

# NATIONAL Assessment Centre Services

(wef: 1 Jan 05)

MAA 4813884

Date In: 11/10/2018 11:31	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N38/mic/60/8456/4	E-mail (within 8hrs, AIC: 2hrs)		
Veh No: SH 2304 A	i-Motor Claim Form	11/10/2018 12:54	
D.O.A: 10/10/2018 14:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: <u>Reporting Only</u>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SBW 1619 P	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: ( )	Fax: ( )
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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

## Injury:

Date/Time

Actions


MAA 06519

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
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 \$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 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. 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	11/10/2018 11:31
Date Of Accident	10/10/2018 14:30
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH2304A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SHI YUN (LIN SHIYUN)
NRIC No	S8022162B
Email Address	LAWRENCELIM9@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81611714
Alternative Phone No	OTHERS-81611714
<b>Vehicle Particulars</b>	
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	REPORTING ONLY
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	5095497238
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM SHI YUN (LIN SHIYUN)
NRIC No	S8022162B
Date Of Birth	21/07/1980
Occupation	INDOOR
Date Of Driving Pass	08/05/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81611714
Fax Number	
Contact Number	OTHERS-81611714
Email Address	LAWRENCELIM9@HOTMAIL.COM

Address	BLK 406C FERNVALE ROAD
	#06-59
Postcode	793406
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	RAINING
Road Surface	WET

#### 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	SBW1619P
Vehicle Make/Model/Colour	TOYOTA PREVIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DERRICK NICHOLAS GOH TZAN-HAN
NRIC/Passport Number	S7310791A
Contact Number	97991619
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:

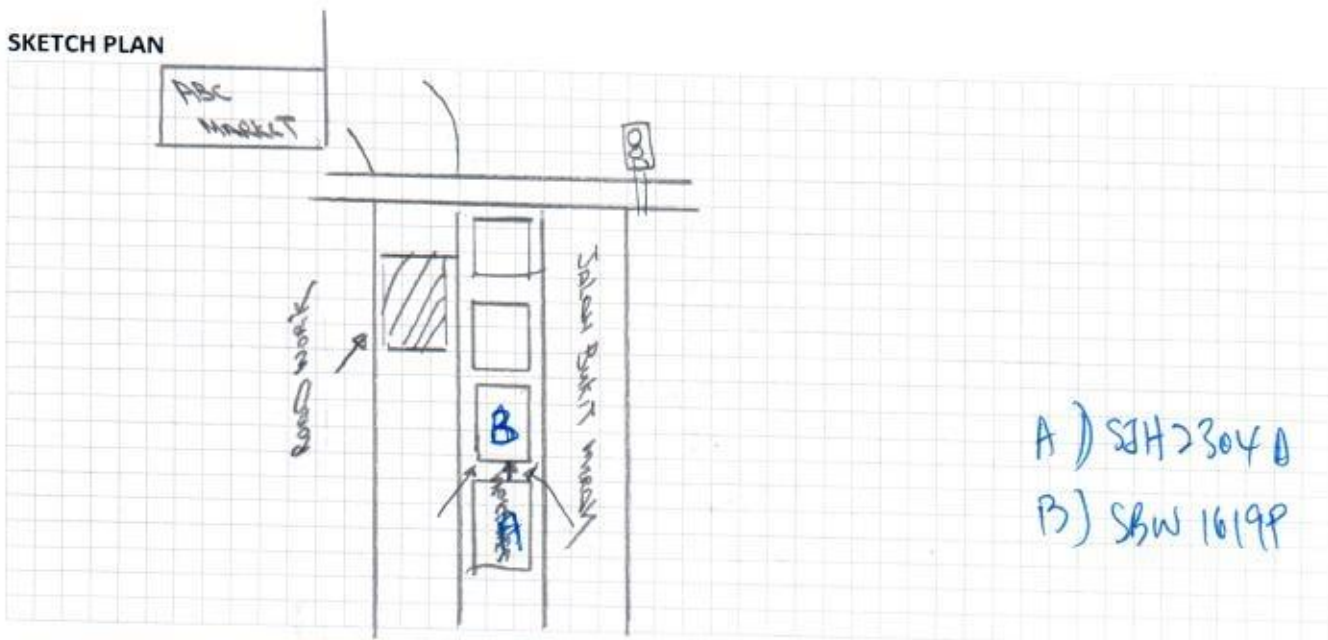
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Jalan Bukit Merah Rd, I knock against (SBW 1619P) at the back of the bumper causing a dent at the back of his car.

## 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.:



## Claim Handling

Accident MT/1015238

Policy No.	5095497238	Vehicle No.	SJH2304A	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SHI YUN			Policyholder NRIC	S8022162B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81611714	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	11/10/2018 12:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/10/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JALAN BUKIT MERAH				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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 134 #10-1687	Address 2	ANG MO KIO AVENUE 3	Address 3	KEBUN BARU SPRING
Address 4	SINGAPORE 560134	Address Type	Singapore address	Post Code	560134
Unit No.	10-1687	Related Policy Number	5095497238		

▼ OI Driver Info

Driver Name	LIM SHI YUN	Driver Type	Main Driver	Driver DOB	21/07/1980
Unnamed driver Name		Driver NRIC	S8022162B	Driving Experience	16
Register Date of Driver License	01/04/2002	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	81611714	Contact No.(Office)		Address 3	KEBUN BARU SPRING
Address 1	BLK 134 #10-1687	Address 2	ANG MO KIO AVENUE 3	Post Code	560134
Address 4	SINGAPORE 560134	Address Type	Singapore address		
Unit No.	10-1687				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJH2304A	Driver Insurer Company	NTUC

Declaration

Breathalyser 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	LIM SHI YUN	Insured NRIC	S8022162B	
Contact No.(Mobile)	81611714	Contact No. (Home)	65614131	Contact No. (Office)		
Email Address		CI Vehicle Number	SJH2304A	TP Vehicle Number	SBW16	
Claim Description	SJH2304A / SBW1619P ON 10 Oct 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault			
SWITCH No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	11/10/2018 12:53	Claim Close Date		Date Received	11/10/2018	
Report Taken By	ROSLI WAHAB					

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1015238	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/10/2018 12:54

Path \*

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Desc
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		Clear	Please Select	NO	Normal	

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 12:54		Photos	Normal	Photos 2018-10-11	



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 12:54

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Photos

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Photos 2018-10-11

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-10-11

SAS

Normal

SAS 2018-10-11

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 10 / 2012) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: Jalan Bukit Merah Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 37H2304A  
b) INSURANCE COMPANY: Income  
c) POLICY NUMBER: 5095497238  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA AESTIS  
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: Lim Shi Yih (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 500216213 CONTACT: \_\_\_\_\_  
c) ADDRESS: Blk 406C Fernvale Rd #06-59 Singapore 792406

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

## DRIVER

- a) NAME: Lim Shi Yih (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 500216213 CONTACT: 81611414  
c) ADDRESS: Blk 406C Fernvale Rd #06-59 Singapore 792406

\* d) DATE OF BIRTH: (21 / 07 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 / 9 / 2002

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) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 37W1619P MODEL: TOYOTA PREVIA  
b) DRIVER'S NAME: Doreen Nicholas Lim Tzan-Han  
c) NRIC/FIN/PASSPORT: 57310791A CONTACT: 97991619

## 9. THIRD PARTY VEHICLE


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

EMAIL = lawrencelim9@hotmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8022162B





Name  
LIM SHI YIN  
(LIN SHIYUN)  
林诗运

Race  
CHINESE

Date of birth 21-07-1980 Sex M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8022162B

Name  
LIM SHI YIN  
(LIN SHIYUN)

Birth Date 21 Jul 1980

Issue Date 21 Apr 2003




10004244779

4626256



NRIC No. S8022162B



Date of issue  
08-09-2010

APT BLK 406C FERNVALE ROAD #06-59  
SINGAPORE 793406

NRIC No: S8022162B Date: 10/06/2012 No: 6079873


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

PASS DATE  
28 May 2002

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



Licence No: S8022162B



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:** 5095497238

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJH2304A          |
| Chassis Number  | : MR053ZEE106112308 |
| 2. Name of Policyholder   | : LIM SHI YIN       |
| 3. Effective Date of Insurance  | : 02 Nov 2017       |
| 4. Expiry Date of Insurance   | : 01 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: LIM SHI YIN
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)

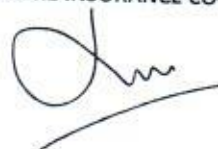
Agency : PRO-LINK INSURANCE AGENCY (00000571869)  
Date of Issue : 01 Nov 2017 12:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive