

NATIONAL Assessment Centre Services [Ref: 1 Jan 2013] NAH/18028680			
Date In: 19/06/2018 09:15	Job description:	Date & Time Completed	Done by
Ref No: NAH/INC/1028/1	SAS e-filing		
Veh No: GBC 6629 H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/06/2018 00:40	i-Motor Claim Form	MT/0999082-001	19/06/2018 09:38
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: SHC 5624G	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

NA/1803887	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) 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:-			
	ON:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile \$0			
Auditors' Comments:-	Invoice date:	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	19/06/2018 09:15
Date Of Accident	18/06/2018 00:40
Exact Location Of Accident	JUNCTION OF ORCHARD BOULEVARD AND PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6629H
Insured/Policyholder	
Name Of Registered Owner	KSW SERVICES PTE LTD
Co Reg No	200210417K
Email Address	SALES@KSW.COM.SG
Mobile Phone No	(LOCAL) +65-93398055
Alternative Phone No	OFFICE-63920418

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100952248
Cover Note Number	

Driver

Name of Driver	AFIQ BUDIMAN BIN MD ISA
NRIC No	S8834317D
Date Of Birth	16/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93398055
Fax Number	
Contact Number	OFFICE-63920418
Email Address	SALES@KSW.COM.SG

Address	BLK 652B JURONG WEST STREET 61 #02-392
Postcode	642652
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE STATEMENT

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	SHC5624G
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAM CHOON CHAI
NRIC/Passport Number	S1216718J
Contact Number	96834667
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

KSW SERVICES PTE LTD
KSW STORE
81 OWEN ROAD
SINGAPORE 218897



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

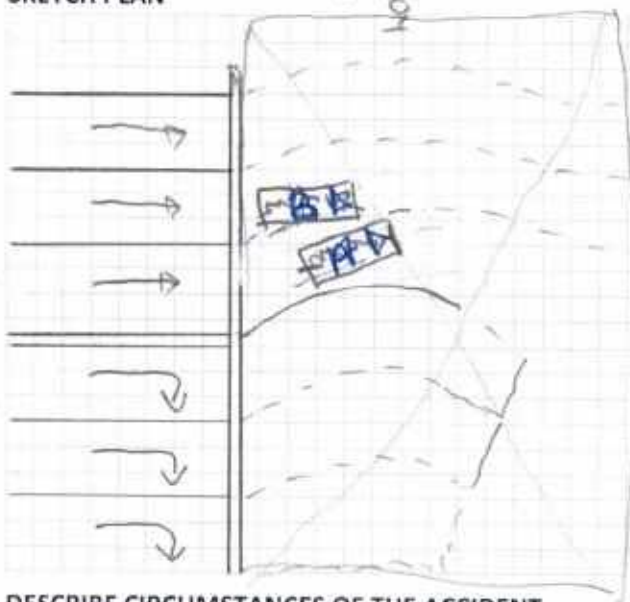
Date & Time: 18/6/18 15:29 HRS

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

SKETCH PLAN

ORCHARD BOULEVARD

PRICESON ROAD



A) GBC 6629H
B) SHC 5624G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Statement.

DECLARATION

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

KSW SERVICES PTE LTD
KSW STORE
81 OWEN ROAD
SINGAPORE 218897



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/6/18 1529HRS

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

NOTICE OF REPORTING

This is to confirm that AFIQ BUDIMAN BIN MD ISA, S8834317D, 

Has reported to the Police a non-injury traffic accident which

Occurred at Orchard Boulevard on 18/06/2018 at 0040hrs

Involving the following vehicles:

GBC6629H (Complt)

SHC5624G

Brief facts:

On 18/06/2018 at about 0040hrs, I was driving along Orchard Boulevard. I was at the 3rd left lane while another taxi vehicle (SHC5624G) was beside me on the 2nd lane. As the traffic was green and in my favor, I move my vehicle forward and that is when suddenly, the said taxi hit onto the left side of my vehicle. I managed to exchange particulars with the taxi driver. My vehicle had a minor dent on the left side of my vehicle and my bumper was broken as a result from this incident.

No Traffic Police were at scene and no one was injured.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (C) Darius Tan 

Date: 18/06/2018 Time: 0220hrs

S/D Ref: 04

Police Post/Unit: Recher NPL

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Claim Handling

Accident MT/0999082

Policy No.	510095248	Vehicle No.	GBC6629H	GST Registration No.	200210417K
Policyholder Name	KSW SERVICES PTE LTD			Policyholder NRIC	200210417K
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93399055	Contact No.(Office)	63920418	Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	19/06/2018 09:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/06/2018	Time of Accident hh:mm	00:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF ORCHARD BOULEVARD AND PATERSON ROAD				

Benefits

Excess

Own Damage Excess	500.00	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	Yes	GST Registration Date	01/01/2015
GST Registration No.	200210417K	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	81 OWEN ROAD	Address 2	SINGAPORE 218997	Address 3	
Address 4		Address Type	Singapore address	Post Code	218807
Unit No.		Related Policy Number	510095248		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AFIQ BUDIMAN BIN MD ISA	Driver NRIC	S8834317D	Driver DOB	16/09/1988
Register Date of Driver License	17/09/2013	Driver Age	29	Driving Experience	4
Contact No.(Mobile)	93399055	Contact No.(Office)	63920418	Contact No.(Home)	
Address 1	BLK 652B #02-392	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 642652
Address 4		Address Type	Foreign address	Post Code	642652
Unit No.	02-392				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	GBC6629H	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	KSW SERVICES PTE LTD	Insured NRIC	200210417K
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	63920418/9
Email Address		OT Vehicle Number	GBC6629H	TP Vehicle Number	SHC6624G
Claim Description	GBC6629H / SHC6624G ON 18 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GTA report	Received
Date Registered	19/06/2018 09:36	Claim Close Date		Date Received	19/06/2018 00:00
Report Taken By	ROSLI WAHAB				

☒ Print AX letter[Save](#) [Submit](#)

Attachment

Accident No.	MT/0999082	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Data	19/06/2018 09:38

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	
Choose File No file chosen	Clear Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Urgent	

[Message Read](#) [Send Message](#) [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CO)
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	Photos	Normal	Photos 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	WRIC/ Driving License	Normal	WRIC/ Driving License 2018-6-19	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 Jun 2018 09:38	SAS	Normal	SAS 2018-6-19	Edit

[Video List](#)

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

ACCIDENT STATEMENT

ACCIDENT DATE: 18/08/2018 (DD/MM/YYYY), TIME: 00:40 (HH:MM)

LOCATION: ORCHARD BOULEVARD & PATERSON ROAD JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 6629H
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5100952248
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: KCW SERVICES PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6392 0418
c) ADDRESS: 81 OWEN ROAD SINGAPORE 218897

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AFIR BUDIMAN B MDISA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 98834317D CONTACT: 93398055
c) ADDRESS: BLK 652B JURONG WEST ST 61 #02-292
(SPORE) 642632

*d) DATE OF BIRTH: 16/09/1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 17/9/13

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: ROCHOR NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHK 5624G MODEL: LATITUDE (RENUIT)
b) DRIVER'S NAME: LAM CHION CHAI
c) NRIC/FIN/PASSPORT: S12167187 CONTACT: 96834667

9. THIRD PARTY VEHICLE

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

Email = FF SALE sales @ kcw.com.sg

Fax = 6392 0417

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8834317D



Name

AFIQ BUDIMAN BIN MD ISA

الفيق بوديمان بن محمد عيسى

Race

MALAY

Date of birth

16-09-1988

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8834317D

Name

AFIQ BUDIMAN BIN MD ISA

Birth Date 16 Sep 1988

Issue Date 17 Sep 2013



5439903

NRIC No. S8834317D



Date of issue

03-03-2015

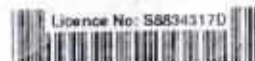
Address

APT BLK 0528 JURONG WEST STREET 61
#02-392
SINGAPORE 642652

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	12 Apr 2010
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	17 Sep 2013



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 : 5100952248

Cover : Comprehensive

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC6629H |
| Chassis Number | : JTFHT02P000116830 |
| 2. Name of Policyholder | : KSW SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 13 Jun 2018 |
| 4. Expiry Date of Insurance | : 12 Jun 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	: 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 : PRO-LINK INSURANCE AGENCY (00000571869)
Date of issue : 24 May 2018 11:36 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive