	ntre Services (mer Jawos)		
Date In 30/07/18	Job description Date & Time Completed	Done	by:
Ref No NA/INC/80/3773/13	SAS e-filing		
Vch No SILDIBIM	E-mail (within 8hrs, AIC 2hrs)		
DOA 28/07/18 200	i-Motor Claim Form   m7/1005209 - 100		
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (11') Peporting Only	i-Photo Uploaded		
TD L	Assessment/Survey Report		O. 5098
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	( Tel: Fax:		2 200
TP Particulars: Veh No:	SCMS711m INC( )/Non-INC( )		
Owner / Driver: (	Tel:	)	
Policy No: (	Period: ( ) Cover Type: (	)	
Confirmed by : (	Date: Time:	18	
Insured/Driver Liability: ( %	o) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%	6]	- History I
Year of Registration: ( )	Warranty: YES ( )/NO( )		
Excess: (\$ ) Loading: \$	51,000 ( )/\$2,000 ( )		
General Remarks:-			- Commission
( ) Walk-In Customer: Customers i	information strictly Confidential & Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	The second secon		
Drive-In ( ) / Towed-In ( ); Invo	oice: YES ( ) / NO ( ); Towing Co. (		
Remarks:- (INC horling: 6788 6616	Date&Time Completed	Done	у
7 10 1 C 11 mice monage 1 200	)/Courtesy Car ( )	mindle and the	- //-
2) QC Check / Post Repair Inspection	( )	VX 1.1 VALUE V VII.5	8118/200
The second secon	>\$30001 ( )		
3) Upload Resurvey Photo [Repair Cost >	>\$3000] ( )		14
	>\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > Injury :			
3) Upload Resurvey Photo [Repair Cost > Injury :	>\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > Injury :			
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3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions	CIV. Addition	Ant (S)	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MAISO 473	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  MAISO 473  laimant's Particulars :-	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  MAISO 473  laimant's Particulars :-	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  MAISO 473  laimant's Particulars:- river/Owner:	Invoice Preparation Checklist  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	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  PAISO 473  Islimant's Particulars:-  river/Owner:  ontact No:	Invoice Preparation Checklist  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)	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Particulars:  river/Owner:  ontact No:	Invoice Preparation Checklist  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: Idae DA + SMRT Survey \$160	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Particulars:  river/Owner:  ontact No:  amaged Portion:	Invoice Preparation Checklist  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: Idae DA + SMRT Survey \$160  8) NTUC Additional Services:-	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Particulars:  river/Owner:  ontact No:  amaged Portion:	Invoice Preparation Checklist  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: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:  OD*  *N5: Courtesy Car / Tpt Allowance \$5	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Plaimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Preparation Checklist  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:  OD*  *N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Plaimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Preparation Checklist	17. 25 1.1	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:  OD!*  *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 (N-2n INC) against INC \$20	17. 25 1.1	Amt (\$ Add Bi
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Particulars:  river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments:-	Invoice Preparation Checklist  1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (\$200) 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services: OD!* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5	let Bill	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

<b>这种形式和特殊的一种的。上层的原则和中央人类的同样</b>	ACCIDENT STATEMENT
Date Of Report	30/07/2018 09:23
Date Of Accident	28/07/2018 22:00
Exact Location Of Accident	ALONG PIE B4 JLN EUNOS ON LANE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL2182M
Insured/Policyholder	
Name Of Registered Owner	GODSPEED AUTOMOBILE
Co Reg No	53207510B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88229119
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at ime of accident	GRAB
Are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	THIRD PARTY
leet Policy	YES
Policy Number	5087977861-01
Cover Note Number	
Driver	
lame of Driver	HOONG MOH KENG(HONG MAOQING)
IRIC No	S7631811E
Date Of Birth	05/10/1976
Occupation	OUTDOOR
Pate Of Driving Pass	12/09/2014
Priving Experience	A VEADO AND AS MONTHS
	3 YEARS AND 10 MONTHS

(LOCAL) +65-83889792

AK.HOONG.MK@GMAIL.COM

BLK 120A EDGEDALE PLAINS Address

#09-263

Postcode 821120

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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:

: DAVID BOWYER

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180729/2015

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

SLM5711M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KHAIRUDIN BIN OSMAN

NRIC/Passport Number

S7408735C

Contact Number

96721771

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJY2131S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LIM CHUN PENG, JONATANS

NRIC/Passport Number

S9036421I

Contact Number

96784637

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

Name

HOONG MOH KENG(HONG MAOQING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJL2182M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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:

portung Centre Personnel's Signature

NRIC/FIN No.:

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.:





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 4 Report No. T/20180729/2015

# CONTINUATION OF REPORT

<b>Details of Pers</b>	on involved			Metro A	ASSESSION OF	Maria and a way of the control of
Any Pedestrian	Involved: No			District Control	- TOPON	con translate properties dispersion in
No. of Pedestria	ns Injured: NIL	2012/2016	Use of P	edestria	n Cros	sing: NA
Driver			7.8 S (MA)	Cucstria	11 0105	ising, IVA
Name	HOONG MOH KEI	NG	ALL STATE OF THE PARTY.	ID No	0.	S7631811E
Related Vehicle	SJL2182M (Car)		and the second	Conta	act No.	83889792
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis		and the second	
No. of Days gran	ted Medical Leave	04	Degree of	of Injury	NIL	
Driver		SIGNAL BEING	Degree	injury	STATE OF THE PARTY OF	Management was a service
Name	Lim Chun Peng, Jo	natons		ID No		S9036421I
Related Vehicle	SJY2131S (Car)		Conta	ict No.	96784637	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of			
Driver		DE PROPERTY OF	a digital of	Ministration of	gundangs/	Charles were relative and the late of
Name	Khairudin Bin Osma	ın		ID No.		S7408735C
Related Vehicle	SLM5711M (Car)		Contac	ct No.	96721771	
Hospital/Clinic	NIL		Class of Driving Licence	e &	Class: NIL Date of Expiry: NIL	
ate Treatment	NIL		1-	Expiry		
ate Treatment	MIL		Date Disc		NIL	

## Brief Details.

On 28/07/2018 at about 2140hrs, I picked up 2 passengers from Kallang Wave Mall to 2F Flora Drive. Subsequently at about 2200hrs, I was driving my Grab Car SJL2182M along PIE towards Jalan Eunos on lane 1. I noticed that there are heavy traffic in front and vehicles in front are coming to a stop, as such I slowed down my vehicle and came to a stop as well. After my car came to a complete stop, I made a check on my rear view mirror and noticed that the vehicle behind me managed to stop as well.

Suddenly I heard a bang from the rear and felt and impact from the rear of my vehicle. I then alighted my vehicle to make a check and noticed that there was another car which had collided to the rear of the





1 of 4

Report No. T/20180729/2015

Police Station Of Origin:
Punggol N.P.C
214 Tebing Lane SINGAPOR

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 04:05	Made:	Vide Report No.:	Station Diary No. 15
Informant's Particulars				
	f Informant: MOH KEN		Address: APT BLK 120A EDGEDALE F 821120	PLAINS #09-263 SINGAPORE
	/ ID No.: O / S76318	11E	Contact No.: Home/Office: Mobile: 83889792	
National	nality: APORE CITIZEN		Email:	
Sex: Male	Age:	Date of Birth: 05/10/1976	Type of Informant: Driver	
Race: Chinese	):[		Language: English	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/07/2018 22:00	Type of Location Straight Road
	EXPRESSWAY fore Jalan Eunos on Lane	475	1 20/07/2010 22,00	
Weather:	oro odian Edito on Edito	Road Surface:		Road Speed Limit:
Clear		Dry		toda opood Liint.
Traffic Flow:		Traffic Control: Not Controlled	1	Traffic Volume: Heavy
Traine Flow.		Not Controlled		neavy

Vehicle No.	ehicle Invo	Make	Model	Io.		F
	Type	Make	Model	Color	Condition	No of Passenger
SJL2182M	Car				COLL STREET	2
SJY2131S	Car					2
SLM5711M	Car					5





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 4 Report No. T/20180729/2015

# CONTINUATION OF REPORT

vehicle which was behind me and causing the vehicle behind me to collide onto my vehicle's rear.

I am the first vehicle SJL2182M, second vehicle is SLM5711M and the last vehicle is SJY2131S. Police and Ambulance was at scene, however I did not notice if anyone was conveyed by ambulance. I do not have in-car camera in my vehicle. I did not felt pain immediately.

On the same day at about 2345hrs, I started to feel numbness on my left hand, felt pain on my left palm area. I then proceeded to National University Hospital to see a doctor and was given 4 days of Medical Leave.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

4 of 4 Report No. T/20180729/2015

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 Informant:
storación (
Date/Time:
29/07/2018 04:05
Classification Of Case:
SP.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7631811E



Name

HOONG MOH KENG (HONG MAOQING)



Race CHINESE

Se

05-10-1976 Country/Place of birth SINGAPORE





5629680



ARIC No. S7631811E

Oute of lenue 01-08-2016

Artenan

APT BLK 120A EDGEDALE PLAINS #09-263 SINGAPORE 821120 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

If the driver; and other motor vehicles < 2500kg 12 Sep 2014

NP 428A







# **VOCATIONAL LICENCE**

Licence No S7631811E Name : HOONG MOH KENG

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

07/06/2018





# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND C	OMPENSATION) ACT INVIOL
MOTOR VEHICLES (THIRD PARTY RISKS AND C	OMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	Civil Elesation) Roles, 1960
MOTOR VEHICLES (THIRD PARTY RISKS) PULLED	1050 (111)

Certific	cate Number: 5087977861-01	Cover : Third Party
1. Ind	lex mark and Registration Number of Vehicle assis Number	: SJL2182M
3. Effe	me of Policyholder ective Date of Insurance	: KNAFE227395634670 : GODSPEED AUTOMOBILE : 12 Mar 2018
4. Exp	iry Date of Insurance	: 11 Mar 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

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		
NAMED DRIVER (1)	: N/A	
NAMED DRIVER (2)	: N/A	100
	: 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	: CITY INSURANCE AGENCY PTE. LTD. (0000057	73566)
Date of Issue	: 12 Feb 2018 17:40 hrs	3300)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

### **Claim Handling**

Controllate No.   Procession No.   Pro		
Principation Name	ST Registration f	No.
Process Code		
Contest No.   Contest No.   Contest No.   Contest No.   Contest No.   Contest No.	olicyholder NRIC	53
Social Romans	oading	0
TCA	ontact No.(Home	e) <u>0</u>
NO	Code	N
Received Details   Received Testing   Received Te	Code Reason	
Accident Report Date	rivate Hire	Ye
Date of Accident 29/07/2018 Time of Accident for time 23:00 Cardina Recording Confide Countries Confide Countries Confide Countries Confide Countries Countr		
Recycling Center  ALONG PIE B4 JULEUNOS ON LANE 1  Figure Bandins  ALONG PIE B4 JULEUNOS ON LANE 1  Figure Bandins  ALONG PIE B4 JULEUNOS ON LANE 1  Figure Bandins  Additional Excess  Dutated Singapore OD Excess  JULIANO  Outside Singapore OD Excess  JULIANO  Outside Singapore TF Excess  JULIANO	ccident Type	Ch
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