

NATIONAL Assessment Centre Services			
Date In: 25/06/2018 16:07	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB 2106180/15087			
Veh No: SKP 2424H	E-mail (within 8hrs, AIC 2hrs):		
D.O.A: 21/06/2018 17:46	i-Motor Claim Form	nr1099962-001	25/06/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:28
	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: XO 8546J	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

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 (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100) INC (\$40)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
Q1: *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 (Non INC) against INC \$20 9) N12: Idac Mobile 30				
Fee Charged Invoice dated:				

## 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	25/06/2018 16:07
Date Of Accident	21/06/2018 17:40
Exact Location Of Accident	THOMSON ROAD BEFORE BUS-STOP 51021
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2424H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADEN LEASING
Co Reg No	53380138M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81183460
Alternative Phone No	OFFICE-81183460

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101319032
Cover Note Number	

### Driver

Name of Driver	ANUARUDIN BIN AHMAD
NRIC No	S8419253H
Date Of Birth	25/06/1984
Occupation	INDOOR
Date Of Driving Pass	25/10/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81183460
Fax Number	
Contact Number	OTHERS-81183460
Email Address	NOEMAIL

Address:	BLK 165 BEDOK SOUTH ROAD #09-356
Postcode	460165
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : NORAZLINAHWATI GENDER: : FEMALE

#### 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 AND ATTACHMENT

#### 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	XD8546J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

ADEN LEASING  
1 SUNVIEW ROAD #06-14

S(627615)

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

Vehicle A = SKP 2429  
Vehicle B: XPD 854

Thompson rd

East - stop  
510 ft

↑ | ↗ | ↘ | ↑

Vehicle A: SKP2424H  
Vehicle B: XD8546J

on the stated date and time, I, vehicle A was traveling straight on the stated venue. Suddenly, vehicle B cut into my lane and hit onto my vehicle rear to front right portion.

I wish to stated that the driver was admitted that he was swerved onto my lane and hit onto my vehicle.

1/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: John W. Smith  
NRIC/FIN No: 123456789

21st June 2018

Accident along Thomson Road at 1740hrs.  
Lorry XD 8546J hit SKP2424H on Merging lane in front  
of bus stop 51021. Lorry hit from the back door  
of the driver side until the side ~~view~~ mirror.  
Lorry driver detail, Mr Saepperunal Velmurugan,  
S pass No 031883873. Lorry driver admitted on  
hitting car SKP2424H. Lorry driver's boss will need  
have the car to go to their workshop and pay for  
all the damage cost to the car. repair.

Lorry driver Signature  
(XD 8546J)

HP: 86578471.

Saepperunal Velmurugan 21/06/18.

Car Driver Signature  
(SKP 2424H)

[Signature] 21/06/18  
HP: 81183460

[Signature] 21/06/2018  
Road Writers

Claim Handling

The premium on this policy has not been collected.

Accident MT/0999962

Policy No.	5101118032	Vehicle No.	SKP2424H	GST Registration No.	
Policyholder Name	ADEN LEASING			Policyholder NRIC	S3380138M
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81183490	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFE	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	25/06/2018 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/06/2018	Time of Accident (H:MM)	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMPSON ROAD BEFORE BUS-STOP 51021				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	1 SUNVIEW ROAD	Address 2	#06-14 ECO-TECH@SUNVIEW	Address 3	SINGAPORE 627615
Address 4		Address Type	Singapore address	Post Code	627615
Unit No.	02-511	Related Policy Number	5101118032		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver name	ANUARUDIN BIN AHMAD	Driver NRIC	98419253H	Driver DOB	25/06/1984
Register Date of Driver License	25/10/2006	Driver Age	33	Driving Experience	11
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 165 #09-356	Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460165
Address 4		Address Type	Foreign address	Post Code	460165
Unit No.	09-356				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SKP2424H	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 901 New

Claim Type *	OD-MX	Insured Name	ADEN LEASING	Insured NRIC	S3380138M
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SKP2424H	TP Vehicle Number	VD65461
Claim Description	SKP2424H / VD65461 ON 21 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	25/06/2018 16:27	Claim Close Date		Date Received	25/06/2018 00:00
Report Taken By	ROSLI WAHAB				
Print Ack letter					
Save Submit					

Attachment

Accident No.	MT/0999962	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/06/2018 16:28
Pgh =			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Send Message Upload			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:28	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	Photos	Normal	Photos 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	SAS	Normal	SAS 2018-6-25	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 Jun 2018 16:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-25	<a href="#">Edit</a>
<b>Video List</b>					
Uploaded By/Date	Folder Date	File Name		Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>					

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 21/06/2018 (dd/mn/yy) Time of Accident: 17:40 (24-HR-FORMAT)

Vehicle No.: SKP2424H Vehicle Make & Model: Subaru Impreza

Exact location of Accident: Thomson Rd before bus-stop 51021

Policyholder's Name / IC No.: Adam Liming / 53380138M

Driver's Name / IC No.: Anuarudina Bin Ahmad / 58419253H (As Above) ☐

Driver's Contact No.: 8118 3460 Company Contact No.:                     

Driver's Address: 165 Bedok South Road #09-366 SC460165

Insurance Company: NTUC Email address (if any):                     

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

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hired 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): 02

Passenger Name: Novazlinahwati

Gender: Male / Female  
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:                      Vehicle No: XD 8546J

Driver's Contact No:                      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  
IDENTITY CARD NO. S8419253H

ANUARUDIN BIN AHMAD

انوارالدين بن احمد

MALAY

Date of Birth: 25-06-1984

City of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8419253H

ANUARUDIN BIN AHMAD

Birth Date: 25 Jun 1984

Issue Date: 16 Sep 2016

002610001H

2873336

S8419253H

APT BLK 165 BEDOK SOUTH ROAD #09-368  
SINGAPORE 480155

NUIC No: S8419253H Date: 08/08/2017

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

Class	Vehicle Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	25 Oct 2006

NP 425A

Licence No: S8419253H

## 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:** 5101319032

**Cover :** Third Party

- |   |                      |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKP2428H           |
| Chassis Number  | : JF1GE 3KSS9G004221 |
| 2. Name of Policyholder   | : ADEN LEASING       |
| 3. Effective Date of Insurance  | : 08 Jun 2018        |
| 4. Expiry Date of Insurance   | : 07 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 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 : AUTO WORLD PTE. LTD. (00000573401)  
Date of Issue : 08 Jun 2018 16:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive