

NATIONAL Assessment Centre Services			
Date In: 18/06/2018 18:09	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/2018/099314			
Veh No: GBC 9069D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/2018 12:15	i-Motor Claim Form	m/10999035-001	18/06/2018 18:28
OD TP: <u>Reporting Only</u>	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: SLX 5043A	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

NPA03848 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: 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:-			
OI*				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$16				
*N7: Post Repair Inspection \$25				
*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	18/06/2018 18:09
Date Of Accident	17/06/2018 12:15
Exact Location Of Accident	HAVELOCK ROAD (BMH4 HDB CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9069D
Insured/Policyholder	
Name Of Registered Owner	EXPAND INDUSTRIES (S) PTE LTD
Co Reg No	198700064D
Email Address	KC666666@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97281933
Alternative Phone No	OFFICE-97281933

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070088966-03
Cover Note Number	

Driver

Name of Driver	WONG KIM CHEW
Passport No/FIN	F1485530X
Date Of Birth	18/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97281933
Fax Number	
Contact Number	OTHERS-97281933
Email Address	KC666666@HOTMAIL.COM

Address	20 JALAN KLINIK #02-22
Postcode	160020
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 (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	SLX5043A
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :

✕

✕

Passenger 2

NAME: ✕

GENDER: ✕

SKETCH PLAN

IMPORTANT NOTICE

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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.



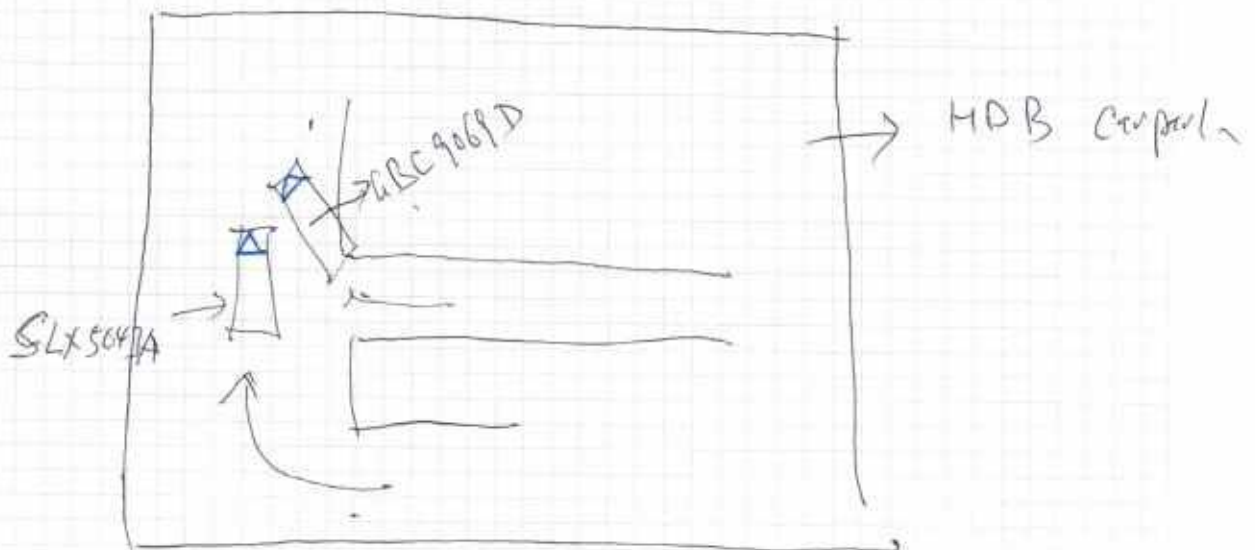
Policyholder's Signature
Date & Time:

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

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

Hawlock Rd

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/06/2018 AT ABOUT 12:15HR I WAS AT HAWLOCK RD
BMH4 CARPARK & WANTED TO LEFT. BEFORE MOVING OUT I
LOOK ON MY LEFT & SIDE MIRROR EVERYTHING WAS CLEAR.
I JUST WENT AHEAD WHEN SUDDENLY I FELT A BUMP AT
THE FRONT WHICH I DO NOT KNOW WHERE IS THE CAR SLX5043A
CAME FROM. THE FRONT OF MY VAN GBC9069D BUMP INTO THE
FRONT RIGHT OF THE CAR SLX5043A. THAT ALL.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 18/06/2018

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

Claim Handling

Accident MT/0999035

Policy No.	507008966-03	Vehicle No.	GBC90690	GST Registration No.	
Policyholder Name	EXPAND INDUSTRIES (S) PTE LTD			Policyholder NRIC	198700064D
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97281923	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	18/06/2018 18:21	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	17/06/2018	Time of Accident(hh:mm)	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HAVELOCK ROAD (RMHA HDB CARPARK)				

▼ Benefits

▼ Excess

Own damage Excess	000.00	Additional Excess		Windscreen Excess	100.00
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	16 KALLANG PLACE	Address 2	#02-28/30	Address 3	SINGAPORE 339158
Address 4		Address Type	Singapore address	Post Code	339158
Unit No.		Related Policy Number	507008966-03		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG KIM CHEW	Driver NRIC	F1485530X	Driver DOB	18/01/1970
Register Date of Driver License	27/07/1992	Driver Age	48	Driving Experience	25
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 20 #02-22	Address 2	JALAN KLINIK	Address 3	BUKIT HO SWEE COURT
Address 4	SINGAPORE 160020	Address Type	Foreign address	Post Code	160020
Unit No.	02-22				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	GBC90690	Driver Insurer Company	NTUC

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX *	Insured Name	EXPAND INDUSTRIES (S) PTE L	Insured NRIC	198700064D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62712273
Email Address		OI Vehicle Number	GBC90690	TP Vehicle Number	SLK5043A
Claim Description	GBC90690 / SLK5043A ON 17 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault *	GIA report	Received *
Require Finalisation	Yes *	Preferred Repair Option	Preferred Workshop, Name unknown *	Date Received	18/06/2018 00:00
Date Registered	18/06/2018 18:27	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repaired			

Print A4 letter

Save Submit

Attachment

Accident No.	MT/0999035	Claim No.	001
Last Doc. Received	* Yes <input type="checkbox"/> No <input type="checkbox"/>	Upload Date	18/06/2018 18:20

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

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_900676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	Photos	Normal	Photos 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	SAS	Normal	SAS 2018-6-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jun 2018 18:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-18	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: 17/06/2018 (DD/MM/YYYY), TIME: 12:15 (HH:MM)

LOCATION: (BMH4 HDB car park) Havelock Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 9069 D
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5070088966-03
 d) POLICY TYPE: COMPREHENSIVE (THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN - NV350 PANEL VAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK
 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: EXPAND INDUSTRIES P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: 16 FALLANG PLACE #02-29/30

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG KIM CHEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F1485530 X CONTACT: 97281933
 c) ADDRESS: 20 JLN KLINIK #02-22
Singapore (160020)

* d) DATE OF BIRTH: 12/01/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/07/1992

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

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 5043A MODEL: HYUNDAI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(3)

* No of passengers
 (including driver)
(1)

Email = KE666666@Hotmail.com

fax = 62728708

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

Employer:
EXPAND INDUSTRIES S PTE LTD

Sector: **MANUFACTURING**

Name:
WONG KIM CHEW


Occupation:
MACHINE OPERATOR

Work Permit No:
S 14539965

Date of Application:
09-07-1999

Date of Issue:
28-01-2017

Date of Expiry:
27-01-2019

 **L7696380**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F 1485530X**

Name:
WONG KIM CHEW

Date of Birth: **18 Jan 1970**

Issue Date: **24 Dec 2013**

Valid Till: **23 Dec 2018**

 **002259224C**

VISIT PASS
Immigration Regulations

Name:
WONG KIM CHEW

Date of Birth: **18-01-1970** Sex: **M** Nationality: **MALAYSIAN**

FIN: **F1485530X** Date of Issue: **03-03-2017** Date of Expiry: **27-01-2019**



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 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **27 Jul 1992**

NP 428A

 **Licence No: F1485530X**

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 : 5070088966-03

Cover : Comprehensive

- | | |
|--|---------------------------------|
| ✓ 1. Index mark and Registration Number of Vehicle | : GBC9069D |
| Chassis Number | : JN1MC2E26Z0001548 |
| 2. Name of Policyholder | : EXPAND INDUSTRIES (S) PTE LTD |
| ✓ 3. Effective Date of Insurance | : 21 Feb 2018 |
| 4. Expiry Date of Insurance | : 20 Feb 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. | |
| (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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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)

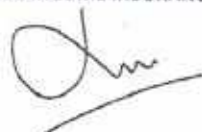
Agency : SEE TOH KWOK HOONG (00000630833)
Date of issue : 06 Feb 2018 10:42 hrs
Reprint : 06 Feb 2018 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive