

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAIAY 18163710

Date In: 20/11/2018 14:26	Job description	Date & Time Completed	Done by
Ref No: NBD/INC/022853/1	SAS e-filing		
Veh No: FBE 89148	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/12/2018 11:30	1-Motor Claim Form	MT/1024609-001	20/12/2018 14:56
OID / TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-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: SCM 3889Y	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:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date	Time	Actions

<p>LIAB 1808355</p> <p>Comments Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref 1:</p> <p>2/3:</p>	<p>Invoice Details:</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Co-ordination \$18</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TE (Nil): TP (N-on INC) against INC \$20</p> <p>9) NI 2: Idao Mobile \$0</p> <p>Invoice dated _____</p> <p>Invoice dated _____</p> <p>Fee Charged _____</p> <p>Fee Charged _____</p>
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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	20/12/2018 14:26
Date Of Accident	20/12/2018 11:30
Exact Location Of Accident	CROSS JUNCTION OF ALEXANDRA RD/JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8974G
Insured/Policyholder	
Name Of Registered Owner	CHONG SER HOW
NRIC No	S8585315E
Email Address	BONDVOLLEY5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98316350
Alternative Phone No	OTHERS-98316350

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING FOR MEDICAL REVIEW
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092270539-01
Cover Note Number	

Driver

Name of Driver	CHONG SER HOW
NRIC No	S8585315E
Date Of Birth	13/10/1985
Occupation	INDOOR
Date Of Driving Pass	07/05/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98316350
Fax Number	
Contact Number	OTHERS-98316350
EMail Address	BONDVOLLEY5@GMAIL.COM

Address	BLK 841 TAMPINES STREET 83 #08-116
Postcode	520841
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM3889Y
Vehicle Make/Model/Colour	MERCEDES BENZ C200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POO AH PENG
NRIC/Passport Number	S1722454I
Contact Number	97399278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 20/12/2018
12:45pm

Driver's Signature

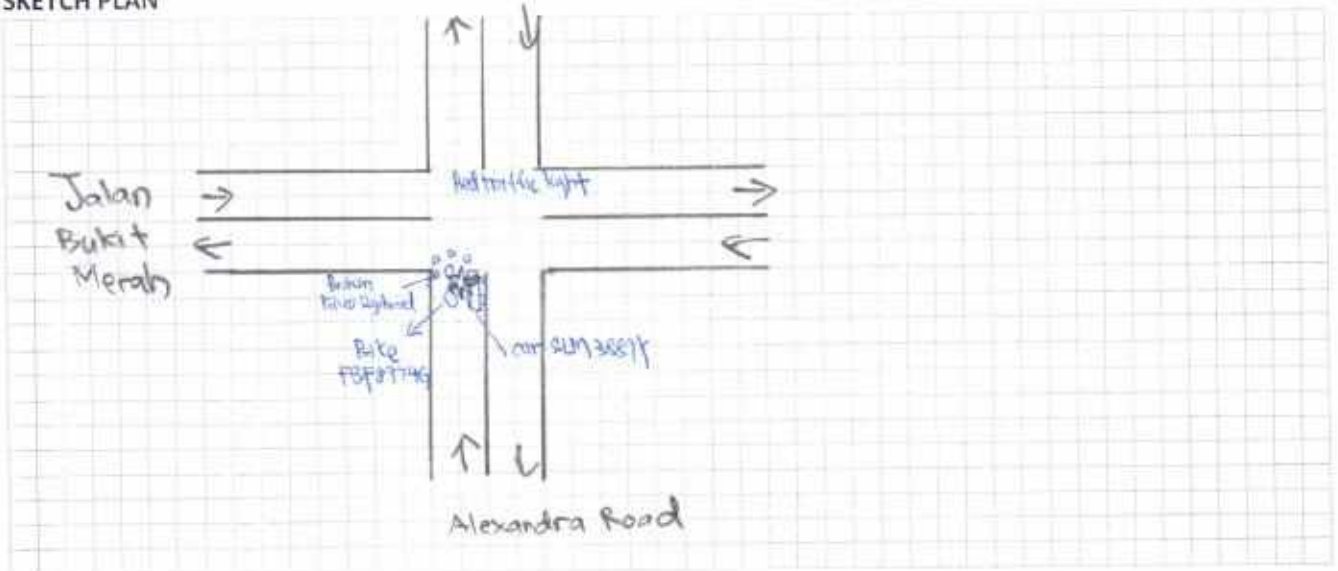
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I riding my bike (FBF8774G) and ^{going to} stop when I see the red traffic light ahead, without any awareness of broken police signboard (camera in operation) on the road then I slip when my bike cross over the broken signboard, skid And scratch the vehicle (SLM3889T) beside me. No one got injured.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 20/12/2018
12:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/12/2018

[Signature]

Claim Handling

Accident MT/1024609

Policy No.	5092270539-01	Vehicle No.	FBF8974G	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG SER HOW	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	58585158
Product Code	H010RCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98316350	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	No *
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	20/12/2018 14:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/12/2018	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	CROSS JUNCTION OF ALEXANDRA RD/JALAN BUKIT MERAH				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Myification History					
Policyholder Mailing Address					
Address 1	BLK 841 #08-118	Address 2	TAMPINES STREET 83	Address 3	TAMPINES PALM WALK
Address 4	SINGAPORE 520841	Address Type	Singapore address	Post Code	520841
Unit No.	08-118	Related Policy Number	5092270539-01		
OT Driver Info					
Driver Name	CHONG SER HOW	Driver Type	Main Driver	Driver DOB	13/10/1987
Uninsured driver Name		Driver NRIC	58585158	Driving Experience	3
Register Date of Driver License	07/05/2015	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	98316350	Contact No.(Office)		Address 3	TAMPINES PALM WALK
Address 1	BLK 841 #08-118	Address 2	TAMPINES STREET 83	Post Code	520841
Address 4	SINGAPORE 520841	Address Type	Singapore address		
Unit No.	08-118				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJTS9568	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHONG SER HOW	Insured NRIC	58585158
Contact No.(Mobile)	98316350	Contact No.(Home)		Contact No.(Office)	
Email Address	bondoklay5@hotmail.com	OT Vehicle Number	FBF8974G	TP Vehicle Number	510971
Claim Description	FBF8974G / 5109717C ON 20 Dec 2018				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	20/12/2018 14:45
Report Taken By				Date Received	20/12/2018
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1024609	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2018 14:56	
Path *				
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				
Attachment List				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 20 Dec 2018 14:56		SAS	Normal	SAS 2018-12-20



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 14:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 14:50	Photos	Normal	Photos 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 14:50	Photos	Normal	Photos 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 14:50	Photos	Normal	Photos 2018-12-20
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 14:50	Photos	Normal	Photos 2018-12-20

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: (20 / 12 / 2018) (DD/MM/YYYY). TIME: (11 : 30) (HH:MM)

LOCATION: Cross Junction of Alexandra Road & Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 8974G
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5092270539-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha FZ16
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Go to have medical review
 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: CHONG SER HOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8585315E CONTACT: 98316350
 c) ADDRESS: BK 841, Tampines St 83, 08-116, Singapore 520841

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHONG SER HOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8585315E CONTACT: 98316350
 c) ADDRESS: BK 841, Tampines St 83, 08-116, Singapore 520841

*d) DATE OF BIRTH: (15 / 10 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 7/5/2015

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

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: SLM3889Y MODEL: Mercedes C200
 b) DRIVER'S NAME: POO AH PENG
 c) NRIC/FIN/PASSPORT: S17224541 CONTACT: 97399278

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = bondvalley5@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8585315E



Name

CHONG SER HOW

鍾仕豪

Race

CHINESE

Date of birth

13-10-1985

Country/Place of birth

MALAYSIA

Sex

M



9323114



NRIC No. S8585315E



Nationality

MALAYSIAN

Date of issue

03-03-2014

APT BLK B41 TAMPINES STREET 83 #08-118
SINGAPORE 520841

NRIC No. S8585315E

Date: 35/08/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8585315E

Name

CHONG SER HOW

Birth Date: 13 Oct 1985

Issue Date: 07 May 2015



002424454F

SG
50

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

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc 07 May 2015
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 07 May 2015

NP-428A



License No: S8585315E

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 : 5092270539-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBF8974G

Chassis Number

: ME121C07BB2018222

2. Name of Policyholder

: CHONG SER HOW

3. Effective Date of Insurance

: 13 Jul 2018

4. Expiry Date of Insurance

: 12 Jul 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHONG SER HOW
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(/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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 16 Jun 2018 12:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Think One Authorised Workshop

Accident No.: 9128 8488 / 6844 3300

18 Defu Avenue 2 S(539522)

Renewal No.: 6555 3300

20 Ubi Road 4, #02-03 S(408622)