

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **NA1900379**

Date In: 12/01/2019 15:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000730/Y	SAS e-filing		
Veh No: Y49440J	E-mail (w/John Sims, AIC 2hrs)		
D.O.A: 12/01/2019 13:45	I-Motor Claim Form	MT/1027513-001	12/01/2019
OD / TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:15
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: Vch No: **FBG 2566K** 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 hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

<b>NA1900379</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Sat. 1: 2 / 3:	Invoice / Repairation / Claim / Fee / Charge / Add'l Bill
	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 (wef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
0) * *N5: Courtesy Car / Tpt 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 30	
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	12/01/2019 15:18
Date Of Accident	12/01/2019 13:45
Exact Location Of Accident	ALONG CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9440J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORANCE AIR-CON & REFRIGERATION PARTS SUPPLIES PT
Co Reg No	199106130W
Email Address	FORANCE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97842259
Alternative Phone No	OFFICE-97842259

### Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075155006-03
Cover Note Number	

### Driver

Name of Driver	NEO CHIN TENG
NRIC No	S1494898H
Date Of Birth	20/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97842259
Fax Number	
Contact Number	OTHERS-97842259
E-Mail Address	FORANCE@SINGNET.COM.SG

Address	BLK 658 YISHUN AVENUE 4 #03-335
Postcode	760658
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	FBG2566K
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

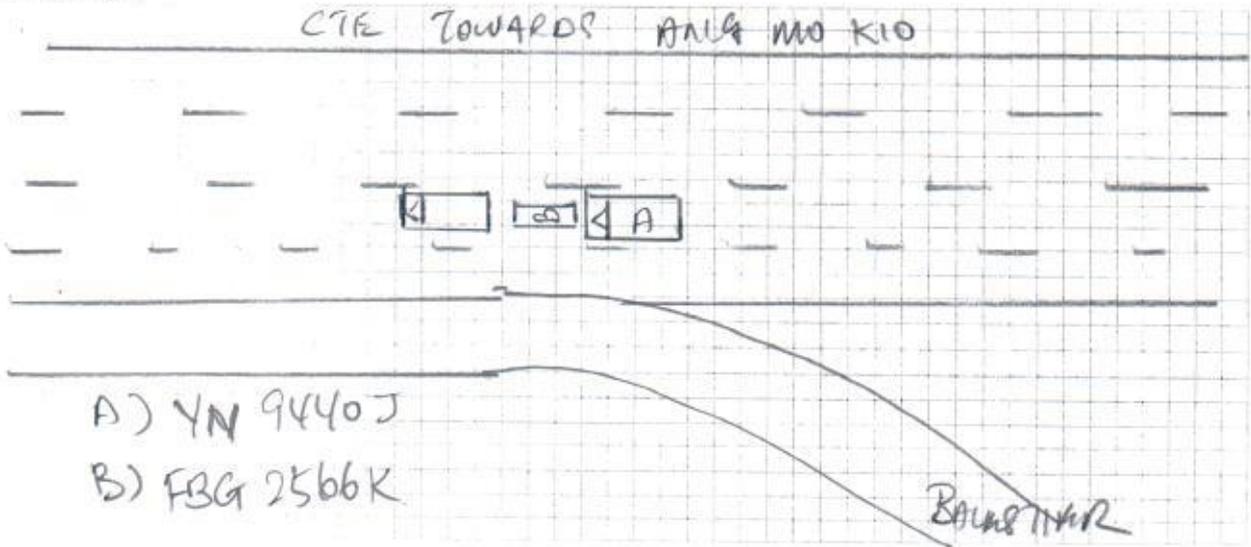


Policyholder's Signature  
Date & Time:

*M 12/1/19*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: *Rosli Anwar*  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/01/2019 AT ABOUT 13:47HRS I WAS TRAVELLING ALONG CTE TOWARDS ANGA MO KIO TRAFFIC WAS HEAVY AND IN FRONT OF ME WAS A MOTORCYCLE FBG 2566K MAKE A SUDDEN STOP & I ALSO STOP BUT MY LORRY JUST A SLIDE BUMP ON TO THE BOX OF THE MOTORCYCLE & THE BOX DROP ON THE ROAD BUT THE MOTORCYCLE & THE RIDER & THE PIONEER DID NOT FALL BUT THE PIONEER WAS PREGNANT. I CAME DOWN & EXCHANGE CONTACT NUMBER AND TOOK SOME PHOTOS.

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:  
NRIC/FIN No.:



M 12/1/19

12/01/2019

Rafiq Yusoff

**Claim Handling**

**Accident MT/1027513**

Policy No.	5075155006-03	Vehicle No.	YN9440J	GST Registration No.	M2010
Certificate No.					
Policyholder Name	FORANCE AIR-CON & REFRIGERATION PARTS SUPPLIES PTE LTD			Policyholder NRIC	199101
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97842259	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	12/01/2019 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	12/01/2019	Time of Accident hh:mm	13:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE TOWARDS ANG MO KIO				

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M201037620	GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 3021 #01-189	Address 2	UBI AVENUE 2	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	40889
Unit No.		Related Policy Number	5075155006-03		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO CHIN TENG	Driver NRIC	S1494898H	Driver DOB	20/07/
Register Date of Driver License	13/10/1981	Driver Age	37	Driving Experience	37
Contact No.(Mobile)	97842259	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 658 #03-335	Address 2	YISHUN AVENUE 4	Address 3	NEE 5K
Address 4	SINGAPORE 760658	Address Type	Foreign address	Post Code	760658
Unit No.	03-335				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	YN9440J	Driver Insurer Company	NTUC

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FORANCE AIR-CON & REFRIGERATION PARTS SUPPLIES PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	YN9440J
Claim Description	YN9440J / FBG2566K ON 12 Jan 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Fully at Fault
Preferred Repair Option	income to assign workshop	GIA report	Received
Date Registered	12/01/2019 17:14	Claim Close Date	
Report Taken By	ROSLI WAHAB		

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1027513	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

12/01/2019 17:15

Path \*

- No file chosen
- 

Clear	Category *	Confidential	Urgency *
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

**Attachment List**

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:15	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:14	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:14	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:14	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:14	Photos		Normal	Photos 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:14	SAS		Normal	SAS 2019-1-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Jan 2019 17:14	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-12

**Video List**

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/01/2019) (DD/MM/YYYY). TIME: (1:47 PM) (HH:MM)

LOCATION: C7K towards Bukit Timah

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN-9440J  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5075155006-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HINO  
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) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Forance Aircon & Refrigeration (MALE / FEMALE) Para's Supplies  
b) NRIC/FIN/PASSPORT: 199106130W CONTACT: 97842259  
c) ADDRESS: Blk 3021 Ubi Ave 2 #01-189

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

## DRIVER

- a) NAME: Neo Chin Teng (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1494898-H CONTACT:  
c) ADDRESS: Blk 658 Yishun Ave 4 #03-335  
Spre 760658

\*d) DATE OF BIRTH: (20/07/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13/10/1981

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: FBG 2566K MODEL: Honda  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98371407

## 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 = forance@singnet.com.sg  
VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S1494898H**



Name  
**NEO CHIN TENG**

梁進丁

Race  
**CHINESE**

Date of Birth **20-07-1961** Sex **M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1494898H**

Name  
**NEO CHIN TENG**

Birth Date: **20 Jul 1961**  
 Issue Date: **09 Sep 2003**

000815915D

3717578



NRIC No. **S1494898H**



Date of Issue  
**24-05-2005**

APT BLK 658 YISHUN AVENUE 4 #03-335  
 SINGAPORE 760658

NRIC No: **S1494898H** Date: **18/03/2018**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

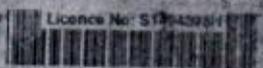
Class 3 Motor Cars and Motor Tractors the weight of which under load does not exceed 2500 kilograms 13 Oct 1961

Class 4 Heavy Motor Cars and Motor Tractors the weight of which under load exceeds 2500 kilograms 09 Sep 2003

NP 428A

9228  
 3508  
 Fc BND

Licence No: **S1494898H**



## 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** : 5075155006-03

**Cover** : Comprehensive

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>YN9440J</b>  |
| Chassis Number  | : JHHUCS3H00K014519   |
| 2. Name of Policyholder   | : FORANCE AIR-CON & REFRIGERATION PARTS SUPPLIES PTE LTD  |
| 3. Effective Date of Insurance  | : 13 Oct 2018   |
| 4. Expiry Date of Insurance   | : 12 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. |   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                     |   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)

Date of Issue : 14 Sep 2018 14:13 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive