

NATIONAL Assessment Centre Services.

[ref: JAN05]

NA19021693

Date In: 16/02/2019 12:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC/90021254	SAS e-filing		
Veh No: SKZ49587	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 15/02/2019 18:55	I-Motor Claim Form	MT/1032803-001	16/02/2019
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:54
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

PC4109P

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:

Action:

NA1901179

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

2/3

Invoice Preparation Charge	Ref. 1	Ref. 2
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (over 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
OP:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*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	16/02/2019 12:06
Date Of Accident	15/02/2019 18:55
Exact Location Of Accident	CHURCH COMPOUND AT 50 OPHIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4958T
Insured/Policyholder	
Name Of Registered Owner	NONIS RONEY JOHN
NRIC No	S1366842F
Email Address	RONEYNONIS@YMAIL.COM
Mobile Phone No	(LOCAL) +65-97966277
Alternative Phone No	OTHERS-97966277

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X A (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5077316954-03
Cover Note Number	

Driver

Name of Driver	NONIS RONEY JOHN
NRIC No	S1366842F
Date Of Birth	27/05/1959
Occupation	INDOOR
Date Of Driving Pass	21/12/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97966277
Fax Number	
Contact Number	OTHERS-97966277
EMail Address	RONEYNONIS@YMAIL.COM

Address	BLK 94E BEDOK NORTH AVENUE 4 #04-1433
Postcode	464094
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190215/2188

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4109P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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:

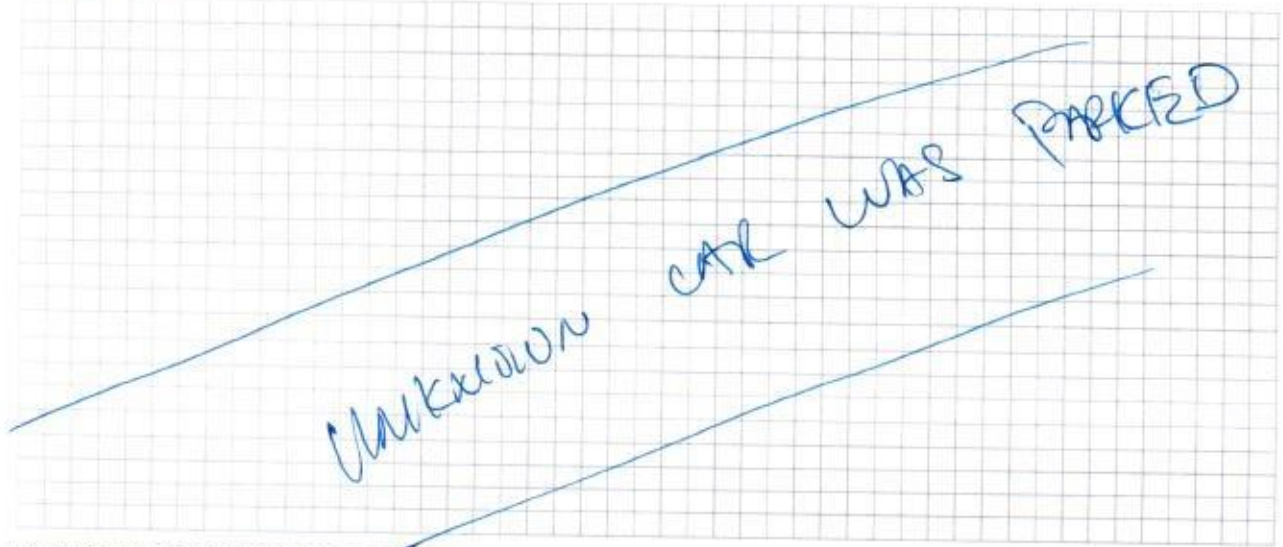
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in blue ink across the lined area: "PLS REFER TO POLICE REPORT 7/20/90215/7188".

DECLARATION

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

Policyholder's Signature
Date & Time:

9-6-2019 SketchPlanForm_v3

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

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

Handwritten signature and date: "an 16/02/2019" and "Rashid Lim" in blue ink.



SINGAPORE POLICE FORCE



T/20190215/2188

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20190215/2188

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2019 20:25		Vide Report No.:		Station Diary No.: 534
Informant's Particulars				
Name of Informant: NONIS RONEY JOHN		Address: APT BLK 94E BEDOK NTH AVE 4 #04-1433 SINGAPORE 464094		
ID Type / ID No.: NRIC NO / S1366842F		Contact No.: Home/Office: Mobile: 97966277		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 27/05/1959	Type of Informant: Driver	
Race: Eurasian		Language:	Institution / School Name:	
Occupation: SUPERINTENDENT OF KEPPEL FELS		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/02/2019 18:55	Type of Location: Car Park
Location: OPHIR ROAD Our Lady of Lourdes church at No 50 Ophir Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Hit and Run			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4109P	Van	TOYOTA		White		0
SKZ4958T	Car	HONDA	VEZEL 1.5X A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ4958T	NTUC Income Insurance Co-Operative Limited	5077316954-03	25/01/2019	24/01/2020



**SINGAPORE
POLICE FORCE**



T/20190215/2188

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20190215/2188

CONTINUATION OF REPORT

Brief Details.

On 15/02/2019 at about 1840 hrs , I Parked my vehicle , SKZ 4958 T at one of the lot at 50 Mt ophir Road (Our Lady of Lourdes church). At around 1905 hrs, I came back to my car and discovered a dent at the rear of my vehicle . I then checked in car camera and it show that one motor van bearing the vehicle no: PC4109 P , White Toyota van reversed and hit onto the rear of my vehicle at 1855hrs -1858hrs , the said van had left before I come back . I am making this report for investigation. I wish to state that there is CCTV in the church compound , however I not sure is it focusing at the area where I parked my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190215/2188

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20190215/2188

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: E / Sr Staff Sgt ONG CHEOW LONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/02/2019 20:25
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	SN 167

Claim Handling

Accident MT/1032303

Policy No.	5077316954-03	Vehicle No.	SKZ4958T	GST Registration No.
Certificate No.				
Policyholder Name	NONIS RONEY JOHN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97966277	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	16/02/2019 12:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/02/2019	Time of Accident hh:mm	18:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CHURCH COMPOUND AT 50 OPHIR ROAD			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 94E #04-1433	Address 2	BEDOK NORTH AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5077316954-03	

▼ OI Driver Info

Driver Name	NONIS RONEY JOHN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1366842F	Driving Experience
Register Date of Driver License	21/12/1979	Driver Age	59	Contact No.(Home)
Contact No.(Mobile)	97966277	Contact No.(Office)		Address 3
Address 1	BLK 94E #04-1433	Address 2	BEDOK NORTH AVENUE 4	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKZ4958T	Driver Insurer Comp.

Declaration

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

Modification History

Claim 001

New


Claim Type *	OD-MX	Insured Name	NONIS RONEY JOHN
Contact No.(Mobile)	97966277	Contact No. (Home)	62459551
Email Address	roneynonis@gmail.com	OI Vehicle Number	SKZ4958T
Claim Description	SKZ4958T / PC4109P ON 15 Feb 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/02/2019 12:54
<input checked="" type="checkbox"/> Print AK letter			ROSLI WAHAB

Attachment

Accident No.	MT/1032303	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/02/2019 12:54

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Feb 2019 12:54	NRIC/ Driving License	Normal	NRIC/ Driving Li

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15.12.19 (DD/MM/YYYY), TIME: 18.55 (HH:MM)

LOCATION: CHURCH Compo # 50 OPHIR RD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 4958 T
 b) INSURANCE COMPANY: NITAC
 c) POLICY NUMBER: 507216954-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VIZAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS RAC
 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: NONIS RONEY JOHN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1366842 F CONTACT: 97966277
 c) ADDRESS: BLK 94E BEDOK NORTH AVE 4
04-1433 (464094)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NONIS RONEY JOHN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1366842 F CONTACT: 97966277
 c) ADDRESS: BLK 94E BEDOK NORTH AVE 4
04-1433 (464094)

* d) DATE OF BIRTH: 27/12/59 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/12/1979

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: 21 LAMPONG JAVA RD.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC4109 P MODEL: TOYOTA
 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)
(0)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

email = roneynonis@gmail.com

VIDEO
Yes with evidence

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1366842F



Name
NONIS RONEY JOHN

Race
EURASIAN

Date of Birth
27-05-1959

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S1366842F**

Name
NONIS RONEY JOHN

Birth Date **27 May 1959**

Issue Date **22 Oct 2003**



1000942257H



14013




NRIC No: **S1366842F**

Blood Group **A+** Date of issue **03-11-1993**

NP BUKIT MERAH DRIVE 1404-1433
SINGAPORE 460054

NRIC No: **S1366842F** Date: **13-09-1993** No: **2673905**

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


PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	03 Nov 1962
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Dec 1979

087367630

NP 428A

License No: **S1366842F**



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: 5077316954-03

Cover : drive CLASSIC

- | | |
|--|--------------------|
| 1. Index mark and Registration Number of Vehicle | : SKZ4958T |
| Chassis Number | : RU11107397 |
| 2. Name of Policyholder | : NONIS RONEY JOHN |
| 3. Effective Date of Insurance | : 25 Jan 2019 |
| 4. Expiry Date of Insurance | : 24 Jan 2020 |

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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NONIS RONEY JOHN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 19 Dec 2018 11:16 hrs
Reprint : 19 Dec 2018 11:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive