

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	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

DETAILS 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
Mobile Number	(LOCAL) +65-91510151
Fax Number	
Contact Number	OTHERS-82001822
Email Address	ELSONRONG@GMAIL.COM

Address	BLK 111 LORONG 1 TOA PAYOH #07-364
Postcode	310111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
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

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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: *Resdi WATAS*
NRIC/FIN No.:

SKETCH PLAN

Photos Attached →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180303/2027

DECLARATION

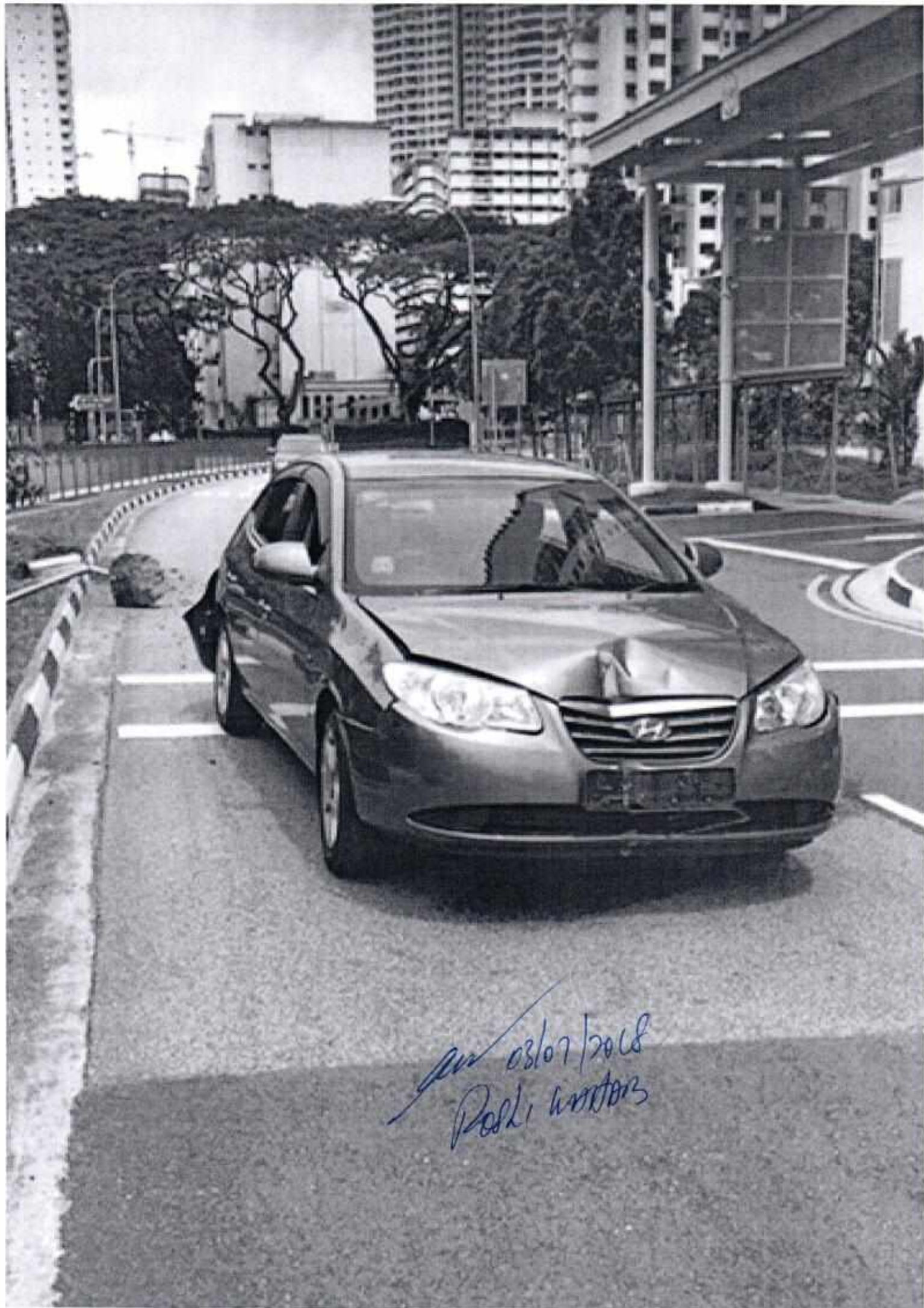
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



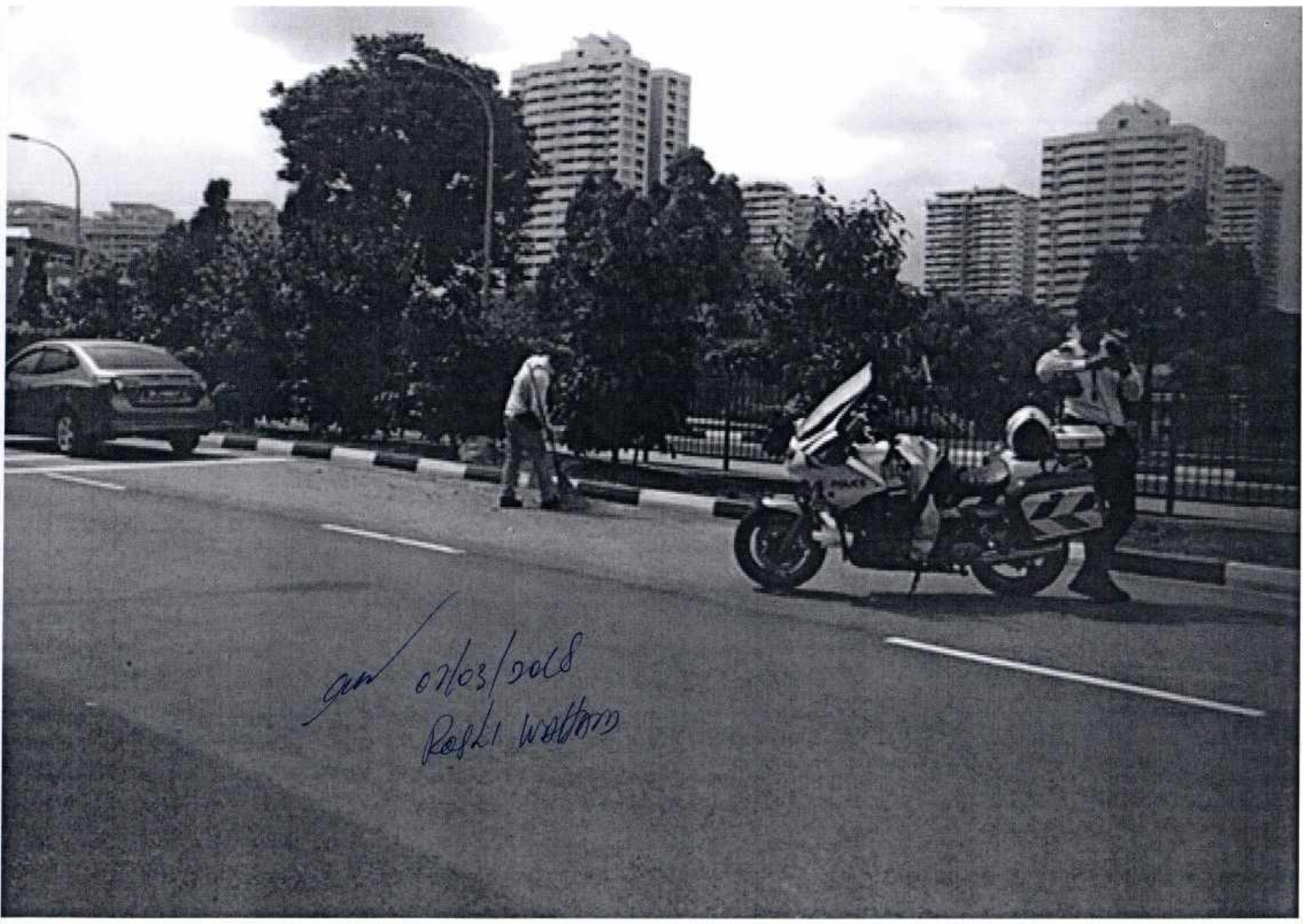
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

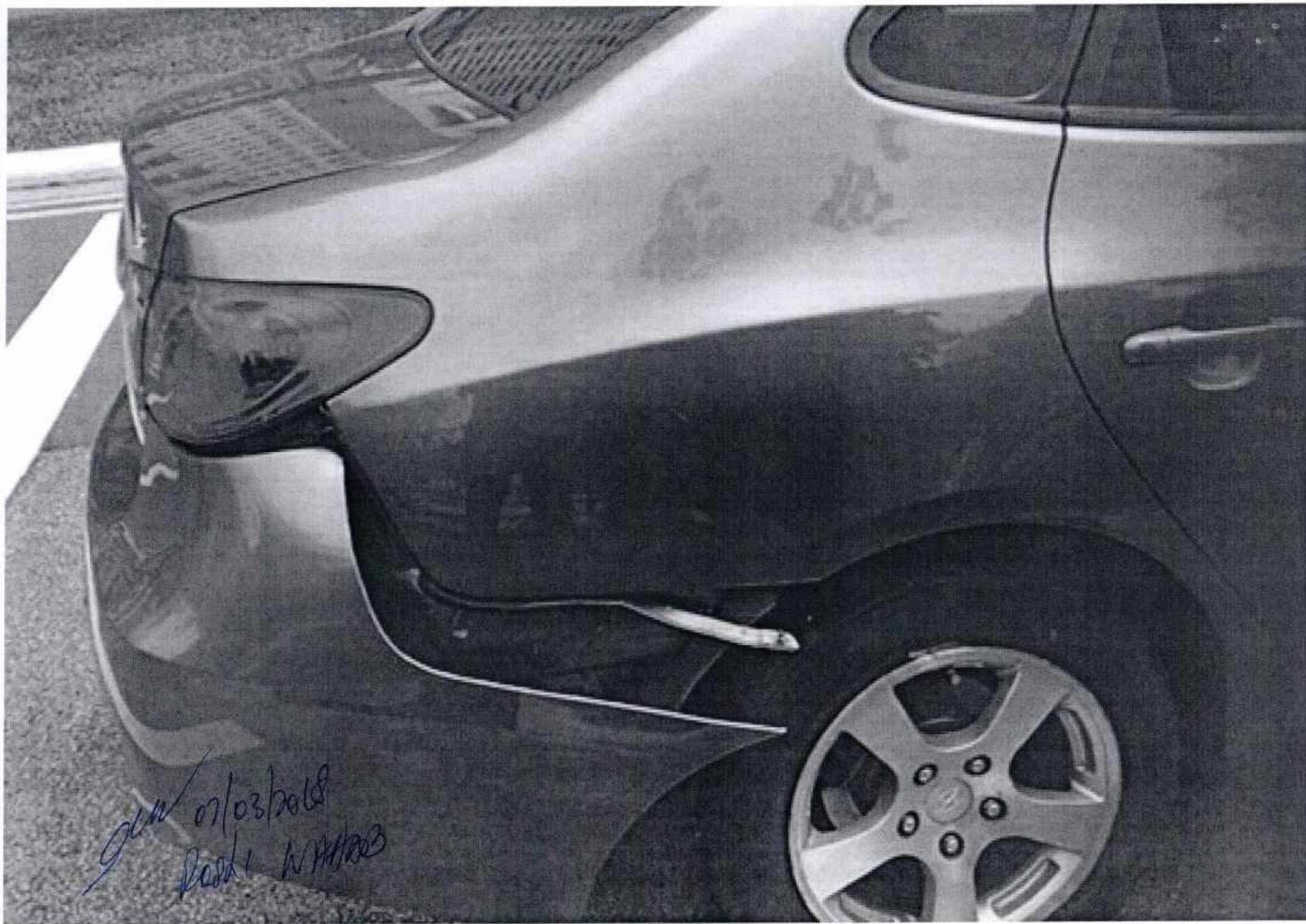


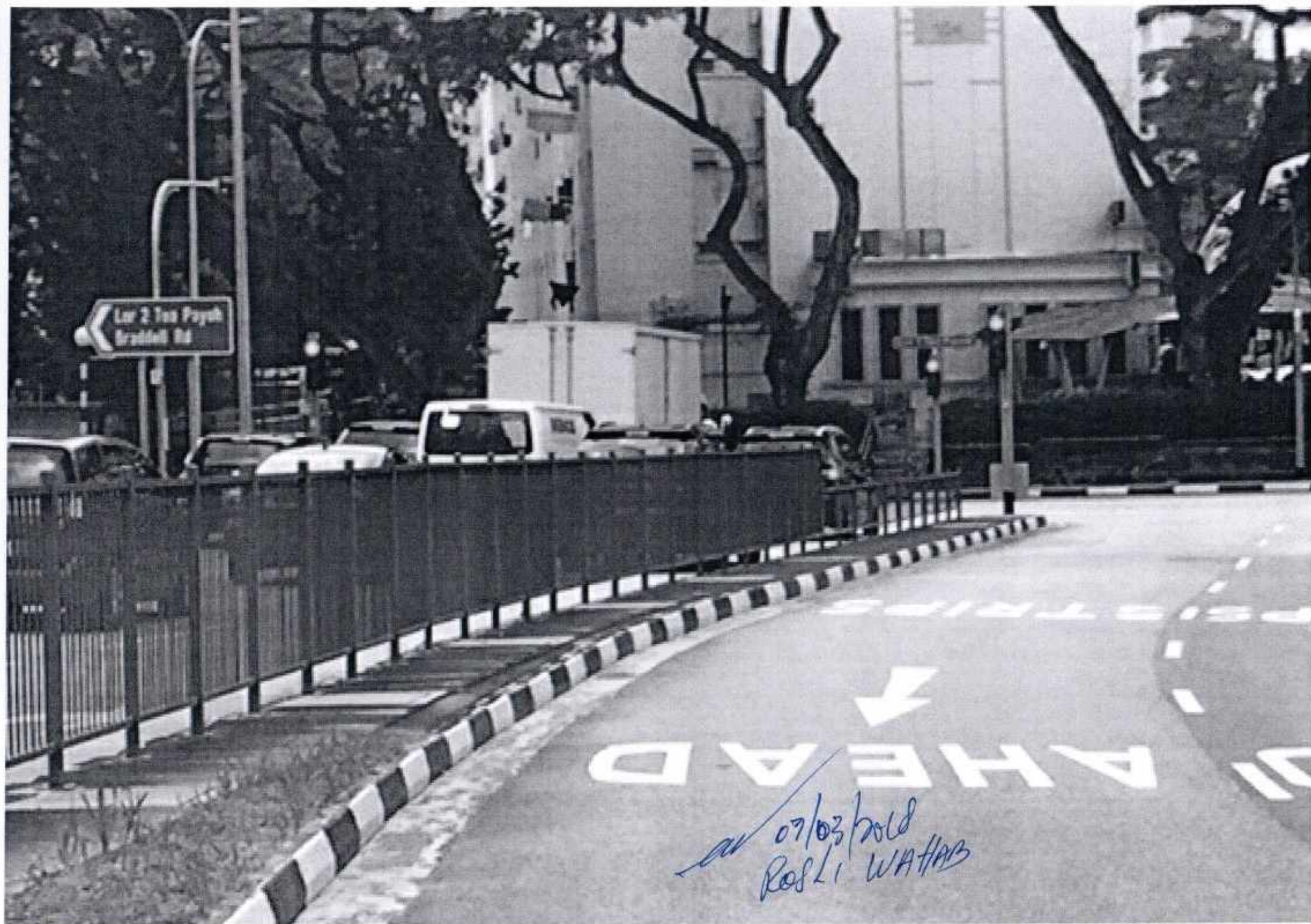
07/03/2018
Rashid W. W. W.





07/03/2018
Rishi Wadhwa







SINGAPORE POLICE FORCE

T/20180303/2027

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20180303/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 10:47	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: LEW YIN LOONG			Address: APT BLK 111 LORONG 1 TOA PAYOH #07-364 SINGAPORE 310111		
ID Type / ID No.: NRIC NO / S1822686C			Contact No.: Home/Office: Mobile: 82001822		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 22/11/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BUSINESS DEVELOPMENT EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2018 14:05	Type of Location: Straight Road
Location: Along Road 1 TOA PAYOH RISE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: MOVING VEHICLE AGAINST SIGNAGE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKJ986Y	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180303/2027

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180303/2027

CONTINUATION OF REPORT

Driver			
Name	LEW YIN LOONG	ID No.	S1822686C
Related Vehicle	SKJ986Y (Car)	Contact No.	82001822
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of 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.



**SINGAPORE
POLICE FORCE**



T/20180303/2027

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

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

Signature Of Informant:

Date/Time:

03/03/2018 10:47

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

The premium on this policy has not been collected.

Accident MT/0985080

Policy No.	5092751815	Vehicle No.	SKJ986Y	GST Registration No.	
Policyholder Name	DOSH CAR RENTAL PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91510151	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	No

Accident Details

Report Date	07/03/2018 12:40	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pro
Date of Accident	03/03/2018	Time of Accident hh:mm	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TOA PAYOH RISE				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed 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	Yes
Modification History			

Policyholder Mailing Address

Address 1	31 #01-31 WEST COAST HIGHV	Address 2	SINGAPORE 117964	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-31	Related Policy Number	5092751815		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LEW YIN LOONG	Driver NRIC	S1822686C	Driving Experience	
Register Date of Driver Licence	29/11/1986	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1	BLK 111 #07-364SKJ986Y	Address 2	LORONG 1 TOA PAYOH	Address 3	
Address 4	SINGAPORE 310111	Address Type	Foreign address	Post Code	
Unit No.	07-364				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKJ986Y	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	DOSH CAR RENTAL PTE LTD	Insured NRIC	
Contact No.(Mobile)	84588855	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKJ986Y	TP Vehicle Number	
Claim Description	SKJ986Y / - ON 3 Mar 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	07/03/2018 12:59	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Registrar			

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0985080	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2018 13:00
Path *		Category *	Confidential Urgency

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	100	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	100	Normal
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<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	100	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:00	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:59	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:55	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:55	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:54	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:53	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Mar 2018 12:53	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	

BLK 1009 H01-88

ACCIDENT STATEMENT

ACCIDENT DATE: 03/03/2018 (DD/MM/YYYY), TIME: 1405 (HH:MM)

LOCATION: Along Toa Payoh Rise

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ986Y
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5092751815
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HYUNDAI AVANTE
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: DOSH CAR RENTAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201618369M CONTACT: 91510151
c) ADDRESS: 31 WEST COAST HIGHWAY 01/31

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(Including driver)
(1)

- DRIVER
a) NAME: LEW YIN LOONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1822686-C CONTACT: 82001822
c) ADDRESS: BLK 111, Lorong 1 Toa Payoh
#07-364, Singapore 310111

d) DATE OF BIRTH: 22/11/1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 16/12/2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental

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) YES

IF YES, PLEASE STATE WHICH POLICE STATION: Ang Mo Kio South NPC

8. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)
()

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

email = elisonrong@gmail.com

fax =

✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1822686C



Name

LEW YIN LOONG

劉雲龍

Race

CHINESE

Date of birth

22-11-1967

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1822686C

Name

LEW YIN LOONG

Birth Date: 22 Nov 1967

Valid Until: 16 Dec 2002



5257787



NRIC No. S1822686C



Date of issue

30-12-2013

APT BLK 111 LORONG 1 TOA PAYOH #07-364
SINGAPORE 310111

NRIC No. S1822686C

Date: 05/06/2015

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

Class 3

Motor Cars and Motor Tractors the weight of which (inladen) does not exceed 2500 kilograms

PASS DATE

29 Nov 1999



NP 428A

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 : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKJ986Y**
Chassis Number : **KMH DU41BR9U782562**
2. Name of Policyholder : **DOSH CAR RENTAL PTE LTD**
3. Effective Date of Insurance : **06 Jan 2018**
4. Expiry Date of Insurance : **05 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	: 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 : HOBBS 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