

NATIONAL Assessment Centre Services

(Form 1 Jan 2019)

NA/1905889

Date In: 08/07/2019 18:05	Job description	Date & Time Completed	Done by
Ref No: N/A/1905889	SAS e-filing		
Veh No: SGC 1932E	E-mail (within 4hrs, AIC 4hrs)		
D.O.A: 01/01/2019 11:40	i-Motor Claim Form	MM/105288-001	08/07/2019 18:38
OD: TP: Reporting Only	i-Motor W/O (within: OD 4hrs, TP 4hrs)		
	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: JUE 8066	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:	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/1905889	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) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	* N2: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* TP (N11): TP (N-11) against INC \$20		
	* N12: Idm Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

07-MAY-2019 16:30

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	08/07/2019 18:05
Date Of Accident	07/07/2019 11:40
Exact Location Of Accident	JOHOR JAYA HEADING TOWARDS WOODLANDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC1932E
Insured/Policyholder	
Name Of Registered Owner	YAP CHYE HEE
NRIC No	S1621143E
Email Address	RAYTEO6407@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98633648
Alternative Phone No	OTHERS-97541810

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5018126769-12
Cover Note Number	

Driver

Name of Driver	ONG KOH CHYE
NRIC No	S1290724I
Date Of Birth	04/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1978
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98633648
Fax Number	
Contact Number	OTHERS-97541810
Email Address	RAYTEO6407@GMAIL.COM

Address	BLK 288C BUKIT BATOK STREET 25 #05-22
Postcode	652288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	JNE8066 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : YAP CHYE HEE GENDER: : MALE
Passenger 2	NAME: : YAP CHYE HEE (WIFE) GENDER: : FEMALE
Passenger 3	NAME: : FRIEND GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAWANGAN TRAFIK
Police Station Address	ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM , POSTCODE: 81750 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO TRAFIK JOHOR BAHRU(S)/017199/19

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	JNE8066
-----------------------------	---------

Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE POH LI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

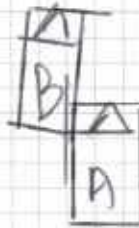
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

JOHOR TAYU TOWARDS WOODLAND

A) SGC 1932E

B) JNE 8066



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
TRAFIK JOHOR BAHRU (S)/017199/19.

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.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/017199/19
 Tarikh : 07/07/2019
 Waktu : 1448 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R92851

Butir-butir Penerima Repot
 Nama : IVAN WALTER ANAK LITOR
 Butir-butir Jurubahasa (Jika Ada)
 Nama : ---
 No Paspot : ---
 Alamat : ---

No Personel : R205355

Pangkat : KONST/P

No K/P (Baru) : ---
 Bahasa Asal : ---

No Polis/Tentera : ---

Butir-butir Pengadu
 Nama : ONG KOH CHYE

No Polis/Tentera : ---

No Paspot : K0388913E

No K/P (Baru) : ---
 No Sijil Beranak : ---

Tarikh Lahir : 04/03/1958
 Warganegara : Singapore

Umur : 61 tahun 4 bulan

Jantina : Lelaki
 Keturunan : Cina

Pekerjaan : TRELER DRIVER

Alamat Tempat Tinggal : BLK 288-C BUKIT ST-25 #05-22 SINGAPORE, 652288

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 97541810

Pengadu Menyatakan:-

ON 07/07/2019 AROUND 1140HRS, I WAS DRIVING MY CAR (SGC1932E) FROM JOHOR JAYA HEADING TO WOODLANDS SINGAPORE. BY THE TIME I REACH KM 10 JALAN JOHOR BAHRU KOTA TINGGI, I WAS DRIVING STRAIGHT ON THE RIGHT LANE. SUDDENLY A CAR (JNE8066) COMING FROM THE MIDDLE LINE CUT INTO MY LANE AND COLLIDE WITH MY LEFT FRONT SIDE OF MY CAR. NO INJURIES HAPPEN TO ANYONE. MY CAR DAMAGES WERE ON THE LEFT-FRONT OF MY CAR: HEADLIGHT, BUMPER, MUDGUARD AND OTHER DAMAGES I'M NOT SURE YET. THAT IS ALL.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

PEJ. SALINAN REPOT
 TRAFIK JOHOR BAHRU (S)
 SALINAN YANG DISAHKAN BENAR
 (HANYA UNTUK TUKARAN SIVIL)
 ID Pencetak | Tarikh @ Masa Cetak : R4188993 07/07/2019 03:10:44 PM

KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

Claim Handling

Accident MT/1052382

Policy No.	SD18126769-12	Vehicle No.	SOC1932E	GST Registration No.	
Certificate No.					
Policyholder Name	YAP CHYE HEE	Cover Type	#NVO CLASSIC	Policyholder NRIC	S1621143E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	98613648	Special Remark		Contact No.(Home)	
Email Address		TC4	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	08/07/2019 18:32	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/07/2019	Time of Accident (hr:min)	11:00	Country of Accident	Outside Singapore
Reporting Centre		Crane Force		ICM No.	
Accident Location	JHRD JAYA HEADING TOWARDS WOODLANDS SINGAPORE				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
Coverage		Sum Insured	9999999.99		
Excess Waiver			9999999.99		
Transport Allowance			9999999.99		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 706 #12-68	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640706
Address 4		Address Type	Singapore address	Post Code	640706
Unit No.		Related Policy Number	SD18126769-12		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/03/1958
Unnamed driver Name	ONG KOF CHYE	Driver NRIC	S12907240	Driving Experience	41
Register Date of Driver License	17/03/1978	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	NATURE VIEW
Address 1	BLK 288C #05-22	Address 2	BUKIT BATOK STREET 25	Address 3	
Address 4	SINGAPORE 652288	Address Type	Foreign address	Post Code	652288
Unit No.	05-22				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SOC1932E	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	Insured Name	YAP CHYE HEE	Insured NRIC	S1621143E
Contact No.(Mobile)	98613648	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SOC1932E	TP Vehicle Number	JNE806E
Claim Description	SOC1932E / JNE806E ON 7 Jul 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Report No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	08/07/2019 18:37	Claim Close Date		Date Received	08/07/2019 00:00
Report Taken By	ROSLI WAHAB				
Print A4 letter					

Save Submit

Attachment

Accident No.	MT/1052382	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/07/2019 18:38
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Category *
		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_806766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jul 2019 18:38	Photos	Normal
	NAC_BUKIT_MERAH_806766 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jul 2019 18:38	Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	SAS	Normal	SAS 2019-7-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 18:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-8

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (7/7/2019) (DD/MM/YYYY), TIME: (11:40) (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC 1932 E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 11:40 am
 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: YAP CHYE HEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 81621143 E CONTACT: 9863 3648
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ONG KOK CH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9754 1810
 c) ADDRESS: _____

* d) DATE OF BIRTH: (04/03/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) n/a

f) DATE OF DRIVING PASS 11/03/1978

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRAN

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: TRAFFIC JB

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JNE 8066 MODEL: PRIMA
 b) DRIVER'S NAME: LEE POH LI
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = Rayleo 6407@gmail.com

VIDEO

Type	Country Code	Passport No
PA	SGP	K0388913E
Name		



Save!

M

Date of birth:

04 MAR 1958

Date of issue:

10 APR 2018

Date of expiry
28 NOV 2023

13 NOV 2023

SEE PAGE 3

SEE PAGE 2

£12907241

For LKK/NAC Use Only



K0388913E2SGP5803044M2311137S1290724I<<<<58

Card Number **S12907241**



ONG KOH CHYE

For LKK/MAC Use Only

Birth Date: 04 Mar 1958

07 Jan 2004



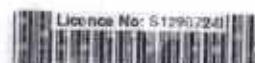
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

For LKR/NAC Use Only

RADS-DATE

Class 2B	Motorcycles not exceeding 200 cc	01 Jun 1978
Class 2A	Motorcycles between 201 cc and 400 cc	01 Jun 1978
Class 2	Motorcycles exceeding 400 cc	01 Jun 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Mar 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	17 May 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	13 Jul 1981

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5018126769-12

Cover: : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SGC1932E

Chassis Number

: MR053ZEC107111806

2. Name of Policyholder

: YAP CHYE HEE

3. Effective Date of Insurance

: 14 Jan 2019

4. Expiry Date of Insurance

: 13 Jan 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

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

: YES (FREE)

TRANSPORT ALLOWANCE

: YES

EXCESS WAIVER

: YES

PRIMARY DRIVER

: YAP CHYE HEE

NAMED DRIVER (1)

: YAP YI KIONG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: DBS BANK 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 : INCOME - JURONG BRANCH (00000600183)

Date of Issue : 22 Nov 2018 14:04 hrs

Reprint : 22 Nov 2018 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive