

NATIONAL Assessment Centre Services

(wef: Jan 2015)

MANA/18/27087

Date In: 01/10/2015 15:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB/18/180/7454	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SGN 5380M	I-Motor Claim Form: m/1013788-001		01/10/2015
D.O.A: 29/09/2015 14:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs):		16:36
OD: 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: SKF 23274	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

NA1806236

Claimant's Particulars :-	Invoice Preparation Checklist	Amnt (\$) 1st Bill	Amnt (\$) 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		
Date 1:	For claiming against INC Only (wef 10 Jan 2015)		
Date 2/3:	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	

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	01/10/2018 15:00
Date Of Accident	29/09/2018 14:00
Exact Location Of Accident	CTE AFTER ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN5380M
Insured/Policyholder	
Name Of Registered Owner	EFFECTOR SERVICES
Co Reg No	53354039M
Email Address	TERRYTAY7728@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81116914
Alternative Phone No	OFFICE-87160160

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087544102-01
Cover Note Number	

Driver

Name of Driver	TAY KHANG HO (ZHENG KANGHE)
NRIC No	S7728473G
Date Of Birth	28/09/1977
Occupation	INDOOR
Date Of Driving Pass	28/09/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87160160
Fax Number	
Contact Number	OTHERS-81116914
Email Address	TERRYTAY7728@GMAIL.COM

Address	BLK 542 HOUGANG AVENUE 8 #09-1297
Postcode	530542
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF2327H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JIN HUAT
NRIC/Passport Number	S8823923G
Contact Number	97286796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :

Passenger 2:

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

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

EXIT
To AALL
MOKIO PAK 1

C
A
B
A

CHE AFTER AALL
MOKIO PAK 1
EXIT

A) SGN 5380m
B) SKF 2327H
C) UNKNOWN CAR

on 29/09/2018 AT ABOUT 14:00 HRS I WAS TRAVELLING ALONG
THE TOWARDS CITY JUST AFTER ANG MO KIO AVE I SAW
A CAR SKF 2327H Suddenly I AM BRAKE & I COULD NOT
BRAKE ON TIME & HIT THE CAR WE STOP AT THE AT THE
ROAD SIDE & EXCHANGE PARTICULARS - THEN I SAW ANOTHER
WAS ALREADY BRKE BY THE CAR SKF 2327H. THAT MEAN
THAT THERE WAS ALREADY ACCIDENT B/F I HIT HIS CAR
SKF 2327H -

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



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

Reporting Centre Personnel's Signature
Name: Paul M
NRIC/FIN No.: 9201 1234 5678

Claim Handling

Accident MT/1013788

Policy No.	5087544102-01	Vehicle No.	SGNS380M	GST Registration No.	
Certificate No.					
Policyholder Name	EFFECTOR SERVICES			Policyholder NRIC	S3354038H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81118914	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Accident Details

Report Date	01/10/2018 16:31	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/09/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE AFTER ANG MO KIO AVENUE 1 EXIT				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 214 #03-431	Address 2	JUANG EAST STREET 21	Address 3	SINGAPORE 600214
Address 4		Address Type	Singapore address	Post Code	600214
Unit No.	03-431	Related Policy Number	5087544102-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/09/1977
Unnamed Driver Name	TAY KHANG HO (ZHENG KANGH)	Driver NRIC	S77284720	Driving Experience	20
Register Date of Driver License	12/03/1998	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	87160160	Contact No.(Office)		Address 3	SINGAPORE 630542
Address 1	BLK 542 #09-1297	Address 2	HOUGANG AVENUE 8	Post Code	530542
Address 4		Address Type	Foreign address		
Unit No.	09-1297				
Does he own a Singapore Registered Car?	Yes = No	Driver Vehicle No.	SGNS380M	Driver Insurer Company	NTUC

Declaration

Breakalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EFFECTOR SERVICES	Insured NRIC	S3354038H
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGNS380M	TP Vehicle Number	SKF231
Claim Description	SGNS380M / SKF2327H On 29 Sept 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Excess No. Finalisation	Yes	Preferred Report Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	01/10/2018 16:35	Date Received	01/10/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.		MT/1013788		Claim No.		001		
Last Doc. Received		* Yes <input type="radio"/> No <input type="radio"/>		Upload Date		01/10/2018 16:36		
Path *				Category *		Confidential	Urgency *	Dest.
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Choose File	No file chosen	Clear	Please Select *	NO	Normal			
Message Read								

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Re
NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 01 Oct 2018 16:36		Photos	Normal	Photos 2018-10-1	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:36	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:36	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:36	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:36	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:36	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	Photos	Normal	Photos 2018-10-1
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	Photos	Normal	Photos 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	SAS	Normal	SAS 2018-10-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Oct 2018 16:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 09 / 2018 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: CIE after Ang Mo Kio Ave 1 Exit Beside

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 5380M
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5087544102-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONNEL
 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: Effector Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: BM CONTACT: 81116714
 c) ADDRESS: Blk 214, Jurong East St 21 #03-431 Spore 660214

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAY KHANG HO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 877284736 CONTACT: 87160160
 c) ADDRESS: Blk 542, HOUGANG AVE 8 #09-1297 Spore 530542

* d) DATE OF BIRTH: 28 / 09 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/03/1988

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKE 2327H MODEL: BMW
 b) DRIVER'S NAME: LIM JIN HUAT
 c) NRIC/FIN/PASSPORT: 588239236 CONTACT: 97286796

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN CAR MODEL: HYUNDAI
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

EMAIL = terrytay7728@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7728473G



Name
TAY KHANG HO
(ZHENG KANGHE)
郑康河

Race
CHINESE

Date of birth 28-09-1977 Sex M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



License No: S7728473G

Name
TAY KHANG HO
(ZHENG KANGHE)

Birth Date 28 Sep 1977

Issue Date 12 Mar 2003



4109217



NRIC No: S7728473G



Date of issue
04-09-2007

APT BLK 542 HOUGANG AVENUE 8 #09-1297
SINGAPORE 530542

NRIC No: S7728473G Date: 22/07/2009 No: 6108706

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

PASS DATE 12 Mar 1996

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

License No: S7728473G



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: 5087544102-01

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGN5380M |
| Chassis Number | : RN61011162 |
| 2. Name of Policyholder | : EFFECTOR SERVICES |
| 3. Effective Date of Insurance | : 23 Nov 2017 |
| 4. Expiry Date of Insurance | : 20 Nov 2018 |
| 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: RICARDO CARS PTE LTD
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 : IVAN INSURANCE AGENCY (00000614519)
Date of Issue : 23 Nov 2017 17:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

0% 25% 50% 75% 100%

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.	SGN5380M		
Vehicle Type:	N19 - Passenger (Co) Company Station Wagon (Single Rate)	Vehicle Scheme:	Normal
Vehicle Make:	HONDA	Vehicle Model:	STREAM 1.8 A
Chassis No.:	RN61011162	Engine No.:	R18A1712658
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	8
Engine Capacity:	1799 cc	Power Rating:	-
Unladen Weight:	1350 kg	Maximum Laden Weight:	1735 kg
Primary Colour:	Grey	Secondary Colour:	-
IU Label No.:	1120638551	Maximum Power Output:	103.0 kW (138 bhp)
First Registration Date:	21 Nov 2006	Original Registration Date:	21 Nov 2006
Manufacturing Year:	2006	Open Market Value:	\$18,536.00
PARF Eligibility:	Forfeited	Minimum PARF Benefit:	\$10,195.00
No. of Transfer:	3	Actual ARF Paid:	\$20,390.00

Owner Particulars

Owner Name:	EFFECTOR SERVICES
Owner ID Type:	Business
Owner ID:	53354039M
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	214
Registered Street Name:	JURONG EAST STREET 21
Registered Unit No.:	# 03 - 431
Registered Building Name:	-
Registered Postal Code:	600214
COE No./Expiry Date:	2006120103000912M / 20 Nov 2021
COE Bid Category:	B - Car (1601cc & above)
PQP Paid:	\$28,027.00

Transaction Details

Business Transaction Ref. No.:	20170119181513455217
Business Transaction Date:	19 Jan 2017
Business Transaction Time:	18:15:13

Message

Vehicle has been successfully transferred to EFFECTOR SERVICES (53354039M).