

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

May 4/12/8584

Date In: 03/10/2008 19:49	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/180/80049	SAS e-filing		
Veh No: GBC 4540S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/10/2008 15:15	i-Motor Claim Form	W/11014317001	04/10/2008 14:29
OD: TP (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:

GBC 1479K

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

XIA 6806343

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpt Allowance \$3

*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

Warranty

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	03/10/2018 19:49
Date Of Accident	03/10/2018 15:15
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4540S
Insured/Policyholder	
Name Of Registered Owner	SOH KOK HONG
NRIC No	S1578171H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97302854
Alternative Phone No	OFFICE-97302854

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5061313367-05
Cover Note Number	

Driver

Name of Driver	SOH KOK HONG
NRIC No	S1578171H
Date Of Birth	31/07/1963
Occupation	INDOOR
Date Of Driving Pass	29/04/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97302854
Fax Number	
Contact Number	OFFICE-97302854
Email Address	NOEMAIL

Address	BLK 51 CIRCUIT ROAD #05-799
Postcode	370051
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	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	GBG1479K
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG KAI KWONG
NRIC/Passport Number	S8111105G
Contact Number	86990522
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

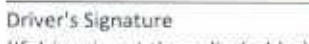
IMPORTANT NOTICE

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:

A hand-drawn diagram on grid paper showing a road layout. A horizontal line represents the road. Above the line, from left to right, are the labels "Jalan Bukit Merah" with a right-pointing arrow, a rectangular box labeled "Bus stop" with a line pointing to it, and a bracket labeled "Petrol kiosk". Below the line, there are two rectangular boxes. The left box is labeled "My car" with "GBC 4540S" written below it. The right box is labeled "Third party" with "GAG 1479K" written below it. A left-pointing arrow is positioned to the left of these two boxes.

ON 03/10/2016 AT ABOUT 15:18HRS. I WAS TRAVELLING
ALONG JALAN BUKIT MELAKA IN FRONT OF ME WAS A VAN
GPR1479K WHICH ALREADY STOP & I COULD NOT
BRAKE ON TIME & HIT THE VAN REAR PORTION.

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: *Rohit Kumar*
NRIC/FIN No.: *05160/3068*

Claim Handling

Accident MT/1014317

Policy No.	506131367-05	Vehicle No.	GBC4540S	GST Registration No.	
Certificate No.					
Policyholder Name	SOH KOK HONG	Policyholder NRIC	S1578171H		
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	97300854	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	10	Private Hire	No

Accident Details

Report Date	04/10/2018 14:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/10/2018	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BUKIT MERAH				

Excess

Own damage Excess	800.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 51 405-799	Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370051
Address 4		Address Type	Singapore address	Post Code	370051
Unit No.		Related Policy Number	506131367-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/07/1983
Unnamed driver Name	SOH KOK HONG	Driver NRIC	S1578171H	Driving Experience	36
Register Date of Driver License	29/04/1982	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 370051
Address 1	BLK 51 405-799	Address 2	CIRCUIT ROAD	Address 3	SINGAPORE 370051
Address 4		Address Type	Singapore address	Post Code	370051
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	GBC4540S	Driver Insurer Company	NTUC

Declaration

Breathalyzer 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	SOH KOK HONG	Insured NRIC	S1578171H
Contact No.(Mobile)		Contact No (Home)		Contact No. (Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	GBC4540S	Vehicle Number	GBC14
Preferred Workshop		GBC4540S / GBC1479K ON 3 Oct 2018		Name of Preferred Workshop	
Insured Liability	Fully at Fault	GIA report	Received	Claim Close Date	04/10/2018 14:27
Repair Option	Preferred Workshop, Name unknown			Date Received	04/10/2018
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1014317	Claim No.	001
Let Doc. Received	Yes No	Upload Date	04/10/2018 14:29
Path *		Category *	Confidential
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		Clear	Please Select *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:29		Photos	Normal	Photos 2018-10-4	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:29	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:29	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:29	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:28	Photos	Normal	Photos 2018-10-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:27	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:27	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:27	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:27	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:27	SAS	Normal	SAS 2018-10-4

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 03/10/2018 (DD/MM/YYYY), TIME: 15:18 h (HH:MM)

LOCATION: Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 4540S
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5061313367-05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN CABRIO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SOH KOK HONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S15781714 CONTACT: 97302854
 c) ADDRESS: BUKIT CIRCUIT RD #05-799 S(370051)

*d) DATE OF BIRTH: 31/07/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBG 1479K MODEL: NISSAN
 b) DRIVER'S NAME: WONG KAI KWONG
 c) NRIC/FIN/PASSPORT: S81111059 CONTACT: 86990522

9. THIRD PARTY VEHICLE

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

EMAIL =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1578171H



Name
SOH KOK HONG

苏国宏

Race
CHINESE

Date of birth
31-07-1963

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity No. S1578171H

SOH KOK HONG

Valid from 31 Jul 1963

Valid until 31 Mar 2009



4457911




NRIC No. S1578171H

Date of issue
07-09-2009


APT BLK 51 CIRCUIT ROAD #05-799
SINGAPORE 370051

NRIC No: S1578171H Date: 12/07/2011 No: 0740769

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 3	Motor Cars and Motor Tractors the weight of which (including load) does not exceed 2500 kilograms	29 Apr 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which (including load) exceeds 2500 kilograms	23 May 1985

NP 426A



Licence No: S1578171H

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 : 5061313367-05

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC45405 |
| Chassis Number | : JN15C2F24Z0850376 |
| 2. Name of Policyholder | : SOH KOK HONG |
| 3. Effective Date of Insurance | : 17 Aug 2018 |
| 4. Expiry Date of Insurance | : 16 Aug 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward;
- (b) Use for racing, pace-making, reliability trial or speed-testing;
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK
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 : HOCK KAH MOTOR PTE LTD (00000570886)

Date of Issue : 02 Aug 2018 11:02 hrs




Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive