

NATIONAL Assessment Centre Services			
Date In: 26/07/2019 15:36	Job description	Date & Time Completed	Done by
Ref No: N/A/INC19013204/Y	SAS e-filing		
Veh No: 2H 8822G	E-mail (within 2hrs, AIG 2hrs)		
D.O.A: 21/05/2019 00:00	I-Motor Claim Form	MT11053627/001	26/07/2019 16.11
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / MNC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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 (no line: 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

N/A/905565		Invoice Preparation Checklist:		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		Inc Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100)			
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 claimant against INC Only (wef 19 Jan 2019)			
Cal. 1:		6) TR: Tie-inspection \$75			
Cal. 2/3:		7) NI: Idm DA + SMRT Survey \$160			
1/1/19		8) NTUC Additional Services:			
		9) NI: Idm Mobile \$30			
		*N3: Courtesy Car / Tpi Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DY / Collect Excess Coordination \$5			
		TP (NI1): TP (Non INC) against INC \$20			
		Invoice dated		Pen Charged	
		Invoice dated		Pen 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 26/07/2019 15:36  
Date Of Accident 21/05/2019 00:00  
Exact Location Of Accident UNKNOWN  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH8822G  
**Insured/Policyholder**  
Name Of Registered Owner HERITAGE AUTO CAPITAL PTE LTD  
Co Reg No 201326468K  
Email Address EDWIN@CARCOVE.COM.SG  
Mobile Phone No (LOCAL) +65-87818338  
Alternative Phone No OFFICE-92218288

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model S400 HYBRID-3.5 (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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5109268130  
Cover Note Number

### Driver

Name of Driver TAN PEH HIN MICHAEL  
NRIC No S1686630Z  
Date Of Birth 05/09/1965  
Occupation INDOOR  
Date Of Driving Pass 11/02/1984  
Driving Experience 35 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-87818338  
Fax Number  
Contact Number OTHERS-92218288  
EMail Address EDWIN@CARCOVE.COM.SG

Address 8 CAIRNHILL RISE  
#13-01  
Postcode 229743  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident NO COLLISION  
Weather Conditions UNKNOWN  
Road Surface UNKNOWN

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles (including own vehicle) involved in the accident 1  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? NO  
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 COMMONWEALTH NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190726/2039

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

SKETCH PLAN

UNKNOWN LOCATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/2019/0726/2039

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/PIN No.:

26/07/2019  
Kesh 10/10/03



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



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



D/20190726/2039

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20190726/2039

Police Station Of Origin  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Date/Time Report Made 26/07/2019 14:41	Vide Report No.	Station Diary No. 7
Name Of Informant TAN PEH HIN MICHAEL	Address 8 CAIRNHILL RISE #13-01 SINGAPORE 229743	
ID Type / ID No. NRIC NO / S1686630Z	Contact No. Home/Office                      Mobile 88188228	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation IT CONSULTANT	Sex Male	Age 53
Institution/School Name	Language	Date of Birth 05/09/1965
Date/Time Of Incident 16/07/2019 16:00	Race Chinese	
	Location Of Incident 1557 KEPPEL ROAD INCHCAPE MARKETING BUILDING SINGAPORE 089066 Heritage Auto Capital Pte Ltd	

**Brief details.**

On 25/07/2019, I received a message from Heritage Auto Capital Pte Ltd regarding a claim has been lodged against my motor policy for vehicle SJH88222G. I then went down to the company and get the NTUC income insurance letter from them. I contacted NTUC income and told them that I did not met with any accident and they informed me to lodge a police report so that they could do a investigation on their side. I wished to state that I do not know when or where it took place, all I was told is an accident involve passenger in the bus. I want to lodge a police report for record purpose.

Signature Of Officer Recording The Report: D / Sgt 2 LIU FENGZHAN, GERRY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2019 14:41
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP PHOR HUILIN Contact No.: 67740000	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



D/20190726/2039

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. D/20190726/2039**

Signature Of Officer Recording The Report:

D / Sgt 2 LIU FENGZHAN, GERRY

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
ASP PHOR HUILIN  
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:  
26/07/2019 14:41

Classification Of Case:

## Claim Handling

Accident MT/1053627

Policy No.	51092BR130	Vehicle No.	51H68220	GST Registration No.	
Certificate No.					
Policyholder Name	HERITAGE AUTO CAPITAL PTE LTD			Policyholder NRIC	201326460K
Product Code	PRIVATE CAR INSURANCE	Cover Type	Minor CLARUE	Leading	0
Contact No.(Mobile)	N/A	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
FR	No Yes	Ten	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	16/07/2019 13:28	Accident Report Within 24 hrs	Yes	Accident Type	No Collision
Date of Accident	21/05/2019	Time of Accident (hr:min)	07:32	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BT TIMAH ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YISD OD Excess		YISD TP Excess			
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	14/07/2019 11:22:12 System changed GST Status verified from No to Yes				

<b>Policyholder Mailing Address</b>					
Address 1	1557 KEPPEL ROAD	Address 2	#01-02	Address 3	SINGAPORE 08006
Address 4		Address Type	Singapore address	Post Code	08006
Unit No.		Related Policy Number	51092BR130		

<b>01 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does He own a Singapore Registered car?	Yes / No	Driver Vehicle No.		Driver Insurer Company	

Modification History:

Claim 002 **New**

Claim Type *	CO-MX	Insured Name	HERITAGE AUTO CAPITAL PTE LTD	Insured NRIC	201326460K	
Contact No.(Mobile)		Contact No.		Contact No.(Office)	87788808	
Email Address		Vehicle Number	51H68220	TP Vehicle Number	UNKNOWN	
Claim Description	51H68220 / UNKNOWN ON 21 May 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Vehicle	Not at Fault	GIA report	Received	
RAIRING No.		Repair Order				
Date Reported						
Report Taken By		Claim Close Date	25/07/2019 16:18	Date Received	25/07/2019 00:00	
			ROSLI WANAB			

Print &amp; E-mail

Save Submit

## Attachment

Accident No.	MT/1053627	Claim No.	002
Last Doc. Received	Yes / No	Upload Date	26/07/2019 16:11
Path: +			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jul 2019 15:11	Photos	Normal	Photos 2019-7-25	
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jul 2019 16:11	Photos	Normal	Photos 2019-7-26	
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jul 2019 16:11	Photos	Normal	Photos 2019-7-26	



Our Ref: MT/CA/TP/001/1053627-001/SN/IK

16 Jul 2019

HERITAGE AUTO CAPITAL PTE LTD  
1557 KEPPEL ROAD  
#01-02  
SINGAPORE 089066

Dear Policyholder

**CLAIM NUMBER: MT/1053627-001**

**ACCIDENT INVOLVING SJH8822G / LIM HOCK SOON on 21 May 2019**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

# ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 05 / 2019 (DD/MM/YYYY), TIME: UNKNOWN (HH:MM)  
LOCATION: UNKNOWN

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SWH 8823G  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5109268130  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: MERCEDES BENZ S400 HYBRID  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: CAR COVE LEASING PTE LTD (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: 201602573M CONTACT: 87818338  
C) ADDRESS: 155A HAPPA ROAD BLOCK C #01-02  
(3) 089066

\* CONTINUE TO 3. d. IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: TAN ZH HAN MICHAEL (MALE / FEMALE)  
e) NRIC/FIN/PASSPORT: 916866302 CONTACT: 92218288  
f) ADDRESS: 8 CHIRNHILL RISE #13-01 (S) 229743

\* d) DATE OF BIRTH: 05 / 09 / 1965 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 11 / 01 / 1984

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS UNKNOWN

b) ROAD SURFACE: DRY / WET / OTHERS UNKNOWN

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: COMMONWEALTH N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL: edwin@carcove.com.sg

VIDEO:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1686630Z



TAN PEH HIN MICHAEL

For LKK/NAC Use Only

Race

CHINESE

Date of Birth

05-09-1965

Country of Birth

SINGAPORE

Sex

M

1686630Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1686630Z

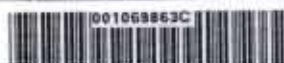
Name

TAN PEH HIN MICHAEL

For LKK/NAC Use Only

Birth Date 05 Sep 1965

Issue Date 31 Dec 2003



NRIC No. S1686630Z

For LKK/NAC Use Only



Merit Group

A+

Date of issue

28-04-1994

8 CAIRNHILL RISE #13-01  
SINGAPORE 229743

NRIC No. S1686630Z

Date: 27/09/2016

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

PASS DATE

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

11 Feb 1964

For LKK/NAC Use Only

NP 426A



## 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:** 5109268130

**Cover :** drivo CLASSIC

- |                                                                                                                                                                                                                                                                                                               |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : SJH8822G                      |
| Chassis Number                                                                                                                                                                                                                                                                                                | : WDD2221572A059951             |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : HERITAGE AUTO CAPITAL PTE LTD |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 16 May 2019                   |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 15 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 or Hirer's business.                                                                                                                                                                                              |                                 |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN PEH HIN MICHAEL
NAMED DRIVER (1)	: N/A
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)  
Date of Issue : 13 May 2019 13:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive