN AVENUE 5	Address 3	
Address 4		Address Type	Foreign address	Post Code	530307
Unit No.	07-317	Driver License No.	80021572	Driver Insurer Company	NHJC
Does he own a Singapore Registered Car?	Yes No				

Declaration					
Breach/Driver or Road Type Exceeding?	0 hrs	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *

Contact No. (Mobile)		GD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414796
Email Address			Contact No. (Home)		Contact No. (Office)	82738169
Claim Description			OT Vehicle Number	PR021572	TA Vehicle Number	PH0333P
Preferred Workshop		Insured Liability	PR021572 / PH0333P ON 3 Sept 2020	Name of Preferred Workshop		
Salvage No. Extension	Yes	Preferred Report Option	Preferred Workshop, Name unknown	COA Report	Report	
Date Registered						
Report Taken By		17/09/2020 15:35	Claim Close Date		Date Received	17/09/2020 00
Print Ack letter		ROST WAHAB				

Save Submit

Attachment

Accident No.	MT/1103694	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/09/2020 15:35
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	GD
Choose File	No file chosen	Urgency	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size?
NRC_Pays_URI_000001(NATIONAL ASSESSMENT CENTRE SERVICES) @	17 Sep 2020 15:35	Photos	Normal	Photos 2020-9-17	(CQ)

Send Mail

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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 : 5109280207-01-000009

Cover : Third Party

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD2157Z |
| Chassis Number | : NCB1500055692 |
| 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