

NATIONAL Assessment Centre Services

(Unit 1/1000)

MAH0808823

Date In: 12/04/2018 16:22
Ref No: NBSMA0062887
Veh No: SJY 3699P
D.O.A: 12/04/2018 09:15
OO: TP / Reasoning Only

Job description

Date & Time Completed

Date by

SAS e-filing

E-mail (within 24hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor V/O (within 24hrs, 24hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Veh

MAH080157

12/04/2018
17:03

TP Insure:

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars

Veh No: SEE 8162P

INC () / Non-INC ()

Tell

Fax

Owner / Driver (

Policy No (

Period (

Tell

Cover Type (

Confirmed by (

Date

Time

Insured/Driver Liability (

% (Note: BSL Stand (WO): NI 0-20%, PI 21-79%, PI 30-100M)

Year of Registration (

Warranty: YES () / NO ()

Excess (S

Loading: \$1,000 () / \$2,000 ()

General Remarks

() Work-In Progress: 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 (

Remarks: (NBSMA0062887) (SEE 8162P)

ONLY THE COMPANY'S

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury (

Date/Time/Location

Invoice Breakdown/Charges

1) AR Accident Reporting (350)

2) DA Damage Assessment (300) INC (450)

3) TP Towing Fee 250/350

4) FT Follow Through Survey 1100

5) FT Follow Through Survey (Recovery) 210

Forfeiture against INC Only (WSP 10 Jan 200)

6) TRB Re-inspection 410

7) NI 14VDA + SMRT Survey 2100

8) NTUC Additional Fee/Coil

9) NI Courtesy Car / Tel Allowance 11

10) NI Repair Coordination 210

11) NI Post Repair Inspection 210

12) NI DY / Collect Vehicle Coordination 11

13) NI (NI) TP (Non-INC) against INC 210

14) NI Incident Mobile 10

Invoice Total

Net Charge

Invoice Paid

Net Charge

Vehicle Particulars

Owner/Driver

Contact No:

Damaged Portion:

C. Checked by (Eng-In-Charge):

Will (S) Comments

L1

L2/3

MAH0808823

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	12/04/2018 16:22
Date Of Accident	12/04/2018 09:15
Exact Location Of Accident	WEST COAST ROAD TOWARDS WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3699P
Insured/Policyholder	
Name Of Registered Owner	AUTO ZOOM ENTERPRISE PTE LTD
Co Reg No	200805515H
Email Address	FRANCIS_NGIAM@LYCOS.COM
Mobile Phone No	(LOCAL) +65-81014919
Alternative Phone No	OFFICE-81014919
Vehicle Particulars	
Manufacturer	FORD
Model	MONDEO
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5063925203-04
Cover Note Number	
Driver	
Name of Driver	NGIAM HENG YONG
NRIC No	S1598829J
Date Of Birth	16/10/1963
Occupation	INDOOR
Date Of Driving Pass	31/03/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81014919
Fax Number	
Contact Number	OTHERS-81014919
E-Mail Address	FRANCIS_NGIAM@LYCOS.COM

Address	BLK 922 JURONG WEST STREET 92 #06-51
Postcode	640922
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JHQ9555 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	4
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180412/2034

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	SKE3162P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JHQ9555

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SFB996U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

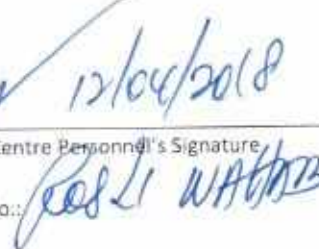
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

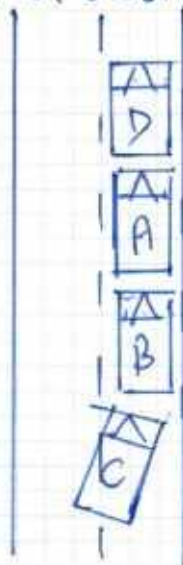
Policyholder's Signature
Date & Time: 

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/04/18
(402110)

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 90811 WATHB

SKETCH PLAN

Along West Coast Rd Towards West Coast Highway



- A) SJY 3699P
- B) SKE 3162P
- C) JHQ 955E
- D) SFB 996U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
7/201804/2/2034

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:

[Signature]

12/04/18
1400 HRS

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

[Signature] 12/04/2018
[Signature]



**SINGAPORE
POLICE FORCE**



T/20180412/2034

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20180412/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2018 11:09	Vide Report No.: D/20180412/0034	Station Diary No.: 66
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Informant's Particulars			
Name of Informant: NGIAM HENG YONG		Address: APT BLK 922 JURONG WEST STREET 92 #06-51 SINGAPORE 640922	
ID Type / ID No.: NRIC NO / S1598829J		Contact No.: Home/Office: Mobile: 81014919	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 16/10/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CAR SALES ASSISTANT		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: 12/04/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WEST COAST ROAD WEST COAST HIGHWAY Along West Coast Road towards West Coast Highway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JHQ9555	Pickup Van				Seriously Damaged	0
SFB996U	Car				Slightly Damaged	0
SJY3699P	Car	FORD	Mondeo	Black	Slightly Damaged	0
SKE3162P	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180412/2034

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20180412/2034

CONTINUATION OF REPORT

Brief Details.

On 12/04/2018 at 0915hrs. I was driving my black car model Ford Mondeo with registration number SJY3699P along West Coast Road. It was a two lane road and heading towards West Coast Highway. I was on the 1st lane and going straight. The traffic light has turned red and the vehicle in front of me with registration number SFB996U had stopped. I was the second car and came to a complete stop. The other vehicle behind me was a car with registration number SKE3162P had stopped too. There was a Malaysian car with registration number JHQ9555 did not manage to stop in time and hit onto the vehicle in front causing a chain collision.

There were damages on my vehicle. I do not have any in-vehicle camera in my car. However, the other vehicle has in-vehicle cameras. My rear right light plastic cover had come off and also damages to the bumper. My front bonnet is slightly damage and dented up.

I do not sustain any injuries. Traffic police had attended to the scene and advised to lodged a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20180412/2034

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20180412/2034

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:
D /
Sgt 3 NURAISHAH BINTE OSMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/04/2018 11:09

Classification Of Case:



SINGAPORE
POLICE FORCE

SH 37

SIGNATURE

Claim Handling

[Edit](#)

Accident MT/0090157

Policy No.	3063925203-04	Vehicle No.		GST Registration No.	
Policyholder Name	AUTO ZOOM ENTERPRISE PTE LTD			Policyholder NRIC	300605515H
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	5173W9P	Motor Trade Driver Name	NGIAM HENG YONG	Motor Trade Driver NRIC	51398529D
Contact No.(Mobile)	81014915	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KYC	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	70	Private Hire	No

▼ Accident Details

Report Date	12/04/2018 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/04/2018	Time of Accident (hh:mm)	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST ROAD TOWARDS WEST COAST HIGHWAY				

▼ Benefits

▼ Excess

Own Damage Excess	0.00	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	31 WEST COAST HIGHWAY	Address 2	LOT 18/18 WEST COAST CAK H.	Address 3	SINGAPORE 117964
Address 4		Address Type	Singapore address	Post Code	117964
Unit No.		Related Policy Number	5099776665		

▼ O1 Driver Info

Driver Name	NGIAM HENG YONG	Driver Type	Named Driver	Driver DOB	16/10/1963
Unnamed driver Name		Driver NRIC	51598529D	Driving Experience	37
Register Date of Driver License	31/03/1989	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	81014915	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?	Yes - No	Driver Vehicle No.	5173W9P	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 OD-MX

[New](#)

Claim Type *	OD-MX	Insured Name	AUTO ZOOM ENTERPRISE PTE L	Insured NRIC	300605515H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	81421000
Email Address		O1 Vehicle Number		TP Vehicle Number	54E5162P
Claim Description	5173W9P/ 54E5162P ON 12 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GTA report	Received
Date Registered	12/04/2018 16:52	Claim Close Date		Date Received	12/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

[Print AK letter](#)[Save](#) [Submit](#)

Attachment

Accident No.	MT/0090157	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	12/04/2018 17:03
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

[Send Message](#) [Upload](#)

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:03	SAS	Normal	SAS 2018-4-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-12		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 12 Apr 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-12		Edit

[illegible]

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 12/04/18 (DD/MM/YYYY), TIME: 09:15 (HH:MM)

LOCATION: WEST COAST ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDY 3699P
b) INSURANCE COMPANY: N7UC
c) POLICY NUMBER: 5063925203-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FORD MONDEO
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: AUTO 2024 ENT RTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NGIAM HENK 4045 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: J15988293 CONTACT: 81014919
c) ADDRESS: 922 #06-51 JURONG WEST. 5792
36X0922

*d) DATE OF BIRTH: 16/10/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 31/3/81

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: CCF 71

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKK 3162P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JHQ 9555 MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SFB 9964

Email = francis-ngiam@lycos.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1598829J
Name

NGIAM HENG YONG

Birth Date: 16 Oct 1963
Issue Date: 18 Feb 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1598829J



Name

NGIAM HENG YONG

严 兴 雄

Race

CHINESE

Date of birth

16-10-1963

Sex

M

Country/Place of birth

SINGAPORE



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

PASS DATE

Class 3

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

31 Mar 1981

NP 428A



Licence No: S1598829J

5184418



NRIC No. S1598829J



Date of Issue

21-06-2013

Address

APT BLK 922 JURONG WEST STREET 92
#06-51
SINGAPORE 640922

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 : 5063925203-04 Cover : Third Party

1. Index mark and Registration Number of Vehicle : N/A
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : AUTO ZOOM ENTERPRISE PTE LTD
3. Effective Date of Insurance : 10 Jan 2018
4. Expiry Date of Insurance : 09 Jan 2019
5. Persons or Classes of Persons entitled to drive*
Refer to List Attached
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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 6
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

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 : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 28 Dec 2017 17:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:




Authorised Officer



Chief Executive