

NATIONAL Assessment Centre Services. (ref: 1/2000) **NA180019605**

| | | | |
|----------------------------------|--|-----------------------|-------------------------|
| Date In: 30/01/2018 11:46 | Job description | Date & Time Completed | Done by: |
| Ref No: NBA/INC180017927 | SAS e-illing | | |
| Veh No: SKU 61662 | E-mail (with 3 hrs, AIC 3 hrs) | | |
| D.O.A: 29/01/2018 08:20 | 1-Motor Claim Form | mlt0980098 | 30/01/2018 12:21 |
| OD: TP Reporting Only | 1-Motor W/O (with 100 hrs, TP 3 hrs) | | |
| | 1-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass'l Report by Fax/Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / OW: | Tel: | Fax: |
| TP Particulars: | Yell No: SKU 58067 | 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%; 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 repairer.

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

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

| | | |
|---|-----------------------|---------|
| Remarks: | 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 |
|-----------|--------|
| | |
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| | |
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| | |

| | | | |
|----------------------------------|---|--------------|--------|
| NA1800673 | Invoice Preparation Charge () | Bill | Amount |
| Human's Particulars: | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee (\$40/\$45) | | |
| Damaged Portion: | 4) FT: Follow-Through Survey (\$150) | | |
| | 5) PT: Follow-Through Survey (Resurvey) (\$20) | | |
| | For claimant apply INC Only (wef 10 Jun 2005) | | |
| | 6) TR: Re-inspection (\$75) | | |
| | 7) NI: 1 day DA + SMRT Survey (\$160) | | |
| | 8) NTUC Additional Services | | |
| | 9) Other | | |
| C. Checked by (Engin-In-Charge): | 10) NI: Courtesy Car / Tpl Allowance (\$5) | | |
| | 11) NI: Repair Coordination (\$10) | | |
| | 12) NI: Post Repair Inspection (\$25) | | |
| | 13) NI: DY / Collision/Unacc Coordination (\$5) | | |
| | 14) NI: 1 day TP (Non-INC) repair INC (\$20) | | |
| | 15) NI: 1 day 100 hrs | | |
| | Invoice dated | File Charged | |
| | Invoice dated | File 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 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 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 | 30/01/2018 11:46 |
| Date Of Accident | 29/01/2018 08:20 |
| Exact Location Of Accident | PUNGGOL WAY/PUNGGOL WEST FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJU6166L |
| Insured/Policyholder | |
| Name Of Registered Owner | NEXUSADZ |
| Co Reg No | 53341483X |
| Email Address | INCREASEPROFITS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96624008 |
| Alternative Phone No | OFFICE-96624008 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | VIOS-1.5 E (A) |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5087568433-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | ANDREW LAU WENG WAH |
| NRIC No | S1748000F |
| Date Of Birth | 27/04/1966 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/01/1990 |
| Driving Experience | 28 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96624008 |
| Fax Number | |
| Contact Number | OTHERS-96624008 |
| EMail Address | INCREASEPROFITS@GMAIL.COM |

| | |
|---|----------------------------|
| Address | 900 DUNEARN ROAD #02-09 |
| Postcode | 589473 |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : MISS WONG (PASSENGER) GENDER: : FEMALE |

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 | SKU5806T |
| Vehicle Make/Model/Colour | MERCEDES BENZ 250 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM JOON HIONG |
| NRIC/Passport Number | S7314225C |
| Contact Number | 97680298 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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:


30/1/2018 10:55am



Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

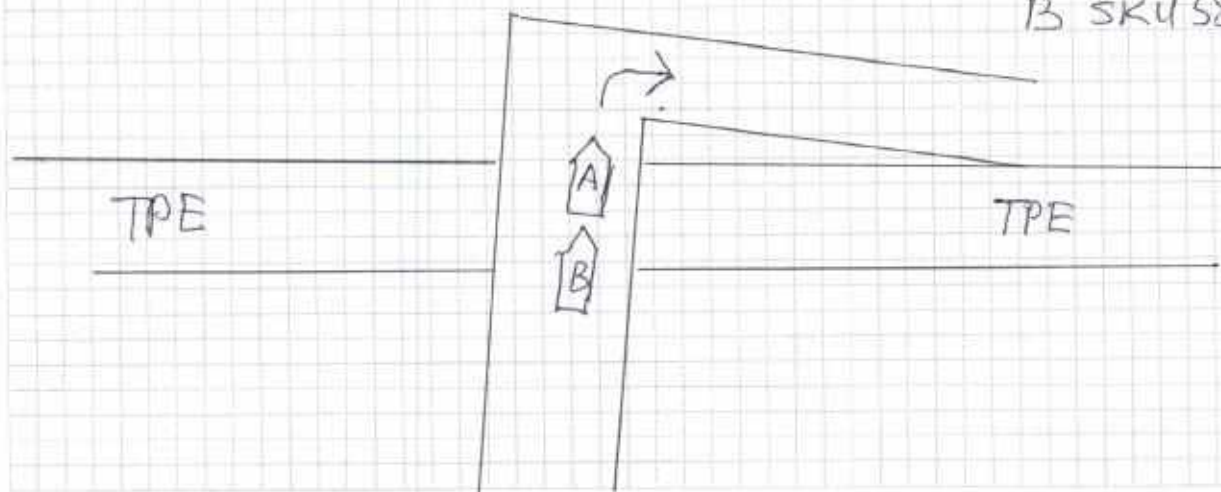
30/1/2018
Reed1 WATKINS

SKETCH PLAN

Punggol Way / Punggol West Flyover

A SJU6166L

B SKU5806T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29 Jan 2018 about 8-20pm, on Punggol West Flyover / Punggol Way turning towards slip road to TPE. Weather was clear dry road condition.

All the cars were stopped at traffic light waiting to turn right toward slip road to enter TPE.

My car was stationary for at least 5 mins then suddenly I felt a knock on my rear bumper, causing damage by CAR B, Mercedes 250, a front to rear knock.

No injuries to my passenger who saw the happening.

Car dashcam recording and photos were taken immediately.

DECLARATION

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

[Signature]



Policyholder's Signature

Date & Time: 30/1/2018 10:55am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 30/01/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] ROSLI WAHAB

Claim Handling

Accident MT/0980098

| | | | | | |
|---|---|-------------------------------|---|------------------------|------------------|
| Policy No. | S087568433-01 | Vehicle No. | SJU6166L | GST Registration No. | |
| Policyholder Name | NEXUSADZ | | | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | |
| Contact No.(Mobile) | increaseprofits@gmail.com | 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 | Yes |
| Accident Details | | | | | |
| Report Date | 30/01/2018 12:18 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head |
| Date of Accident | 29/01/2018 | Time of Accident hh:mm | 08:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PUNGGOL WAY/PUNGGOL WEST FLYOVER | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0.00 | Windscreens Excess | |
| Uninsured Driver Excess | | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | No | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 900 DUNEARN ROAD | Address 2 | #02-09 THE BLOSSOMVALE | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | 02-09 | Related Policy Number | S087568433-01 | | |
| OI Driver Info | | | | | |
| Driver Name | ANDREW LAU WENG WAH | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S1748000F | Driver DOB | |
| Register Date of Driver License | 15/01/1990 | Driver Age | 51 | Driving Experience | |
| Contact No.(Mobile) | increaseprofits@gmail.com | 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 checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | SJU6166L | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Modification History | | | | | |

Claim 001 OD-MX **New**

| | | | | | |
|--|------------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | NEXUSADZ | Insured NRIC | |
| Contact No.(Mobile) | 96624008 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SJU6166L | TP Vehicle Number | |
| Claim Description | SJU6166L / SKU5806T ON 29 Jan 2018 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 30/01/2018 12:20 | Claim Close Date | | Date Received | |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Repaired | |
| <input type="checkbox"/> Print AK letter | | | | | |










Save Submit

Attachment

| | | | |
|--------------------|---|----------------------------|------------------|
| Accident No. | MT/0980098 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 30/01/2018 12:21 |
| Path * | | Category * | Confidential |
| | | | Urgency |
| | | Browse Clear Please Select | 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 | Doc |
|---|--|-----------------------|---------|---------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:21 | NRIC/ Driving License | Normal | NRIC/ Driving |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:21 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:20 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:20 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:20 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:20 | Photos | Normal | Photo |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:20 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 12:20 | 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: 29/1/2018 (DD/MM/YYYY), TIME: 08:20 pm (HHMM)
LOCATION: Punggol Way/Punggol West Flyover

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJ46166L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5087568433-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA VIOS 1.5
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Andrew Lau Wengwah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1748000F CONTACT: 96624008
c) ADDRESS: 900 DUNEARN ROAD #02-09
5589473

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: NEXUSADZ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53341483X CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 27/04/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Jan 2006

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF OWNER

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

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKU5806T MODEL: MERCEDEZ 250
b) DRIVER'S NAME: Lim Joon Hiong
c) NRIC/FIN/PASSPORT: S7314225C CONTACT: 97680298

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)

(2)

female passenger
Miss Wong
94516599

* No of passenger
(Including driver)

(1)

* No of passenger
(Including driver)

()

email: increaseprofits@gmail.com

fax: _____

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1748000F



Name
ANDREW LAU WENG WAH

劉 蝶 樺

Race
CHINESE

Date of birth
27-04-1966

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1748000F

Name
ANDREW LAU WENG WAH

Date of birth 27 Apr 1966

Issue Date 16 Jan 2006





1001393438C

3754474




NRIC No. S1748000F

Date of issue
12-06-2005

900 DUNEARN ROAD #02-09
SINGAPORE 589473

S1748000F 19/12/2013 (R)

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 15 Jan 1990

NP 428A



Licence No: S1748000F

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: 5087568433-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU6166L |
| Chassis Number | : MR053HY9305146021 |
| 2. Name of Policyholder | : NEXUSADZ |
| 3. Effective Date of Insurance | : 19 Jan 2018 |
| 4. Expiry Date of Insurance | : 18 Jan 2019 |
| 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| 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 | : ANDREW LAU WENG WAH |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : THIAM HENG AUTO (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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)
Date of Issue : 14 Dec 2017 13:51 hrs
Reprint : 14 Dec 2017 13:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive