

# NATIONAL Assessment Centre Services.

Just 1 Jan 2001

NA200102329

Date In: 18/1/2020 14:24	Job description	Date & Time Completed	Done by
Ref No: NA200102329	SAS e-filing		
Veh No: 1BF, 404m	E-mail (by date time, A/C time)		
D.O.A: 12/1/2020 11:00	I-Motor Claims Form	ML110589001	18/1/2020 15:03
OD: TP: Reporting Only	I-Motor W/O (with: OD time, TP time)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vikar		

Preferred Wkup / INC Assign Wkup / OW: (	Tel:	Fax:
TP Particulars: Vch No: 1BF 59R	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 refer 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: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

NA2006MY	1) All Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$10)
	3) Towing Fee	\$10
	4) PT: Follow-Through Survey	\$20
	5) PT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$20
	7) NI: DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: DA + SMRT Survey	\$30
	10) NI: DA + SMRT Survey	\$30
	11) NI: DA + SMRT Survey	\$30
	12) NI: DA + SMRT Survey	\$30
	13) NI: DA + SMRT Survey	\$30
	14) NI: DA + SMRT Survey	\$30
	15) NI: DA + SMRT Survey	\$30
	16) NI: DA + SMRT Survey	\$30
	17) NI: DA + SMRT Survey	\$30
	18) NI: DA + SMRT Survey	\$30
	19) NI: DA + SMRT Survey	\$30
	20) NI: DA + SMRT Survey	\$30



## 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	18/11/2020 14:24
Date Of Accident	12/11/2020 11:00
Exact Location Of Accident	BEHIND FAR EAST SHOPPING CTR PUBLIC CARPARK A0007
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF404M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORMALA BTE MANAP
NRIC No	SXXXX516B
Email Address	NORMALAX@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91144778
Alternative Phone No	OTHERS-91144778

### Vehicle Particulars

Manufacturer	DUCATI
Model	MONSTER 796
Exact Purpose for which vehicle was being used at time of accident	SOCIAL APPOINTMENT
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	5106340939-01
Cover Note Number	

### Driver

Name of Driver	NORMALA BTE MANAP
NRIC No	SXXXX516B
Date Of Birth	14/02/1960
Occupation	INDOOR
Date Of Driving Pass	04/05/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91144778
Fax Number	
Contact Number	OTHERS 91144778

Address	BLK 290B BUKIT BATOK STREET 24 #09-65
Postcode	653290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20201113/7027

#### 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	GBH59R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DANIEL DERWIN BIN AZMI
NRIC/Passport Number	SXXXX158F
Contact Number	88922105
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NORMALA BTE MANAP

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBF404M

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.
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: 14/20

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

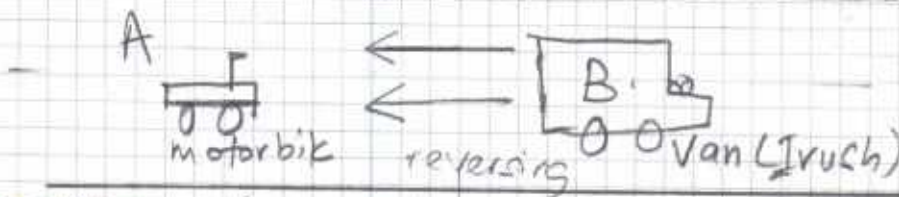
Name:

SKETCH PLAN

BEHIND FAR EAST SHOPPING CTR PUBLIC CARPARK A0007

Empty in Car parking Area

Cashier kiosk



A) FBP404m

B) GBH59R

Car parking area

motorbike parking  
carpark entrance

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report J/2020/113/7027

DECLARATION

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

 18/11/20  
14:20

 18/11/2020  
Ref: Mr. Hsu



## ACCIDENT STATEMENT

ACCIDENT DATE: 12/11/2020 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: Public Carpark A0007

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 404 M  
b) INSURANCE COMPANY: NIUC INCOME  
c) POLICY NUMBER: 5106340939-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: DUCATI MONSTER 796  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: SOCIAL APPOINTMENT  
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: NORMALA BIE MANAP (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1457516B CONTACT: 91144778  
c) ADDRESS: PIK 290 B RUKIT BATOR ST 24  
#09-65 51653290

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

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 14/02/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 4/5/2010

### 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) JURONG DIVISION

### 6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: JURONG DIVISION

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH59R MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Daniel Derwin B Azmi  
c) NRIC/FIN/PASSPORT: S9902158F CONTACT: 88922105

### 9. THIRD PARTY VEHICLE

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

email = normalax@yahoo.com  
VIDEO



**SINGAPORE  
POLICE FORCE**



J/20201113/7027

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Report No. J/20201113/7027

Date/Time Report Made 13/11/2020 15:40	Vide Report No.	Station Diary No.
Name Of Informant NORMALA BINTE MANAP	Address 290B BUKIT BATOK STREET 24 #09-65 SINGAPORE 653290	
ID Type / ID No. NRIC NO / S1457516B	Contact No. Home/Office: Mobile: 91144778	
Nationality SINGAPORE CITIZEN	Email Address NORMALAX@YAHOO.COM	
Occupation Administration manager	Sex Female	Age 60
Institution/School Name	Date of Birth 14/02/1960	Race Malay
Date/Time Of Incident 12/11/2020 11:00 - 12/11/2020 11:45	Location Of Incident carpark A0007	

**Brief details.**

i was riding on my motor bike FBF404M in the carpark area ie Public Carpark A0007 , behind Far East Shopping Centre, looking for a parking when i noticed a van (GBH59R) backing fast towards me.I stopped and started honking at the van but it didnt stop and hit straight onto me . It was moving too fast and i was not able to move out of its path . The bike dropped on impact and i fell to the ground. Damages to the bike are substantial (broken front guard, brake and clutch levers, dented headlight and there was oil spill on the ground . The bike was able to start for a moment and then then engine stopped). I sustained bruises and soreness especially as i woke today. The driver of the van came out and i asked

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2020 15:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



J/20201113/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201113/7027

him why he didnt stop when i honked . He didnt say anything but when i asked him if he had his headset on, he nodded. I also asked why he backed his vehicle fast and he said he was trying to grab a parking spot . I took pictures of the van, my damage bike as well as the ID of the driver ie driving license and IC (Daniel Derwin Bin Azmi S9902158F) .I then made arrangements for the bike to be towed to the workshop. i have pictures of the vehicles involved and damages but am unable to attach with this report as i dont have a usb drive and this report is made an an E-NPP

Subjects Involved			
Victim			
Person Name	NORMALA BINTE MANAP		
ID Type	NRIC NO	ID No	S1457516B
Gender	Female	Age	60
Race	Malay	Language	English
Occupation	Administration manager	Address	290B BUKIT BATOK STREET 24 #09-65 SINGAPORE 653290
Mobile No	91144778	Is Informant A Victim?	Yes
Person Name	NORMALA BINTE MANAP (Informant)		

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description
1	cashcard	Stolen				1	20.00	

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

13/11/2020 15:40

Classification Of Case:

Authentication Stamp

## Claim Handling

Accident MT/1110589

Policy No.	5106340939-01	Vehicle No.	FBF404M	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	NORMALA BTE MANAP	Cover Type	Third Party, Fire & Theft	Loading
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)
Contact No.(Mobile)	91144778	Special Remark		eCode
Email Address	normalax@yahoo.com	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	Private Hire
NCD Protection	No			

## ▼ Accident Details

Report Date	18/11/2020 14:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/11/2020	Time of Accident hh:mm	11:00	Country of Accident
Reporting Centre		Orange Force		ICH No.
Accident Location	BEHIND FAR EAST SHOPPING CTR PUBLIC CARPARK A0007			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?
YIED OD Excess	0.00	YIED TP Excess	0.00	
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 290B #09-65	Address 2	BUKIT BATOK STREET 24	Address 3
Address 4	SINGAPORE 653290	Address Type	Singapore address	Post Code
Unit No.	09-65	Related Policy Number	5106340939-01	

## ▼ OI Driver Info

Driver Name	Normala Manap	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1457516B	Driving Experience
Register Date of Driver License	01/01/2016	Driver Age	60	Contact No.(Home)
Contact No.(Mobile)	91144778	Contact No.(Office)		Address 3
Address 1	BLK 290B #09-65	Address 2	BUKIT BATOK STREET 24	Post Code
Address 4	SINGAPORE 653290	Address Type	Singapore address	
Unit No.	09-65			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBF404M	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	NORMALA
Contact No.(Mobile)	91144778	Contact No.(Home)	NIL
Email Address	NORMALAX@YAHOO.COM	OI Vehicle Number	FBF404M
Claim Description	FBF404M / GBH59R ON 12 Nov 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			18/11/2020 15:02
			Claim Close Date



Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1110589	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/11/2020 15:03
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	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:03	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:02	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 18 Nov 2020 15:02	SAS	Normal	SAS 20

## 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** : 5106340939-01

**Cover** : Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBF404M           |
| Chassis Number  | : ZDMM506AAA040470  |
| 2. Name of Policyholder   | : NORMALA BTE MANAP |
| 3. Effective Date of Insurance  | : 29 Dec 2019       |
| 4. Expiry Date of Insurance   | : 28 Dec 2020       |
| 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)	: NORMALA MANAP
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : DIRECT BUSINESS DEPT (00000600280)  
Date of Issue : 06 Dec 2019 15:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive