

NATIONAL Assessment Centre Services

MNA18061805

Date In: 12/05/2018 10:59	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MNA18061805/1	E-mail (within 8hrs; AP: 2hrs):		
Veh No: SLK 1322P	i-Motor Claim Form: mte994049-001	12/05/2018	14:35
D.O.A: 11/05/2018 19:20	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		
OD: (P) Perpetring Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SGG 820E	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No. ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repairer.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towel-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MNA1803025

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- AR: Accident Reporting (\$30);
- DA: Damage Assessment (\$100); INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- FT: Follow-Through Survey (Resurvey) \$30
For claiming against INC Only (wef 10 Jan 2005)
- TR: Re-inspection \$75
- N1: Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
On*
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (N-n INC) against INC \$20
- N12: Idac Mobile \$30

Amt (\$) Amt (\$)
1st Bill Add Bill

Invoice dated Fee Charged
Invoice dated Fee 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	12/05/2018 10:59
Date Of Accident	11/05/2018 19:20
Exact Location Of Accident	ALONG NICOLL HIGHWAY TOWARDS MIDDLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1322P
Insured/Policyholder	
Name Of Registered Owner	FONG MUI TRADERS PTE LTD
Co Reg No	200508042Z
Email Address	PETERWONG7139@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90927159
Alternative Phone No	OFFICE-90927159

Vehicle Particulars

Manufacturer	MAZDA
Model	AXELA-1.5 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093532458
Cover Note Number	

Driver

Name of Driver	WONG WAI HONG
NRIC No	S7119231H
Date Of Birth	10/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1991
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90927159
Fax Number	
Contact Number	OTHERS-90927159
Email Address	PETERWONG7139@YAHOO.COM.SG

Address	BLK 898B WOODLANDS DRIVE 50 #08-230
Postcode	731898
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	COLLISION - HEAD TO REAR
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?	YES
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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/20180512/2012

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGG820E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO MICHELLE
NRIC/Passport Number	S7819590H
Contact Number	96320643
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name WONG WAI HONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLK1322P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

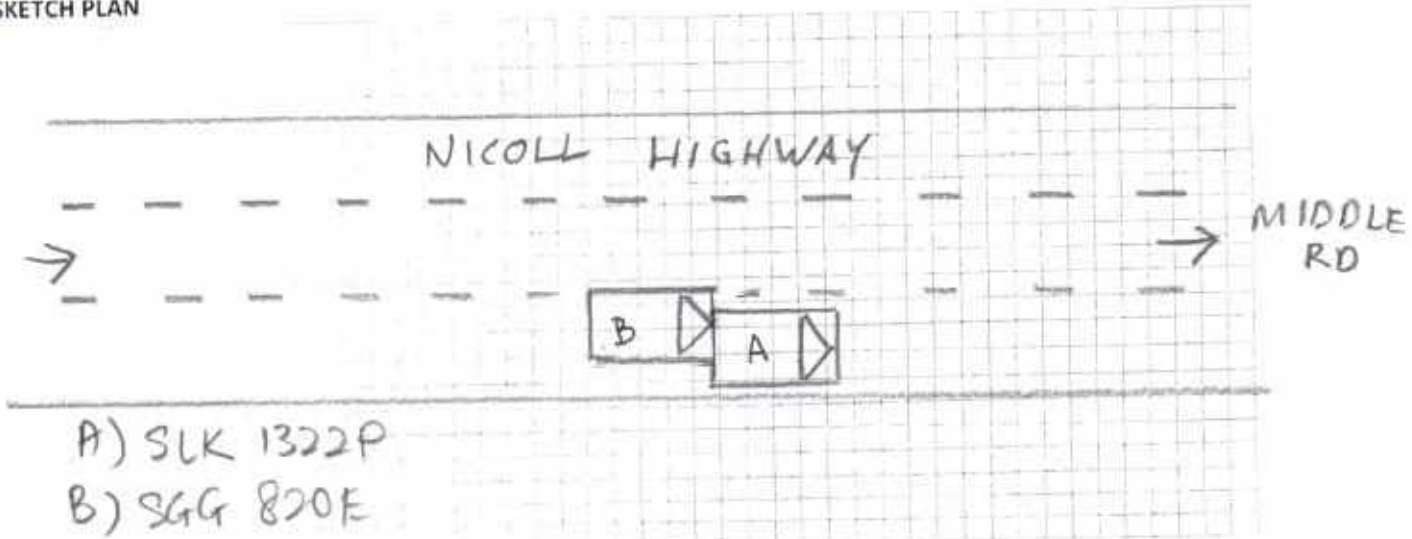


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/05/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180512/2012

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: 12/05/2018

[Signature]

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

12/05/2018
[Signature]
Kosli wathors



SINGAPORE POLICE FORCE



T/20180512/2012

1 of 3

Report No. T/20180512/2012

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 02:34	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: WONG WAI HONG			Address: APT BLK 898B WOODLANDS DRIVE 50 #08-230 SINGAPORE 731898		
ID Type / ID No.: NRIC NO / S7119231H			Contact No.: Home/Office: Mobile: 90927159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 10/05/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/05/2018 19:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 NICOLL HIGHWAY MIDDLE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG820E	Car				Slightly Damaged	0
SLK1322P	Car	MAZDA	AXELA	White	Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	WONG WAI HONG	ID No.	S7119231H
Related Vehicle	NIL	Contact No.	90927159
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	YEO MICHELLE	ID No.	S7819590H
Related Vehicle	NIL	Contact No.	96320643
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 11/05/2018, at around 1920hrs, I was in my vehicle SLK1322P the queue at Nicoll Highway turning right into Middle Road. All the vehicles in the queue were driving at a steady but slow speed. As all the vehicles in front of me came to stop, I braked gently. After coming to a stop, I suddenly felt an impact on the rear of my vehicle. As I got out of my vehicle to make a check, I discovered the rear left bumper of my car had suffered a slight dent and scratches. I then exchanged particulars with the other driver. No verbal dispute broke out. I have an in-car camera that is working.



**SINGAPORE
POLICE FORCE**



T/20180512/2012

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180512/2012

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:

J/

CLEVERENO DARINI SAM WEI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/05/2018 02:34

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/0994049

Policy No.	509352458	Vehicle No.	SLK1322P	GST Registration No.	2005080422
Policyholder Name	FONG HUI TRADERS PTE LTD			Policyholder NRIC	2005080422
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	90927159	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	12/05/2018 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/05/2018	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NICOLL HIGHWAY TOWARDS MIDDLE ROAD				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
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	Yes	GST Registration Date	10/04/2017		
GST Registration No.	2005080422	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	# TAGORE DRIVE	Address 2	#01-00 TECHNIQUES BUILDING	Address 3	SINGAPORE 767624
Address 4		Address Type	Singapore address	Post Code	767624
Unit No.	01-00	Related Policy Number	5097056253		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/05/1971
Unnamed driver Name	WONG WAI HONG	Driver NRIC	S7119231H	Driving Experience	16
Register Date of Driver License	07/08/1991	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	90927159	Contact No.(Office)		Address 3	SINGAPORE 731898
Address 1	BLK 858B #08-230	Address 2	WOODLANDS DRIVE 50	Post Code	731898
Address 4		Address Type	Foreign address		
Unit No.	08-230	Driver Vehicle No.	SLK1322P	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FONG HUI TRADERS PTE LTD	Insured NRIC	2005080422
Contact No.(Mobile)	96873881	Contact No.(Home)		Contact No.(Office)	65544137
Email Address		OT Vehicle Number	SLK1322P	TP Vehicle Number	SGG820E
Claim Description	SLK1322P / SGG820E ON 11 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/05/2018 11:24	Claim Close Date		Date Received	12/05/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AX letter

Save Submit

Attachment

Accident No.	MT/0994049	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/05/2018 14:35
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Descr
Choose File	No file chosen		

5/12/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 14:35	SAS	Normal	SAS 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 14:35	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 12 May 2018 11:23	Photos	Normal	Photos 2018-5-12

Video List

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7119231H



WONG WAI HONG
黃志雄
CHINESE
Date of Birth: 10-05-1971 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7119231H
Name: WONG WAI HONG
Birth Date: 10 May 1971
Issue Date: 02 Sep 2003

10007954708

2032



S7119231H



14-10-2000

APT 51K 8888 WOODLANDS DRIVE 50 #05-230
SINGAPORE 731888
NRIC No: S7119231H Date: 05/04/2015

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING

Class 3 Motor cars \leq 3500 kg with \leq 7 passengers, exclusive of the driver and motor tractors/vehicles \leq 2500 kg 07 Aug 1991
Class 4 Heavy motor cars and motor tractors $>$ 3500 kg 09 Jul 2010

S7119231H

5 / No. 9000117808

N° 4.2A

License No: S7119231H

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: 5093532458

Cover : drive PREMIUM

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLK1322P |
| Chassis Number | : BMSFP301648 |
| 2. Name of Policyholder | : FONG MUI TRADERS PTE LTD |
| 3. Effective Date of Insurance | : 05 Jan 2018 |
| 4. Expiry Date of Insurance | : 04 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	: YES
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	: SWEE SENG CREDIT PTE 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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
Date of Issue : 17 Aug 2017 09:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : MAA16866805 Vehicle Registration No. : SLK 1322P
Name (as shown in NRIC) : Wong Wei Hong NRIC/FIN/Passport No. : S7119231H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90927159
Email Address : _____
Date of Accident : 11/05/2018 Time of Accident : 19:20
Place of Accident : Anchorvale Highway Towards Middle Road
Insurance Company : RAC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS: PETERWONG7139 @ YAHOO . Com . SG

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul Nathan
NRIC/FIN No.:
Date: 12/05/2018