

# NATIONAL Assessment Centre Services

Ref: 20093248

Date In: 28/10/20 11:26	Job description	Date & Time Completed	Done by
Ref No: NA200115154	SAS e-filing		
Veh No: 4658402L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 10/10/20 11:45	i-Motor Claim Form	mtl110628-002	28/10/20
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:21
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFY 7122B	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%; F: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

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

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

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

Remarks: (INC Info) Inc: 6788/6616	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2005627	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao Mobile 30		
	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	24/10/2020 11:26
Date Of Accident	10/10/2020 11:45
Exact Location Of Accident	ALONG TANGLIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8402L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OMAR B MOHAMED
NRIC No	SXXXX962C
Email Address	NURFARHANABINTEOMAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97887424
Alternative Phone No	OTHERS-92959372

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (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	REPORTING ONLY
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	5051253961-09
Cover Note Number	

### Driver

Name of Driver	NUR FARHANA BINTE OMAR
NRIC No	SXXXX338D
Date Of Birth	21/06/1989
Occupation	INDOOR
Date Of Driving Pass	02/04/2008
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97887424
Fax Number	
Contact Number	OTHERS-92959372
Email Address	NURFARHANABINTEOMAR@GMAIL.COM

Address	BLK 4B ST. GEORGE'S LANE #05-179
Postcode	321004
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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 SKETCH AND POLICE REPORT T/20201012/7030

#### 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	SFY7722B
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO GUO-LIANG
NRIC/Passport Number	SXXXX993A
Contact Number	92701449
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	NUR FARHANA BINTE OMAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBB8402L
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:

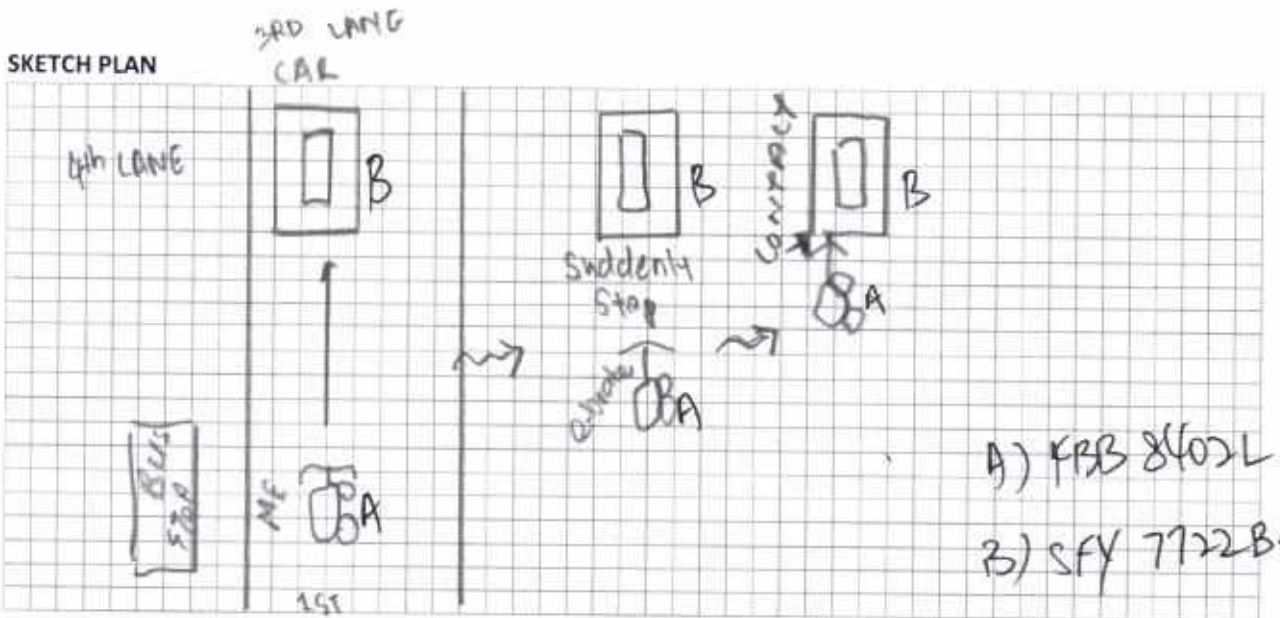
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 24/10/20  
1000 hrs.

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/10/2020 1000h

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Car in front abruptly stop / e-brake but there was still contact.

REFER TO POLICE REPORT T/20201012/7030

## DECLARATION

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

Policyholder's Signature

Date & Time: 24/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/10/2020 @ 1010h.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 10 / 2020) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: TANGLIN RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB 8402 L  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5051253961-09  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CBF 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: 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: DMAR BIN MOHAMED (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 50376962C CONTACT: 9788 7424  
c) ADDRESS: BLK 4B ST. GEORGE'S LANE #05-179  
S'PORE 321004

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NUR FARHANA BINTI OMAR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8920338D CONTACT: 92959372  
c) ADDRESS: BLK 4B ST. GEORGE'S LANE #05-179  
(321004)

\* d) DATE OF BIRTH: (21 / 06 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10+

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER / DAUGHTER

## 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: TRAFFIC POLICE

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFY 7722B MODEL: TOYOTA WISH  
b) DRIVER'S NAME: FOO LUD LIANG  
c) NRIC/FIN/PASSPORT: S7919993A CONTACT: 92701449

## 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)  
(4)

\* No of passenger  
(Including driver)  
( )

Email = nurfarhanabinteomar@gmail.com

fax =

video =



# SINGAPORE POLICE FORCE



T/20201012/7030

1 of 3

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

Report No. T/20201012/7030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2020 19:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NUR FARHANA BINTE OMAR			Address: 4B ST. GEORGE'S LANE #05-179 SINGAPORE 321004		
ID Type / ID No.: NRIC NO / S8920338D			Contact No.: Home/Office: Mobile: 92959372		
Nationality: SINGAPORE CITIZEN			Email: nurfarhanabinteomar@gmail.com		
Sex: Female	Age: 31	Date of Birth: 21/06/1989	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Voyage Planning Specialist		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2020 11:45	Type of Location: Straight Road
Location:  TANGLIN ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
FBB8402L	Motorcycle					0
SFY7722B	Car	TOYOTA	wish	Silver		4

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20201012/7030

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201012/7030

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	NUR FARHANA BINTE OMAR		ID No.	S8920338D
Related Vehicle	FBB8402L (Motorcycle)		Contact No.	92959372
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	10/10/2020		Date	11/10/2020
No. of Days granted Medical Leave	05		Degree of	Slight
<b>Driver</b>				
Name	FOO GUO-LIANG		ID No.	S7919993A
Related Vehicle	SFY7722B (Car)		Contact No.	92701449
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	NIL

**Brief Details.**

I was riding from Napier Road turned to Tanglin Road.

After overtaking stationery bus on the 4th lane, switch to 3rd lane.

While riding along Tanglin Rd on the 3rd lane, a car stopped abruptly in the middle of the 3rd lane.

Managed to e-brake the bike but couldn't stop in time and hit the rear end of the car.

Point of impact was on the 3rd land between Tempur & Tanglin shopping ctr.



**SINGAPORE  
POLICE FORCE**



T/20201012/7030

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201012/7030

**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 /  
JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

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:  
12/10/2020 19:16

Classification Of Case:



## Claim Handling

Accident MT/1106282

Policy No.	S051253961-09	Vehicle No.	FBB9402L	GST Registration No.	
Certificate No.					
Policyholder Name	OMAR B MOHAMED	Cover Type	Third Party	Policyholder NRIC	S0376901C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
MCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	12/10/2020 13:02	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	10/10/2020	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Crash Force		ICM No.	
Accident Location	NA				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 4B #05-179	Address 2	ST GEORGE'S LANE	Address 3	SINGAPORE 321004
Address 4		Address Type	Singapore address	Post Code	321004
Unit No.		Related Policy Number	S051253961-09		
<b>Q1 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
(Unnamed driver Name)		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	OMAR B MOHAMED	Insured NRIC	
Contact No.(Mobile)	97887424	Contact No.(Home)	62961207	Contact No.(Office)	
Email Address	ramona48@gmail.com	DI Vehicle Number	FBB9402L	TP Vehicle Number	
Claim Description	FBB9402L / SPY7722B ON 10 Oct 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered	24/10/2020 12:19	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1106282	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/10/2020 12:21
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		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

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	Photos		Normal	Photos 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Oct 2020 12:13	SAS		Normal	SAS 2020-10-24

Video List

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



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5051253961-09

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **FBB8402L**  
Chassis Number : LALKC11A173005880  
2. Name of Policyholder : **OMAR B MOHAMED**  
3. Effective Date of Insurance : **15 Aug 2020**  
4. Expiry Date of Insurance : **14 Aug 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)	: OMAR B MOHAMED
NAMED DRIVER (2)	: NUR FARHANA BINTE OMAR
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 : COMMERCIAL AGENCY PTE LTD (00000614425)

Date of Issue : 06 Aug 2020 23:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive