

**NATIONAL Assessment Centre Services** [cont. 1/2/10] **MNA 9062508**

Date In: 14/05/2019 (12:21)	Job description	Date & Time Completed	Done by
Ref No: NBA/MNA/9008983/N	SAS e-Ming		
Veh No: SJR 7414E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/05/2019 17:10	I-Motor Claim Form	MT/104426-001	14/05/2019 12:43
OD: TP: Reporting Only	I-Motor W/O (Within: OE: 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: Vch No: SKM5456L INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

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

**General Remarks:-**

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

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

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

Remarks:	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

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

Date/Time	Actions

**MNA 903493**

Claimant's Particulars :-	Invoice Preparation Checklist	Ami (\$)	Ami (\$)
		Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idau DA + SMRT Survey \$160		
P. 1/1	8) NTUC Additional Services:-		
	1211		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idau Mobile \$01		
	Invoice date/	Fee Charged	
	Invoice date/	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 willful 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	14/05/2019 12:21
Date Of Accident	13/05/2019 17:10
Exact Location Of Accident	NORTH BUONA VISTA RD TOWARDS COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7414E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	SHAHAIMI160877@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87423653
Alternative Phone No	OFFICE-87423653

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5107503869
Cover Note Number	

### Driver

Name of Driver	MOHAMAD SHAHAIMI BIN MD SHARIF
NRIC No	S7722427J
Date Of Birth	16/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87423653
Fax Number	
Contact Number	OTHERS-87423653
Email Address	SHAHAIMI160877@GMAIL.COM

Address	BLK 802 JURONG WEST STREET 62 #02-181
Postcode	640602
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

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

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM5456L
Vehicle Make/Model/Colour	VOLKSWAGEN PASSAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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.

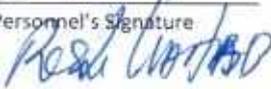


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:



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



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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 13th May 2019 @ about 7:15hrs, I was driving SJR 7414E along North Bouna Vista Rd towards Commonwealth Ave West (LP80) I hit a vehicle in front SKM 5456L bumper. It was raining and the surface was road surface was wet. We quickly take pictures of our car and she took my particulars.

**DECLARATION**

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



Policyholder's Signature  
Date & Time:

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

*[Handwritten Signature]* 13/05/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Claim Handling**

Accident #**MT/1044426**

Policy No.	5107503869	Vehicle No.	SJH7414E	GST Registration No.	NA
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201709239H
Product Code	PRIVATE CAR INSURANCE	Special Remark		Leading	0
Contact No.(Mobile)	87423653	Contact No.(Office)		Contact No.(Home)	
Email Address		TCA	= No = Yes	eCode	No
KFR	= No = Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	14/05/2019 12:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/05/2019	Time of Accident(hh:mm)	17:10	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	NORTH BUONA VISTA RD TOWARDS COMMONWEALTH AVE				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
FED OD Excess	500.00	YED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	500.00				

**Benefit**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	301709239H	GST Status Verified	Yes
Modification History	14/05/2019 12:29:17 System changed GST Registration No. from NA to 301709239H 14/05/2019 12:29:17 System changed GST Registration Date from 01/01/2013 to 01/09/2017 14/05/2019 12:29:17 System changed GST Status Verified from No to Yes		

**Policyholder Mailing Address**

Address 1	60 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
UNIT NO.		Related Policy Number	5106747545		

**DI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/06/1977
Unnamed driver Name	MOMAMAD SHAHAJDI BIN MD S	Driver NRIC	8772427J	Driving Experience	17
Register Date of Driver License	04/09/2003	Driver Age	41	Contact No.(Office)	TP
Contact No.(Mobile)	87423653	Contact No.(Office)		Address 3	SINGAPORE 640602
Address 1	BLK 502 #02-181	Address 2	JURONG WEST STREET 62	Post Code	640602
Address 4		Address Type	Foreign address		
Unit No.	02-181	Driver Vehicle No.	SJH7414E	Driver Insured Company	NTUC
Does he own a Singapore registered car?	Yes = No				

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No
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**Modification History**

Claim 001 [New](#)

Claim Type *	OD-MK	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709239H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	88492444
Email Address		DI Vehicle Number	SJH7414E	Vehicle Number	SKH5456L
Claim Description	SJH7414E / SKH5456L ON 13 May 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Date Registered	14/05/2019 12:41	Claim Close Date		Date Received	14/05/2019 00:00
Report Taken By	BOSLI WANKE				

Print AK letter

**Attachment**

Accident No.	MT/1044426	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/05/2019 12:43

Category *	Confidential	Urgency *	Description *
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CC)
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 May 2019 12:43	SAS	Normal	SAS 2019-5-14	
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 May 2019 12:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-14	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 14 May 2019 12:41	Photos	Normal	Photos 2019-5-14

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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# ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 5 / 2019 (DD/MM/YYYY), TIME: 17 : 12 (HH:MM)

LOCATION: NORTH BOUNA VISTA RD TOWARDS COMMONWEALTH AVE.  
WV (480)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 7414E  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5107503869.  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HYUNDAI AVANIE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: SRS AUTO HOLDINGS P/L (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: MOHAMMAD SHAHAINI B. MD SHARIF (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S77204273 CONTACT: 87403653  
c) ADDRESS: BTK 602 JURONG WEST ST. 62 #02-181

\*d) DATE OF BIRTH: 16 / 08 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /  NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS RAINING)

b) ROAD SURFACE: (DRY / WET / OTHERS WET)

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: SKM 5456L MODEL: YV PASSAT  
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 passenger  
(including driver)  
(1)

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

\* No of passenger  
(including driver)  
( )

email = [shahaini160877@gmail.com](mailto:shahaini160877@gmail.com).

VIDEO

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7722427J



Name  
 MOHAMAD SHAHAIMI BIN MD SHARIF  
 محمد شاهيمي بن محمد شريف

Race  
 JAVANESE

Date of Birth 16-08-1977 Sex M

Country of birth  
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7722427J  
 Name  
 MOHAMAD SHAHAIMI BIN MD SHARIF

Birth Date: 16 Aug 1977  
 Issue Date: 17 Nov 2003



NIC No. S7722427J



Date of issue  
 21-06-2011

AP 100, 801 JURONG WEST STREET 02  
 #02-10  
 SINGAPORE 640802

HE IS LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASSIFICATION	ISSUE DATE
Class 2B	Motorcycles <= 200 CC	12 Nov 1997
Class 2A	Motorcycles between 201 CC and 400 CC	03 Aug 1999
Class 2	Motorcycles > 400 CC	15 Jun 2004
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	04 Sep 2001
Class 4	Heavy motor cars and motor tractors > 2500 kg	08 Jul 2005
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	22 Jan 2008

S7722427J S / No. 9000088012



P 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: 5107503869

Cover : Third Party

- |  |                               |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJR7414E                    |
| Chassis Number                                   | : KMHOU41BR9U760856           |
| 2. Name of Policyholder                          | : SRS AUTO HOLDINGS PTE. LTD. |
| 3. Effective Date of Insurance                   | : 13 Feb 2019                 |
| 4. Expiry Date of Insurance                      | : 12 Jul 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) 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.

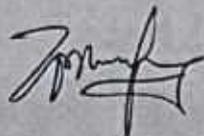
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

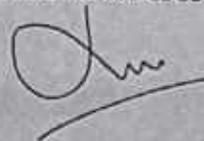
Agency : SININS AGENCY PTE. LTD. (00000615123)  
Date of Issue : 12 Feb 2019 12:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive