

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MNA419000970

| | | | |
|----------------------------|------------------------------------------|-----------------------|------------|
| Date In: 03/01/2009 12:17 | Job description | Date & Time Completed | Done by |
| Ref No: XBA/INC 19000114/4 | SAS e-filing | | |
| Veh No: SKW 298G | E-mail (w/ins 3hrs, AIC 2hrs) | | |
| D.O.A: 01/01/2009 16:10 | I-Motor Claim Form | M11026174001 | 03/01/2009 |
| OD (TP) Reporting Only | I-Motor W/O (Withins: OD 2hrs, TP 4hrs) | | 12:46 |
| | 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: SMF 978C

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%; F: 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 repaler.

() 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:

Account:

NA1900083

Comments/Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Sal. It:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

*N5: Courtesy Car / Tpl Allowance \$3

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TP (Nil): TP (Non INC) against INC \$20

9) NI2: Idao Mobile \$0

Invoice dated

Invoice dated

Fax Charged

Fax Charged

PAID

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 | 03/01/2019 12:17 |
| Date Of Accident | 02/01/2019 16:10 |
| Exact Location Of Accident | PIE TOWARDS TUAS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SKW2998G |
| Insured/Policyholder | |
| Name Of Registered Owner | THNG RAYMOND |
| NRIC No | S1533885G |
| Email Address | RAYMOND.THNG37@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97318432 |
| Alternative Phone No | OTHERS-97318432 |

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 | 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 | 5104357810 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | THNG RAYMOND |
| NRIC No | S1533885G |
| Date Of Birth | 10/07/1962 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/07/1981 |
| Driving Experience | 37 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97318432 |
| Fax Number | |
| Contact Number | OTHERS-97318432 |
| Email Address | RAYMOND.THNG37@GMAIL.COM |

| | |
|-----------------------------------------------------|----------------------------------|
| Address | 202 PASIR PANJANG ROAD #01-11 |
| Postcode | 118572 |
| 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 | COLLISION - HEAD TO REAR |
| 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 | SMF9758C |
| Vehicle Make/Model/Colour | TOYOTA PRIUS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | BRANSON LEE JUNHUI |
| NRIC/Passport Number | S8223349J |
| Contact Number | 90033966 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

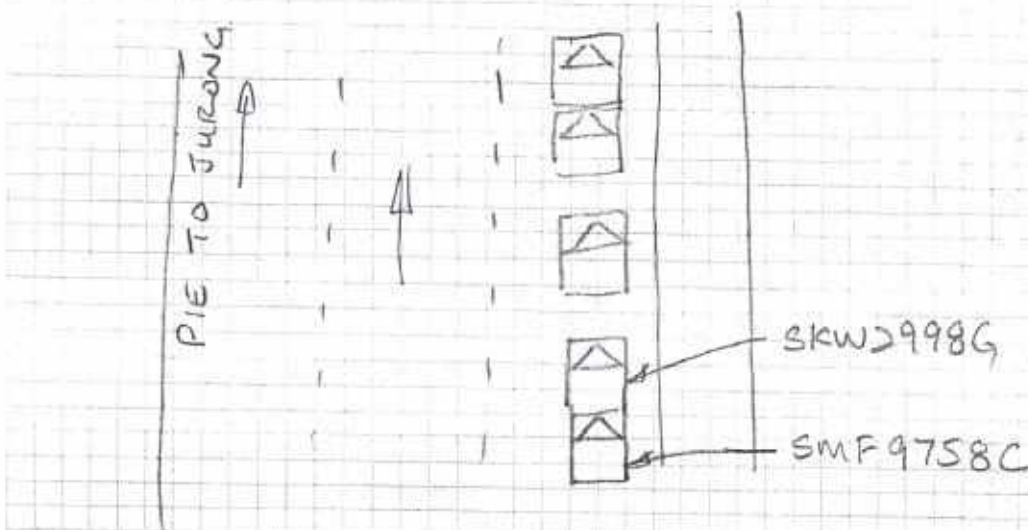
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

03/01/2018
Reporting Centre Personnel's Signature
Name: *8084*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/1/2019 at 16:10 hr, while driving along PIE towards Jurong, I noticed the few cars in front of me slowing down and suddenly come to a stop. I managed to slow down and stopped my car in time. After my car stop, about a second, veh reg SMF9758C had crashed into the rear of my car, SKW2998G.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

3/1/19 12:20 pm

Signature must be written in blue ink

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 03/01/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/1026174

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|--------------------------|
| Policy No. | 5104357810 | Vehicle No. | SKW2998G | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | THNG RAYMOND | Cover Type | drive CLASSIC | Policyholder NRIC | S1533885G |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 97318432 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| NFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 03/01/2019 12:43 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 02/01/2019 | Time of Accident (h:mm) | 16:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PUE TOWARDS TUAS | | | | |
| Excess | | | | | |
| Own Damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | 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 No. | | GST Registration Date | |
| Modification History | | GST Status Verified | Yes | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 202 PASIR PANJANG ROAD | Address 2 | #01-11 | Address 3 | SINGAPORE 118572 |
| Address 4 | | Address Type | Singapore address | Post Code | 118572 |
| Unit No. | | Related Policy Number | 5104357810 | | |
| OI Driver Info | | | | | |
| Driver Name | THNG RAYMOND | Driver Type | Main Driver | Driver DOB | 10/07/1962 |
| Unnamed driver Name | | Driver NRIC | S1533885G | Driving Experience | 29 |
| Register Date of Driver License | 01/01/1990 | Driver Age | 28 | Contact No.(Home) | |
| Contact No.(Mobile) | 97318432 | Contact No.(Office) | | Address 1 | SINGAPORE 118572 |
| Address 1 | 202 PASIR PANJANG ROAD | Address 2 | #01-11 | Post Code | 118572 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | SKW2998G | Driver Insurer Company | NTUC |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 **NEW**

| | | | | | |
|-----------------------------------------------------|-----------------------------------|----------------------------------|------------------|----------------------------|------------|
| Claim Type * | OO-MR | Insured Name | THNG RAYMOND | Insured NRIC | S1533885G |
| Contact No.(Mobile) | 97318432 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | OT Vehicle Number | SKW2998G | TP Vehicle Number | SMP97 |
| Claim Description | SKW2998G / SMP9758C ON 2 Jan 2019 | | | Name of Preferred Workshop | |
| Preferred Workshop | | Insured Liability | Not at Fault | | |
| Repair Option | Yes | Preferred Workshop, Name unknown | | | |
| Date Registered | | GIA report | Received | | |
| Report Taken By | | Claim Close Date | 03/01/2019 12:45 | Date Received | 03/01/2019 |
| | | | ROSLI WAHAB | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------|------------------|
| Accident No. | MT/1026174 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/01/2019 12:46 |
| Path * | | 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 * |
| Message Read | | Clear | Please Select * |
| Attachment List | | | |
| Attachment | Uploaded By/Date | Category | Urgency |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | | Photos | Normal |
| Description | | Photos 2019-1-3 | |

| | | | | |
|--|--------------------------------------------------------------------------------------------------|-----------------------|--------|--------------------------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | Photos | Normal | Photos 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | SAS | Normal | SAS 2019-1-3 |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 12:46 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-1-3 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (2/01/2019) (DD/MM/YYYY). TIME: (16:10) (HH:MM)

LOCATION: PIE towards tuas

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 2998G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5104357810
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: LEISURE
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: THNG RAYMOND (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1533885G CONTACT: 97318432
c) ADDRESS: 202 PASIR PANJANG RD #01-11
SINGAPORE 118572

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (10/07/1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16/7/1981

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) CLEAR

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

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: SMF 9758C MODEL: TOYOTA PRIUS
b) DRIVER'S NAME: BRANSON LEE JUNHUI
c) NRIC/FIN/PASSPORT: S8223349J CONTACT: 90033966

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 = raymond.thng37@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1533885G



Name

THNG RAYMOND

Race

CHINESE

Date of birth

10-07-1962

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1533885G

Name: THNG RAYMOND

Birth Date: 10 Jul 1962

Issue Date: 18 Jun 2003

000578177A

5947313



NRIC No. S1533885G



Date of issue

28-05-2018

Address

202 PASIR PANJANG ROAD
#01-11
SINGAPORE 118572

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

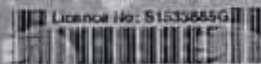
VALID DATE

Class 2

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

16 Jul 1991

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: 5104357810

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Index mark and Registration Number of Vehicle | : SKW2998G |
| Chassis Number | : RU11103125 |
| 2. Name of Policyholder | : THNG RAYMOND |
| 3. Effective Date of Insurance | : 24 Oct 2018 |
| 4. Expiry Date of Insurance | : 23 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) | : 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 | : THNG RAYMOND |
| NAMED DRIVER (1) | : KHENG MAY LIAN SUSAN |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK |
| 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 : YETTA INSURANCE AGENCY PTE. LTD. (00000573346)
Date of Issue : 17 Oct 2018 12:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED