

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MA1901377

Date In: 24/01/2019 16:50	Job description	Date & Time Completed	Done by
Ref No: NPA/MA190033201	SAS e-filing		
Veh No: FBE 8166X	E-mail (6 days 8hrs, AIC 2hrs)		
D.O.A: 01/02/2019 09:00	I-Motor Claim Form	MT/1033116-001	24/01/2019
OD: TP Reporting Only	I-Motor W/O (Withint OD 2hrs, TP 4hrs)		11:48
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: 888003E	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: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date	Time	Assign	By

MA1901377	Invoice Particulars
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) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (N11) against INC \$20
	9) N12: 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	21/02/2019 16:50
Date Of Accident	01/02/2019 09:00
Exact Location Of Accident	ALONG BUKIT BATOK AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8766X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	SPARROWIEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87764834
Alternative Phone No	OFFICE-87764834

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT 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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085645204-02
Cover Note Number	

### Driver

Name of Driver	MATHEN S/O MUTUSAMY
NRIC No	S8537639Z
Date Of Birth	07/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87764834
Fax Number	
Contact Number	OTHERS-87764834
Email Address	SPARROWIEL@GMAIL.COM

Address	BLK 8 GHIM MOH ROAD #04-273
Postcode	270008
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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	SBS8203E
Vehicle Make/Model/Colour	SBS BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MATHEN S/O MUTUSAMY
------	---------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8766X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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: 21 FEB 2019  
3:56pm

21/02/2019  
Reporting Centre Personnel's Signature  
Name: Rosli Whatab  
NRIC/FIN No.:

SKETCH PLAN

ALONG BUKIT BAROK AVENUE 6



A) FBE 8766X

B) SBS 8203E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The bus was at the right lane. I was riding on the second lane of a two lane road. Suddenly the bus cut into my lane and to avoid collision i applied brake and fell.

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: 21 FEB 2017  
3:55 pm

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

21/02/2017

Reck Lim Joon

## Claim Handling

The premium on this policy has not been collected.

Accident MT/1033118

Policy No.	5085645204-02	Vehicle No.	FB66766X	GST Registration No.	
Certificate No.					
Policyholder Name	ALORIDE PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201629994W
Product Code	FLEET INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	87794834	Special Remarks		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
KPI	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	21/02/2019 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/02/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		SCN No.	
Accident Location	ALONG BUKIT BATOK AVENUE 5				

## Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 139967
Address 4		Address Type	Singapore address	Post Code	159967
Unit No.	04-02	Related Policy Number	5085645204-02		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WATHEN S/O MUTUSAM	Driver NRIC	S85376192	Driver DOB	07/11/1985
Register Date of Driver License	22/08/2015	Driver Age	33	Driving Experience	3
Contact No.(Mobile)	87754834	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 8 #04-273	Address 2	GIRIM MOH ROAD	Address 3	GIRIM MOH GARDENS
Address 4	SINGAPORE 270008	Address Type	Foreign address	Post Code	270008
Unit No.	04-273				
Does he own a Singapore registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FB66766X	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

Claim 001 

Claim Type *	CO-MX	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	201629994W
Contact No.(Mobile)		Contact No. (Office)		Contact No. (Home)	
Email Address		Vehicle Number	FB66766X	Vehicle Number	S85B203E
Claim Description	FB66766X / S85B203E ON 1 Feb 2019				
Preferred Workshop	<input type="button" value="Preferred Workshop, Name unknown"/>	Insured Liability	<input type="button" value="Not at Fault"/>	GIA report	<input type="button" value="Received"/>
Date Registered	21/02/2019 17:44	Claim Date		Date Received	21/02/2019 00:00
Report Taken By	FOSLI WAHAB				

## Print AK letter

 

## Attachment

Accident No.	MT/1033118	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/02/2019 17:44		
Path *					
<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	<input type="button" value="Clear"/>	Category * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal *	Confidential <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal *	Urgency * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal *	Description * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal * <input type="button" value="Please Select"/> * NO * Normal *

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photo	Normal	Photo 2019-2-21		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photo	Normal	Photo 2019-2-21		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photo	Normal	Photo 2019-2-21		



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	Photos	Normal	Photos 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	SAS	Normal	SAS 2019-2-21
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 17:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-21

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in new Window</div> <div>Scan and uploading</div>				



## ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 02 / 2019) (DD/MM/YYYY), TIME: (04 : 00) (HH:MM)

LOCATION: Bukit Batok Ave 6

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE8766X  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5085645204-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: PULSAR NS 200  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Transport to work  
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: ALORIDE PTE. LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: MATHAN K. MATHASAMY (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S85376372 CONTACT: 87764854  
c) ADDRESS: Blk 8, Gohim Moh Road, #01-273, Singapore 270008

\* d) DATE OF BIRTH: (07 / 11 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22 SEP 2015

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: SBS 8203E MODEL: SBS BUS  
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: \_\_\_\_\_

Email = sparrowiel@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8537639Z



Name

MATHEN S/O MUTUSAMY

மதன்

Race

INDIAN

Date of birth

07-11-1985

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8537639Z

Holder

MATHEN S/O MUTUSAMY

Birth Date: 07 Nov 1985

Issue Date: 22 Sep 2015



SG  
50



5673470

NRIC No. S8537639Z



Date of issue

05-11-2016

Address

APT BLK 8 GHIM MOH ROAD  
#04-273  
SINGAPORE 270008

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

EFFECTIVE DATE

22 Sep 2015

Class 2B Motorcycles =< 200 cc



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** : 5085645204-02

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **FBE8766X**  
Chassis Number : MD2DHJCZZSCE45059
2. Name of Policyholder : ALORIDE PTE. LTD.
3. Effective Date of Insurance : 17 Dec 2018
4. Expiry Date of Insurance : 16 Dec 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 27 Oct 2018 11:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive