

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA/181/2942

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 31/08/2018 12:47 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/ACC/80/59284 | SAS e-filing | | |
| Veh No: SL 53J | E-mail (w: 8hrs, A/C 2hrs) | | |
| D.O.A: 30/08/2018 11:20 | I-Motor Claim Form | 31/08/2018 14:51 | |
| 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:

SKE 9700Y

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%; P: 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 | 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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

| | Amt (\$) | Amt (\$) |
|---|-------------|----------|
| 1st Bill | | Add Bill |
| 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:- | | |
| ON: | | |
| *N5: Courtesy Car / Tpl Allowance \$5 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$5 | | |
| TP (N11): TP (N11 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 | 31/08/2018 12:47 |
| Date Of Accident | 30/08/2018 11:20 |
| Exact Location Of Accident | LOR AH SOO MARKET HOUGANG AVE 1 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SL53J |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG PENG LEONG |
| NRIC No | S1255440J |
| Email Address | WENXIANG86@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91804181 |
| Alternative Phone No | OTHERS-90039191 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5080466605-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | HENG KOH KWEE |
| NRIC No | S0103682C |
| Date Of Birth | 07/10/1952 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/06/1976 |
| Driving Experience | 42 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91804181 |
| Fax Number | |
| Contact Number | OTHERS-90039191 |
| EMail Address | WENXIANG86@GMAIL.COM |

| | |
|---|---|
| Address | BLK 161 BUKIT MERAH CENTRAL #03-3707 |
| Postcode | 150161 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SON IN LAW (FATHER) |
| 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) | 2 |
| Passenger 1 | NAME: : DAUGHTER 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 | SKE9700Y |
| Vehicle Make/Model/Colour | HONDA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| 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.

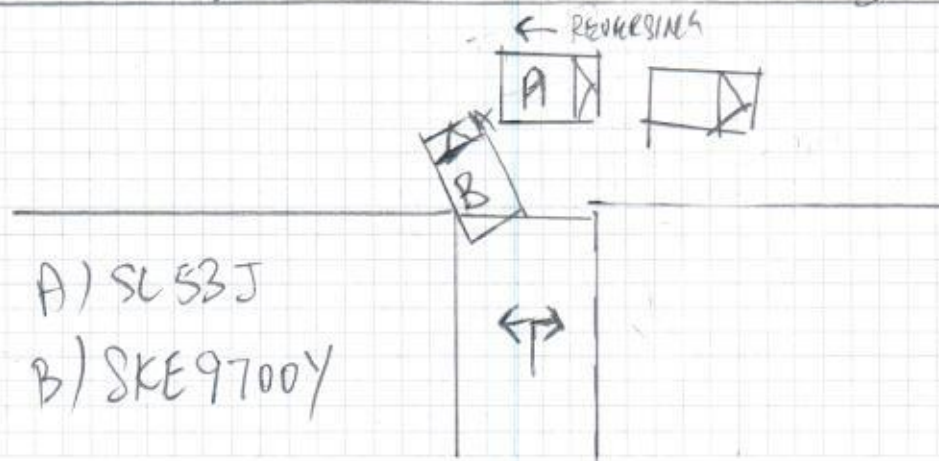
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Hougang Ave 1 (OPAN SPACE CARPARK) LOC AT Soo Mahan T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm the driver of SL53J and my vehicle was parked in one of the lot in the open space carpark (next to the market). My vehicle was parked head in and I'm required to reverse the car to exit from the lot. After reversing the vehicle, I was out of the lot and positioning my car to exit ^{by heading straight}. There was a stationary taxi parked in front of my vehicle and I had to reverse to move to the right. I put on my reverse gear to enable the signal light behind my vehicle. The oncoming vehicle - SKE9700Y has just entered the carpark and the driver of this vehicle was fully aware of me reversing the car as he sounded me a horn. At the point when the horn was sounded, his vehicle was not behind my car and I proceeded to reverse. However, half way through he proceeded to drive forward. At the scene of the accident, we noted some dents on the driver side of the door. Though there are 2 scratches on his car, we believe it was not caused by this accident. It seems to be an old scratch. We would like to emphasise that there was a stop line in front of the oncoming vehicle.

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: *Redi Woff*
NRIC/FIN No.:

Claim Handling

Accident MT/1009622

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5080466605-02 | Vehicle No. | SL533 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ONG PENG LEONG | Cover Type | drive CLASSIC | Policyholder NRIC | S12554403 |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 91804181 | Special Remark | | Contact No.(Home) | |
| Email Address | | | | eCode | No |
| KPK | + No Yes | TCA | + No Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|------------|
| Report Date | 31/08/2018 14:40 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 30/08/2018 | Time of Accident hh:mm | 11:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | LDR AH SOO MARKET HOUGANG AVE 1 OPEN SPACE CARPARK | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 500.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------------|-----------|------------------|
| Address 1 | BLK 547 #03-164 | Address 2 | SERANGOON NORTH AVENUE 3 | Address 3 | SINGAPORE 550547 |
| Address 4 | | Address Type | Singapore address | Post Code | 550547 |
| Unit No. | | Related Policy Number | 5080466605-02 | | |

OI Driver Info

| | | | | | |
|---|------------------|---------------------|---------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 07/10/1992 |
| Unnamed driver Name | HENG KOH KWEE | Driver NRIC | S0103682C | Driving Experience | 42 |
| Register Date of Driver License | 30/05/1976 | Driver Age | 65 | Contact No.(Home) | |
| Contact No.(Mobile) | 90039191 | Contact No.(Office) | | Address 3 | SINGAPORE 150161 |
| Address 1 | BLK 161 #03-3707 | Address 2 | BUKIT MERAH CENTRAL | Post Code | 150161 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 03-3707 | | | | |
| Does he own a Singapore Registered car? | Yes + No | Driver Vehicle No. | SL533 | Driver Insurer Company | NTUC |

| | | | |
|-------------------------------------|------|-------------|----------|
| Declaration | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | Yes + No |

Modification History

Claim 001 New

| | | | | | |
|--------------------------|---------------------------------|-------------------------|----------------------------------|---------------------|------------------|
| Claim Type * | DD-MX | Insured Name | ONG PENG LEONG | Insured NRIC | S12554403 |
| Contact No.(Mobile) | 91804181 | Contact No.(Home) | 62861010 | Contact No.(Office) | 625011 |
| Email Address | | TP Vehicle Number | SL533 | Vehicle Number | SKE9700Y |
| Claim Description | SL533 / SKE9700Y ON 30 Aug 2018 | | | | |
| Preferred Workshop | | Insured Liability | Not at fault | GIA report | Received |
| Service No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Claim Close Date | 31/08/2018 14:50 |
| Date Registered | | | | Date Received | 31/08/2018 |
| Report Taken By | ROSLI WAHAJ | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|----------------------------|------------|-------------|------------------|
| Accident No. | MT/1009622 | Claim No. | 001 |
| Last Doc. Received | * Yes No | Upload Date | 31/08/2018 14:51 |
| Path * | | Category * | Confidential |
| Choose File No file chosen | | Urgency * | Normal |
| Choose File No file chosen | | | |
| Choose File No file chosen | | | |
| Choose File No file chosen | | | |
| Choose File No file chosen | | | |
| Choose File No file chosen | | | |
| Choose File No file chosen | | | |
| Message Read | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | M |
|---|----------------------|----------|---------|------------------|---|
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) | on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 | |

| | | | | |
|---|--|-----------------------|--------|---------------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | Photos | Normal | Photos 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | SAS | Normal | SAS 2018-8-31 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Aug 2018 14:51 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-31 |

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 08 / 2018 (DD/MM/YYYY), TIME: 11 : 20 (HH:MM)

LOCATION: Hougang Ave 1 (open space carpark) - Leong Ah Sea Market

DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6L53J
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5080466605-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hatch Vezel
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: OWN USAGE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY))

2. INSURED / POLICY HOLDER

- a) NAME: ONG PENG LEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1255440J CONTACT: 91804181
 c) ADDRESS: BLK 547 SPRINGGLEN NORTH AVE 3 # 03-164 6550517

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HENG KOH KWEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ~~91236282~~ S003622C CONTACT: 90039191
 c) ADDRESS: BLK 161 BUKIT MEHAR CENTRAL #03-3707 S'150161

* d) DATE OF BIRTH: 07 / 10 / 1952 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) RETIREE

f) DATE OF DRIVING PASS: ---

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

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: ---

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF 9700Y MODEL: HONDA
 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 = wanxiang8@gmail.com

fax = ---

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0103682C



Name

HENG KOH KWEE

王可桂

Race

CHINESE

Date of birth

07-10-1952

Country/Place of birth

SINGAPORE

Sex

M



5984935



NRIC No. S0103682C



Date of issue

23-07-2018

Address

APT BLK 161 BUKIT MERAH CENTRAL
#03-3707
SINGAPORE 150161

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S0103682C

Name

HENG KOH KWEE

Birth Date: 07 Oct 1952

Issue Date: 08 Apr 2003



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

PASS DATE

Class 2B Motorcycles \leq 200 CC
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

29 Aug 1985
30 Jun 1976

S0103682C

S / No. 9000290294

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: 5080466605-02

Cover : drivo CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SL53J |
| Chassis Number | : RU11108031 |
| 2. Name of Policyholder | : ONG PENG LEONG |
| 3. Effective Date of Insurance | : 20 May 2018 |
| 4. Expiry Date of Insurance | : 19 May 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 | : YES (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : ONG PENG LEONG |
| NAMED DRIVER (1) | : ONG WEI MIN SHAUN |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK |
| 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 : JIA LEONG TRADING ENTERPRISE PTE LTD (00000573100)
Date of Issue : 17 May 2018 10:58 hrs
Reprint : 17 May 2018 10:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive