

NATIONAL Assessment Centre Services		MAY 19085275	
Date In: 01/07/2019 14:24	Job description	Date & Time Completed	Done by
Ref No: NBARMU9011598/Y	SAS e-filing		
Veh No: SBS 2468L	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 29/06/2019 19:30	i-Motor Claim Form	ml/1051314001	01/07/2019
OD: TP (Reporting Only)	i-Motor W/O (within OD 2hrs, TP 4hrs)		15:20
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wkap / INC Assign Wkap / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: UNKNOWN CAR	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

NA1904942	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: 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's use only (wef 10 Jan 2009)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
P. 1/1	8) NTUC Additional Services:		
	Q11:		
	* N3: Courtesy Car / Tpl 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: Idm Mobile \$0		
	Invoice dated	Pen Charged	
	Invoice dated	Fee 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 14:24
Date Of Accident	29/06/2019 19:30
Exact Location Of Accident	AT IMM LEVEL 1 CARPARK (NEAR TO PILLAR 11-2)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ7468L
Insured/Policyholder	
Name Of Registered Owner	PANG AH CHOY
Work Permit No	S0179179F
Email Address	KYOTOINT@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97873581
Alternative Phone No	OTHERS-97873581

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	200E
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5017047161-12
Cover Note Number	

Driver

Name of Driver	PANG AH CHOY
Work Permit No	S0179179F
Date Of Birth	30/10/1984
Occupation	INDOOR
Date Of Driving Pass	02/10/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97873581
Fax Number	
Contact Number	OTHERS-97873581
Email Address	KYOTOINT@SINGNET.COM.SG

Address	BLK 550A SEGAR ROAD #06-624
Postcode	671550
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190630/2040

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN


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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:

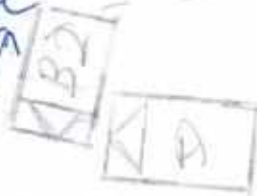

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

A) S857N68L

B) UNKNOWN CAR

REMARK



DOOR TACK



AT IMM LEVEL 1 CARPARK (HAR PULAU 11-2)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q12 Refund to Police Report
7/20190630/2040

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.:



SINGAPORE POLICE FORCE



T/20190630/2040

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20190630/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2019 12:40		Vide Report No.:		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: PANG AH CHOY			Address: APT BLK 60 TEBAN GARDENS ROAD #04-450 SINGAPORE 600060		
ID Type / ID No.: NRIC NO / S0179179F			Contact No.: Home/Office: Mobile: 97873581		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 13/03/1948	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/06/2019 19:30	Type of Location: Car Park
Location: Along Road 1 TOH GUAN ROAD At IMM Level 1 Carpark (near to pillar 11-2)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBJ7468L	Car	MERCEDES BENZ	200E AUTO	Grey	Slightly Damaged	0
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBJ7468L	NTUC Income Insurance Co-Operative Limited	5017047161-12	01/06/2019	31/05/2020



SINGAPORE POLICE FORCE



T/20190630/2040

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190630/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	PANG AH CHOY	ID No.	S0179179F
Related Vehicle	SBJ7468L (Car)	Contact No.	97873581
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/06/2019 at about 1930hrs, I was driving my vehicle bearing the registration plate number SBJ7468L, I was IMM Level 1 carpark. At the point of time, the traffic volume was moderate. I was in my vehicle waiting for a carpark lot near pillar 11-2 for about 15 minutes.

There was a vehicle on my right leaving the parking lot and I intended to park. Just after the vehicle drove off from the lot, out of sudden, a dark blue vehicle (Unknown Plate Number) came from the rear and make a quick reverse into the parking lot and brush against my front left bumper. I was in a stationary position when the dark blue vehicle reversed. The driver is one male Chinese in his 50s with mustache.

A dispute broke out between us and the driver claims that I had hit into his vehicle which I did not. I told him to wait and went into the mall to look for my wife to take my handphone. About 1 minute later, I returned however the driver and his vehicle was no longer at scene.

I do not have a in-car camera installed in my vehicle. I am unsure if there is CCTV at the vicinity of the accident point.



**SINGAPORE
POLICE FORCE**



T/20190630/2040

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20190630/2040

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190630/2040

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20190630/2040

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 / ASP OR JUN WEN, SYLVESTER <i>Sgt T/20190630/2040 N.S. TAN HAO</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368

Signature Of Informant: <i>[Signature]</i>
Date/Time: 30/06/2019 12:40
Classification Of Case: <i>[Signature]</i>

Authentication Stamp
NP168

Claim Handling

Accident NT/1051314

Policy No.	SB17047161-12	Vehicle No.	SB17468L	GST Registration No.	
Certificate No.					
Policyholder Name	PANG AH CHOY	Cover Type	Third Party	Policyholder NRIC	SB170179F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	3
Contact No.(Mobile)	97873581	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KFK	+ No Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	Yes			Private HBR	No

Accident Details

Report Date	01/07/2019 15:01	Accident Report Within 24 hrs	Yes	Accident Type	Hk and run
Date of Accident	29/06/2019	Time of Accident (h:mm)	19:30	Country of Accident	Singapore
Reporting Centre		Crash Force		ICH No.	
Accident Location	AT IMM LEVEL 1 CARPARK (NEAR TO PILLAR 11-12)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

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 #02 #19-426	Address 2	CLEMENTI AVENUE 3	Address 3	SINGAPORE 120462
Address 4		Address Type	Singapore address	Post Code	120462
Unit No.		Related Policy Number	SB17047161-12		

Q1 Driver Info

Driver Name	PANG AH CHOY	Driver Type	Main Driver	Driver DOB	13/03/1948
Unnamed driver Name		Driver NRIC	SB170179F	Driving Experience	34
Register Date of Driver License	01/01/1985	Driver Age	71	Contact No.(Home)	
Contact No.(Mobile)	97873581	Contact No.(Office)		Address 3	SINGAPORE 120462
Address 1	BLK #02 #19-426	Address 2	CLEMENTI AVENUE 3	Post Code	120462
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SB17468L	Driver Insurer Company	MTUC
Does he own a Singapore Registered car?	Yes + No				

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No

Modification History

Claim 001 [New](#)

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Submit No. Evaluation	Yes	Repaired	Repair Option		

Report Taken By

Print As Letter

OD-PR	Insured Name	PANG AH CHOY	Insured NRIC	SB170179F
97873581	Contact No. (Home)	98721351	Contact No. (Office)	
ahchoy@singnet.com.sg	OT Vehicle Number	SB17468L	TP Vehicle Number	UNKNOWN CAR
	SB17468L / UNKNOWN CAR ON 29 Jun 2019		Name of Preferred Workshop	

01/07/2019 15:20	Claim Close Date		Date Received	01/07/2019 00:00
ROSLI WAHAB				

[Save](#) [Submit](#)

Attachment

Accident No.	NT/1051314	Claim No.	001
Last Doc. Received	Yes No	Upload Date	01/07/2019 15:20

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Attachment List


Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	Photos	Normal	Photos 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	SAS	Normal	SAS 2019-7-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jul 2019 15:20	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	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0179179F



Name
PANG AH CHOY

馬 雅 軒
Race
CHINESE

Date of Birth
13-03-1948

Country of Birth
SINGAPORE

Sex
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
S0179179F

Name
PANG AH CHOY

Birth Date
13 Mar 1948

Issue Date
03 Jun 2009

For LKK/NAC Use Only

001748806G

A0126987



NRIC No. S0179179F

For LKK/NAC Use Only

NRIC Class
B+

Date of Issue
22-04-2002

APT BLK 80 TEBAN GARDENS ROAD #04-450
SINGAPORE 600080

NRIC No: S0179179F Date: 04/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE
22 Oct 1970

For LKK/NAC Use Only

NP 420A

License No: S0179179F

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: 5017047161-12

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SBJ7468L |
| Chassis Number | : WDB1240212B033957 |
| 2. Name of Policyholder | : PANG AH CHOY |
| 3. Effective Date of Insurance | : 01 Jun 2019 |
| 4. Expiry Date of Insurance | : 31 May 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: PANG AH CHOY
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 : VICOM LTD (00000612210)
Date of Issue : 29 May 2019 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive