

NATIONAL Assessment Center Services (Call 1-800-555-1234) **MAA418071863**

Date In: **05/06/2018** 11:02  
 Ref No: **NBA/INCL/00022/Y**  
 Vch No: **SGN 5362R**  
 DOA: **05/06/2018** 11:15  
 OD: TP & Reporting Only

Job Description: **GAS drilling**  
 Date & Time Completed: **05/06/2018** 12:00  
 Done by: **MI0997037-00**

TP Insured:

Assessment/Survey Report  
 Asslt Report by Fax/Hand to Owner/VWAP

Preferred Wap (INC Assign Wvap / OWI)

TP Particulars: Ych No: **ST35904** INC ( ) / Non-INC ( )  
 Owner/Driver: **Tell**  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: Bil. Stmt (WO): NI 0.20%, PI 21.79%, PI 30.100%)  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( ) Walk-In Customer: ( ) Customers Information strictly Confidential & strictly NO rate of repair.  
 ( ) Total Loss Case: ( ) to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: **INC Bill No: 6788 001** Date: **05/06/2018** Done by: **MI0997037-00**

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

Injury: ( )

Date/Time: ( ) Location: ( )

**NA1803511**

Invoice Preparation Checklist:

1) AR: Accident Reporting (200)  
 2) DA: Damage Assessment (300) INC ( )  
 3) TP: Towing Fee  
 4) FT: Follow Through Survey  
 5) FT: Follow Through Survey (Revised)  
 6) TR: Bill of Materials  
 7) MI: MI/DA + SMRT Survey  
 8) NTUC: Additional Survey (000)

Q111

1) NI: Courtesy Car / Tel Allowance  
 2) NI: Repair Coordination  
 3) NI: Post Repair Inspection  
 4) NI: DY / Cellulose / Coordination  
 5) NI: MI / TR (INC) / Cellulose INC  
 6) NI: MI / TR (INC) / Cellulose INC

Checked by (Sign-In-Charge): **MI0997037-00**

Will be: **MI0997037-00**

1/2

Invoice filed: **MI0997037-00**

## 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	04/06/2018 11:02
Date Of Accident	03/06/2018 11:15
Exact Location Of Accident	ZION ROAD CHURCH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN5362R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAY DE WITT
NRIC No	S2114452E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91852901
Alternative Phone No	OTHERS-91852901

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	PRIVATE CAR

### 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	5024487291-10
Cover Note Number	

### Driver

Name of Driver	MAY DE WITT
NRIC No	S2114452E
Date Of Birth	29/01/1936
Occupation	INDOOR
Date Of Driving Pass	27/10/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91852901
Fax Number	
Contact Number	OTHERS-91852901
EMail Address	NOEMAIL



Address	BLK 87 ZION ROAD #25-174
Postcode	160087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : GRANDSON GENDER: : MALE

#### 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	SJT3590U
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICIA THAM MAY SHEK
NRIC/Passport Number	S1706769I
Contact Number	69413865
Address	
Postcode	


## 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

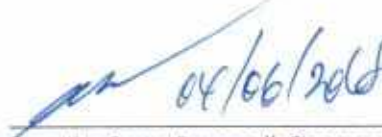
Date & Time:

4/6-18

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

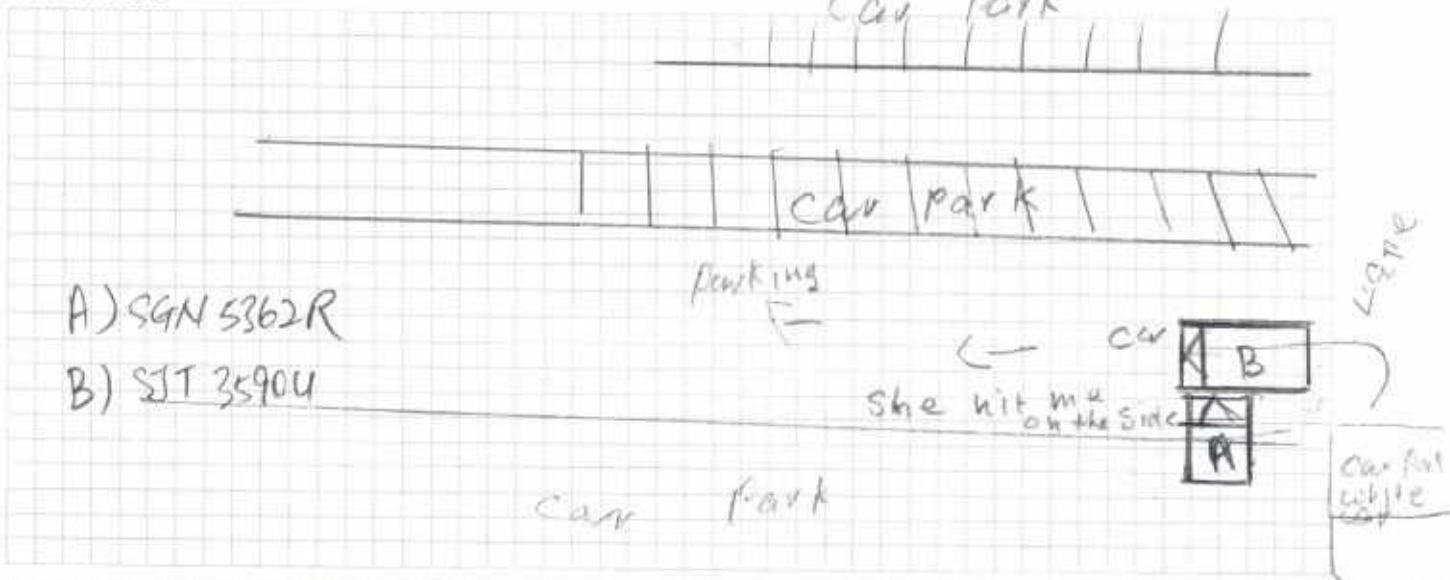
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

TION ROAD CHURCH OPEN SPACE CARPARK



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was the car park, moving to go to another parking lot. As I was moving out, this car which ~~knock~~ knock my car, was driving very fast & there was a turning corner & a tall which car blocking her view. She just shot through & hit my car. She park her car after hitting mine & came over to my car. I said to her what are you doing driving so fast driving. She said sorry & told me she was looking another side. Maybe at the carpark to get the lot for parking.

## DECLARATION

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

Mohdiz  
Policyholder's Signature  
Date & Time:

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

04/06/2018  
Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.: 1111111111



## Claim Handling

Accident NT/0097037

Policy No.	SG24487291-11	Vehicle No.	SGN5362R	GST Registration No.	
Policyholder Name	MAY DE WITT			Policyholder NRIC	S2114452E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	91852901	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	04/06/2018 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	03/06/2018	Time of Accident (human)	11:18	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ZION ROAD CHURCH OPEN SPACE CARPARK				

## Benefits

## Excess

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

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 87 #25-174	Address 2	ZION ROAD	Address 3	SINGAPORE 160087
Address 4		Address Type	Singapore address	Post Code	160087
Unit No.		Related Policy Number	SG24487291-10		

## OI Driver Info

Driver Name	MAY DE WITT	Driver Type	Main Driver	Driver DOB	29/01/1936
Unnamed driver Name		Driver NRIC	S2114452E	Driving Experience	44
Register Date of Driver License	27/10/1973	Driver Age	82	Contact No.(Home)	
Contact No.(Mobile)	91852901	Contact No.(Office)		Address 3	SINGAPORE 160087
Address 1	BLK 87 #25-174	Address 2	ZION ROAD	Post Code	160087
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SGN5362R	Driver Insurer Company	NTUC

Declaration			
Breathalyzer (or Blood Test Reading)	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	MAY DE WITT	Insured NRIC	S2114452E
Contact No.(Mobile)	91852901	Contact No.(Home)	67112011	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SGN5362R	TP Vehicle Number	SJT3590V
Claim Description	SGN5362R / SJT3590V ON 3 Jun 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	04/06/2018 11:59	Preferred Repair Option	Preferred Workshop, Name unknown		
Report Taken By	ROSLE WAHAB	GIA report	Received		
		Claim Close Date		Date Received	04/06/2018 00:00
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	NT/0097037	Claim No.	001			
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	04/06/2018 12:00			
Path *		Category *	Confidential	Urgency *	Description *	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Message Read</div>		<div>Send Message</div>				

## 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 04 Jun 2018 12:00	Photos	Normal	Photos 2018-6-4		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 04 Jun 2018 12:00	Photos	Normal	Photos 2018-6-4		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 04 Jun 2018 12:00	Photos	Normal	Photos 2018-6-4		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 12:00	Photos	Normal	Photos 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 12:00	Photos	Normal	Photos 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 11:59	Photos	Normal	Photos 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 11:58	Photos	Normal	Photos 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 11:58	Photos	Normal	Photos 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 11:59	Photos	Normal	Photos 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 11:59	SAS	Normal	SAS 2018-6-4	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jun 2018 11:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4	<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: 03/6/18 <sup>29.01.1936</sup> (DD/MM/YYYY), TIME: 11:15 am (HH:MM)

LOCATION: Zion Rd. Church car Park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCN 5362 R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5424487291  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Jazz  
 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: MAY dewitt (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2114452E CONTACT: 91852901  
 c) ADDRESS: BK 87 #25-174. Zion Road. Spore 160087

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

## 3. DRIVER

- a) NAME: as above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 29/01/1936 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27.10.1973

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: May dewitt

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: SJT 3590 U MODEL: SYBRU  
 b) DRIVER'S NAME: Patricia Tham MAY Shek  
 c) NRIC/FIN/PASSPORT: S17067691 CONTACT: 96413865

## 9. THIRD PARTY VEHICLE

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

DRUGGAL (F)  
 GRAND SON (M)

(3)

NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

( )

NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

( )

NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

1) EMAIL :

2) VIDEO :



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2114452E



DE WITT MAY

Race  
EURASIAN

Date of Birth  
29-01-1936

Sex  
F

Country of Birth  
MALACCA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2114452E



DE WITT MAY

Birth Date 29 Jan 1936

Issue Date 01 Sep 2003



000789915A

0880121



NRIC No. S2114452E

Valid Driver's Licence

Class of issue  
Q+

Date of issue  
16-12-1992

Address  
APT BLK 87 ZION ROAD  
#25-174  
SINGAPORE 0316

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

CLASS DATE  
27 Oct 1973

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

N2428L

Licence No. S2114452E



## 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:** 5024487291-10

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

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGN5362R          |
| Chassis Number  | : JHMGD185075200107 |
| 2. Name of Policyholder   | : MAY DE WITT       |
| 3. Effective Date of Insurance  | : 21 Nov 2017       |
| 4. Expiry Date of Insurance   | : 20 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.

**This Policy does not cover**

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(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)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: MAY DE WITT
NAMED DRIVER (1)	: KENNETH DEWITT
NAMED DRIVER (2)	: N/A
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 : VICOM LTD (00000612210)

Date of Issue : 01 Nov 2017 12:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive