

# NATIONAL Assessment Centre Services

Date In: 14/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9002786/13	SAS e-filing		
Veh No: 5ME97143	E-mail (within 8hrs, ABC 2hrs)		
DOA: 14/02/19 0650	i-Motor Claim Form		
OD: (TP) Reporting Only	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: ( HUP SOUN Tel: Fax: )

TP Particulars:	Veh No: GBF9037E	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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done 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
25/02/19	RE-OPEN FILES COZ AMEND NAME OF INSURANCE
26/2/19	Reopen only * 1st DOZ 21/2/19 * ↓

NA1901292	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) NI: Idac Mobile \$30			
	Invoice dated	Fee Charged		
	Issued dated			



## 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	14/02/2019 15:24
Date Of Accident	14/02/2019 06:50
Exact Location Of Accident	TPE TWDS SLE(SELETAR WEST LINK)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9714J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AWESOME GAMING PTE LTD
Co Reg No	201716372Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98635688

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	5104711976
Cover Note Number	

### Driver

Name of Driver	ALEX LIM JIE WEI
NRIC No	S9042275H
Date Of Birth	12/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076401
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 286C COMPASSVALE CRESCENT #09-115
Postcode	543286
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	CHAIN COLLISION
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	3
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBF9037E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN YONG SENG
NRIC/Passport Number	
Contact Number	90217921
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCQ2118G
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
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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.



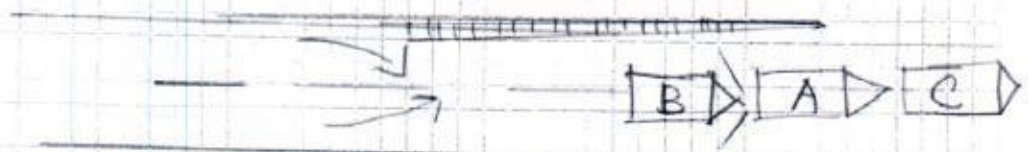
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

TPE TOWARDS SLE (SELETAH WEST LINK)



(A) SME 9714J

(B) GBF 9037E

(C) SCQ 2118G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG TPE TOWARDS SLE.  
I NOTICED A FEW CARS INFRONT SLOWED DOWN TO STOP SO I  
FOLLOWED. SUDDENLY I FELT AN IMPACT FROM THE REAR OF  
MY VEHICLE, WHICH CAUSED MY VEHICLE TO MOVE FORWARD  
AND HIT VEHICLE C.

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.:

*Sym* 14/02/19



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA 119020795 Vehicle Registration No: SME 9714J  
Name (as shown in NRIC): ALEX LIM JIE WEI NRIC/FIN/Passport No: S9042275H  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 286 C COMPASSVALE CRESCENT #09-115 Singapore (543286)  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9007 6401  
Email Address: \_\_\_\_\_  
Date of Accident: 14.2.2019 Time of Accident: 06:50  
Place of Accident: TPE TWDS SLE  
Insurance Company: ~~NTUC~~ INDIA INTERNATIONAL INSURANCE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE COMPANY SHOULD BE CORRECTED TO NTUC INCOME

Policyholder / Driver's Signature  
Date: 25.2.19

2/ym 25/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



# HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SME 9714 J MAKE/MODEL: TOYOTA ALPHARD

DATE OF ACCIDENT 14/02/2018 TIME 6 HR 50 MIN AM / PM

LOCATION OF ACCIDENT THE TOWARDS ETE (EXIT) SEE

EXACT PURPOSE USE DURING ACCIDENT TRAVELLING TO WORK

## CAR OWNER

NAME OF CAR OWNER AWESOME GAMING PTE LTD

CONTACT NO 9863 5688

NRIC UEN 2017163122

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY INDIA INTERNATIONAL

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO C01100

## ACCIDENT DRIVER

NAME OF DRIVER ALEX LIM JIE WEI ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NRIC S9042275 H NO OF PASSENGER/S 0

DATE OF BIRTH 12.11.1990

OCCUPATION DRIVER ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 15/01/2009

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 9007 6401

ADDRESS BLK 286C COMPASSUAL CRESSENT #09-115 (S) 543286

DRIVER OWN ANY VEHIC ☒ NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE IF NOT:

WEATHER CONDITION ☒ CLEAR ☐ RAINING ☐ OTHER:

ROAD SURFACE ☒ DRY ☐ WET ☐ OTHER:

ANY INJURIES ☒ NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT ☒ NO/ IF YES- LOCATION:

VIDEO FOOTAGE ☐ NO/ YES

## 3RD PARTY INFO

VEHICLE B NO GBF 9037 E NO OF PASSENGER/S 0

NAME TAN YONG SENG

CONTACT NO 9021 7921

VEHICLE C NO NO OF PASSENGER/S

VEHICLE D NO NO OF PASSENGER/S

VEHICLE E NO NO OF PASSENGER/S

VEHICLE F NO NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9042275H



Name

ALEX LIM JIE WEI

林 杰 伟

Race

CHINESE

Date of birth

12-11-1990

Country of birth

SINGAPORE

Sex

M

S9042275H

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9042275H

Name ALEX LIM JIE WEI

Birth Date 12 Nov 1990

Valid Date 15 Sep 2009

001764746K



NRIC No. S9042275H

Date of issue

21-11-2005

BLK 288C COMPASSVALE CRESCENT #09-115

PORE 543288

S9042275H

Date 01/02/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 15 Sep 2009



License No. S9042275H

NP 426A

## Claim Handling

Accident MT/1032882

Policy No.	5104711976	Vehicle No.	SME9714J	GST Registration No.
Certificate No.				
Policyholder Name	AWESOME GAMING PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
<b>▼ Accident Details</b>				
Report Date	20/02/2019 13:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/02/2019	Time of Accident hh:mm	16:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS CTE (SLIP ROAD)			
<b>▼ Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>▼ Benefits</b>				
Coverage		Sum Insured		
Accessory		2000		
<b>▼ GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>▼ Policyholder Mailing Address</b>				
Address 1	8 EU TONG SEN STREET	Address 2	#20-91 THE CENTRAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	20-91	Related Policy Number	5104711976	
<b>▼ OI Driver Info</b>				
Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Modification History				

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	AWESO
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	SME9714J
Claim Description	SME9714J / GBF9037E ON 14 Feb 2019		
Preferred Workshop		Insured Liability	Not at Fault
Seal No.		Preferred	
Finalisation	Yes	Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	25/02/2019 14:33
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA



Save Submit

## Attachment

Accident No.	MT/1032882	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Message Read	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 14:32	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	
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Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/02/2019 14:13"/>
Vehicle No.(For Motor)	<input type="text" value="SME9714J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104711976		AWESOME GAMING PTE LTD	201716372Z	GPC	drivo CLASSIC	SME9714J	SME9714J	24/10/2018	23/10/2019



## 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:** 5104711976

**Cover :** drive CLASSIC

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : <b>To Be Advised</b> <i>SME 9714 J</i> |
| Chassis Number  | : AGH300200718                           |
| 2. Name of Policyholder   | : AWESOME GAMING PTE LTD                 |
| 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	: LIN GUOXING @ LIM KOK SIN
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 : VINCAR PTE LTD (00000614250)  
Date of Issue : 23 Oct 2018 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive