

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MAA/8/160584

Date In: 12/12/2008 18:07	Job description	Date & Time Completed	Done by
Ref No: NBS/Inc/8022394/V	SAS e-filing		
Veh No: SLH 1X24U	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/12/2008 07:20	I-Motor Claim Form	12/12/2008 18:23	
OD / TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: -	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 ( ) / Non-INC ( )	Date: ( )	Time: ( )	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

Client's Particulars:	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idao 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	12/12/2018 18:07
Date Of Accident	12/12/2018 07:20
Exact Location Of Accident	PARKING LOT NEAR BLK 32 RIVER VALLEY CLOSE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1424U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUNIL KUMAR THAPLIYAL
NRIC No	S2708225D
Email Address	VEENU89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90107230
Alternative Phone No	OTHERS-90689020

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5085117081-02
Cover Note Number	

### Driver

Name of Driver	VEENU THAPLIYAL
NRIC No	S6984549E
Date Of Birth	08/08/1969
Occupation	INDOOR
Date Of Driving Pass	30/01/2002
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90689020
Fax Number	
Contact Number	OTHERS-90107230
Email Address	VEENU89@HOTMAIL.COM

Address	32 RIVER VALLEY CLOSE #09-34
Postcode	238436
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181212/2101

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

12<sup>th</sup> Dec 2018

5.45pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/12/2018

Roshan

SKETCH PLAN

UNKNOWN CAR WAS PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT  
7/2018/212/2101

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: 12<sup>th</sup> Dec 2018

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



# SINGAPORE POLICE FORCE



T/20181212/2101

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181212/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2018 17:13		Vide Report No.:		Station Diary No.: 50	
<b>Informant's Particulars</b>					
Name of Informant: VEENU THAPLIYAL			Address: 32 RIVER VALLEY CLOSE #09-34 SINGAPORE 238436		
ID Type / ID No.: NRIC NO / S6984549E			Contact No.: Home/Office: Mobile: 90689020		
Nationality: INDIAN			Email:		
Sex: Female	Age: 49	Date of Birth: 08/08/1969	Type of Informant: Vehicle Owner		
Race: Indian			Language:		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/12/2018 07:20	Type of Location: Car Park
Location: Along Road 1 RIVER VALLEY CLOSE				
Parking lot near Blk 32 River Valley Close				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH1424U	Car	HONDA	Vezel	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH1424U	NTUC Income Insurance Co-Operative Limited	5085117081-02	25/10/2018	24/10/2019



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	VEENU THAPLIYAL	ID No.	S6984549E
Related Vehicle	NIL	Contact No.	90689020
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/12/2018 at about 1700hrs I had parked my vehicle (SLH1424U) at an open space parking lot near my residence at Blk 32 River Valley Close. It was parked in the lot from 1700hrs to about 0720hrs the following day. I cannot recall the parking lot number but it was parked in the corner of the carpark beside Blk 32, nearest to the linkway between that block and Blk 24 River Valley Close.

On 12/12/2018 at about 0720hrs, as I drove my vehicle out to work at SMM International School at 3 Jalan Ulu Sembawang. I did not notice any damages on my vehicle then. At about 0800hrs as I arrived at the security post of my workplace I was notified by the school's security personnel that there was a dent on the left side on my vehicle. The damages include dents and scratches on the left rear door of my vehicle.

I wish to state that I do not have any suspect in mind and that this is the first incident involving my vehicle (SLH1424U). I am not sure if there are CCTV's in the area that could have recorded the incident. I am lodging this report for insurance claim.



**SINGAPORE  
POLICE FORCE**



T/20181212/2101

3 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181212/2101

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
D /  
Sgt 2 MUHAMMAD YUSOFF BIN MOHD RASID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/12/2018 17:13

Classification Of Case:

SN 49

SIGNATURE

## Claim Handling

Accident MT/1023660

Policy No.	S085117081-02	Vehicle No.	SLH1424U	GST Registration No.	
Certificate No.					
Policyholder Name	SUNIL KUMAR THAPLIYAL			Policyholder NRIC	S27082250
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	90107230	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		sCode	No
NFK	+ No - Yes	TCA	+ No - Yes	sCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
➤ Accident Details					
Report Date	12/12/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	12/12/2018	Time of Accident hh:mm	07:28	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARKING LOT NEAR BLK 32 RIVER VALLEY CLOSE				
➤ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	\$00.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
➤ Benefits					
Coverage	Sum Insured				
Excess Waiver	99999999.99				
➤ GST Registered Information					
GST Registered	N/A	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
➤ Policyholder Mailing Address					
Address 1	32 RIVER VALLEY CLOSE	Address 2	409-34 PACIFIC MANSIONS	Address 3	SINGAPORE 238430
Address 4		Address Type	Singapore address	Post Code	238430
Unit No.		Related Policy Number	S085117081-02		
➤ 02 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VEENU THAPLIYAL	Driver NRIC	S6984549E	Driver DOB	08/08/1966
Register Date of Driver License	30/01/2002	Driver Age	49	Driving Experience	16
Contact No.(Mobile)	90689020	Contact No.(Office)		Contact No.(Home)	
Address 1	32 RIVER VALLEY CLOSE	Address 2	409-34 PACIFIC MANSIONS	Address 3	SINGAPORE 238430
Address 4		Address Type	Foreign address	Post Code	238430
Unit No.	00-34				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	SUNIL KUMAR THAPLIYAL	Insured NRIC	S27082250
Contact No.(Mobile)	90107230	Contact No.(Home)	92386454	Contact No.(Office)	
Email Address	SUNIL.THAPLIYAL@CLARKSONS	Vehicle Number	SLH1424U	TP	
Claim Description	SLH1424U / - ON 12 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	12/12/2018 18:22	Claim Close Date		Date Received	12/12/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1023660	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/12/2018 18:23
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
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description

## ACCIDENT STATEMENT

ACCIDENT DATE: 12/12/2018 (DD/MM/YYYY), TIME: 07:20 (HH:MM)

LOCATION: Blk 32 River Valley Close Opp

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 1424 U  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5085117081-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA Vezel  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: car was park  
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: SUNIL KUMAR THAPLIYAL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2708225D CONTACT: 90107230  
c) ADDRESS: #09-34 PACIFIC MANSION, 32, RIVER VALLEY CLOSE SINGAPORE 238436

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

### DRIVER

- a) NAME: VEENU THAPLIYAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90689020  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 08/08/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20/01/2002

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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: Quana Police

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

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: \_\_\_\_\_

\* No of passengers  
(Including driver)  
(0)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = Veenu89@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6984549E



Name

VEENU THAPLIYAL

Race

INDIAN

Date of Birth

08-08-1969

Sex

F

Country of Birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S6984549E



VEENU THAPLIYAL

Birth Date 08 Aug 1969

Issue Date 19 Dec 2002



S429019

NRIC No. S6984549E



Nationality  
INDIAN

Blood Group

B+

Date of Issue

08-12-2001

32 RIVER VALLEY CLOSE #08-34  
SINGAPORE 238438

NRIC No. S6984549E

Date: 01-07-2005 No: 5040186

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS ONLY

Class 3 Motor Cars and Motor Tractors the weight of which together does not exceed 3500 kilograms

30 Jan 2002



Licence No. S6984549E

NP 421A

## 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:** 5085117081-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLH1424U  
 Chassis Number : RU31210779
2. Name of Policyholder : SUNIL KUMAR THAPLIYAL
3. Effective Date of Insurance : 25 Oct 2018
4. Expiry Date of Insurance : 24 Oct 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)	: N/A
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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: SUNIL KUMAR THAPLIYAL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : CHUA GEOK HWA (00000525161)

Date of Issue : 20 Sep 2018 10:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive