

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	06/11/2020 12:28
Date Of Accident	06/11/2020 08:15
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM485S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN ZULKEFLI
NRIC No	SXXXX463G
Email Address	M.TAUFIQ.ZULKEFLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91077055
Alternative Phone No	OTHERS-91077055

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
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	5117863238
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAUFIQ BIN ZULKEFLI
NRIC No	SXXXX463G
Date Of Birth	22/06/1989
Occupation	INDOOR
Date Of Driving Pass	27/04/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077055
Fax Number	
Contact Number	OTHERS-91077055

Address	BLK 812B CHOA CHU KANG AVENUE 7 #06-643
Postcode	682812
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)	2
Passenger 1	NAME: : NURSYUHADAH BINTE MOHAMMED WAHID GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/2031

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1829H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADI

Contact Number 86965724
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD TAUFIQ BIN ZULKEFLI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBM485S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NURSYUHADAH BINTE MOHAMMED WAHID
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBM485S
Were seat belts worn?
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.
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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:

6/11/20
1226 hrs

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

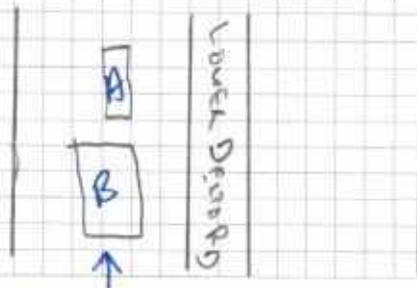
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SKETCH PLAN

LOWME DRIVE ROAD

A) FBM 4855

B) SJM 1829 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020/106/2031

DECLARATION

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



6/11/20
1226hrs

 06/11/2020
Resd. 1226hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 11 / 20) (DD/MM/YYYY), TIME: (08 : 15) (HH:MM)

LOCATION: Lower Delta Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 485 S
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5117863238
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda VTX 1300
 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 Tawfik Bin Zulketli (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S99214634 CONTACT: 91077035
 c) ADDRESS: BLK 812B CHAN CHU KANG AVE 7
#06-643 5 (682812)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD Tawfik Bin Zulketli (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S99214634 CONTACT: 91077035
 c) ADDRESS: BLK 812B CHAN CHU KANG AVE 7
#06-643 5 (682812)

* d) DATE OF BIRTH: (22 / 06 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/4/2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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: Bukit Merah West PC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJM 18294 MODEL: Honda
 b) DRIVER'S NAME: ADI
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 86965758

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email = m.taufiq.zulketli@gmail.com
 VIDEO



SINGAPORE POLICE FORCE



T/20201106/2031

1 of 4

Report No. T/20201106/2031

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 12:04
Vide Report No.:
Station Diary No.: 39

Informant's Particulars

Name of Informant: MUHAMMAD TAUFIQ BIN ZULKEFLI			Address: APT BLK 812B CHOA CHU KANG AVENUE 7 #06-643 SINGAPORE 682812		
ID Type / ID No.: NRIC NO / S8921463G			Contact No.: Home/Office: Mobile: 91077055		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/06/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: MOM			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2020 08:15	Type of Location: Junction
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM485S	Motorcycle	HONDA	NC750XA (LED)	Red	Slightly Damaged	1
SJM1829H	Car	HONDA		Silver	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM485S	NTUC Income Insurance Co-Operative Limited	5117863238	30/06/2020	29/06/2021



SINGAPORE POLICE FORCE



T/20201106/2031

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201106/2031

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	Nursyuhadah Binte Mohammed, Wahid		ID No.	S9212723J
Related Vehicle	FBM485S (Motorcycle)		Contact No.	82091918
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/11/2020	Date Discharge	06/11/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Rider				
Name	MUHAMMAD TAUFIQ BIN ZULKEFLI		ID No.	S8921463G
Related Vehicle	FBM485S (Motorcycle)		Contact No.	91077055
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	06/11/2020	Date Discharge	06/11/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Driver				
Name	Adi		ID No.	NIL
Related Vehicle	NIL		Contact No.	86965724
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 06/11/2020 at about 0815hrs, I was riding my motorbike(FBM485S, Red Honda NC750X) along the Junction of Lower Delta Road and subsequently remain stationery at the traffic junction as the traffic light was Red. Suddenly, the vehicle(SJM1829H, Silver Honda) behind of me hit onto my rear and caused my bike to fall towards the left side. My wife and I subsequently went to visit SGH for a body check up as both of us are not feeling quite well after the accident and was given a 04 days mc by SGH. I wished to state that my Motorbike has a in-built camera and the SD card footage is still with me.



**SINGAPORE
POLICE FORCE**



T/20201106/2031

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201106/2031

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201106/2031

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

4 of 4

Report No. T/20201106/2031

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 2 ALFRED TAN JUNWEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/11/2020 12:04

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

SIN 45

Claim Handling

Accident MT/1109243

Policy No.	5117963238	Vehicle No.	FBM4855	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD TAUFIQ BIN ZULKEFLI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91077055	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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	06/11/2020 12:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/11/2020	Time of Accident hh:mm	08:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG LOWER DELTA 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	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 812B #06-643	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4	SINGAPORE 682812	Address Type	Singapore address	Post Code
Unit No.	06-643	Related Policy Number	5117963238	

▼ OI Driver Info

Driver Name	MUHAMMAD TAUFIQ BIN ZULKEFLI	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8921463G	Driver DOB
Register Date of Driver License	01/11/2007	Driver Age	21	Driving Experience
Contact No.(Mobile)	91077055	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 812B #06-643	Address 2	CHOA CHU KANG AVENUE 7	Address 3
Address 4	SINGAPORE 682812	Address Type	Singapore address	Post Code
Unit No.	06-643			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM4855	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 *	OD-MX	Insured Name	MUHAMMAD
Contact No.(Mobile)	91077055	Contact No. (Home)	
Email Address	m.taufiq.zulkefli@gmail.com	OI Vehicle Number	FBM4855
Claim Description	FBM4855 / SJM1829H ON 6 Nov 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	06/11/2020 12:48	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1109243	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/11/2020 12:48

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"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 06 Nov 2020 12:48	SAS		Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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 : 5117863238

Cover : Third Party, Fire & Theft

- | | |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBM4855 |
| Chassis Number | : JH2RC90A4GK004957 |
| 2. Name of Policyholder | : MUHAMMAD TAUFIQ BIN ZULKEFLI |
| 3. Effective Date of Insurance | : 30 Jun 2020 |
| 4. Expiry Date of Insurance | : 29 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD TAUFIQ BIN ZULKEFLI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : 15 Jun 2020 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive