NATIONAL Assessment Centre Services. (NCP) N/NA/18/066042

	Job description	Date & Time Completed	Done by
Date In: 21/05/2018 15:52	SAS e-filing		
Ref No: NBA/FNC/1800915474	E-mail (vehicle info, AIC/TP)		
Veh No: SLU9012D	I-Motor Claim Form	MT/C0995226001	21/05/2018 16:51
D.O.A.: 20/05/2018 17:45	I-Motor W/O (vehicle OD only, TP their)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SLU 9003Y , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note:Bsl. Status (WO): N: 0-20%; P: 21-79%; F: 30-100%)

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 ( ) / Towed-in ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks: Hotline: 6788 0016	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	Action

NA1803217

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Final Comments:

Invoice Preparation Checklist		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC (40)	
3) TF : Towing Fee		
4) FT : Follow-Through Survey		
5) FT : Follow-Through Survey (Resurvey)		
For claim... (w.e.f 10 Jan 200)		
6) TR : Auth...		
7) NI : (Le DA + SMRT Survey		
8) NTUC Additional Survey Fee		
OR		
NI: Courtesy Car / Tpt Allowance		
NI: Repair Coordination		
NI: Post Repair Inspection		
NI: DV / Collect Vehicle Coordination		
TP (NI): TP (Non INC) ... INC		
9) NI : ...	10	
Invoice Amt	Not 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 witholding 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	21/05/2018 15:52
Date Of Accident	20/05/2018 17:45
Exact Location Of Accident	SLIP RD OF BT TIMAH 7 MILE FLYOVER TO UPP BT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9012D
Insured/Policyholder	
Name Of Registered Owner	HONG SAN HONG WEI PTE LTD
Co Reg No	199503987Z
Email Address	CINYIT2982@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83321870
Alternative Phone No	OFFICE-83321870
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
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	5096895649
Cover Note Number	
Driver	
Name of Driver	LIM CIN YIT
Passport No/FIN	G8253470P
Date Of Birth	08/04/1985
Occupation	INDOOR
Date Of Driving Pass	17/08/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83321870
Fax Number	
Contact Number	OTHERS-83321870
EMail Address	CINYIT2982@GMAIL.COM

Address	BLK 378 CLEMENTI AVENUE 5 #04-342
Postcode	120378
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - REPLACEMENT CAR
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	AFTER RAIN
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9300Y
Vehicle Make/Model/Colour	FERRARI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE BOON HUAT
NRIC/Passport Number	S1245441D
Contact Number	97593618
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.
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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:

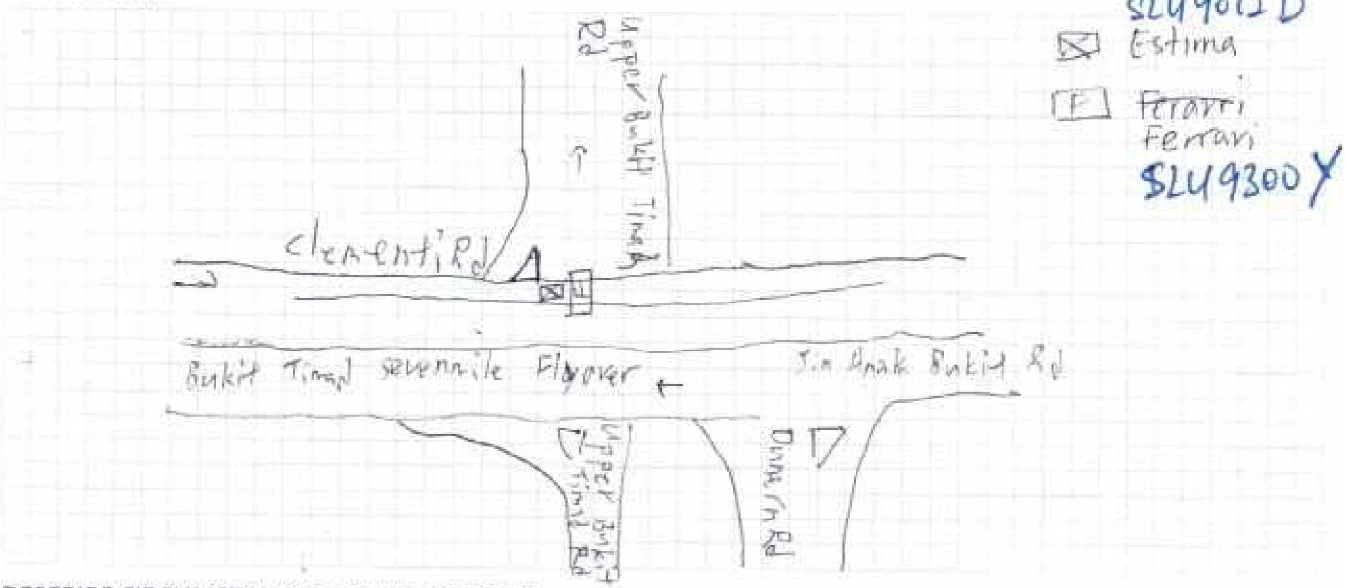
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

紅山鴻偉私人有限公司
HONG SAN HONG WEI PTE LTD
1002 BUKIT MERAH LANE 3 #01-85
SINGAPORE 159719
H/P: 91091660 H/P: 98316183

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 21-5-18 10.50 am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20 May 2018 about 1745, I was travelling along Clementi Road and took the slip ~~road~~ road at Jalan Anak Bukit Road toward PIE.

When I came to the junction, I ~~sa~~ thought I saw the green light and have the right of way. When I proceed after the stop line, I hit a ferrari driving from Upper Bukit Timah Road.

The road condition was slippery and wet

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:

21-5-18 1050am

21/05/2018

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

Claim Handling

Exit

Accident MT/0995226

Policy No.	5098885649	Vehicle No.	SLU9012D	GST Registration No.	
Policyholder Name	HONG SAN HONG WEI PTE LTD			Policyholder NRIC	199502987Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83321870	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCR	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	21/05/2018 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	20/05/2018	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD OF BT TIMAH 7 MILE FLYOVER TO UPP BT TIMAH				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 1002 #01-85	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-85	Related Policy Number	5098341402-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM CIN YIT	Driver NRIC	G8233470P	Driver DOB	08/04/1985
Register Date of Driver License	17/08/2009	Driver Age	33	Driving Experience	8
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 376 #04-342	Address 2	CLEMENTI AVENUE 5	Address 3	SINGAPORE 120376
Address 4		Address Type	Foreign address	Post Code	120376
Unit No.	04-342				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLU9012D	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HONG SAN HONG WEI PTE LTD	Insured NRIC	199502987Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle number	SLU9012D	TP Vehicle Number	SLU9300Y
Claim Description	SLU9012D / SLU9300Y ON 20 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2018 16:29	Claim Close Date		Date Received	21/06/2018 00:00
Report Taken By	RIDSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0995226	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/05/2018 16:31

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

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 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:31	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	SAS	Normal	SAS 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-21	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE:(20 / 05 / 2018)(DD/MM/YYYY), TIME:(17 : 45)(HH:MM)

LOCATION: Slip Road of Bukit Timah Seven Mile Flyover 2 Upp. Bukit Timah Rd

1. DETAILS OF VEHICLE
   a)VEHICLE NUMBER: SLU9012D
   b)INSURANCE COMPANY: Income
   c)POLICY NUMBER: 5096895649
   d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e)MAKE & MODEL: TOYOTA ESTIMA
   f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
   g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
   h)PURPOSE OF USING AT ACCIDENT TIME: Leisure
   i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

(1)
NUMBER OF PASSANGER INCLUDING DRIVER

2. INSURED / POLICY HOLDER
   A)NAME: Hong San Hongwei Pte Ltd (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: CONTACT:
   c)ADDRESS: Block 1002 Bukit Merah Lane 3 # 01-85 Singapore 159719
   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER
3. DRIVER
   a)NAME: LIM CIN YIT (MALE / FEMALE)
   b)NRIC/FIN/PASSPORT: G8253470P CONTACT: 83321870
   c)ADDRESS: 378 Clementi Ave 5 # 04-342 120378
   *d)DATE OF BIRTH: (08 / 04 / 1985)(DD/MM/YYYY)
   e)OCCUPATION: (INDOOR / OUTDOOR)
   f)DATE OF DRIVING PASS : 17/08/2009
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ~~Rental~~ ~~Hire~~ . REPLACEMENT CAR
5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS after rain)
   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: SLU9300Y MODEL: ~~Ferarri~~ Ferrari
   b) DRIVER'S NAME: Lee Boon Hunt
   c) NRIC/FIN/PASSPORT: S1245441D CONTACT: 97593618

( )
NUMBER OF PASSANGER INCLUDING DRIVER

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

( )
NUMBER OF PASSANGER INCLUDING DRIVER

1) EMAIL : clnyit2982@gmail.com
   mark.lee@comnet.sg
2) VIDEO :

WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
COMNET SYSTEMS PTE LTD

Name
LIM CIN YIT

Work Permit No.
4 02821698

Sector
CONSTRUCTION

K0048780

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number G8253470P

Name
LIM CIN YIT

Birth Date 08 Apr 1985
Issue Date 29 Sep 2014
Valid Till 28 Sep 2019

002350231J

VISIT PASS

Immigration Regulations

01-10-2017

Name
LIM CIN YIT

FIN
G8253470P

Date of Birth
08-04-1985

Sex
M

Nationality
MALAYSIAN

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	17 Aug 2009
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Aug 2009

Licence No: G8253470P

NP 428A

Enquire Rebate for Registered Vehicle

INCOME
made different

Certificate of Insurance

Vehicle Owner Particulars

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: 5096895649 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **SLU9012D**
   Chassis Number : ACR507052613
2. Name of Policyholder : HONG SAN HONG WEI PTE LTD
3. Effective Date of Insurance : 21 Dec 2017
4. Expiry Date of Insurance : 17 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 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 the carriage of passengers for reward purposes.
(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)	: S$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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 : INTEGRAL PLUS SERVICES (00000572787)
Date of Issue : 21 Dec 2017 13:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**