

NATIONAL Assessment Centre Services				MAY 18088025	
Date In	27/06/2018 15:56	Job description	Date & Time Completed		Done by
Ref No	188/11000583/1725/V	SAS e-filing			
Veh No	SJS 2396Z	E-mail (within 8hrs, AIC 2hrs)			
DGA	27/06/2018 09:15	i-Motor Claim Form	MT/11000583-001		27/06/2018
OD	TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)			16:28
TP Insurer:		i-Photo Uploaded			
		Assessment/Survey Report			
		Ass't Report by Fax / Hand to Owner/Wksp			

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: YM 6581K	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 (\$) 1st Bill	Amt (\$) Add Bill
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	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:-			
OI* *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				
Invoice dated Invoice dated		Fee Charged 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	27/06/2018 15:56
Date Of Accident	21/06/2018 09:15
Exact Location Of Accident	TANJONG PAGAR COMPLEX 37 KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2396Z
Insured/Policyholder	
Name Of Registered Owner	SAW SIEW LING SERENE
NRIC No	S8310035D
Email Address	DERRICKCHEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81120002
Alternative Phone No	OTHERS-92720009

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3-G (A)
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	REPORTING ONLY
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	5099940865
Cover Note Number	

Driver

Name of Driver	CHEO SHIAN QIANG (CAO XIANQIANG)
NRIC No	S8010225I
Date Of Birth	03/04/1980
Occupation	INDOOR
Date Of Driving Pass	15/11/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81120002
Fax Number	
Contact Number	OTHERS-92720009
Email Address	DERRICKCHEO@GMAIL.COM

Address	BLK 278 TAMPINES STREET 22 #09-208
Postcode	520278
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	YM6581K
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHAO JIE
NRIC/Passport Number	
Contact Number	92259911
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

SKETCH PLAN


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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:

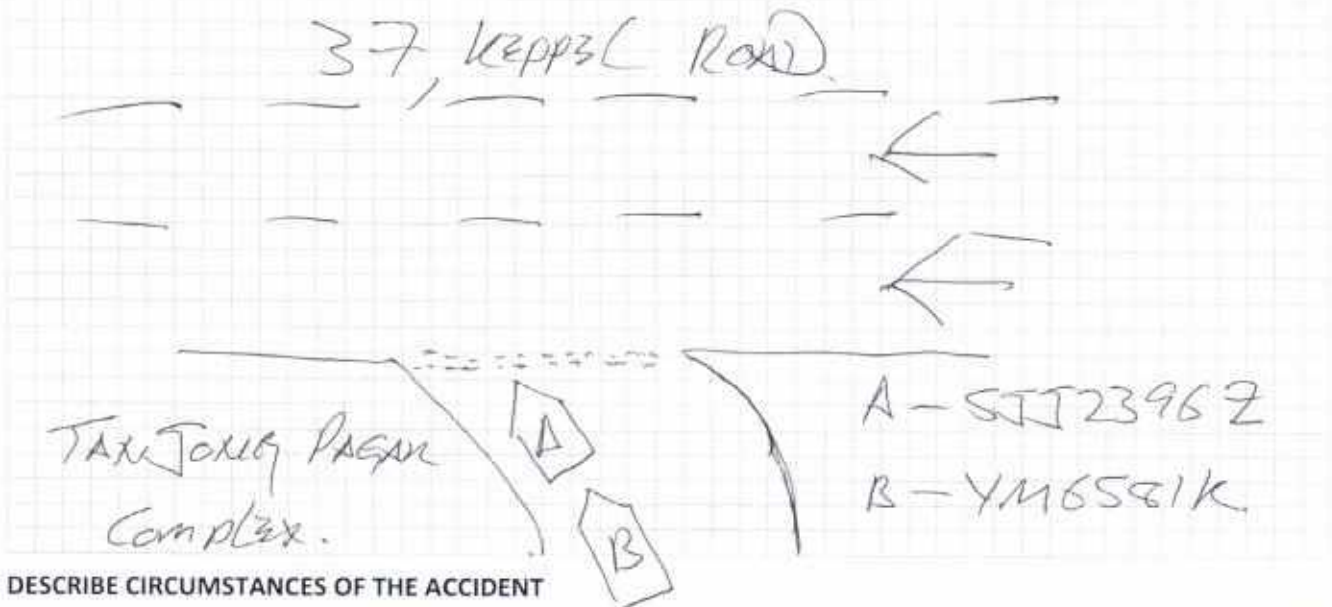
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 27/6/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 27/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE TIME OF ACCIDENT, I WAS JUST EXITING
37, KEPPEL RD WANGHUA S3 (TANJONG PAGAAN COMPLEX)
AS I APPROACH THE EXIT BEFORE THE GIVEWAY LINE AND
STOP. YMB581K VEHICLE DRIVEN ZHAO JIE DID NOT STOP
AND HIT DIRECTLY ON MY SJ2396Z HONDA FIT 1.3A
YMB581K VEHICLE, DRIVEN ZHAO JIE HAD AGREED TO
PRIVATE SETTLEMENT. (AS ATTACHED) I MAKE THIS REPORT
AS A RECORDING IN CASE (YMB581K) DISAGREE TO
PRIVATE SETTLEMENT AND PAY S\$900 AS AGREED ON THE
ACCIDENT SCENE.

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: Pauline
NRIC/FIN No: 9201 1234

PRIVATE SETTLEMENT FORM

1. Details of Accident

Date / Time: 21/06/2018 . 9/5am

Location: Tayang Pagar Complex, 37 Kappel Rd Exit

2a. Motor-vehicle registration no. SJ32396Z driven by
CHEO SHIAN QIAN, 58010225I (Name & NRIC no.)

2b. Motor-vehicle registration no. Ym6581K driven by
2hoo Jie (Name & NRIC no.)

3. There were no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows:



*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.


*b. Without any admission of liability, Ym6581K (Party paying compensation) has paid a sum of \$ 9500 which CHEO SHIAN QIAN (Owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.

*c. That Ym6581K (Name & NRIC no.) have received the aforesaid vehicle in good running order and damages that were caused as a result of the above-mentioned accident were repaired to satisfaction.

5. Both parties have not and will not make a police report of this accident.

6. Both parties will not file any accident claims for this accident.

Name : Jasur bin
NRIC : S79160557
Signature : 
Date : 
(Paying Party)

Name : CHEO SHIAN QIAN
NRIC : 58010225I
Signature : 
Date : 21/6/18
(Party Receiving Compensation)

Claim Handling

Exit

Accident MT/1000583

Policy No.	5099940965	Vehicle No.	53223962	GST Registration No.	
Policyholder Name	SAW SIEW LING SERENE			Policyholder NRIC	S81100150
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81120002	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	<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(%)	90	Involve fire	No

Accident Details

Report Date	27/06/2018 16:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	23/06/2018	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	TANJONG PAGAR COMPLEX 37 KEPPEL ROAD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	500.00	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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 27B #04-208	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 520278
Address 4		Address Type	Singapore address	Post Code	520278
Unit No.	09-208	Related Policy Number	5099940965		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEO SHIAN QIANG (CAO XIAN)	Driver NRIC	S80102251	Driver DOB	04/04/1980
Register Date of Driver License	15/11/2001	Driver Age	38	Driving Experience	16
Contact No.(Mobile)	92720009	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 27B #09-208	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520278
Address 4		Address Type	Foreign address	Post Code	520278
Unit No.	09-208				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	53223962	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SAW SIEW LING SERENE	Insured NRIC	S81100150
Contact No.(Mobile)	81120002	Contact No.(Home)	94003113	Contact No.(Office)	93451616
Email Address	serendiceo@gmail.com	OT Vehicle Number	53223962	TP Vehicle Number	YM6581X
Claim Description	53223962 / YM6581X ON 23 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	27/06/2018 16:26	Claim Close Date		Date Received	27/06/2018 00:00
Report Taken By	BOSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit





Attachment

Accident No.	MT/1000583	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/06/2018 16:28
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen		Urgency *
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? (CQ)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:28	SAS	Normal	SAS 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:14	Photos	Normal	Photos 2018-6-27		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:14	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:14	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:14	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:14	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 16:13	Photos	Normal	Photos 2018-6-27	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
Display in New Window Scan and uploading					

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 6 / 2018 (DD/MM/YYYY), TIME: 09 : 15 (HH:MM)

LOCATION: 37, JALAN RAKA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ12396Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5099940865
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FIT 1.3A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SAO SIOW LING SEWEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8310035D CONTACT: 81120002
 c) ADDRESS: BLK 276 TAMPAKAS ST2
#09-706, S510276

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIAO SIOW CHIAU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S890252 CONTACT: 92720009
 c) ADDRESS: BLK 276 TAMPAKAS ST2
#09-706, S510276

* d) DATE OF BIRTH: 31 / 4 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15.11.2001

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: YM6581K MODEL: ISUZU
 b) DRIVER'S NAME: ZHAO JIE
 c) NRIC/FIN/PASSPORT: CONTACT: 9259911

9. THIRD PARTY VEHICLE

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

email = derrickcheo@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S80102251



Name

CHEO SHIAN QIANG
(CAO XIANQIANG)

曹 献 强

Race

CHINESE

Date of birth

03-04-1980

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S80102251

CHEO SHIAN QIANG
(CAO XIANQIANG)

Birth Date: 03 Apr 1980

Issue Date: 10 Oct 2017



002732316D



4839842



NRIC No. S80102251

Date of issue

10-10-2010

Address

APT BLK 278 TAMPINES STREET 22
#09-208
SINGAPORE 520278

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	14 Oct 1999
Class 2A	Motorcycles between 201 cc and 400 cc	28 Nov 2000
Class 2	Motorcycles > 400 cc	08 Jan 2002
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	15 Nov 2001

NF428A



Licence No: S80102251

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: 5099940865

Cover : Third Party

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJJ2396Z |
| Chassis Number | : GE61106456 |
| 2. Name of Policyholder | : SAW SIEW LING SERENE |
| 3. Effective Date of Insurance | : 16 Apr 2018 |
| 4. Expiry Date of Insurance | : 04 Sep 2018 |
| 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	: SAW SIEW LING SERENE (SU XUILING SERENE)
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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)
 Date of Issue : 16 Apr 2018 11:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive