

# NATIONAL Assessment Centre Services. (ver 1 Jan'06) MNA 418/45446

Date In: 09/01/2008 18:51	Job description	Date & Time Completed	Done by
Ref No: NHA/INC/0020364/4	SAS e-filing		
Veh No: FF 24507	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 06/01/2008 12:00	I-Motor Claim Form	MT/10/19/53-001	09/01/2008
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19/10
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SMK5004B	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%. P: 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 ( ) / QW ( )	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	Action

MNA 1807281	Invoice Preparation Checklist	Invoice No: ( )	Invoice Date: ( )
Client/Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	* NS: Courtesy Car / Tpt Allowance \$5		
	* NG: Repair Co-ordination \$10		
	* NY: Post Repair Inspection \$25		
	* NB: DV / Collect Excess Coordination \$5		
	* TP (Nil): TP (Non INC) against INC \$20		
	* NI: Idas Mobile \$0		
	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	09/11/2018 18:51
Date Of Accident	06/11/2018 12:00
Exact Location Of Accident	BLK 104 ALJUNIED CRESCENT OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF2450T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HAI TECK
NRIC No	S0219109A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90611858
Alternative Phone No	OTHERS-90611858

### Vehicle Particulars

Manufacturer	YAMAHA
Model	V80
Exact Purpose for which vehicle was being used at time of accident	GOING FOR DIALYSIS TREATMENT
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	0089353121-14
Cover Note Number	

### Driver

Name of Driver	TAN HAI TECK
NRIC No	S0219109A
Date Of Birth	22/12/1953
Occupation	INDOOR
Date Of Driving Pass	02/03/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90611858
Fax Number	
Contact Number	OTHERS-90611858
Email Address	NOEMAIL

Address	BLK 75 TELOK BLANGAH DRIVE #12-306
Postcode	100075
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NPP
Police Station Address	ROAD: 51 TELOK BLANGAH DRIVE #01-116 , POSTCODE: 100055 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20181109/2067

#### 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	SME5004B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KENNETH PHOON YANG JIAN
NRIC/Passport Number	S9835232E
Contact Number	91864796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN HAI TECK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FF2450T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

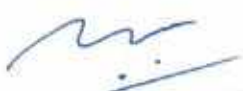
## SKETCH PLAN

### 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.

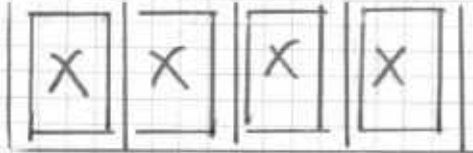
  
Policyholder's Signature  
Date & Time:

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

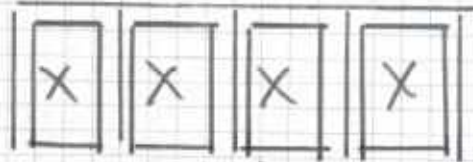
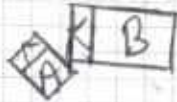
  
Reporting Centre Personnel's Signature  
Name: Resli Nordin  
NRIC/FIN No.:

SKETCH PLAN

BLK 104 ALJUNIED ORASCANTY OPEN CARPARK



PARKING LOT



PARKING LOT

A) FF2450T

B) SME5004B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
D/2018/109/2067

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: ROSE WONG  
NRIC/FIN No.: 09/10/2018



**SINGAPORE  
POLICE FORCE**



D/20181109/2067

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20181109/2067

Police Station Of Origin  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Date/Time Report Made 09/11/2018 17:13		Vide Report No.		Station Diary No. 23	
Name Of Informant TAN HAI TECK		Address APT BLK 75 TELOK BLANGAH DRIVE #12-306 SINGAPORE 100075			
ID Type / ID No. NRIC NO / S0219109A		Contact No. Home/Office Mobile 90611858			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 64	Date of Birth 22/12/1953	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 06/11/2018 12:00		Location Of Incident 104 ALJUNIED CRESCENT HDB-GEYLANG EAST SINGAPORE 380104 Open carpark at Blk 104 Aljunied Crescent			

**Brief details.**

On the 06/11/2018 at about 1200hrs, I was riding my motorcycle regn no. FF 2450 T (Red Yamaha 80cc) at the open space carpark at Blk 104 Aljunied Crescent. As I was reaching the motorcycle parking lot, a car regn no. SME 5004 B hit my motorcycle box from behind. The car then brushed the right side of my motorcycle and causing me to lose balance. I fell to the left. I could not move and the driver came out to assist.

Signature Of Officer Recording The Report:

D / Sgt 2 MOHAMMED MUNZIR BIN AZIZ

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp LECK SHIANG JIA  
Contact No.:

Signature Of Informant:

Date/Time:  
09/11/2018 17:13

Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181109/2067

At that point of time, my left leg was hurting however as I was rushing for my kidney dialysis session, I did not call for the ambulance. I asked for the driver's particulars and the driver gave me his NRIC. At that point of time, the driver's parents were around and suggested to me not to make a report and to settle the matter privately. I then went for my dialysis treatment and after which, the driver approached me again asking me to settle the matter privately. However due to the pain, I went to SGH to seek treatment and was given 02 days of MC.

The collision caused some dents and scratches to my motorcycle.

I wish to state that I am making this report for insurance claims. The particulars of the driver are as follows:

- 1) Kenneth Phoon Yang Jian  
S9835232E  
B/104 Aljunied Crescent #08-251  
HP: 91864796

Signature Of Officer Recording The Report: D / Sgt 2 MOHAMMED MUNZIR BIN AZIZ
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LECK SHIANG JIA Contact No.:

Authentication Stamp

Signature Of Informant: 
Date/Time: 09/11/2018 17:13
Classification Of Case:





ORIGINAL

MEDICAL CERTIFICATE

EMD2018423380

Name TAN HAI TECK		NRIC No. S0219109A
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>06-Nov-2018</u> to <u>07-Nov-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 09-Nov-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  BERNARD TAN WEI JIE, 64425J

**TAX INVOICE**

GST REG NO.: M90368910N

09.11.2018 / GADDGC SGH

TAN HAI TECK  
75 TELOK BLANGAH DRIVE  
#12-306  
SINGAPORE 100075

EXTERNAL ID/NRIC : S0219109A  
CASE NUMBER : 6718791910E  
CUSTOMER NUMBER : 3021010646  
VISIT DATE : 06.11.2018 22:42  
LOCATION : GEMD GCAE  
BILLING DATE : 07.11.2018

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S\$)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S\$)
A&E ATTENDANCE FEE	241.00	121.00
DRUGS / PRESCRIPTIONS / INJECTIONS	1.50	0.00
TOTAL CHARGES	242.50	
GOVERNMENT GRANT	121.50	
AMOUNT PAYABLE BEFORE TAX		121.00
ADD : 7% GST		8.47
AMOUNT PAYABLE AFTER TAX		129.47
LESS : GST ABSORBED BY THE GOVERNMENT		8.47
NET AMOUNT PAYABLE		121.00
PAYMENTS		0.00
WORK SUPPORT PROGRAMME- SINGAPOREAN TAN HAI TECK		0.00
TOTAL DUE AFTER PAYMENTS		121.00
AMOUNT DUE : WORK SUPPORT PROGRAMME- SINGAPOREAN		
AMOUNT DUE : TAN HAI TECK		0.00
TYPE OF SUPPLY: CASH/CREDIT		

**PAYMENT** - Please pay immediately on receipt of the bill. Cheque payments should be crossed and made payable to SINGAPORE GENERAL HOSPITAL. Please write the Case / Invoice Number, Payee Name and Contact Number behind the cheque and mail to Singapore Health Services Pte Ltd, Bukit Merah Central Post Office, PO Box 540, Singapore 911532. Payment can be made by internet at <https://ePay.singhealth.com.sg/sg> or vBOX at [www.vbox.com.sg](http://www.vbox.com.sg). AXS station, S.A.M. (Self-Service Automated Machine), Singapore Post branches, 7-Eleven stores, INETS kiosks, Cheers and FairPrice Xpress outlets. Payment can also be made at SGH's Business Office, Admissions Office or at the A&E registration counters.

## Claim Handling

Accident MT/1019153

Policy No.	W089333121-14	Vehicle No.	FF2450T	GST Registration No.	
Certificate No.					
Policyholder Name	TAN HAI TECK	Cover Type	Third Party	Policyholder NRIC	S0219109A
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Leading	8
Contact No. (Mobile)	90611858	Special Remark		Contact No. (Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	09/11/2018 19:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/11/2018	Time of Accident (hh:mm)	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 104 ALJUNIED CRESCENT OPEN CARPARK				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore DB Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<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 75 #12-306	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100075
Address 4		Address Type	Singapore address	Post Code	100075
Unit No.		Related Policy Number	0089333121-14		
<b>GI Driver Info</b>					
Driver Name	TAN HAI TECK	Driver Type	Man Driver	Driver DOB	22/12/1953
Unnamed Driver Name		Driver NRIC	S0219109A	Driving Experience	17
Register Date of Driver License	01/01/2001	Driver Age	64	Contact No. (Home)	
Contact No. (Mobile)	90611858	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 75 #12-306	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100075
Address 4		Address Type	Singapore address	Post Code	100075
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FF2450T	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	GD-MX	Insured Name	TAN HAI TECK	Insured NRIC	S0219109A
Contact No. (Mobile)	90611858	Contact No. (Home)	62727463	Contact No. (Office)	801
Email Address	NO@VERIFIED.CO	GI	FF2450T	TP	Vehicle Number
Claim Description	FF2450T / SMES004B ON 6 Nov 2018				
Preferred Workshop		Insured Liability	Not at Fault		Name of Preferred Workshop
Repair Option	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/11/2018 19:05	Claim Close Date		Date Received	06/11/2018
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print KK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/1019153	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/11/2018 19:10
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
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Nov 2018 19:10		SAS	Normal
Description: SAS 2018-11-9			

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 19:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 19:06	Photos	Normal	Photos 2018-11-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 19:06	Photos	Normal	Photos 2018-11-9
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 19:06	Photos	Normal	Photos 2018-11-9
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 19:06	Photos	Normal	Photos 2018-11-9
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 19:06	Photos	Normal	Photos 2018-11-9

Video List

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0219109A



Name

TAN HAI TECK

陈海德

Race

CHINESE

Date of birth

22-12-1953

Country/Place of birth

SINGAPORE

Sex

M



5619737



NRIC No. S0219109A



Date of issue

20-06-2016

Address

APT BLK 75 TELOK BLANGAH DRIVE  
#12-306  
SINGAPORE 100075

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0219109A

TAN HAI TECK

Birth Date: 22 Dec 1953

Issue Date: 27 Jan 2017



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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	02 Mar 1977
Class 2A	Motorcycles between 201 cc and 400 cc	02 Mar 1977
Class 3	Motorcycles > 400 cc	02 Mar 1977
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 Aug 1976
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	28 Mar 1976

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** : 0089353121-14

**Cover** : Third Party

- |   |                |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle  | : FF2450T      |
| Chassis Number  | : NOT KNOW     |
| 2. Name of Policyholder   | : TAN HAI TECK |
| 3. Effective Date of Insurance  | : 01 Apr 2018  |
| 4. Expiry Date of Insurance   | : 31 Mar 2019  |
| 5. Persons or Classes of Persons entitled to drive#   |                |
| (a) Named Driver(s) Only.   |                |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                |

**6. Limitations as to Use#**

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: TAN HAI TECK
NAMED DRIVER (2)	: MOHARN SINGH
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INCOME-CUSTOMER DEPT (00000600002)  
Date of Issue : 05 Mar 2018 20:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive