

NATIONAL Assessment Centre Services.

אשר נאמר בלשון

SN08213Q0001

TP Insurer:

Yolz

Fax:

Veh No

GZ 1296L

INC(,) / Non-INC()

Tel:

Cover Type: (

Period: (

Cover Type: (

Date:

Thur

%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; ...]

Warranty: YES () / NO ()

Loading: \$1,000 () / \$2,000 ()

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

Drive-In () / Towed-In ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$3000)

Injury :

NA 7102110

Driver/Owner:

Compte No:

Damage Portion:

QC Checked by (Engr-In-Charge):

| | |
|---|-------------|
| 1) AIR Accident Reporting (\$30) | ENG 213 |
| 2) DA's Survey Assessment (\$100) | 500.43 |
| 3) FFI Fowling Fee | \$150 |
| 4) FFI Follow-Through Survey | \$30 |
| 5) FFI Follow-Through Survey (Resurvey) | \$30 |
| Totaling all NG Only (over 10 in 7 hrs) | |
| 6) TIR Re-inspection | \$75 |
| 7) N11 Ids DA + SMRT Survey | \$160 |
| 8) NTUC Additional Services | |
| OR | |
| • N1's Courtesy Car / Tpl Allowance | \$1 |
| • NG's Repair Coordination | \$2 |
| • NG's Post Repair Inspection | \$ |
| • HNDV / Colloct Unacc Coordination | \$3 |
| TP (N1) TP (N4) NG | |
| 9) N11 Ids Mobile | |
| Invoice dated | Fee Charged |
| Invoice dated | Fee Charged |

Fee Charged
Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|------------------------------|
| Date of Submission | 26/03/2021 11:24 (SGT) |
| Date of Accident | 23/03/2021 15:35 (SGT) |
| Exact Location of Accident | Ang Mo Kio Ave 10, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | FBM324Z |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | MOHAN S/O KERISNA SAMI |
| NRIC No | SXXXX719Z |
| Email Address | blue12devo@gmail.com |
| Mobile Phone No | (Phone) +65-84938208 |
| Alternative Phone No | +65-84681637 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Fs150f |
| 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 |
| Transmission | Manual |
| CC | 149 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 5117610219 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | SANDRA MOHAN |
| NRIC No | SXXXX379F |

| | |
|--|--------------------------------------|
| Date Of Birth | 16/10/1974 |
| Occupation | Outdoor |
| Date Of Driving Pass | 08/01/2008 |
| Driving experience | 13 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-84681637 |
| Alt. Phone Number | - |
| Email Address | andrewsandra9@gmail.com |
| Address | BLK 473 ANG MO KIO AVENUE 10 #03-736 |
| Address complement | - |
| Postcode | 560473 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Collision - Major/Minor Rd |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210324/2094

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 | GZ1296L |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

| | |
|---|---|
| Name of Driver | - |
| Contact Number | - |
| 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 | SANDRA MOHAN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | FBM324Z |
| 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.
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 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.

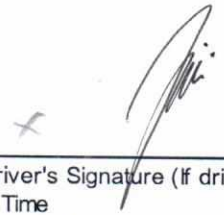
8. Consent under the Personal Data Protection Act (PDPA)

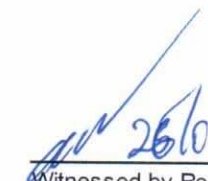
I understand, acknowledge, agree and consent that :

(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 :

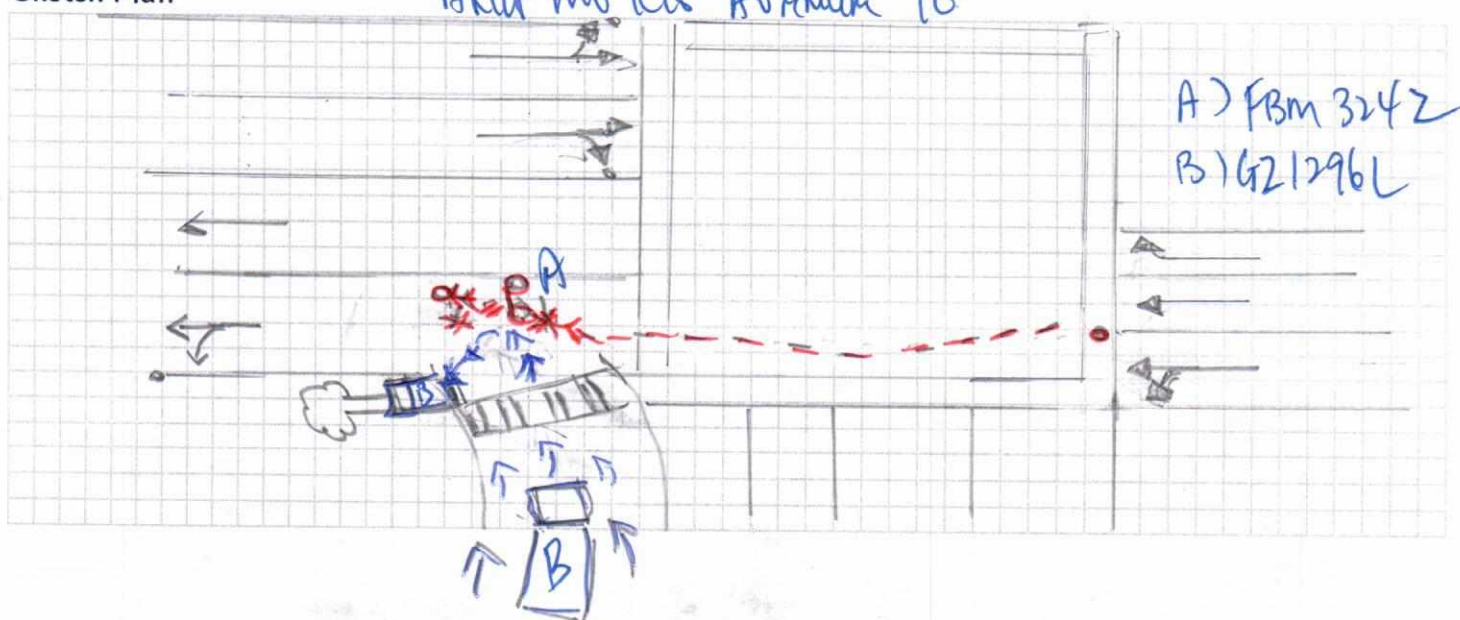
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 25/03/21
Policyholder's Signature / Date & Time

 25/03/21
Driver's Signature (If driver is not the policyholder) / Date & Time

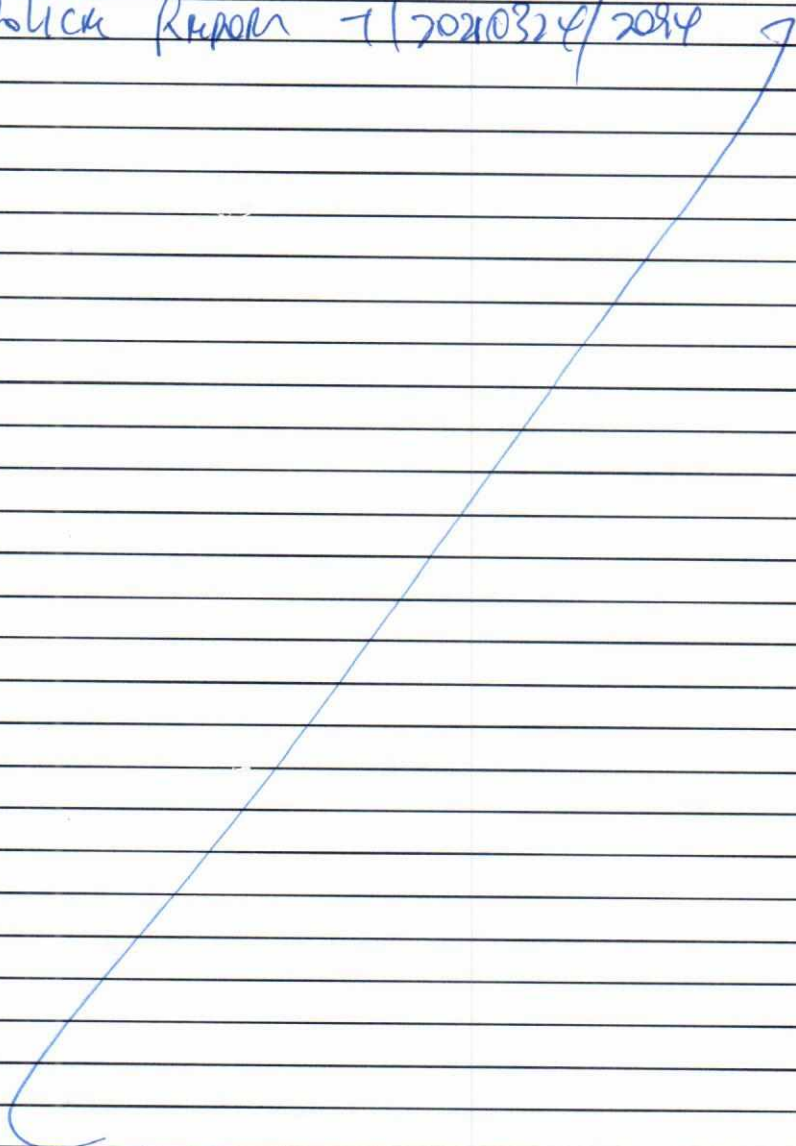
 26/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Refer to Police Report 7/20210324/2024




Declaration

We declare the foregoing particulars are true in every respect.

 25/03/21
Policyholder's Signature / Date &
Time

 25/03/21
Driver's Signature (If driver is not the policyholder) / Date
& Time

 26/03/2021
Witnessed by Reporting Centre
Personnel

SEARCHED Police To Be Sign: DRAW

1st & DRIVER'S LICENCE F/B

ACCIDENT STATEMENT

ACCIDENT DATE: (23/03/2011) (DD/MM/YYYY), TIME: (15:35) (HHMM)

LOCATION: A19 MO Kio BVM 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 324Z
b) INSURANCE COMPANY: 11746
c) POLICY NUMBER: 5117610219
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda
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: molina sb KAPICNA sam (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 84938208
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 84681637
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: spouse

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: GZ1296L MODEL: Toyota
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

andrew.sandra.9@gmail.com

Email = BLUE12DEVO@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20210324/2094

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

1 of 3

Report No. T/20210324/2094

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|---|--|----------------------------|--|
| Date/Time Report Made: 24/03/2021 15:49 | | Vide Report No.: F/20210323/0095 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SANDRA MOHAN | | | Address: APT BLK 473 ANG MO KIO AVENUE 10 #03-736 TECK GHEE HORIZON SINGAPORE 560473 | | |
| ID Type / ID No.: NRIC NO / S7488379F | | | Contact No.: Home/Office: Mobile: 84681637 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 46 | Date of Birth: 16/10/1974 | Type of Informant: Rider | | |
| Race: | | Language: | | Institution / School Name: | |
| Occupation: Bus driver | | Driving Licence Information: Class: 2B,2A,3,4A,4 Date of Expiry: | | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 23/03/2021 15:35 | Type of Location: Bend |
| Location: ANG MO KIO AVENUE 10 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBM324Z | Motorcycle | | | | | 0 |
| | Lorry | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210324/2094

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

2 of 3

Report No. T/20210324/2094

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-------------------------------------|--|--|
| Name | SANDRA MOHAN | ID No. | S7488379F |
| Related Vehicle | FBM324Z (Motorcycle) | Contact No. | 84681637 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry Date | Class: 2B,2A,3,4A,4 Date of Expiry: NIL |
| Date Treatment | 23/03/2021 | Date Discharge | 23/03/2021 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |

Brief Details.

ON 24/03/2021 AROUND @1535HRS, I WAS RIDING ALONG ANG MO KIO AVE 10 JUNCTION BY ANG MO KIO AVE 3. I WAS ALONG THE LINES BETWEEN THE LEFT AND MIDDLE LANE OF 3 LANES. WHILE RIDING ACROSS THE JUNCTION, I SAW A LORRY DRIVING DOWN THE SLIP ROAD VERY FAST INTO MY LANE, EVEN SPED THROUGH THE ZEBRA CROSSING EVEN, HE DID NOT TURNED HIS HEAD AROUND TO CHECKED HIS SIDES. THE DRIVER ALSO SEEM TO BE TALKING TO HIS PASSENGER BESIDE HIM, A LADY. I CROSSED THE JUNCTION AND JUST BEFORE THE SLIP ROAD ENTERING MY LANE, I TRIED KEEPING AS MUCH AS I COULD TO THE RIGHT OF MY LEFT LANE OF 2 LANES, AS THERE ARE VEHICLES ALONG THE RIGHT LANE. THE LORRY DID NOT STOP OR EVEN SLOWED DOWN, AND ENDED UP HITTING ON ME. I FLEW AWAY FROM MY CAR INFRONT, THE LORRY WAS TRYING TO AVOID MY BODY AND SHARP TURNED TO THE LEFT CRASHING INTO A TREE. POLICE CAME DOWN TO ASSESS THE SITUATION, SOON AFTER THAT I WAS THEN CONVEYED TO SENGKANG GENERAL HOSPITAL.
IC IO ADELINA 65476066



SINGAPORE
POLICE FORCE



T/20210324/2094

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210324/2094

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:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/03/2021 15:49

Classification Of Case:

Signature:

Claim Handling

Accident MT/1125772

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5117610219 | Vehicle No. | FBM324Z | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | MOHAN S/O KERISNA SAMI | | | Policyholder NRIC |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading |
| Contact No.(Mobile) | 84938208 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|----------------------|-------------------------------|-------|---------------------|
| Report Date | 26/03/2021 11:07 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 23/03/2021 | Time of Accident hh:mm | 15:35 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ANG MO KIO AVENUE 10 | | | |

▼ 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 473 #03-736 | Address 2 | ANG MO KIO AVENUE 10 | Address 3 |
| Address 4 | SINGAPORE 560473 | Address Type | Singapore address | Post Code |
| Unit No. | 03-736 | Related Policy Number | 5109270103-01 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-----------------|------------------------|
| Driver Name | SANDRA MOHAN | Driver Type | Named Driver | |
| Unnamed driver Name | | Driver NRIC | S7488379F | Driver DOB |
| Register Date of Driver License | 08/01/2008 | Driver Age | 46 | Driving Experience |
| Contact No.(Mobile) | 84681637 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | | Address 2 | | Address 3 |
| Address 4 | | Address Type | Foreign address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | FBM324Z | Driver Insurer Company |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX

New

| | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | MOHAN S/O KERISNA SAMI | Insured NRIC |
| Contact No.(Mobile) | 84938208 | Contact No.(Home) | | Contact No.(Office) |
| Email Address | | OI Vehicle Number | FBM324Z | TP Vehicle Number |
| Claim Description | FBM324Z / GZ1296L ON 23 Mar 2021 | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received |
| Date Registered | 26/03/2021 11:10 | Claim Close Date | | Total Loss but Repaired |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | |

☒ Print AK letter

Save

Submit

Attachment

3/26/2021

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

Accident No.

MT/1125772

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

26/03/2021 11:30

Path *

Category *

Confidential

Urgen

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

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

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NO

Normal

















Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|---|-----------------------|---------|-----------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:30 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:29 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:29 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:29 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:29 | Photos | Normal | Photos 2021-3-26 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:29 | NRIC/ Driving License | Y | NRIC/ Driving License 2021- |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2021 11:29 | SAS | Normal | SAS 2021-3-26 |

Video List

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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 : 5117610219

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBM324Z |
| Chassis Number | : PMKKC27C0HB010010 |
| 2. Name of Policyholder | : MOHAN S/O KERISNA SAMI |
| 3. Effective Date of Insurance | : 12 Jun 2020 |
| 4. Expiry Date of Insurance | : 11 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) | : MOHAM S/O KERISNA SAMI |
| NAMED DRIVER (2) | : SANDRA MOHAN |
| 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 : 22 May 2020 09:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive