

# NATIONAL Assessment Centre Services

(ver 1 Jan 2009)

MAA418002786

Date In: 05/01/2018 18:07	Job description	Date & Time Completed	Done by
Ref No: N88/INC18000362/4	SAS e-illing		
Veh No: GSD 8976L	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 05/01/2018 10:20	1-Motor Claim Form	MT0976628	06/01/2018 13:23
OD (TP) / Reporting Only	1-Motor VVO (within 30 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VWsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Yell No: SGE 9401H	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: Bst Status (WO): N: 0-20%; P: 21-79%; P: 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 repaler.

( ) 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	Actions

NAI 800169	Invoice Preparation Charge List	AMT (\$)	AMT (\$)
Human's Particulars:	1) AR: Accident Reporting (\$300)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) XT: Follow-Through Survey (Resurvey) \$20		
	Forfeiting against INC Only (ver 10 Jan 2009)		
	6) TR: Re-inspection \$15		
	7) NI: IDA + SMRT Survey \$160		
	8) NTUC Additional Serv (cost)		
	Q1:		
C. Checked by (Engi-In-Charge):	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repairs Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DY / Collision Unass Coordination \$5		
	TP (NI) : TP (Nun INC) against INC \$20		
	*N12: Idle Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice Paid	Fee Received	



## 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 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	05/01/2018 18:07
Date Of Accident	05/01/2018 10:20
Exact Location Of Accident	ALONG TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8976L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA & WU TRADING
Co Reg No	52903748C
Email Address	JOELZY91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82511417
Alternative Phone No	OFFICE-82511417

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080691484-01
Cover Note Number	

### Driver

Name of Driver	JOEL QUEK
NRIC No	S9119886Z
Date Of Birth	11/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82511417
Fax Number	
Contact Number	OTHERS-82511417
EMail Address	JOELZY91@GMAIL.COM

Address	BLK 829 TAMPINES STREET 81 #04-292
Postcode	520829
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS HEAD TO SIDE)

#### 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	SGE9401H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MURUGANANDHAM SETHURAJU
NRIC/Passport Number	S7860638Z
Contact Number	90022196
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3



## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.

谢与吴贸易

CHIA & WU TRADING

Add: Pasir Panjang Wholesale Centre

Blk 11, #01-582 S (110011)

Tel: +65 6779 1455 Fax: +65 6779 1355

Policyholder's Signature

Date & Time:

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

As I was Driving along Telok Blangah road at 10.20am, Car B (SGE 9401H), Suddenly ~~it~~ came into lane 1 without Signalling. I Horn & break but road was wet as it was raining heavily.

## DECLARATION

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

谢与吴贸易  
CHIA & WU TRADING  
Add: Pasir Panjang Wholesale Centre  
Unit 11, 201-282 S (110011)  
Tel: +65 6779 1455 Fax: +65 6779 1355  
Policyholder's Signature  
Date & Time:

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

06/01/2010  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]



## Claim Handling

Accident MT/0976638

Policy No.	5080691484-01	Vehicle No.	GBD8976L	GST Registration No.	
Policyholder Name	CHIA & WU TRADING			Policyholder NRIC	5294
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	82511417	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	15	Private Hire	No

## ▼ Accident Details

Report Date	06/01/2018 13:01	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	05/01/2018	Time of Accident hh:mm	10:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK BLANGAH ROAD				

## ▼ Benefits

## ▼ Excess

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

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 11 #01-582	Address 2	WHOLESALE CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	1100
Unit No.		Related Policy Number	5071670226-02		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/01
Unnamed driver Name	JOEL QUEK	Driver NRIC	S9119886Z	Driving Experience	5
Register Date of Driver License	09/02/2012	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	TAMPINES STREET 81
Address 1	BLK 829 #04-292	Address 2	TAMPINES STREET 81	Post Code	5201
Address 4	SINGAPORE 520829	Address Type	Foreign address		
Unit No.	04-292				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBD8976L	Driver Insurer Company	NTU

## 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
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Claim Type *	OD-MX	Insured Name	CHIA & WU TRADING	Insured NRIC	5294
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6771
Email Address		OI Vehicle Number	GBD8976L	TP Vehicle Number	SGE
Claim Description	GBD8976L / SGE9401H ON 5 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/01
Date Registered	06/01/2018 13:07	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					



## Attachment

Accident No.	MT/0976638	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/01/2018 13:23

  

Path *	Category *	Confidential	Urgency *
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Message Read</a>	<a href="#">Clear</a> <a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:23	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:23	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:21	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:21	SAS	Normal	SAS 201
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:17	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:17	Photos	Normal	Photos 20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:17	Photos	Normal	Photos 20
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:07	Photos	Normal	Photos 20
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jan 2018 13:07	Photos	Normal	Photos 20

#### Video List

[Display in New Window](#)[Scan and uploading](#)



# ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 01 2018 (DD/MM/YYYY), TIME: 1020 (HH:MM)

LOCATION: Telok Blangah Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8D 8976L  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5080691484-01  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN NV200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery (working)  
 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: CHIA & WU TRADING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 52903748C CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: JOEL QUEK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9119886Z CONTACT: 82511417  
 c) ADDRESS: Blk 829 TAMPINES ST 81 #04-292

\* d) DATE OF BIRTH: 11 / 06 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 09 Jun 2016

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
(3)

- a) VEHICLE NUMBER: SGE 9401H MODEL: MERCEDES BENZ C180  
 b) DRIVER'S NAME: MURUGANANDHAM SETHURAJU  
 c) NRIC/FIN/PASSPORT: S7860638Z CONTACT: 90022196

## 9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

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

Email = jockzy91@gmail.com

Fax =

V1 080



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9119886Z**



Name

**JOEL QUEK**



**郭 祚 耀**

Race

**CHINESE**

Date of birth

**11-06-1991**

Sex

**M**

Country of birth

**SINGAPORE**





3893933



NRIC No. **S9119886Z**

Date of issue

**16-06-2006**

**APT BLK 829 TAMPINES STREET 81 #04-292  
SINGAPORE 520829**

**NRIC No: S9119886Z**

**Date: 31/01/2008**

**No: 5905638**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of Joel Quek

Licence Number: **S9119886Z**

Name: **JOEL QUEK**

Birth Date: **11 Jun 1991**

Issue Date: **09 Jun 2016**

Barcode: 002576082J

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

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passenger seats, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	09 Feb 2012

NP 428A

Licence No: S9119886Z



## 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 :** 5080691484-01

- |  |                              |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle   | <b>Cover :</b> Comprehensive |
| Chassis Number   | <b>GBD8976L</b>              |
| 2. Name of Policyholder  | <b>VSKYBAM20Z0096953</b>     |
| 3. Effective Date of Insurance   | <b>CHIA &amp; WU TRADING</b> |
| 4. Expiry Date of Insurance  | <b>25 Jun 2017</b>           |
| 5. Persons or Classes of Persons entitled to drive#  | <b>24 Jun 2018</b>           |
| (a) The Policyholder.  |                              |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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.  |                              |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                              |
| This Policy does not cover   |                              |
| (a) Use for hire or reward.  |                              |
| (b) Use for racing, pace-making, reliability trial or speed-testing.   |                              |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.   |                              |
| # 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
INSURE WITH COE	: YES
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 : 20 May 2017 15:52 hrs  
Reprint : 20 May 2017 15:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive