

NATIONAL Assessment Centre Services (2001 - Jan 2019) *NA49092434*

Date In: <i>15/07/2019 16:30</i>	Job description	Date & Time Completed	Done by
Ref No: <i>XBA19092434</i>	SAS e-filing		
Veh No: <i>FT883D</i>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <i>13/07/2019 B. 20</i>	I-Motor Claim Form	<i>17/052485001</i>	<i>15/07/2019</i>
OD: <i>TP</i> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>17:21</i>
	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: *SK7223K* 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: (\$) Lending: \$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

Claimant's Particulars	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Net Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
Addition's Comments:	For claimant's request INC Only (wef 10 Jan 2019)			
	6) TR: Re-inspection	\$75		
Cat. 1:	7) NI: Idan DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
Cat. 2/3:	9) NI: Courtesy Car / Tpt Allowance	\$5		
	10) NI: Repair Co-ordination	\$10		
	11) NI: Post Repair Inspection	\$25		
	12) NI: DV / Collect Excess Coordination	\$5		
	13) NI: TP (N-in INC) against INC	\$20		
	14) NI: Idan Mobile	\$0		
	Invoice date:	Fee Charged		
	Invoice date:	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	15/07/2019 16:20
Date Of Accident	13/07/2019 13:20
Exact Location Of Accident	KOVAN MARKET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ET883D
Insured/Policyholder	
Name Of Registered Owner	LEONG HEE JYE
NRIC No	S1436636I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96613921
Alternative Phone No	OTHERS-96613921

Vehicle Particulars

Manufacturer	BMW
Model	320IA/4DR
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109209453
Cover Note Number	

Driver

Name of Driver	LEONG HEE JYE
NRIC No	S1436636I
Date Of Birth	15/03/1960
Occupation	INDOOR
Date Of Driving Pass	04/07/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96613921
Fax Number	
Contact Number	OTHERS-96613921
EEmail Address	NOEMAIL

Address	26 HIGHLAND WALK
Postcode	549060
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKZ7223K
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ978Y
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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)

SKETCH PLAN

IMPORTANT NOTICE

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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:

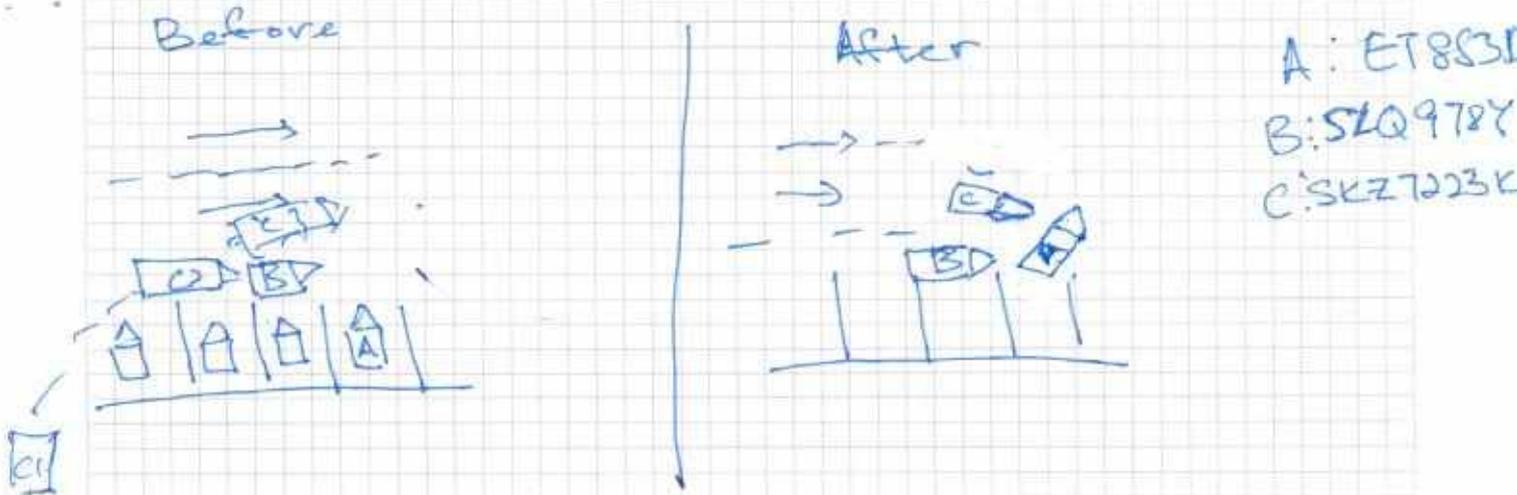
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th July 2019, 1323hrs in Kovan Market Carpark
 I signalled my intention to exit from my parking lot. Car SLQ978Y acknowledged my intention by putting on the double signal and blocking the road to let me out.
 After almost completing my exit, car SKZ7223K overtook car SLQ978Y by cutting into the other lane and hit my front wheel and fender.

DECLARATION

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

Policyholder's Signature
 Date & Time: 15/7/2019

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 15/7/2019

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

Claim Handling

Accident HT/1053485

Policy No.	5109209453	Vehicle No.	ET983D	GST Registration No.	
Certificate No.					
Policyholder Name	LEONG HEE JYE	Cover Type	Third Party	Policyholder NRIC	S14366361
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	96613921	Special Rating		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire			No
Accident Details					
Report Date	15/07/2019 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	15/07/2019	Time of Accident (hh:mm)	13:20	Country of Accisite	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	KOVAN MARKET CARPARK				

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	26 HIGHLAND WALK	Address 2	HIGHLAND COTTAGES	Address 3	SINGAPORE 549060
Address 4		Address Type	Singapore address	Post Code	549060
Unit No.		Related Policy Number	5109209453		

01 Driver Info					
Driver Name	LEONG HEE JYE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S14366361	Driver DOB	15/03/1960
Register Date of Driver License	11/05/1981	Driver Age	59	Driving Experience	38
Contact No.(Mobile)	96613921	Contact No.(Office)		Contact No.(Home)	
Address 1	26 HIGHLAND WALK	Address 2	HIGHLAND COTTAGES	Address 3	SINGAPORE 549060
Address 4		Address Type	Singapore address	Post Code	549060
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	ET983D	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 New

Claim Type *	OD-RX	Insured Name	LEONG HEE JYE	Insured NRIC	S14366361	
Contact No.(Mobile)	96262683	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address	admin@tmworkshop.com.sg	OT Vehicle Number	ET983D	TP Vehicle Number	5KZ722JK	
Claim Description	ET983D / 5KZ722JK ON 13 Jul 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Repair No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered		Claim Close Date	15/07/2019 17:20	Date Received	15/07/2019 00:00	
Report Taken By	ROSLI WAHAB					
<input checked="" type="checkbox"/> Print All letter						
Save Submit						

Attachment

Accident No.	HT/1053485	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2019 17:21
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_806676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:21	Photo	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_806676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:21	Photo	Normal	Photos 2019-7-15	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:21	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:21	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:21	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:20	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:20	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:20	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:20	Photos	Normal	Photos 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:20	SAS	Normal	SAS 2019-7-15
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 17:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-15

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				

ACCIDENT STATEMENT

ACCIDENT DATE: (13/7/2018) (DD/MM/YYYY), TIME: (13.23) (HH:MM)

LOCATION: Covan market

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ET 8830
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5109209453
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: BMW
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: lunch
- 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: Leong Hie Jye (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: W36636 FI CONTACT: 96613921
- c) ADDRESS: 26 Highland Walk S 549060

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25/1/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3KZ722K MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLQ 978Y MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1436636I



Name

LEONG HEE JYE

梁其杰

Race

CHINESE

Date of birth

15-03-1960

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only



6205898



NRIC No S1436636I



For LKK/NAC Use Only

Date of issue

30-05-2019

Address

26 HIGHLAND WALK
SINGAPORE 549060



**SINGAPORE
POLICE FORCE**



D/20190716/2022

1 of 2

Report No. D/20190716/2022

POLICE REPORT (NP322)

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

Date/Time Report Made 16/07/2019 12:18		Vide Report No.		Station Diary No. 31	
Name Of Informant LEONG HEE JYE		Address 26 HIGHLAND WALK SINGAPORE 549060			
ID Type / ID No. NRIC NO / S1436636I		Contact No. Home/Office		Mobile 96613921	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation DIRECTOR		Sex Male	Age 59	Date of Birth 15/03/1960	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 15/07/2019 10:30		Location Of Incident 26 HIGHLAND WALK HIGHLAND COTTAGES SINGAPORE 549060			

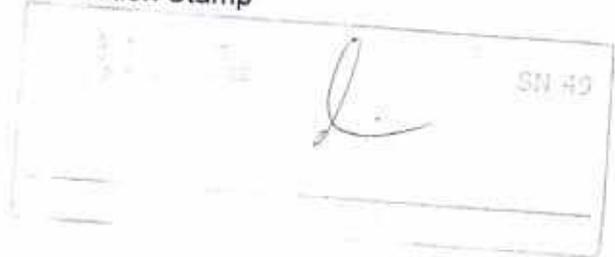
Brief details.

On the above mentioned date, time and location, I discovered the loss of the following item. I made a search but to no avail.

Property Information

Signature Of Officer Recording The Report: D / Sgt 2 CHOW YUN NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/07/2019 12:18
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt MUHAMAD AZLI BIN MAIZAR Contact No.: 68727901	Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645



POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. D/20190716/2022

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Provisional Driving Licence			1		ONE PROVISIONAL DRIVING LICENSE BELONGING TO S14366361

Signature Of Officer Recording The Report:
D / Sgt 2 CHOW YUN NI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Sr Staff Sgt MUHAMAD AZLI BIN MAIZAR
Contact No.: 68727901

Signature Of Informant:

Date/Time:
16/07/2019 12:18

Classification Of Case:

Authentication Stamp

S/149

FUPO hotline number: 68429645

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: 5109209453

Cover : Third Party

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | : ET883D |
| Chassis Number | : WBAAN12010NB76745 |
| 2. Name of Policyholder | : LEONG HEE JYE |
| 3. Effective Date of Insurance | : 29 Apr 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	: LEONG HEE JYE
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 : ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue : 30 Apr 2019 12:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive