

# NATIONAL Assessment Centre Services. (ver 1 Jan 2020)

Date In: 21/10/20	Job description: SAS e-filing	Date & Time Completed: 20/10/2020	Done by: 1057
Ref No: NBA/INC20011462/T1	E-mail (3 jobs max, A/C 1st)		
Veh No: FBL 19AK	I-Motor Claims Form	M111073X-002	
DOA: 20/10/20	I-Motor W/O (Within: OD 1st, TP 1st)		
Q1: (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vicar		

Preferred Wkip / INC Assign Wkip / QW:	Tel:	Fax:
TP Indemnity:	Veh No: SMP 6734	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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2005611

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$20)
Contact No:	2) DA1 Damage Assessment (\$100)	\$100
Damage Portion:	3) TP1 Towing Fee	\$120
QC Checked by (Engi-In-Charge):	4) PT1 Follow-Through Survey	\$30
	5) PT1 Follow-Through Survey (Resurvey)	\$30
	6) TR1 Re-inspection	\$70
	7) NR1 Day DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	OR:	
	• NR1 Courtesy Car / Tpl Allowance	\$3
	• NR1 Repairs Coordination	\$10
	• NR1 Post Repair Inspection	\$20
	• NR1 DV / Collect the cost Coordination	\$3
	TP (NR1) TP (NR1) INC (NR1) INC (NR1)	\$30
	9) NR1 Day 1 Mobile	
	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	21/10/2020 16:33
Date Of Accident	20/10/2020 19:30
Exact Location Of Accident	TOA PAYOH LORONG 7 AT JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1909K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALAM MOHAMMED BAHARUL
Passport No/FIN	GXXXX875X
Email Address	ALAM.BAHARUL89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97959552
Alternative Phone No	OFFICE-97959552

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (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	5109323618-01
Cover Note Number	

### Driver

Name of Driver	ALAM MOHAMMED BAHARUL
Passport No/FIN	GXXXX875X
Date Of Birth	09/01/1989
Occupation	INDOOR
Date Of Driving Pass	04/07/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97959552
Fax Number	
Contact Number	OFFICE-97959552
Email Address	ALAM.BAHARUL89@GMAIL.COM

Address	BLK 720 JURONG WEST AVE 5 #07-88
Postcode	640720
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO: T/20201021/2075

#### 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	SMP673U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHAIN GUAN
NRIC/Passport Number	SXXXX566C
Contact Number	87989649
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ALAM MOHAMMED BAHARUL
Approximate Age	
Injuries Sustain	ABRASION AT RIGHT HAND,LEFT AND RIGHT LEG AND LOWER BACK
Injured person in which vehicle?	FBL1909K
Were seat belts worn?	NO
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:

21/10/2020  
3:49 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Refer to attachment.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/2020/021/2075

## DECLARATION

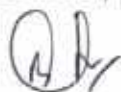
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

21/10/2020  
3:49



Driver's Signature

(If driver is not the policyholder)

Date & Time:

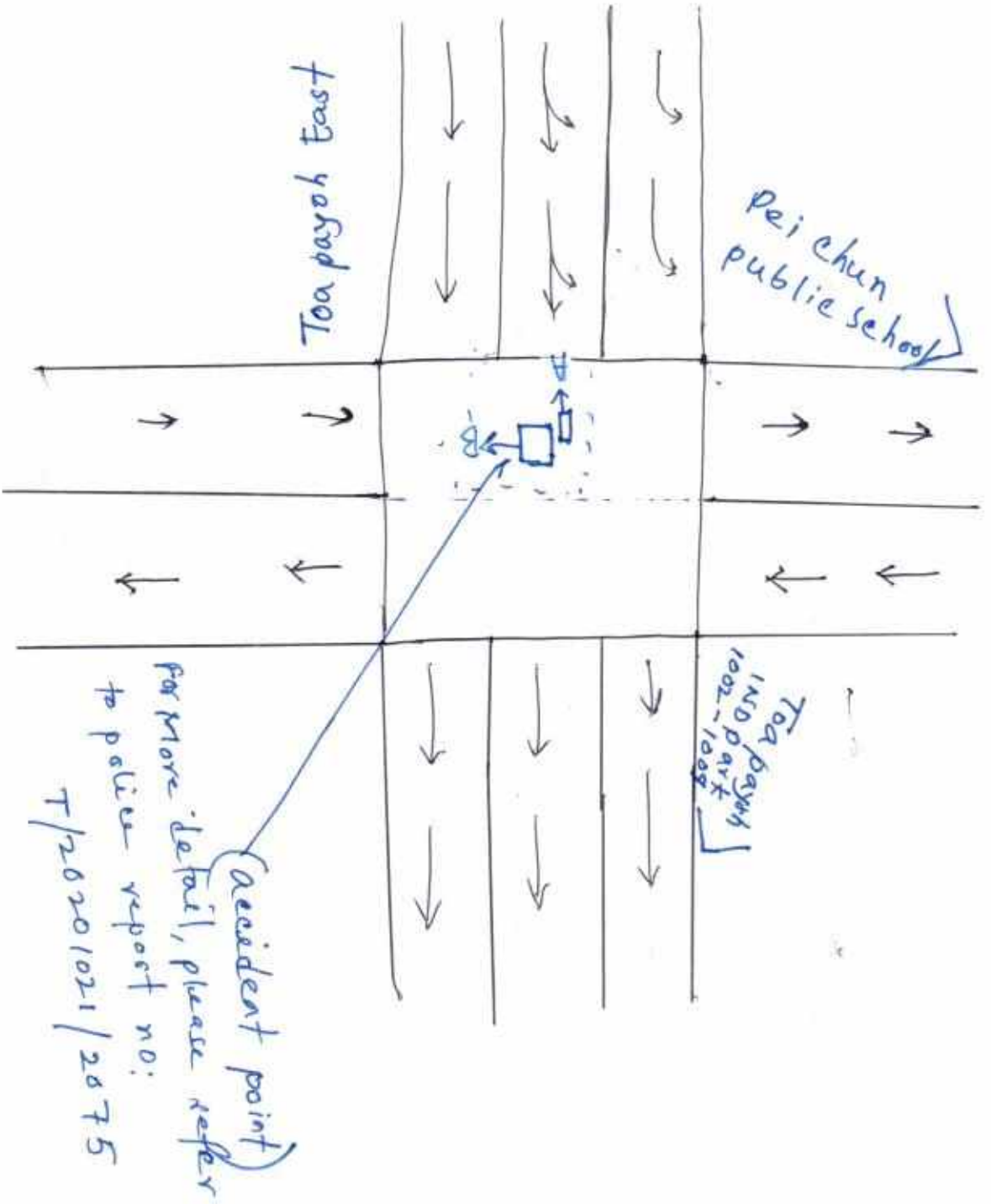


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

My car - A (Motor cycle) - FBL1909K  
 Another car - B (7-seater car) - SMP673U





Email: jbl@idac.com.sg Tel no: 6555 6111

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/10/2020 (dd/mm/yy) Time of Accident: 07:30 : PM (24-HR-FORMAT)  
Vehicle No.: FBL1909K Vehicle Make & Model: F215 Yamaha FZ16 Private Hire: (Y/N)  
Exact location of Accident: Toa Payoh Lorong 7 at junction  
Policyholder's Name / IC No.: ALAM MOHAMMED BAHARUL / 68137875X  
Driver's Name / IC No.: ALAM MOHAMMED BAHARUL / 68137875X (As Above) ☒  
Driver's Contact No.: 97959552 Company Contact No (Company Veh Only):  
Driver's Address: JURONG WEST AVE-5, BIK720 #07-88, S(640720)  
Email address: alam.baharu/89@gmail.com Insurance Company:

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

\*No. of Passengers (Including Driver): 1

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

\*Passanger Name: \_\_\_\_\_

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☒ No (If YES) Injured Person's Name: Mohammed Baharul Alam.

Injuries Sustain: Abrasion at right hand, left & right leg and lower back Injured Person in Which Vehicle: FBL1909K.

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: Queensway NPC.

### The Other Party(s) Details:

1. Driver's Name / IC No: NG CHAIN GUAN / S1765566 Vehicle No: SMP673U

Driver's Contact No: 87989649 Insurance Company:

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20201021/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/10/2020 15:04	Vide Report No.:	Station Diary No.: 45
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**Informant's Particulars**

Name of Informant: ALAM MOHAMMED BAHARUL			Address: APT BLK 720 JURONG WEST AVENUE 5 #07-88 HDB SINGAPORE 640720		
ID Type / ID No.: FIN NO / G8137875X			Contact No.: Home/Office: Mobile: 97959552		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 31	Date of Birth: 09/01/1989	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

General Information:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2020 19:30	Type of Location: X-Junction
Location:  TOA PAYOH EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1909K	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
SMP673U	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1909K	NTUC Income Insurance Co-Operative Limited	5109323618-01	01/07/2020	30/06/2021



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ALAM MOHAMMED BAHARUL	ID No.	G8137875X
Related Vehicle	FBL1909K (Motorcycle)	Contact No.	97959552
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2020	Date Discharge	21/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	Ng Chain Guan	ID No.	S1765566C
Related Vehicle	SMP673U (Car)	Contact No.	87989649
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 20/10/2020 at about 1930hrs, I was riding on my motorcycle, FBL1909K along toa payoh east towards toa payoh industrial park in the middle lane of three. At the junction of toa payoh lorong 7, I stopped behind a car, SMP673U, as the traffic light was red. When the traffic light turn green, I move off together with the vehicle, as the vehicle did not indicate any signal, I thought it was going straight. When we were at the junction, the vehicle suddenly made a left turn without indicating signal and knocked on to me. We exchange particulars and I brought my motorbike to a nearby workshop at the area. I consulted a doctor on 21/10/2020 and was given 3 days medical leave.



SINGAPORE  
POLICE FORCE



T/20201021/2075

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20201021/2075

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 LEE HAO ZHENG ALVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/10/2020 15:04

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



## Claim Handling

Accident MT/1107320

Policy No.	5109323618-01	Vehicle No.	FBL1909K	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMMED BAHARUL ALAM ABU SAYED			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	21/10/2020 15:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/10/2020	Time of Accident hh:mm	19:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	X-JUNCTION OF TOA PAYOH EAST & TOA PAYOH LOR 7			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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 720 #07-88	Address 2	JURONG WEST AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-88	Related Policy Number	5109323618-01	

## ▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	MOHAMM
Contact No.(Mobile)	97959552	Contact No. (Home)	
Email Address	ALAM.BAHARUL89@GMAIL.COM	Vehicle Number	FBL1909K
Claim Description	FBL1909K / SMP673U ON 20 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	22/10/2020 10:51	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit


















## Attachment

Accident No.	MT/1107320	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/10/2020 10:57

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:57	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:57	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:57	Photos	Normal	Photos 2f
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:53	Photos	Normal	Photos 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:53	Photos	Normal	Photos 2f



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:53	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:53	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:53	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:51	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:51	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:51	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:51	Photos		Normal	Photos 20
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 22 Oct 2020 10:51	SAS		Normal	SAS 200

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** : 5109323618-01

**Cover** : Third Party

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBL1909K                        |
| Chassis Number  | : ME1RG1617G2001929               |
| 2. Name of Policyholder   | : MOHAMMED BAHARUL ALAM ABU SAYED |
| 3. Effective Date of Insurance  | : 01 Jul 2020                     |
| 4. Expiry Date of Insurance   | : 30 Jun 2021                     |
| 5. Persons or Classes of Persons entitled to drive#   |                                   |
| (a) Named Driver(s) Only:   |                                   |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                                   |
| 6. Limitations as to Use#   |                                   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                   |
| 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)	: MOHAMMED BAHARUL ALAM ABU SAYED
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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)  
 Date of Issue : 05 Jun 2020 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive