

NATIONAL Assessment Centre Services.

[see 1. Service]

NA 420084590

Date: 28/09/2020 17:33	Job description	Date & Time Completed	Done by
Ref No: N/A 420084590	SAS e-illing		
Veh No: FW 15 R	E-mail (Vehicle then, AIC then)		
D.O.A: 28/09/2020 07:20	1-Motor Claims Form	28/09/2020 17:58	
OD: TP Reporting Only	1-Motor W/O (Within OD then, TP 4 hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

Preferred Wkip / INC Assign Wkip / OW: () Toll: () Fax: ()

TP Participant: () Vch No: FBO 35934 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: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

NA 2005136

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

NA 2005136

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

NA 2005136

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

NA 2005136

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

NA 2005136

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engi-In-Charge): ()

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	28/09/2020 17:33
Date Of Accident	23/09/2020 07:20
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW15R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NASIR BIN A'SMI
NRIC No	SXXXX829J
Email Address	NSR182@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97633717
Alternative Phone No	OFFICE-97633717
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5116226366
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NASIR BIN A'SMI
NRIC No	SXXXX829J
Date Of Birth	18/02/1981
Occupation	INDOOR
Date Of Driving Pass	08/12/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97633717
Fax Number	
Contact Number	OFFICE-97633717
Email Address	NSR182@GMAIL.COM

Address	BLK 427 BUKIT PANJANG RING ROAD #03-703
Postcode	670427
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	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/20200923/7010

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	FBQ3593Y
Vehicle Make/Model/Colour	HONDA CB150R
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ZAKI ABDUL HALIM
NRIC/Passport Number	
Contact Number	98635373
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NASIR BIN A'SMI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FW15R
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:

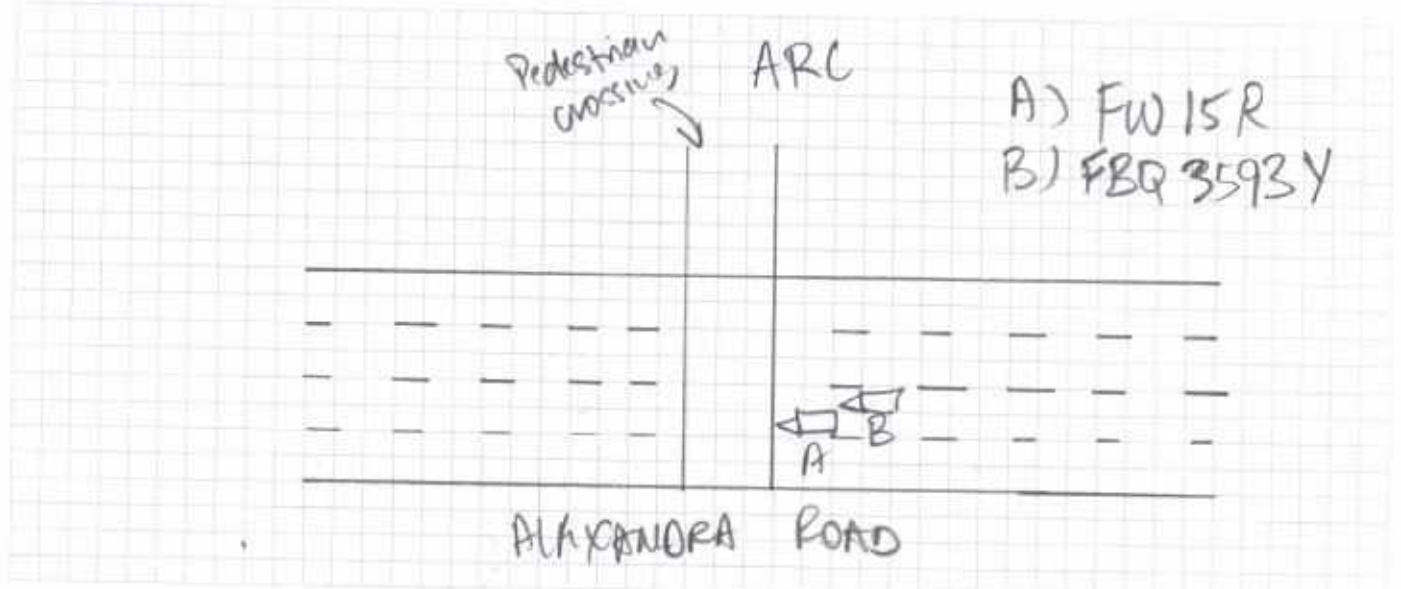
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 28/9/2020
@ 1730hrs

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


Reporting Centre Personnel's Signature
Name: 80821 1107/2020
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. T/20200923/7010

DECLARATION

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


 Policyholder's Signature
 Date & Time: 28/9/2020
 @ 1730hrs

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 09 / 2020 (DD/MM/YYYY), TIME: 07 : 20 (HH:MM)

LOCATION: Alexandra Road finds Telok Blangah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW1SR
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5116226366
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Acrox GDR155A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way to work
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: MUHAMMAD NABIE BIN ASM1 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 98104829J CONTACT: 97633717
c) ADDRESS: BLK 427 Bukit Panjang Ring Road #03-703
SNP 670427

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 18 / 02 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 08/12/1999

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) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: E-NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBA3593Y MODEL: Honda CB150R
b) DRIVER'S NAME: Muhammad Zaki Abdul Halim
c) NRIC/FIN/PASSPORT: _____ CONTACT: 98635373

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)

(1)

No of passenger
(Including driver)

()

No of passenger
(Including driver)

()

Email = nsr182@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200923/7010

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

1 of 4

Report No. T/20200923/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2020 14:53		Vide Report No.: D/20200923/0032		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD NASIR BIN A'SMI			Address: 427 BUKIT PANJANG RING ROAD #03-703 SINGAPORE 670427		
ID Type / ID No.: NRIC NO / S8104829J			Contact No.: Home/Office: Mobile: 97633717		
Nationality: SINGAPORE CITIZEN			Email: nsr182@gmail.com		
Sex: Male	Age: 39	Date of Birth: 18/02/1981	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/09/2020 07:20	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ3593Y	Motorcycle	HONDA	CB150R	Black		0
FW15R	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200923/7010

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

2 of 4

Report No. T/20200923/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW15R	NTUC Income Insurance Co-Operative Limited	5116226366	15/02/2020	14/02/2021

Details of Person Involved				
Any Pedestrian Involved: Yes				
No. of Pedestrians Injured: 1			Use of Pedestrian Crossing: Used	
Rider				
Name	MUHAMMAD ZAKI ABDUL HALIM		ID No.	NIL
Related Vehicle	FBQ3593Y (Motorcycle)		Contact No.	98635373
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Rider				
Name	MUHAMMAD NASIR BIN A'SMI		ID No.	S8104829J
Related Vehicle	FW15R (Motorcycle)		Contact No.	97633717
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/09/2020		Date	23/09/2020
No. of Days granted Medical Leave		03	Degree of	Slight
Pedestrian				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20200923/7010

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20200923/7010

CONTINUATION OF REPORT

Brief Details.

On the 23rd Sept 2020 around 0720hrs, I was travelling on my vehicle, FW15R, along Alexandra Rd towards Telok Blangah Road. When approaching a pedestrian crossing traffic light beside Alexandra Retail Centre, I stopped my vehicle as the traffic light is red. While stationary waiting for the traffic light, vehicle FBQ3593Y collided to my rear side of my vehicle. Due to the collisions, I fell off my bike.



**SINGAPORE
POLICE FORCE**



T/20200923/7010

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

4 of 4

Report No. T/20200923/7010

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476256

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:
23/09/2020 14:53

Classification Of Case:

Claim Handling

Accident MT/1104847

Policy No.	5116226366	Vehicle No.	FW15R	GST Registrati
Certificate No.				
Policyholder Name	MUHAMMAD NASIR BIN A'SMI			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97633717	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	28/09/2020 17:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/09/2020	Time of Accident hh:mm	07:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ALEXANDRA ROAD TOWARDS TELOK BLANGAH 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
Additional Excess			Driver is Cover
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 427 #03-703	Address 2	BUKIT PANJANG KING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-117	Related Policy Number	5116226366	

▼ OI Driver Info

Driver Name	MUHAMMAD NASIR BIN A'SMI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8104829J	Driver DOB
Register Date of Driver License	08/12/1998	Driver Age	39	Driving Experi
Contact No.(Mobile)	97633717	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 427 #03-703	Address 2	BUKIT PANJANG KING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-117			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FW15R	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Continues No.

Finalisation

Date Registered

Report Taken By

☐ Print AK letter

OD-MX	Insured Name	HL
97633717	Contact No. (Home)	67
nsr182@hotmail.com	OI Vehicle Number	FW
FW15R / FBQ3593Y ON 23 Sept 2020		

Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received

28/09/2020 17:56	Claim Close Date	<input type="checkbox"/>
ROSLI WAHAB		

Save Submit

Attachment

Accident No. MT/1104847 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 28/09/2020 17:58

Path *	Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Sep 2020 17:58	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Sep 2020 17:58	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Sep 2020 17:58	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Sep 2020 17:57	NRIC/ Driving License	Y	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 28 Sep 2020 17:57	SAS	Normal	S



Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number : S116226366

The Policyholder : MUHAMMAD NASIR BIN A'SMI
BLK 456 #10-117
SEGAR ROAD
SEGAR MEADOWS
SINGAPORE 670456

Period of Insurance : 15 Feb 2020 To 14 Feb 2021

Sum Insured : Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST) : S\$188.17

Interest Insured

Cover Type : Third Party, Fire & Theft

Named Driver (1) : MUHAMMAD NASIR BIN A'SMI

Named Driver (2) : ROSIDAH BINTE ABDUL RAHMAN

Make/Model : YAMAHA/GDR155A

Capacity : 160cc

Registration Number : FW15R

Chassis Number : MH35G4640LJ067037

Excess (Section 1) : N/A

Excess (Section 2) : N/A

Hire Purchase Company : YEW HENG CREDIT ENTERPRISE PTE LTD

Number of Seater : 2

Registration Year : 2020

Insure with COE : YES

NCD Entitlement : 20%

Loyalty Discount : 5%

Memo A : N/A

Endorsement Operative: M2

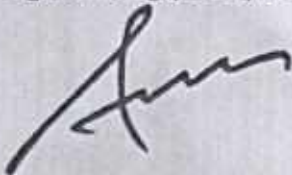
Agency : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue : 15 Feb 2020 12:53 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive