

# NATIONAL Assessment Centre Services.

(ref 1 Jan 05)

NA4418159275

Date In: 10/12/2018 14:36	Job description	Date & Time Completed	Done by
Ref No: NA4418159275	SAS e-filing		
Veh No: SJL 2142	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 18/12/2018 21:20	I-Motor Claim Form	MT11023194-001	10/12/2018
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:06
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: FB5 5105Y

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 repolar.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time: Actions:

NA4418159275

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cal 1:

2/3:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ref 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
* NS: Courtesy Car / Tpl Allowance	\$5	
* NG: Repair Co-ordination	\$10	
* NT: Post Repair Inspection	\$25	
* ND: DV / Collect Excess Coordination	\$5	
* TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idea 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	10/12/2018 14:36
Date Of Accident	08/12/2018 21:20
Exact Location Of Accident	ALONG WOODLANDS AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7274Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IMRAN BIN MILATU
NRIC No	S1641209J
Email Address	ACHID_RS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90276359
Alternative Phone No	OTHERS-91456504

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	THIRD PARTY
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	5105858281
Cover Note Number	

### Driver

Name of Driver	MUHAMAD AMINURRASHID BIN IMRAN
NRIC No	S9527924D
Date Of Birth	04/08/1995
Occupation	INDOOR
Date Of Driving Pass	07/09/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90276359
Fax Number	
Contact Number	OTHERS-91456504
Email Address	ACHID_RS@HOTMAIL.COM

Address	BLK 151 RIVERVALE CRESCENT #04-96
Postcode	540151
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 - U-TURN
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)	5
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : FATHER GENDER: : MALE
Passenger 3	NAME: : BROTHER GENDER: : MALE
Passenger 4	NAME: : SISTER 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	FBJ5105Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver	UDAIYAPPAN GUNASEKARAN
NRIC/Passport Number	G8316809P
Contact Number	83868541
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:

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

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

# SKETCH PLAN

Sketch Plan showing a road layout with a U-turn and a vehicle labeled 'A'.

Along WOODLANDS AVE 6

A) SYL 7274 Z  
B) FBJ 51054

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT 920pm I want to make a U-Turn along woodlands Ave 6 suddenly there was a bike from behind dash to my side and ~~on~~ hit my side door after i make a half uturn

## 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: *Rishi Kumar*  
NRIC/FIN No.:

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1023194

Policy No.	S105858281	Vehicle No.	SJL7274Z	GST Registration No.	
Certificate No.					
Policyholder Name	IMRAN BIN MILATU	Driver Type	drive CLASSIC	Policyholder NRIC	S1641209J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	90276359	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No <input type="radio"/> Yes <input type="radio"/>	eCode	No <input type="radio"/> Yes <input type="radio"/>
KPI	+ No <input type="radio"/> Yes <input type="radio"/>	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	10/12/2018 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	09/12/2018	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS AVENUE 6				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<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 151 #04-96	Address 2	RIVERVALE CRESCENT	Address 3	RIVERVALE GREEN
Address 4	SINGAPORE S40151	Address Type	Singapore address	Post Code	S40151
Unit No.	04-96	Related Policy Number	S105858281		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/06/1995
Unnamed driver Name	MUHAMAD AHENURRASHID BIN	Driver NRIC	S05279240	Driving Experience	1
Register Date of Driver License	07/09/2017	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	91450504	Contact No.(Office)		Address 3	RIVERVALE GREEN
Address 1	BLK 151 #04-96	Address 2	RIVERVALE CRESCENT	Post Code	S40151
Address 4	SINGAPORE S40151	Address Type	Foreign address		
Unit No.	04-96				
Does he own a Singapore Registered car?	+ Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SJL7274Z	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	+ Yes <input type="radio"/> No <input type="radio"/>		
<b>Modification History</b>					

## Claim 001

Claim Type *	OD-MX	Insured Name	IMRAN BIN MILATU	Insured NRIC	S1641209J
Contact No.(Mobile)	90276359	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	SJL7274Z	Vehicle Number	FB1510
Preferred Workshop		SJL7274Z / FB1510SY ON 8 Dec 2018		Name of Preferred Workshop	
Reason for Finalisation	Insured Liability	Not at Fault			
Date Registered	Reported	Preferred Workshop, Name unknown	GIA report	Received	
Report Taken By		Claim Close Date	10/12/2018 15:06	Date Received	10/12/
			ROSLI WAHAB		
<input type="checkbox"/> Print AK letter					

## Attachment

Accident No.	MT/1023194	Claim No.	001
Last Doc. Received	+ Yes <input type="radio"/> No <input type="radio"/>	Upload Date	10/12/2018 15:06
Path *			
Choose File	No file chosen	Clear	Category *
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_80676( NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal
			Description
			Photos 2018-12-10



S (BUKIT MERAH)) on 10 Dec 2018 15:06				
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	SAS	Normal	SAS 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 15:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	



## ACCIDENT STATEMENT

ACCIDENT DATE: 03/12/2018 (DD/MM/YYYY). TIME: 21:20 (HH:MM)

LOCATION: Woodlands AVE 6

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSL 72742  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MITSUBISHI LANCER EX  
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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: IMRAN BIN MIKATU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S16412093 CONTACT: 90276359  
c) ADDRESS: BLK 151 RIVERVALE CRESCENT #04-96 540151

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

#### DRIVER

- a) NAME: MD AMINURRAHMAN BIN IMRAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S95279241 CONTACT: 91456504  
c) ADDRESS: BLK 151 RIVERVALE CRESCENT #04-96 540151

\* d) DATE OF BIRTH: 04/08/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07 SEP 2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER

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: SSL 72742 MODEL: LANCER EX  
b) DRIVER'S NAME: MD AMINURRAHMAN BIN IMRAN  
c) NRIC/FIN/PASSPORT: S95279241 CONTACT: 91456504

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FBJ 5105Y MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: UDAIYAPPAN GUNASEKARAN  
f) NRIC/FIN/PASSPORT: G8316809P CONTACT: 83868541

email = achid\_rs@hotmail.com

VIDEO


Another  
FATHER  
SISTER  
Another

\* No of passenger  
(including driver)  
(5)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
(1)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S9527924D




Name  
MUHAMAD AMINURRASHID BIN IMRAN

Race  
JAVANESE

Date of Birth  
04-08-1995

Country of Birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9527924D



MUHAMAD AMINURRASHID BIN IMRAN

Birth Date: 04 Aug 1995

Issue Date: 07 Sep 2017



002721620G

4636149



NRIC No: S9527924D



Date of Issue  
28-09-2010

APT BLK 151 RIVERVALE CRESCENT #04-96  
SINGAPORE 540151

NRIC No: S9527924D Date: 18/10/2017

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 07 Sep 2017

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:** S105858281

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJL7274Z**  
Chassis Number : **JMY5RCY2A9U002023**
2. Name of Policyholder : **IMRAN BIN MILATU**
3. Effective Date of Insurance : **06 Dec 2018**
4. Expiry Date of Insurance : **05 Dec 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: IMRAN BIN MILATU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME STREET 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 : SONA INSURANCE AGENCIES (00000573757)  
Date of Issue : 06 Dec 2018 09:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive