

# NATIONAL Assessment Centre Services

(2014 - Jan 2019)

MANA 9071860

Date In: 18/06/2019 18:29	Job description	Date & Time Completed	Done by
Ref No: MANA 90106167	SAS e-filing		
Veh No: 42K 169C	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 13/06/2019 11:50	i-Motor Claim Form	mm/04/9/06-001	18/06/2019 18:41
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SME 7421S	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 repairs.
( ) 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:
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Date/Time	Actions

NAI904496	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idue DA + SMRT Survey \$160		
P. 1/1	8) NTUC Additional Services:		
	9) N12: Idue Mobile		
	10) N12: Idue Mobile		
	11) N12: Idue Mobile		
	12) N12: Idue Mobile		
	13) N12: Idue Mobile		
	14) N12: Idue Mobile		
	15) N12: Idue Mobile		
	16) N12: Idue Mobile		
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	26) N12: Idue Mobile		
	27) N12: Idue Mobile		
	28) N12: Idue Mobile		
	29) N12: Idue Mobile		
	30) N12: Idue Mobile		

07-MAY-2019 16:39

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	14/06/2019 18:29
Date Of Accident	13/06/2019 11:50
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE/HOLLAND AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1619C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHAIRUL ANWAR BIN SAYAL
NRIC No	S8601355Z
Email Address	KHAIRUL.SAYALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91387637
Alternative Phone No	OTHERS-91387637
<b>Vehicle Particulars</b>	
Manufacturer	SUZUKI
Model	V-STROM-1.0 1000 ABS ADVENTURE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106314939
Cover Note Number	
<b>Driver</b>	
Name of Driver	KHAIRUL ANWAR BIN SAYAL
NRIC No	S8601355Z
Date Of Birth	17/01/1986
Occupation	INDOOR
Date Of Driving Pass	07/12/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91387637
Fax Number	
Contact Number	OTHERS-91387637
Email Address	KHAIRUL.SAYALI@GMAIL.COM



Address	BLK 510B WELLINGTON CIRCLE #02-79
Postcode	752510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	SME7421S
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DICKSON
NRIC/Passport Number	
Contact Number	98226119
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:

14/06/19 0935hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

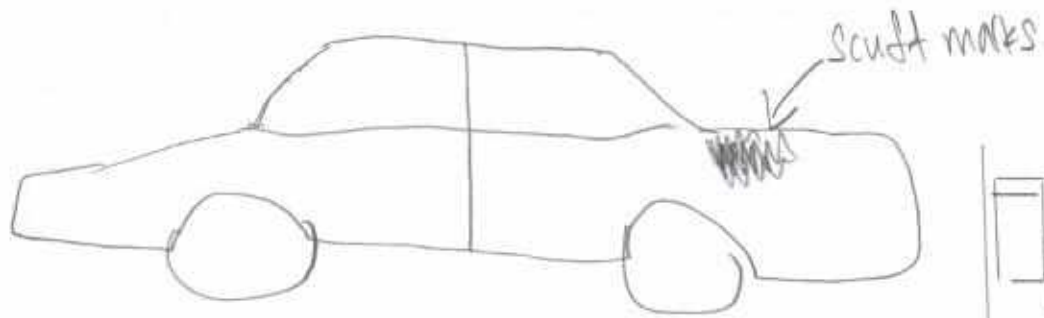
Name:

NRIC/FIN No.:

14/06/2019

Rafael Lim

# SKETCH PLAN



A) FBK 1619C

B) SME7421S



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Upon~~ Upon reaching traffic light at junction of Holland ave and commonwealth ave, I decided to ~~swerve~~ squeeze into traffic at a slow pace. without realising my motorcycle panniers ~~scuffed~~ grazed the rear left of SME7421S. while I stopped and apologise he came out of the vehicle and inspect the grazed area.

He called me out to come back to see. There was scuff marks. I apologise and offered him to take him to a workshop and to have it removed and polish. An appointment was set on 15/06/2019 at Tom Ah Swee spray painting company at Carroz Centre.

Both of us ~~mutually~~ mutually agree to settle this matter privately. we exchange particulars and he took photo of my driving license.

we left the accident scene roughly about 1215 hrs.

## DECLARATION

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

  
Policeholder's Signature

Date & Time:  
14/06/19 0935 hrs.

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

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



Claim Handling

Accident MY/1049106

Policy No.	512614325	Vehicle No.	FRK1619C	GST Registration No.	
Certificate No.					
Policyholder Name	KHAIRUL ANWAR BIN SAYALI			Policyholder NRIC	99881155Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Theft Fire, Sx & Theft	Leading	0
Contact No.(Mobile)	91187637	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KYC	No	TCA	No	eCode Reason	
NCD Protection	No	NCD Entitled(%)	0	Private Hrs	No
Accident Details					
Report Date	14/06/2019 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Sidesw
Date of Accident	12/06/2019	Time of Accident (Hr:min)	11:00	Country of Accident	Singapore
Reporting Centre		Orange Panel		ICM No.	
Accident Location	JUNCTION OF COMMONWEALTH AVE/ROLLAND AVENUE				
Excess					
Own damage Excess	0.00	Additional Excess		Widescreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 45 #06-129	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100045
Address 4		Address Type	Singapore address	Post Code	100045
Unit No.		Related Policy Number	512614325		
Q1 Driver Info					
Driver Name	KHAIRUL ANWAR BIN SAYALI	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	99881155Z	Driver DOB	17/01/1986
Register Date of Driver License	01/06/2011	Driver Age	33	Driving Experience	A
Contact No.(Mobile)	91187637	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 45 #06-129	Address 2	TELOK BLANGAH DRIVE	Address 3	SINGAPORE 100045
Address 4		Address Type	Singapore address	Post Code	100045
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FRK1619C	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	OD-MR	Injured Name	KHAIRUL ANWAR BIN SAYALI	Injured NRIC	99881155Z
Contact No.(Mobile)	91187637	Contact No.(Office)	Nil	Contact No.(Home)	
Email Address	KHAIRULSAYALI@GMAIL.COM	Q1 Vehicle Number	FRK1619C	TP Vehicle Number	0MST4215
Claim Description	FRK1619C / 5MST4215 ON 11 Jun 2019				
Preferred Workshop		Insured Liability	Fully at Fault		
Damage No Finalisation	Yes	Insured Report Option	Preferred Workshop, Name unknown	QCR report	Received
Date Registered	14/06/2019 18:41	Claim Close Date		Date Received	14/06/2019 00:00
Report Taken By	ROSLI WANAB				

Print All Letter

Save Submit

Attachment

Accident No.	MY/1049106	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/06/2019 18:41
Rptn *			
Choose File No file chosen	Clear	Category *	Confidential Urgency *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Choose File No file chosen	Clear	Please Select *	NO *
Message Read	Send Message		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14		

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	Photos	Normal	Photos 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	SAR	Normal	SAR 2019-6-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:41	NRIC Driving License	Normal	NRIC Driving License 2019-6-14

## Video List

uploaded By/Date	Folder Date	File name	Size	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					

## ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/2019 (DD/MM/YYYY), TIME: 11:50 (HH:MM)

LOCATION: Junction of Commonwealth ave and Holland ave

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EGK 1619C  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5106214939  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: SUZUKI V-STROM DL 1000  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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: KHAIRUL ANWAR BIN SAYALI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S86013652 CONTACT: 91387637  
 c) ADDRESS: BLK 510B WELINGTON CIRCLE #02-79  
S(752510)

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

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 17/01/1986 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 07 DEC 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: SME 7421 S MODEL: HYUNDAI ELANTRA  
 b) DRIVER'S NAME: DICKSON  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9822 6114

### 9. THIRD PARTY VEHICLE

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

email = khairul.sayali@gmail.com  
 VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8601355Z



Name

KHAIRUL ANWAR BIN SAYALI

Race

BOYANESE

Date of birth

17-01-1986

Country of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8601355Z

Name

KHAIRUL ANWAR BIN SAYALI

Birth Date 17 Jan 1986

Issue Date 03 Jun 2011



001969794D



4912295

NRIC No. S8601355Z



Date of issue

10-12-2012

APT BLK 510B WELLINGTON CIRCLE #02-79  
SINGAPORE 752510

NRIC No. S8601355Z

Date 01/10/2018 (R)

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

EFFECTIVE DATE

Class	Motorcycles
Class 2B	Motorcycles < 200 CC
Class 2A	Motorcycles between 201 CC and 400 CC
Class 2	Motorcycles > 400 CC

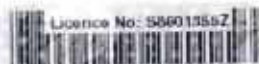
Class	Effective Date
Class 2B	03 Jun 2011
Class 2A	03 Oct 2017
Class 2	07 Dec 2018

For LKK/NAC Use Only

SHAH12APZ

S / No. 9000286828

NP 478A



Licence No. S8601355Z



## 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 : 5106314839

Cover : Third Party, Fire & Theft

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBK1619C                 |
| Chassis Number  | : JS1DD111100109149        |
| 2. Name of Policyholder   | : KHAIRUL ANWAR BIN SAYALI |
| 3. Effective Date of Insurance  | : 12 Dec 2018              |
| 4. Expiry Date of Insurance   | : 11 Dec 2019              |
| 5. Persons or Classes of Persons entitled to drive#   |                            |
| (a) Named Driver(s) Only.   |                            |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                            |
| 6. Limitations as to Use#   |                            |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                            |
| This Policy does not cover  |                            |
| (a) Use for hire or reward.   |                            |
| (b) Use for racing, pace-making, reliability trial or speed-testing.  |                            |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  |                            |
| (d) Use for any purpose in connection with the Motor Trade.   |                            |

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: KHAIRUL ANWAR BIN SAYALI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
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 : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)  
 Date of Issue : 12 Dec 2018 14:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

\_\_\_\_\_  
 Authorised Officer

\_\_\_\_\_  
 Chief Executive