

# NATIONAL Assessment Centre Services

14/1800868

Date In: 08/10/2018 15:16	Job description	Date & Time Completed	Done by
Ref No: 14/1800868	SAS e-tiling		
Veh No: YP 946R	E-mail (within 2hrs, A/C 3hrs)		
D.O.A: 29/10/2018 08:05	1-Motor Claim Form	14/1800868-002	08/10/2018 18:18
OD / TP / Reporting Unit	1-Motor W/O (within 24hrs, TP 48hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No:	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	(Note: BSL 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 repairer.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( )	Invoice: YES ( ) / NO ( )
	Towing Co: ( )

Remarks: (INC) Line 678.8 5015	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury:	
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On-site Time:	Action:

14/1800868	Invoice Preparation Checklist		
Driver/Owner:	1) AR: Accident Reporting (\$20)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Assessed Portion:	3) TP: Towing Fee	\$20/\$40	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$25	
	7) NTUC: DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engin-In-Charge):	9) NTUC: Courtesy Car / Tpl Allowance	\$5	
	10) NTUC: Repairs Coordination	\$10	
	11) NTUC: Post Repair Inspection	\$25	
	12) NTUC: DY / Collision / Coordination	\$5	
	13) NTUC: TP (Non-INC) against INC	\$20	
	14) NTUC: (One Month)	\$0	
	Invoice dated	Paid Charged	
	Invoice Ref:	Store 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	08/02/2018 15:16
Date Of Accident	29/01/2018 08:05
Exact Location Of Accident	BLK 275D JURONG WEST STREET 25
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP946R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K.H. LEE ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	199203093G
Email Address	CIVILSIVA111@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83457063
Alternative Phone No.	OFFICE-68638089

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75UH5A-5.2 D (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077199471-02
Cover Note Number	

### Driver

Name of Driver	RENGASAMY THAVAMANI
Passport No/FIN	G8119107M
Date Of Birth	09/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83457063
Fax Number	
Contact Number	OFFICE-68638089
EMail Address	CIVILSIVA111@GMAIL.COM

Address	24A BENOI ROAD
Postcode	629897
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

### SKETCH PLAN

## IMPORTANT NOTICE

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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.

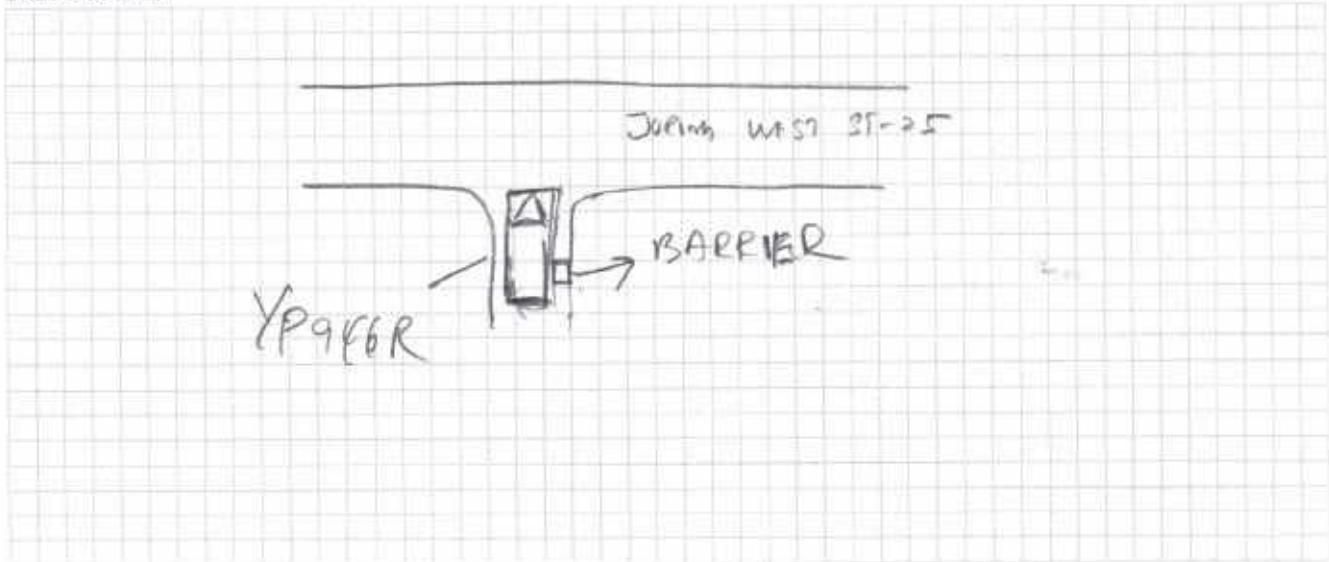


Policyholder's Signature  
Date & Time:

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

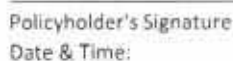
Reporting Centre Personnel's Signature  
Name: Paul A. Smith  
NRIC/FIN No.: 123456789





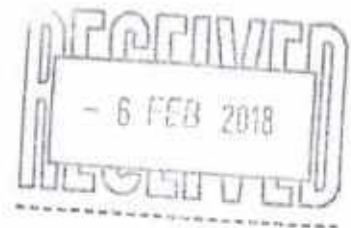
I am Rengasamy Thavamani (033894197) driving.  
 Car 4P946R at Jurong West S25 BLK 275D Car park  
 Exit that time I see my Car begin the Sling Belt  
 locking to the EPS terminal system then I look at EPS box  
 was nothing happen and reverse my way and move out  
 from there.

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: Resli WALTERS  
NRIC/FIN No.: 98012018



Our Ref: MT/CA/TP/001/0980314-001/FS/VU

31 Jan 2018

K.H. LEE ENGINEERING & CONSTRUCTION PTE LTD  
24A BENOI ROAD  
SINGAPORE 629897

Dear Policyholder

**CLAIM NUMBER: MT/0980314-001**  
**ACCIDENT INVOLVING YP946R / PROPERTY on 29 Jan 2018**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/0980314

Policy No.	5077100471-02	Vehicle No.	YP946R	GST Registration No.	
Policyholder Name	K.H. LEE ENGINEERING & CONSTRUCTION PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Leading	
Contact No.(Mobile)	NA	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	Not available

## ▼ Accident Details

Report Date	31/01/2018 14:50	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	29/01/2018	Time of Accident hh:mm	06:06	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT 275D JURONG WEST ST 25				

## ▼ Benefits

## ▼ Excess

Own damage Excess	000.00	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	Yes	GST Registration Date	15/05/1995
GST Registration No.	M201074029	GST Status Verified	Yes
Modification History	31/01/2018 18:05:37 Karthiyn Yuen changed GST Registered from No to Yes 31/01/2018 18:05:37 Karthiyn Yuen changed GST Registration No. from null to M201074029 31/01/2018 18:05:37 Karthiyn Yuen changed GST Registration Date from null to 15/05/1995		

## ▼ Policyholder Mailing Address

Address 1	24A BENOE ROAD	Address 2	SINGAPORE 629897	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077100471-02		

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		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.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	QD-MX	Insured Name	K.H. LEE ENGINEERING & CON	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	YP946R	TP Vehicle Number	
Claim Description	YP946R / - ON 29 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	08/02/2018 18:09	Claim Close Date		Date Received	
Report Taken By	ROSLE WAHAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0980314	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/02/2018 18:18
Path *		Category *	
		Confidential	Urgent
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:18	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:18	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:10	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:09	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Feb 2018 18:09	Photos	Normal	Photo

## Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 07 / 2018 (DD/MM/YYYY), TIME: 08 : 06 (HH:MM)

LOCATION: 2750 JERONG WEST ST 25

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP946R  
 b) INSURANCE COMPANY: MMU  
 c) POLICY NUMBER: 507199471-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: X. H. Loh (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 199203093G CONTACT: 68638089  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: RENJASAMY THAVAMAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 033874149 CONTACT: 8683457063  
 c) ADDRESS: 24 A BERT ROAD BUKIT ROAD (8629897)

\* d) DATE OF BIRTH: 09 / 03 / 1985 (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

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

## 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)  
( )

\* No of passenger  
 (including driver)  
( )

Email: cynthia\_loh@khloe.com.sg

fax: 6864611

V1080

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**HUAT BENG ENGINEERING CONSTRUCTION PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**RENGASAMY THAVAMANI**

Occupation:  
**CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No:  
**033894147**

Date of Application:  
**20-06-2017**

Date of Issue:  
**14-07-2017**

Date of Expiry:  
**13-07-2018**

**L8138590**





**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G8119107M**

Name: **RENGASAMY THAVAMANI**

Birth Date: **09 Mar 1985**

Issue Date: **16 Sep 2015**

Valid Till: **15/09/2020**

**002473700C**

**SG 50**




**VISIT PASS**  
Immigration Regulations

Name:  
**RENGASAMY THAVAMANI**

Date of Birth: **09-03-1985** Sex: **M** Nationality: **INDIAN**

File: **G8119107M** Date of Issue: **14-07-2017** Date of Expiry: **13-07-2018**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**




**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

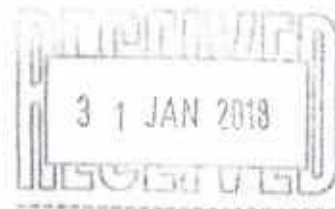
**16 Sep 2015**

**NP 428A**

**002473700C**

**License No: G8119107M**





### 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 :** 5077199471-02

**Cover :** Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **YP946R**  
Chassis Number : **JAANPR75HF7107008**
  2. Name of Policyholder : **K.H. LEE ENGINEERING & CONSTRUCTION PTE LTD**
  3. Effective Date of Insurance : **27 Jan 2018**
  4. Expiry Date of Insurance : **26 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 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	: UNITED OVERSEAS BANK LIMITED
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 : **TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)**  
Date of Issue : **23 Jan 2018 15:22 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive