

# NATIONAL Assessment Centre Services

[Ref: 201/03]

MMAY 18 07 37 16

Date In: 05/06/2018 18:33	Job description:	Date & Time Completed	Done by
Ref No: 1/BA/MC/0010337/4	SAS e-filing		
Veh No: SJR 8069L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/06/2018 21:50	I-Motor Claim Form	MM/0997582-001	06/06/2018 18:52
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SLV 2294C	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 ( ) / Towed-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

NA1803585	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	06/06/2018 18:33
Date Of Accident	05/06/2018 21:50
Exact Location Of Accident	STREET LEVEL OF 10B BOON TIONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8069L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JIA RONG, EUGENE (CHEN JIARONG)
NRIC No	S8530923D
Email Address	JJARONG7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97847127
Alternative Phone No	OTHERS-90238418

### Vehicle Particulars

Manufacturer	KIA
Model	MAGENTIS-2.0 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069741130-03
Cover Note Number	

### Driver

Name of Driver	LEE RUI CHAO, RACHEL
NRIC No	S8828709F
Date Of Birth	11/08/1988
Occupation	INDOOR
Date Of Driving Pass	12/11/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90238418
Fax Number	
Contact Number	OTHERS-97847127
EMail Address	JJARONG7@HOTMAIL.COM



Address	BLK 425 CLEMENTI AVENUE 1 #06-287
Postcode	120425
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : TAN JIA RONG, EUGENE 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

#### 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	SLU2294C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEK CHEE HOCK
NRIC/Passport Number	S7836408D
Contact Number	97652457
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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: 6/6/18, 17-10

Driver's Signature

(If driver is not the policyholder)

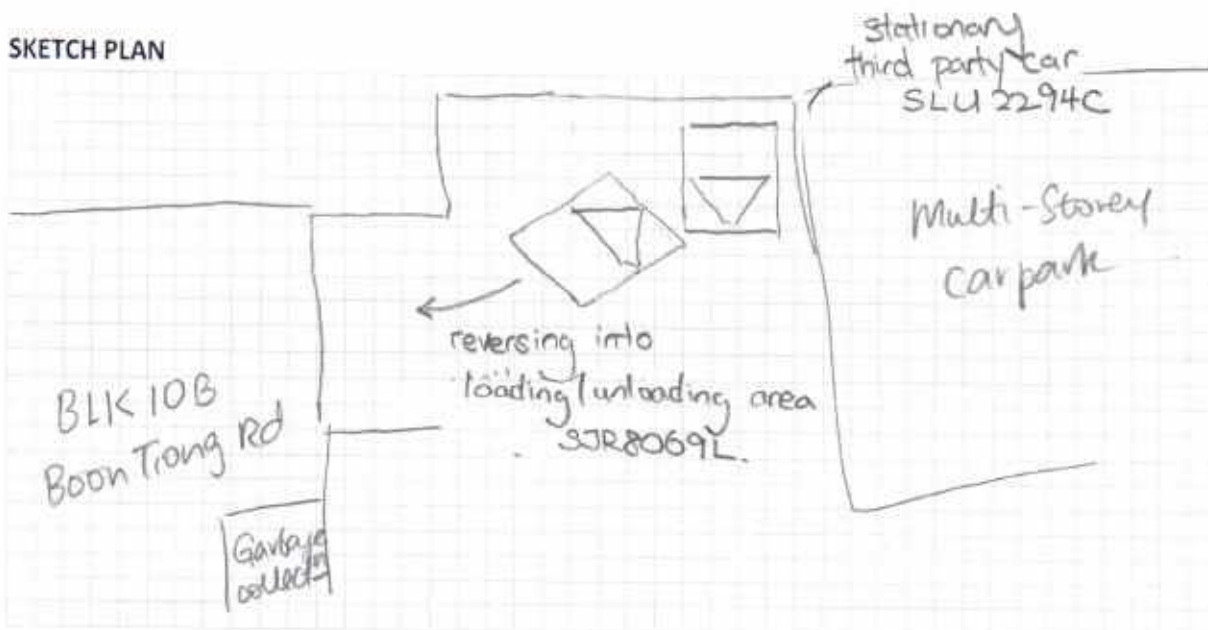
Date & Time: 6/6/18, 17-10

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing the car SJR8069L from a position close to the third party car SLU 2294C when the car's (SJR8069L) bumper brushed against the bumper of the other car's (SLU 2294C).

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 6/6/18, 17:10

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 6/6/18, 17:10

*[Signature]* 06/06/2018  
 Reporting Centre Personnel's Signature  
 Name: *[Signature]*  
 NRIC/FIN No.: *[Signature]*



## Claim Handling

[Exit](#)

## Accident MT/0997582

Policy No.	5069741130-03	Vehicle No.	SJRB069L	GST Registration No.	
Policyholder Name	TAN JIA RONG, EUGENE (CHEN JIARONG)			Policyholder NRIC	S8530923D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leasing	0
Contact No.(Mobile)	97847127	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

## Accident Details

Report Date	06/06/2018 18:45	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	05/06/2018	Time of Accident hh:mm	21:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STREET LEVEL OF 106 BOON TONG ROAD				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	500.00	Outside Singapore OD Excess	600.00		
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 425 406-287	Address 2	CLEMENTI AVENUE 1	Address 3	SINGAPORE 120425
Address 4		Address Type	Singapore address	Post Code	120425
Unit No.	06-287	Related Policy Number	5069741130-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE RUI CHAO, RACHEL	Driver NRIC	S8828709P	Driver DOB	11/06/1988
Register Date of Driver License	10/11/2014	Driver Age	29	Driving Experience	3
Contact No.(Mobile)	90228418	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 425 406-287	Address 2	CLEMENTI AVENUE 1	Address 3	CASA CLEMENTI
Address 4	SINGAPORE 120425	Address Type	Foreign address	Post Code	120425
Unit No.	06-287				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SJRB069L	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## Modification History

Claim 001 

Claim Type *	OD-MX	Insured Name	TAN JIA RONG, EUGENE (CHEN	Insured NRIC	S8530923D
Contact No.(Mobile)	97847127	Contact No.(Home)	85806236	Contact No.(Office)	
Email Address	JARONG7@HOTMAIL.COM	OI Vehicle Number	SJRB069L	TP Vehicle Number	SLU2294C
Claim Description	SJRB069L / SLU2294C ON 5 Jun 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	06/06/2018 18:51	Claim Close Date		Date Received	06/06/2018 00:00
Report Taken By	ROSJI WAHAB				

## Attachment

Accident No.	MT/0997582	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	06/06/2018 18:52

Path \*

<input type="button" value="Choose File"/> No file chosen	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	

## 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 06 Jun 2018 18:52	Photos	Normal	Photos 2018-6-6		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:52	Photos	Normal	Photos 2018-6-6		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:52	Photos	Normal	Photos 2018-6-6		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:52	Photos	Normal	Photos 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:52	Photos	Normal	Photos 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:51	Photos	Normal	Photos 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:51	Photos	Normal	Photos 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:51	Photos	Normal	Photos 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:51	Photos	Normal	Photos 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:51	SAS	Normal	SAS 2018-6-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Jun 2018 18:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-6	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#)
[Scan and uploading](#)

## ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 6 / 2018) (DD/MM/YYYY), TIME: (21 : 50) (HH:MM)

LOCATION: 6 STREET LEVEL OF 10B BOON TIONG ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR8069L  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5069741130-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: KIA / MAGENTIS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: ERRAND  
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: TAN JIA RONG, EUGENE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8530923D CONTACT: 97847127  
c) ADDRESS: BLK 425 CLEMENTI AVE 1 #06-287  
510425

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

### 3. DRIVER

- a) NAME: LEE RUI CHAO, RACHEL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8828709F CONTACT: 90238418  
c) ADDRESS: BLK 425 CLEMENTI AVE 1 #06-287  
510425

\*d) DATE OF BIRTH: (11 / 08 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: NOV 2011 12 NOV 2014

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SLU2294C MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: LEK CHEE HOCK  
c) NRIC/FIN/PASSPORT: S7836408D CONTACT: 9765 2457

### 9. THIRD PARTY VEHICLE

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

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(2)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL: jiaorong7@hotmail.com

2) VIDEO:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8828709F



Name  
LEE RUI CHAO, RACHEL  
(LI RUICHAO)  
李 瑞 超

Race  
CHINESE

Date of birth  
11-08-1988

Sex  
F

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
S8828709F

LEE RUI CHAO, RACHEL  
(LI RUICHAO)

Birth Date: 11 Aug 1988  
Issue Date: 12 Nov 2014

002365213J

4786241



NRIC No: S8828709F



Date of issue  
25-10-2011

APT BLK 425 CLEMENTI AVENUE 1 #06-287  
SINGAPORE 120425

NRIC No: S8828709F Date: 06/03/2013 No: 7429296

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

EFFECTIVE DATE  
12 Nov 2014

Class 2A Motor cars without clutch pedals (Auto) <= 3000kg  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg

NP 428A



## 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:** 5069741130-03

**Cover :** drvo CLASSIC

- |   |                                       |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJR8069L                            |
| Chassis Number  | : KNAGE227395376089                   |
| 2. Name of Policyholder   | : TAN JIA RONG, EUGENE (CHEN JIARONG) |
| 3. Effective Date of Insurance  | : 29 Jan 2018                         |
| 4. Expiry Date of Insurance   | : 28 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN JIA RONG EUGENE
NAMED DRIVER (1)	: N/A
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 : LOW SIEW CHENG (00000521042)

Date of Issue : 02 Jan 2018 21:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive