

# NATIONAL Assessment Centre Services.

Print & Signatures

MAA 49032845

Date In: 11/03/2019 19:53	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC/9004684	SAS e-filing		
Veh No: SKW 4708	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/03/2019 17:15	I-Motor Claim Form	11/03/2019 17:15	11/03/2019
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SNE 63345	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:	Complete	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:	Assign:

MAA 901867	Invoice Information
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	Forfeiting against INC Only (wrt 10 Jun 2009)
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	9) NS: Courtesy Car / Tpr Allowance \$5
	10) NR: Repair Coordination \$10
	11) NR: Post Repair Inspection \$25
	12) NR: DV / Collect Excess Coordination \$5
	TP (Nil) : TP (Non INC) against INC \$20
	9) NI: Idas Mobile
	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	11/03/2019 19:53
Date Of Accident	09/03/2019 17:15
Exact Location Of Accident	ORCHARD SPRING LANE TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW470A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAVID JOHN SHEPHERD
Passport No/FIN	F1888828U
Email Address	SUE.SHEPHER66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90255574
Alternative Phone No	OTHERS-90255574

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094980985-01
Cover Note Number	

### Driver

Name of Driver	SUSAN ANITA SHEPHERD
Passport No/FIN	F1894841U
Date Of Birth	01/02/1966
Occupation	INDOOR
Date Of Driving Pass	31/01/1994
Driving Experience	25 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90255574
Fax Number	
Contact Number	OTHERS-90255574
Email Address	SUE.SHEPHER66@GMAIL.COM

Address	7-9 ONE NORTH GATEWAY #05-09 ONE NORTH RESIDENCES
Postcode	138642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6334S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHENG HENG
NRIC/Passport Number	
Contact Number	82999313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

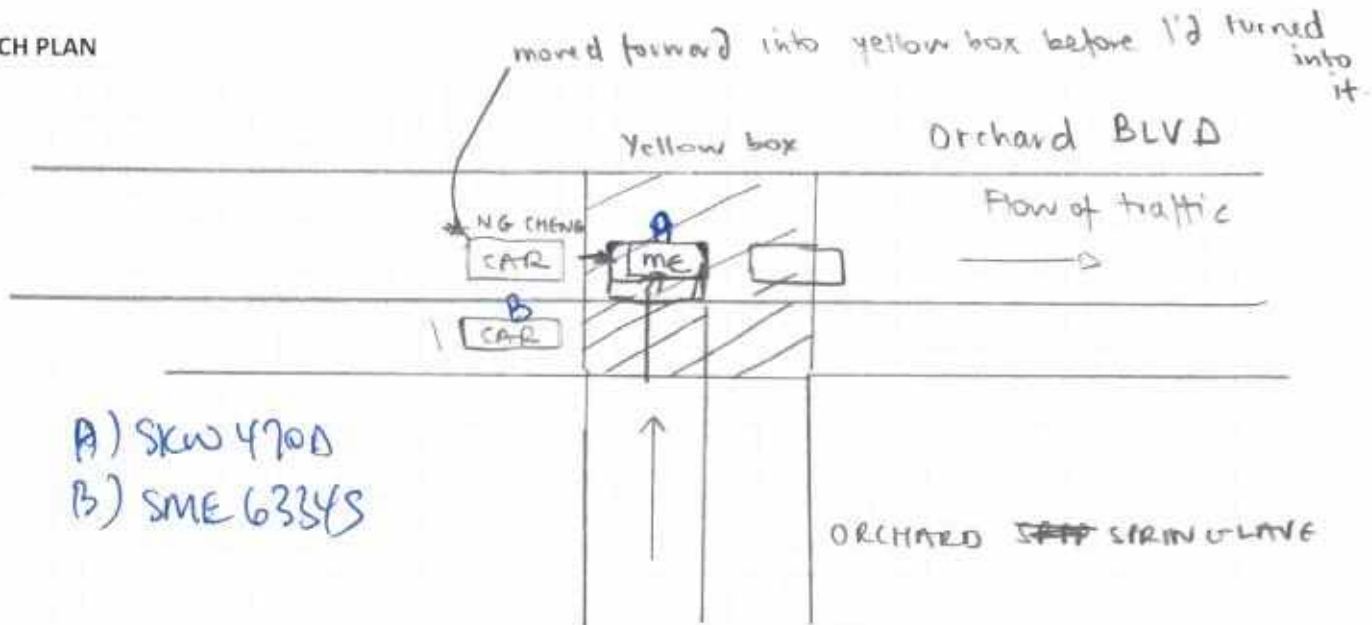
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING UP ORCHARD SPRING LANE TO TURN ONTO ORCHARD BLVD. TRAFFIC HAD STOPPED AT THE TRAFFIC LIGHT AND THE YELLOW BOX WAS CLEAR IN THE FIRST LANE OF TRAFFIC. I MOVED INTO THIS BOX BUT NEEDED TO MOVE INTO THE SECOND LANE. THE YELLOW BOX HERE WAS PARTIALLY BLOCKED BY ANOTHER CAR - I MOVED UP BEHIND THAT CAR AND WHEN THE TRAFFIC LIGHTS TURNED TO GREEN, THE CARS MOVED FORWARD. AS I TURNED INTO THAT LINE OF TRAFFIC, THE CAR OUTSIDE THE YELLOW BOX IN THAT LANE, CONTINUED MOVING FORWARD AND HIT THE LEFT SIDE (FRONT) OF MY VEHICLE.

WE PULLED OVER OUT OF THE MAIN LINE OF TRAFFIC. THE DRIVER - NG CHENG HENG - ADMITTED FAULT FOR THE ACCIDENT AT THE TIME.

## 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.:

## Claim Handling

Accident MT/1035465

Policy No.	559480085-01	Vehicle No.	SKW470A	GST Registration No.	
Certificate No.					
Policyholder Name	DAVID JOHN SHEPHERD			Policyholder NRIC	P188828U
Product Code	ROVATE CAR INSURANCE	Cover Type	Basic CLASSIC	Insured	0
Contact No.(Mobile)	9033374	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
FR	No Yes	ICA	No Yes	eCode Reason	
NEU Production	No	NEU Endorsement(%)	10	Private Hire	No

## Accident Details

Report Date	11/03/2019 20:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/03/2019	Time of Accident (hr:min)	17:15	Country of Accident	Singapore
Reporting Centre		Damage Force		ICH No.	
Accident Location	ORCHARD SPRING LANE TOWARDS ORCHARD ROAD				

## Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	57 SOUTH BUCHA VISTA ROAD	Address 2	*51-02 VISTA PARK	Address 3	SINGAPORE 118148
Address 4		Address Type	Singapore address	Post Code	118148
Unit No.	01-02	Related Policy Number	559480085-01		

## Of Driver Info

Driver Name	SUSAN ANITA SHEPHERD	Driver Type	Named Driver		
Uninsured driver Name		Driver (NRIC)	P18948411	Driver DOB	01/02/1966
Register Date of Driver License	01/01/2000	Driver Age	33	Driving Experience	18
Contact No.(Mobile)	96194332	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?	Yes - No	Driver Vehicle No.	SKW470A	Driver Insurer Company	NTUC

## Description

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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## Modification History

Claim 001 New

Claim Type *	OD-MY	Insured Name	DAVID JOHN SHEPHERD	Insured NRIC	P188828U
Contact No.(Mobile)		Contact No.		Contact No.(Office)	
Email Address		Of Vehicle Number	SKW470A	TP Vehicle Number	SMK3335
Claim Description	SKW470A / SMK3335 ON 9 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Consent No. / Modification	YES	Preferred Repair Option	Preferred Workshop: Name unknown	GSA Report	Received
Date Registered					
Report Taken By		Claim Close Date	11/03/2019 20:18	Date Received	11/03/2019 00:00
			POST WARR		

Print All Letter

Save Submit

## Attachment

Accident No.	MT/1035465	Claim No.	001
Last Stat. Received	* Yes No	Upload Date	11/03/2019 20:18
Path *		Category *	
Choose File No file chosen		Confidential	No *
Choose File No file chosen		Urgency *	Normal *
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (00)
	NAC_BUKIT_MERAH_805676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_805676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_805676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	SAS	Normal	SAS 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 11 Mar 2019 20:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11	
<a href="#">Video List</a>					
uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		



# ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 03 / 2019) (DD/MM/YYYY). TIME: (5 : 15) (HH:MM) <sup>pm</sup>

LOCATION: ORCHARD SPRING LANE -> ORCHARD BLVD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW470A  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5094980985-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: KIA / FORTE K3  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: DAVID JOHN SHEPHERD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: F188882811 CONTACT: 90255574  
c) ADDRESS: 7-9 ONE NORTH GATEWAY, #05-09 ONE NORTH RESIDENCES, SINGAPORE 138642

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

### DRIVER

- a) NAME: SUSAN SHEPHERD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: F189484114 CONTACT: 96194332  
c) ADDRESS: AS ABOVE

\* d) DATE OF BIRTH: (01 / 02 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

5. a) WEATHER CONDITIONS: (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: SME6334S MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: NG CHENG HENG  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8299 9313

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = sue.shepherd66@gmail.com

VIDEO



REPUBLIC OF SINGAPORE

FIN F1894841U



Name  
SUSAN ANITA SHEPHERD

Date of Birth  
01-02-1966  
Nationality  
BRITISH

Sex  
F

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: F1894841U

Name:

SUSAN ANITA SHEPHERD

Birth Date: 01 Feb 1966

Issue Date: 05 Jun 2018

Valid Till: 05/06/2023



GA0027659

14-06-2018

**DEPENDANT'S PASS**  
Immigration Regulations



Download SCWorkPass  
App to check status



FIN F1894841U



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 31 Jan 1994

NP 428A



#THERE ARE NO OFFICIAL OBSERVATIONS#

HOLDER'S SIGNATURE/SIGNATURE DU TITULAIRE

PASSPORT  
PASSPORT

P. GBR S38784407

SHEPHERD

SUSAN ANITA

BRITISH CITIZEN

01 FEB / FEV 66

LINCOLN

24 FEB /FEV 17 HMPO

24 SEP / SEPT 27

SEE PAGE ABOVE

P<GBRSHEPHERD<<SUSAN<ANITA<<<<<<<<<<<<<<<<  
5387844074GBR6602015F2709248<<<<<<<<<<<<<08



## EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

UNITED WORLD COLLEGE OF SOUTH EAST ASIA



Name

DAVID JOHN SHEPHERD

FIN

F1888828U



K0487713



# VISIT PASS

Immigration Regulations

14-04-2018

Name  
DAVID JOHN SHEPHERD

FIN  
F1886828U

Date of Birth      Sex  
30-01-1966      M

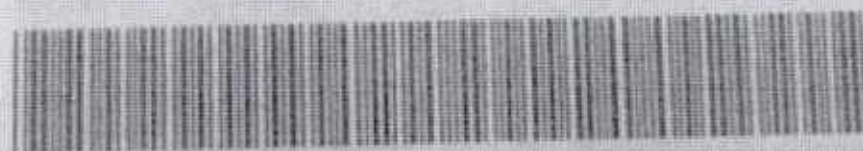
Nationality  
BRITISH



Download SGWorkPass  
App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



## 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: 5094980985-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKW470A  
 Chassis Number : KNAFX411MF5471471
2. Name of Policyholder : DAVID JOHN SHEPHERD
3. Effective Date of Insurance : 15 Oct 2018
4. Expiry Date of Insurance : 14 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	: DAVID JOHN SHEPHERD
NAMED DRIVER (1)	: SUSAN ANITA SHEPHERD
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : 01 Oct 2018 21:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive