

# NATIONAL Assessment Centre Services (M1 & M20)

Date In: 10/05/2018 12:42  
 Ref No: N/A 458060909  
 Veli No: 458060909  
 DOA: 09/05/2018 16:00  
 OD / TP / Reporting Only  
 TP Insured:  
 Job Description: GAS drilling  
 Date & Time Completed: 14/05/2018 12:51  
 Done by: M11074158-001  
 E-mail (mobile text, A&S text)  
 Motor Claim Form  
 Motor V/O (Vehicle ID, Year, Make)  
 Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax/Hand to Owner/VKSP

Preferred Wksp / INQ Assign Wksp / OWI  
 TP Particulars: Yeli No: X034397  
 Owner/Driver:  
 Policy No:  
 Period:  
 Cover Type:  
 Insured/Driver Liability: (%) (Note: B/L Status (WO): N: 0-20%, P: 21-79%, P: 80-100%)  
 Year of Registration:  
 Excess (\$):  
 Loading: \$1,000 (\$2,000)

General Remarks:  
 ( ) Work-in-Question: Customer's information strictly Confidential & strictly NO later of repair.  
 ( ) Total Loss Case: to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) / Invoice: YES ( ) / NO ( ) / Towing Co:

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

Injury:  
 Date/Time:  
 Action:

N/A 803032  
 Vehicle Particulars:  
 Driver/Owner:  
 Policy No:  
 Assigned Portion:  
 Checked by (Ungi-In-Charge):  
 Comments:  
 L1:  
 Invoice Particulars:  
 1) AR: Accident Reporting (330)  
 2) DA: Damage Assessment (3100) INC (40)  
 3) TP: Towing Fee  
 4) PT: Follow Through Survey  
 5) FT: Follow Through Survey (Recovery)  
 6) TR: Trail Inspection  
 7) NI: NI & DA + SMRT Survey  
 8) NTUC: Additional Survey  
 9) NI: NI & DA + SMRT Survey  
 10) NTUC: Additional Survey  
 11) NI: NI & DA + SMRT Survey  
 12) NTUC: Additional Survey  
 13) NI: NI & DA + SMRT Survey  
 14) NTUC: Additional Survey  
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 98) NTUC: Additional Survey  
 99) NI: NI & DA + SMRT Survey  
 100) NTUC: Additional Survey



## 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	10/05/2018 12:42
Date Of Accident	09/05/2018 16:00
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE WEST/CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL4597J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH AIK HAI KEE
Co Reg No	38715100A
Email Address	ALEXQUEKBS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97721567
Alternative Phone No	OFFICE-97721567

### Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71LU5GY
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5044848432-07
Cover Note Number	

### Driver

Name of Driver	QUEK BAN SENG
NRIC No	S1761260C
Date Of Birth	27/06/1966
Occupation	INDOOR
Date Of Driving Pass	20/04/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97721567
Fax Number	
Contact Number	OTHERS-97721567
Email Address	ALEXQUEKBS@GMAIL.COM



Address	BLK 138 HILLVIEW AVENUE #07-07
Postcode	669599
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	SIDE SWIPE
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)	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

#### 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	XD3439T
Vehicle Make/Model/Colour	FUSO LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DURAIRAJ KRISHNASAMY
NRIC/Passport Number	033762305
Contact Number	83045211
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.

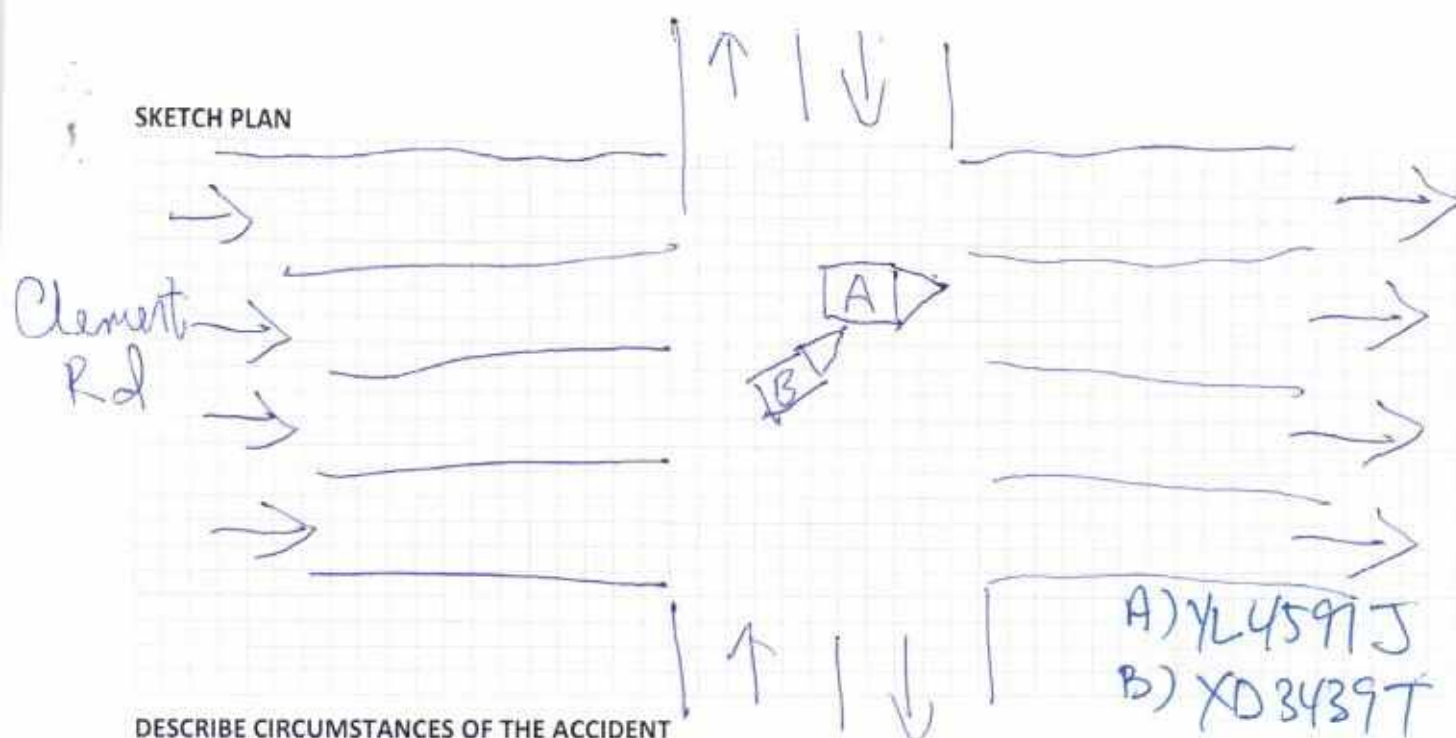
**POH AIK HAI KEE**  
Beer & Beverage Distributor  
B1K 23, Depot Lane  
#1-06 Cold Storage Warehouse  
Singapore 109753  
Tel: 6224 1629  
HP: 9727 3948 / 9772 1507

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

Reporting Centre Personnel's Signature  
Name: *Gold*  
NRIC/FIN No. *W1111111*



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at Clementi Rd at 2nd lane. The vehicle XD 3439T from 3rd lane hit my vehicle YL4597J. He was swifting from 3rd lane to 2nd lane. My vehicle was slightly scratched.

## DECLARATION

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

10/5/18  
10.40am

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

14/05/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Claim Handling

Accident MY/0994158

Exit

Policy No.	504484832-07	Vehicle No.	YL4007J	GST Registration No.	
Policyholder Name	POH AJK HAZ KEE			Policyholder NRIC	887151004
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97721567	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
WPC	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	NV	NCD Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	14/05/2018 12:44	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/05/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF COMMONWEALTH AVE WEST/CLEMENTS ROAD				

## Benefits

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	138 HILLVIEW AVENUE	Address 2	#07-07 HILLVIEW RESIDENCE	Address 3	SINGAPORE 669599
Address 4		Address Type	Singapore address	Post Code	669599
Unit No.		Related Policy Number	504484832-07		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/06/1965
Unnamed driver Name	QUEK BAN SENG	Driver NRIC	S1761260C	Driving Experience	33
Register Date of Driver License	20/04/1985	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	97721567	Contact No.(Office)		Address 3	SINGAPORE 669599
Address 1	138 HILLVIEW AVENUE	Address 2	#07-07 HILLVIEW RESIDENCE	Post Code	669599
Address 4		Address Type	Foreign Address		
Unit No.	07-07				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	YL4597J	Driver Insurer Company	NTUC

## Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	POH AJK HAZ KEE	Insured NRIC	887151004
Contact No.(Mobile)	90613277	Contact No.(Home)	N/A	Contact No.(Office)	82241629
Email Address		OT Vehicle Number	YL4597J	TP Vehicle Number	803439T
Claim Description	YL4597J / 803439T On 9 May 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	Received
Date Registered	14/05/2018 12:54	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/05/2018 00:00
Report Taken By	ROSALI WAHAB	Claim Close Date			

Print AK letter

Save Submit

## Attachment

Accident No.	MY/0994158	Claim No.	001
Last Doc. Received	* Yes = No	Updated Date	14/05/2018 12:55
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			

## Attachment List

Send Message Upload

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 14 May 2018 12:55	Photos	Normal	Photos 2018-5-14		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 14 May 2018 12:55	Photos	Normal	Photos 2018-5-14		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 14 May 2018 12:55	Photos	Normal	Photos 2018-5-14		Edit



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:55	Photos	Normal	Photos 2018-5-14	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:54	Photos	Normal	Photos 2018-5-14	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:54	Photos	Normal	Photos 2018-5-14	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:54	Photos	Normal	Photos 2018-5-14	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:54	Photos	Normal	Photos 2018-5-14	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:54	SAS	Normal	SAS 2018-5-14	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 12:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-14	<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: 9/5/2018 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: Junction of Commonwealth Ave West / Clementi Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL 4597J  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5044848432-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: ISUZU  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: POH AIK HAI KEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1761260C CONTACT: 97721587  
 c) ADDRESS: 138, #01-07, Hillview Ave, S 669599

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

### DRIVER

- a) NAME: Quinc Bon Sam (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

- a) VEHICLE NUMBER: XD 3439T MODEL: FUSO  
 b) DRIVER'S NAME: Durai Raj Krishnasamy  
 c) NRIC/FIN/PASSPORT: 033782305 CONTACT: 83045211

## 9. THIRD PARTY VEHICLE

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

Email = alexquekbs@gmail.com

Pax =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1761260C



QUEK BAN SENG  
郭万成  
Race  
CHINESE  
Date of Birth  
27-06-1966  
Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1761260C  
Name: QUEK BAN SENG  
Birth Date: 27 Jun 1966  
Issue Date: 11 Apr 2003




1845325



NRIC No. S1761260C

Blood Group: B+ Date of Issue: 31-03-1994

APT BLK 138 HILLVIEW AVENUE #07-07  
SINGAPORE 689509

NRIC No. S1761260C Date: 06-08-2006 No. 6433275

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 20 Apr 1986

NP 4284



License No. S1761260C



## 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 :** 5044848432-07

**Cover :** Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : YL4597J           |
| Chassis Number  | : JAANPR71L37101674 |
| 2. Name of Policyholder   | : POH AIK HAI KEE   |
| 3. Effective Date of Insurance  | : 28 Jul 2017       |
| 4. Expiry Date of Insurance   | : 27 Jul 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	: YES
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 : DIRECT SALES (00000609391)  
Date of Issue : 16 Jul 2017 14:09 hrs  
Reprint : 16 Jul 2017 14:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive