

NATIONAL Assessment Centre Services (Ref: J-105) MA1848703502			
Date In: 10/08/2018 18:07	Job description	Date & Time Completed	Done by
Ref No: N/A1848703502	SAS e-filing		
Veh No: SLG 1422E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/08/2018 20:25	i-Motor Claim Form		
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: SFT 1279E	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 (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OR*		
	*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: Idao 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	10/08/2018 18:07
Date Of Accident	09/08/2018 20:25
Exact Location Of Accident	ALONG RHU CROSS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1422E
Insured/Policyholder	
Name Of Registered Owner	A&Z'S
Co Reg No	53344971E
Email Address	ARDI_ZULIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94554740
Alternative Phone No	OFFICE-94554740

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own Insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084332655-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SUHARDI BIN ADNAN
NRIC No	S8429999E
Date Of Birth	01/10/1984
Occupation	INDOOR
Date Of Driving Pass	30/09/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554740
Fax Number	
Contact Number	OTHERS-94554740
Email Address	ARDI_ZULIE@HOTMAIL.COM

Address	BLK 486 SEGAR ROAD #05-532
Postcode	670486
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	SIDE SWIPE
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)	5
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : FATHER GENDER: : MALE
Passenger 3	NAME: : MOTHER GENDER: : FEMALE
Passenger 4	NAME: : SON GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFT1729E
Vehicle Make/Model/Colour	AUDI Q3
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	BRYAN
NRIC/Passport Number	
Contact Number	97499394
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: ; GENDER: ;
Passenger 2	NAME: ; GENDER: ;
Passenger 3	NAME: ; GENDER: ;

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.

 **A&Z's**

Policyholder's Signature


Date & Time: 10/06/18 1745H13



Driver's Signature

(If driver is not the policyholder)

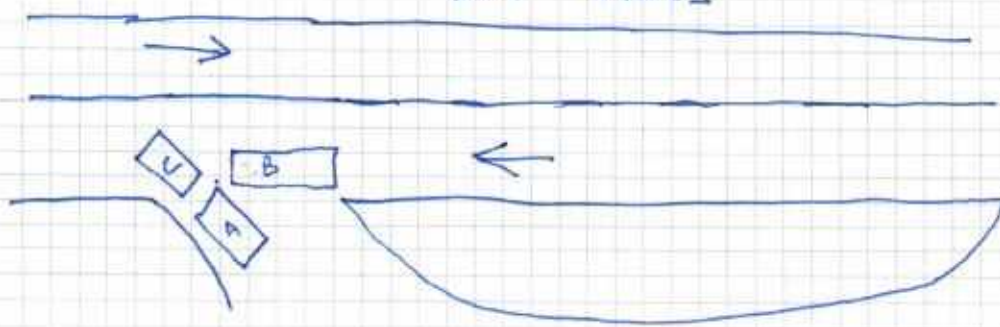
Date & Time:

 10/08/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

RH- CROSS



A) SLG1422E

B) SF1 1279E

ON 9TH AUGUST 2012 AT ABOUT 2024HRS. MY
VEHICLE A SLG14226 COLLIDE WITH VEHICLE B SFT1279E AT
RHW CROSS. THE TRAFFIC CONDITION WAS CONGESTED.

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

A&Z's

Policyholder's Signature

Date & Time: 10/02/2018
1745HRS

© 2004 Blackwell Publishing Ltd, *Journal of Internal Medicine* 255: 103–110



Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/01/2018
17:45 Hrs

10/08/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident NT/1006705

Policy No.	5084332655-01	Vehicle No.	SLG1422E	GST Registration No.	
Certificate No.					
Policyholder Name	A&Z'S			Policyholder NRIC	51346971E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94554740	Contact No.(Office)		Contact No.(Home)	
Email Address		Social Remark		eCode	No *
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
Report Date	18/08/2018 18:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	09/08/2018	Time of Accident hh:mm	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG RHU CROSS				
Benefits					
Excess					
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 Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 486 #05-532	Address 2	SEBAR ROAD	Address 3	SEBAR GROVE
Address 4	SINGAPORE 570480	Address Type	Singapore address	Post Code	670486
Unit No.	05-532	Related Policy Number	5084332655-01		
OI Driver Info					
Driver Name	MUHAMMAD SUHARDE BIN ADNAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6429999E	Driver DOB	01/10/1984
Register Date of Driver License	02/02/2008	Driver Age	33	Driving Experience	10
Contact No.(Mobile)	94554740	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	Yes + No	Driver Vehicle No.	SLG1422E	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading ¹	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 OD-MX **NEW**

Claim Type *	OD-MX *	Insured Name	A&Z'S	Insured NRIC	5134
Contact No.(Mobile)	94554740	Contact No. (Home)		Contact No. (Office)	
Email Address		OI		TP	
Claim Description	SLG1422E / SFT1279E CH v Aug 2018	Vehicle Number	SLG1422E	Vehicle Number	SPTJ
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Damage No. Finalisation	Yes *	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received *
Date Registered	18/08/2018 18:18	Claim Close Date		Date Received	18/0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss Not Received	

Print AK letter

Save Submit

Attachment

Accident No.	NT/1006705	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/08/2018 18:18
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	NO *
Choose File	No file chosen	Clear	Normal *
Choose File	No file chosen	Clear	Normal *
Choose File	No file chosen	Clear	Normal *
Choose File	No file chosen	Clear	Normal *
Choose File	No file chosen	Clear	Normal *
Message Read		Clear	Normal *
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:28	SAS	Normal	SAS 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:20	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:19	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:19	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:19	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:19	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:19	Photos	Normal	Photos 2018-8-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Aug 2018 18:19	Photos	Normal	Photos 2018-8-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 09 / 08 / 2018 (DD/MM/YYYY), TIME: 20 : 24 (HH:MM)

LOCATION: RNH CROSS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 1422 E
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5084332655-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KIA CERATO SPORT K2 SX MODEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: MUHAMMAD SUHADI BIN ADNAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SE4244494 CONTACT: 9455 9840
 c) ADDRESS: 624 HPC JERAN ROAD #05-552

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 01 / 10 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30 SEP 2008

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) CONCRETE

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: SFT 12796 MODEL: AUDI Q3
 b) DRIVER'S NAME: BIVAN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9749 9394

9. THIRD PARTY VEHICLE

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

WIFE
FATHER
MOTHER
SON

* No of passengers
(including driver)
(5)


* No of passengers
(including driver)
(4)

* No of passengers
(including driver)
()

Email = ardi-zulie@hotmail.com

VIDEO = YES.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8429999E



Name
MUHAMMAD SUHARDI BIN ADNAN



محمد سوهدي بن اذن

Race
MALAY

Date of Birth
01-10-1984

Sex
M

Country/Place of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8429999E

Name
MUHAMMAD SUHARDI BIN ADNAN

Exp. Date: 01 Oct 1994

Issue Date: 29 Jun 2003



5373788



NRIC No. S8429999E



Date of issue
24-10-2014

Address
APT BLK 488 SEGAR ROAD
#05-532
SINGAPORE 670488

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE TYPE	EXPIRY DATE
Class 2B	Motorcycles <= 200 CC	30 Jun 2003
Class 2A	Motorcycles between 201 CC and 400 CC	29 Jun 2006
Class 2	Motorcycles > 400 CC	07 Aug 2007
Class 3	Motor cars <= 3000 kg with <= 1 passengers, exclusive of the driver; and motor tractors/vehicles <= 2000 kg	30 Sep 2008

S / No. 9000096965

S8429999E

License No. S8429999E



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: 5084332655-01 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG1422E**
Chassis Number : **KNAF2411MH5658001**
2. Name of Policyholder : **A&Z'S**
3. Effective Date of Insurance : **22 Sep 2017**
4. Expiry Date of Insurance : **21 Sep 2018**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: 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	: MUHAMMAD SUHARDI BIN ADNAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES 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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 13 Sep 2017 10:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive