

NATIONAL Assessment Centre Services

[AP] Jan 10/11

MA/48711428

Date In: 28/08/2018 15:05	Job description	Date & Time Completed	Done by
Ref No: NPA/ACC/801565014	SAS e-filing		
Veh No: F7 3804 B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/08/2018 18:00	i-Motor Claim Form	MA/009128001	28/08/2018 15:42
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKT 8072 D	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

MA/805457	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:		
	OD*		
	*N3: 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/A INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			

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	28/08/2018 15:05
Date Of Accident	25/08/2018 18:00
Exact Location Of Accident	KJE EXITING TOWARDS BUKIT PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT3804B
Insured/Policyholder	
Name Of Registered Owner	KUMARENVEL S/O SELVARAJA
NRIC No	S9607896Z
Email Address	KUMARENVELSELVARAJA123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94894559
Alternative Phone No	OTHERS-94894559

Vehicle Particulars

Manufacturer	HONDA
Model	NSR150SP-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	RIDING HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5073427009-02
Cover Note Number	

Driver

Name of Driver	KUMARENVEL S/O SELVARAJA
NRIC No	S9607896Z
Date Of Birth	02/03/1996
Occupation	INDOOR
Date Of Driving Pass	02/03/1996
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94894559
Fax Number	
Contact Number	OTHERS-94894559
E-Mail Address	KUMARENVELSELVARAJA123@GMAIL.COM

Address	BLK 620 BUKIT PANJANG RING ROAD #06-820
Postcode	670620
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	COLLISION - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : FRIEND 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT8072D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YAM LIM
NRIC/Passport Number	
Contact Number	96264656
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KUMARENVEL S/O SELVARAJA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT3804B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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**.
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.

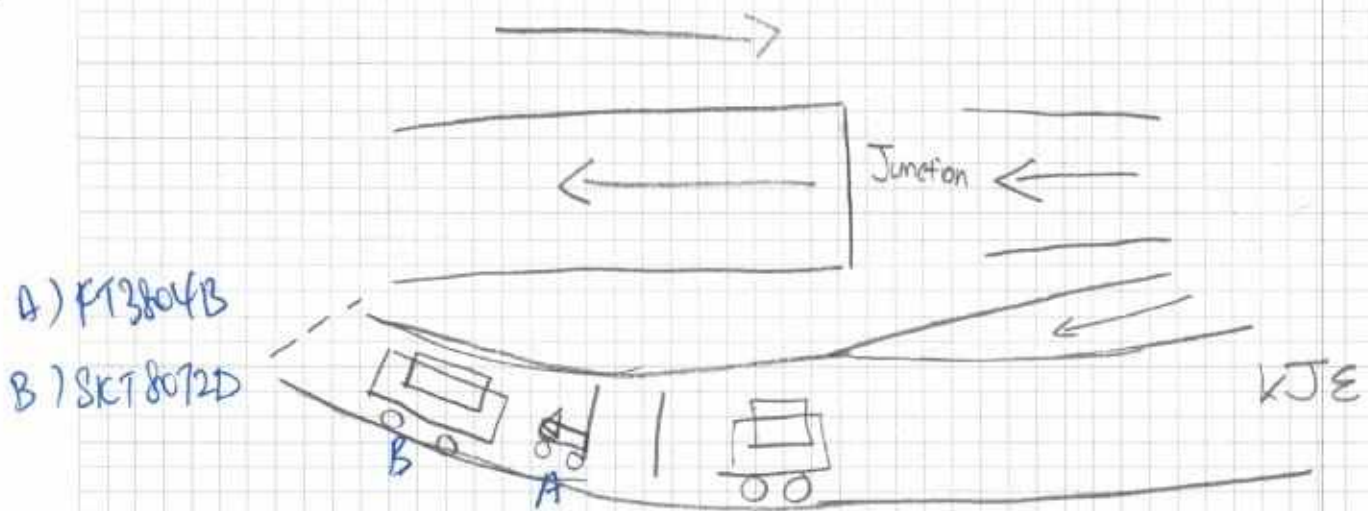
Policyholder's Signature
Date & Time:

28 Aug 2018 11:30 AM

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

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

KJE EXITING TOWARDS BUKIT PANJANG



At about 6pm on 25 Aug 2018, I was exiting KJE Exit at Bukit Panjang. I was riding with a pillion. A Citroen car was coming fast from another lane so I brake to let it overtake me. As we merged to the same lane, I checked the on-coming traffic was red and just turn green, since the car was fast, I assume he was going to go. The second I checked for traffic and looked infant he jammed his breaks and stopped. I could not stop in time and collided to his car. Me and my Pillion had minor injuries. The car's back windshield was broken, and bumper had a small dent.

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

Policyholder's Signature _____
Date & Time: 28 Aug 2012 11:30 A.M.
(Please attach this form to the claim form.)

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

20/08/2018

Reporting Centre Personnel's Signature

Name: [Signature]

NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/1009128

Policy No.	5073427009-02	Vehicle No.	FT38048	GST Registration No.	
Certificate No.					
Policyholder Name	KUMARENVEL S/O SELVARAJA	Cover Type	Third Party	Policyholder NRIC	596078962
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	94894559	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement[%]	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	28/08/2018 15:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/08/2018	Time of Accident h:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE EXITING TOWARDS BUKIT PANJANG				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 020 #06-020	Address 2	BUKIT PANJANG KIN ROAD	Address 3	SINGAPORE 670620
Address 4	*	Address Type	Singapore address	Post Code	670620
Unit No.		Related Policy Number	5073427009-02		
OI Driver Info					
Driver Name	KUMARENVEL S/O SELVARAJA	Driver Type	Main Driver	Driver DOB	02/03/1996
Unnamed driver Name		Driver NRIC	596078962	Driving Experience	3
Register Date of Driver License	05/11/2014	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	94894559	Contact No.(Office)		Address 3	SINGAPORE 670620
Address 1	BLK 020 #06-020	Address 2	BUKIT PANJANG KIN ROAD	Post Code	670620
Address 4	*	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FT38048	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	KUMARENVEL S/O SELVARAJA	Insured NRIC	596078962
Contact No.(Mobile)	94894559	Contact No. (Home)	N/A	Contact No. (Office)	626571
Email Address	kumarenvel1@hotmail.com	OT Vehicle Number	FT38048	TP Vehicle Number	54780
Claim Description	FT38048 / 54780720 ON 25 Aug 2018				
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
SAVER No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	28/08/2018 15:33	Claim Close Date		Date Received	28/08/2018
Report Taken By	BOSLI WAHAS				
Print As letter					
Save Submit					

Attachment

Accident No.	MT/1009128	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	28/08/2018 15:43
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_900670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 15:42	SAS	Normal		SAS 2018-8-28



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 15:42	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 15:35	Photos	Normal	Photos 2018-8-28
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 15:35	Photos	Normal	Photos 2018-8-28
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Aug 2018 15:33	Photos	Normal	Photos 2018-8-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 8 / 2013 (DD/MM/YYYY), TIME: 18 : 00 (HH:MM)

LOCATION: 50 Woodlands Road, KJE Exit at Bukit Panjang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT3904B
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 3073427009-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Riding Home
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: KUMARENVEL S/O SELVARAJA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9607896Z CONTACT: 94894559
c) ADDRESS: Bukit Panjang Ring Road, #06-320, #06-320
Singapore 670620

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM YAM LIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S68465561 CONTACT: _____
c) ADDRESS: 49 CHOA CHU KANG LOOP #11-21
Singapore 679681

*d) DATE OF BIRTH: 07 / 12 / 1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES) / NO

7. a) REPORTED TO POLICE (YES) / NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 8072D MODEL: _____
b) DRIVER'S NAME: LIM YAM LIM
c) NRIC/FIN/PASSPORT: S68465561 CONTACT: 9626 4656

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKT 8072B MODEL: _____
e) DRIVER'S NAME: LIM YAM LIM
f) NRIC/FIN/PASSPORT: S68465561 CONTACT: 9626 4656

Email = kumarenvelselvaraja123@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9607896Z



Name

KUMARENVEL S/O SELVARAJA

Race

INDIAN

Date of birth

02-03-1996

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9607896Z

Name: KUMARENVEL S/O SELVARAJA

Birth Date: 02 Mar 1996

Issue Date: 05 Nov 2014

002362669E



4706389

NRIC No: S9607896Z



Date of issue

05-04-2011

Address

APT BLK 620 BUKIT PANJANG RING ROAD
#05-820
SINGAPORE 670520

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC

05 Nov 2014
12 Apr 2017

S / No. 9000267856

S9607896Z

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 : 5073427009-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FT3804B

Chassis Number

: NS150SP0011764

2. Name of Policyholder

: KUMARENVEL S/O SELVARAJA

3. Effective Date of Insurance

: 30 Oct 2017

4. Expiry Date of Insurance

: 29 Oct 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: KUMARENVEL S/O SELVARAJA

NAMED DRIVER (2)

: 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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 27 Sep 2017 17:06 hrs

Reprint : 27 Sep 2017 17:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive