

NATIONAL Assessment Centre Services

(Unit 1/2000)

17/04/2018/18780

| | | | |
|---------------------------|----------------------------------------|-----------------------|------------------|
| Date In: 30/01/2018 18:10 | Job description | Date & Time Completed | Done by |
| Ref No: ABA/170180018497 | SAS e-billing | | |
| Veh No: GRK 9703X | E-mail (within 2hrs, A/C 2hrs) | | |
| D.O.A: 29/01/2018 18:20 | 1-Motor Claim Form | 17/04/2018 18:26 | 30/01/2018 18:26 |
| OD / TP (Reporting Only) | 1-Motor 3Y/O (within 2hrs, TP 2hrs) | | |
| | 1-Photo Uploaded | | |
| TP Insurech | Assessment/Survey Report | | |
| | Ass'l Report by Fax/Hand to Owner/Whse | | |

| | | |
|------------------------------------------|------------------------------------------------------------|---------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tell | Fax |
| TP Particulars: Yell No: SDV 33665 | INC () / Non-INC () | |
| Owner / Driver: (| Tel: (| |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: (| Time: (|
| Insured/Driver Liability: (| % (Note: B/L 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 repeller. |
| () Total Loss Case: 1 to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | | |
|---------------------------------------------------------|-----------------------|-----------------------|---------|
| Remarks: | INC () / Non-INC () | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | | |
| 2) QC Check / Post Repair Inspection () | | | |
| 3) Upload Recovery Photo (Repair Cost > \$3000) () | | | |

| |
|-------------|
| Injury: () |
|-------------|

| |
|---------------|
| Instructions: |
| |
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| | |
|-------------------|------------------------------------------------|
| NA1800675 | Invoice Preparation Checklist |
| Human Resources | 1) AR: Accident Reporting (\$30) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$30) |
| Foot No: | 3) TP: Towing Fee (\$40) |
| Assigned Portion: | 4) FT: Follow-Through Survey (\$10) |
| | 5) PT: Follow-Through Survey (Recovery) (\$10) |
| | 6) TR: Re-inspection (\$10) |
| | 7) NI: NI/DA + SMRT Survey (\$10) |
| | 8) NTUC Additional Services |
| | 9) NI: Courtesy Car / Tpl Allowance (\$10) |
| | 10) NI: Repairs Coordination (\$10) |
| | 11) NI: Post Repair Inspection (\$10) |
| | 12) NI: DV / Collect UIC/Coordination (\$10) |
| | 13) NI: TP (Non-INC) against INC (\$10) |
| | 14) NI: NI/DA Mobile (\$10) |
| | 15) NI: NI/DA Mobile (\$10) |
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| | 100) NI: NI/DA Mobile (\$10) |

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 18:10 |
| Date Of Accident | 29/01/2018 18:20 |
| Exact Location Of Accident | BALESTIER ROAD TOWARDS THOMSON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | GBE9703X |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM SENG KOK CONTRACTOR PTE LTD |
| Co Reg No | 201502455K |
| Email Address | ENQUIRY@LIMSENGKOK.COM.SG |
| Mobile Phone No | (LOCAL) +65-96918230 |
| Alternative Phone No | OFFICE-96918230 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY HOME |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5088560619 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | LIM KIM HUAT |
| NRIC No | S2659426Z |
| Date Of Birth | 01/08/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 20/06/1981 |
| Driving Experience | 36 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96918230 |
| Fax Number | |
| Contact Number | OTHERS-96918230 |
| Email Address | ENQUIRY@LIMSENGKOK.COM.SG |

| | |
|-----------------------------------------------------|--------------------------------------|
| Address | BLK 401 TAMPINES STREET 41 #05-53 |
| Postcode | 520401 |
| 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 | 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) | 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 | SDV3366S |
| Vehicle Make/Model/Colour | TOYOTA CAMRY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | DAI KAI |
| NRIC/Passport Number | G5897231U |
| Contact Number | 98899952 |
| 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:

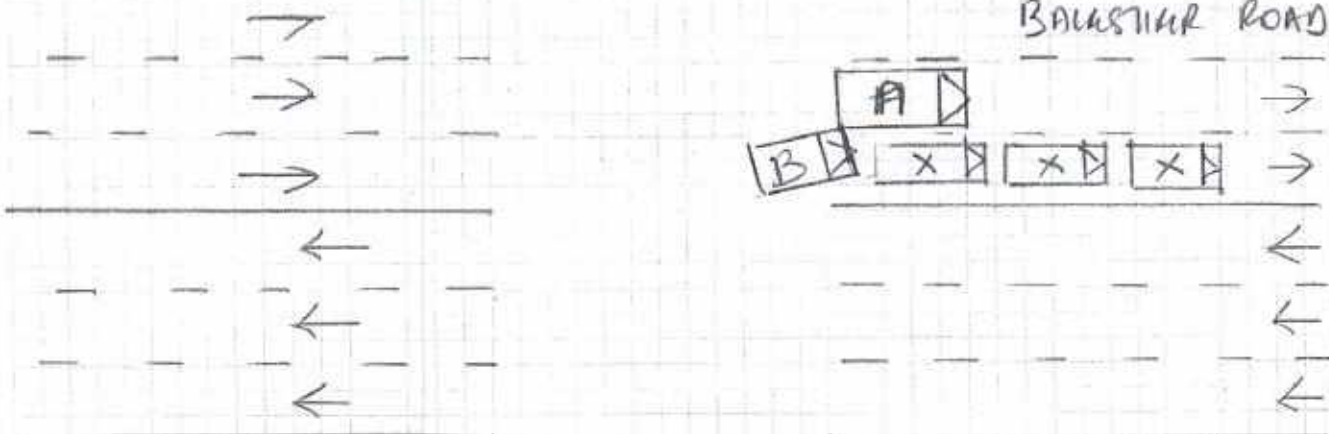
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *Roshni Nair*
NRIC/FIN No.:

SKETCH PLAN

MOULMIKIN
ROAD

BAKUSTHAR ROAD



TOWARD
CTR
(AMK)

A) GBE 9703X
B) SDV 3366S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/01/2018 AT ABOUT 18:20HRS I WAS TRAVELLING
ALONG BAKUSTHAR ROAD TOWARDS THOMSON JUST AFTER THE
JUNCTION OF MOULMIKIN I KEEP MY LORRY GBB9703X ON
THE CTR LANE BECAUSE THE TRAFFIC ON THE 1ST LANE
WAS JAM, JUST BEFORE THAT I HEARD A TITUG SOUND
I SAW A CAR SDV 3366S BANG ON TO THE REAR LEFT
SIDE OF MY LORRY, SO WE STOP AT ONE OF THE HOTEL
& EXCHANGE PARTICULARS THAT ALL

DECLARATION

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



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

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

30/01/2018

Rosli Wani

Claim Handling

Accident MT/0980204

| | | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|---------------|
| Policy No. | 5088560619 | Vehicle No. | GBE9703X | GST Registration No. | |
| Policyholder Name | LIM SENG KOK CONTRACTOR PTE LTD | | | Policyholder NRIC | |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | |
| Contact No.(Mobile) | 96918230 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| KFE | <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(%) | 10 | Private Hire | Not available |

Accident Details

| | | | | | |
|-------------------|-------------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 30/01/2018 16:16 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 29/01/2018 | Time of Accident (hh:mm) | 18:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange force | | ICM No. | |
| Accident Location | RALESTIER ROAD TOWARDS THOMSON 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 | No |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|--|
| Address 1 | 16 BELLIOS LANE | Address 2 | SINGAPORE 219559 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5088560619 | | |

OI Driver Info

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|--------------------|------------------------|--|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | LIM KIM HUAT | Driver NRIC | S26594262 | Driving Experience | |
| Register Date of Driver License | 20/06/1983 | Driver Age | 37 | Contact No.(Home) | |
| Contact No.(Mobile) | 96918230 | Contact No.(Office) | | Address 3 | |
| Address 1 | BLK 401 #05-53 | Address 2 | TAMPINES STREET 41 | Post Code | |
| Address 4 | SINGAPORE S20401 | Address Type | Foreign address | | |
| Unit No. | 05-53 | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | GBE9703X | 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 | LIM SENG KOK CONTRACTOR P | Insured NRIC | |
| Contact No.(Mobile) | | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | GBE9703X | TP Vehicle Number | |
| Claim Description | GBE9703X / SDV33565 ON 29 Jan 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Usability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 30/01/2018 18:25 | Claim Close Date | | Date Received | |
| Report Taken By | ROSU WAHAB | Workshop Repairer | | Total Loss but Repaired | |

☐ Print AK letter

Save Submit


















Attachment

| | | | |
|--------------------|---------------------------------------------------------------|--------------|------------------|
| Accident No. | MT/0980204 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 30/01/2018 18:26 |
| Path * | Category * | | |
| | | Confidential | Urgency |
| | | Normal | |

Browse Clear Please Select

| | | | | |
|------------------------------------------|--------------------------------------|---------------|----|--------|
| <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 |
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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Doc |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------|---------|---------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:26 | NRIC/ Driving License | Normal | NRIC/ Driving |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:26 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:26 | Photos | Normal | Photo |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:25 | Photos | Normal | Photo |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
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ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2018 (DD/MM/YYYY), TIME: 18:20 (HH:MM)
LOCATION: BAKSTIKAR TANJAS THOUSON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 9703X
b) INSURANCE COMPANY: N74C
c) POLICY NUMBER: 508856019
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: NISSAN CABSTAR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY HOME
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: LIM SENG KOK CONTRACTOR P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
a) NAME: LIM KIM HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2659426Z CONTACT: 96968230
c) ADDRESS: _____

96918230

* 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: _____

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)
(1)

- a) VEHICLE NUMBER: SDV 3366 S MODEL: TOYOTA CAMRY
b) DRIVER'S NAME: DAI KAI
c) NRIC/FIN/PASSPORT: G5897231 U CONTACT: 9899952

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

CLARA

email = enquiry @ lam seng kok . com . sg

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2659426Z



Name
LIM KIM HUAT
林 錦 发
Race
CHINESE
Date of birth
01-08-1960
Sex
M
Country of origin
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S2659426Z

Name
LIM KIM HUAT

Birth Date 01 Aug 1960
Issue Date 07 Sep 2011




4774848



NRIC No. S2659426Z



Date of issue
07-09-2011

Address
APT BLK 401 TAMPINES STREET 41
#05-63
SINGAPORE 520401

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg. 20 Jun 1981

NP 426A

Licence No: S2659426Z



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 : 5088560619

Cover : Comprehensive

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE9703X |
| Chassis Number | : ZFA26300006C20271 |
| 2. Name of Policyholder | : LIM SENG KOK CONTRACTOR PTE LTD |
| 3. Effective Date of Insurance | : 09 May 2017 |
| 4. Expiry Date of Insurance | : 08 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. | |
| (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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue : 15 Mar 2017 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive