

NATIONAL Assessment Centre Services

Form JAN05

MAA 418102100

Date In: 07/08/2018 15:05	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1807436314	SAS e-filing		
Veh No: SKS 2614K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/2018 19:15	i-Motor Claim Form	MM/006412001	08/09/2018 10:45
OD (TP) Reporting Only	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: SHC 2768U, 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 :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est. 2 / 3:	6) TR: Re-inspection \$75			
	7) NI: 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			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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 willful 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	07/08/2018 15:05
Date Of Accident	31/07/2018 19:15
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE CLEMENTI EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2614K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOSSEINI MOHAMMAD ALLAHVEIRDI
NRIC No	G5897872N
Email Address	MOHAROYA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91152350
Alternative Phone No	OTHERS-91152350

### Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099332836
Cover Note Number	

### Driver

Name of Driver	HOSSEINI MOHAMMAD ALLAHVEIRDI
NRIC No	G5897872N
Date Of Birth	24/01/1981
Occupation	INDOOR
Date Of Driving Pass	05/10/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91152350
Fax Number	
Contact Number	OTHERS-91152350
Email Address	MOHAROYA@YAHOO.COM

Address	80 MOHAMED SULTAN ROAD #01-13
Postcode	239013
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : FRIEND GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH 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	SHC2768U
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH KOK HWEE
NRIC/Passport Number	S7622264I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ZHENG SHENG JOHNSON
NRIC/Passport Number	S8938222Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

7/6/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

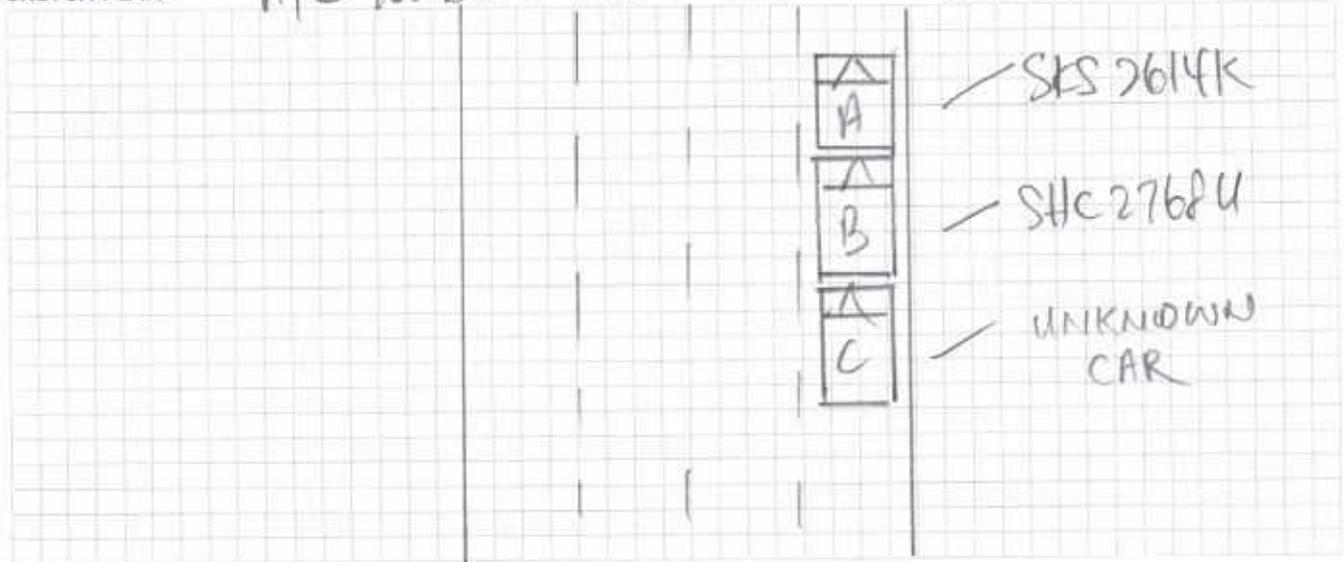
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AYE TOWARDS WAS BEFORE CEMENATI EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy traffic on AYE. car in front of me Jam brake and I managed to stop in time as I kept sufficient distance. However the Mercedes limo taxi behind me didn't maintain sufficient distance and he crashed into my rear from behind. Another car behind the Mercedes limo taxi also crashed into the rear of the Mercedes taxi.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 06/08/18

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

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





**SINGAPORE  
POLICE FORCE**



T/20180807/2100

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180807/2100

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/07/2018 at about 1155hrs, I was riding in my motorvehicle registration plate number FN7814C from AYE Towards City exiting number 13 of the expressway, when I was riding at the most left lane of the expressway, while I was checking out for oncoming vehicle from my right. The next moment I could react was, I had been hit and fell onto the left most lane in front of the bus stop right in front of the yellow box. The vehicle that was involved in a collision with mine was registration plate number SBY6484S. Shortly after the collision, the driver had alighted and check my wellbeing and immediate render medical assistance. The cost of repair to my damages is around 1500 Singapore dollars only. The damage to my motorvehicle is Signal light, fork, handle bar, fork oil seal, spocket and chain, foot rest, meter, tyres and clutch level, mirror and tubervalva. I am lodging this police report as I wish to make insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20180807/2100

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180807/2100

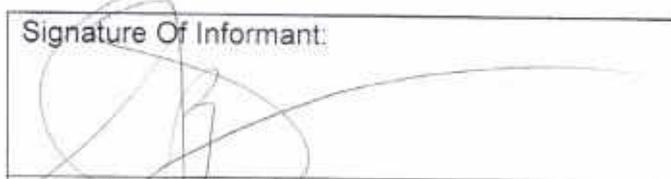
CONTINUATION OF REPORT

**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: D / Sgt 1 GABRIEL CHAN WEE KEEN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404

Signature Of Informant: 
Date/Time: 07/08/2018 15:13
Classification Of Case:

Authentication Stamp  
NP168

BOOKING PASS



Name: Hosseini/Mohammad Flt: TR 899  
Depart: Taipei 1545 Seat: 28C F:  
Arrive: Singapore 2040 Gate: B8 D:  
Boarding Time: 1500 Date: 06Aug18 C:  
Class: X1TRA Seq No: 195 P:  
Please be at the boarding gate  
60 Min before departure time  
SSR:

PNR: L58HFC  
 B:  
E:  
S:



NOT VALID  
WITHOUT  
STAMP

DOCUMENT CHECK REQUIRED

Proceed to Document Check counter

Name: HOSSEINI/MOHAMMAD Flt: TR 896  
Depart: Singapore 12:15 Seat: 27C  
Arrive: Taipei 17:00 Gate: F34  
Boarding Time: 11:30 Date: 01AUG18  
Class: X1 - Economy Seq No: 270  
PNR: X415FV

Please be at the boarding gate  
60 Min before departure time

SSR: PR5N



*W 07/08/2018*

Claim Handling

Accident MT/1006412

Policy No.	509332836	Vehicle No.	SKS2614K	GET Registration No.	
Certificate No.					
Policyholder Name	HOSSEINI MOHAMMAD ALLAHVEIDI	Cover Type	drive CLASSIC	Policyholder NRIC	G589782N
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91152350	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFX	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/08/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	31/07/2018	Time of Accident (H:MM)	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No:	
Accident Location	AVE TOWARDS TUAS BEFORE CLEMENTI EXIT				

Benefits

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore-OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GET Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	80 MOHAMED SULTAN ROAD	Address 2	#01-13	Address 3	SINGAPORE 239013
Address 4		Address Type	Singapore address	Post Code	239013
Unit No.		Related Policy Number	509332836		

Q1 Driver Info

Driver Name	HOSSEINI MOHAMMAD ALLAHVEIDI	Driver Type	Main Driver	Driver DOB	24/11/1981
Unnamed driver Name		Driver NRIC	G589782N	Driving Experience	2
Regulator Date of Driver License	05/10/2015	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	91152350	Contact No.(Office)		Address 1	SINGAPORE 239013
Address 1	80 MOHAMED SULTAN ROAD	Address 2	#01-13	Post Code	239013
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKS2614K	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HOSSEINI MOHAMMAD ALLAHVEIDI	Injured NRIC	G5897
Contact No.(Mobile)	+6591152350	Contact No. (Home)		Contact No. (Office)	
Email Address	hoharoy@yahoo.com	OT		TF	
Claim Description	SKS2614K / SHC2768U ON 31 Jul 2018				
Preferred Workshop	Yes	Injured Liability	Not at Fault	QIA report	Received
Repair Option	Preferred	Preferred Workshop Name	unknown	Claim Close Date	08/08/2018 10:44
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1006412	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	08/08/2018 10:40			
Path *						
Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	RI
NAC_BUKIT_MERAH_8066751 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Aug 2018 10:43		Photos	Normal	Photos 2018-B-E	



# ACCIDENT STATEMENT

ACCIDENT DATE: 31 July 2018 (DD/MM/YYYY), TIME: 19:15 (HH:MM)

LOCATION: A:YA towards Tues. before Clementi exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 2614K  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5099332836  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 523i  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
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: Mohammad Hossein (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G75897872N CONTACT: 9152350  
c) ADDRESS: 80 Mohamed Sultan Rd. #01-13  
Singapore 239013

\* CONTINUE TO 3.8 IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: A/B (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 24/01/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05 Oct 2015

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SHC 2768U MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: KOH KOH HWEI  
c) NRIC/FIN/PASSPORT: S76222641 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: LEE ZHENG SHENG JOHNSON  
f) NRIC/FIN/PASSPORT: S89382227 CONTACT: \_\_\_\_\_

FRANK (F)

\*No of passengers  
(including driver)  
(2)

\*No of passenger  
(including driver)  
( )

\*No of passengers  
(including driver)  
( )

Email = Moharoya @ yahoo . com  
VIDEO =

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**SHABESTAN PTE. LTD.**



Name  
**HOSSEINI MOHAMMAD ALLAHVEIRDI**

Occupation  
**MANAGING DIRECTOR**

FIN  
**G5897872N**

Date of Application  
**14-06-2017**

Date of Issue  
**10-07-2017**

Date of Expiry  
**27-09-2020**




**L8109221**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



License Number: **G5897872N**

Name:  
**HOSSEINI MOHAMMAD ALLAHVEIRDI**

Birth Date: **24 Jan 1981**

Issue Date: **05 Oct 2015**

Valid Till **04/10/2020**

**002480098D**



**SG 50**

**VISIT PASS**  
Immigration Regulations

Name  
**HOSSEINI MOHAMMAD ALLAHVEIRDI**



Date of Birth	Sex	Nationality
<b>24-01-1981</b>	<b>M</b>	<b>IRANIAN</b>
FIN	Date of Issue	Date of Expiry
<b>G5897872N</b>	<b>10-07-2017</b>	<b>27-09-2020</b>

**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.**



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

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Oct 2015

**NP 428A**

Licence No: **G5897872N**



## 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)

<b>Certificate Number:</b> 5099332836	<b>Cover :</b> drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SKS2614K
Chassis Number	: WBAFP32050C543859
2. Name of Policyholder	: HOSSEINI MOHAMMAD ALLAHVEIRDI
3. Effective Date of Insurance	: 29 Mar 2018
4. Expiry Date of Insurance	: 28 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 business or profession.	

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: HOSSEINI MOHAMMAD ALLAHVEIRDI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : DICKSON AUTO AGENCY (00000614645)  
 Date of Issue : 28 Mar 2018 17:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

\_\_\_\_\_  
 Authorised Officer

\_\_\_\_\_  
 Chief Executive