

NATIONAL Assessment Centre Services (part 1 of 2) MAY 19 09 5607

Date In: 22/07/2019 14:38	Job description	Date & Time Completed	Done by
Ref No: N/A/INC19012877/M	SAS e-filing		
Veh No: SJS 9377K	E-mail (within 2hrs. AIC 2hrs)		
D.O.A: 20/07/2019 12:00	I-Motor Claim Form	M/1105447-001	22/07/2019
OD: TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		16:12
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SKQ 1234E 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

Client's Particulars:	Invoice Preparation Checklist:	
	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	11) 1310
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)	12) Add. 1311
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30	
Cal. J:	6) TR: Itc-Inspection \$75	
Cal. 2/3:	7) N1: Idm DA + SMRT Survey \$160	
P. 1/1	8) NT/M: Additional Services:	
	9) N3: Courtesy Car / Tpt Allowance \$5	
	10) N6: Repair Co-ordination \$10	
	11) N7: Post Repair Inspection \$25	
	12) N8: DV / Collect Excess Coordination \$5	
	13) TP (N11) / TP (N12) against INC \$20	
	14) N12: Idm Mobiles 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/07/2019 14:38
Date Of Accident	20/07/2019 12:05
Exact Location Of Accident	BOON LAY DRIVE TOWARDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9377K
Insured/Policyholder	
Name Of Registered Owner	ISKANDAR SEAH@SEAH SEOW LIAN
NRIC No	S0177798Z
Email Address	SEAH.ISKANDAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93878154
Alternative Phone No	OTHERS-93878154

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	5103101823
Cover Note Number	

Driver

Name of Driver	ISKANDAR SEAH@SEAH SEOW LIAN
NRIC No	S0177798Z
Date Of Birth	26/09/1948
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93878154
Fax Number	
Contact Number	OTHERS-93878154
Email Address	SEAH.ISKANDAR@GMAIL.COM

Address	BLK 206 BOON LAY DRIVE #09-49
Postcode	640206
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : GRANDSON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
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	SKQ1238E
Vehicle Make/Model/Colour	MERCEDES BENZ
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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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**.
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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: 22/7/19 @ 10:00 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHMENT.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 20/7/2017 AT ABOUT 1208HRS I WAS TRAVELLING ALONG BOON LAY DR. THERE WAS A HEAVY JAM DUE TO THE ROAD RESULTING AT JUNCTION OF BOON LAY DR X CORPORATION RD.

MY CAR - SJS 9377K WAS IN THE QUEUE ON THE RIGHT SIDE OF THE LANE (SHOW ON THE SKETCH).

WHITE MERCEDE - SKQ 1238 ON THE LEFT SIDE OF THE LANE TRYING TO CUT INTO THE RIGHT SIDE (SEE SKETCH)

THUS THE MOVEMENT ON MY LANE WAS STOP & MOVE. THE WHITE MERCEDE TRYING HARD TO CUT INTO MY PATH THUS THERE WAS A CONTACT.

WE DIDNOT STOP AFTER REACH HOME I CHECKED THERE WAS A SCRAP LINE ON THE LEFT SIDE FRONT WHEEL & FENDER.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 22/7/19

1050000

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 22/07/2019
Reporting Centre Personnel's Signature
Name: Kesh
NRIC/FIN No.: 1004503

CORPORATION ROAD



A - SJS 9377K

B - SKQ 1238E
(WHITE MERCEDES)

Boon Lay
PRINTER

Jim 22/07/2019
Re: WATTS

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999 Fax: 62672438



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

Traffic Police
Annex D

NOTICE OF REPORTING

Informant Name : ISKANDAR SEAH @ SEAH SEOW LIAN
Identity Card No : S0177798Z
Age / Sex / Race : 71 yrs old/ Male/ Chinese
Address : Blk 206 Boon Lay Drive #09-49 S(640206)
Nationality : Singaporean
Occupation : Marine Operations
Telephone No : 93878154

This is to confirm that the above informant, driver of vehicle registration number, SJS9377K, has reported to the Police a non-injury traffic accident which occurred on the 20/07/2019 between 1208hrs along the Boon Lay Drive towards the junction of Corporation Rd involving the following vehicle/s:

V1 : SJS9377K (Iskandar Seah's vehicle)
V2 : SKQ1238E (Unknown subject, White Mercedes)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer : Sgt Nisa
Date / Time : 20/07/2019 / 1300hrs
Station Diary No : 87
Police Post : Jurong West NPC

Signature of Informant : 

Signature of Issuing Officer : 

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Claim Handling

Accident MT/1054442

Policy No.	5103101823	Vehicle No.	SJ59377K	GST Registration No.	
Certificate No.					
Policyholder Name	ISKANDAR SEAH@SEAH SEOW LIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S0177796Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93878154	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KIK	Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	22/07/2019 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/07/2019	Time of Accident (hh:mm)	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY DRIVE TOWARDS CORPORATION ROAD				

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 206 #03-49	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640206
Address 4		Address Type	Singapore address	Post Code	640206
Unit No.		Related Policy Number	5103101823		

OT Driver Info

Driver Name	Iskandar Seah @ Seah Seow Lian	Driver Type	Main Driver	Driver DOB	26/09/1948
Unnamed driver Name		Driver NRIC	S0177796Z	Driving Experience	44
Regulator Date of Driver License	03/02/1970	Driver Age	70	Contact No.(Home)	
Contact No.(Mobile)	93878154	Contact No.(Office)		Address 1	BLK 206 #03-49
Address 1	BLK 206 #03-49	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640206
Address 4		Address Type	Singapore address	Post Code	640206
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore registered car?	Yes = No	Driver Vehicle No.	SJ59377K		

Breathalyzer or Blood Test reading?	0 mg	Any injury?	Yes = No
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Modification History

Claim 001 **None**

Claim Type *	DD-IX	Insured Name	ISKANDAR SEAH@SEAH SEOW LIAN	Injured NRIC	S0177796Z
Contact No.(Mobile)	93878154	Contact No.(Home)	62511277	Contact No.(Office)	
Email Address	iskandar.seah@gmail.com	OT Vehicle Number	SJ59377K	TP vehicle number	SKQ1238E
Claim Description	SJS9377K / SKQ1238E ON 20 Jul 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	22/07/2019 16:11	Claim Date		Date Received	22/07/2019 00:00
Report Taken By	ROSLI WIRAH				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1054442	Claim No.	001																																				
Last Doc. Received	Yes No	Upload Date	22/07/2019 16:12																																				
Path *	<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Choose File</td> <td>No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Message Read</td> <td colspan="3">Send Message</td> </tr> </tbody> </table>			Category *	Confidential	Urgency *	Description *	Choose File	No	Normal		Message Read	Send Message																										
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 22 Jul 2019 16:12	Photo	Normal	Photos 2019-7-22	
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 22 Jul 2019 16:12	Photo	Normal	Photos 2019-7-22	
	NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 22 Jul 2019 16:12	Photo	Normal	Photos 2019-7-22	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:12	Photos	Normal	Photos 2019-7-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:11	Photos	Normal	Photos 2019-7-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:11	Photos	Normal	Photos 2019-7-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:11	Photos	Normal	Photos 2019-7-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:11	Photos	Normal	Photos 2019-7-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:11	NWSC/ Driving License	Normal	NWSC/ Driving License 2019-7-22
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jul 2019 16:11	SAS	Normal	SAS 2019-7-22

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
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ACCIDENT STATEMENT

ACCIDENT DATE: 20/7/2019 (DD/MM/YYYY), TIME: 12:08 (HH:MM)

LOCATION: BOON LAY DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 9377K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5103101823
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: VW JETTA
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: ISKANDAR SEAH @ SEAH SEOWHIAN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S017798Z CONTACT: 93878154
C) ADDRESS: BLK 206 BOON LAY DR. #09-49
SINGAPORE 640206

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 26/9/1948 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: A - JUN 1976

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

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: JURONG WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SICQ 1239 MODEL: WHITE MERCEDES
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

WIFE & GRANDSON

* No of passenger
(including driver)
(3)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

email = Seah.iskandar@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0177798Z

For LKK/NAC Use Only



ISKANDAR SEAH
 @SEAH SEOW LIAN

Race: CHINESE
 Date of Birth: 26-09-1948
 Country of Birth: SINGAPORE

Sex: M

1936470

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0177798Z

Name: ISKANDAR SEAH

For LKK/NAC Use Only

Birth Date: 26 Sep 1948
 Issue Date: 29 Mar 2004

001178309F

1936470



NRIC No. S0177798Z

For LKK/NAC Use Only



Blind Grade: A+
 Date of issue: 24-04-1994

APT BLK 206 BOON LAY DRIVE #09-49
 SINGAPORE 640208

NRIC No: S0177798Z Date: 22-10-2001 No: 3693978

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 3500 kilograms

ISSUE DATE: 04 Jun 1976

For LKK/NAC Use Only

NP 428A

Licence No: S0177798Z



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: 5103101823

Cover : drive CLASSIC

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJS9377K |
| Chassis Number | : WVVZZZ1KZ9U021318 |
| 2. Name of Policyholder | : ISKANDAR SEAH@SEAH SEOW LIAN |
| 3. Effective Date of Insurance | : 16 Sep 2018 |
| 4. Expiry Date of Insurance | : 15 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 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)	: S\$600
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	: NO
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ISKANDAR SEAH @ SEAH SEOW LIAN
NAMED DRIVER (1)	: ERWIN IRIAWAN SEAH KENG SONG
NAMED DRIVER (2)	: RIDWAN IRIAWAN SEAH KENG LENG
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PART VALUE 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 : INSUREMYCAR.COM.SG (00000615275)

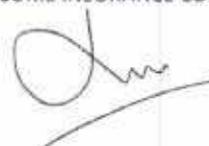
Date of issue : 28 Aug 2018 16:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive