

NATIONAL Assessment Centre Services

(Form 1-Engr)

NA/9080423

Date In: 20/06/2019 14:53	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/901093914	SAS e-filing		
Veh No: FB664386	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 16/06/2019 12:00	I-Motor Claim Form	MT/1049846-001	20/06/2019 16:02
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/Wksj		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SMA 7199E	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note-Ext 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

NA/904622	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	141.00	141.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant against INC Only (wef 10 Jan 2005)		
Cal J:	6) TR: Re-inspection \$75		
Cal 2/3	7) N1: Idnu DA + SMRT Survey \$160		
1/1/18	8) NTUC Additional Services		
	9) 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 (Non INC) against INC \$20		
	9) N12: Idnu Mobile 30		
	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	20/06/2019 14:53
Date Of Accident	16/06/2019 12:00
Exact Location Of Accident	ALONG KIM TIAN SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6438G
Insured/Policyholder	
Name Of Registered Owner	LEONG KUM WAH
NRIC No	S0829580H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91899287
Alternative Phone No	OTHERS-91899287

Vehicle Particulars

Manufacturer	PIAGGIO
Model	FLY 150-151CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5055242320-06
Cover Note Number	

Driver

Name of Driver	LEONG KUM WAH
NRIC No	S0829580H
Date Of Birth	09/04/1945
Occupation	INDOOR
Date Of Driving Pass	20/10/1967
Driving Experience	51 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91899287
Fax Number	
Contact Number	OTHERS-91899287
Email Address	NOEMAIL

Address	BLK 123 KIM TIAN ROAD #06-72
Postcode	160123
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190616/2077 AND T/20190620/2102 (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

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	SMA7199E
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name LEONG KUM WAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE6438G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

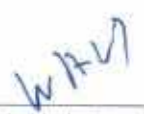
SKETCH PLAN

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.

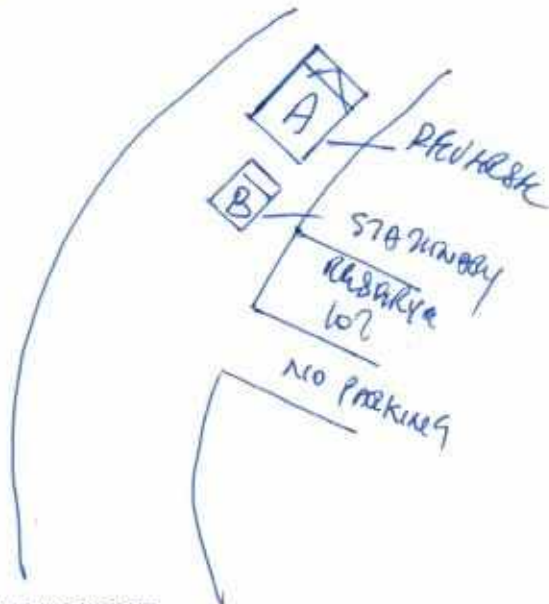

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

KIM NAM ROAD SHIPVICK CAMP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After to POLICE REPORT T/20190616/2077 & T/20190620/2102

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:

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

KAM

20/06/2019
Rosh
[Signature]



SINGAPORE POLICE FORCE



T/20190616/2077

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190616/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2019 18:34		Vide Report No.: A/20190616/0098	Station Diary No.:
Informant's Particulars			
Name of Informant: LEONG KUM WAH		Address: 123 KIM TIAN ROAD #06-72 SINGAPORE 160123	
ID Type / ID No.: NRIC NO / S0829580H		Contact No.: Home/Office: Mobile: 91899287	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 74	Date of Birth: 09/04/1945	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2019 12:00	Type of Location:
Location: KIM TIAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6438G	Motorcycle	PIAGGIO	PIAGGIO FLY 150	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6438G	NTUC Income Insurance Co-Operative Limited	5055242320-06	13/07/2018	12/07/2019



**SINGAPORE
POLICE FORCE**



T/20190616/2077

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190616/2077

CONTINUATION OF REPORT

Brief Details.

A/M WAS TRAVELLING ALONG THE SERVICE ROAD OF A/M LOCATION ON SINGLE LANE TWO-WAY RD, AT THAT TIME I WAS ON MY WAY HOME. WHEN I WAS ENTERING INTO THE SERVICE RD, I SAW THE M/CAR WHO HIT ONTO ME, HE STOPPED AND REVERSED HIS VEHICLE WHEN I WAS STATIONARY BEHIND HIM. THAT IS WHEN THE M/CAR HIT ONTO ME. DUE TO THE IMPACT FROM THE M/CAR, I FALL ONTO THE RD.

I WAS CONVEYED TO SGH AND WAS DISCHARGED TODAY. NO MC WAS ISSUED.



**SINGAPORE
POLICE FORCE**



T/20190616/2077

3 of 3

Report No. T/20190616/2077

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:
TP /
NG RUI TONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2019 18:34

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature:



**SINGAPORE
POLICE FORCE**



T/20190620/2102

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190620/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2019 15:01	Vide Report No.: T/20190616/2077	Station Diary No.: 87
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Informant's Particulars

Name of Informant: LEONG KUM WAH			Address: APT BLK 123 KIM TIAN ROAD #06-72 SINGAPORE 160123		
ID Type / ID No.: NRIC NO / S0829580H			Contact No.: Home/Office: Mobile: 91899287		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 74	Date of Birth: 09/04/1945	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2019 12:00	Type of Location:
Location: Along Road 1 KIM TIAN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6438G	Motorcycle	PIAGGIO	PIAGGIO FLY 150	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6438G	NTUC Income Insurance Co-Operative Limited	5055242320-06	13/07/2018	12/07/2019



**SINGAPORE
POLICE FORCE**



T/20190620/2102

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No: T/20190620/2102

CONTINUATION OF REPORT

Brief Details.

ref to T/20190616/2077, I wish to add that after I was discharged on the 16/6/2019 and was on out patient for two days and to return for check up on a later date, when I returned for further check up on the 19/6/2019, I was given 13 days MC from 19/6/2019 to 1/7/2019.



**SINGAPORE
POLICE FORCE**



T/20190620/2102

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190620/2102

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:
D /
Sgt 2 ANG KHENG HAOU, THAWAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/06/2019 15:01

Classification Of Case:

Claim Handling

Accident NT/1049846

Policy No.	S055242320-06	Vehicle No.	FB6438G	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG KUM WAH	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	S0829680H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leaving	0
Contact No.(Mobile)	91899287	Special Remarks		Contact No.(Home)	
Email Address		TCA		eCode	No
ePk	No Yes			eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	20/06/2019 15:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	16/06/2019	Time of Accident from:	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		IGN No.	
Accident Location	ALONG KIM TIAN SERVICE ROAD				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen 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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 123 #06-72	Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 160123
Address 4		Address Type	Singapore address	Post Code	160123
Unit No.		Related Policy Number	S055242320-07		

DI Driver Info

Driver Name	LEONG KUM WAH	Driver Type	Main Driver	Driver DOB	09/04/1945
Uninsured driver Name		Driver NRIC	S0829680H	Driving Experience	11
Register Date of Driver License	20/10/1947	Driver Age	74	Contact No.(Home)	
Contact No.(Mobile)	91899287	Contact No.(Office)		Address 3	SINGAPORE 160123
Address 1	BLK 123 #06-72	Address 2	KIM TIAN ROAD	Post Code	160123
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FB6438G	Driver Insurer Company	NTUC

Declaration			
Breakdown or Blood Test Reading?	0 mg	Any Injury?	Yes = No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEONG KUM WAH	Insured NRIC	S0829680H
Contact No.(Mobile)	91899287	Contact No.	91899287	Contact No.(Office)	
Email Address		Vehicle Number	FB6438G	TP	SMA7199E
Claim Description	FB6438G / SMA7199E ON 16 Jun 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Benefit No.		Preferred Workshop, Name unknown			
Finalisation	Yes	Repair Option			
Date Registered	20/06/2019 15:58	Claim Date		Date Received	20/06/2019 00:00
Report Taken By	ROBIE WANAB				

Print All letters

Save Submit

Attachment

Accident No.	NT/1049846	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/06/2019 16:02
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Description *	
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 16:02	Photos	Normal	Photos 2019-6-20	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 16:02	Photos	Normal	Photos 2019-6-20	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 16:02	Photos	Normal	Photos 2019-6-20	

2/2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0829580H



LEONG KUM WAH
梁锦华
Race: CHINESE
Date of Birth: 09-04-1945
Sex: M
Country of Birth: SINGAPORE

1841739

REPUBLIC OF SINGAPORE DRIVING LICENCE

LEONG KUM WAH

Birth Date: 09 Apr 1945
Issue Date: 09 Jan 2003

S0829580H



1841739



S0829580H



Street Group: 0+
Date of Issue: 31-03-1994

APT BLK 123 KIM TIAN ROAD
#06-72
SINGAPORE 0316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Category	Vehicle Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	20 Oct 1967
Class 2A	Motorcycles between 201 cc and 400 cc	20 Oct 1967
Class 2	Motorcycles exceeding 400 cc	20 Oct 1967

SP 4284

Licence No. S0829580H



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 : S055242320-07 **Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **FBE6438G**
Chassis Number : LBMM5720000003937
2. Name of Policyholder : **LEONG KUM WAH**
3. Effective Date of Insurance : **13 Jul 2019**
4. Expiry Date of Insurance : **12 Jul 2020**
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)	: LEONG KUM WAH
NAMED DRIVER (2)	: LEONG CHUN KIT
HIRE PURCHASE COMPANY	: BAN HON BROTHERS (AGENCIES) 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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)
Date of Issue : 12 Jun 2019 14:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive