NATIONAL Assessment Centre	DUI PILLO		XTNA469			
Dute in: 1402 2019 18:13	Job description	1	Date &Time Co		Don	o pi.
Reino: XIRDIMU SODY686/Y	SAS c-filling			7		
Veh No. CORE 6576 P	E-mair (bjoks		i			-
D.OA: 18/08/2018 16:34	I-Motor Čla		M 10359	95-00	I K	08/201
OD (TP) Reporting Only	I-Motor W/C	O (Within: OD 2hrs,	TP (hrs):		08:3	8
OD ATP Reporting Only	I-Photo Uplo	oaded				
TIS	-	urvey Report			, ,	
TP Insurer:	Ass't Report	by Fax/Hind to	Owner/Wksp			
Proforred Wksp / INC Assign Wksp / QW: (Tol:	Fe	KI .	
TP Particulars: Veh No: SM.	0440V.	. INC()/Non-INC	().		
Owner / Driver: (Tel:)	
Policy No: () Peri	lod: ()	Cover Type: ().	
Confirmed by : (•	Datei,	Time)	
			%; P: 21-79%	P: 80-10	0%]	
	/arranty: YES ()/NO(<u>) </u>			
Excess:(\$) Loading:\$1,00	00 ()/\$2,000	0 ()	Stomarker & T. W. Co.	चारतर १	300	- Property Contract
General Religions of the State	CHARACTERS CONTRACTOR	ERODOLINALINEOUS	HEXIONING LIGHTS	(1) 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	APT	<u>}</u>
() Walk-In Customar : Customer's information			ictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer	TIRGENTLY.			7		
				7,)
Drive-In ()/ Towed-In (); Invoice: Reminulation () () () () () () () () () (YES()/		owing Co. (niple San Sa	A Con	bby .
Drive-In ()/ Towed-In (); Invoice: Reginalists // Principality (2004)	YES()/				Participant of the second of t) (5) (5) (5) (6) (7) (7) (7) (7) (7)
Drive-In ()/ Towed-In (); Invoice: Reministry (IR Clication of Shino16) 1) Apply for Transport Allowance ()/ Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	YES()/		owing Co: (Spy .
Drive-In () / Towed-In (); Invoice: Reministry (INC (Inc (Inc (Inc (Inc (Inc (Inc (Inc (Inc	YES()/		owing Co: (A PARTICION OF THE PART	Service Control of the service of th
Drive-In ()/Towed-In (); Invoice: Reminules ()/College ()/Coll	YES()/	NO(); To	owing Co: (Spy
Drive-In ()/Towed-In (); Invoice: Reminds (In Clicit) (6788 6616) () 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Pints (Assumed Section 2) Interpretable (In Cost > \$30 Injury: Date Pints (Assumed Section 2) Injury:	YES()/	NO(); To	Reporting (330);	ING (E30)	145	S RYANGY
Drive-In () / Towed-In (); Invoice: Reministry (INC (Inc (Inc (Inc (Inc (Inc (Inc (Inc (Inc	YES()/	NO(); To	Reporting (330); Assessment (5100); incogs Survey	INC (230) 543 120	Spy
Drive-In ()/Towed-In (); Invoice: Reminds (In Clicit) (6788 6616) () 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Pints (Assumed Section 2) Interpretable (In Cost > \$30 Injury: Date Pints (Assumed Section 2) Injury:	YES()/	NO(); To))))))))))))))))))	Reporting (330); Assessment (5100); Incogh Survey Incogh Survey (Resures); Incogh Survey (Resure	ING (230)	543 · 120	SAYANIWI SAYANIWI SAYANIWI
Drive-In ()/Towed-In (); Invoice: Reminus: PUNCHING (1988 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Time: Question (1988) The Post Repair Inspection (1988) Injury: Date Time: Question (1988) The Post Repair Cost > \$30 Injury: Date Time: Question (1988) The Post Repair Cost > \$30 Injury: Date Time: Question (1988) The Post Repair Inspection (1988) Injury: Date Time: Question (1988) The Post Repair Inspection (1988) The	YES()/	NO(); To And Added And Addded And Addded And Addded And Addded An	Reporting (330); Assessment (5100); Isough Survey Irough Survey (Resures and 100); Isough Survey (R	ING (240)) 543 120	Service Annual Police
Drive-In ()/Towed-In (); Invoice: Reminds (In Clicit) (6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date Pints (Actions inver/Owner:	YES()/	NO(); To))))))))))))))))))	Reporting (330); Assessment (5100); Incogh Survey Incogh Survey (Results of the survey (Illestone of the survey (Illeston	ING (240)) 545 · 120 530	SAYAMONI SIN Madibi
Drive-In ()/Towed-In (); Invoice: Reminus: PUNCHIAI () Repair ()/Co. 1) Apply for Transport Allowance ()/Co. 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury: Data Final () Post Repair Inspection APPO () Post Repair Inspection Injury: Data Final () Post Repair Inspection Injury:	YES()/	NO(); To))))))))))))))))))	Reporting (330); Assessment (5100); irough Survey irough Survey (Resure tainst INC Only (We still on the survey in	INC (230) 1NC (230) 1NC (230) 1 (230)) 545 · 120 530	Popy
Drive-In () / Towed-In (); Invoice: Reminus: PURCHOUNG 788 6616) 1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Pair Fluid: Adjournment of the property of the prop	VES () / i	NO(); To AND CONTROL 11) AR; Ascident 2) DA; Derreye 3) TV; Towing P 4) PT; Pollow-T Parclaimhtes 6) TR; Re-large 7) N1; Idao DA 8) NTUC Addition Oh; NS; Caurloiy ANG; Repair C	Reporting (330); Assessment (5100); reagh Survey brough Survey (Resured); reagh Survey cainst INC Only (Westerness); Coff Tipt Allows nue pondination (100);	INC (230)	\$45 ·	SANANAN SANAN SANA
Drive-In () / Towed-In (); Invoice: Reminus: PUNCHION () Report 1) Apply for Transport Allowance () / Co 2) QC Check / Post Report Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date Blind () Checked by (Engr-In-Charge); According () Checked by (Engr-In-Charge);	VES () / i	I) AR; Accident 2) DA; Darrage 3) TV: Towing P 4) PT: Pollow-T Forcialming. 6) TR: Ra-large 7) NI: I dao DA 8) NTUC Additi Oli: NS: Courleiy ANG: Rapair C	Reporting (330); Assessment (5100); Forugh Survey (Resured); Forugh Sur	INC (410) 1NC (410)	375 160 310 313 375 313 314 314 315 315 315 315 315 315 315 315	Ode-et
Drive-In () / Towed-In (); Invoice: Remains:	VES () / i	NO(); To))))) Arabas il) AR; Accident 2) DA; Derrege 3) TF; Follow-T Forcialmines 6) TR; Re-inspe 7) NI; Idao DA 8) NTUC Additi Olif NS; Courloity * NS; Courloity	Reporting (330); Assessment (5100); rough Survey (Resultion of SMRT Survey onal Sorvices; Ciff Tot Allowance on other than (1100); or of the survey of the survey onal survey onal survey onal sorvices; Ciff Tot Allowance on other of the survey onal survey onal sorvices; Ciff Tot Allowance on other of the survey on other of the survey on other other of the survey of the surv	INC (410) 1NC (410)	375 160 310 310 375 160	OHC-C1
Drive-In () / Towed-In (); Invoice: Reminus: PUNCHION () Report 1) Apply for Transport Allowance () / Co 2) QC Check / Post Report Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date Blind () Checked by (Engr-In-Charge); According () Checked by (Engr-In-Charge);	VES () / i	I) AR; Accident 2) DA; Darrage 3) TV: Towing P 4) PT: Pollow-T Forcialming. 6) TR: Ra-large 7) NI: I dao DA 8) NTUC Additi Oli: NS: Courleiy ANG: Rapair C	Reporting (330); Assessment (5100); rough Survey (Resured to Survey (INC (410) 1NC (410)	315 310 310 310 313 314 314 315 316 317 317 317 317 317 317 317 317 317 317	THO

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

内型等性外层扩张	ACCIDENT STATEMENT
Date Of Report	14/03/2019 18:13

Date Of Accident 13/03/2019 16:35

Exact Location Of Accident ALONG KPE TOWARDS TPE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6576R

Insured/Policyholder

Name Of Registered Owner RICO ENGINEERING WORKS PTE LTD

Co Reg No 199800407G Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-92472187

 Alternative Phone No
 OFFICE-92472187

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097592665-01

Cover Note Number

Driver

 Name of Driver
 GWEE KON

 NRIC No
 \$2759812I

 Date Of Birth
 15/12/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/07/2003

Driving Experience 15 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92472187

Fax Number

Contact Number OFFICE-92472187

EMail Address NOEMAIL

Address

BLK 16 UPPER BOON KENG ROAD

#12-1095

Postcode

380016

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

11

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?

YES

Remarks/ Reasons:

FILE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD4420U

Vehicle Make/Model/Colour

MAZDA 6

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HAROLD POH CHEE YONG

NRIC/Passport Number

S7244295D

Contact Number

97669870

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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.
- 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:

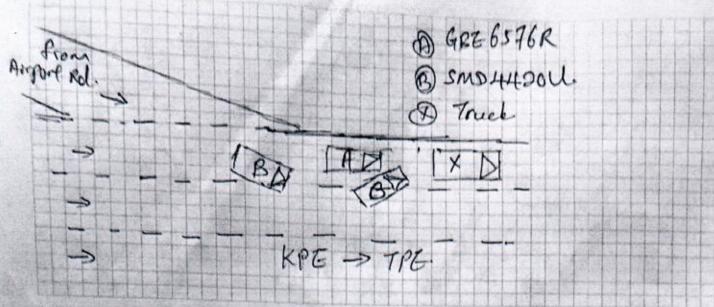
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

THERING MODELS PROPERTY

Policyholder's Signature Date & Time: Driver's Signature

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Performer's Signature

NRIC/FIN NO KOSL WOTTON



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mark and 10 10	
On Mentioned dole and fine, I was tracted toward TPE on long 3 after entering I was travelling behind a truck and which is suddenly over lake from back into lane 3 abstraytly and my webself right front portion. We I settle privately and agreed to go to getting the require quote for both adecided to go to decided to go to decided to go to decided to go to receive the go to decided to go to decid	velling along KPE
toollard THE on lone 3 after entering	from Airport Rd-
I was travelling behind a truck and	keep a distance
Uch & Suddeny over lake from	traff and cut
back into lone 3 abstrartly and	colleded onto
my vehode right front portions well 1	3 wonled to
settle privately and parced to an to	au workshoe alter
getting the secur ande lor both	the de state of the
Jewiled to De l'acceptance Cold	vende, on a drive
deliber to 98 for insurance settlen	ent.
1000000000000000000000000000000000000	

DECLARATION

I/We declare Be to regging particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: CREporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling Accident MT/1035995 GBE6576FL GST Registration No. Vehicle No. procy No. 5097592465-01 Carrie make No. Policyholder NRIC 1998004076 AJCO ENGINEERING WORKS PTE LTD Policyholder Name Cover Type Coading COMMISCIAL VEHICLE INSURAL Dendurt Ende Contact No. (Home) Cuntact No./ Mobile) 92472187 Contact No.(Office) Special Remark Email Address «Code Reason TCA Private Hire No NED Estitlement(%) NCD Protection Accident Details Accident Type 15/03/2019/09:33 Accident Report Within 24 hrs. Country of Accident Singapore Time of Accident his min 16:35 trate of Accident 13/03/2019 ICH No. Orange Force Reporting Centre ALONG KPE TOWARDS THE Accident Location Excess Windschoon Excess 200.00 Additional Excess Own damage Excess Doteide Singapore OD Excess Unnamed Driver Excess Outside Singapore TP Excess 0.50 Third Party Excess - Benefits GST Registered Inform GST Registered GST Registration Date GST Status Ventiled Policyholder Mailing Address 258 JALAN KAYU Address 2 SINGAPORE 299475 Address 3 799475 Address Type Singapore address Post Code Address 4 5070526827-04 Related Policy Number tinit No. OI Driver Info Driver Name Unnamed Oriver Driver Type Unnamed Driver Driver DOIL 15/12/1966 Driver NRIC 527599211 Unnamed driver Name GWEE KON Driver Age Oriving Expendence 11 Register Date of Driver License 29/07/2009 Comact No.(Office) Contact No./Home I Contact No. (Mobile) 92472167 Address 2 UNPER BOON KENG BOAD Address 3 BOON KENG VILLE Appress 1 BLK 16-W12-1095 Post Code 180016 Foreign address Address Type Address 4 SINGAPORE INDDIA Linit No. 17-1095 Does he own a Singapore Registered car? GBE6976R Driver Insurer Company NTUC Yes No Driver Vehicle No. Breathalyser or Blood Test Reading? Yes No Any injury? 0 mg Modification History Claim 001 New Insured Name RDCD ENGINEERING WORKS FTI Insured NRIC 1998004075 Claim Type + Contact No. (Home) Contact 64820153 Contact No. (Mobile) OI Venicle GBE6576R Email Address G856576R / SND4420U ON 13 Mar 2019 Claim Description Professor Repair Preferred Workshop, Name unknown Dation Workshop Banket No. Yes • GIA Received Date 15/03/2019 00:00 15/03/2019 09:37 Date Registered ROSLI WAHAB Report Taken By Print AK letter Save Submit Attachment Accident No. MT/1035995 Last Doc. Received * Yes No. Upload Date 15/03/2019 09:38 Confidential Urgency * Path: * * Normal + NO Please Select Choose File No file chosen Clear • Normal Choose File No lie chosen Clear NO Normal Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select * NO ▼ Normal Chaose File No file chosen Clair Please Select Chaase File No file chasen * NO Please Select Clear Message Read Send Message Attachment List Upleaded By/Date Category Description NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Nat 2019 09:38 Normal Photos 2019-3-15 Photos NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38 Photos 2019-3-15

NAC_BUKIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 09:38 Photos 2019-3-15

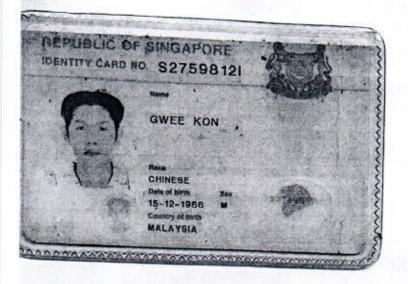
Claim Handling(accident reporting Claim Task)

	NAC_BURIT_MERAH_800676[6 (80KIT MER	NATIONAL ASSESSMENT CENTRE SERVICE (III)) on 15 Mar 2019 09: 38	Photes	Normal		Photos 2019-3-15	
1	NAC_BUKIT_MERAH_BODG76(S (BUKIT MERU	NATIONAL ASSESSMENT CENTRE SERVICE HI)) on 16 Mar 2019 09:38	Photos	Normal		Pnotox 2019-3-15	
10	NAC_BUKIT_MERAH_B00676(5 (BUKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICE (H) on 15 May 2019 D9:37	Photos	Normal		Photos 2014-3-15	
	NAC_BUKIT_MERAH_800676 S (BUKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICE #7] on 15 Mar 2019 09:37	Photos	Normal		Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676(S (BUKIT MERA	WATIONAL ASSESSMENT CENTRE SERVICE HI) on 15 Mar 2019 09:37	Photos	Normal		Photos 2019-3-15	
	NAC_BUKIT_MERAH_800676(S (BUKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICE HI) on 15 Mar 2019 09:37	Photos	Sormal		Phobas 2019-3-15	
4.63	NAC_BURIT_MERAH_B00570[(S (BURIT MERA	(ATIONAL ASSESSMENT CENTRE SERVICE HI) on 15 Mar 2019 09:37	SAS	Normat:		SAS 2019-3-15	
973 (BIG 675 (BIG	a fourth under	IATIONAL ASSESSMENT CENTRE SERVICE	NRIC/ Driving License	Normal	Children		
 Video List 					NR3C	7 Driving License 2019-3-15	
	Uplnaded By/Date	Folder Date		File Name			

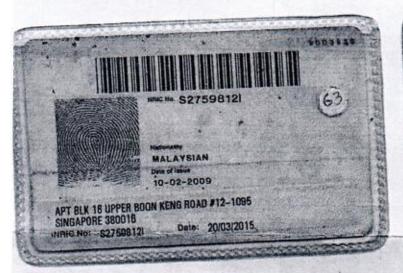
Display in New Window | Scan and uploading

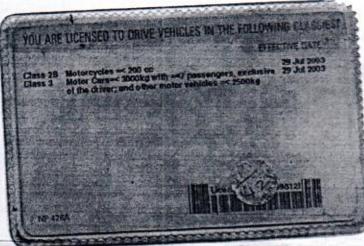
Email: <u>Sm@idac.com.sg</u> Tel no: <u>6555 6888</u>
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particular	s of Owner & Driver (Vehicle A)
Date of Accident: 15/0 \$2019 (dd/mm/yy)	Time of Accident 16 35 cours popular
Vehicle No. : GBZ 6576R Vehicle Make &	Model: Totale Punca
Exact location of Accident:	10/10 G/10
Policyholder's Name / IC No. : Rico Engine	erry works ste Hed / 1998 004076
Driver's Name / IC No.: 0100 CC	1327310121
Driver's Contact No.: 9247267	npany Contact No (Company Veh Orlin)
Driver's Address: BK 18 Upper Boo	npany Contact No (Gompany Veh Only): No Keng Ru #12-1095 S (380016)
Email address :	Insurance Company:
Relationship between Owner & Driver: (Please CIR Owner / Spouse / Children / Friend / Parents / Sibling /	CLE
What do you wish to claim? (Please TICK one or	nly)
Own Insurance / Other Vehicle (The one you w	want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle	Occupation (nature of job) Indoor/ Outdoor
	No. of Passengers (Including Driver):
*Passanger Name:*Passanger Name:	Gender: Male / Female
	Gender: Male / Female
Weather condition & Road conditions? (On the day of	
Weather condition & Road conditions? (On the day of Clear & Dry / Raining & Wet / After-Ra	f accident)
Clear & Dry / Raining & Wet / After-Ra	in & Wet / Drizzling & Wet / Others: Yes / No file los by
Clear & Dry / Raining & Wet / After-Ra	in & Wet / Drizzling & Wet / Others: Yes / No file los by
Clear & Dry / Raining & Wet / After-Ra Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Po	rin & Wet / Drizzling & Wet / Others: Yes / No file los by - erson' Name:
Clear & Dry / Raining & Wet / After-Ra Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Po	rson' Name: Injured Person in Which Vehicle:
Clear & Dry / Raining & Wet / After-Ra Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Police Report filed: Yes / No (If YES) W	rin & Wet / Drizzling & Wet / Others: Yes / No file loo by - Person' Name: Injured Person in Which Vehicle: hich Police Station:
Clear & Dry / Raining & Wet / After-Ra Was there any video captured by your Car Camera? Any Injuries: Yes / No (If YES) Injured Policies Sustain: Police Report filed: Yes / No (If YES) W	rin & Wet / Drizzling & Wet / Others: Yes / No file loo by - Person' Name: Injured Person in Which Vehicle: hich Police Station:
Clear & Dry / Raining & Wet / After-Raining	rin & Wet / Drizzling & Wet / Others: Yes / No file loo by Person' Name: Injured Person in Which Vehicle: hich Police Station: Mer Party(s) Details: Mozcle 6. Yes / No file loo by No file loo by Person' Name: No file loo by No file loo by Person' Name: No file loo by No file loo by Person' Name: No file loo by Person' Name: No file loo by No file loo by Person' Name: No file loo by No file loo by
Clear & Dry / Raining & Wet / After-Raining	rin & Wet / Drizzling & Wet / Others: Yes / No file loo by Person' Name: Injured Person in Which Vehicle: hich Police Station: Mer Party(s) Details: Mozcle 6. Yes / X4295D Vehicle No: SMD4420U Insurance Company:
Clear & Dry / Raining & Wet / After-Raining	rin & Wet / Drizzling & Wet / Others: Yes / No file loo by Prson' Name: Injured Person in Which Vehicle: hich Police Station: Mer Party(s) Details: Mozdo 6. Yefy ST X4295D Vehicle No: SMD 4420U Insurance Company: Vehicle No: Vehicle No:
Clear & Dry / Raining & Wet / After-Raining	rin & Wet / Drizzling & Wet / Others: Yes / No file loo by: Person' Name: Injured Person in Which Vehicle: hich Police Station: Mer Party(s) Details: No golo 6. Yes / March Police Station: Vehicle No: Vehicle No: Vehicle No: No golo 6. Webicle No: Vehicle No: No golo 6.











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: 5097592665-01

Cover : Comprehensive : GBE6576R

1. Index mark and Registration Number of Vehicle

.....

Chassis Number

: KDY2318023125

2. Name of Policyholder

: RICO ENGINEERING WORKS PTE LTD

Effective Date of Insurance

: 27 Feb-2019

4. Expiry Date of Insurance

: 26 Feb 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Umitations 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
INSURE WITH COE : YES
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

: LEE LIN SUAN (00000331177)

Date of Issue

: 24 Jan 2019 17:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive