

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

11/03/2019 15:56

Date In: 11/03/2019 15:56	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9004681/4	SAS e-filing		
Veh No: STD 180K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/03/2019 17:55	I-Motor Claim Form	11/03/2019 15:56	
OID (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: (Tel:	Fax:
TP Particulars:	Veh No: XD 95902	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: ()

Comments:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

11/03/2019	Invoice
Driver/Owner:	1) AR: Absent Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	Forfeiting against INC Only (wef 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idau DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Idau Mobile
	10) NI: Idau Mobile
	11) NI: Idau Mobile
	12) NI: Idau Mobile
	13) NI: Idau Mobile
	14) NI: Idau Mobile
	15) NI: Idau Mobile
	16) NI: Idau Mobile
	17) NI: Idau Mobile
	18) NI: Idau Mobile
	19) NI: Idau Mobile
	20) NI: Idau Mobile
	21) NI: Idau Mobile
	22) NI: Idau Mobile
	23) NI: Idau Mobile
	24) NI: Idau Mobile
	25) NI: Idau Mobile
	26) NI: Idau Mobile
	27) NI: Idau Mobile
	28) NI: Idau Mobile
	29) NI: Idau Mobile
	30) NI: Idau Mobile
	31) NI: Idau Mobile
	32) NI: Idau Mobile
	33) NI: Idau Mobile
	34) NI: Idau Mobile
	35) NI: Idau Mobile
	36) NI: Idau Mobile
	37) NI: Idau Mobile
	38) NI: Idau Mobile
	39) NI: Idau Mobile
	40) NI: Idau Mobile
	41) NI: Idau Mobile
	42) NI: Idau Mobile
	43) NI: Idau Mobile
	44) NI: Idau Mobile
	45) NI: Idau Mobile
	46) NI: Idau Mobile
	47) NI: Idau Mobile
	48) NI: Idau Mobile
	49) NI: Idau Mobile
	50) NI: Idau Mobile
	51) NI: Idau Mobile
	52) NI: Idau Mobile
	53) NI: Idau Mobile
	54) NI: Idau Mobile
	55) NI: Idau Mobile
	56) NI: Idau Mobile
	57) NI: Idau Mobile
	58) NI: Idau Mobile
	59) NI: Idau Mobile
	60) NI: Idau Mobile
	61) NI: Idau Mobile
	62) NI: Idau Mobile
	63) NI: Idau Mobile
	64) NI: Idau Mobile
	65) NI: Idau Mobile
	66) NI: Idau Mobile
	67) NI: Idau Mobile
	68) NI: Idau Mobile
	69) NI: Idau Mobile
	70) NI: Idau Mobile
	71) NI: Idau Mobile
	72) NI: Idau Mobile
	73) NI: Idau Mobile
	74) NI: Idau Mobile
	75) NI: Idau Mobile
	76) NI: Idau Mobile
	77) NI: Idau Mobile
	78) NI: Idau Mobile
	79) NI: Idau Mobile
	80) NI: Idau Mobile
	81) NI: Idau Mobile
	82) NI: Idau Mobile
	83) NI: Idau Mobile
	84) NI: Idau Mobile
	85) NI: Idau Mobile
	86) NI: Idau Mobile
	87) NI: Idau Mobile
	88) NI: Idau Mobile
	89) NI: Idau Mobile
	90) NI: Idau Mobile
	91) NI: Idau Mobile
	92) NI: Idau Mobile
	93) NI: Idau Mobile
	94) NI: Idau Mobile
	95) NI: Idau Mobile
	96) NI: Idau Mobile
	97) NI: Idau Mobile
	98) NI: Idau Mobile
	99) NI: Idau Mobile
	100) NI: Idau Mobile

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	14/03/2019 15:56
Date Of Accident	13/03/2019 17:55
Exact Location Of Accident	ALONG BRADDELL ROAD TOWARDS LORNIE HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1780K
Insured/Policyholder	
Name Of Registered Owner	VEMALATHVEI D/O ARANASALAM
NRIC No	S1449727G
Email Address	VEMALAARANASALAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98323917
Alternative Phone No	OTHERS-98323917

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	5070104410-04
Cover Note Number	

Driver

Name of Driver	VEMALATHVEI D/O ARANASALAM
NRIC No	S1449727G
Date Of Birth	17/11/1940
Occupation	INDOOR
Date Of Driving Pass	23/05/1969
Driving Experience	49 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98323917
Fax Number	
Contact Number	OTHERS-98323917
Email Address	VEMALAARANASALAM@GMAIL.COM

Address	50A FABER HEIGHTS #1-02
Postcode	129195
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	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)	2
Passenger 1	NAME: : HUSBAND GENDER: : MALE

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	XD9590Z
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.

Vemala 14/3/2019
Policyholder's Signature
Date & Time: 12.25 pm

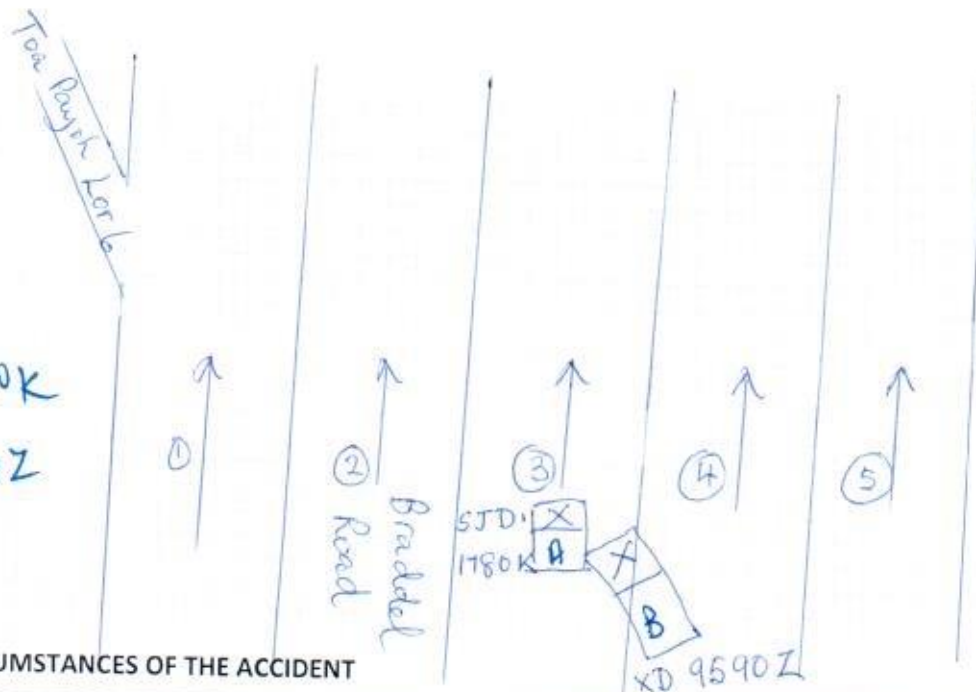
Vemala
Driver's Signature
(If driver is not the policyholder)
Date & Time:

14/03/2019
Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.:

SKETCH PLAN

A) SJD 1780K

B) XD 9590Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car, SJD 1780 K, along Braddel Road towards Lornie Road (to go home) on 13/3/2019 at about 1755 hrs.

I was on the 3rd lane of Braddel Road when suddenly, a big truck XD 9590 Z (Kaszon Pte Ltd) hit onto the rear right fender and rear bumper of my car.

We pulled over to the side of the road just before exit to Toa Payoh Lor 6 (at the bus stop).

I asked for his personal particulars but he refused to give them to me.

I am filing a third party claim against his company truck insurance company.

DECLARATION

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

Vemalath 14/3/2019

Policyholder's Signature

Date & Time: 12:38 pm

Vemalath

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/03/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Pandi Lim Hong

Claim Handling

Accident MT/1036069

Policy No.	9070104410-04	Vehicle No.	SJD1780K	GST Registration No.	
Certificate No.					
Policyholder Name	VENALATHVEI D/O ARANASALAM				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	51449727G
Contact No.(Mobile)	98323917	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
Accident Details				Private Hire	No
Report Date	15/03/2019 14:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	14/03/2019	Time of Accident (hh:mm)	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BRADDELL ROAD TOWARDS LORNEE HIGHWAY				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	504 FABER HEIGHTS	Address 2	#01-02 FABER CREST	Address 3	SINGAPORE 129195
Address 4		Address Type	Singapore address	Post Code	129195
Unit No.	01-02	Related Policy Number	9070104410-04		
DI Driver Info					
Driver Name	VENALATHVEI D/O ARANASALAM	Driver Type	Main Driver	Driver DOB	17/11/1949
Unnamed driver Name		Driver NRIC	S1449727G	Driving Experience	40
Register Date of Driver License	23/05/1969	Driver Age	78	Contact No.(Home)	
Contact No.(Mobile)	98323917	Contact No.(Office)		Address 3	SINGAPORE 129195
Address 1	504 FABER HEIGHTS	Address 2	#01-02 FABER CREST	Post Code	129195
Address 4		Address Type	Singapore address		
Unit No.	01-02				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJD1780K	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 NEW

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Balance No. Finalisation ☒ Insured Liability ☒ Not at Fault ☐ Repair Option ☐ Preferred Workshop, Name unknown ☐ GSA report ☐ Received ☐

Date Registered

Report Taken By

Print AK letter

OD-HX	Insured Name	VENALATHVEI D/O ARANASALA	Insured NRIC	51449727G
98323917	Contact No. (Home)		Contact No. (Office)	
	DI Vehicle Number	SJD1780K	TP Vehicle Number	XD9590Z
SJD1780K / XD9590Z ON 14 Mar 2019		Name of Preferred Workshop		
15/03/2019 14:58	Claim Close Date		Date Received	15/03/2019 00:00
ROSLI WAHAB				

Save Submit

Attachment

Accident No.

Last Doc. Received

Claim No.

Upload Date

DOI

15/03/2019 14:58

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













Choose File No file chosen

Choose File No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 14:58	SAS	Normal	SAS 2019-3-15

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 13/3/2019 (DD/MM/YYYY), TIME: 1755 (HH:MM)

LOCATION: Along Braddell Road towards Lorrie Highway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 1780 K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5070104410-03
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA COROLLA AXIO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Going home
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: VEMALATHVEI K. ARANASALAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1449727 G CONTACT: 98323917
 c) ADDRESS: 50 A FABER HEIGHTS #01-02
FABER CREST S'PORE 129195

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: 17/11/1940 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR) PENSIONER
 f) DATE OF DRIVING PASS _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD 9590 Z MODEL: TRUCK
 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 passengers
 (including driver)
(2)
 husband

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

Email = Vemalaaranasalam@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1449727G



VEMALATHVEI D/O
ARANASALAM

அ விமலாதேவி

Place
SRI LANKAN

Date of Birth Sex
17-11-1940 F

Country of Birth
PERAK

0892860



NRIC No. S1449727G




Blood Group Date of issue
O+ 14-04-1993

50A FABER HEIGHTS #01-02
SINGAPORE 129195


NRIC No. S1449727G

Date: 11-05-2002 (RI) No: 1298153

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S 1449727G**
 Name: **VEMALATHVEI D/O
ARANASALAM**
 Birth Date: **17 Nov 1940**
 Issue Date: **12 Jun 2004**

001236330C



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars of unladen weight not exceeding
 3500 kg with not more than 7 passengers,
 exclusive of the driver; and Motor Tractors
 and other Motor Vehicles of unladen weight
 not exceeding 2500 kg.

PASS DATE
 23 May 1989

NP 425A



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: 5070104410-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD1780K**
Chassis Number : **NZE1416057433**
2. Name of Policyholder : **VEMALATHVEI D/O ARANASALAM**
3. Effective Date of Insurance : **12 Mar 2019**
4. Expiry Date of Insurance : **11 Mar 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	: VEMALATHVEI D/O ARANASALAM
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 19 Feb 2019 17:01 hrs
Reprint : 19 Feb 2019 17:01 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive