

# NATIONAL Assessment Centre Services. [wef 1 Jan 05] NA/190/025

Date In: 08/02/2019 21:01	Job description	Date & Time Completed	Done by
Ref No: NA/190/025	SAS e-filing		
Veh No: SPF 280E	E-mail (3-4 hrs, AIC 2 hrs)		
D.O.A: 07/02/2019 18:50	I-Motor Claim Form	MT/1031166-001	08/02/2019
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		21:16
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: PEDESTRIAN	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: (wef 1 Jan 05) (6-88-00-6)
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

Date/Time:	Assign:

NA/190/025	Comments:
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) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	Foreclaiming against INC Only (wef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NS: Repair Co-ordination \$10
	*NS: Post Repair Inspection \$25
	*NS: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Nil INC) against INC \$20
	9) NI: 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	08/02/2019 21:01
Date Of Accident	07/02/2019 18:50
Exact Location Of Accident	ALONG BATTERY ROAD TOWARDS FULLERTON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFF280E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VROOM ONE
Co Reg No	53351158E
Email Address	PHANGCB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96372001
Alternative Phone No	OFFICE-96372001
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086262558-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	PHANG CHEE BOON
NRIC No	S2564972I
Date Of Birth	05/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96372001
Fax Number	
Contact Number	OTHERS-96372001
Email Address	PHANGCB@GMAIL.COM

Address	20 WILBY ROAD #07-05
Postcode	276305
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190208/2030

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

## 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.

VRoom One  
ACRA Registration  
53351158E

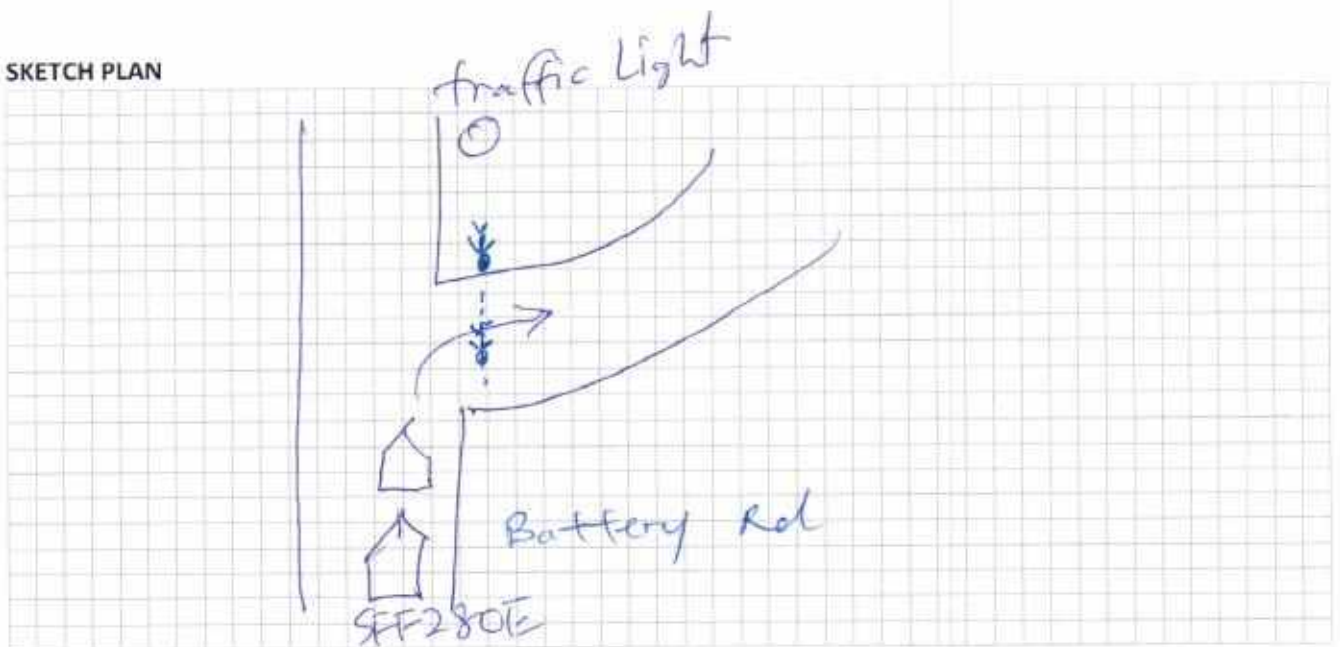
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT  
7/20190208/2030

## DECLARATION

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

**VRoom One**

ACRA Registration  
53351158E

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.:



# SINGAPORE POLICE FORCE



T/20190208/2030

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20190208/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/02/2019 11:06		Vide Report No.:		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: PHANG CHEE BOON			Address: 20 WILBY ROAD #07-05 SINGAPORE 276305		
ID Type / ID No.: NRIC NO / S2564972I			Contact No.: Home/Office:		Mobile: 96372001
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 05/01/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 07/02/2019 18:50	Type of Location: Bend
Location: Along Road 1 BATTERY ROAD  ALONG BATTERY ROAD TOWARDS FULLERTON ROAD.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No-of Passenger
SFF280E	Car	TOYOTA	VIOS E AUTO	Red	No Damage	0



**SINGAPORE  
POLICE FORCE**



T/20190208/2030

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No: T/20190208/2030

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/02/2019 at about 1850hrs, I was driving in my vehicle (SFF280E) along Battery road towards Fullerton Road.

While I was turning right, there was a man crossing over at Fullerton Road hence I waited for him to cross over. After the man crossed, I proceeded turning however there was a woman crossing over the road also. I was unable to brake on time and hit onto her. She fell onto the road and suffered bruises on her right hand. I asked if she needed any medical attention but she informed that she does not need.

I wish to state that there is in-camera installed in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190208/2030

Police Station Of Origin:  
Clementi N.P.C.  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20190208/2030

**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 3 TAN WEN HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/02/2019 11:06

Officer-In-Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 37

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



## Claim Handling

Accident MT/1031166

Policy No.	30862658-02	Vehicle No.	SFF280E	GST Registration No.	
Certificate No.					
Policyholder Name	VRDOM ONE			Policyholder NRIC	53391138E
Product Code	PRIVATE CAR (INSURANCE)	Cover Type	drive CLASSIC	Leading	0
Contact No. (Mobile)	96372001	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No *
RFL	0 No 1 Yes	TCA	0 No 1 Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	20	Private Hire	Yes

## Accident Details

Report Date	08/02/2019 21:04	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	07/02/2019	Time of Accident (hh:mm)	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALDAG BATTERY ROAD TOWARDS FULLERTON ROAD				

## Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	20 WILBY ROAD	Address 2	#07-05 THE TESSARINA	Address 3	SINGAPORE 276305
Address 4		Address Type	Singapore address	Post Code	276305
Unit No.	07-05	Related Policy Number	30862658-02		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/01/1953
Unnamed driver Name	PHANG CHEE BOON	Driver NRIC	025649721	Driving Experience	36
Register Date of Driver License	17/03/1984	Driver Age	66	Contact No. (Home)	
Contact No. (Mobile)	96372001	Contact No. (Office)		Contact No. (Home)	
Address 1	20 WILBY ROAD	Address 2	#07-05 THE TESSARINA	Address 3	SINGAPORE 276305
Address 4		Address Type	Foreign address	Post Code	276305
Unit No.	07-05	Driver Vehicle No.	SFF280E	Driver/Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes 0 No 1				

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes 0 No 1
-------------------------------------	------	-------------	------------

## Modification History

Claim 001 New

Claim Type *	DD-M3	Insured Name	VRDOM ONE	Insured NRIC	53391138E
Contact No. (Mobile)	96372001	Contact No. (Home)		Contact No. (Office)	
Email Address		CI		Vehicle Number	PEDESTRIAN
Claim Description	SFF280E / PEDESTRIAN ON 7 Feb 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Customer No. Registration	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	08/02/2019 21:12	Claim Close Date		Date Received	08/02/2019 09:00
Report Taken By	ROSLI WAHAB				
Print AK letter					





Save Submit


## Attachment

Accident No.	MT/1031166	Claim No.	001
LAST Doc. Received	Yes 0 No 1	Upload Date	08/02/2019 21:16
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
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-8	
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:16	SAS	Normal	SAS 2019-2-8	
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:16	Photos	Normal	Photos 2019-2-8	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:12	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:12	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:12	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:12	Photos	Normal	Photos 2019-2-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2019 21:12	Photos	Normal	Photos 2019-2-8

 Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (07/02/19) (DD/MM/YYYY), TIME: (18:50) (HH:MM)

LOCATION: Fullerton Road Along Battery Rd towards Fullerton Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFF 280E  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5086262558-02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Vios  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
 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: VRoom ONE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Phang Chee Boon (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 525649721 CONTACT: 96372001  
 c) ADDRESS: 20 WILBY ROAD

\* d) DATE OF BIRTH: (05/01/53) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17 March 1984

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: CLEMENTI

## 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 passenger  
 (Including driver)  
 (1)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

email = phangcb@gmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S25649721



Name

PHANG CHEE BOON

馮智文

Race

CHINESE

Date of Birth

05-01-1953

Country/Place of Birth  
MALAYSIA

Sex

M

5971049



NRIC No. S25649721



Date of Issue

16-06-2018

Address

20 WILBY ROAD  
#07-05  
SINGAPORE 276305

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S25649721

PHANG CHEE BOON

Birth Date: 05 Jan 1953

Issue Date: 13 Jun 2018



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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	17 Mar 1984
Class 2A	Motorcycles between 201 cc and 400 cc	17 Mar 1984
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	17 Mar 1984

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:** 5086262558-02

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SFF280E

Chassis Number

: MR053HY9305089708

2. Name of Policyholder

: VROOM ONE

3. Effective Date of Insurance

: 15 Nov 2018

4. Expiry Date of Insurance

: 14 Nov 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 or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000

EXCESS (SECTION 2)

: S\$1,500

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

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 05 Nov 2018 11:27 hrs

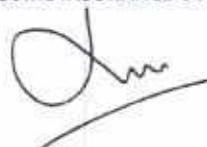
Reprint : 05 Nov 2018 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive