

NATIONAL Assessment Centre Services

(Ref - JAR 102)

NA 1805348

Date In: 28/08/2018 17:54	Job description	Date & Time Completed	Done by
Ref No: N/A 1805348	SAS e-filing		
Veh No: SLN 3098M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 28/08/2018 08:25	i-Motor Claim Form	MT/1008482-001	28/08/2018 18:50
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: UNKNOWN

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

NA 1805348

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: 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:

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	23/08/2018 17:54
Date Of Accident	23/08/2018 08:25
Exact Location Of Accident	LORONG MAMBONG CARPARK BEHIND HAGEN DAAZ
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3098M
Insured/Policyholder	
Name Of Registered Owner	IYER SRIRAM
Passport No/FIN	G3315996Q
Email Address	SRIRAMIYER60@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97235841
Alternative Phone No	OTHERS-86960356

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	VISITING DOCTOR
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089234583-01
Cover Note Number	

Driver

Name of Driver	IYER NIKITA SRIRAM
Passport No/FIN	G3316833R
Date Of Birth	23/08/1979
Occupation	INDOOR
Date Of Driving Pass	10/04/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-86960356
Fax Number	
Contact Number	OTHERS-97235841
Email Address	SRIRAMIYER60@GMAIL.COM

Address	I RIDGEWOOD CLOSE #18-05 RIDGEWOOD CONDOMINIUM
Postcode	276692
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	1
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180823/2018

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	


SKETCH PLAN

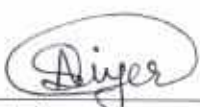
IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Koh Li Wah
NRIC/FIN No.:

SKETCH PLAN




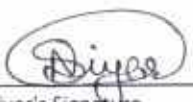
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QIS REFERENCE 2 Police Report
7/20180823/2018

DECLARATION

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


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: 23/08/2018
NRIC/FIN No.: 9081 101003



**SINGAPORE
POLICE FORCE**



T/20180823/2018

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No: T/20180823/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2018 10:20	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: IYER NIKITA SRIRAM	Address: 1 RIDGEWOOD CLOSE #18-05 SINGAPORE 276692		
ID Type / ID No.: NRIC NO / G3316833R	Contact No.: Home/Office: Mobile: 86960356		
Nationality: INDIAN	Email:		
Sex: Female	Age: 37	Date of Birth: 26/03/1981	Type of Informant: Vehicle Owner
Race: Indian	Language: English		Institution / School Name:
Occupation: Home maker	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: 23/08/2018 09:30	Type of Location: Car Park
Location: Along Road 1 LORONG MAMBONG Carpark behind Haagen Dazs				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLM3098M	Car					0



**SINGAPORE
POLICE FORCE**



T/20180823/2018

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20180823/2018

CONTINUATION OF REPORT

Brief Details.

On 23/08/2018 at about 0825hrs, I parked my vehicle at the carpark behind Haagen Dazs at Lorong Mambong and brought my son to consult doctor. At 0930hrs, when I return to my vehicle, I discovered there are dents and scratches on the vehicle.

I remember that there was a white car that was parked beside my vehicle. My car has dents and scratches on the left side bumper and scratches on the left front bumper. I could not recall the lot number and carpark number. There is no in vehicle camera in my car.



**SINGAPORE
POLICE FORCE**



T/20180823/2018

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 3

Report No. T/20180823/2018

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 3 BRENBAN LIM WEI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SSI GOH GEOK LYE

Contact No.: 65476148

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

23/08/2018 10:20

Classification Of Case:

Claim Handling

Accident MT/100B482

Policy No.	50B9234583-01	Vehicle No.	SLM3058M	GST Registration No.	
Certificate No.					
Policyholder Name	TYER SRIRAM			Policyholder NRIC	G33115590Q
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97235841	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	< No Yes	TCA	< No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	23/08/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	23/08/2018	Time of Accident In hours	08:23	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG MAHBONG CARPARK BEHIND HAGEN DAAT				

Benefits

Coverage	Sum Insured				
Transport Allowance	9999999.99				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	1 RIDGEWOOD CLOSE	Address 2	#18-05 RIDGEWOOD CONDOMINIUM	Address 3	SINGAPORE 276692
Address 4		Address Type	Singapore address	Post Code	276692
Unit No.	18-05	Related Policy Number	50B9234583-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TYER NIKITA SRIRAM	Driver NRIC	G3318833R	Driver DOB	26/03/1991
Registrar Date of Driver License	18/04/2018	Driver Age	27	Driving Experience	0
Contact No.(Mobile)	86960358	Contact No.(Office)		Contact No.(Home)	
Address 1	1 RIDGEWOOD CLOSE	Address 2	#18-05SLM RIDGEWOOD CONDO	Address 3	SINGAPORE 276692
Address 4		Address Type	Foreign address	Post Code	276692
Unit No.	18-05				
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	SLM3058M	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes < No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault			
Repair Status	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	23/08/2018 18:08	Claim Close Date		Date Received	23/08/2018
Report Taken By	ROSLI WAHAB				

Print All letter

Attachment

Accident No.	MT/100B482	Claim No.	001
Last Doc. Received	Yes < No	Upload Date	23/08/2018 18:20

Choose File	No file chosen	Path *	Category *	Confidential	Urgency *	Desc:
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Choose File	No file chosen		Please Select	NO	Normal	
Message Read						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Id
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 18:10	SAS	Normal	SAS 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 18:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 18:09	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 18:09	Photos	Normal	Photos 2018-8-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 18:09	Photos	Normal	Photos 2018-8-23
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2018 18:08	Photos	Normal	Photos 2018-8-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 08 / 2018 (DD/MM/YYYY), TIME: 08:25 (HH:MM)

LOCATION: HOLLAND VILLAGE BEHIND HAGEN DAAZ PALOUR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 3098M
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5089234583-1
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VESSEL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: VISITING DOCTOR
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: SRIRAM S IYER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 3315996Q CONTACT: 97235841
c) ADDRESS: 1 RIDGEWOOD CLOSE, # 18-05 RIDGEWOOD
CONDOMINIUM, SINGAPORE - 276692

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NIKITA IYER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 3316833R CONTACT: 86960356
c) ADDRESS: SAME AS ABOVE

*d) DATE OF BIRTH: (26 / 03 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/04/2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: CLEMENTI

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = sriramiyeg60@gmail.com

fax =

REPUBLIC OF SINGAPORE

FIN G3316833R



Name
IYER NIKITA SRIRAM

Date of Birth
26-03-1981
Nationality
INDIAN

Sex
F

DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE

G3316833R



IYER NIKITA SRIRAM

Birth Date: 26 Mar 1981
Issue Date: 10 Apr 2016
Valid Till: 09-04-2023



REPUBLIC OF SINGAPORE DRIVING LICENCE

G3315996Q



IYER SRIRAM

Birth Date: 23 Aug 1979
Issue Date: 20 Feb 2017
Valid Till: 19-02-2022



OWNER

FA1792074

DEPENDANT'S PASS
Immigration Regulations

FIN G3316833R



MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 19-12-2016
Date of Expiry: 06-12-2018



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 with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 10 Apr 2016

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5089234583-01

Cover : drive CLASSIC

- | | |
|---|---------------|
| 1. Index mark and Registration Number of Vehicle | : SLM3098M |
| Chassis Number | : RU11209604 |
| 2. Name of Policyholder | : IYER SRIRAM |
| 3. Effective Date of Insurance | : 27 Mar 2018 |
| 4. Expiry Date of Insurance | : 26 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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SRIRAM IYER
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : IMOTOR INSURE (00000573595)
Date of Issue : 20 Mar 2018 20:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive