NATIONAL Assessment Centre Services (ver 1 15/1/09) NMA4117154395

Date In: 22/4/2017 11:05	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/1702223?/Y	SAS e-filing		
Veh No: SJN983Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/4/2017 16:00	i-Motor Claim Form	MI/0910703	22/4/2017 11:46
OD / (TP) / Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: JHX 1868 INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note-Est. Status (WO): N: 0-20%; P: 21-79%, F: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

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

General Remarks:

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

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

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

Remarks (INC hotline: 6788 0016)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > $3000) ( )		

Injury :

Date/Time	Action

NA1707211

Summary of Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

L 1/

L 2/3:

Invoice Preparation Checklist		Insurer Bill	Workshop Bill
1) AR : Accident Reporting ($30):			
2) DA : Damage Assessment ($100):	INC ($30)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$150		
5) FT : Follow-Through Survey (Resurvey) For claims against INC Only (wef 10 Jan 2009)	$50		
6) TR : Re-inspection	$75		
7) N1 : Idea DA + SMRT Survey	$150		
8) NTUC Additional Services - OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$35		
*N8: DY / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	10		
Invoice dated	Nett Charges		
Invoice dated	Nett Charges		

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 witholding of material facts may allow insurance companies to repudiate policy ability.
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 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	22/11/2017 11:05
Date Of Accident	21/11/2017 16:00
Exact Location Of Accident	KM 7 JALAN JOHOR BAHRU AYER HITAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN483Y
Insured/Policyholder	
Name Of Registered Owner	PANG KIM HONG
NRIC No	S7026656C
Email Address	PANGKIMHONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94566656
Alternative Phone No	OTHERS-94566656
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080374175-01
Cover Note Number	
Driver	
Name of Driver	PANG KIM HONG
NRIC No	S7026656C
Date Of Birth	03/08/1970
Occupation	INDOOR
Date Of Driving Pass	15/12/1993
Driving Experience	23 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94566656
Fax Number	
Contact Number	OTHERS-94566656
EMail Address	PANGKIMHONG@YAHOO.COM.SG

Address	25 HAZEL PARK TERRACE #17-02 HAZEL PARK TERRACE CONDOMINIUM
Postcode	678948
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?	YES
Foreign Vehicle Registration Number	JHX1868 (PRIVATE CAR)
Was any body injured in the Accident?	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

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 21/11/2017 AT ABOUT 16:00HR I WAS DRIVING MY CAR SJN483Y FROM SUTERA MALL AND WANTED TO RETURN TO SINGAPORE, UPON REACHING KM 7 JALAN JOHOR BAHRU AYER HITAM, SUDDENLY A MALAYSIAN CAR JHX1868 BANG MY CAR FROM THE REAR AND WE COME DOWN AND EXCHANGE PARTICULARS THAT ALL.

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	JHX1868
Vehicle Make/Model/Colour	NISSAN SERENA
Details Of Properties	
Name of Driver	PANG YOKE SEE
NRIC/Passport Number	500829-10-5041
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	

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.

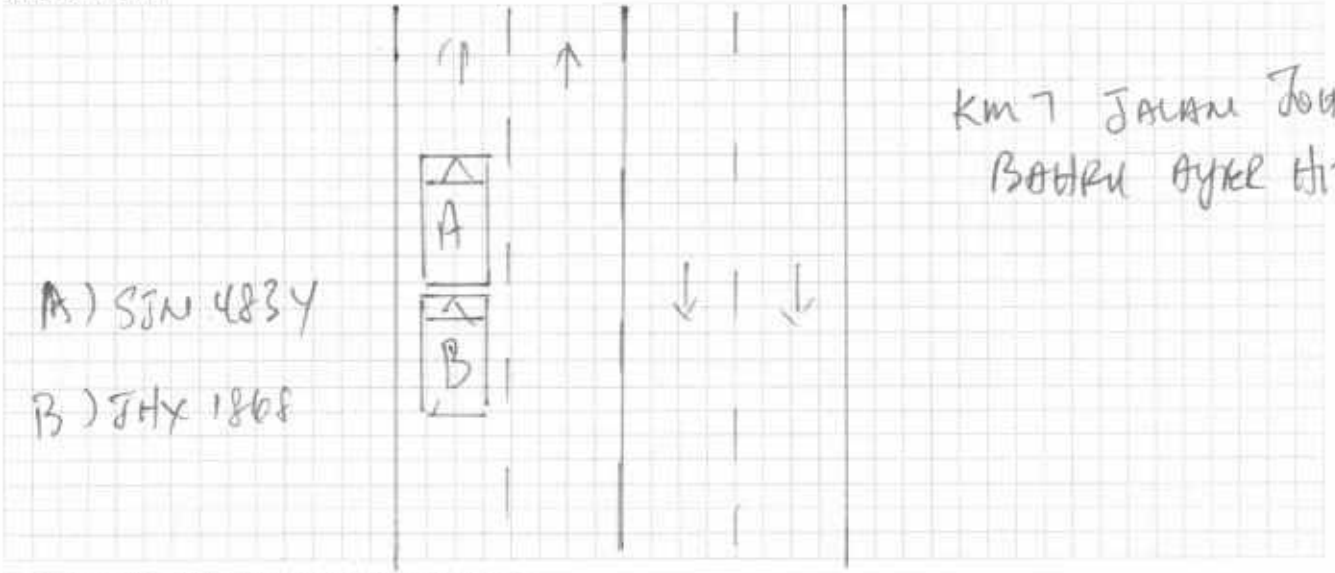
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 22/11/2017	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO JB POLICE REPORT & STATEMENT

DECLARATION

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

PANG KIM HONG

Policyholder's Signature
Date & Time: 22/11/2017

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

22/11/2017

Reporting Centre Personnel's Signature
Name: Rosli Wahab
NRIC/FIN No.:

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R123364
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/027006/17
Tarikh : 21/11/2017
Waktu : 1700 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : MOHD NOOR B MAHMUD **No Personel** : R146206 **Pangkat** : KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : --- **No K/P (Baru)** : --- **No Polis/Tentera**: ---
No Paspot: --- **Bahasa Asal** : ---
Alamat: ---

Butir-butir Pengadu
Nama : PAMG KIM HONG
No K/P (Baru) : --- **No Polis/Tentera** : --- **No Paspot** : E6610161B
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir** : 03/08/1970 **Umur** : 47 tahun 3 bulan
Keturunan : Cina **Warganegara** : Singapore
Pekerjaan : SWASTA
Alamat Tempat Tinggal : 25 HAZEL PARK TERRACE#17-02 HAZEL PARK CONDOMINIUM SINGAPORE, 678948
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 012-7211417
Emel : ---

Pengadu Menyatakan:-

PADA 21/11/2017 JAM LEBIH KURANG 1600 HRS SAYA MEMANDU M/KAR SJN483Y DARI SUTERA MALL HENDAK KE SINGAPURA TIBA DI KM 7 JALAN JOHOR BAHRU AIR HITAM SAYA BERJALAN LURUS. TIBA-TIBA DATANG SEBUAH M/KAR JHX1868 DARI BELAKANG TELAH TERLANGGAR M/KAR SAYA. KEROSAKAN M/KAR SAYA DI BAHAGIAN BELAKANG BONET,LAMPU KANAN,BUMPER,SENSOR,PANEL,EKZOS,COVER LAIN-LAIN KEROSAKAN BELUM PASTI SEKIAN LAPURAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R146206 | 21/11/2017 05:10:21 PM

Claim Handling

Accident MT/0970703

Policy No.	5080374175-01	Vehicle No.	SJN483Y	GST Registration No.	
Policyholder Name	PANG KIM HONG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	94566656	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		

Accident Details

Report Date	22/11/2017 11:40	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	21/11/2017	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KM 7 JALAN JOHOR BAHRU AYER HITAM				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	25 HAZEL PARK TERRACE	Address 2	#17-02 HAZEL PARK CONDOMII	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5080374175-01		

01 Driver Info

Driver Name	PANG KIM HONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7026656C	Driver DOB	
Register Date of Driver License	15/12/1993	Driver Age	47	Driving Experience	
Contact No.(Mobile)	94566656	Contact No.(Office)		Contact No.(Home)	
Address 1	25 HAZEL PARK TERRACE	Address 2	#17-02 HAZEL PARK CONDOMII	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SJN483Y	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	PANG KIM HONG	Insured NRIC	
Contact No.(Mobile)	94566656	Contact No.(Home)	65696682	Contact No.(Office)	
Email Address	pangkimhong@yahoo.com.sg	OI Vehicle Number	SJN483Y	TP Vehicle Number	
Claim Description	SJN483Y / JHX1868 ON 21 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/11/2017 11:43	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0970703	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	22/11/2017 11:48

Path *	Category *	Confidential	Urgency
Browse... Clear	Please Select	NO	Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:46	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:46	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:45	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:44	Photos	Normal	Photos
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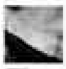	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:44	Photos	Normal	Photos
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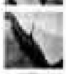
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 22 Nov 2017 11:44	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 11:43	SAS	Normal	SAS ;
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 11:43	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 11 / 2017) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: KM 7 JALAN JOHOR BAHRU AIR HITAM

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJN483Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: S0803741I5 - 01
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: HONDA VEZEL
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~/NO)
      IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

2. INSURED / POLICY HOLDER
   A) NAME: PANG KIM HONG (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S7026656C CONTACT: 94666656
   c) ADDRESS: 25 HAZEL PARK TERRACE #17-02
      SINGAPORE 678948

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

4 No of passenger (Including driver) (2)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (___/___/_____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING LICENCE: 16/12/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / ~~RAINING / OTHERS~~) CLEAR
   b) ROAD SURFACE: (DRY / ~~WET / OTHERS~~) DRY

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

7. a) REPORTED TO POLICE (YES / ~~NO~~)
   IF YES, PLEASE STATE WHICH POLICE STATION: TRAFIK JOHOR BAHRU

8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: JHX1868 MODEL: NISSAN SERENA
   b) DRIVER'S NAME: PANG YOKE SEE
   c) NRIC/FIN/PASSPORT: 500829-10-5041 CONTACT: _____

4 No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

4 No of passenger (Including driver) (___)

email = pangkimhong@yahoo.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7026656C

Name

PANG KIM HONG

冯 锦 虹

Race

CHINESE

Date of Birth

03-08-1970

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7026656C

Name

PANG KIM HONG

Birth Date 03 Aug 1970

Issue Date 03 Mar 2004

001148994E

1741638

NRIC No. S7026656C

Blood Group

AB+

Date of issue

19-10-1993

25 HAZEL PARK TERRACE #17-02
HAZEL PARK CONDOMINIUM SINGAPORE 678948

NRIC No: S7026656C Date: 04-03-2002 No: 4148309

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Dec 1993

NP 428A

Licence No: S7026656C

income
made different

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5080374175-01 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN483Y**
   Chassis Number : RU11019408
2. Name of Policyholder : PANG KIM HONG
3. Effective Date of Insurance : 21 May 2017
4. Expiry Date of Insurance : 20 May 2018
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder.
   (b) Any other person who is driving on the Policyholder's order or with his/her permission.
   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)	: S$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PANG KIM HONG
NAMED DRIVER (1)	: PANG CHENG MENG
NAMED DRIVER (2)	: SEE TOO CHANG WAI
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : KCB AGENCY (00000614904)
Date of Issue : 18 Apr 2017 10:26 hrs

KCB AGENCY
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200 Jalan Sultan
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For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**