

**NATIONAL Assessment Centre Services** [Ref: JAN05] *MA 4812670*

|                                    |  |                       |                         |
|------------------------------------|--|-----------------------|-------------------------|
| Date In: <i>27/09/2018 18:33</i>   | Job description                          | Date & Time Completed | Done by                 |
| Ref No: <i>MA 4812670 / 7628/Y</i> | SAS e-filing                             |                       |                         |
| Veh No: <i>SW 6327E</i>            | E-mail (within 8hrs, AIC 2hrs)           |                       |                         |
| D.O.A: <i>27/09/2018 15:25</i>     | i-Motor Claim Form                       | <i>MY11013352001</i>  | <i>27/09/2018 18:53</i> |
| OD: <i>TP</i> 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: *PC 25904* 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | 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    |             |          |
| Dat 1:                          | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Dat 2/3:                        | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | OP:   |             |          |
|                                 | *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 |          |



## 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             | 27/09/2018 18:33                     |
| Date Of Accident           | 27/09/2018 15:25                     |
| Exact Location Of Accident | CARPARK LOT 18E @ KAMPONG KAPOR ROAD |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|  |  |
|--|--|
| Vehicle Registration Number  | SLW6327E                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | LAWRENCE GERARD JOSEPH                 |
| NRIC No  | S1272157I                              |
| Email Address  | LAWRENCEGERARDJOSEPH@GMAIL.COM         |
| Mobile Phone No  | (LOCAL) +65-98762221                   |
| Alternative Phone No   | OFFICE-98762221                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | MERCEDES-BENZ                          |
| Model  | 250 CGI                                |
| Exact Purpose for which vehicle was being used at time of accident           | CAR WAS PARKED                         |
| 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                            |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5098652982                             |
| Cover Note Number  |  |
| <b>Driver</b>  |  |
| Name of Driver   | LAWRENCE GERARD JOSEPH                 |
| NRIC No  | S1272157I                              |
| Date Of Birth  | 10/01/1957                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 12/01/1982                             |
| Driving Experience   | 36 YEARS AND 8 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-98762221                   |
| Fax Number   |  |
| Contact Number   | OFFICE-98762221                        |
| Email Address  | LAWRENCEGERARDJOSEPH@GMAIL.COM         |

|   |                                |
|---|--------------------------------|
| Address   | BLK 147 GANGSA ROAD<br>#02-259 |
| Postcode  | 670147                         |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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: : FRIEND<br>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         | PC2590U               |
| Vehicle Make/Model/Colour           | TOYOTA HIACE          |
| Details Of Properties               |                       |
| Vehicle Category                    | COMMERCIAL VEHICLE    |
| Name of Driver                      | KARUPPAIYA MUTHURAMAN |
| NRIC/Passport Number                | S6867915Z             |
| Contact Number                      | 82976595              |
| 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

Along KAMPONG KAPOR ROAD



A) SLW 6327 E

B) PC 2590 U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 Sept 2018 at about 1525 hrs, my friend and I were in the car parked at a lot a carpark lot along 18E along Kampong Kapor Rd.

There were two empty lots in front of my car when the driver of ~~the~~ Toyota Hiace PC 2590 navigated into the car park in front of me and grazed my front left fender / bumper resulting in damage to my 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:  
NRIC/FIN No.:



9/27/2018

## Claim Handling

Accident MT/1013352

|   |                                      |                               |                   |                        |                       |
|---|--------------------------------------|-------------------------------|-------------------|------------------------|-----------------------|
| Policy No.                              | 5098652982                           | Vehicle No.                   | SLW6327E          | GST Registration No.   |                       |
| Certificate No.                         |                                      |                               |                   | Policyholder NRIC      | S12721571             |
| Policyholder Name                       | LAWRENCE GERARD JOSEPH               | Cover Type                    | drive CLASSIC     | Loading                | 0                     |
| Product Code                            | PRIVATE CAR INSURANCE                | Contact No.(Office)           |                   | Contact No.(Home)      |                       |
| Contact No.(Mobile)                     | 98762221                             | Special Remark                |                   | eCode                  | No                    |
| Email Address                           |                                      | TCA                           | No Yes            | eCode Reason           |                       |
| KFK                                     | No Yes                               | NCD Entitlement(%)            | 50                | Private Hire           | No                    |
| NCD Protection                          | Yes                                  |                               |                   |                        |                       |
| <b>Accident Details</b>                 |                                      |                               |                   |                        |                       |
| Report Date                             | 27/09/2018 18:49                     | Accident Report Within 24 hrs | Yes               | Accident Type          | Damaged whilst parked |
| Date of Accident                        | 27/09/2018                           | Time of Accident hh:mm        | 15:25             | Country of Accident    | Singapore             |
| Reporting Centre                        |                                      | Orange Force                  |                   | ICM No.                |                       |
| Accident Location                       | CARPARK LOT 18E @ KAMPONG KAPOR ROAD |                               |                   |                        |                       |
| <b>Excess</b>                           |                                      |                               |                   |                        |                       |
| Own damage Excess                       | 600.00                               | Additional Excess             | 0                 | Windscreen Excess      | 100.00                |
| Unnamed Driver Excess                   | 0.00                                 | Outside Singapore OD Excess   | 600.00            |                        |                       |
| 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 147 #02-259                      | Address 2                     | GANGSA ROAD       | Address 3              | SINGAPORE 670147      |
| Address 4                               |                                      | Address Type                  | Singapore address | Post Code              | 670147                |
| Unit No.                                |                                      | Related Policy Number         | 5098652982        |                        |                       |
| <b>OI Driver Info</b>                   |                                      |                               |                   |                        |                       |
| Driver Name                             | LAWRENCE GERARD JOSEPH               | Driver Type                   | Main Driver       | Driver DOB             | 10/01/1957            |
| Unnamed driver Name                     |                                      | Driver NRIC                   | S12721571         | Driving Experience     | 36                    |
| Register Date of Driver License         | 12/01/1982                           | Driver Age                    | 61                | Contact No.(Home)      |                       |
| Contact No.(Mobile)                     | 98762221                             | Contact No.(Office)           |                   | Address 3              | SINGAPORE 670147      |
| Address 1                               | BLK 147 #02-259                      | Address 2                     | GANGSA ROAD       | Post Code              | 670147                |
| Address 4                               |                                      | Address Type                  | Singapore address |                        |                       |
| Unit No.                                |                                      |                               |                   | Driver Insurer Company | NTUC                  |
| Does he own a Singapore Registered car? | Yes - No                             | Driver Vehicle No.            | SLW6327E          |                        |                       |
| <b>Declaration</b>                      |                                      |                               |                   |                        |                       |
| Breathalyser or Blood Test Reading?     | 0 mg                                 | Any injury?                   | Yes - No          |                        |                       |

Modification History

Claim 001

New

|   |                                    |                         |                                  |                     |                  |
|---|------------------------------------|-------------------------|----------------------------------|---------------------|------------------|
| Claim Type *  | OO-MX                              | Insured Name            | LAWRENCE GERARD JOSEPH           | Insured NRIC        | S12721571        |
| Contact No.(Mobile)   | 98762221                           | Contact No.(Home)       | 63663998                         | Contact No.(Office) |                  |
| Email Address   | lgjmw@singnet.com.sg               | OI Vehicle Number       | SLW6327E                         | TP                  | PC2590           |
| Claim Description   | SLW6327E / PC2590U ON 27 Sept 2018 |                         |                                  |                     |                  |
| Preferred Workshop  |                                    | Insured Liability       | Not at Fault                     | GIA report          | Received         |
| Repair No.  | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |                     |                  |
| Date Registered   |                                    |                         |                                  | Claim Close Date    | 27/09/2018 18:52 |
| Report Taken By   |                                    |                         |                                  | Date Received       | 27/09/2018       |
| <input checked="" type="checkbox"/> Print AK letter                       |                                    |                         |                                  |                     |                  |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> |                                    |                         |                                  |                     |                  |

## Attachment

|  |  |             |                  |
|--|--|-------------|------------------|
| Accident No.   | MT/1013352   | Claim No.   | 001              |
| Last Doc. Received   | * Yes <input type="checkbox"/> No <input type="checkbox"/> | Upload Date | 27/09/2018 18:53 |
| Path *   |  |             |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Choose File  | No file chosen   | Clear       |                  |
| Message Read   |  |             |                  |
| <b>Attachment List</b>   |  |             |                  |
| Attachment   | Uploaded By/Date   | Category    | Urgency          |
| NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2018 18:53 |  | Photos      | Normal           |
| Description<br>Photos 2018-9-27  |  |             |                  |

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/09/18 (DD/MM/YYYY), TIME: 15:25 (HH:MM)

LOCATION: Car park @ Kampong Kapor Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 6327 E  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5098652982  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MB 250 CGI  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Car park  
 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: Lawrence Gerard Joseph (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 12721577 CONTACT: 98762221  
 c) ADDRESS: 147, Gargala Road  
#02-259

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

- DRIVER As above (MALE / FEMALE)  
 a) NAME: As above  
 b) NRIC/FIN/PASSPORT: As above CONTACT: As above  
 c) ADDRESS: As above

\* d) DATE OF BIRTH: 10/01/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 1982

f) DATE OF DRIVING PASS: 1982

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

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: N.A

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 2590 U MODEL: Toyota Hiace  
 b) DRIVER'S NAME: Karuppaiya Muthuraman  
 c) NRIC/FIN/PASSPORT: 568679152 CONTACT: 82976595

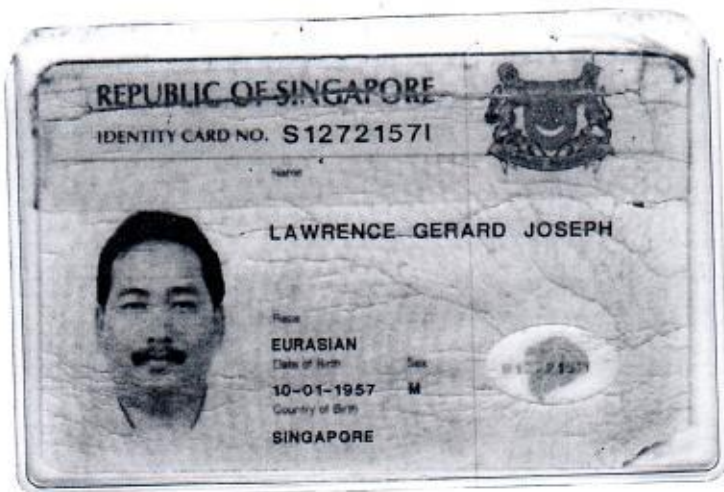
## 9. THIRD PARTY VEHICLE

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

EMAIL = Lawrence.gerard.joseph@gmail.com

VIDEO =





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

|          |  |             |
|----------|--|-------------|
| Class 3. | Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 12 Jan 1962 |
|----------|--|-------------|

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:** 5098652982

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLW6327E**  
Chassis Number : WDD2120472A072038
2. Name of Policyholder : **LAWRENCE GERARD JOSEPH**
3. Effective Date of Insurance : **07 Mar 2018**
4. Expiry Date of Insurance : **31 Mar 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   |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : LAWRENCE GERARD JOSEPH                          |
| 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 : CREDENTIAL MOTOR PTE LTD (00000613028)  
Date of Issue : 07 Mar 2018 12:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

JENNIFER CHONG

Chief Executive