

NATIONAL Assessment Centre Services [wef 1 Jan 2005]		MNA418079724	
Date In: 20/06/2018 17:21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBO/MNA418079724	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SJM 2883	i-Motor Claim Form		
D.O.A: 17/06/2018 09:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SJG 4411 R	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

NA1803892	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	Claimant's Particulars:-			
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	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:-			
	ON:			
	*N3: 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-11 INC) against INC \$20			
	9) N12: Idac Mobile \$0			
Cat 1:	Invoice dated	Fee Charged		
Cat 2 / 3:	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	20/06/2018 17:21
Date Of Accident	17/06/2018 09:40
Exact Location Of Accident	524 ANG MO KIO AVENUE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2318J
Insured/Policyholder	
Name Of Registered Owner	ASCENDANT CARS & RENTAL PTE. LTD.
Co Reg No	201425372K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82554501
Alternative Phone No	OFFICE-82554501
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5090240588-01
Cover Note Number	
Driver	
Name of Driver	SELVA GANAPATHY S/O A N SELVARAJOO
NRIC No	S8909822Z
Date Of Birth	11/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2008
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82554501
Fax Number	
Contact Number	OTHERS-82554501
Email Address	NOEMAIL

Address	BLK 612 ANG MO KIO AVENUE 4 #03-1105
Postcode	560612
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	COLLISION - HEAD TO REAR
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

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	SJG4411R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YEW LEE
NRIC/Passport Number	S1152032D
Contact Number	91193343
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

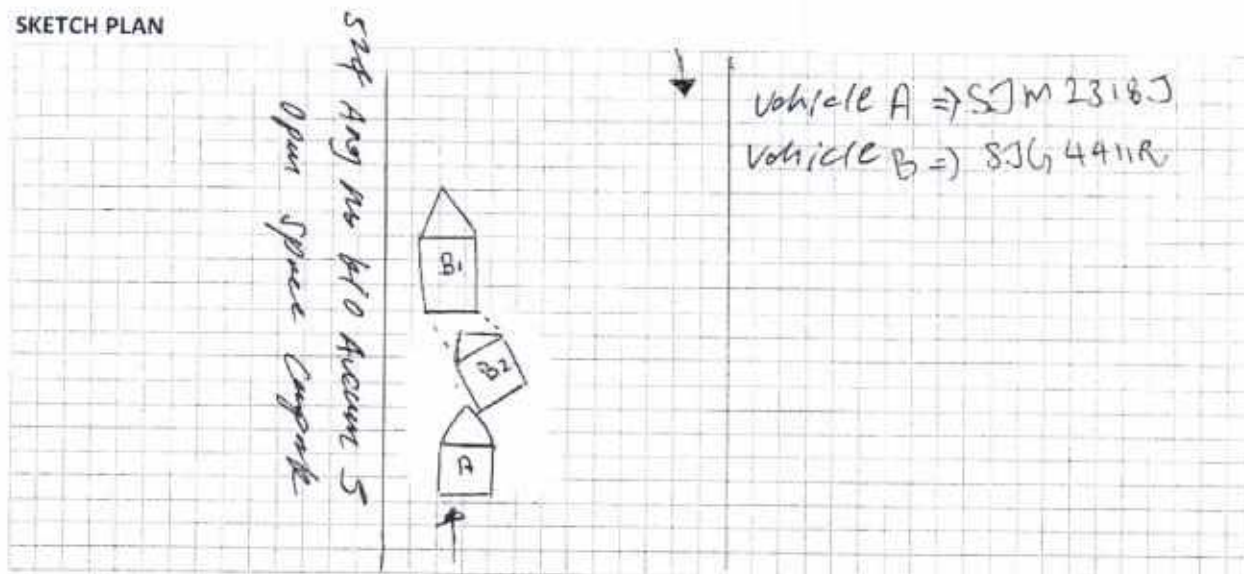
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A, was traveling straight at the said location, I came to a stop as vehicle B came to a stop. Vehicle B then reversed and collided onto my front stationary right hand portion of my car.

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:
NRIC/FIN No.:

26/06/2018
Rashid Hafiz

Claim Handling

The premium on this policy has not been collected.

Accident NT/0999402

Policy No.	5090240588-01	Vehicle No.	SJM2318J	GST Registration No.	
Policyholder Name	ASCENDANT CARS & RENTAL PTE. LTD.			Policyholder NRIC	201425372K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	82354501	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFV	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	20/06/2018 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/06/2018	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	524 ANG MO KIO AVENUE 3 OPEN SPACE CARPARK				

Benefits

Excess

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
TIED OD Excess	0.00	TIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 505 #01-42B	Address 2	BISHAN STREET 11	Address 3	SINGAPORE 570505
Address 4		Address Type	Singapore address	Post Code	570505
Unit No.		Related Policy Number	5090240588-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/03/1989
Unnamed driver Name	SILVA GANAPATHY S/O A N SIL	Driver NRIC	S8909822Z	Driving Experience	-81
Register Date of Driver License	29/10/2009	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	82354501	Contact No.(Office)		Address 3	SINGAPORE 560612
Address 1	BLK 612 #03-1105	Address 2	ANG MO KIO AVENUE 4	Post Code	560612
Address 4		Address Type	Foreign address		
Unit No.	03-1105				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJM2318J	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		
-------------------------------------	------	-------------	----------	--	--

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ASCENDANT CARS & RENTAL PT	Insured NRIC	201425372K
Contact No.(Mobile)	81735993	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SJM2318J	TP Vehicle Number	SJG4411R
Claim Description	SJM2318J / SJG4411R ON 17 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/06/2018 17:43	Claim Close Date		Date Received	20/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Print As Letter

Save Submit

Attachment

Accident No.	NT/0999402	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	20/06/2018 17:44		
<div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> </div> <div> <div>Message Read</div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					
<div> <div> <div>Category *</div> <div> <div>Clear</div> <div>Please Select</div> </div> </div> <div> <div>Confidential</div> <div> <div>NO</div> <div>Normal</div> </div> </div> <div> <div>Urgency *</div> <div> <div>Normal</div> <div>Normal</div> </div> </div> <div> <div>Description *</div> <div></div> </div> </div>					

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	848	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	848	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	Photos	Normal	Photos 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	SAS	Normal	SAS 2018-6-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 20 Jun 2018 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-20	Edit

Video List

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 06 / 2018 (dd/mm/yy) Time of Accident: 09 : 45 (24-HR-FORMAT)

Vehicle No.: SJM 2318J Vehicle Make & Model: HYUNDAI AVANTE

Exact location of Accident: 524 ANG MO KIO AVENUE 5 open space carpark

Policyholder's Name / IC No.: ASCENDAS CARS AND RENTAL (201425372K)

Driver's Name / IC No.: SELVA GANAPATHY S/O A N SELVARAJOO (S8909822E) (As Above) ☐

Driver's Contact No.: 82554501 Company Contact No: _____

Driver's Address: APT BLK 612 ANG MO KIO AVENUE 4 # 03-1105 SINGAPORE S60612

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: ONH MEW LEE 31152032D Vehicle No.: 5JG4411R

Driver's Contact No.: 91193343 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC Number: **S8909822Z**

Name: **SELVA GANAPATHY S/O A N SELVARAJOO**

Birth Date: **11 Mar 1989**

Issue Date: **21 May 2013**

0021633790

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8909822Z

Name: **SELVA GANAPATHY S/O A N SELVARAJOO**

Race: **INDIAN**

Date of birth: **11-03-1989** Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B: Motorcycle < 200 CC	01 Nov 2007
Class 1A: Motorcycle between 201 CC and 400 CC	11 Mar 2008
Class 2: Motorcycle > 400 CC	11 Mar 2013
Class 3: Motor cars < 2000 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 2500 kg	18 Oct 2008
Class 4: Heavy motor cars and motor tractors > 2500 kg	17 Oct 2014

S8909822Z

S / No. 9000210370

Licence No: S8909822Z

NP 421A

3485303

NRIC No. **S8909822Z**

Date of issue: **12-03-2004**

APT. 112 AND 110 KID AVENUE 4, #03-1106 SINGAPORE 560072

NRIC No. **S8909822Z** Date: **18/07/2012** No. **2080908**

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: 5090240588-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJM2318J**
Chassis Number : **KMHOU41BR9U658716**
2. Name of Policyholder : **ASCENDANT CARS & RENTAL PTE. LTD.**
3. Effective Date of Insurance : **28 Apr 2018**
4. Expiry Date of Insurance : **27 Apr 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
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 : **JZ ASSURE PTE. LTD. (00000573155)**
Date of Issue : **30 Apr 2018 15:29 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive