

NATIONAL Assessment Centre Services.

Just 1 Jan 2021

27 AUG 2020 090459

Date In: 15/10/2020 17:53	Job description	Date & Time Completed	Done by
Ref No: X172005512	SAS e-illing		
Veh No: FBG 86887	E-mail (by date time, A/C time)		
D.O.A: 18/10/2020 17:00	I-Motor Claims Form	M7/106868-001	16/10/2020
OD (TP) Reporting Only	I-Motor W/O (Withlet OD time, TP time)		17:33
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wksp / INC Ass'n Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: X0 31447	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: YRS (	/ NO (
Excess: (\$	Landing: \$1,000 (	/ \$2,000 (

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: VRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$9000] ()		

Injury: _____

X172005512

Driver/Owner:	1) Alt: Accident Reporting (\$50)	INC (110)
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	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$160
	7) NI: 1000 DA + SMRT Survey	
	8) NTUC Additional Services	
	9) NI: 1000 DA + SMRT Survey	\$30
	10) NI: 1000 DA + SMRT Survey	\$30
	11) NI: 1000 DA + SMRT Survey	\$30
	12) NI: 1000 DA + SMRT Survey	\$30
	13) NI: 1000 DA + SMRT Survey	\$30
	14) NI: 1000 DA + SMRT Survey	\$30
	15) NI: 1000 DA + SMRT Survey	\$30
	16) NI: 1000 DA + SMRT Survey	\$30
	17) NI: 1000 DA + SMRT Survey	\$30
	18) NI: 1000 DA + SMRT Survey	\$30
	19) NI: 1000 DA + SMRT Survey	\$30
	20) NI: 1000 DA + SMRT Survey	\$30

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	15/10/2020 17:53
Date Of Accident	12/10/2020 17:00
Exact Location Of Accident	TUAS SOUTH AVENUE 7 TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG8648T
Insured/Policyholder	
Name Of Registered Owner	BEE SU THAI
NRIC No	SXXXX299G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93293361
Alternative Phone No	OTHERS-93293361

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5114516581
Cover Note Number	

Driver

Name of Driver	BEE SU THAI
NRIC No	SXXXX299G
Date Of Birth	05/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1997
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93293361
Fax Number	
Contact Number	OTHERS 93293361

Address	BLK 374 BUKIT BATOK STREET 31 #03-162
Postcode	650374
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	SIDE SWIPE
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	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/20201013/2065

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	XD3144T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	BEE SU THAI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG8648T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

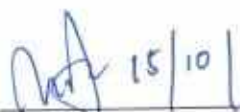
SKETCH PLAN

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.

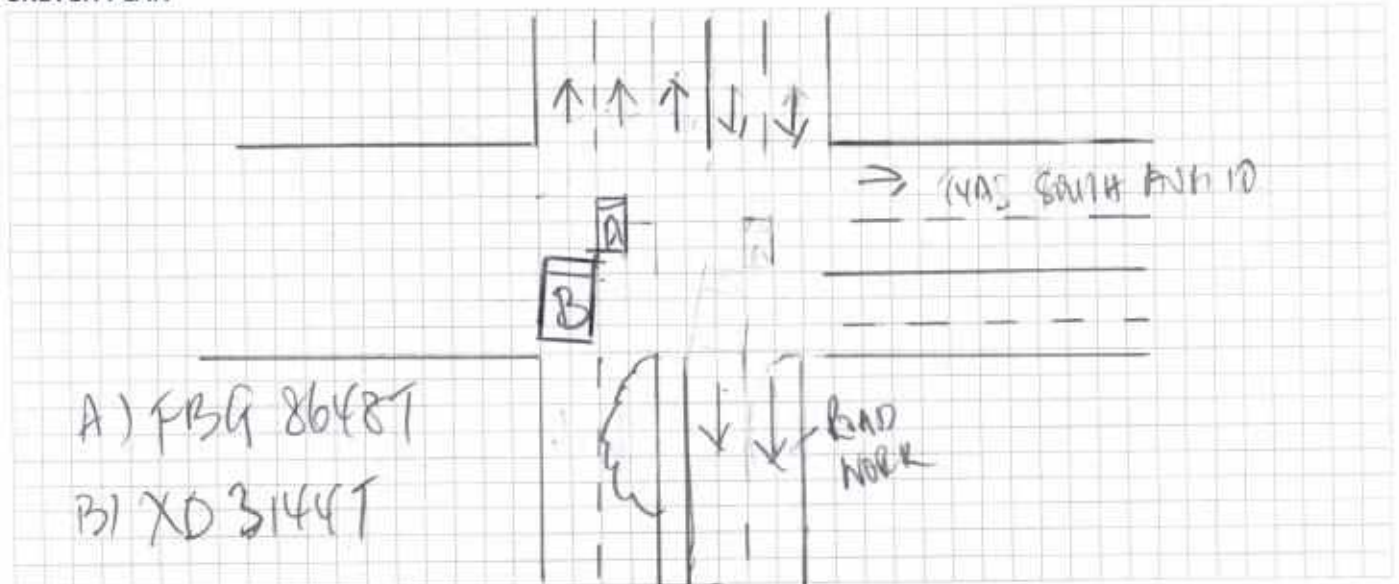
 15/10/2020

Policyholder's Signature
Date & Time:

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

 16/10/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

14A5 SOUTH AVE 10

Report to Police Report T/20201013/2065

DECLARATION

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

15/10/2020
 Policyholder's Signature
 Date & Time:

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

16/10/2020
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12/10/2020) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: Along road near A117

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 80487
 b) INSURANCE COMPANY: XNHC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha FZR1000
 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: Mike Sullivan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S17432996 CONTACT: 93293261
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: TP

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: XD 31447 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:

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO



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

Report No: T/20201013/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2020 16:11	Vide Report No.: J/20201012/0077	Station Diary No.:
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Informant's Particulars

Name of Informant: BEE SU THAI			Address: APT BLK 374 BUKIT BATOK STREET 31 #03-162 SINGAPORE 650374		
ID Type / ID No.: NRIC NO / S7483299G			Contact No.: Home/Office: Mobile: 93293361		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 07/04/1974	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2020 17:00	Type of Location:
Location: TUAS SOUTH AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8648T	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red		0
XD3144T	Lorry	ISUZU	FVR34P	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201013/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG8648T	NTUC Income Insurance Co-Operative Limited	5114516581	29/11/2019	10/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BEE SU THAI	ID No.	S7483299G
Related Vehicle	FBG8648T (Motorcycle)	Contact No.	93293361
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	12/10/2020	Date Discharge	12/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS TRAVELLING STRAIGHT ON THE FIRST LANE AND I ARRIVED AT THE TRAFFIC JUNCTION WHICH IS THE LIGHT IS GREEN AND THE LORRY IS ON THE SECOND LANE AND HE IS MOVING OFF, SUDDENLY HE WANTS TO TURN RIGHT AND HE DID NOT SWITCH ON HIS SIGNAL AND BECAUSE I AM GOING STRAIGHT HENCE THEN WHEN HE WAS TURNING HE HIT MY BIKE'S REAR CONTAINER AND THEN I FELL OFF MY BIKE. PASSERBYS CAME TO HELP AND CALL FOR AMBULANCE, I WAS THEN CONVEYED TO THE HOSPITAL.

I SUFFERED INJURIES ON MY RIGHT ARM & LEG AND CHEST,

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20201013/2065

3 of 3

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

Report No. T/20201013/2065

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:
TP /
WINSTON KOH WEN ZHONG *WZ*

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NG BEIFENG
Contact No.: 65476845

Authentication Stamp
NP168

Signature Of Informant:

[Signature]

Date/Time:
13/10/2020 16:11

Classification Of Case:



SINGAPORE
POLICE FORCE

WZ

Claim Handling

Accident MT/1106868

Policy No.	5114516581	Vehicle No.	FBG8648T	GST Registration No.
Certificate No.				
Policyholder Name	BEE SU THAI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93293361	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	16/10/2020 17:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2020	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TUAS SOUTH AVENUE 7 TRAFFIC JUNCTION			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 199D #10-441	Address 2	PUNGGOL FIELD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-441	Related Policy Number	5114516581	

▼ OI Driver Info

Driver Name	BEE SU THAI	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7483299G	Driving Experience
Register Date of Driver License	05/05/1997	Driver Age	46	Contact No.(Home)
Contact No.(Mobile)	93293361	Contact No.(Office)		Address 3
Address 1	BLK 199D #10-441	Address 2	PUNGGOL FIELD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	10-441			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBG8648T	Driver Insurer Comp.

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Insured Liability

Preferred

Repair

Option

Not at Fault

Preferred Workshop, Name unknown

GIA

report

Received

OD-MX

Insured Name

BEE SU T

Contact No.

(Home)

Vehicle Number

FBG8648

FBG8648T / XD3144T ON 12 Oct 2020

16/10/2020 17:31

Claim Close Date

Report Taken By

ROSLI WAHAB

☐ Print AK letter

Save

Submit

Attachment

Accident No.	MT/1106868	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2020 17:33
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desci
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:33	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:32	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:32	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:32	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:32	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:32	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Oct 2020 17:32	SAS	Normal	SAS 20f

Video List

Uploaded By/Date

Folder Date

File Name

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 : 5114516581

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party |
| Chassis Number | : FBG8648T |
| 2. Name of Policyholder | : MH355S002CK096821 |
| 3. Effective Date of Insurance | : BEE SU THAI |
| 4. Expiry Date of Insurance | : 29 Nov 2019 |
| 5. Persons or Classes of Persons entitled to drive# | : 10 Dec 2020 |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| This Policy does not cover: | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (d) Use for any purpose in connection with the Motor Trade. | |
| # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. | |

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: BEE SU THAI
NAMED DRIVER (2)	: WONG SAU CHOY (HUANG XIAOCAI)
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 : 29 Nov 2019 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive