

# NATIONAL Assessment Centre Services (01-2-111-999)

NAI8060163

Date Recd: 08/05/2018 18:01  
Ref No: NBARMC0084601  
Veh No: YL8550 S  
D.O.A: 08/05/2018 00:15  
OD / TP Reporting Only

Job description	Date & Time Completed	Done by
S&S calling		
E-mail (with photo, NCR form)		
1-Motor Claim Form	ML0993542-001	08/05/2018 18:34
1-Motor W/O (with photo, NCR form)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Rep/Handle Owner/Where		

TP Insured:

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars: Yell No: SKG 4117D INC ( ) / Non-INC ( )  
Owner / Drivers: Tell ( )  
Policy No: ( ) Period: ( ) Cover Type: ( )  
Confirmed by: ( ) Date: ( )  
Insured/Driver Liability: ( ) % (Note: B/L Stand (WO) NI 0-20% PI 21-79% PI 80-100%)  
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )  
( ) Work-in Progress: Customer's information strictly confidential & strictly NO refer of repeller.  
( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.  
Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( )  
1) Apply for Transition Allowance ( ) / Courtesy Car ( )  
2) QC Check / Post Repair Inspection ( )  
3) Upload Survey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Signature	Action

Union / Particulars	Invoice Preparation Checklist	Amount	Unit
Driver/Owner	1) AR: Accident Report (30)		
Policy No:	2) DA: Damage Assessment (100)	100	45
Assessed Part: ( )	3) TP: Towing Fee (100)	100	13
	4) FT: Follow Through Survey (100)	100	13
	5) FT: Follow Through Survey (Assessment) (100)	100	13
	6) TR: Accident Report (100)	100	13
	7) NI: NI/DA & MTR Survey (100)	100	13
	8) NTUC Additional Fee (200)	200	13
	9) NI: NI/DA & MTR Survey (100)	100	13
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NAI802928

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## 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	08/05/2018 18:01
Date Of Accident	03/05/2018 00:15
Exact Location Of Accident	ALONG FOCH ROAD OUTSIDE FOOD COURT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL8550S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM LEE HENG INVESTMENT P/L
Co Reg No	198105690E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82641773
Alternative Phone No	OFFICE-82641773

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5062677842-04
Cover Note Number	

### Driver

Name of Driver	LIM WEE MENG
NRIC No	S6936686D
Date Of Birth	22/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82641773
Fax Number	
Contact Number	OTHERS-82641773
Email Address	NOEMAIL



Address	BLK 116 ANG MO KIO AVENUE 4 #08-429
Postcode	560116
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 PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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

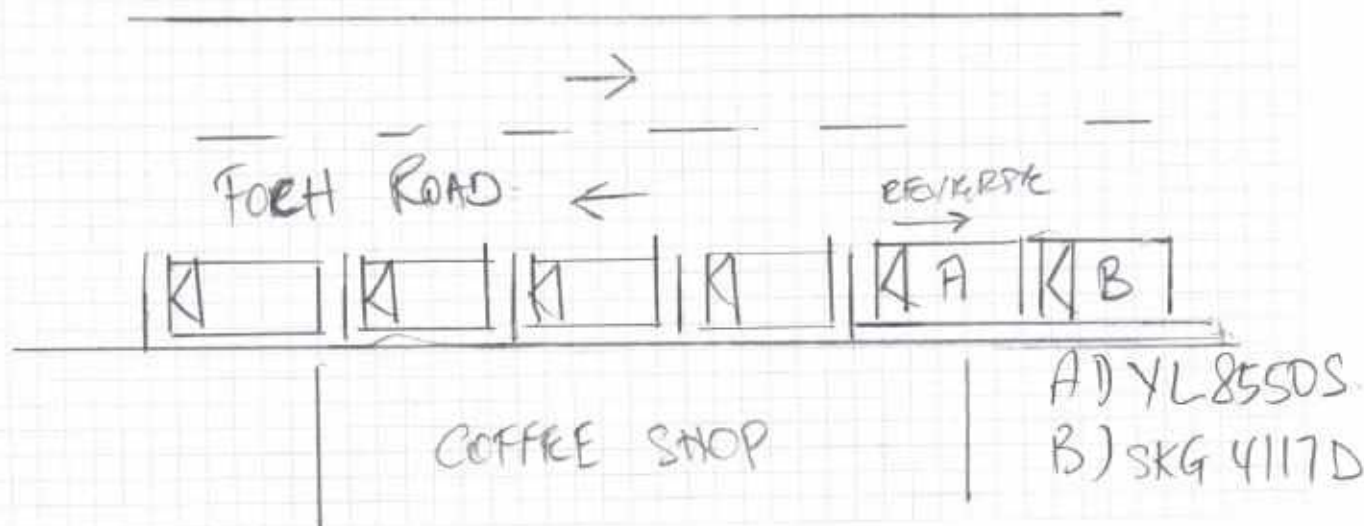
#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG4117D
Vehicle Make/Model/Colour	AUDI
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 03/05/2018 AT ABOUT 00:15HRS I WAS AT  
FOOT ROAD AND WANTED TO MOVE OUT FROM THE SIDE  
ROAD AFTER HAVING MY SUPPER WITH MY WIFE. SO  
I REVERSE MY LORRY YL855DS BUT I DID NOT NOTICE  
THERE WAS A BLACK AUDI SKG4117D WHO WAS PARK  
BEHIND ME: MY REAR LORRY HIT THE FRONT OF THE  
SAID CAR SKG4117D. THAT ALL ACTUALLY WE HAD  
AGREED TO PRIVATELY SETTLE BUT AFTER THE ACCIDENT  
I COULD NOT REACH THE OTHER PARTY. ON THE 05  
05/05/2018 HE CALL ME & SAID THE DAMAGE COST  
\$4000+. BUT NOW ON 08/05/2018 I MAKE A REPORT  
TO IDAC.

## DECLARATION

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

SIM LEE HENG INVESTMENT PTE LTD  
32, JALAN KILANG BARAT  
(OFF JALAN BUKIT MERAH)  
SINGAPORE 159384  
Policyholder's Signature  
Date & Time: 8270 0986

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

Reporting Centre Personnel's Signature  
Name: 08/05/2018  
NRIC/FIN No. 4117D



## 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.

LEE HENG INVESTMENTS PTE. LTD.  
32, JALAN KILANG BARAT  
(OFF JALAN BUKIT MERAH)  
SINGAPORE 159364

Policyholder's Signature: 5270 0986  
Date & Time:

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

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

## Claim Handling

Accident NT/0993542

Policy No.	5062677842-04	Vehicle No.	YLB550S	GST Registration No.	M200446674
Policyholder Name	SIN LEE HENG INVESTMENT P/L			Policyholder NRIC	198105690E
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	82641773	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
KPK	= No Yes	TCA	= No Yes	eCode Reason	
MCD Protection	No	WCO Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	08/05/2018 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	04/05/2018	Time of Accident hh:mm	00:15	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG POON ROAD OUTSIDE FOOD COURT				

## Benefits

## Excess

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

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M200446674	GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	17 JALAN KILANG BARAT	Address 2	KEMALUHAN HOUSE	Address 3	SINGAPORE 130364
Address 4		Address Type	Singapore address	Post Code	15364
Unit No.		Related Policy Number	5062677842-04		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	UM WEE HENG	Driver NRIC	58836600	Driver OOB	22/10/1989
Register Date of Driver License	05/10/2017	Driver Age	48	Driving Experience	0
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 116 #08-429	Address 2	ANG MO KIO AVENUE 4	Address 3	KEBUN BARU HEIGHTS
Address 4	SINGAPORE 560116	Address Type	Foreign address	Post Code	560116
Unit No.	08-429				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	YLB550S	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading	0 mg	Any Injury?	Yes = No
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## Modification History

Claim 001

Edit

Claim Type *	OO-MX	Insured Name	SIN LEE HENG INVESTMENT P/L	Insured NRIC	198105690E
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	82700960
Email Address		OT Vehicle Number	YLB550S	TP Vehicle Number	5894117D
Claim Description	YLB550S / BK04117D ON 4 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/05/2018 18:33	Claim Close Date		Date Received	08/05/2018 00:00
Report Taken By	MOSLI WAHAB				

Print Ack letter

Save Submit

## Attachment

Accident No.	NT/0993542	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	08/05/2018 18:34
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		
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 (B UKIT MERAH) on 08 May 2018 18:34	Photos	Normal	Photos 2018-5-8		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 08 May 2018 18:34	Photos	Normal	Photos 2018-5-8		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 08 May 2018 18:34	Photos	Normal	Photos 2018-5-8		<a href="#">Edit</a>

5/8/2018

## Claim Handling(accident reporting Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:34	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:34	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:34	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:33	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:33	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:33	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:33	Photos	Normal	Photos 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:33	SAS	Normal	SAS 2018-5-8	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 08 May 2018 18:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-8	<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



# ACCIDENT STATEMENT

ACCIDENT DATE: 03/05/2018 (DD/MM/YYYY), TIME: 00:15 (HH:MM)

LOCATION: No 27 H Along Foch Rd outside coffeshop

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL 8550 S  
 b) INSURANCE COMPANY: NJUC  
 c) POLICY NUMBER: 5062677842-04  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MITSUBISHI CANTEA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: Sim Lee HENG Investment P/L (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Lim Wee Meng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S69366861D CONTACT: 82641773  
 c) ADDRESS: B1K116 Ang Mo Kio Ave 4  
#08-429 (5601167)

\*d) DATE OF BIRTH: 22/10/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: Class 3

## 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: SKG14117D MODEL: Audi  
 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: \_\_\_\_\_

Email =

Fax = 62700986



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6936686D



Name  
LIM WEE MENG

林 伟 明

Race  
CHINESE

Date of birth  
22-10-1969 M

Country of birth  
SINGAPORE



S6936686D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Agency Number S6936686D

Name

LIM WEE MENG

Birth Date: 22 Oct 1969

Issue Date: 30 Dec 2016



002643698A



3742200

NRIC No. S6936686D



Date of issue  
16-07-2005

APT BLK 118 ANG MO KIO AVENUE 4 #08-429  
SINGAPORE 560116

NRIC No: S6936686D

Date: 10/09/2017

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

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractor/vehicles without clutch pedals $\leq$ 2500 kg	30 Dec 2016
Class 2	Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractor/vehicles $\leq$ 2500 kg	28 Oct 2017

S6936686D

S / No 9000302932

NP 428A



Licence No: S6936686D

## 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 : 5062677842-04

Cover : Third Party

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YL8550S                     |
| Chassis Number  | : FB511BA46753                |
| 2. Name of Policyholder   | : SIM LEE HENG INVESTMENT P/L |
| 3. Effective Date of Insurance  | : 23 Nov 2017                 |
| 4. Expiry Date of Insurance   | : 22 Nov 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.   |                               |
| (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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: 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 : PRO-LINK INSURANCE AGENCY (00000571869)  
Date of Issue : 31 Oct 2017 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive