

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **14103209**

Date In: 14/03/2019 15:40	Job description	Date & Time Completed	Done by
Ref No: NBA/MCC20047357	SAS e-filing		
Veh No: GV383D	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 14/03/2019 15:00	I-Motor Claim Form	WT/140326119-001 15/03/2019	
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:47
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **GV203M** 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: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: _____

NA1901997	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$105.45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge): BASH 0	6) TR: Re-inspection \$75	
Additional Comments:	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	* NS: Courtesy Car / TP Allowance \$5	
	* NR: Post-Repair Inspection \$20	
	* NV: DV / Collect Excess Coordination \$5	
	* TP (N1): TP (N-in INC) against \$20	
	9) NI: Idan 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	15/03/2019 15:40
Date Of Accident	14/03/2019 15:00
Exact Location Of Accident	BOON KENG ROAD LAMP POST NUMBER 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV3313D
Insured/Policyholder	
Name Of Registered Owner	JOINT TECH CONSTRUCTION PTE LTD
Co Reg No:	198904572Z
Email Address	SUSEENDRAN1986@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91744556
Alternative Phone No	OFFICE-62766366
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0081425154-14
Cover Note Number	
Driver	
Name of Driver	CHANDRAN SUSEENDRAN
NRIC No	G6815306P
Date Of Birth	15/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91744556
Fax Number	
Contact Number	OFFICE-62766366
EMail Address	SUSEENDRAN1986@GMAIL.COM

Address BLK 719 PASIR RIS STREET 72
 #04-89 WAN WANG DORMITORY
 Postcode 510719
 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 CHAIN COLLISION
 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 3
 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 POLICE REPORT T/20190314/2172

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 SLX203M
 Vehicle Make/Model/Colour HONDA SHUTTLE
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MOK CHEOW SAN
 NRIC/Passport Number
 Contact Number 96901389
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB9562U
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOORKHAIRUNISA
NRIC/Passport Number	
Contact Number	92231044
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

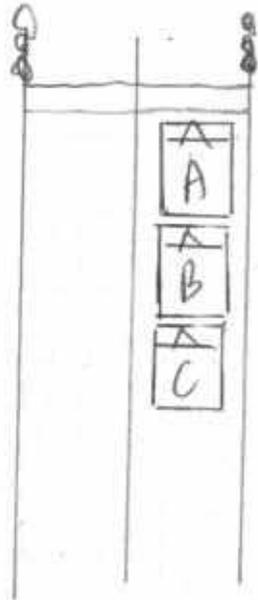
12:50 PM
C. Suseendran 15/03/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

15/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

15/03/2019
Kapil Kumar

SKETCH PLAN

BOON KENG ROAD
LAMP POST NUMBER '9



→ Traffic light
 → my lorry G1V3313 D
 → Car SLX 203 M
 → Car SKB 9562 U
 Third car hit second
 car second car hit
 first lorry

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form:
 PUS REPORT TO POLICE REPORT
 1/20190314/2012

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:

Handwritten signature and date:
 14/03/2019
 Reporting Centre Personnel's Signature
 Name: *Resh*
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190314/2172

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190314/2172

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANDRAN SUSEENDRAN	ID No.	G6815306P
Related Vehicle	NIL	Contact No.	91744556
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On above-mentioned date, time and location, I was the first vehicle waiting at the traffic light along Boon Keng Road when I felt a bump unto my vehicle. I got out to make a check and discovered the car behind me had hit the rear of my vehicle. However, there were no damages found on my lorry. The driver of the car directly behind me (Mok Cheow San of SLX203M) told me that the car behind him had hit him from the rear, hence why his car went forward and hit my lorry.

Details of third car:
Noorkhairunisa
SKB9562U
92231044



**SINGAPORE
POLICE FORCE**



T/20190314/2172

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190314/2172

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
A /
Sgt 2 MUHAMMAD JANNATUN NA'IM BIN
AZUWAN

Signature Of Informant:

C. Suseendran

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2019 22:27

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Singapore Police

Claim Handling

Accident **MT/1036119**

Policy No.	0081425154-14	Vehicle No.	GV33130	GST Registration No.	
Contract No.					
Policyholder Name	JOINT TECH CONSTRUCTION PTE LTD	Cover Type	Third Party	Policyholder NRIC	1980045722
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	62766366	Leading	0
Contact No.(Mobile)	91744556	Special Remark		Contact No.(Home)	
Email Address		TPA	No Yes	eCode	No
ATK	No Yes	WCD Endowment(%)	0	eCode Reason	
WCD Protection	No			Private Ins	No

Accident Details

Report Date	15/03/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Clear Collision
Date of Accident	14/03/2019	Time of Accident in:min	15:00	Country of Accident	Singapore
Reporting Centre		Orange Pin		ICM No.	
Accident Location	8006 KENG ROAD LAMP POST NUMBER 9				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	18 PASIR AVENUE	Address 2	FABER HILLS	Address 3	SINGAPORE 129529
Address 4		Address Type	Singapore address	Post Code	096579
Unit No.		Related Policy Number	002485108-13		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/03/1968
Unnamed driver Name	CHANDRAN SUBBESWARAN	Driver NRIC	G68103050	Driving Experience	4
Regular Date of Driver License	28/05/2014	Driver Age	12	Contact No.(Home)	
Contact No.(Mobile)	91744556	Contact No.(Office)	62766366	Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GV33130	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **NEW**

Claim Type *	OD-ME	Insured Name	JOINT TECH CONSTRUCTION PT	Insured NRIC	1980045722
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62766366
Email Address	jeelidhan@jointtech.com	OT Vehicle Number	GV33130	TP	TP
Claim Description	GV33130 / 8,XX10PM ON 14 Mar 2019				
Preferred Workshop		Insured Liability	Not at Fault	Insured NRIC	1980045722
Submit No. Feedback	Yes	Preferred Repair Option	Referred Workshop, Name unknown	Contact No.(Office)	62766366
Date Registered		OT report	Received	Vehicle Number	GV33130
Report Taken By		Claim Close Date	15/03/2019 17:46	Name of Preferred Workshop	
			ROSLI WORKS	Date Received	15/03/2019 00:00

Print All letters

Save Submit

Attachment

Accident No.	MT/1036119	Claim No.	001
Last Div. Received	Yes - No	Updated Date	15/03/2019 17:47

Choose File	No file chosen	Category *	Please Select	Confidential	NO	Urgency *	Normal	Description *	
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent (DD)
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:47	Photo	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800679: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:47	Photo	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_800678: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:47	Photo	Normal	Photos 2019-3-15	

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:47	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:46	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:46	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:46	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:46	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Mar 2019 17:46	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 17:46	SAG	Normal	SAG 2019-3-15

Video List

Updated By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: (14/03/2019) (DD/MM/YYYY). TIME: (05:00PM) (HH:MM)

LOCATION: BOON KENG ROAD Lamp Post Number: 9

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GV 3313D
b) INSURANCE COMPANY: N TUC INCOME
c) POLICY NUMBER: 008142515415
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING PURPOSE
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: JIN MCH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62766366
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: CHANDRAN SOSEENDRAN (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: 035115412 CONTACT: 91744556
f) ADDRESS: 116, TAGORE LANE, SINDO INDUSTRIAL ESTATE Singapore-787561
g) DATE OF BIRTH: (15/03/1986) (DD/MM/YYYY)
h) OCCUPATION: (INDOOR / OUTDOOR)
i) DATE OF DRIVING PASS: S PASS

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: ROCHOR N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 203M MODEL: SHUTTLE HYBRID
b) DRIVER'S NAME: MOK CHEW SAN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96901389

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKB 9562U MODEL: HUNDAI SLANTRA
e) DRIVER'S NAME: NEOR KHAI RUNISA
f) NRIC/FIN/PASSPORT: _____ CONTACT: 92231044

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = suseendran1986@gmail.com

VIDEO

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

Employer:
RIGHT CONSTRUCTION PTE LTD *



Name:
CHANDRAN SUSEENDRAN

S Pass No.: **0 35115412** Job Title:
CONSTRUCTION




K0771835



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G 6815306 P**
Name:
CHANDRAN SUSEENDRAN

Birth Date: **15 Mar 1986**
Issue Date: **07 May 2014**
Valid Till: **06 May 2019**



VISIT PASS 18 03 2018
Immigration Regulations

Name:
CHANDRAN SUSEENDRAN

FIN:
G6815306P

Date of Birth: **15-03-1986** Sex: **M**

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWork Pass 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.



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

CLASS	DESCRIPTION	EFFECTIVE DATE
Class 2B	Motorcycles < 200 cc	07 Mar 2014
Class 2	Motorcars < 2000 kg with <= 7 passenger seats (incl. driver) and motor mechanical vehicles <= 2500 kg	07 Mar 2014
Class 4	Motor driven four wheel motor vehicles <= 2500 kg	07 Mar 2014
Class 5	Motor vehicles > 2500 kg not constructed to carry <= 8 seats	01 Feb 2019

G6815306P S / No. 9000288610

NP 428A: Licence No: G6815306P



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 : 0081425154-15

Cover : Third Party

- | | |
|--|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle: | : GV3313D |
| Chassis Number | : JN15F4F23Z0844285 |
| 2. Name of Policyholder | : JOINT TECH CONSTRUCTION PTE LTD |
| 3. Effective Date of Insurance | : 30 Mar 2019 |
| 4. Expiry Date of Insurance | : 29 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. | |
| (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.

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)	: N/A
INSURE WITH COE	: 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 : INCOME - MT DEPT (00000600471)
 Date of Issue : 18 Feb 2019 17:10 hrs
 Reprint : 18 Feb 2019 17:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive