

NATIONAL Assessment Centre Services (NACSS) (001 1 800 000)

MAH40040395

Date In: 26/03/2018 11:43	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/80055421	QAS calling		
Veh No: SKG 457 G	E-mail (with file, AIC only)		
P.O.A: 24/03/2018 13:35	Motor Claim Form	mtl0987584	26/03/2018 11:58
OD (TP) Reporting Only	Motor W/O (within 30 days, TP only)		
	Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Whse/INC Assign Whse/OW:	Tel:	Fax:
TP Particulars: Yeh No: SHB 8594	INC () / Non-INC ()	
Owner/Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: B/L Stan: (WO): N: 0-20%, P: 21-79%, P: 80-100%)	
Year of Registration:	Warranty: YES () / NO ()	
Excess (\$):	Loading: \$1,000 () / \$2,000 ()	
General Remarks:		
() Walk-In Customer: Customer's information strictly confidential & strictly NO refer of repeller.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()		

Removals: (NBA/INC 5788 001)	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check/Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury:	
Date/Time	Action

NA1801913	Invoice Preparation/Checklist	Value	Remarks
Human Inquiry:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Police No:	3) TP: Towing Fee	\$10/\$15	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Recovery)	\$10	
	Total time against INC Date (week 10 Jan 2018)		
	6) TR: Re-inspection	\$15	
	7) NI: 140 DA + SMRT Survey	\$180	
	8) NTUC Additional Service		
	9) NI: Courtesy Car / Tel Allowance	\$3	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DV / Collect Unacc Coordination	\$1	
	13) NI: 111 / TP (Non INC) against INC	\$10	
	14) NI: 111 Mobile	\$10	
	Invoice total		
	Net Charged		
	Net 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	26/03/2018 11:43
Date Of Accident	24/03/2018 13:55
Exact Location Of Accident	LOWER DELTA ROAD NEAR JLN BUKIT HO SWEE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG454G
Insured/Policyholder	
Name Of Registered Owner	TAN ENG SENG
NRIC No	S7838385B
Email Address	WAT12@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97637936
Alternative Phone No	OTHERS-97637936

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080258274-01
Cover Note Number	

Driver

Name of Driver	TAN ENG SENG
NRIC No	S7838385B
Date Of Birth	12/12/1978
Occupation	INDOOR
Date Of Driving Pass	15/08/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97637936
Fax Number	
Contact Number	OTHERS-97637936
Email Address	WAT12@YAHOO.COM

Address:	985 BUKIT TIMAH ROAD #02-02
Postcode	589627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

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 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8599G
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SARIKON BIN RAKIMIN
NRIC/Passport Number	S0984249G
Contact Number	93928266
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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: 26 MAR 15
1030 AM

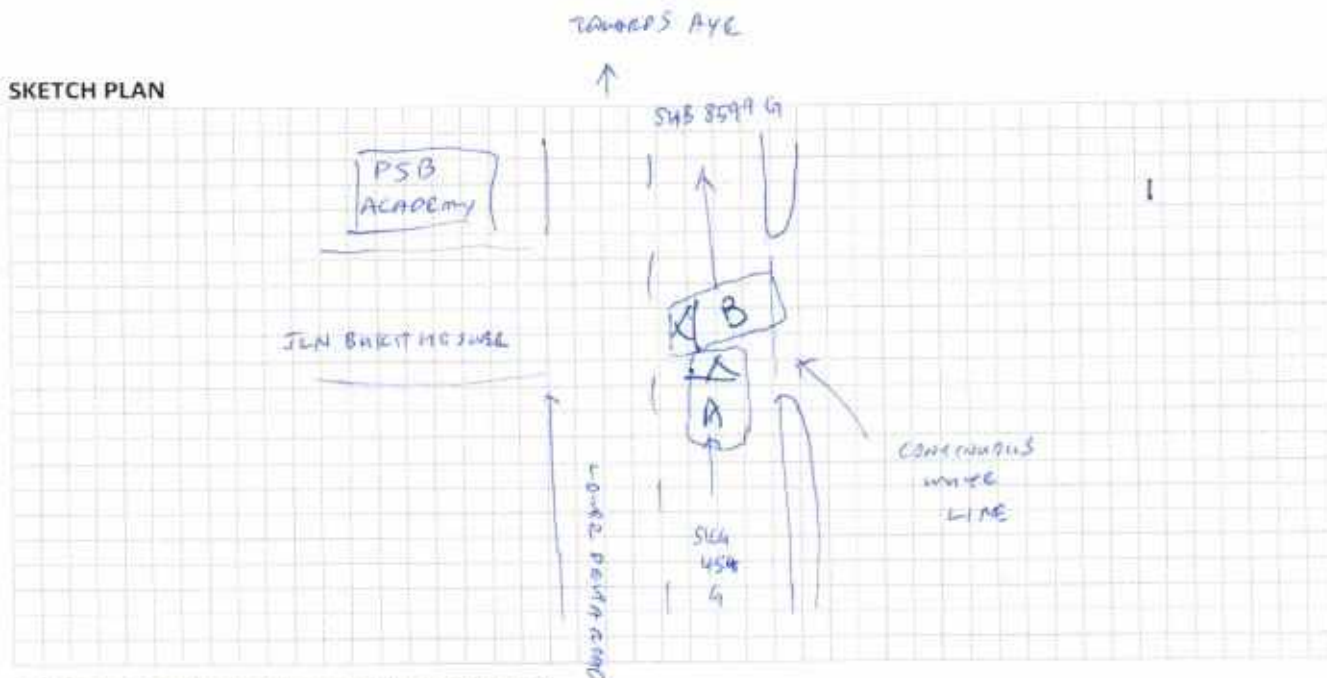
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Reshmi Watab
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24 MARCH 2018 AT AROUND 1350HRS, I WAS TRAVELLING ALONG LOWER DELTA ROAD TOWARDS AYE WHEN SUDDENLY A SILVER CAB (SHB 8599 G) TURNED OUT FROM MY RIGHT FROM THE OPPOSITE SIDE OF THE ROAD. I WAS TRAVELLING ON THE RIGHT LANE OF TWO LANES AT THAT TIME AND THE WEATHER WAS RAINING. MY HEADLAMPS WERE SWITCHED ON AT THE TIME. THIS HAPPENED AT THE JUNCTION OF SLH BUKIT HOSUE. AS THE SILVER CAB'S MOVEMENT WAS TOO SUDDEN AND TOO NEAR MY VEHICLE, I COULD NOT REACT IN TIME AND AS A RESULT THERE WAS ^{A COLLISION} ~~AN IMPACT~~ BETWEEN MY VEHICLE AND THE SILVER CAB. AFTER THE COLLISION, BOTH VEHICLES STOPPED ON THE LEFT OF JEN BUKIT HOSUE ROAD AND WE EXCHANGED PARTICULARS. THE DRIVER OF SHB 8599 G REPEATEDLY APOLOGIZED TO ME AND I PROCEEDED TO INFORM MY INSURANCE COMPANY.

OTHER OBSERVATIONS I MADE AFTER THE INCIDENT WAS THAT THERE WAS A CONTINUOUS WHITE LINE FROM WHERE THE SILVER CAB TURNED OUT AND I BELIEVE THE DRIVER OF THE SILVER CAB DID NOT STOP BEFORE PROCEEDING.

DECLARATION

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

Policyholder's Signature
 Date & Time: 26 MAR 2018
 1030 AM

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

Reporting Centre Personnel's Signature
 Name: 26/03/2018
 NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/0987584

Policy No.	5080258274-01	Vehicle No.	SKG454G	GST Registration No.	
Policyholder Name	TAN ENG SENG			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No. (Mobile)	97637936	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	26/03/2018 11:54	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/03/2018	Time of Accident h:mm	11:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER DELTA ROAD NEAR JLN BUKIT HO SWEE				

Benefits

Coverage	Sum Insured				
Excess Waiver	999999999.99				

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	985 BUKIT TIMAH ROAD	Address 2	#02-02 MAPLE WOODS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-02	Related Policy Number	5097572430		

OT Driver Info

Driver Name	TAN ENG SENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	578383658	Driver DOB	
Register Date of Driver License	01/01/2002	Driver Age	39	Driving Experience	
Contact No. (Mobile)	97637936	Contact No. (Office)		Contact No. (Home)	
Address 1	985 BUKIT TIMAH ROAD	Address 2	#02-02 MAPLE WOODS	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-02				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKG454G	Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN ENG SENG	Insured NRIC	
Contact No. (Mobile)	97637936	Contact No. (Home)	97637936	Contact No. (Office)	
Email Address		OT Vehicle Number	SKG454G	TP Vehicle Number	
Claim Description	SKG454G / SH8599G On 24-Mar-2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	26/03/2018 11:57	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0987584	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 11:58

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

Browse...

Clear

Please Select

Browse...

Clear

Please Select

Browse...

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Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 11:58	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 11:58	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 11:58	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 11:57	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Mar 2018 11:57	Photos	Normal	Photo

Video List

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

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24/03/2018 (DD/MM/YYYY), TIME: 13:53 (HH:MM)

LOCATION: LOWER DELTA ROAD NEAR JLN BUKIT HO SWEE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 454.9
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5080258274-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL / PRIVATE USE
 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: TAN ENL SEMA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7838358 CONTACT: 97617926
 c) ADDRESS: 955 BUKIT TIMAH RD #02-02 SLS99637

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 12/12/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
DATE OF DRIVING PASS: 15 Aug 1997

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

7. a) REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SHB 8599G MODEL: KIA
 b) DRIVER'S NAME: SARIKON BIN RAKIMIN
 c) NRIC/FIN/PASSPORT: 50984249G CONTACT: 93928266

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email: wat12@yahoo.com

fax: _____

Video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7838385B



Name

TAN ENG SENG

陈永胜

Race

CHINESE

Date of birth

12-12-1978

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7838385B

Name

TAN ENG SENG

Birth Date 12 Dec 1978

Issue Date 28 Jun 2003



4323210

NRIC No. S7838385B



Date of issue

12-12-2008

985 BUKIT TIMAH ROAD #02-02
SINGAPORE 589627

NRIC No: S7838385B

Date: 23/12/2014

SINGAPORE ID CARD

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 3 Motor cars <= 1000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

03 Nov 2015

03 Jun 2018

15 Aug 1997

S7838385B

S / No. 9000312130

NF 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: 5080258274-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKG454G**
 Chassis Number : **ZSU600029499**
2. Name of Policyholder : **TAN ENG SENG**
3. Effective Date of Insurance : **21 May 2017**
4. Expiry Date of Insurance : **20 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
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	: YES
PRIMARY DRIVER	: TAN ENG SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
 Date of Issue : 02 May 2017 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive