

NA/1800564

Date In: 11/01/2018 17:18	Job description	Date & Time Completed	Done by
Ref No: N/A/MC/8000716/Y	SAS e-illing		
Veh No: SPB 810/H	E-mail (within 2hrs, AIO 2hrs)		
D.O.A: 10/01/2018 23:20	I-Motor Claim Form	mtl0917420	11/01/2018 18:34
OD / TR Reporting Only	I-Motor Y/O (within 2hrs, TP 2hrs)		
TP Insureh	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: SLH 9500E	INC ( ) / Non-INC ( )
Owner / Drivers:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Rem:

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

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

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

Remarks: INC hotline 6788 6015

1) Apply for Transp'n Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

NA/1800304

Customer's Particulars:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (\$20)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$20)
Assigned Portion:	3) TP: Towing Fee \$40/\$45
C Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey \$120
	5) RT: Follow-Through Survey (Resurvey) \$20
	For claimant against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$35
	7) NI: DA + SMRT Survey \$160
	8) NTUC Additional Services
	9) NI: NI
	*NI: Courtesy Car/ Tpl Allowance \$5
	*NI: Repair Coordination \$10
	*NI: Post Repair Inspection \$35
	*NI: DV / Collect Excess Coordination \$5
	TP (Nil) / TP (Non-INC) against INC \$20
	9) NI: NI Mobile \$10
	Invoice dated
	Invoice total
	File Closed
	Use Closed



## 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 11/01/2018 17:18  
 Date Of Accident 10/01/2018 23:20  
 Exact Location Of Accident ALONG NORTH BRIDGE ROAD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SFB8101H  
**Insured/Policyholder**  
 Name Of Registered Owner DANIEL SUBRAMANIAM  
 NRIC No S6935312F  
 Email Address LYDIAHOLICE11@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-91666884  
 Alternative Phone No OTHERS-91916884

### Vehicle Particulars

Manufacturer TOYOTA  
 Model CAMRY-2.4 (A)  
 Exact Purpose for which vehicle was being used at time of accident WORKING PURPOSES  
 Are you claiming under your own insurance policy for repair to your vehicle? NO  
 If No, Please state action to be taken REPORTING ONLY  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number 5088290372  
 Cover Note Number

### Driver

Name of Driver VALLIAMMAH D/O MANICKAM  
 NRIC No S7209567G  
 Date Of Birth 11/03/1972  
 Occupation INDOOR  
 Date Of Driving Pass 21/11/2012  
 Driving Experience 5 YEARS AND 1 MONTH  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-91916884  
 Fax Number  
 Contact Number  
 Email Address LYDIAHOLICE11@GMAIL.COM

Address BLK 155 MEILING STREET  
#12-277  
Postcode 140155  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
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 DRIZZLING  
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? YES  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

### Details of Police Action

Was the accident reported to the police? 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

### 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 SLH9500E  
Vehicle Make/Model/Colour MERCEDES BENZ  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name VALLIAMMAH D/O MANICKAM



## 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: 11/01/18 @ 1325hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/01/18 @ 1325hrs

Reporting Centre Personnel's Signature

Name:

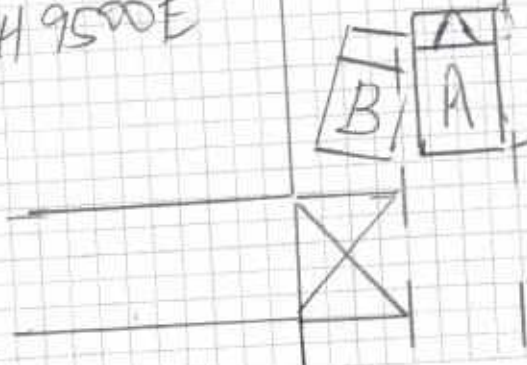
NRIC/FIN No.:

# SKETCH PLAN

Along NORTH BRIDGE ROAD

A) SFB 8101H

B) SLH 9500E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 10/01/18 @ 2320 HRS, while Driving along 600 North bridge Rd, I felt bang from my left side. Then I was signal <sup>to</sup> left side to stopped my car. Then I saw the car damage and I took some pictures and asking him his particular But he refuse to give and instead asked for amt of \$500, because he said it's my fault, then we exchange the up no through his up missed called. I told him come to him after discuss my husband then I called him. He was very kind to me and reduce the amt to \$450. morning around 0935 HRS he called but I was sleep never answer the phone. My husband came home and begin his called. Mr. Sam spoke to my husband about the incident and it's my ~~fault~~ <sup>wife</sup> fault, he request the amt of \$450 to pay now. My husband agreed to pay in 2 payments amt of \$250 by today 11/1/18, and 2nd payment at on 20/01/18, by cash he's not agreed to transfer. My husband send the home address to him. He came home at before 1pm. My daughter was talk to him that ~~she~~ <sup>she</sup> will transfer the cash through the Account. But he's not happy and asking why your never give to her. he asked my daughter who is she. My daughter put her daughter. he said that in his case I called his son to attend the issue. My daughter said we willing to pay and we need your particular, we not agreed and just give ~~his~~ <sup>his</sup> 408 AC: 3753022544 ~~Account~~ <sup>Account</sup> to current acc. to transfer the amt of \$250 and left. At 1735 HRS I report to IDAC and he called me and asked for the amt. I told him to lodge a report

## DECLARATION

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

Paul  
Policyholder's Signature  
Date & Time: 11/1/18 @ 1715 HRS.

[Signature]  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/1/18 @ 1725 HRS.

[Signature]  
Reporting Centre Personnel's Signature  
Name: 11/01/2018  
NRIC/FIN No.:



## Claim Handling

Accident MT/0977420

Policy No.	5088290372	Vehicle No.	SFB8101H	GST Registration No.	
Policyholder Name	DANIEL SUBRAMANIAM	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	91665461	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>		Accident Report Within 24 hrs	Yes	Accident Type	Others
Report Date	11/01/2018 17:44	Time of Accident (hh:mm)	23:20	Country of Accident	Singapore
Date of Accident	10/01/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	ALONG NORTH BRIDGE ROAD				
<b>Benefits</b>					
<b>Excess</b>					
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		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 155 #12-277	Address 2	MEL LING STREET	Address 3	
Address 4	SINGAPORE 140155	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088290372		
<b>DI Driver Info</b>					
Driver Name	VALLIAMMAH D/O MANICKAM	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	57204567G	Driving Experience	
Register Date of Driver License	21/11/2012	Driver Age	45	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.	SFB8101H	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	DANIEL SUBRAMANIAM	Insured NRIC	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		DI Vehicle Number	SFB8101H	TP Vehicle Number	
Claim Description	SFB8101H / SUH9500E ON 10 Jan 2018	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Require Finalisation	Yes	Claim Close Date		Date Received	
Date Registered	11/01/2018 17:45	Workshop Repairer		Total Loss but Repaired	
Report Taken By	BOSLI WAHAB				
<input type="checkbox"/> Print AK letter		<input type="button" value="Save"/> <input type="button" value="Submit"/>			

## Attachment

Accident No.	MT/0977420	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2018 18:34
Path *		Category *	Confidential
			Urgency
			Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 11 Jan 2018 18:34	Photos	Normal	Photo

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 01 / 18) (DD/MM/YYYY), TIME: (23 : 45) (HH:MM)

LOCATION: 600 North Bridge Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFB 8101H  
 b) INSURANCE COMPANY: INCOME  
 c) POLICY NUMBER: 5088290372  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA / CAMRY  
 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: DANIEL SUBRAMANIAM (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S6935312F CONTACT: 91665461  
 C) ADDRESS: BIKISS NEI LING ST #12-277  
 S140155

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

## DRIVER

- a) NAME: JALIAHMAN D/O MANICKAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S72095679 CONTACT: 91916884  
 c) ADDRESS: BIKISS NEI LING ST #12-277

\* d) DATE OF BIRTH: (11 / 03 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/11/2012

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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

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: SLH 9500E MODEL: MERCEDES  
 b) DRIVER'S NAME: SAM  
 c) NRIC/FIN/PASSPORT: CONTACT: 92728118

## 9. THIRD PARTY VEHICLE

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

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
( )

Email = Lydiaholice11@gmail.com

fax =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7209567G

Name  
VALLIAMMAH D/O MANICKAM

Race  
INDIAN

Date of Birth  
11-03-1972

Country of Birth  
SINGAPORE

Sex  
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7209567G

Name  
VALLIAMMAH D/O MANICKAM

Birth Date 11 Mar 1972

Issue Date 21 Nov 2012

002125450J




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6935312F


Name  
DANIEL SUBRAMANIAM

Race  
INDIAN

Date of Birth  
17-08-1969

Country of Birth  
SINGAPORE

Sex  
M



194752

Barcode

NRIC No. S7209567G

20-09-2000

APT BLK 155 MEI LING STREET #12-277  
SINGAPORE 140155  
NRIC No: S7209567G Date: 19/10/2015



S7209567G


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

EFFECTIVE DATE 21 Nov 2012

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

NP 428A

License No: S7209567G



4821823

Barcode

NRIC No. S6935312F

Date of Issue 07-02-2012

APT BLK 155 MEI LING STREET #12-277  
SINGAPORE 140155  
NRIC No: S6935312F Date: 19/10/2015



## 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:** 5088290372

**Cover :** drive CLASSIC

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : SFB8101H  |
| Chassis Number  | : MR053BK4007016064   |
| 2. Name of Policyholder   | : SUBRAMANIAM DANIEL  |
| 3. Effective Date of Insurance  | : 02 Mar 2017   |
| 4. Expiry Date of Insurance   | : 01 Mar 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VALLIAMMAH D/O MANICKAM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 02 Mar 2017 17:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive