

NATIONAL Assessment Centre Services				MNA418092762	
Date In: 18/07/2018 14:30	Job description	Date & Time Completed	Done by		
Ref No: NDA/MC/801804511	SAS e-filing				
Veh No: SLF 7M4Y	E-mail (within 8hrs, A/C 2hrs)				
D.O.A: 17/07/2018 13:30	i-Motor Claim Form	MT11003538-001	18/07/2018		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:56		
	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: SLF 9368 G	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		Am't (\$) 1st Bill	Am't (\$) 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) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON*				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac 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	18/07/2018 14:17
Date Of Accident	17/07/2018 13:30
Exact Location Of Accident	ALONG BUKIT MERAH LANE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7774Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DISENO STYLE
Co Reg No	53366390C
Email Address	JASONONG88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81787774
Alternative Phone No	OFFICE-81787774

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092792405
Cover Note Number	

### Driver

Name of Driver	ONG CHEOW HONG
NRIC No	S7342530A
Date Of Birth	15/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81787774
Fax Number	
Contact Number	OTHERS-81787774
Email Address	JASONONG88@GMAIL.COM



Address	BLK 684A EDGEDALE PLAINS #04-601
Postcode	821684
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180718/2061

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9368G
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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: 15/07/18

Driver's Signature

(If driver is not the policyholder)

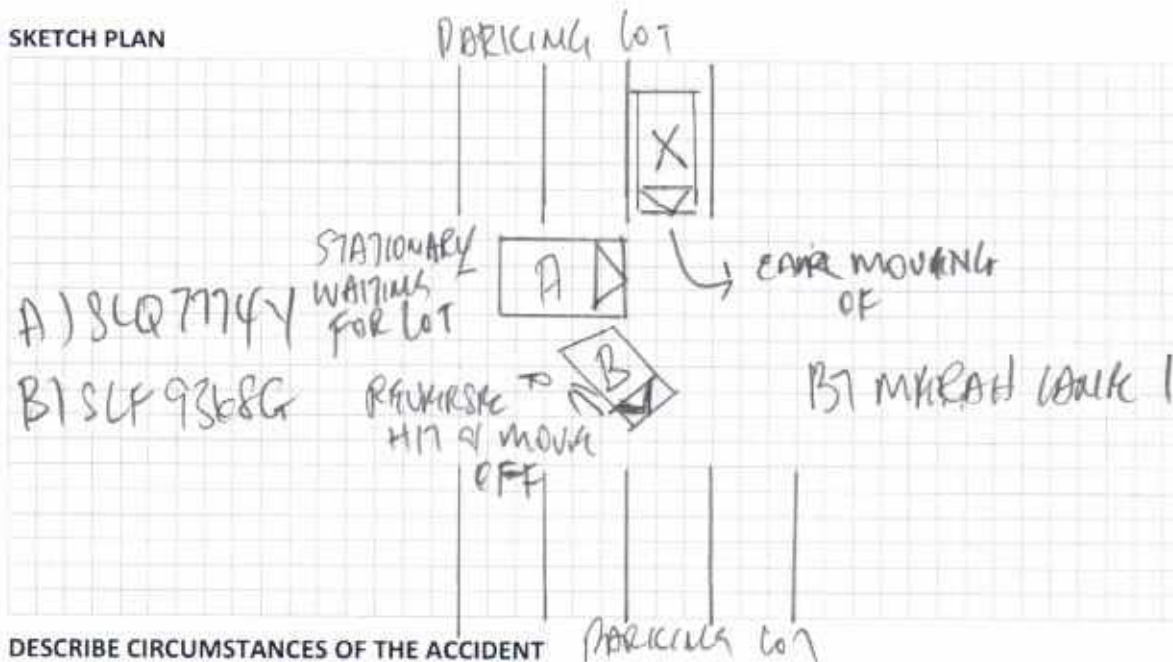
Date & Time: 15/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PARKING LOT

AS REFER TO POLICE REPORT  
1/20/80718/2061

DECLARATION

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



Policyholder's Signature  
Date & Time: 18/07/18

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/07/18

*[Signature]* 18/07/2018

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





# SINGAPORE POLICE FORCE



T/20180718/2061

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20180718/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2018 12:24		Vide Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: ONG CHEOW HONG			Address: APT BLK 684A EDGEDALE PLAINS #04-601 SINGAPORE 821684		
ID Type / ID No.: NRIC NO / S7342530A			Contact No.: Home/Office: Mobile: 81787774		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 15/11/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/07/2018 13:30	Type of Location: Car Park
Location: Along Road 1 BUKIT MERAH LANE 1				
Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF9368G	Car					0
SLQ7774Y	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180718/2061

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3

Report No. T/20180718/2061

**CONTINUATION OF REPORT**

Driver			
Name	ONG CHEOW HONG		ID No. S7342530A
Related Vehicle	SLQ7774Y (Car)		Contact No. 81787774
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/07/2018 in between 1.30pm to 2pm I was at the carpark of Bukit Merah Lane 1 waiting for available parking lot to park.

At that moment a vehicle near the front right area ahead of me started to reverse and was doing a 3 point turn, in the process of it, the vehicle's rear collided to my front right bumper area however the driver did not stop and instead, it drove off.

The collision caused some scratches to the front right bumper area.

I am lodging this report as advised by my insurance company.



**SINGAPORE  
POLICE FORCE**



T/20180718/2061

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No. T/20180718/2061

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
E /  
Sgt 3 TEO TECK CHUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/07/2018 12:24

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SN 059

SIGNATURE



## Claim Handling

Accident MT/1003538

Policy No.	5092792405	Vehicle No.	SLQ7774Y	GST Registration No.	
Policyholder Name	DISENO STYLE			Policyholder NRIC	S3366390C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	81787774	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	18/07/2018 14:39	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	17/07/2018	Time of Accident (hh:mm)	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	ALONG BUKIT MERAH LANE 1				

## Benefits

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	8 LORONG SAKIL BATU	Address 2	#03-06	Address 3	SINGAPORE 348743
Address 4		Address Type	Singapore address	Post Code	348743
Unit No.		Related Policy Number	5092792405		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DNG CHIEW HONG	Driver NRIC	S7342530A	Driver DOB	13/11/1973
Register Date of Driver License	17/06/2013	Driver Age	44	Driving Experience	5
Contact No.(Mobile)	81787774	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 584A #04-601	Address 2	EDGE DALE PLAINS	Address 3	WATERWAY VIEW
Address 4	SINGAPORE S21684	Address Type	Foreign address	Post Code	S21684
Unit No.	04-601				
Does he own a Singapore registered car?	Yes	Driver Vehicle No.	SLQ7774Y	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes

Modification History

Claims 001 New

Claim Type *	OD-MK	Insured Name	DISENO STYLE	Insured NRIC	S3366390C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	S3155333
Email Address		OT Vehicle Number	SLQ7774Y	TP Vehicle Number	SLF9368G
Claim Description	SLQ7774Y / SLF9368G ON 17 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Report Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/07/2018 14:42	Claim Close Date		Date Received	18/07/2018 00:00
Report Taken By	RDSLJ WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1003538	Claim No.	001
Last Doc. Received	Yes	Upload Date	18/07/2018 14:56
Path *		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			

## 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 18 Jul 2018 14:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-18		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 14:56	SAS	Normal	SAS 2018-7-18		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 14:42	Photos	Normal	Photos 2018-7-18		Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 14:42	Photos	Normal	Photos 2018-7-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 14:42	Photos	Normal	Photos 2018-7-18	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 14:42	Photos	Normal	Photos 2018-7-18	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 18 Jul 2018 14:42	Photos	Normal	Photos 2018-7-18	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	



# ACCIDENT STATEMENT

ACCIDENT DATE: (17/07/2018) (DD/MM/YYYY), TIME: (13:30) (HH:MM)

LOCATION: Blk 111, Bunan road, near 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 7774Y  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5692792405  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CHR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Driver Grab  
 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: Diseno Style (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ONG CHEOW HONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7342530A CONTACT: 81787774  
 c) ADDRESS: BK 654A, EDGEDALE PARKS  
#04-601 S (821684)

\*d) DATE OF BIRTH: (15/11/1973) (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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLF 9368 G MODEL: Mercedes  
 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 = jasonong 88@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7342530A



Name  
ONG CHEOW HONG

王 招 丰

Race  
CHINESE

Date of birth  
15-11-1973

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7342530A

ONG CHEOW HONG

Birth Date: 15 Nov 1973

Issue Date: 17 Jun 2013

002191614H



4725040



NRIC No. S7342530A



Date of issue  
04-05-2011

APT BLK 884A EDGEDALE PLAINS #04-601  
SINGAPORE 821884

NRIC No: S7342530A Date: 15/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  3500kg 17 Jun 2013

NP 428A

Licence No: S7342530A







### 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: 5092792405

Cover : drive CLASSIC

- |   |                 |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle  | : To Be Advised |
| Chassis Number  | : ZYX10-2015623 |
| 2. Name of Policyholder   | : DISENO STYLE  |
| 3. Effective Date of Insurance  | : 20 Jul 2017   |
| 4. Expiry Date of Insurance   | : 19 Jul 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WSI CREDIT PTE LTD
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 20 Jul 2017 11:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive