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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Report	07/03/2018 11:55
Date Of Accident	03/03/2018 14:05
Exact Location Of Accident	ALONG TOA PAYOH RISE
Country/State of Loss	SINGAPORE
A STATE OF THE PROPERTY OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ986Y
Insured/Policyholder	
Name Of Registered Owner	DOSH CAR RENTAL PTE LTD
Co Reg No	201618369M
Email Address	ELSONRONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91510151
Alternative Phone No	OFFICE-82001822
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	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	5092751815
Cover Note Number	
Driver	
Name of Driver	LEW YIN LOONG
NRIC No	S1822686C
Date Of Birth	22/11/1967
Occupation	INDOOR
Date Of Driving Pass	29/11/1986
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-91510151

ELSONRONG@GMAIL.COM

OTHERS-82001822

BLK 111 LORONG 1 TOA PAYOH Address

#07-364

310111 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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 NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

NO.

NO

YES

NO

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180303/2027 AND PHOTOS ATTACH

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

- 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.
- 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
- 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.
- 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.
- 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.

2016/18369

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

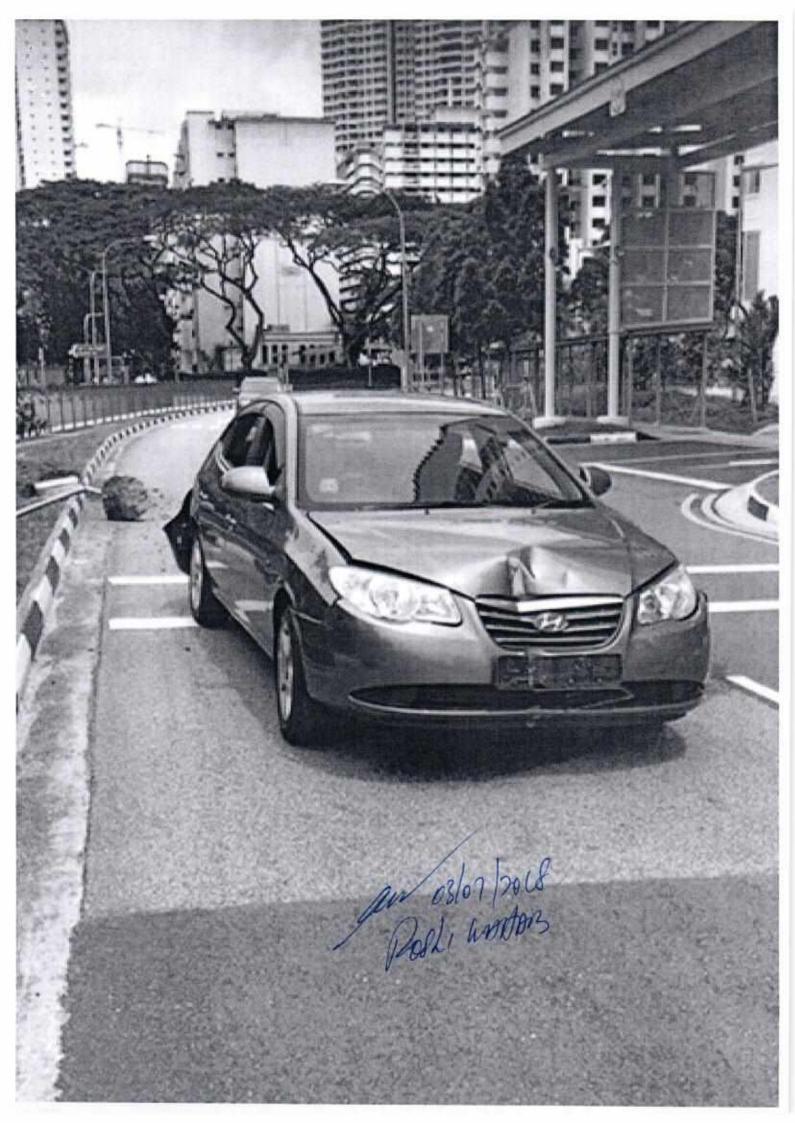
Reporting Centre Personnel's Signature

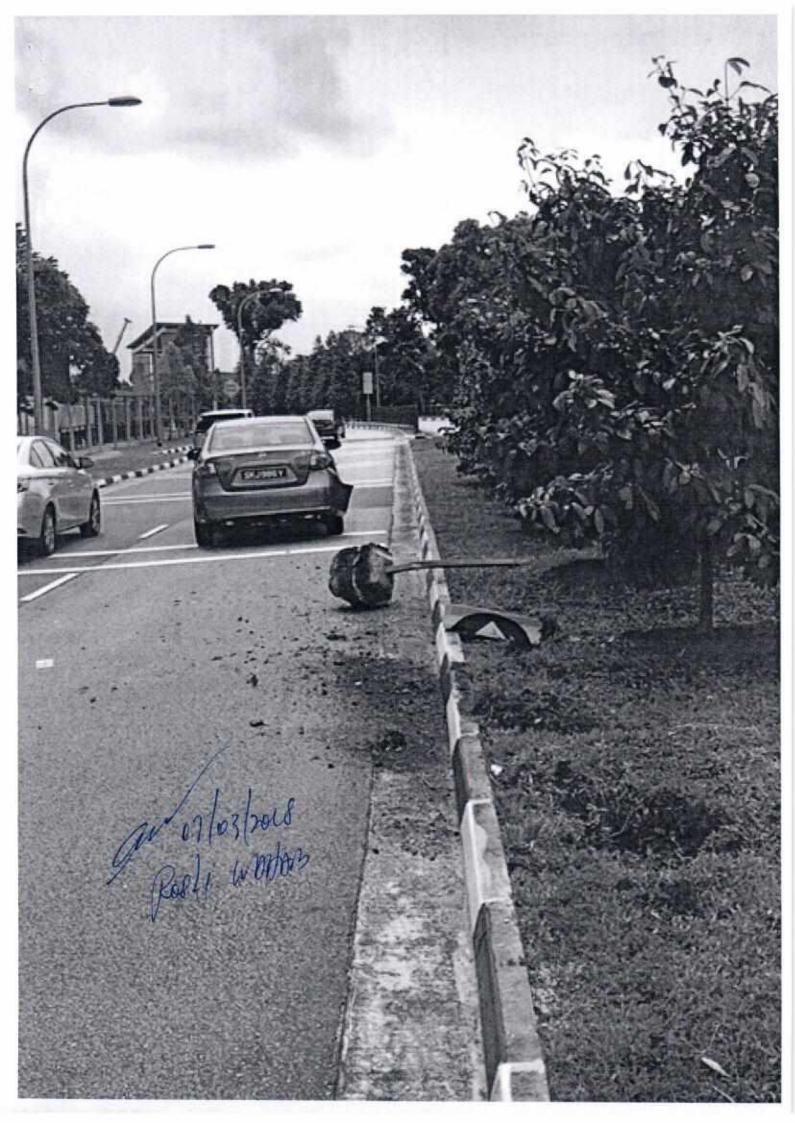
NRIC/FIN No.:

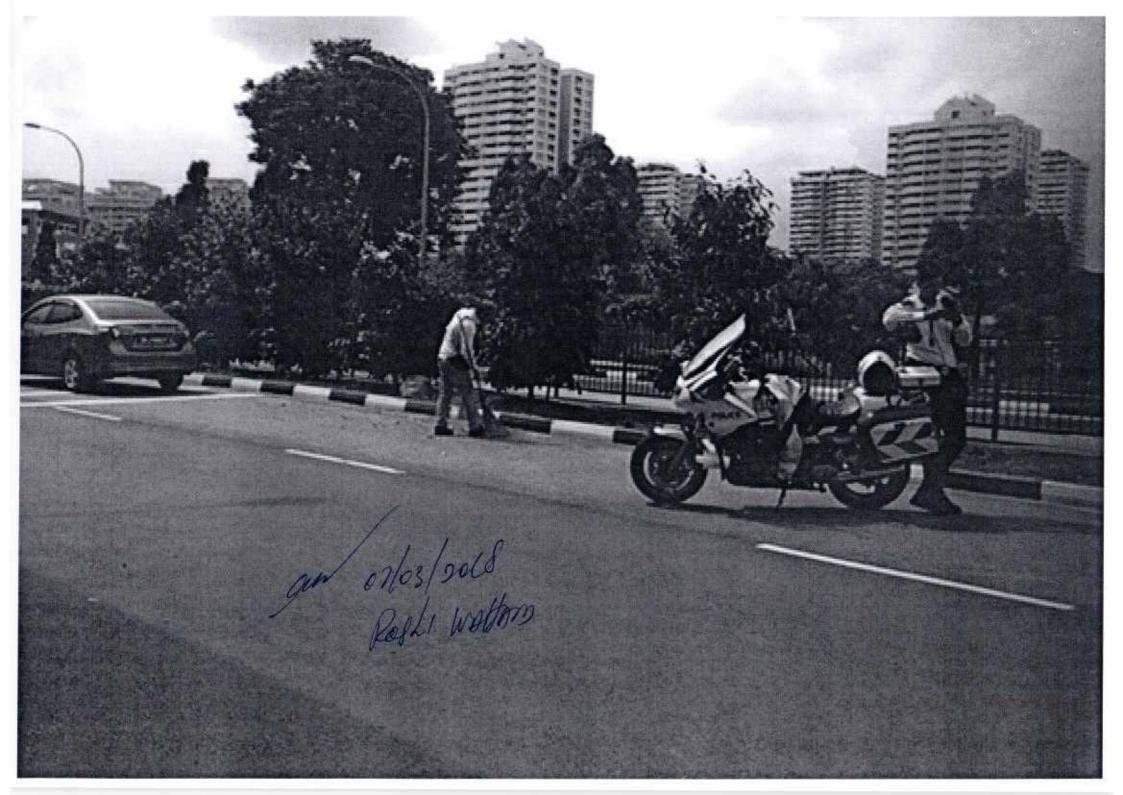
SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foreseing particulars are true in every respect. Reg. No: 201618369M Reporting Centre Personnel's Signature
Name: KOS WB0 Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder)

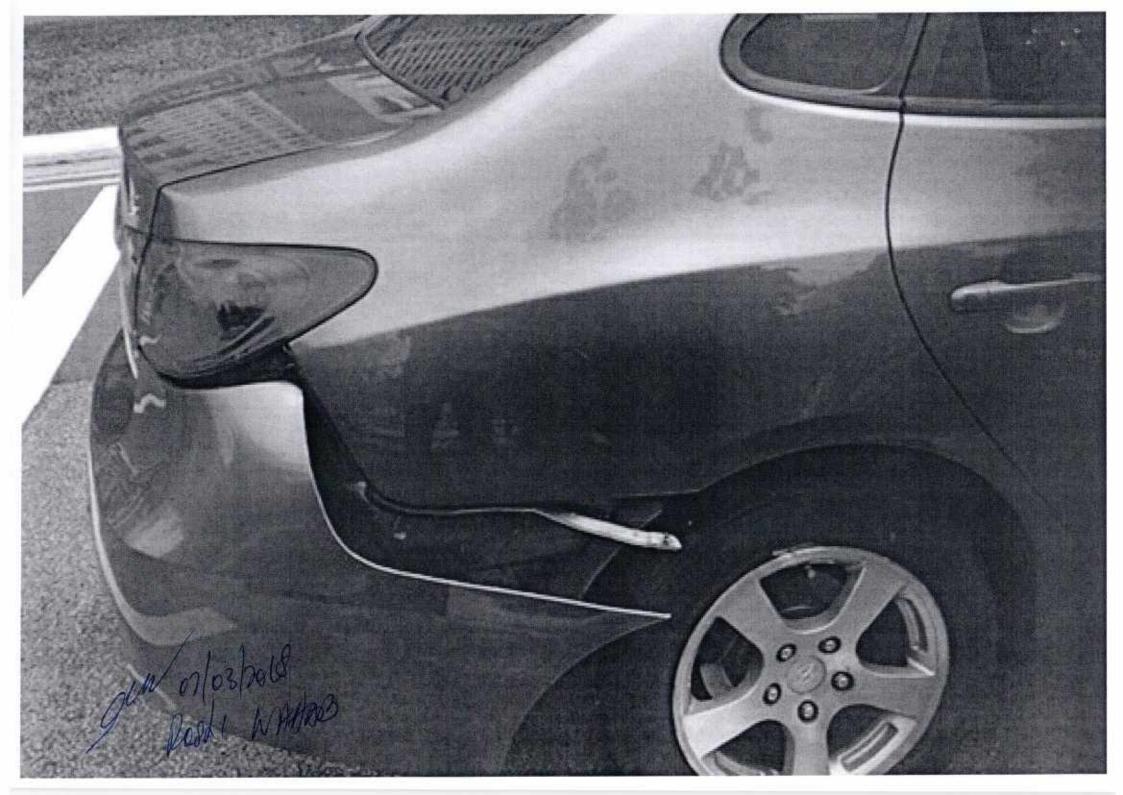
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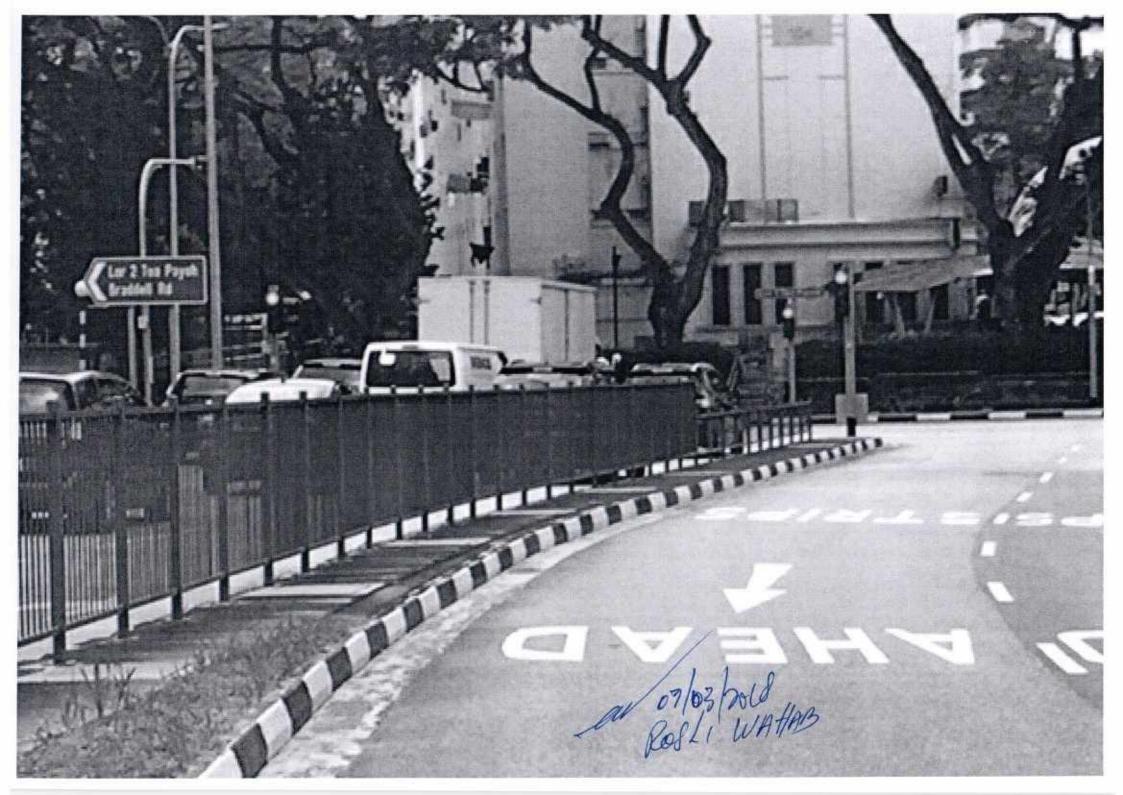
NRIC/FIN No.:













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Report No. 1/20180303/2027

Police Station Of Origin Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

		TRAFFIC		
BERRET	- AF 1	TDAEEIC	DCC11	31-N I
DEDINE		HEATER	AUGIL	

Station Diary No.

	18 10:47	nade:	Vide Report No.	40	
Informa	nt's Partic	ulars	ALEXANDER OF THE PARTY OF THE P		
Name of Informant; LEW YIN LOONG			Address: APT BLK 111 LORONG 1 TO 310111	A PAYOH #07-364 SINGAPORE	
ID Type / ID No.: NRIC NO / S1822686C			Contact No.: Home/Office: Mobile: 82001822		
Nationality: SINGAPORE CITIZEN		THE RESIDENCE OF	Email:		
Sex: Male	Age: 50	Date of Birth: 22/11/1967	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name: English		
Occupation: BUSINESS DEVELOPMENT EXECUTIVE		OPMENT	Driving Licence Information: Class: 3	Date of Expiry:	

General Infon	mation of the Accident	1000		The Markett Ma
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2018 14:0	Type of Location: Straight Road
Location: Along Road 1 TOA PAYOH Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control Not Controlled		Traffic Volume: No Traffic
Type of Collis MOVING VEI	sion: HICLE AGAINST SIGNAM			Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved	36.3			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKJ986Y	Car				Seriously	The second secon
THE RESERVE TO SERVE					Damaged	15 8 5 A 1 8 3 3 3 2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	4 Dudgetrian Crossing NA
	Use of Pedestrian Crossing: NA



T/2018030:3/2027

2013

Report No. T/20180303/2027

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

569929 Tel No: 1800-4519999 CONTINUATION OF REPORT

Driver			IN THE VOLUM	1
Name	LEW YIN LOONG		ID No.	S1822686C
Related Vehicle	SKJ986Y (Car)	1	Contact No.	82001822
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	CARROLL SERVICE AND ADDRESS.
No. of Days grant	led Medical Leave NIL		f Injury NIL	

Brief Details.

On 02/03/2018 at about 1405hrs, I was driving my car, SKJ986Y at the 1st lane along Toa Payoh rise. Suddenly, I suddenly went blank within a second and as a result, my car knocked down a signage. I then noticed that there were some smoke coming out from my car. I wish to state that I had taken my highblood pressure pill before driving. I was then given report number E/20180302/0104 under IO Zulkarnian at 65476429.



Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE Tel No: 1800-4519999

3 of 3

Report No. T/20180303/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

Sgt 2 MASHIDAYAT BIN MASZENI

Signature Of Interpreter. Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Authentication Stamp

Signature Of Informant

Date/Time:

03/03/2018 10:47

Classification Of Case:

Delicy No. S092751815 Venice No. SK7986Y GST Brightration No. Policyholadar NNICC Policyholadar NNICC Compact No. (1968) Policyholadar NNICC Policyholadar Nnicch NCO Protection No. NCO Editionant(%) O Policyholadar Nnicch Nco Editionant Nco Editionant No. Nco Edi	Claim Handling	and been collected				
Public Color Publ	Accident MT/0985080	not been conscient.				
Product Onder Part DisplayONCE	Policy No.	5092751815	Vehicle No.	SKIGHRY	GST Registration No.	
Comman C	Pubcyholder Name	DOSH CAR RENTAL PTE LTD			Policyholder NRIC	
Special Semink	Product Code	PLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Total December D	Contact No.(Mobile)	91510151	Contact No.(Office)		Contact No.(Home)	
Mail	Email Address		Special Remark		eCode	(*)
Payon Code Pay	KFK	©: Nu ⊂ Yes	TCA	(6 No Ves	eCode Reason	
Accident Common	NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Date of Accident (0.1001/2018 Time of Accident Roume) 14 (0) Country of Accident September Reporting Cottent Country of Accident Roume) 14 (0) Country of Accident September Reporting Cottent Country of Accident September Country of Accident September Country of Accident September Country of Report Country of	9 Accident Details					
Contage Notice	Report Dete	07/03/2010 12:40	Accident Report Within 24 hrs	Yes	Accident Type	Collided int
Management Man	Date of Accident	03/03/2018	Time of Accident titi:mm	14:05	Country of Accident	Singapore
Potestia Foreign Common Principal (Common Pr	Reporting Centre		Change Force		ICM No.	
Part	Accident Location	ALONG TOA PAYOH RESE				
Development 1,000	⇒ Benefits					
Unable	♥ Excess					
Control Cont	Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
CST Registered Information No	Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
CST Registered No	Third Party Excess	1,500,00	Outside Singapore TP Excess	1,500.00		
CST Status Verified Yes	♥ GST Registered Informa	ition				
### Policyholder Malling Address ### Policyholder Malling Address ### Address	GST Registered	No		20621016711651161 2011		
### Part				GST Status Verified	Yes	
Address 1 31 #01-31 WEST COAST HIGHY Address 2 SINGAPORE 117864 ABUREN 2 Address 3 Pack Code Address 7 pe Singapore address Pack Code Pack Code Address 7 pe Singapore address Pack Code Address 1 Singapore address Pack Code Address 1 Singapore address Pack Code Diver Name Singapore Singapore Singapore Singa	regulación missery					
Address 7 yes	Policyholder Mailing Ad	dress				
	Address 1	31 #01-31 WEST COAST HIGHV	Address 2	SINGAPORE 117864	Address 3	
Driver Name	Address 4		Address Type	Singapore address	Post Code	
Driver Name	Unit No.	01-31	Related Policy Number	5092751815		
December	⇒ OI Driver Info					
Register Dets of Driver License 29/11/1986 Driver Age SII Driving Experience Contact No.(Mobile) Contact No.(Mobile) Contact No.(Mobile) Contact No.(Mobile) Contact No.(Mobile) Address 2 LORIORIG TIDA PAYDH Address 3 Address 2 No.Address 4 SIMOAPORIG 310111 Private No. Address 5 No.Address 5 No.Address 6 SIMOAPORIG 310111 Private No. Address 7 No. Address 1 No. Address 7 No. Address 8 No. Address 9 No. A	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Contact No. (Hobile) Address 1 BUX 111 #07-364SU596Y Address 2 BUX 111 #07-364SU596Y Address 3 BUX 111 #07-364SU596Y Address 4 BUX 111 #07-364SU596Y Address 7: Five Insured Repair Address Buy Insured Rame DOBH CAR RENTAL PTE LTD Direct No. (Mobile) Brand Address DO Value Repaired Brand Address DO Value Repaired Brand Address Brand Address Brand Address Brand Buy Insured Repair Option Preferred Workshop Contact Repoir Repair DO DA SHE Repaired DO NO. (Limit Description Preferred Workshop Contact Repoir Taken By Ross Repair Repair DO DA Repaired Attachment Atta	Unnamed driver Name	LEW YIN LOONS	Driver NRIC	51822686C	Oriver DOB	
Address 1	Register Date of Driver License	29/11/1986	Driver Age	SB	Driving Experience	
Address 4 SINGAPORE 310111 Address Type Purelyn address Post Code: Unit No. 07-364 Declared Singapore Registered car? Ves @ No. Declared N	Contact No.(Mobile)		Contact No.(Office)		Contact No (Home)	
Unit No. 07-304 Dec New and Simpapore Simpapore (Segretaria Care) Breathalyser or Blood Fest (Park Mark) Claim OP OD-NX DIAM Contact No.(Mebile) (B4588855) Contact No.(Home) (Contact No.(Office) (Contact No.(Office	Address 1	BLK 111 #07-3645K39B6Y	Address 2	LORONG 1 TOA PAYOH	Address 3	
Declaration Perfectivelyser or Blood Test 0 /mg Any injury? Yes @ No Modification History Claim 1/pe * DT-MX Insured Name DOSH CAR RENTAL PTE LTD Insured NATIC Contact No.(Hobile) B4588855 Contact No.(Home) Contact No.(Hobile) B4588855 Contact No.(Home) Contact No.(Hobile) SX3985Y /- CNI 3 Mar 2018 Preferend Workshop Contact No. (Office) Insured Workshop Rejainer Option Prefered Workshop, Name unknown Prefered Workshop, Name unknown Total Loss but Repaired Attachment Attachment Accident No. M1/0985080 Claim No. DO1	Andress 4	SINGAPORE 310111	Address Type	Foreign address	Post Code	
Begistered car? PES of No Declaration Breathlyser or Blood Test Reading? Claim 001 0D-HX Max Claim 1/pe * DD-MX		07-364				
## Breathalyser or Blood Test 0 mg Any injury? Yes @ No Modification History Claim 001 00-HX Disx		Yes @ No	Driver Vehicle No.	5X2986Y	Driver Insurer Company	
Modification History Claim 001 OB-HX	Declaration					
Claim 1991 OB-MX		0 mg	Any injury?	(Yes @ No		
Claim Type. * DD-Mix	Modification History					
Contact No. (Mobile) B458855 Contact No. (Home) Collaboration Claim Description Claim Description Claim Description SKJ988Y / - GN 3 Mar 2018 Insured Liability * Fully at Fault * Require Finalisation Ves * Preferred Repair Option Preferred Workshop, Name unknown * GJA report Date Registered 07/03/2018 12:59 Claim Close Date Date Received Report Taken By ROSLI WAHAB Workshop Registerer Attachment Attachment MY/0965080 Claim No. Claim No. D01	Claim 901 OD-MX MAX	di .				
Contact No. (Mobile) B458855 Contact No. (Home) Collaboration Claim Description Claim Description Claim Description SKJ988Y / - GN 3 Mar 2018 Insured Liability * Fully at Fault * Require Finalisation Ves * Preferred Repair Option Preferred Workshop, Name unknown * GJA report Date Registered 07/03/2018 12:59 Claim Close Date Date Received Report Taken By ROSLI WAHAB Workshop Registerer Attachment Attachment MY/0965080 Claim No. Claim No. D01	Claim Time #	not too	45 420	Donu can agricul agricul		
Email Address OL Vehicle Number SkJ885Y - GN 3 Mar 2018 Name of Preferred Workshop Preferred Workshop Centact No. Require Finalisation Yes Prinferend Repair Option Preferred Workshop, Name unknown Colla Veport Date Registered 07/03/2018 12:59 Claim Close Date Date Date Received Report Taken 8y ROSLI WAHAB Workshop Registrer Attachment Attachment MY/0985080 Claim No. D01		75 (CW)(C)		DOUBLING MENTAL PIETID		
Claim Description SKI986Y / - CN 3 Mar 2018 Insured Liability * Fully bit Fault		CLASSICAL CONTRACTOR OF CONTRA		Skoleky		
Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GlA report Date Registered O7/03/2018 12/59 Claim Close Date Workshop Registrer Workshop Registrer Attachment Preferred Workshop, Name unknown GlA report Date Received Total Loss but Repaired Total Loss but Repaired Attachment Preferred Workshop Registrer Total Loss but Repaired Total Loss but Repaired Total Loss but Repaired Total Loss but Repaired Attachment Preferred Workshop, Name unknown Total Loss but Repaired		SKISSKY / - ON 3 Mar 2018	751.511.511.511.511.511.51	(and made)		
Require Finalisation	Preferred Workshop Contact		Treamed Fability #	Fully of Foult	(Tellia successful es Transfuss.	
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BUC (009 HO1-88 ...

AGCIDENT STAT	EMENT 1405 BRADE
2 2 200	2-1
ACCIDENT DATE: 103/03/2016 (OD/MMA	D 750
LOCATION: Along Ton Payon	KIJE
	- V V
1. DETAILS OF VEHICLE	86 Y
alvehicle NUMBER!	IC Income
DINSURANCE COMPANY: 095 7518	15
DIPOLICY NUMBER: TOTE THE	PARTY / THIRD PARTY FIRE &THEFT
Waller (San College / MPV /V AN / I	ORRY / MOTORCYCLE, OTHERS
DIVEHICLE CATEGORY: [PRIVALE / COM	rekolner moromers
HIPURPOSE OF USING AT ACCIDENT TIME	Walls Alice IVES/NOV
I) ARE YOU CLAIMING UNDER YOUR OWN	(INSURANCE (TESTING)
IF NO, PLEASE STATE (THIRD PARTY CLA	
2. INSURED / POLICY HOLDER RENTHL	PTE LTO [MALE / FEMALE]
CLADDRESS: 31 WEST COAST	HIGH WAY 01/31
N	IOV HOLDER
· CONTINUE TO 3, d IF DRIVER ALSO POL	C) HOLOCK
\$ HO of parronger DRIVER LEW! TIM	LOONG (MALE / FEMALE) D
(Including driver) DINRIC/FIN/PASSPORT: 5/8226	86-C CONTACT: 8 2001 87
(1) GIADORESSI BIK III LOLONG	1 Tog Payola
#07-304	SINGAPORE 3/0/1
Vertica A Lie Car Barrier	
PASS - THE	6/12/2002
A STATE AND EMPLOYED OF THE	INSURED'S COMPANY? KES NO
THE DIGV	ER WITH INSUREDI
E SIMEATHER CONDITIONING CLEAR / NO	14110 / 071111111
DIROAD SURFACE (DBY / WET / OTHE	
	MATION ANO MO KIO SOUTH NPC
IF YES, PLEASE STATE WHICH TO THE	STATIONI TIVO
A THIRD PARTY VEHICLE	MODELI
4 HO of passenger O) VEHICLE NUMBER!	
(Induding driver) b) DRIVER'S NAME:	CONTACT!
O THEOTIME	y 2.90 y
9, THIRD, PARTY VEHICLE	MODEL!
4 NO OF PREPARET B) DRIVER'S NAMEL	CONTACTIL
(Including driver) 1) NRIC, SIN/PASSPORT!	and an and F erential Was terrety?
()	40 W N N

email: elsonrong@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1822686C



LEW YIN LOONG

Date of birth 22-11-1967 Country/Place of birth SINGAPORE

CHINESE







5257787



30-12-2013

APT BLK 111 LORONG 1 TOA PAYOH #07-364 SINGAPORE 310111 NRIC No: 518226880

Date: 05/06/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWIL & CLASSIES)

PASS DATE 29 Nov 1986

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP HESA



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: 5092751815 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Charge Number

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SKJ986Y

- 06 lan 2018

: 05 Jan 2019

: KMHDU41BR9U782562

: DOSH CAR RENTAL PTE LTD

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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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

: HOBBES INSURANCE AGENCY (00000572363)

Date of Issue

: 18 Jul 2017 10:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive