

**NATIONAL Assessment Centre Services.** [wef 1 Jan 2005] *M/101807678*

Date In: <i>28/11/2008 17:02</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/ACC802/2534</i>	SAS e-filing		
Veh No: <i>SLD 1024</i>	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: <i>21/11/2008 11:30</i>	I-Motor Claim Form	<i>M/101807678-002</i>	<i>28/11/2008</i>
OID / TP: <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>17:15</i>
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: *SFU 8668 P* 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 6788/6616)

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

Injury: \_\_\_\_\_

Date/Time	Actions

*N/101807678*

Client Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao 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	
	* N9: TP (N11): TP (N11) against INC \$20	
	* N10: TP (N11): TP (N11) against INC \$10	
	9) N11: Idao Mobile	
	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	23/11/2018 17:02
Date Of Accident	21/11/2018 11:30
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI ROAD INTO UPP BUKIT TIMAH
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ102H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARZ RENTAL PTE. LTD.
Co Reg No	201709215M
Email Address	JAZZY23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90050374
Alternative Phone No	OFFICE-98790225

#### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092137388-01
Cover Note Number	

#### Driver

Name of Driver	TAN YU SHENG
NRIC No	S8841221D
Date Of Birth	23/10/1988
Occupation	INDOOR
Date Of Driving Pass	16/05/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90050374
Fax Number	
Contact Number	OTHERS-98790225
E-Mail Address	JAZZY23@GMAIL.COM

Address	BLK 731 JURONG WEST STREET 72 #07-35
Postcode	640731
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : FRIEND GENDER: : FEMALE

#### 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	SFU8668P
Vehicle Make/Model/Colour	BMW
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)	1

## 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: 23/11/2018  
1135am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/11/2018  
1135am

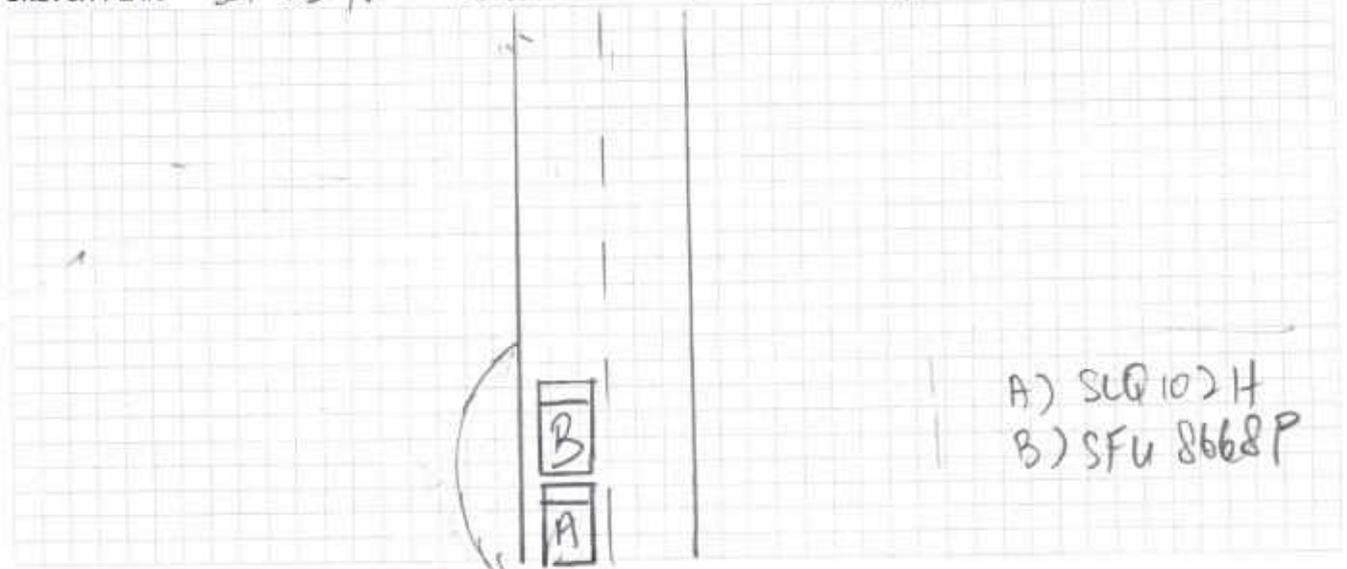
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SUP RD FROM CLEMENTI RD To UPPER BT TIMAH ROAD



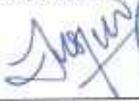
A) SUG 102H  
 B) SFU 8668P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Clementi road reaching a downslope junction where I need to filter left and turn left to enter PIE. As the car was travelling downslope, I have already started braking with my foot on the pedal all the while, but the car went over a slight hump which was by road works and ~~the~~ caused the car to bounce up slightly where my foot lifted slightly off the pedal and thus being unable to stop in time

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 23/11/2018 11:35hrs



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

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

Claim Handling

Accident MT/1020948

Policy No.	SD92137388-01	Vehicle No.	SLQ102H	GST Registration No.	
Certificate No.				Policyholder NRIC	201709215M
Policyholder Name	ORANGE CARZ RENTAL PTE. LTD.	Cover Type	drive CLASSIC	Loading	0
Product Code	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	NA	Special Remark		eCode	No *
Email Address		TCA	+ No Yes	wCode Reason	
KFK	+ No Yes	NCD Entitlement(%)	0	Private Hire	Not available
NCD Protection	No				

▼ Accident Details

Report Date	22/11/2018 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/11/2018	Time of Accident (hh:mm)	11:45	Country of Accident	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	CLEMENTI ROAD/ NGEE ANN POLY				

▼ Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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	Yes
Modification History	23/11/2018 11:44:18 Deborah Hui changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	101 HILLVIEW ROSE	Address 2	#24-07 KINGSFORD . HILLVIEW	Address 3	SINGAPORE 667981
Address 4		Address Type	Singapore address	Post Code	667981
Unit No.	24-07	Related Policy Number	S100547792-01		

▼ OT Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver vehicle no.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	ORANGE CARZ RENTAL PTE. LTD	Insured NRIC	2017	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	+	
Email Address		OT Vehicle Number	SLQ102H	TP Vehicle Number	BFU8	
Claim Description	SLQ102H / SFUR66RP ON 21 Nov 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	
Workshop Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	23/11/2018 16:57	
Date Registered				Workshop Repairer	KOSLI WAHAB	
Report Taken By				Date Received	23/11	
				Total Loss Sub Reported		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1020948	Claim No.	002
Last Doc. Received	Yes No	Upload Date	23/11/2018 17:15
Path *		Category *	Confidential Urgency *
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 Board		Clear	Please Select NO Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 17:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-23
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 17:15	SAS	Normal	SAS 2018-11-23



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 17:00	Photos	Normal	Photos 2018-11-23
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Nov 2018 16:57	Photos	Normal	Photos 2018-11-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 11 / 2018 (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: Junction turning left at Clementi road Junction  
SLIP ROAD FROM CLEMENTI RD TO LEPP BT TIMBER RD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ102H
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5092137388-01
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: HONDA VIZEL
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
- 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: ORANGE CARZ RENTAL PTE LTD. (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201709215M CONTACT: 90050374
- c) ADDRESS: 101 HILLVIEW RISE # 24-07 3 667981

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

DRIVER

1/2 No of passenger  
(including driver)  
Female  
(02) FRIEND

- a) NAME: Tan Yu Sheng (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8841221D CONTACT: 98790225
- c) ADDRESS: 731 Jurong West St 72 07-35

\* d) DATE OF BIRTH: (23 / 10 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/5/08

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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

1/2 No of passenger  
(including driver)  
Female  
(01) DRIVER

a) VEHICLE NUMBER: SFU8668P MODEL: BMW

b) DRIVER'S NAME: TREI

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

1/2 No of passenger  
(including driver)  
( )

email = Jazzy23@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8841221D



Name

TAN YU SHENG

陳昱昇

Race

CHINESE

Date of birth

23-10-1988

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8841221D

Name

TAN YU SHENG

Birth Date 23 Oct 1988

Issue Date 16 May 2008



001903777F

3432084



NRIC No. S8841221D



Date of issue

19-11-2003

Address

APT BLK 731 JURONG WEST STREET 72  
#07-35  
SINGAPORE 640731

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3000kg 16 May 2008



Licence No. S8841221D

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:** 5092137388-01

**Cover :** drivo CLASSIC

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLQ102H                      |
| Chassis Number  | : RU11102905                   |
| 2. Name of Policyholder   | : ORANGE CARZ RENTAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 22 Jun 2018                  |
| 4. Expiry Date of Insurance   | : 21 Jun 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 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DON CAPITAL 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)

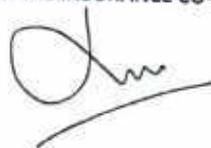
Agency : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 20 Jun 2018 17:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive