NATIONAL Assessment Centre Services (Job No.) MNA49/0823

Date In: 05/08/2018 21:00	Job description	Date & Time Completed	Done by
Ref No: MBHZUC1901372A	SAS e-filing		
Veh No: SMF2833P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/08/2018 13:25	i-Motor Claim Form	mr1056588-001 06/08/2018 10:37	
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 /NNC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: YN8434J 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: PI (INC hotline: 67881616)	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

MA190620

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) in Bill	Amt ($) Add. Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claim(s) against INC Only (w.e.f 10 Jan 2015)			
6) TR : Re-Inspection	$75		
7) N1 : Idau DA + SMRT Survey	$160		
8) NTUC Additional Services:			
(2)*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non-INC) against INC	$20		
9) N12: Idau Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

P. 1/1

07-MAY-2019 18:38

MNA419102823 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 05/08/2019 21:00
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	05/08/2019 21:00
Date Of Accident	05/08/2019 13:25
Exact Location Of Accident	LAVENDER STREET JUST AFTER FOCH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2833P
Insured/Policyholder	
Name Of Registered Owner	LOW AI LIN
NRIC No	S1161696H
Email Address	JOEFOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96162585
Alternative Phone No	OTHERS-97382121
Vehicle Particulars	
Manufacturer	SKODA
Model	KAROQ 1.5 TSI AMBITION (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	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	5108561025
Cover Note Number	
Driver	
Name of Driver	JOSEPH FOO CHEE HOE
NRIC No	S0150747H
Date Of Birth	05/04/1953
Occupation	INDOOR
Date Of Driving Pass	22/04/1974
Driving Experience	45 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96162585
Fax Number	
Contact Number	OTHERS-97382121
EMail Address	JOEFOO@GMAIL.COM

Address	7 LORONG SARHAD
Postcode	119135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : FRIEND GENDER: : MALE

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	YN8434J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 5/2/2019 16:45

Driver's Signature
(if driver is not the policyholder)
Date & Time: 5/2/19 16:44

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

SKETCH PLAN

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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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   (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

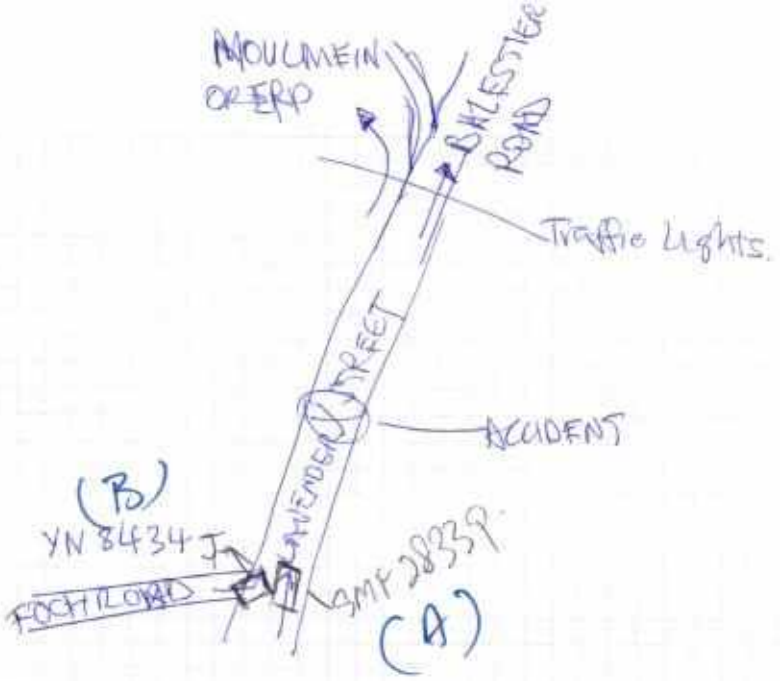
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:
5/8/2019
16.45

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/8/19 16:44

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
06/08/2019

SKETCH PLAN



A) SMF 2833P
B) YN8434J.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/8/19 at 1:38pm, I was driving along Lavender Street (middle Lane) and after Foch Road juction a lorry YN8434J (belonging to Regal Logistics Pte Ltd) came alongside (coming out of Foch Road) and knocked my side mirror.
He did not stop dispite my horning all the way to another ~~site~~ set of traffic lights.
I confronted him and told him about the accident. Unfortunately we were on the wrong lane and we have to ~~part~~ go separately.
My friend managed to take photographs of the lorry and the damage to the side mirror.
The side mirror was facing outwards indicating that it was knocked by a ~~car~~ oncoming vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:
5/8/2019
16:50

Driver's Signature
(If driver is not the policyholder)
Date & Time:
5/8/19 16:50

06/08/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 08 / 2019) (DD/MM/YYYY), TIME: (13 : 28) (HH:MM)

LOCATION: Lavender Road - just after Foch Road

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMF2833P
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5108561025
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: SKODA KAROQ
   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: LOW AI LIN (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S7161696H CONTACT: 96162585
   c) ADDRESS: 7 CORONG SARHAD SINGAPORE ~~SG~~ 119135.

FRIEND

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: JOSEPH FOO CHEE HOE (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S0150747H CONTACT: 97382121
   c) ADDRESS: 7 CORONG SARHAD SINGAPORE 119135
   *d) DATE OF BIRTH: (05 / 04 / 1953) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 22/04/1974

*No of passenger (including driver) (2)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND
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: YN84345J MODEL: ??
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) (__)

COMPANY : REGAL LOGISTICS PTE LTD

email =

VIDEO

Claim Handling

Accident MT/1056589

Policy No.	5108561025	Vehicle No.	SMF2833P	GST Registration No.	
Certificate no.					
Policyholder Name	LOW AI LIN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Policyholder NRIC	S1181866H
Contact No.(Mobile)	96162585	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	20	eCode Reason	
				Private Hire	No

Accident Details

Report Date	06/08/2019 10:18	Accident Report Within 24 Hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	05/08/2019	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LAVENDER STREET JUST AFTER POOH ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00		

Benefits

Coverage			
Transport Allowance		Sum Insured	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	7 LORONG SARHAD	Address 2	CHESTER Pole	Address 3	SINGAPORE 119135
Address 4		Address Type	Singapore address	Post Code	119135
Unit No.		Related Policy Number	5108561025		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JOSEPH FOO CHEE HOE	Driver NRIC	S0150747H	Driver DOB	05/04/1953
Register Date of Driver License	05/04/1974	Driver Age	66	Driving Experience	45
Contact No.(Mobile)	97382131	Contact No.(Office)		Contact No.(Home)	
Address 1	7 LORONG SARHAD	Address 2	4 CHESTER PARK	Address 3	SINGAPORE 119135
Address 4		Address Type	Foreign address	Post Code	119135
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMF2833P	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LOW AI LIN	Insured NRIC	S1181866H
Contact No.(Mobile)	96162585	Contact No. (Home)	66737112	Contact No. (Office)	
Email Address		OI Vehicle Number	SMF2833P	TP Vehicle Number	YN8434J
Claim Description	SMF2833P / YN8434J ON 5 Aug 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop. Name unknown	GIA report	Received
Date Registered	06/08/2019 10:21	Claim Close Date		Date Received	06/08/2019 10:31
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1056589	Claim No.	001
Last Doc. Received	Yes No	Upload Date	06/08/2019 10:37

Path *

		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (OD)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Aug 2019 10:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-6	

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:37	SAS	Normal	SAS 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:31	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:31	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:31	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:31	Photos	Normal	Photos 2019-8-6
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:21	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:21	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:21	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:21	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:21	Photos	Normal	Photos 2019-8-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Aug 2019 10:21	Photos	Normal	Photos 2019-8-6

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0150747H

Name

JOSEPH FOO CHEE HOE

符 致 河

Race

CHINESE

Date of birth

05-04-1953

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S0150747H

JOSEPH FOO CHEE HOE

Birth Date 05 Apr 1953

Issue Date 30 Aug 2014

0023355801

4660145

NRIC No. S0150747H

Date of Issue

03-12-2010

7 LORONG SARHAD

SINGAPORE 119135

NRIC No: S0150747H Date: 23/10/2012 No: 7193955

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

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	22 Apr 1974

Licence No: S0150747H

NF 428A

income
made different

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: 5108561025 **Cover** : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SMF2833P**
   Chassis Number : TM8KR7NU9K5007120
2. Name of Policyholder : LOW AI LIN
3. Effective Date of Insurance : 08 Apr 2019
4. Expiry Date of Insurance : 07 Apr 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)	: 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOW AI LIN
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

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 08 Apr 2019 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**