

NATIONAL Assessment Centre Services

MA 4181 22636

| | | | |
|---------------------------|--|--------------------------|---------|
| Date In: 21/09/2018 14:42 | Job description | Date & Time Completed | Done by |
| Ref No: NGA/INC/017238/Y | SAS e-filing | | |
| Veh No: SGC 624B | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 20/09/2018 20:10 | i-Motor Claim Form | M/1012440-002 21/09/2018 | 15:37 |
| 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: () Tol: () Fax: ()

TP Particulars: Veh No: **GBG 76855** 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 | Invoice Preparation Checklist | |
|---------------------------------|---|-------------|
| | Amt (\$) | Amt (\$) |
| 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 | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| Dat. 1: | For claiming against INC Only (wef 10 Jan 2005) | |
| Dat. 2/3: | 6) TR: Re-inspection \$75 | |
| | 7) N1: Idas 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 (Non INC) against INC \$20 | |
| | 9) N12: Idas 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 | 21/09/2018 14:42 |
| Date Of Accident | 20/09/2018 20:10 |
| Exact Location Of Accident | ALONG YISHUN CENTRAL 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGC6824B |
| Insured/Policyholder | |
| Name Of Registered Owner | LOW LEE TAO |
| NRIC No | S6802564H |
| Email Address | KENNYLOW33@MSN.CN |
| Mobile Phone No | (LOCAL) +65-98187075 |
| Alternative Phone No | OTHERS-98187075 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5096706978 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LOW LEE TAO |
| NRIC No | S6802564H |
| Date Of Birth | 14/01/1968 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/09/1989 |
| Driving Experience | 29 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98187075 |
| Fax Number | |
| Contact Number | OTHERS-98187075 |
| EMail Address | KENNYLOW33@MSN.CN |

Address: BLK 388 YISHUN RING ROAD
#08-1685

Postcode: 760388

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: 3

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? YES

If Yes, Please state which Police Station

Police Station Name: QUEENSTOWN N.P.C

Police Station Address: ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE

Police Station Contact: TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180921/2070

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: GBG7685S

Vehicle Make/Model/Colour: FIAT

Details Of Properties

Vehicle Category: COMMERCIAL VEHICLE

Name of Driver: UNKNOWN

NRIC/Passport Number:

Contact Number:

Address:

Postcode:

Insurance Company Name:

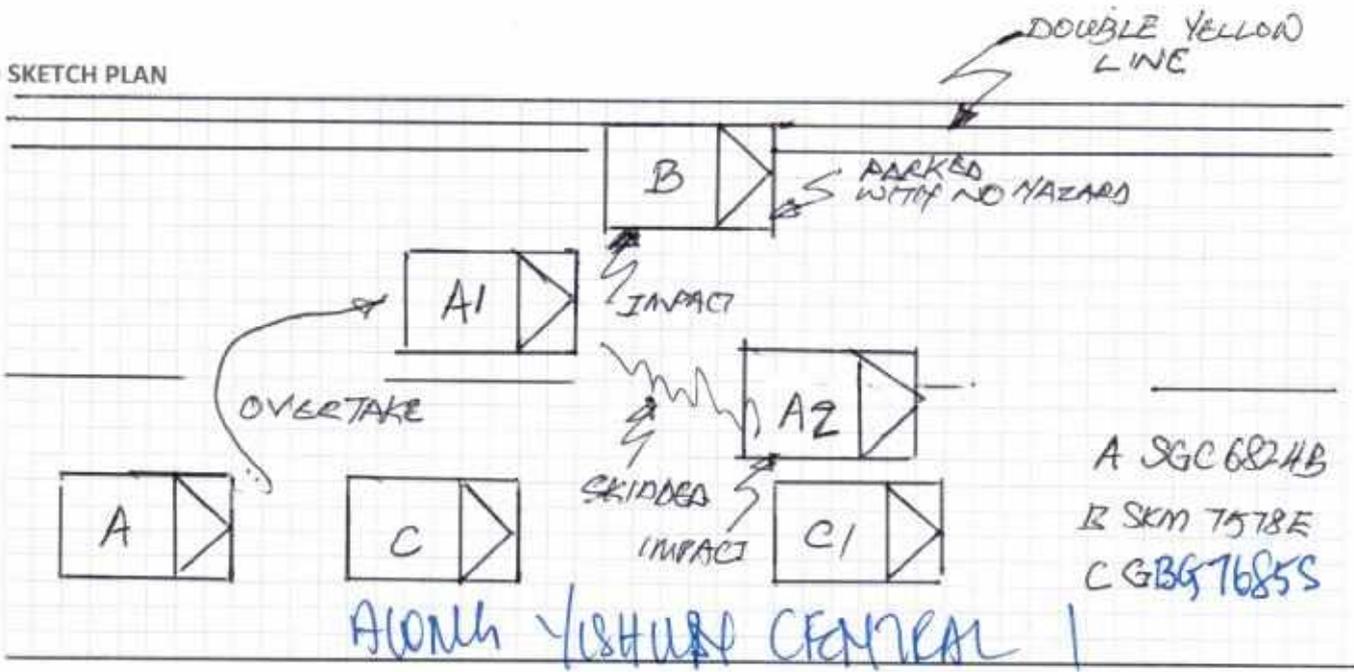
Nature Of Damage:

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SKM7578E |
| Vehicle Make/Model/Colour | BMW |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*AS REFER TO POLICE REPORT
7/20180921/2020*

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]
Reporting Centre Personnel's Signature
Name: *Rishi Kumar*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180921/2070

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180921/2070

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/09/2018 12:41 | Vide Report No.: | Station Diary No.: 50 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|---|------------------------------|
| Name of Informant: LOW LEE TAO | | Address: APT BLK 388 YISHUN RING ROAD #08-1685 SINGAPORE 760388 | |
| ID Type / ID No.: NRIC NO / S6802564H | | Contact No.: | Mobile: 98187075 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 50 | Date of Birth: 14/01/1968 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: MARKETING AND SALES MANAGER | | Driving Licence Information: Class: 3 | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------------------|---|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 20/09/2018 20:10 | Type of Location: Straight Road |
| Location: Along Road 1 YISHUN CENTRAL 1 Along Yishun Central 1 towards Yishun Interchange | | | | |
| Weather: Clear | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Stationary Vehicle and Moving Vehicle | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|--------|-------------|--------|----------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBG7685S | Van | FIAT | | | Slightly Damaged | 0 |
| SGC6824B | Car | TOYOTA | VIOS 1.5E M | Silver | Seriously Damaged | 0 |
| SKM7578E | Car | BMW | | | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| | | | | |



**SINGAPORE
POLICE FORCE**



T/20180921/2070

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Report No. T/20180921/2070

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SGC6824B | NTUC Income Insurance Co-Operative Limited | 5096706978 | 11/01/2018 | 23/01/2019 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | UNKNOWN | | ID No. | UNKNOWN |
| Related Vehicle | GBG7685S (Van) | | Contact No. | UNKNOWN |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | LOW LEE TAO | | ID No. | S6802564H |
| Related Vehicle | SGC6824B (Car) | | Contact No. | 98187075 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | UNKNOWN | | ID No. | UNKNOWN |
| Related Vehicle | SKM7578E (Car) | | Contact No. | UNKNOWN |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |



**SINGAPORE
POLICE FORCE**



T/20180921/2070

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20180921/2070

CONTINUATION OF REPORT

Brief Details.

On 20/09/2018 between 8.10pm to 8.15pm, my vehicle (SGC6824B) was in a stationary position in the left lane when the traffic light is red along Yishun Central towards Yishun Interchange. When the traffic light turned green, I started to move off and filter to the right lane to overtake the van (GBG7685S). The van also filter to the right lane before I could overtake and I followed the van speed from behind. As the van is driving very slow, I filter to the left lane with the intention to overtake the slow van. However, there was a BMW (SKM7578E) parked illegally at the left lane where the double yellow line was, without the hazard lights and lights on. I applied brake but as the road was wet, my vehicle had collided with the rear of the BMW and my rear right passenger door had collided onto the rear side of the van.

Police and ambulance came to the scene but I am not sure if anyone was conveyed to the hospital. I did not manage to exchange my particulars with the other two drivers. The traffic police at scene advised me to lodge an accident report at any police station . I was given a case card by them ref: F/20180920/0217.



**SINGAPORE
POLICE FORCE**



T/20180921/2070

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

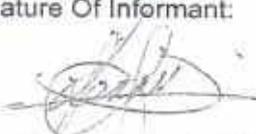
Report No. T/20180921/2070

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 FARAH AFIQAH BINTE RASIP  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 21/09/2018 12:41 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358 | Classification Of Case: |

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 47

SIGNATURE

Claim Handling

Accident NT/1012440

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|---------------|
| Policy No. | 5096706978 | Vehicle No. | S0C0824B | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LOW LEE TAO | Cover Type | ortho CLASSIC | Policyholder NRIC | S6802564H |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NA | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | < No > Yes | eCode | No |
| KFK | < No > Yes | NCD Entitlement(%) | 55 | eCode Reason | |
| NCD Protection | No | | | Private Hire | Not available |

| | | | | | |
|-------------------|------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date | 21/09/2018 15:09 | Accident Report Within 24 Hrs | Yes | Accident Type | Collision + Change / Cross |
| Date of Accident | 30/08/2018 | Time of Accident (hr:min) | 20:15 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICN No. | |
| Accident Location | ALUNG YISHUN CENTRAL 3 | | | | |

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |

| | | | | | |
|-----------------------------------|----|-----------------------|--|---------------------|-----|
| Benefit | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status verified | Yes |
| GST Registration No. | | | | | |
| Modification history | | | | | |

| | | | | | |
|-------------------------------------|-----------------|-----------------------|-------------------|-----------|------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | BK 188 FOR 1885 | Address 2 | YISHUN RING ROAD | Address 3 | SINGAPORE 760388 |
| Address 4 | | Address Type | Singapore address | Post Code | 760388 |
| Unit No. | | Related Policy Number | 5096706978 | | |

| | | | | | |
|---|------------|---------------------|-----------------|------------------------|--|
| DI Driver Info | | | | | |
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Region Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | < Yes > No | Driver Vehicle No. | | Driver Insurer Company | |

Modification history

Claims 002 **New**

| | | | | | |
|---------------------|---------------------------------------|-------------------|----------------------------------|---------------------|------------|
| Claim Type * | OD-MX | Insured Name | LOW LEE TAO | Insured NRIC | S6802564H |
| Contact No.(Mobile) | | Contact No.(Home) | 82576168 | Contact No.(Office) | |
| Email Address | | DI Vehicle Number | S0C0824B | TP Vehicle Number | S6802564H |
| Claim Description | S0C0824B / 5096706978 ON 20 Sept 2018 | | | | |
| Preferred Workshop | | Insured Liability | Fully at Fault | Insured Report | Received |
| Finalisation | Yes | Acquire Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 21/09/2018 15:22 | Claim Close Date | | DI Received | 21/09/2018 |
| Report Taken By | ROSLI WAHAB | | | | |

Print AK letter

Attachment

| | | | |
|--------------------|------------|-------------|------------------|
| Accident No. | NT/1012440 | Claim No. | 002 |
| Last Doc. Received | < Yes > No | Upload Date | 21/09/2018 15:17 |

| Attachment | Uploaded By/Date | Category | Urgency | Confidential | Urgency | Description |
|------------|--|----------|---------|--------------|---------|------------------|
| | NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Sep 2018 15:37 | Photos | Normal | No | Normal | Photos 2018-9-21 |
| | NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Sep 2018 15:37 | Photos | Normal | No | Normal | Photos 2018-9-21 |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Confidential | Urgency | Description |
|------------|--|----------|---------|--------------|---------|------------------|
| | NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Sep 2018 15:37 | Photos | Normal | No | Normal | Photos 2018-9-21 |
| | NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Sep 2018 15:37 | Photos | Normal | No | Normal | Photos 2018-9-21 |

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.
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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 21-9-18
Date Of Accident / time 20/9/18 - 20.10pm
Exact Location Of Accident Jishun Central 1
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGC 6824B
Insured/Policyholder
Name Of Registered Owner / company Low Lee Tao
NRIC No / CO. REG. NO. S68025644
Email Address
Mobile Phone No 9818 7075
Alternative Phone No
Vehicle Particulars
Manufacturer Toyota
Model Vios
Exact Purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? Reporting
If No, Please state action to be taken
Vehicle Category
Insurance Company
Name of Insurance Company ATUC
Type Of Coverage Comprehensive
Fleet Policy
Policy Number 5096706978
Cover Note Number
Driver
Name of Driver low lee tao
NRIC No S68025644
Date Of Birth 14/11/1968
Occupation
Date Of Driving Pass 20/9/1989
Driving Experience
Gender male
Mobile Number
Fax Number
Contact Number
Email Address kennylo33@men.com

0490352



NRIC No: S6802564H



Blood Group: A+ Date of issue: 02-09-1992

Address: 301 BLK 100 YONG WAH ROAD #04-1085 SINGAPORE 700101

NRIC No: S6802564H Date: 27-01-1985 No: 1963045

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

EXPIRES DATE: 30 Sep 1999

NP 4256

License No: S6802564H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6802564H



Name: LOW LEE TAO

刘利涛

Race: CHINESE

Date of Birth: 14-01-1968

Sex: M

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6802564H

Name: LOW LEE TAO

Birth Date: 14 Jan 1968

Issue Date: 22 Mar 2004

001170922D




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: 5096706978

Cover : drive CLASSIC

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SGC6824B |
| Chassis Number | : MR053HY42041707488 |
| 2. Name of Policyholder | : LOW LEE TAO |
| 3. Effective Date of Insurance | : 11 Jan 2018 |
| 4. Expiry Date of Insurance | : 23 Jan 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 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 | : LOW LEE TAO |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : ALPS ASSOCIATE PTE. LTD. (00000573045)
Date of Issue : 22 Dec 2017 12:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive