

NATIONAL Assessment Centre Services

(wef: 1 Jan 2015)

MAH/18088956

Date In: 10/07/2018 15:12	Job description	Date & Time Completed	Done by
Ref No: MAH/18082531/4	SAS e-filing		
Veh No: GBC 8426M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/06/2018 16:00	i-Motor Claim Form	MY18001559-002	10/07/2018 15:27
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

PC 2522S

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

MAH/1804349

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

- 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: Idau DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD*
- *N5: Courtesy Car / Tpl Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TR (N11): TP (Non INC) against INC \$20
- 9) N12: Idau Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/07/2018 15:12
Date Of Accident	30/06/2018 16:00
Exact Location Of Accident	T-JUNCTION OF LOR 19 GEYLANG AND GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8426M
Insured/Policyholder	
Name Of Registered Owner	STRAITS CONSTRUCTION SINGAPORE PTE LTD
Co Reg No	200803755R
Email Address	TONY.CHAN@STRAITSCONSTRUCTION.COM
Mobile Phone No	(LOCAL) +65-97211650
Alternative Phone No	OFFICE-97211650

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097134305
Cover Note Number	

Driver

Name of Driver	MANICKAM ANNAMALAICHAMY
Passport No/FIN	F7804298L
Date Of Birth	07/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97211650
Fax Number	
Contact Number	OTHERS-97211650
Email Address	TONY.CHAN@STRAITSCONSTRUCTION.COM

Address	21 KAKI BUKIT ROAD 6 #01-01
Postcode	415806
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : WORKING COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : WORKING COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH 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	PC2522S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ADAM BIN DARSIN

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.

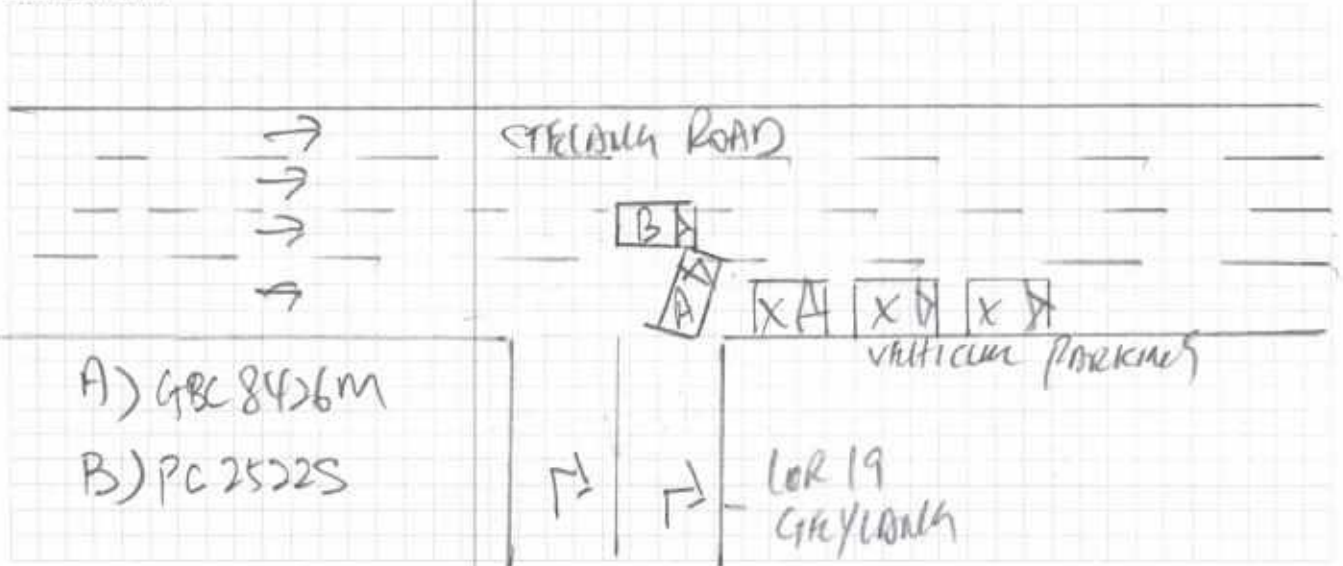


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Rashid W. H. A. B.*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

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: *ROSE WATSON*
NRIC/FIN No.:

NOTICE OF REPORTING

This is to confirm that Manickam Annamalaichamy, NRIC/FIN F7804298L, has reported to the Police a non-injury traffic accident which occurred at Geylang Street 19 on 30/06/2018 at 1600hrs involving the following vehicles:

A1: GBC8426M
Driver: Manickam Annamalaichamy
ID: F7804298L
M/ Indian/ 07-10-1976
Driving license: Class 2B, 3
Contact: 97211650

A2: PC2522S
Driver: Adam Bin Darsin
ID: S6841087H
M/ Singapore Citizen/ 02-10-1968
Address: 408C Fernvale Road #07-06 Singapore 793408
Contact: 96486558

On 30/06/2018, A1 was driving along Geylang Street 19 when he made a right turn into Geylang Road. However, upon turning into Geylang Road, A2 was going straight on Geylang Road. As such A1's vehicle left side had brushed onto A2's vehicle right, causing paints fell off and some scratches on A2's vehicle and dents on A1's left front bumper.

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.



Rocher Neighbourhood
Police Captain
11, Marubeni Green, #01-01
Singapore 238575
Tel: 1800-264 0097

Rank/Name of Issuing Officer: Sgt(2) T160193 Cindy Ong

Date: 30/06/2018 Time: 1713hrs

S/D Ref: 95

Police Post/Unit : 'A' Division Rochor NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Claim Handling

[Exit](#)

Accident MT/1001559

Policy No.	5097134303	Vehicle No.	GBC8426M	GST Registration No.	200803755R
Policyholder Name	STRAITS CONSTRUCTION SINGAPORE PTE LTD			Policyholder NRIC	200803755R
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	04/07/2018 11:46	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	30/06/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GEYLANG ROAD & UPRONG 18 GEYLANG				

Benefits

Excess

Own damage Excess	000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2009
GST Registration No.	200803755R	GST Status Verified	Yes
Modification History	05/07/2018 10:52:03 Nur Shahira Hassan changed GST Registered from No to Yes 05/07/2018 10:52:03 Nur Shahira Hassan changed GST Registration No. from null to 200803755R 05/07/2018 10:52:03 Nur Shahira Hassan changed GST Registration Date from null to 01/01/2009		

Policyholder Mailing Address

Address 1	16 JALAN KILANG	Address 2	#05-01 HOI HUP BUILDING	Address 3	SINGAPORE 139416
Address 4		Address Type	Singapore address	Post Code	159416
Unit No.		Related Policy Number	5101232898		

D1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	DD-MX *	Insured Name	STRAITS CONSTRUCTION SING	Insured NRIC	200803755R
Contact No.(Mobile)		Contact No.(Home)	63760843	Contact No.(Office)	62225722
Email Address		OT Vehicle Number	GBC8426M	TP Vehicle Number	PC25225
Claim Description	GBC8426M / PC25225 ON 30 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault *	Name of Preferred Workshop	
Requires Finalisation	Yes *	Preferred Repair Option	Preferred Workshop, Name unknown *	GSA report	Received *
Date Registered	10/07/2018 15:10	Claim Close Date		Date Received	10/07/2018 00:00
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print A4 letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1001559	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/07/2018 15:27	
Path *		Category *	Confidential: <input type="radio"/> Urgency *	Description *
Choose File No file chosen		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	
Choose File No file chosen		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	
Choose File No file chosen		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	
Choose File No file chosen		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	
Choose File No file chosen		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	
Choose File No file chosen		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	
Message Read		Clear Please Select *	<input type="radio"/> NO <input type="radio"/> Normal *	

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 10 Jul 2018 15:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-10		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 10 Jul 2018 15:27	SAS	Normal	SAS 2018-7-10		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 10 Jul 2018 15:11	Photos	Normal	Photos 2018-7-10		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 10 Jul 2018 15:11	Photos	Normal	Photos 2018-7-10		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH) on 10 Jul 2018 15:11	Photos	Normal	Photos 2018-7-10		Edit

UKIT MERAH)) on 10 Jul 2018 15:11



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:10

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 10 Jul 2018 15:10

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Photos

Normal

Photos 2018-7-10

[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 6 / 2018 (DD/MM/YYYY), TIME: 4 : PM (HH:MM)

LOCATION: GEYLANA ROAD STREET 19

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ABC 8426 M
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5057134305
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Isuzu Nissan commercial
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: SIRONS Construction (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MP NICKAM ANNAMALAI CHANTY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F7804298L CONTACT: 97211650
 c) ADDRESS: GREY FORM PTE LTD
21 KAKI BUKIT ROAD 6 #01-01, 415806

*d) DATE OF BIRTH: 07 / 10 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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: LOCKER NIP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 2522S MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = Tony.chen@sironsconstruction.com

VIDEO =

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

Employer
STRAITS CONSTRUCTION SINGAPORE PRIVATE LIMITED



Name
MANICKAM ANNAMALAICHAMY
Work Permit No: **0 31123097** Sector:
CONSTRUCTION



K0066659

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F7804298L**

Name: **MANICKAM ANNAMALAICHAMY**

Date of Birth: **07 Oct 1976**

Issue Date: **29 Jul 2013**

Valid Till: **06 Aug 2018**

1002207106C

VISIT PASS
Immigration Regulations

TI-12-2017

Name
MANICKAM ANNAMALAICHAMY



FIN
F7804298L

Date of Birth
07-10-1976

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Download SGWorkPass App to check status



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

EFFECTIVE DATE:

Class 2B Motorcycles ≤ 200 cc 07 Aug 2008
Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500 kg 07 Aug 2008

NP 428A



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 : 5097134305

Cover : Comprehensive

- | | |
|--|--|
| 1. Index mark and Registration Number of Vehicle | : GBC8426M |
| Chassis Number | : JN1SC2F24Z0855373 |
| 2. Name of Policyholder | : STRAITS CONSTRUCTION SINGAPORE PTE LTD |
| 3. Effective Date of Insurance | : 20 Jan 2018 |
| 4. Expiry Date of Insurance | : 19 Jan 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 04 Jan 2018 08:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive