

NATIONAL Assessment Centre Services (wef: Jan'03)			
Date In: 17/09/2018 18:19	Job description	Date & Time Completed	Done by
Ref No: 113044001694014	SAS e-filing		
Veh No: SR 1807X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/09/2018 15:30	i-Motor Claim Form	11/10/18 24:00	17/09/2018 18:42
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: 8D9378L	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

NA1805906 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		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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) NI: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD:				
*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 (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 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	17/09/2018 18:19
Date Of Accident	15/09/2018 15:30
Exact Location Of Accident	FARRER ROAD TOWARDS PIE B/F EMPRESS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1807X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	28 AUTO
Co Reg No	53356637A
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93628159
Alternative Phone No	OFFICE-93628159

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	MOTOR TRADE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102420212
Cover Note Number	

### Driver

Name of Driver	LIM SOON HENG, ROGER (LIN SHUNXING ,ROGER)
NRIC No	S8211401G
Date Of Birth	03/04/1982
Occupation	INDOOR
Date Of Driving Pass	16/04/2002
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93628159
Fax Number	
Contact Number	OTHERS-93628159
Email Address	ROGERKTM525@YAHOO.COM.SG



Address	BLK 58 DAKOTA CRESCENT #12-269
Postcode	390058
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	4
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)	1

#### 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	SJD9378L
Vehicle Make/Model/Colour	
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD2347X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLQ718G

Vehicle Make/Model/Colour

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:

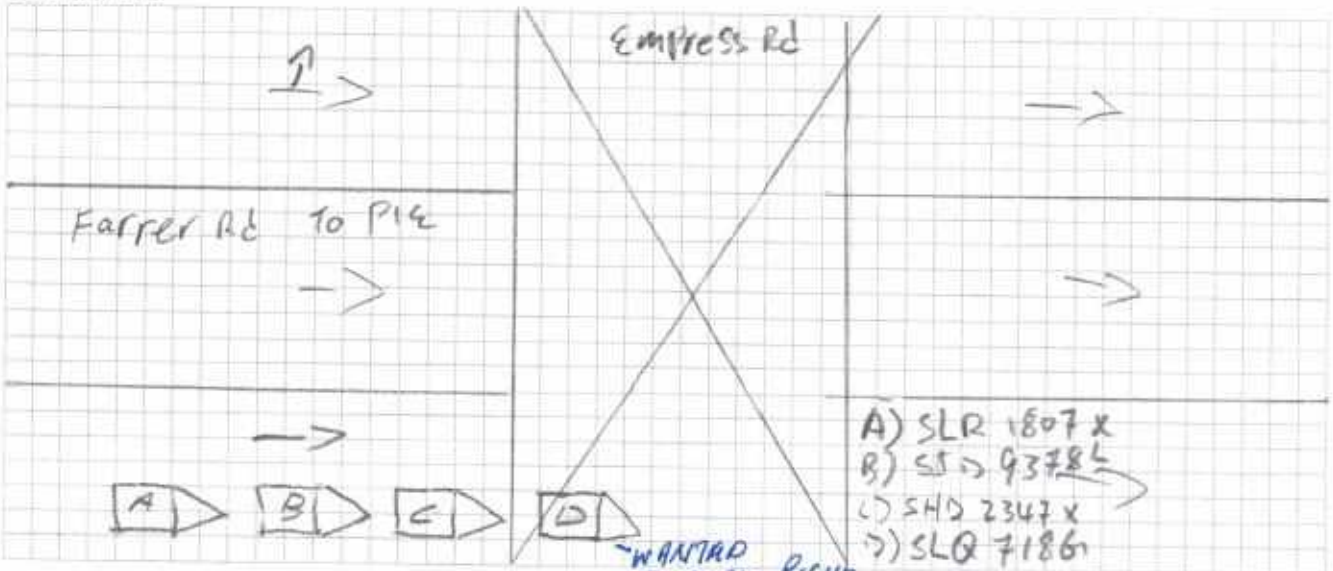
*[Signature]*  
17/9/18  
11:00 AM

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

*[Signature]* 17/09/2018  
*[Signature]*



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/09/2018 AT ABOUT 15:30HRS I WAS DRIVING ALONG FARRER ROAD TOWARDS PIE B/F EMPRESS ROAD AT THE TRAFFIC LIGHT JUNCTION OF EMPRESS I STOP IN FRONT OF SLD 9378 L, SHD 2347 X & SLQ 7186. AFTER THE LIGHT CHANGED TO GREEN THEY START TO MOVE & I FOLLOW, SUBSEQUENTLY THE FRONT CAR OF MR JIM BLACK & I COULD NOT BRAKE AND HIT & BOUNCED INTO THE CAR SLD 9378 L & HE HIT THE TAXI IN FRONT OF HIM. THIS ACCIDENT IS BECAUSE OF THE FRONT CAR SLQ 7186 WHICH WAS TRYING TO MAKE A RIGHT TURN & FOR THE JUNCTION IS ONLY TO GO STRAIGHT.

## 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:

17/9/18  
1100 AM

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

Accident NT/1011824

Policy No.	SI02400212	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	28 AUTO				
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Policyholder NRIC	531566374
Motor Trade Plate No.	SLR1607X	Motor Trade Driver Name	LIM SOON HENG, RODGER LIM S	Loading	2
Contact No.(Mobile)	93628159	Contact No.(Office)		Motor Trade Driver NRIC	562114010
Email Address		Contact No.(Home)		Contact No.(Home)	
RPK	= No Yes	Special Remark		eCode	No
NCD Protection	No	TCA	= No Yes	eCode Reason	
		NCD Entitlement(%)	0	Private Hire	No

Report Date	17/09/2018 18:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	15/09/2018	Time of Accident (hh:mm)	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FARRER ROAD TOWARDS PIE B/Y EMPRESS ROAD				

Use Damage Excess	0.00	Additional Excess	Windscreen Excess
Uninsured Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ GST Registered Information

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

Address 1	BLK 1002 #01-83	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INC
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-83	Related Policy Number	S102420212		

Driver Name	Lim Soon Heng, Roger (Lim Shunxing, Roger)	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8211401G	Driver DOB	03/04/1962
Register Date of Driver License	16/04/2007	Driver Age	36	Driving Experience	10
Contact No.(Mobile)	93628159	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.	6JRL807X	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No

Claim 001 DO-ME 

Claim Type *		<input type="text" value="OD-MK"/> <input type="text" value="28 AUTO"/> <input type="text" value="5555"/>	
Contact No.(Mobile)		<input type="text" value="97339909"/> <input type="text" value="Contact No. (Office)"/> <input type="text" value="+"/>	
Email Address		<input type="text" value="28autoup@gmail.com"/> <input type="text" value="GP"/> <input type="text" value="Vehicle Number"/> <input type="text" value="5009"/>	
Claim Description		<input type="text" value="SUK1807X/ 31D9579L ON 15 Sept 2018"/> <input type="text" value="Name of Preferred Workshop"/>	
Preferred Workshop	Insured Liability	<input type="text" value="Fully at Fault"/>	
Report No.	Insured	<input type="text" value="Preferred Workshop, Name unknown"/> <input type="text" value="GIA report"/> <input type="text" value="Received"/>	
Finalisation	Repair Option	<input type="text" value="17/09/2018 18:44"/> <input type="text" value="Claim Close Date"/> <input type="text" value="Data Received"/> <input type="text" value="17/0"/>	
Date Registered		<input type="text" value="BDSLI WAHAB"/> <input type="text" value="Workshop Repairer"/> <input type="text" value="Total Lost but Repaired"/>	
Report Taken By			
<input type="checkbox"/> Print An letter			

Save Submit

Incident No. Alt Doc. Received	MY/1011824 <input checked="" type="radio"/> Yes <input type="radio"/> No	Claim No. Upload Date:	001 17/09/2018 00:00
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Path *	Category *	Confidential	Urgency *	Doc
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select *</div>	<div>NO ▼</div>	<div>Normal ▼</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select ▼</div>	<div>NO ▼</div>	<div>Normal *</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select ▼</div>	<div>NO *</div>	<div>Normal ▼</div>	
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<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select ▼</div>	<div>NO *</div>	<div>Normal ▼</div>	
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select ▼</div>	<div>NO *</div>	<div>Normal ▼</div>	

Attachment	Uploaded By/Date	Category	Urgency	Description
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	Photos	Normal	Photos 2018-9-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	Photos	Normal	Photos 2018-9-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	Photos	Normal	Photos 2018-9-17
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	Photos	Normal	Photos 2018-9-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	Photos	Normal	Photos 2018-9-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	SAS	Normal	SAS 2018-9-17
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2018 18:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-17

## 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: 15 / 09 / 18 (DD/MM/YYYY), TIME: 15 : 30 (HH:MM)

LOCATION: Farrer Rd To PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 1807 X  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 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: \_\_\_\_\_  
 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: Lim Soon Heng ROGER (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58211401 G CONTACT: 9362 8159  
 c) ADDRESS: 58 Dakota Crescent #12-269 390058

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: 28 Auto (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 03 / 04 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/4/2002

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: SLQ 718 G (D) MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SHD 2347 X (U) MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9747 3598

STID 9378 L (B) CONTACT: 9673 1245

EMAIL = ROGERKTM525 @ YAHOO.COM.SG

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8211401G



Name

LIM SOON HENG, ROGER  
(LIN SHUNXING, ROGER)

林 順 兴

Race  
CHINESE

Date of birth 03-04-1982 Sex M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8211401G

Name

LIM SOON HENG, ROGER  
(LIN SHUNXING, ROGER)

Birth Date 03 Apr 1982

Issue Date 06 Oct 2004



4839001

NRIC No. S8211401G



Date of issue  
21-02-2013

Address

APT BLK 58 DAKOTA CRESCENT  
#12-269  
SINGAPORE 390058

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

		PASS DATE
Class 2B	Motorcycles <= 200 cc	18 Dec 2000
Class 2A	Motorcycles between 201 cc and 400 cc	02 Apr 2002
Class 2	Motorcycles > 400 cc	12 May 2003
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	16 Apr 2002
Class 4	Heavy motor cars and motor tractors > 2500 kg	15 Jul 2003
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	19 Nov 2003

NP 423A



## 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** : 5102420212

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : N/A  
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : 28 AUTO
3. Effective Date of Insurance : 17 Jul 2018
4. Expiry Date of Insurance : 30 Jun 2019
5. Persons or Classes of Persons entitled to drive\*  
Refer to List Attached  
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 only for Motor Trade purposes.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

\* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: WORKSHOPS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 3
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: 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 : DQ INSURE (00000572952)

Date of Issue : 17 Jul 2018 15:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive