

NATIONAL Assessment Centre Services

(with 1 Jan 2009)

MA 48457968

Date In: 06/12/2018 16:52	Job description	Date & Time Completed	Done by
Ref No: NBSA/INC/8022000/Y	SAS e-illing		
Veh No: SN 1150K	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 05/12/2018 18:50	1-Motor Claim Form	MT/102859-001	06/12/2018 17:15
OD / TP / Reporting Only	1-Motor W/O (Within 3hrs, A/C 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SN 3322	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 Rem:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.
() 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

MA 807988	Invoice/Preparation Checklist	Amount	Amount
Insured's Particulars:	1) AR: Accident Reporting (\$50)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Contact No:	3) TP: Towing Fee	\$40/\$40	
Damaged Portion:	4) FT: Follow-Through Survey	\$150	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	For claimant against INC Only (wef 10 Jan 2009)		
	6) TR: Reproduction	\$75	
	7) NI: NI DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DV / Collect Excess Coordination	\$5	
	13) NI: TP (Non-INC) against INC	\$20	
	14) NI: NI Mobile	\$10	
	Invoice dated	Not Charged	
	Invoice Paid	Not 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	06/12/2018 16:52
Date Of Accident	05/12/2018 18:50
Exact Location Of Accident	UPPER THOMSON ROAD TOWARDS MARYMOUNT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1156K
Insured/Policyholder	
Name Of Registered Owner	CHEW FAI SIN
NRIC No	S2555103F
Email Address	YANJING_92@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91845934
Alternative Phone No	OTHERS-84483298

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO-1.5 F (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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5034440344-09
Cover Note Number	

Driver

Name of Driver	CHEW YAN JING
NRIC No	S9208235J
Date Of Birth	16/03/1992
Occupation	INDOOR
Date Of Driving Pass	11/11/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84483298
Fax Number	
Contact Number	OTHERS-91845934
Email Address	YANJING_92@YAHOO.COM.SG

Address	BLK 628 JURONG WEST STREET 65 #04-392
Postcode	40628
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV3232Z
Vehicle Make/Model/Colour	MERCEDES BENZ E200
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

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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:

3.40 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

06/12/18

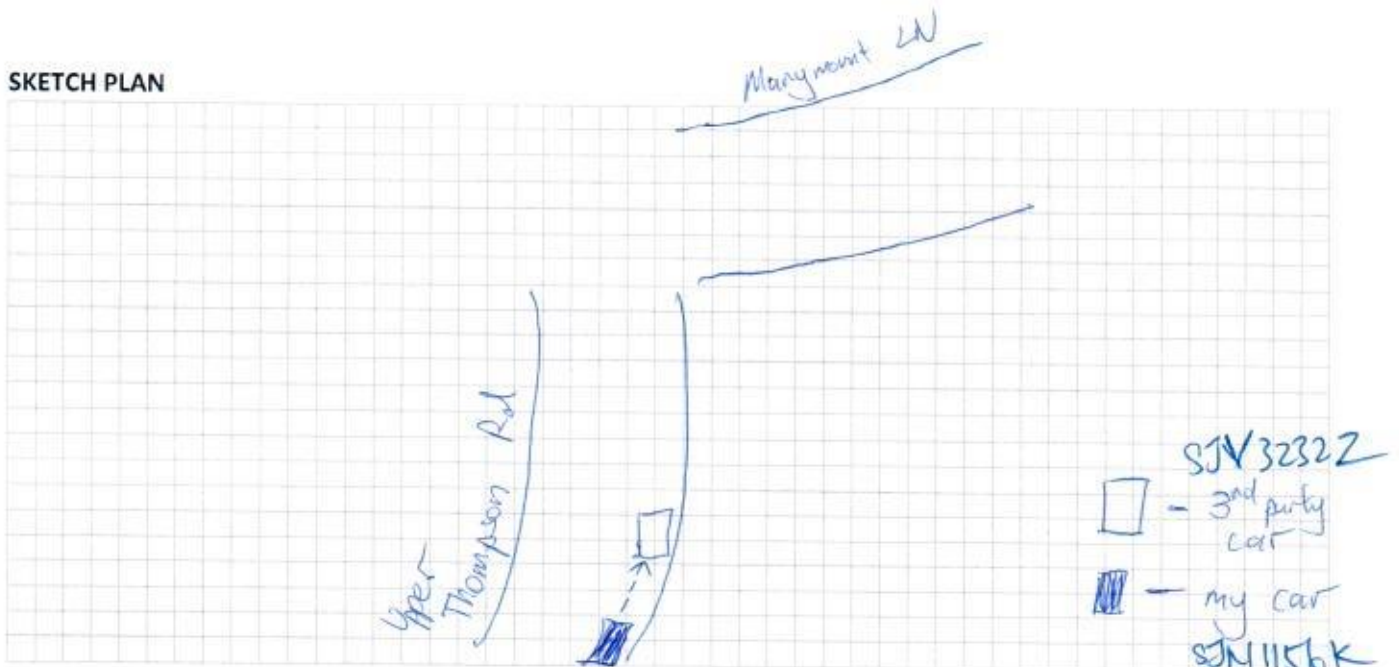
1540hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Coming down on upper Thompson road, I am looking to right turn into Mangrove lane.

I notice there is a car in front of me that is in stop position, but I also notice the light was green for the right turn to proceed.

I brake accordingly ~~to stop~~ ~~to~~ ~~to~~ thinking to stop in time behind the car, however due to wet road condition, the car brakes where not as efficient as I wish it to be. The brake distance was sufficient for me to check if my tires skid on the road.

Nevertheless, my car did not manage to stop in time and bump onto the car in front of me by the number plate of SJN 3232Z.

Both driver came down to assess; however due to road congestion, I did not manage to get his contact number. He did have mine.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

6/12/2018

3:48pm

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

06/12/18
1547hrs

[Signature] 06/12/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/1022859

Policy No.	5034440344-09	Vehicle No.	SJN1156K	GST Registration No.	
Certificate No.					
Policyholder Name	CHEW FAI SIN			Policyholder NRIC	S2555103F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91845934	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	06/12/2018 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/12/2018	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER THOMSON ROAD TOWARDS MARYMOUNT LANE				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
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 628 #04-392	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 640628
Address 4		Address Type	Singapore address	Post Code	640628
Unit No.		Related Policy Number	5034440344-09		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/03/1922
Unnamed driver Name	CHEW YAN JING	Driver NRIC	S92082353	Driving Experience	7
Register Date of Driver License	11/11/2011	Driver Age	96	Contact No.(Home)	
Contact No.(Mobile)	84483298	Contact No.(Office)		Address 3	SINGAPORE 640628
Address 1	BLK 628 #04-392	Address 2	JURONG WEST STREET 65	Post Code	640628
Address 4		Address Type	Foreign address		
Unit No.	04-392				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SJN1156K	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	No	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEW FAI SIN	Insured NRIC	S2555
Contact No.(Mobile)	91845934	Contact No. (Home)	67929262	Contact No. (Office)	
Email Address	chewyanchong@yahoo.com.sg	OT Vehicle Number	SJN1156K	TP Vehicle Number	SJV32
Claim Description	SJN1156K / SJV3232Z ON 5 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	06/12/2018 17:14	Date Received	06/12/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1022859	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	06/12/2018 17:15		
Path *		Category *	Confidential	Urgency *	Description
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		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 06 Dec 2018 17:15		Photos	Normal	Photos 2018-12-6	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:15	Photos	Normal	Photos 2018-12-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:15	Photos	Normal	Photos 2018-12-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:15	Photos	Normal	Photos 2018-12-6
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:14	Photos	Normal	Photos 2018-12-6
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:14	Photos	Normal	Photos 2018-12-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:14	Photos	Normal	Photos 2018-12-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:14	SAS	Normal	SAS 2018-12-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-6

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 05/12/18 (DD/MM/YYYY), TIME: 18:50 (HH:MM)

LOCATION: Upper Thomson Rd to Marymount Ln

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 55N 1156 K
b) INSURANCE COMPANY: Inomp
c) POLICY NUMBER: 5034440344-09
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA PREMIO
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: CHEW FAI SIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2555103 F CONTACT: 91845934
c) ADDRESS: 628 Jurong West St 65 #04-392 S640628

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chew Yan Jing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S42082353 CONTACT: 84483298
c) ADDRESS: Jurong West St 65 Bldg 628 #04-392 S640628

*d) DATE OF BIRTH: 16/03/1992 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 11/11/11

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER / SON

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: 55V 32327 MODEL: MECS E200
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = yanjing92@yahoo.com.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9208235J



Name

CHEW YAN JING

周彦勁

Race

CHINESE

Date of birth

16-03-1992

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9208235J

Name

CHEW YAN JING

Birth Date 16 Mar 1992

Issue Date 11 Nov 2011

002016014G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2555103F



Name

CHEW FAI SIN

Race

CHINESE

Date of Birth

27-12-1956

Country of Birth

MALAYSIA

Sex

M



4146218

NRIC No. S9208235J



Date of issue

29-11-2007

Address

APT BLK 628 JURONG WEST STREET 65
#04-392
SINGAPORE 640628

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

C

Class 2B Motorcycles <= 200 CC

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

01 Jul 2013

11 Nov 2011

S / No. 9000180081

S9208235J

NP 428A



Licence No: S9208235J



1765330

NRIC No. S2555103F



Blood Group

B+

Date of issue

07-03-1994

APT BLK 628 JURONG WEST STREET 65 #04-392
SINGAPORE 640628

NRIC No. S2555103F

Date: 08/10/2007

No. 5547466

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: 5034440344-09

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN1156K**
Chassis Number : **NZT2603034124**
2. Name of Policyholder : **CHEW FAI SIN**
3. Effective Date of Insurance : **03 Feb 2018**
4. Expiry Date of Insurance : **02 Feb 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.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
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 (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEW FAI SIN
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 : VICOM LTD (00000614629)
Date of Issue : 15 Jan 2018 15:01 hrs
Reprint : 15 Jan 2018 15:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive