

NATIONAL Assessment Centre Services (cont. 1 Jan 2019) *MMAY 19 10 14 60*

| | | | |
|----------------------------------|------------------------------------------|-----------------------|-------------------------|
| Date In: <i>02/08/2019 16:27</i> | Job description | Date & Time Completed | Done by |
| Ref No: <i>NA1905752</i> | SAS e- filing | | |
| Vel No: <i>SMO 1277</i> | E-mail (within 4hrs, AIC 2hrs) | | |
| D.O.A: <i>13/07/2019 00:00</i> | I-Motor Claim Form | <i>mmh054460-002</i> | <i>02/08/2019 16:40</i> |
| OD: TP: <u>Reporting Only</u> | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Whse | | |

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

TP Particulars: Vel No: *SMN 8999M* 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: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1905752

| Claimant's Particulars | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
|---------------------------------|-------------------------------------------------|-------------|-----------|
| Driver/Owner: | | In Bill | Add. Bill |
| Contact No: | 1) AR: Accident Reporting (\$30) | | |
| Damaged Portion: | 2) DA: Damage Assessment (\$100) | INC (\$80) | |
| QC Checked by (Engr-In-Charge): | 3) TP: Towing Fee | \$40/\$45 | |
| Additional Comments: | 4) FT: Follow-Through Survey | \$120 | |
| Call: <i>1/1 '19</i> | 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| Call 2/3: | For claiming against INC Only (wef 10 Jan 2019) | | |
| | 6) TR: Re-inspection | \$75 | |
| | 7) NI: Idm DA + SMRT Survey | \$160 | |
| | 8) NTUC Additional Services: | | |
| | (Nil) | | |
| | *NB: Courtesy Car / Tpl Allowance | \$5 | |
| | *NB: Repair Co-ordination | \$10 | |
| | *NB: Post Repair Inspection | \$25 | |
| | *NB: DV / Collect Excess Coordination | \$5 | |
| | TP (NIL): TP (Nil INC) against INC | \$20 | |
| | 9) NI2: Idm Mobils | \$0 | |
| | Invoice date: | Fax Charged | |
| | | Fax 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 | 02/08/2019 16:27 |
| Date Of Accident | 13/07/2019 00:00 |
| Exact Location Of Accident | UNITY STREET CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------------|
| Vehicle Registration Number | SMD127T |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN KHENG LIN, BELINDA (CHEN QINGLING) |
| NRIC No | S7238037A |
| Email Address | DENNISTAN1971@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97595664 |
| Alternative Phone No | OTHERS-97555377 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|------------------------------|
| Manufacturer | SUBARU |
| Model | LEGACY-2.0GT WAGON TURBO (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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5105031682 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | TAN KHENG MING DENNIS |
| NRIC No | S7113970J |
| Date Of Birth | 14/04/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/05/2013 |
| Driving Experience | 6 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97595664 |
| Fax Number | |
| Contact Number | OTHERS-97555377 |
| Email Address | DENNISTAN1971@GMAIL.COM |

| | |
|-----------------------------------------------------|----------------------------------------|
| Address | BLK 138B LORONG 1A TOA PAYOH #16-24 |
| Postcode | 312138 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SIBLING |
| 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 | 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

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 | SMN8999M |
| 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

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: 02/08/2019



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

Claim Handling

Accident MT/1054400

| | | | | | |
|---------------------|----------------------------------------|---------------------|-------------|----------------------|---------------|
| Policy No. | 3105031682 | Vehicle No. | SND127T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TAN KHENG LIN, BELINDA (CHEN QINGLING) | | | Policyholder NRIC | S7J28037A |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No * |
| KFE | - No Yes | TCA | - No Yes | eCode Reason | |
| NCD Protection | No | NCD Enhancement(%) | 0 | Invoice Info | Not available |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 22/07/2019 16:32 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 11/07/2019 | Time of Accident (H:MM) | 22:10 | Country of Accident | Singapore |
| Reporting Centre | | Damage Type | | ICM No. | |
| Accident Location | UNQTY STREET | | | | |

Excess

| | | | | | |
|-----------------------|------|-----------------------------|------|-------------------|------|
| Own Damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | BLK L3M1 #10-24 | Address 2 | LORONG JA TGA PAVOH | Address 3 | SINGAPORE 111136 |
| Address 4 | | Address Type | Singapore address | Post Code | 112136 |
| Unit No. | | Related Policy Number | 3105031682 | | |

OL Driver Info

| | | | | | |
|-----------------------------------------|----------|---------------------|-----------------|------------------------|--|
| 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 | | Address 3 | |
| Address 4 | | Address Type | Foreign address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes - No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 [New](#)

| | | | | | |
|---------------------|-----------------------------------|----------------------------------|----------------------------------------|---------------------|------------------|
| Claim Type * | OD-ME | Insured Name | TAN KHENG LIN, BELINDA (CHEN QINGLING) | Insured NRIC | S7J28037A |
| Contact No.(Mobile) | 87795664 | Contact No.(Home) | 60845472 | Contact No.(Office) | |
| Email Address | tan_bel@yaho.com | OL Vehicle Number | SND127T | TP Vehicle Number | SNN8999H |
| Claim Description | SND127T / SNN8999H ON 12 Jul 2019 | | | | |
| Preferred Workshop | Insured Liability | Not at Fault | Insured | Received | |
| Reported by | Repair Option | Preferred Workshop, Name unknown | GIA report | Received | |
| Date Registered | 02/08/2019 16:26 | Claim Cash Date | | Date Received | 02/08/2019 00:00 |
| Report Taken By | ROSL WAHAB | | | | |

[Print KK letter](#)

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

Attachment

| | | | |
|--------------------|------------|-------------|------------------|
| Accident No. | MT/1054400 | Claim No. | 002 |
| Last Doc. Received | Yes - No | Upload Date | 02/08/2019 16:40 |

| Category * | Confidential | Urgency * | Description * |
|------------|---------------|-----------|---------------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

[Send Message](#)

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (CO) |
|------------|--------------------------------------------------------------------------------------------------|-----------------------|---------|--------------------------------|---------------|
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:40 | SAS | Normal | SAS 2019-8-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:40 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-8-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:37 | Photo | Normal | Photos 2019-8-2 | |
| | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:37 | Photo | Normal | Photos 2019-8-2 | |

Claim Handling(Claim Task)



| | | | |
|--------------------------------------------------------------------------------------------------|--------|--------|-----------------|
| NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:27 | Photos | Normal | Photos 2019-8-2 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:27 | Photos | Normal | Photos 2019-8-2 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:27 | Photos | Normal | Photos 2019-8-2 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:27 | Photos | Normal | Photos 2019-8-2 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:26 | Photos | Normal | Photos 2019-8-2 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:26 | Photos | Normal | Photos 2019-8-2 |
| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:26 | Photos | Normal | Photos 2019-8-2 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:26 | Photos | Normal | Photos 2019-8-2 |
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| NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Aug 2019 16:26 | Photos | Normal | Photos 2019-8-2 |

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 17/07/2019 (DD/MM/YYYY), TIME: 00:00 (HH:MM)

LOCATION: UNITY STREET CARPARK (CONNECTION FROM NTUC)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD127T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5105021602
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SUBARU STATION WAGON
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: TAN KHENG HIN BEUNDA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7230237A CONTACT: 97555664
c) ADDRESS: 117 BK B3B KARIA ROAD #16-24 S(31238)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN KHENG HIN BEUNDA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7230237A CONTACT: 97555664
c) ADDRESS: 117 BK B3B KARIA ROAD #16-24 S(31238)

*d) DATE OF BIRTH: 14/04/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 MAY 2012

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
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: SMA8999M MODEL:
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:

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = dennisstan1971@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7113970J



Name
TAN KHENG MING DENNIS

For LKK/NAC Use Only

Race
CHINESE

Date of Birth 14-04-1971 Sex M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7113970J

Name
TAN KHENG MING DENNIS

For LKK/NAC Use Only

Birth Date 14 Apr 1971

Issue Date 23 May 2013




2885703



NRIC No. S7113970J

For LKK/NAC Use Only

Special Group Q+ Date of issue 17-10-1997

AP1 BLK 1388 LURONG TA TUA PAYOH #18-24
SINGAPORE 312138

NRIC No: S7113970J Date: 03/07/2012 No: 7079597



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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 May 2013

For LKK/NAC Use Only

NP 425A

Licence No: S7113970J



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: 5105031682

Cover : Third Party

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMD127T |
| Chassis Number | : JF1BP9KV57G054776 |
| 2. Name of Policyholder | : TAN KHENG LIN |
| 3. Effective Date of Insurance | : 29 Oct 2018 |
| 4. Expiry Date of Insurance | : 28 Oct 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) | : 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 | : NO |
| PRIMARY DRIVER | : TAN KHENG LIN BELINDA |
| 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 : JG MOTOR AGENCY (00000613374)
Date of Issue : 29 Oct 2018 08:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

| | | | |
|--------------------------|-----------------------------------------------|-----------------------------|--------------------------------|
| Vehicle No.: | SMD127T | Vehicle Scheme: | Normal |
| Vehicle Type: | P11 - Passenger Station Wagon/Jeep/Land Rover | Vehicle Model: | LEGACY WAGON 2.5GT AWD 5AT ABS |
| Vehicle Make: | SUBARU | Engine No.: | EJ25D061553 |
| Chassis No.: | JF1BP9KV57G054776 | Trailer Chassis No.: | - |
| Motor No.: | - | Passenger Capacity: | 4 |
| Propellant: | Petrol | Power Rating: | - |
| Engine Capacity: | 2457 cc | Maximum Laden Weight: | 1785 kg |
| Unladen Weight: | 1510 kg | Secondary Colour: | - |
| Primary Colour: | Grey | Maximum Power Output: | 184.0 kW (246 bhp) |
| IU Label No.: | 1123238366 | Original Registration Date: | 18 Sep 2009 |
| First Registration Date: | 18 Sep 2009 | Open Market Value: | \$31,296.00 |
| Manufacturing Year: | 2007 | Minimum PARF Benefit: | \$15,648.00 |
| PARF Eligibility: | Yes | Actual ARF Paid: | \$31,296.00 |
| No. of Transfer: | 2 | | |

Owner Particulars

| | |
|-----------------------------|----------------------------------------|
| Owner Name: | TAN KHENG LIN, BELINDA (CHEN QINGLING) |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 57238037A |
| Registered Address Type: | HDB / HUDC |
| Registered Block/House No.: | 138B |
| Registered Street Name: | LORONG 1A TOA PAYOH |
| Registered Unit No.: | # 16 - 24 |
| Registered Building Name: | - |
| Registered Postal Code: | 312138 |
| COE No./Expiry Date: | 2009090107001216N / 17 Sep 2019 |
| COE Bld Category: | E - Open Category |
| QP Paid: | \$17,905.00 |

Transaction Details

| | |
|--------------------------------|----------------------|
| Business Transaction Ref. No.: | 20181031161221111093 |
| Business Transaction Date: | 31 Oct 2018 |
| Business Transaction Time: | 16:12:21 |

Message

Vehicle has been successfully transferred to TAN KHENG LIN, BELINDA (CHEN QINGLING) (57238037A).

Please note that \$990.00 will be deducted from your GIRO account.

Please note that the name you have entered is different from LTA's record and will be subject to LTA's verification.

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