

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAA 08124073

Date In: 24/09/2008 20:45	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB/ACC/60/17374/17	E-mail (within 3hrs / A/C 2hrs):		
Veh No: 8KG 215R	i-Motor Claim Form	MT/101285400	25/09/2008 09:42
D.O.A: 23/09/2008 17:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> TP Reporting Only	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: FA 15G	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

MAA 0806114

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
	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 / Tpt 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 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 20:45
Date Of Accident	23/09/2018 17:50
Exact Location Of Accident	JUNCTION OF PIONEER ROAD NORTH/SOON LEE DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG215E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JYOTIRAKSHA SAHA
NRIC No	S9170604J
Email Address	KRYSTALLMZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83398337
Alternative Phone No	OTHERS-93869266

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5099600599
Cover Note Number	

### Driver

Name of Driver	KRYSTAL LEE MIAO ZHI
NRIC No	S9307351G
Date Of Birth	25/02/1993
Occupation	INDOOR
Date Of Driving Pass	16/01/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83398337
Fax Number	
Contact Number	OTHERS-93869266
EMail Address	KRYSTALLMZ@GMAIL.COM



Address	BLK 659B JURONG WEST STREET 65 #13-309
Postcode	642659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GIRLFRIEND
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)	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 STATEMENT AND ATTACHMENT

#### 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	FA15G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TNG SWEE HOCK
NRIC/Passport Number	S1227735J
Contact Number	97814700
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:

 24/09/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 24/09/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

REFER zu Annehmungen

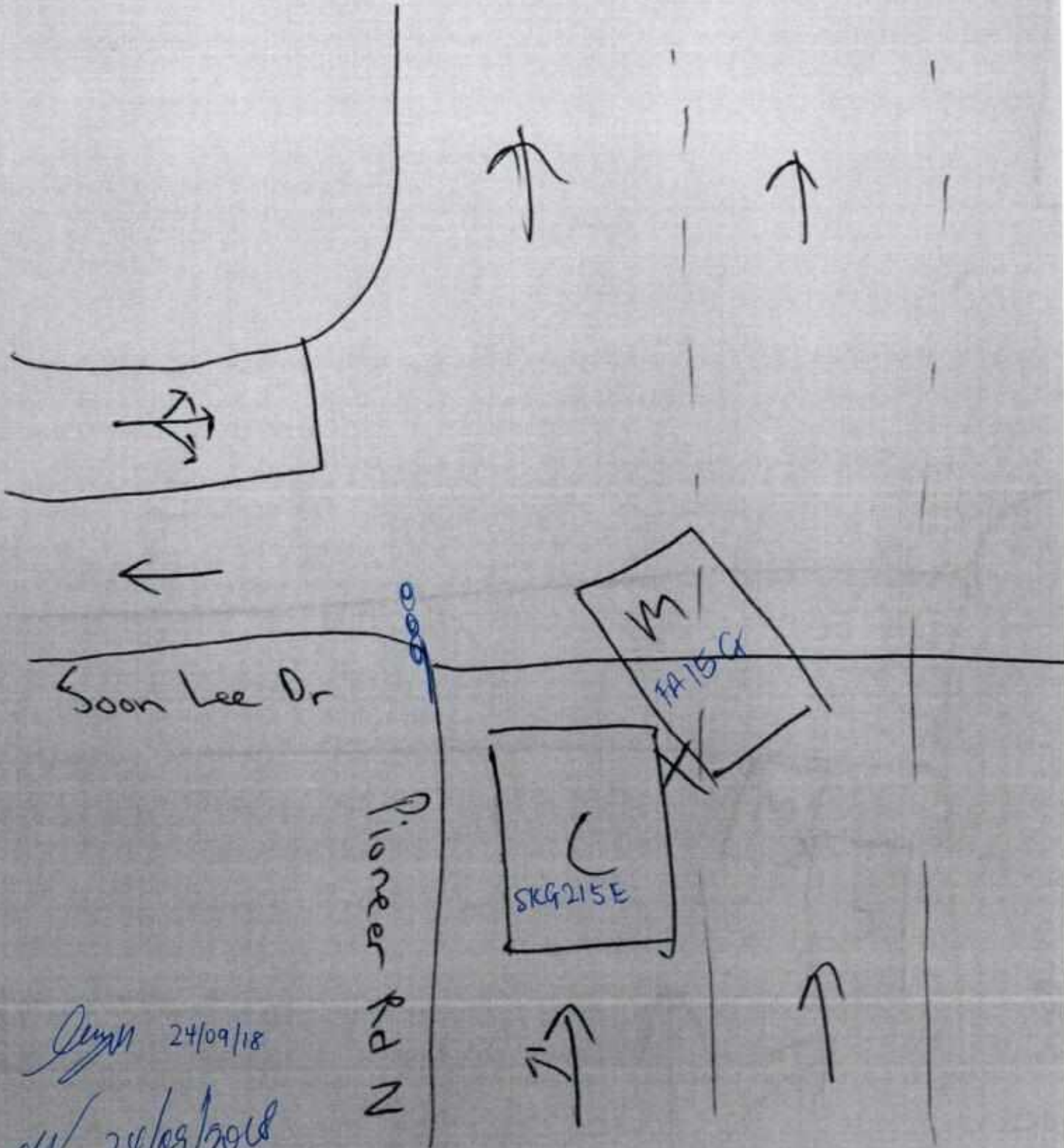
REFER TO STATEMENT

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

on 24/06/2020  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No: [Signature]



AYE



Qum 24/09/18  
GW 24/09/2018  
Roch. WAT003

The incident occurred on 23/09/2018 1750 hours along Pioneer Road North heading towards AYE before Soon Lee Drive. I was on the leftmost lane (straight and left turn lane going straight with the right of way. As I was approaching the junction, a bike, FA15G, suddenly dashed across from my right from the second lane in front of me to make the left turn. I immediately jammed brake to avoid him, but it was too late as he hit my car first on the right side of the bumper in his effort to make the turn. Due to the impact, my bumper was dislodged on both sides and my centre grill in the bumper was dislodged inwards as well. No injuries were sustained during the accident.

*24/09/2018*  
*Redi. 10/10/18*

*24/09/18*

## Claim Handling

Accident MT/1012854

Policy No.	S099600599	Vehicle No.	SKG215E	GST Registration No.	
Certificate No.					
Policyholder Name	JYOTIRAKSHA SAHA	Cover Type	Third Party	Policyholder NRIC	S91706041
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83398337	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPIC	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	25/09/2018 09:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/09/2018	Time of Accident (h:mm)	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF PIONEER ROAD NORTH/JOON LEE DRIVE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 339 #10-1520	Address 2	JURONG EAST AVENUE 1	Address 3	SINGAPORE 600339
Address 4		Address Type	Singapore address	Post Code	600139
Unit No.		Related Policy Number	S099600599		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/02/1993
Unnamed driver name	CRYSTAL LEE MIAD ZHI	Driver NRIC	S907351G	Driving Experience	5
Register Date of Driver License	16/01/2013	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	93869256	Contact No.(Office)		Address 3	SINGAPORE 642659
Address 1	BLK 659B #13-309	Address 2	JURONG WEST STREET 63	Post Code	642659
Address 4		Address Type	Foreign address		
Unit No.	13-309				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKG215E	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JYOTIRAKSHA SAHA	Insured NRIC	S91706
Contact No.(Mobile)	83398337	Contact No. (Home)		Contact No. (Office)	
Email Address		01	SKG215E	TP	FA15G
Claim Description	SKG215E / FA15G ON 23 Sept 2018				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA Report	Received
Sanction No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	25/09/2018 09:40	Claim Close Date		Date Received	25/09/18
Report Taken By	ROSJI WAHAB				
Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1012854	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/09/2018 09:42
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			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800876 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:42		Photos	Normal
Description			Photos 2018-9-25



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:42	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:42	Photos	Normal	Photos 2018-9-25
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:41	Photos	Normal	Photos 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2018 09:41	SAS	Normal	SAS 2018-9-25

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	

# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 09 / 2018 (DD/MM/YYYY), TIME: 17 : 50 (HH:MM)

LOCATION: PIONEER ROAD NORTH

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 215 E  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5099600599  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA ALTIS  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: JYOTIRAKSHA SAHA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9170604J CONTACT: 8339 8337  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: KRYSTAL LEE MIAO ZHI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9304351G CONTACT: 9386 9266  
 c) ADDRESS: 6598 JURONG WEST STREET 65 #13-309  
SINGAPORE 642659

\* d) DATE OF BIRTH: 25 / 02 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 16/01/13

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BOYFRIEND

## 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: FA15G MODEL: MOTORBIKE  
 b) DRIVER'S NAME: TNG SWEET HOCK  
 c) NRIC/FIN/PASSPORT: S1227735J CONTACT: 9781 4700

## 9. THIRD PARTY VEHICLE

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

EMAIL = KRYSTALLMZ@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9170604J



Name

JYOTIRAKSHA SAHA

Race

BANGLADESHI

Date of birth

Sex

06-11-1991

M

Country of birth

BANGLADESH



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9307351G



Name

KRYSTAL LEE MIAO ZHI

李 妙 知

Race

CHINESE

Date of birth

25-02-1993

Sex

F

Country of birth

SINGAPORE



NRIC No. S9307351G



Date of issue

12-03-2008

Address

APT BLK 659B JURONG WEST STREET 65  
#13-309  
SINGAPORE 642659

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9307351G

Name

KRYSTAL LEE MIAO ZHI



Birth Date 25 Feb 1993

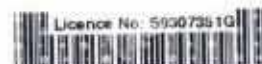
Issue Date 16 Jan 2013



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 16 Jan 2013



NP 478A



## 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:** 5099600599

**Cover :** Third Party

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>SKG215E</b>  |
| Chassis Number  | : MR053REE104136450   |
| 2. Name of Policyholder   | : JYOTIRAKSHA SAHA  |
| 3. Effective Date of Insurance  | : 09 Apr 2018   |
| 4. Expiry Date of Insurance   | : 08 Apr 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: JYOTIRAKSHA SAHA
NAMED DRIVER (1)	: N/A
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 : META AGENCY PTE. LTD. (00000573430)  
 Date of issue : 09 Apr 2018 12:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive