

# NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

NA/9056072

Date In: 2010/4/20 17:00	Job description	Date & Time Completed	Done by
Ref No: NA/9007641/9	SAS e-filing		
Veh No: YN122D	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 25/04/2009 17:00	I-Motor Claim Form	11/10/2009 17:33	30/04/2009
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XE928 M	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 ( )	

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

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

2) QC Check / Post Repair Inspection ( )

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA/903106	1) AR: Accident Reporting (\$30)	INC (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$10/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
_____	For claiming against INC Only (ver 10 Jan 2005)	\$75
_____	6) TR: Re-inspection	\$160
_____	7) NI: Idao DA + SMRT Survey	
_____	8) NTUC Additional Services:	
_____	ON:	
_____	• NG: Courtesy Car / TP Allowance	\$18
_____	• NG: Repair Coordination	\$25
_____	• NG: Post Repair Inspection	\$5
_____	• NG: DV / Collect Excess Coordination	\$30
_____	• NG: TP (in INC) (ver 10 Jan 2005)	\$30
_____	9) NI: Idao 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	30/04/2019 17:00
Date Of Accident	25/04/2019 17:00
Exact Location Of Accident	NO: 10 PENJURU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5122D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKV CONSTRUCTION & TRANSPORT PTE. LTD.
Co Reg No	200501038W
Email Address	SKV_LINGAN2005@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91093688
Alternative Phone No	OFFICE-91093688

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5075788649-03
Cover Note Number	

### Driver

Name of Driver	KARUPPIAH RAJENDRAN
Passport No/FIN	G2550311U
Date Of Birth	13/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91093688
Fax Number	
Contact Number	OTHERS-91093688
Email Address	SKV_LINGAN2005@YAHOO.COM

Address	33 JURONG WEST STREET 41
Postcode	649413
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	XE928M
Vehicle Make/Model/Colour	FUSO LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XU GUOJIAN
NRIC/Passport Number	G8182916R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

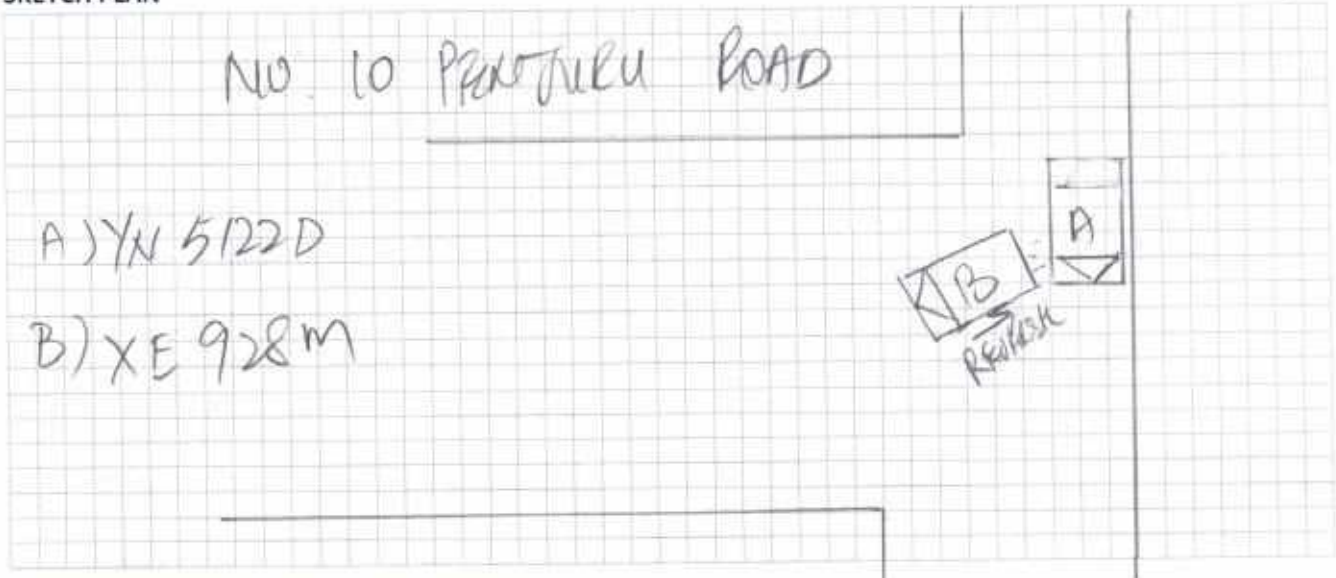
K. G. 30/04/19 (14:19 PM)

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

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

30/04/2019  
Rashid Haffez

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/04/2019 I PARKED my LORRY YN 5122D AT my COMPANY @ 8:30 HRS. WHEN AT 17:00 HRS I WANTED TO TAKE my LORRY & SAW THE FRONT DOOR GLASS SMASH & DOOR DENTED. A LORRY CONDUCTOR XE 928M REVERSE & HIT my LORRY - YN 5122D

DECLARATION

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



Policyholder's Signature  
Date & Time:

K. I. (30/4/19) (14:20 PM)  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

30/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Claim Handling

Accident HT/1042435

Policy No.	5075788649-03	Vehicle No.	YN5122D	GST Registration No.	
Certificate No.					
Policyholder Name	SKV CONSTRUCTION & TRANSPORT PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	20050103BW
Product Code	FLEET INSURANCE	Contact No.(Office)		Leadimg	0
Contact No.(Mobile)	91093688	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No - Yes	sCode	No
KPK	+ No - Yes	NCD Entitlement(%)	0	sCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date:	30/04/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	25/04/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NO. 10, MENJURU ROAD				

## Excess

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

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2017
GST Registration No.	20050103BW	GST Status Verified	Yes
Modification History	30/04/2019 17:31:41 System changed GST Registered from No to Yes 30/04/2019 17:31:41 System changed GST Registration No. from null to 20050103BW 30/04/2019 17:31:41 System changed GST Registration Date from null to 01/06/2017		

## Policyholder Mailing Address

Address 1	33 JURONG WEST STREET 41	Address 2	#04-57 THE LAKESHORE	Address 3	SINGAPORE 649413
Address 4		Address Type	Singapore address	Post Code	649413
Unit No.		Related Policy Number	5075788649-03		

## OS Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/05/1995
Unnamed Driver Name	KARUPPIAH RAJENDRAN	Driver NRIC	G2550111U	Driving Experience	0
Register Date of Driver License	15/11/2018	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	91093688	Contact No.(Office)		Address 1	SINGAPORE 649413
Address 1	33 JURONG WEST STREET 41	Address 2	#04-57 THE LAKESHORE	Post Code	649413
Address 4		Address Type	Foreign address		
Unit No.	04-57			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	YN5122D		

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
-------------------------------------	------	-------------	----------

## Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	SKV CONSTRUCTION & TRANSPORT	Insured NRIC	20050103BW
Contact No.(Mobile)	91093688	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	skv_engen2005@yahoo.com	Vehicle Number	YN5122D	TP Vehicle Number	KE928M
Claim Description	YN5122D / KE928M ON 25 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault	QIR report	Received
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	30/04/2019 17:33	Claim Close Date		Date Received	30/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print Ack letter

Save Submit

## Attachment

Accident No.	HT/1042435	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/04/2019 17:33
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30	
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30	
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	Photos	Normal	Photos 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	SAS	Normal	SAS 2019-4-30
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Apr 2019 17:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-30

Video List

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: (25 / 04 / 19) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: 10 Penjuru Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 5122 D  
 b) INSURANCE COMPANY: INCOME  
 c) POLICY NUMBER: 5075788649-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: FUSO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking  
 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: SKV Construction & Transport P.L. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS: 33, Jurong West St. 41, Lake Shore Condo Singapore - 649-413

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

## DRIVER

- a) NAME: KORUPPIAH RAJENDRAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G2550311V CONTACT: 91093688  
 c) ADDRESS: 33, Jurong West St. 41, Lake Shore Singapore - 649 413

\*d) DATE OF BIRTH: (13 / 05 / 95) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 NOV 2018

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE928 M MODEL: FUSO  
 b) DRIVER'S NAME: XU GUOJIAN  
 c) NRIC/FIN/PASSPORT: G781829162 CONTACT:

## 9. THIRD PARTY VEHICLE

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

email = SKV-LINGIAN 2005@yahoo.com

VIDEO



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

Employer:  
**SKV CONSTRUCTION & TRANSPORT PTE. LTD.**

Name:  
**KARUPPIAH RAJENDRAN**

S Pass No.  
**0 36628499**

Sector:  
**CONSTRUCTION**

**K0753236**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2550311U**

Name:  
**KARUPPIAH RAJENDRAN**

Birth Date: **13 May 1995**

Issue Date: **22 Mar 2016**

Valid Till: **21/03/2021**

**002550057E**

**VISIT PASS**  
Immigration Regulations

Name:  
**KARUPPIAH RAJENDRAN**

FIN  
**G2550311U**

Date of Birth: **13-05-1995** Sex: **M**

Nationality:  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

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

Download SGWorkPass App to check status

**NP 428A**

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 250 CC	22 Mar 2016
Class 2	Motor cars <= 2000 kg with <= 7 passengers, excluding of the 4-wheel, and motor tractors/vehicles <= 2500 kg	17 Mar 2016
Class 4	Heavy motor cars and motor tractors > 2500 kg	17 Nov 2016

**G2550411U**

**S / No. 9000286113**

**Licence No: G2550311U**

**NP 428A**

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5075788649-03

Cover : Third Party

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : YN5122D                                |
| Chassis Number  | : FEB21EA00343                           |
| 2. Name of Policyholder   | : SKV CONSTRUCTION & TRANSPORT PTE. LTD. |
| 3. Effective Date of Insurance  | : 07 Sep 2018                            |
| 4. Expiry Date of Insurance   | : 06 Sep 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.   |  |
| (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	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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 : AWG INSURANCE BROKERS PTE LTD (00000690436)  
Date of Issue : 10 Sep 2018 10:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive