



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 Submission	10/02/2021 15:04 (SGT)
Date of Accident	05/02/2021 12:00 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	TURNING RIGHT TOWARDS KJE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1657D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HASHIM BIN HUSSEIN
NRIC No	SXXXX812E
Email Address	hashimgimau@gmail.com
Mobile Phone No	(Phone) +65-90040065
Alternative Phone No	+65-90040065

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	t135
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5120798482
Cover Note Number	-

DRIVER

Name of Driver	HASHIM BIN HUSSEIN
NRIC No	SXXXX812E

Date Of Driving Pass	29/01/1970
Driving experience	51 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90040065
Alt. Phone Number	+65-90040065
Email Address	hashimgimau@gmail.com
Address	BLK 4 MARSILING ROAD #06-5077
Address complement	-
Postcode	730004
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUPARIYAH BINTE SALAMAT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210205/2127

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	SMN6040S
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEX
Contact Number	(Phone) +65-96363355
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HASHIM BIN HUSSEIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD1657D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	SUPARIYAH BINTE SALAMAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD1657D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

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.

Policyholder's Signature / Date & Time

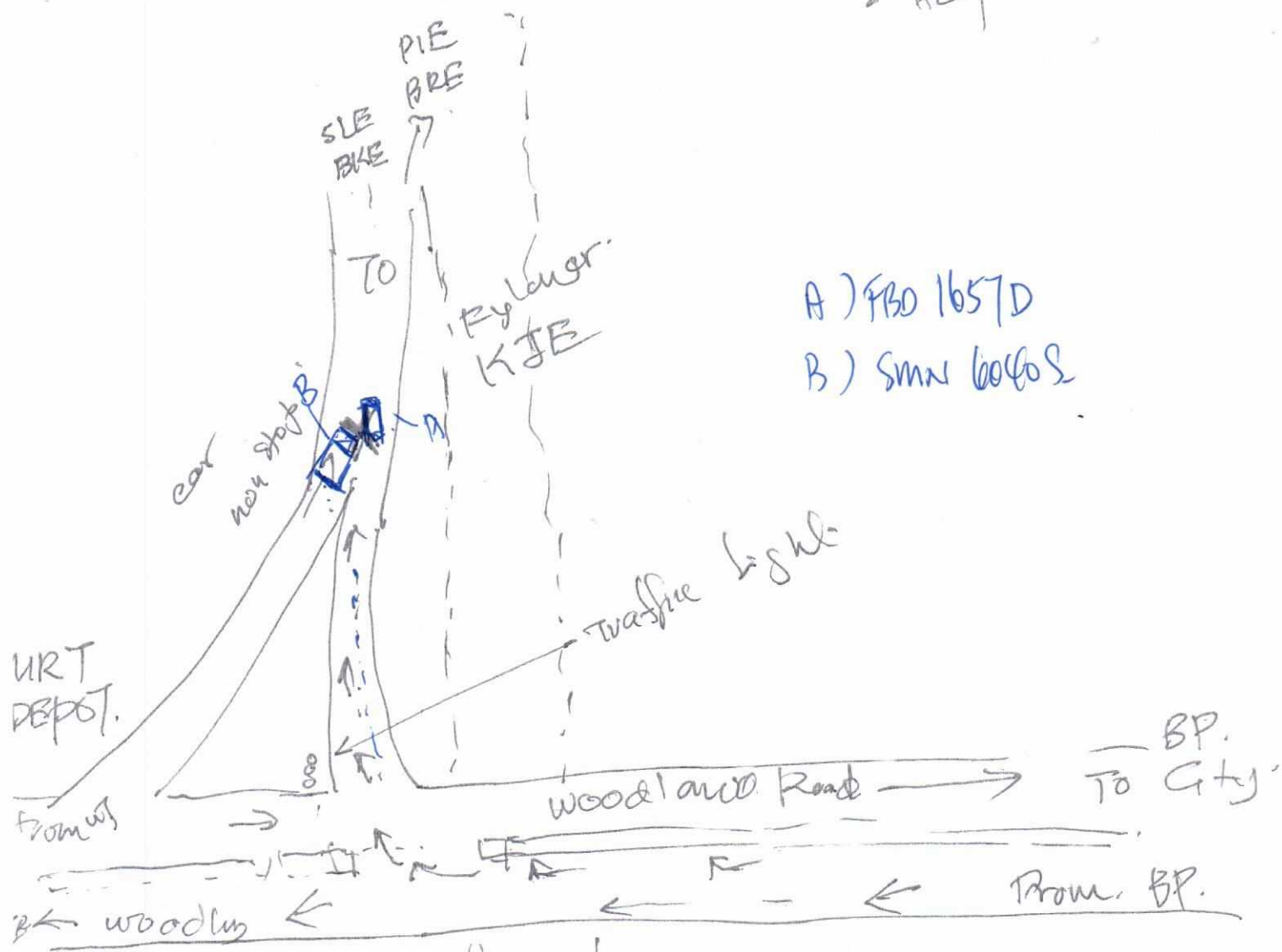
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

DR PKR ATTAHMAN

Hospital



- A) FBO 1657D
- B) SMN 6060S

[Signature]
9/2/2021


[Signature]
9/2/2021

Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/20210205/2127

Declaration

We declare the foregoing particulars are true in every respect.

 9/2/2021
Policyholder's Signature / Date & Time

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

 28/02/2021
Witnessed by Reporting Centre Personnel

UNION SHIRAZ
PHOTO

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 2 / 21) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Woodlands Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP1657D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hashim Bin Hussein (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1026812E CONTACT: 90040065
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML 60425 MODEL:
b) DRIVER'S NAME: ALIX
c) NRIC/FIN/PASSPORT: CONTACT: 96363355

9. THIRD PARTY VEHICLE

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

email = hashimgiman@gmail.com
VIDEO



SINGAPORE POLICE FORCE



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 4

Report No. T/20210205/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 23:07		Vide Report No.:		Station Diary No.: 391	
Informant's Particulars					
Name of Informant: HASHIM BIN HUSSEIN			Address: APT BLK 4 MARSILING ROAD #06-5077 SINGAPORE 730004		
ID Type / ID No.: NRIC NO / S1026812E			Contact No.: Home/Office: Mobile: 90040065		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 25/02/1947	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2021 12:00	Type of Location: Bend
Location: WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1657D	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD1657D	NTUC Income Insurance Co-Operative Limited	5120798482	27/01/2021	26/01/2022



SINGAPORE POLICE FORCE



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 4

Report No. T/20210205/2127

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASHIM BIN HUSSEIN	ID No.	S1026812E
Related Vehicle	FBD1657D (Motorcycle)	Contact No.	90040065
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	05/02/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Pillion			
Name	Supariyah Binte Salamat	ID No.	S0126394C
Related Vehicle	FBD1657D (Motorcycle)	Contact No.	96226351
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 05/02/2021 at around 1200hrs, I was riding my motorcycle bearing registration plate FBD1657D with my wife namely: Supariyah Binte Salamat, S0126394C as my pillion and was travelling along Woodlands Road turning right onto KJE (BKE) highway entrance on the left lane.

After I turned right about to enter KJE, a car whom also entered onto the merging lane into KJE from the other side of Woodlands Road did not stop and collided onto my motorcycle. The car was supposed to slow down and give way to me however he did not stop.

The car right body frame collided onto the left side of my motorcycle. I then lost control and fell towards my left. The driver then came out and called for police assistance. Traffic police came down to scene and recorded my statement and taken my particulars. Both my wife and I got conveyed to Ng Teng Fong General Hospital. I was discharge and the doctor only gave me some dressing for my wounds. Doctor did not provide me with any medical leave as I am not working. My wife is warded at Ng Teng Fong General Hospital as she has fractured her shoulder.

Traffic police did not give me any reference report number and no other vehicle was involved in the accident. No government property was damaged. I do not have the vehicle number of the other party. I sustained some abrasions on my left hand, arm, shoulder, kneecap and ankle.



**SINGAPORE
POLICE FORCE**



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 4

Report No. T/20210205/2127

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

4 of 4

Report No. T/20210205/2127

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:

L /

Sgt 2 DAVID NG YU BOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Signature Of Informant:

Date/Time:

05/02/2021 23:07

Classification Of Case:

Authentication Stamp

NP168



Claim Handling

Accident MT/1120792

Policy No.	5120798482	Vehicle No.	FBD1657D	GST Registration No.
Certificate No.				
Policyholder Name	HASHIM BIN HUSSEIN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90040065	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	10/02/2021 15:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/02/2021	Time of Accident hh:mm	12:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS 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 4 #05-5077	Address 2	MARSILING ROAD	Address 3
Address 4	SINGAPORE 730004	Address Type	Singapore address	Post Code
Unit No.	05-5077	Related Policy Number	5120798482	

▼ OI Driver Info

Driver Name	HASHIM BIN HUSSEIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1026812E	Driver DOB
Register Date of Driver License	01/01/2010	Driver Age	73	Driving Experience
Contact No.(Mobile)	90040065	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 4 #05-5077	Address 2	MARSILING ROAD	Address 3
Address 4	SINGAPORE 730004	Address Type	Singapore address	Post Code
Unit No.	05-5077			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBD1657D	Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	HASHIM BIN HUSSEIN
Contact No.(Mobile)	93220050	Contact No. (Home)	689271
Email Address		OI Vehicle Number	FBD1657D
Claim Description	FBD1657D / SMN6040S ON 5 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
COA No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	10/02/2021 15:23	Claim Close Date	

2/10/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Report Taken By

ROSLI WAHAB

Workshop
Repairer

Print AK letter

















Save

Submit

Attachment

Accident No.	<input type="text" value="MT/1120792"/>	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2021 15:28
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="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:26	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	NRIC/ Driving License	Y	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2021 15:23	SAS	Normal	SAS 2

Video List

Uploaded By/Date	Folder Date	File Name
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https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

2/3



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 : 5120798482

Cover : Third Party

- | | |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD1657D |
| Chassis Number | : SYP009048 |
| 2. Name of Policyholder | : HASHIM BIN HUSSEIN |
| 3. Effective Date of Insurance | : 27 Jan 2021 |
| 4. Expiry Date of Insurance | : 26 Jan 2022 |

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)	: HASHIM BIN HUSSEIN
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 : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)
Date of Issue : 26 Jan 2021 17:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Enquire Vehicle Information

Vehicle No.	
Vehicle No.:	FBD1657D
Vehicle Details	
Vehicle Type:	Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1:	No Attachment
Make / Model:	YAMAHA / T135
Primary Colour:	Blue
Year of Manufacture:	2008
Maximum Laden Weight:	0 kg
Unladen Weight:	101 kg
No. Of Axles:	0
Engine No.:	5YP009048
Chassis No.:	5YP009048
Engine Capacity:	135 cc
Maximum Power Output:	-
IU Label No.:	714827427
Propellant:	Petrol
Passenger Capacity:	1
Original Registration Date:	12 Nov 2008
First Registration Date:	12 Nov 2008
Open Market Value:	\$1,697.00
Additional Registration Fee Rate:	15.00 %
Actual ARF Paid:	\$255.00
PARF Eligibility:	No
Minimum PARF Benefit:	-
COE No.:	2008120106000290G
COE Category:	D - Motorcycle
COE Expiry Date:	30 Sep 2023
Quota Premium (QP):	\$1,509.00
PQP Paid:	\$3,083.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$1,509.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK

SMN60405