

NATIONAL Assessment Centre Services

[Print & Sign]

Date In: 8/8/19	Job description	Date & Time Completed	Done by
Ref No: NGA/INC/19013907/T1	SAS e-filing	8/8/19 1130	MTM
Veh No: SLL97974	E-mail (within 4hrs, AIC 2hrs)	8/8/19 1Pm	MTM
D.O.A: 7/8/19	I-Motor Claim Form	8/8/19 330pm	MTM
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whap		

Preferred Wksp /MNO Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

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

NA/1905881

Chain of Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

CAJL:

CAJL 2/3

1/1 'd

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$80)
- 3) TP: Towing Fee \$40/\$65
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claims against INC Only (wef 10 Jan 2019)
- 6) TR: Re-inspection \$75
- 7) NI: Idem DA + SMRT Survey \$100
- 8) NTUC Additional Services:

- *D: Courtesy Car / Tpl 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
- *N12: Idem Mobile \$10

Invoice dated

Fee Charged

Invoice dated

Fee Charged

07-MAY-2018 18:39

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	08/08/2019 11:18
Date Of Accident	07/08/2019 11:35
Exact Location Of Accident	TANGLIN MALL JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9797U
Insured/Policyholder	
Name Of Registered Owner	NEWWORK
Co Reg No	53337030B
Email Address	DENNISLI@MAC.COM
Mobile Phone No	(LOCAL) +65-97978899
Alternative Phone No	OFFICE-97978899

Vehicle Particulars

Manufacturer	VOLVO
Model	V40-1.5 T2 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5106377829
Cover Note Number	

Driver

Name of Driver	DENNIS LI KAH HUAT
NRIC No	S1801529C
Date Of Birth	16/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1987
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97978899
Fax Number	
Contact Number	
Email Address	DENNISLI@MAC.COM

Address	BLK 87 DAWSON ROAD #37-25
Postcode	141087
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5603S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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:
NIC/FIN No. Tanjoh

Sketch Plan #2



- ④ SU-9777 H
- ⑤ SHC-5603 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS ATTACHED

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/FIN No:

Shc 5603s (11:34am)7/8/19

Incident started with all cars stopped on red light at Tanglin mall junction towards Napier road.

I'm on lane4 and he's on lane2, accident happened on lane3. When the light turned green, I signal left to filter out to lane 3 as car in front was turning right. Waited for about one minute, when lane 3 was cleared of traffic, I started to filter left to lane3. Then without signalling, SHC5603C filtered from lane2 into lane3 and our cars bumped slightly.

This's a very minor accident but the other driver refused to negotiate for a private settlement, insisted to report officially unless I pays him \$650 for the very minor scratches on his right-side back bumper. Claimed that he's didn't change lane and I filtered into his lane that caused the accident.

Attached is the video file on the incident and my car front left bumper scratches. (After accident and after a 20min polish by myself). No names, contact numbers or any details was exchanged, also no photo of his car (video file can see his car right back bumper general condition after the accident). After stopping at a save road side stop, we talked about 5 min and he refused to negotiate for a fair private settlement (unless I pays him \$650). He said he would report officially and we both drove off.



A handwritten signature in blue ink, appearing to be "D. D. D.", written over a horizontal line.

Claim Handling

Accident HT/1057048

Policy No.	510627829	Vehicle No.	SL18787U	GST Registration No.	
Certificate No.					
Policyholder Name	NEWWORK			Policyholder NRIC	S1337030B
Product Code	PRIVATE CAR INSURANCE	Cover Type	DRIVE CLASSIC	Leading	0
Contact No.(Mobile)	97978899	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	DENNISL@MAC.COM	Special Remark		sCode	No
KPIC	- No Yes	TCA	- No Yes	yCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Ins.	Yes

Accident Details

Report Date	08/08/2019 14:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/08/2019	Time of Accident (h:mm)	11:35	Country of Accident	Singapore
Reporting Centre		On-Scene Fault		ICM No.	
Accident Location	SEHOLIN HALL JUNCTION				
Own Damage Excess	2000.00	Additional Excess	2500	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2000.00		
Third Party Excess	1500.00	Outside Singapore TP Excess	1500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 87 #27-25	Address 2	DAWSON ROAD	Address 3	SKYVILLE @ DAWSON
Address 4	SINGAPORE 141087	Address Type	Singapore address	Post Code	141087
Unit No.	27-25	Related Policy Number	510627829		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DENNIS L KAH HUAT	Driver NRIC	S1801329C	Driver DOB	16/04/1967
Register Date of Driver License	30/12/1997	Driver Age	52	Driving Experience	21
Contact No.(Mobile)	97978899	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 87 #27-25	Address 2	DAWSON ROAD	Address 3	SKYVILLE @ DAWSON
Address 4	SINGAPORE 141087	Address Type	Singapore address	Post Code	141087
Unit No.	27-25				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SL18787U	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NEWWORK	Insured NRIC	S1337030B
Contact No.(Mobile)	97978899	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	DENNISL@MAC.COM	Vehicle Number	SL18787U	Vehicle Number	SHC68025
Claim Description	SL18787U/SHC68025 ON 07 AUG 2019				
Preferred Workshop	Partially at fault	Insured Liability	Partially at fault	GIA report	Received
Date Registered	08/08/2019 15:13	Claim Date	08/08/2019 00:00	Date Received	08/08/2019 00:00
Report Taken By	SAUFUKH	Workshop Repairer		Total Loss but Repaired	

Print All Letter

Save Submit

Attachment

Accident No.	HT/1057048	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	08/08/2019 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Aug 2019 13:12		NRIC/ Driving License	Normal	NRIC Driving License 2019-8-8	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Aug 2019 13:10		Photos	Normal	Photos 2019-8-8	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Aug 2019 13:10		Photos	Normal	Photos 2019-8-8	

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:10

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:10

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

Photos

Normal

Photos 2019-8-8

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 08 Aug 2019 13:09

SAS

Normal

SAS 2019-8-8

Video List:

Uploads By/Date

Folder Date

File Name

?

Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 7.8.11 (DD/MM/YYYY), TIME: 11.34 (HH:MM)

LOCATION: TANGLIN MALL JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL9797 U
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5106377829
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VOLVO, V40
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: XIEWWORK 533370303 (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 533370303 CONTACT: 97978899
 c) ADDRESS: 87 DAWSON RD #37-25
SPORE 141087

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DENNIS LI KAH HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 518015292 CONTACT: 97978899
 c) ADDRESS: 87 DAWSON ROAD #37-25
SPORE 141087

*d) DATE OF BIRTH: 16/04/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/12/1987

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNC 5603S MODEL: TAXI
 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)
(1)

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

email = dennis.li @ mac.com
 VIDEO



rsbm@lkkauto.com

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.
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- (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:
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 - (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: *Tan Jiah*
NRIC/FIN No.: *Tan Jiah*

8/8/19

SKETCH PLAN

TANGLIN
MALL

OTHER
CAR

GRANGE RD

Ⓐ SLC 9797 U

Ⓑ SHC 5603 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS ATTACHED

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/FIN No.:

5/8/19

Tanplin

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: S106377829

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

SLL9797U

Chassis Number

YV1MZ845BF2058017

2. Name of Policyholder

NEWWORK

3. Effective Date of Insurance

31 Jan 2019

4. Expiry Date of Insurance

30 Jan 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 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	S\$1,500
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	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	HONG LEONG FINANCE LIMITED
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: I INSURANCE AGENCY (00000572538)

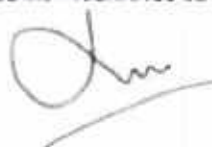
Date of Issue: 24 Dec 2018 11:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with glasses.

License Number: S1801529C

Name: LI KAH HUAT DENNIS

Birth Date: 16 Apr 1967

Issue Date: 03 Oct 2003

Barcode: 000888773H

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1801529C

Portrait photo of a man with glasses.

Name: LI KAH HUAT DENNIS

Chinese Name: 李家發

Race: CHINESE

Date of birth: 16-04-1967

Sex: M

Country of birth: SINGAPORE

For LKK/NAC Use Only

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

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

Valid Date: 30 Dec 1987

For LKK/NAC Use Only

NP 428A

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Portrait photo of a man with glasses.

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Date of issue: 02-04-2008

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