

NATIONAL Assessment Centre Services (wef 1 Jan 2005) <b>MA48076785</b>			
Date In: <b>13/06/2008 16:92</b>	Job description:	Date & Time Completed	Done by
Ref No: <b>NBA/INC/8010833/Y</b>	SAS e-filing		
Veh No: <b>FBC 4908R</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>13/06/2008 14:35</b>	i-Motor Claim Form	<b>MT0998583-001</b>	<b>13/06/2008</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>18:32</b>
	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: <b>SHB 8562L</b>	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

<b>NA1803740</b>	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)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1	TP (N11): TP (N-in INC) against INC \$20		
Cat 2/3	9) N12: Idac Mobile \$0		
	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	13/06/2018 16:02
Date Of Accident	13/06/2018 14:35
Exact Location Of Accident	ALONG JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4908R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEROY TAN JUN HAO
NRIC No	S9214124A
Email Address	LEROYTANJUNHAO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98477443
Alternative Phone No	OTHERS-98477443

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GSR400M-398CC
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097210186
Cover Note Number	

### Driver

Name of Driver	LEROY TAN JUN HAO
NRIC No	S9214124A
Date Of Birth	29/04/1992
Occupation	INDOOR
Date Of Driving Pass	03/07/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98477443
Fax Number	
Contact Number	OTHERS-98477443
Email Address	LEROYTANJUNHAO@GMAIL.COM



Address	BLK 258D COMPASSVALE ROAD #07-595
Postcode	544258
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?	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?	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 AND POLICE REPORT T/20190613/2115

#### 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	SHB8562L
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SUBRAMANIAM
NRIC/Passport Number	S0548852D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LEROY TAN JUN HAO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC4908R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

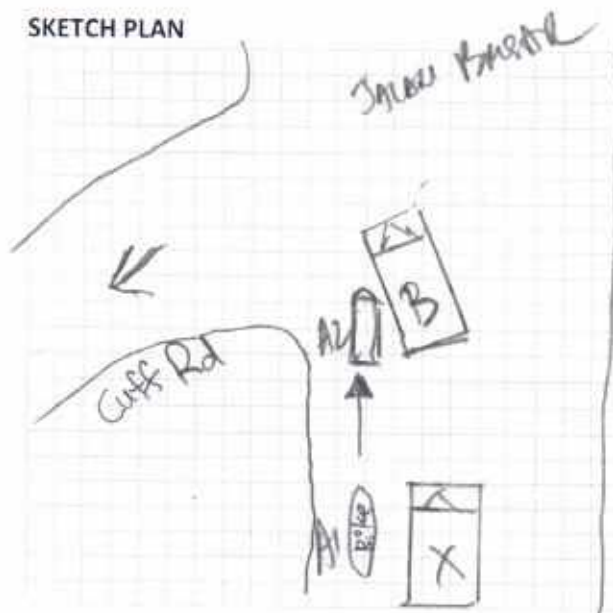
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

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

### SKETCH PLAN



A) FBC4908R  
B) SHB8562L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

So i was riding along Jalan Besar, one of the small lane. I was riding straight and this taxi (SHB8562L) slightly infront of me suddenly turn on his signal and turn left without checking his rear and i crash into the taxi.

POLICE REPORT 7/20180613/2115

## 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:

Reporting Centre Personnel's Signature  
Name: Debi Waha  
NRIC/FIN No. 9201 1234 5678





# SINGAPORE POLICE FORCE



T/20180613/2115

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180613/2115

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/06/2018 17:15	Vide Report No.:	Station Diary No.: 46
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**Informant's Particulars**

Name of Informant: LEROY TAN JUN HAO			Address: APT BLK 258D COMPASSVALE ROAD #07-595 SINGAPORE 544258		
ID Type / ID No.: NRIC NO / S9214124A			Contact No.: Home/Office: Mobile: 98477443		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/04/1992	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Freelance			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 CUFF ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4908R	Motorcycle	SUZUKI	GSR 400 M	Blue	Slightly Damaged	0
SHB8562L	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4908R	NTUC Income Insurance Co-Operative Limited	5097210186	06/01/2018	05/01/2019



**SINGAPORE  
POLICE FORCE**



T/20180613/2115

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20180613/2115

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LEROY TAN JUN HAO	ID No.	S9214124A
Related Vehicle	FBC4908R (Motorcycle)	Contact No.	98477443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	Subramniam	ID No.	S0548852D
Related Vehicle	SHB8562L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/06/2018 at about 1433hrs, I was riding along Cuff road and suddenly a Taxi in front of me suddenly turn left and I could not manage to brake in time and had collided onto the taxi's left passenger door. We both alighted, exchanged particulars and left subsequently. I wish to state that, I couldn't move my right elbow and I am seeking medical treatment after lodging report.





**SINGAPORE  
POLICE FORCE**



T/20180613/2115

Police Station Of Origin:  
Queenstown N.P.C.  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180613/2115

**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:

D /

Sgt 2 TAN WEI HAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

581 90

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/06/2018 17:15

Classification Of Case:

利民診所

# Shalom Clinic + Surgery

利民診所  
Shalom Clinic + Surgery

Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

## MEDICAL CERTIFICATE

Number: 000068961

Date: 13-Jun-2018

This is to certify that the following patient:

Name: TAN JUN HAO LEROY NRIC: S9214124A

is UNFIT FOR DUTY for 3 days

from 13/06/2018 to 15/06/2018 inclusive.

DR. LAWRENCE SOH

MA, MBBS, MSc(OM), FAMS

MCR: M02610G

R-1A = Conduction (R) Elbow

### ▼ Accident Details

### ▼ Benefits

▼ GSI Registered Information

Policyholder Mailing Address **01 Driver Info**

### Declaration

#### Modification History

Save Submit

Send Message Upload

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>





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Video List

Uploaded By/Date

Folder Data

File Name



Source

Action

Display In New Window

Scan and uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 13/6/2018 (DD/MM/YYYY), TIME: 14:33 (HH:MM)

LOCATION: Jalan Besar (Small lane)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC4908R  
b) INSURANCE COMPANY: NTUC Insurance  
c) POLICY NUMBER: 5097210186  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI GSR 400  
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: Leroy Tan Jun Hao (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9214124A CONTACT: 98477443  
c) ADDRESS: Compassvale Rd BIK 258D #07-595  
S(544258)

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

### DRIVER

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

\*d) DATE OF BIRTH: 29/04/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 Jul 2012

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

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: SHB 8562L MODEL: KIA  
b) DRIVER'S NAME: Subramniam  
c) NRIC/FIN/PASSPORT: S0548552 CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email =

fax =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9214124A



Name

LEROY TAN JUN HAO

陳君豪

Race

CHINESE

Date of birth

29-04-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE - DRIVING LICENCE



Licence Number S9214124A

Name

LEROY TAN JUN HAO

Birth Date 29 Apr 1992

Issue Date 14 May 2011



4038555

NRIC No. S9214124A



Date of issue

08-05-2007

Address

APT BLK 258D, COMPASSVALE ROAD  
#07-595  
SINGAPORE 544258

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

EFFECTIVE DATE

- Class 1B Motorcycles up to 200 CC  
Class 2A Motorcycling between 201 CC and 400 CC

10 Feb 2013  
03 Jul 2012

S9214124A

S / No. 900016867B



NF 420A



## 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 : S097210186

1. Index mark and Registration Number of Vehicle  
Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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
INSURE WITH COE	N/A
NAMED DRIVER (1)	LEROY TAN JUN HAO
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 : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 05 Jan 2018 22:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive