

| | | | |
|-------------------------------------|--|-----------------------|------------|
| NATIONAL Assessment Centre Services | | | |
| Date for: 01/07/2019 11:54 | Job description | Date & Time Completed | Done by |
| Ref No: NBB/INC1901157114 | SAS e-ling | | |
| Veh No: SJR 8541P | E-mail (within 4hrs, A/C 2hrs) | | |
| D.O.A: 28/06/2019 19:35 | i-Motor Claim Form | mt/1057267-001 | 01/07/2019 |
| OD: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 12:38 |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|---|---|-----------------------|----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: STD 9710K | 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: (\$) | Landing: \$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 |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1904941 | Invoice Preparation Checklist | Ami (\$) | Ami (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30) | Inc Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$60) | | |
| 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 claimant against INC Only (wef 10 Jan 2019) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idem DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | Q11: | | |
| | *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-a INC) against INC \$20 | | |
| | 9) N12: Idem Mobils \$0 | | |
| Cal 1: | Invoice dated | Pen Charged | |
| Cal 2/3: | Pen Charged | | |

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 | 01/07/2019 11:54 |
| Date Of Accident | 28/06/2019 19:35 |
| Exact Location Of Accident | CHANGI ROAD TURNING INTO LOR 108 CHANGI |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJR8541P |
| Insured/Policyholder | |
| Name Of Registered Owner | GT PTE. LTD. |
| Co Reg No | 201622568K |
| Email Address | LIEWCHERNLING@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91688397 |
| Alternative Phone No | OFFICE-66449243 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HONDA |
| Model | JAZZ-1.3 L (A) |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5083227440-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | LIEW CHERN LING (LIU ZHENLIN) |
| NRIC No | S7797187D |
| Date Of Birth | 15/06/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/09/1995 |
| Driving Experience | 23 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91688397 |
| Fax Number | |
| Contact Number | OTHERS-66449243 |
| Email Address | LIEWCHERNLING@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 808A CHAI CHEE ROAD #14-104 |
| Postcode | 461808 |
| 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 | 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 | SHD9770K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | WONG HAN TICK |
| NRIC/Passport Number | S1509643H |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

Veh A: SJR 8541 P
Veh B: SHD 9770F

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/1/19 10am

Reporting Centre Personnel's Signature

Name:

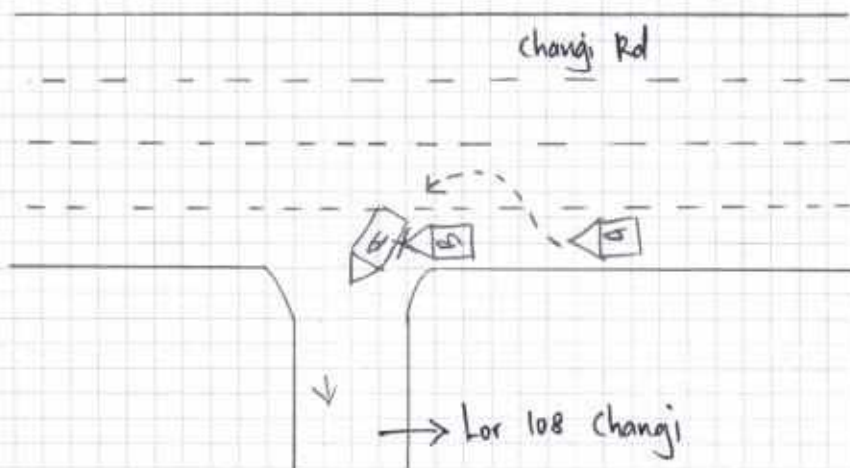
NRIC/FIN No.:

01/01/2019
Roshan

SKETCH PLAN

Veh A: SJR 8541 P

Veh B: SHD 9770 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along changi Road toward to lor 108 changi.

At the junction, Vehicle B was stationary at the side road on hazard light (drop off / pick up passenger). I was turn on my signal light while i make my left turn. However Vehicle B moved his car with his hazard light on and moved off and collided to my vehicle.

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: 29/6/19 10am


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

Claim Handling

Accident MT/1051267

| | | | | | |
|-----------------------------------|---|-------------------------------|---------------|----------------------|------------|
| Policy No. | 505227440-02 | Vehicle No. | SJRS541P | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | 201622568K |
| Policyholder Name | GT PTE. LTD. | Cover Type | drive CLAYSON | Loading | 0 |
| Product Code | FLEET INSURANCE | Contact No.(Office) | 66449243 | Contact No.(Home) | |
| Contact No.(Mobile) | 91688397 | Special Remark | | eCode | No |
| Email Address | | TCA | No | eCode Reason | |
| KPK | No | NCD Endowment(%) | 0 | Private Hire | No |
| NCD Protection | No | | | | |
| Accident Details | | | | | |
| Report Date | 01/07/2019 12:28 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 30/06/2019 | Time of Accident Incomm | 19:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Fence | | ICM No. | |
| Accident Location | CHANGE ROAD TURNING INTO LOR JOE CHANGE | | | | |
| Excess | | | | | |
| Own Damage Excess | 1,500.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Uninsured Driver Excess | | Outside Singapore OD Excess | 1,500.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |

Policyholder Mailing Address

| | | | | | |
|---|------------------------------|-----------------------|-------------------|------------------------|----------------|
| Address 1 | 28 PAGODA STREET | Address 2 | SINGAPORE 09188 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 09188 |
| Unit No. | | Related Policy Number | 5100415092 | | |
| OT Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 15/06/1977 |
| Unnamed driver Name | LEW QHERN LING (LIU ZHENGLI) | Driver NRIC | S7797187D | Driving Experience | 23 |
| Register Date of Driver License | 26/09/1995 | Driver Age | 42 | Contact No.(Home) | |
| Contact No.(Mobile) | 91688397 | Contact No.(Office) | 66449243 | Address 2 | PING XI GREENB |
| Address 1 | BLK 006A #14-104 | Address 2 | CHAI CHEE ROAD | Post Code | 491808 |
| Address 4 | SINGAPORE 481808 | Address Type | Foreign address | | |
| Unit No. | 14-104 | | | Driver Insurer Company | NTUC |
| Does he own a Singapore Registered car? | Yes + No | Driver Vehicle No. | SJRS541P | | |
| Destination | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes + No | | |

Modification History

Claim 001 **None**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description:

| | | | | | | |
|--------------------|-------------------|---------------------------------|-----------|----------|------------------|------------------|
| Preferred Workshop | Insured Liability | Not at Fault | GA report | Received | Claim Close Date | Date Received |
| Workshop No. | Yes | Preferred Workshop Name unknown | | | 01/07/2019 12:27 | 01/07/2019 00:00 |
| Finalisation | Repair Option | | | | 0001 WAKAS | |
| Date Registered | | | | | | |
| Report Taken By | | | | | | |

Print AA letter

Save Submit

Attachment

| | | | |
|--------------------|----------------|-------------|------------------|
| Accident No. | MT/1051267 | Claim No. | 001 |
| Last Doc. Sent/Rev | Yes No | Upload Date | 01/07/2019 12:38 |
| Path * | | | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |
| Send Message | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (COI) | A |
|------------|--|----------|---------|-----------------|-----------------|---|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNGT MERAH)) on 01 Jul 2019 12:38 | Photos | Normal | Photos 2019-7-1 | | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNGT MERAH)) on 01 Jul 2019 12:38 | Photos | Normal | Photos 2019-7-1 | | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNGT MERAH)) on 01 Jul 2019 12:38 | Photos | Normal | Photos 2019-7-1 | | |



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:36

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:36

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:36

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:36

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:36

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:37

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:37

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:37

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:37

Photos

Normal

Photos 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:37

SAS

Normal

SAS 2019-7-1



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 12:37

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-7-1

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Wed

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 28/6/19 *Time of Accident: 7.38pm
*Accident Location: Lor 108 Changi

Vehicle Details

*Vehicle Number: SJR 8541P *Make & Model: Honda Jazz 1.3 LAT

Insured / Policyholder

*Owner Name: GT Pte Ltd *NRIC: 201622568K
*Address: _____
*Email: _____ *HP: 9389 9125
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: Liew Chern Ling *NRIC: S7797187D
*Address: 81K 808A Chai Chee Road #14-104
*Date of Birth: 15/6/1977 *Driving Pass Date: 26/9/1995 *HP: 91688397
*Email: Liewchernling@gmail.com *Gender: Male / Female
*Occupation: Grab Driver (Indoor / Outdoor) *Tel / H / Other: 66449243
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SHD 9770K
Make & Model: _____
Vehicle Category: _____
Name of Driver: Wong Han Tick
NRIC : 1509643H
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S7797187D**
 Name
LIEW CHERN LING (LIU ZHENLIN)
 Birth Date: 15 Jun 1977
 Issue Date: 19 Dec 2002

For LKK/NAC Use Only

000045495K



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO **S7797187D**


Name
LIEW CHERN LING (LIU ZHENLIN)
 刘振霖
 Race
CHINESE
 Date of birth
15-06-1977
 Sex
M
 Country of birth
MALAYSIA

For LKK/NAC Use Only

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

Class 3. Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
26 Sep 1995

For LKK/NAC Use Only



NP 428A

4055E90



NRIC No: S7797187D


For LKK/NAC Use Only

Date of issue
18-06-2007
 APT BLK 808A CHAI CHEE ROAD #14-104
 SINGAPORE 461808
 NRIC No: S7797187D Date: 30/11/2015

**VOCATIONAL LICENCE**

Licence No : S7797187D

Name : LIEW CHERN LING (LIU
ZHENLIN)

Card Issue Date : 27/03/2018

Please visit www.lta.gov.sg to check
the status of this vocational licence

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 27/03/2018 |

For LKK/NAC Use Only



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: 5083227440-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJR8541P**
Chassis Number : JHMGE68509S214944
2. Name of Policyholder : GT PTE. LTD.
3. Effective Date of Insurance : 15 Sep 2018
4. Expiry Date of Insurance : 14 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 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) | : S\$1,500 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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)

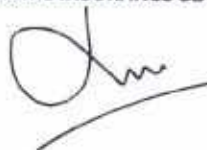
Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 14 Aug 2018 13:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive