

NATIONAL Assessment Centre Services

Ref: 2008

MAH/18123308

Date In: 24/09/2008 11:07	Job description	Date & Time Completed	Done by
Ref No: N34123308/73997	SAS e-filing		
Veh No: SK 8470	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 23/09/2008 18:00	I-Motor Claim Form	MAH/18123308	24/09/2008
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	12:07	
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SK 8470

INC () / Non-INC ()

Tel:

Owner / Driver: (

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

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 (\$)
	Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100);	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
QD:		
*N3: 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: Idao 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	24/09/2018 11:09
Date Of Accident	22/09/2018 18:00
Exact Location Of Accident	20 DUNERAN ROAD (OUTSIDE DUNEARN GARDENS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8477D
Insured/Policyholder	
Name Of Registered Owner	DEXTER SAY HOCK YUE
NRIC No	S7837396B
Email Address	ALICIA.TAN.SAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92969502
Alternative Phone No	OTHERS-94746102

Vehicle Particulars

Manufacturer	BMW
Model	X3
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	THIRD PARTY
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	5095494684
Cover Note Number	

Driver

Name of Driver	ALICIA TAN CHOON BEE (CHEN CHUNMEI)
NRIC No	S79009701
Date Of Birth	21/01/1979
Occupation	INDOOR
Date Of Driving Pass	20/09/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94746102
Fax Number	
Contact Number	OTHERS-92969502
Email Address	ALICIA.TAN.SAY@GMAIL.COM

Address	3 MOUNT ROSIE TERRACE
Postcode	308005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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?	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: : HUSBAND
	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	SKT6808L
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEW CHEE KEONG
NRIC/Passport Number	S2602259B
Contact Number	96611905
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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**.
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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.

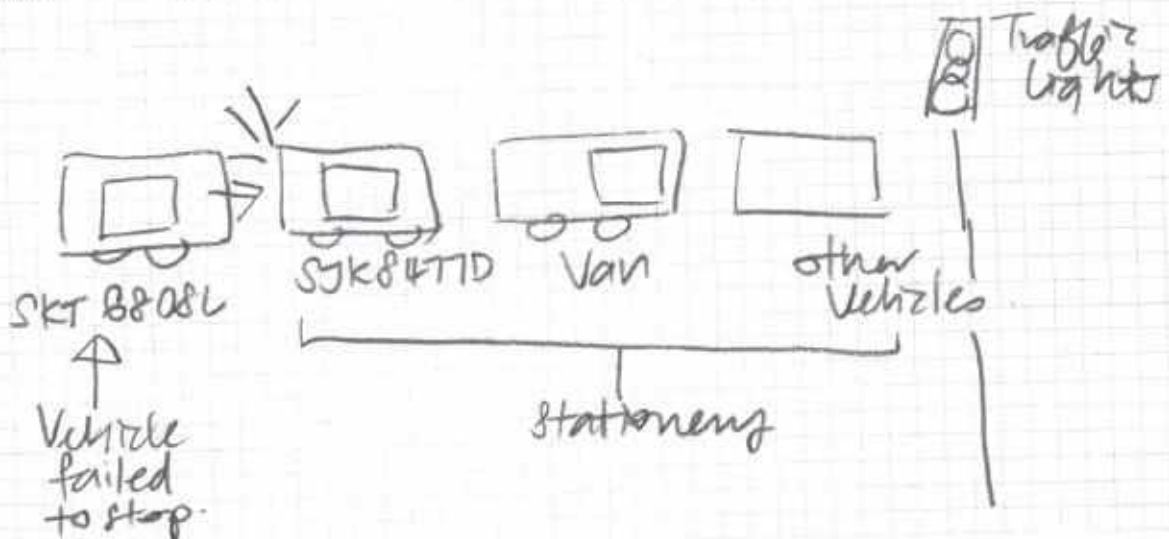
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24 SEP 2018

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

SKETCH PLAN

20 BUNKER ROAD (OUTSIDE DUNFARO GARDENS)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~My vehicle~~

My Vehicle (SJK8477D) was stationery behind a van, waiting for it to move off and third party car failed to stop, resulting in damage to my vehicle's rear bumper, boot door and reverse sensors.

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: 22 SEP 2018

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

24/09/2018
Keshi Nordin

Claim Handling

Accident MT/1012662

Policy No.	5015494664	Vehicle No.	51K8477D	GST Registration No.	
Certificate No.				Policyholder NRIC	S7817398B
Policyholder Name	DEXTER SAY HOCK YUE	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	92969502	Special Remarks		eCode	No *
Email Address		TCA	= No - Yes	eCode Reason	
KFY	= No - Yes	NCD Endorsement(%)	20	Private Hire	No
NCD Protection	No				
Accident Details					
Report Date	24/09/2018 12:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	22/09/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	20 DUNERAN ROAD (OUTSIDE DUNERAN GARDENS)				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	3 MOUNT ROSIE TERRACE	Address 2	SINGAPORE 308005	Address 3	
Address 4		Address Type	Singapore address	Post Code	308005
Unit No.	03-07	Related Policy Number	5061795665-04		
01 Driver Info					
Driver Name	ALICIA TAN CHOON BEE	Driver Type	Named Driver	Driver DOB	21/01/1979
Unnamed driver Name		Driver NRIC	S79009701	Driving Experience	15
Register Date of Driver License	20/09/2003	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	94740102	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.	51K8477D	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	DEXTER SAY HOCK YUE	Insured NRIC	S7817398B
Contact No.(Mobile)	92969502	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	DEXTERSAY@HOTMAIL.COM	Vehicle Number	51K8477D	Vehicle Number	51K8477D
Claim Description	51K8477D / SKT608L ON 22 Sept 2018				
Preferred Workshop		Insured Liability	Not at Fault	UJA report	Received
Excess No.	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Date	24/09/2018 12:09
Date Registered				Date Received	24/09
Report Taken By					
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1012662	Claim No.	001																												
Last Doc. Received	Yes - No	Upload Date	24/09/2018 12:09																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Desc.</th> </tr> </thead> <tbody> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Desc.	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2018 12:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-24

Video List

Uploads By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 22/09/2018 (DD/MM/YYYY), TIME: 18:00 ^{PM} (HH:MM)
 LOCATION: 20 DUNEARN ROAD (DUNEARN GARDENS)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJK 8477P
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5095494684
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW X3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: DEXTER SAY HOCK YUE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: STP37396B CONTACT: 92969502
 c) ADDRESS: 3 MOUNT ROSIE TERRACE
SINGAPORE 308005

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: ALICIA TAN CHON BEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST9009701 CONTACT: 94746102
 c) ADDRESS: 3 MOUNT ROSIE TERRACE
SINGAPORE 308005

* d) DATE OF BIRTH: 21/01/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20 SEP 2003

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

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKT 6808L MODEL: NISSAN QASHQAI
 b) DRIVER'S NAME: LEW CHEE KEONG
 c) NRIC/FIN/PASSPORT: S2602259B CONTACT: 96611905

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

EMAIL = alicia.tan.say@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S79009701



Name

ALICIA TAN CHOON BEE
(CHEN CHUNMEI)

陈春美

Race

CHINESE

Date of birth

21-01-1979

Sex

F

Country of birth

SINGAPORE



S79009701

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S79009701

Name

ALICIA TAN CHOON BEE
(CHEN CHUNMEI)

Birth Date 21 Jan 1979

Issue Date 19 Feb 2013



002152595J

4345722



NRIC No. S79009701



Date of issue

30-01-2009

3 MOUNT ROSIE TERRACE
SINGAPORE 308005

NRIC No:

S79009701

Date:

07/02/2018

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 20 Sep 2003

NP 428A



Licence No: S79009701

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: 5095494684 Cover : drive CLASSIC

Index mark and Registration Number of Vehicle : SJK8477D
Chassis Number : WBAPC72030WG62065
Name of Policyholder : DEXTER SAY HOCK YUE
Effective Date of Insurance : 22 Dec 2017
Expiry Date of Insurance : 05 Nov 2018

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.

Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DEXTER SAY HOCK YUE
NAMED DRIVER (1)	: ALICIA TAN CHOON BEE
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 : AUTO INSURANCE AGENCY (00000613840)
Date of Issue : 31 Oct 2017 14:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive