

NATIONAL Assessment Centre Services [Job # Jobing] **MINA919405591**

Date In: <b>14/08/2019 09:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/MNC/901401314</b>	SAS e-filing		
Veh No: <b>SGF 9240J</b>	E-mail (within 2hrs. AIC 2hrs)		
D.O.A: <b>07/06/2019 11:15</b>	i-Motor Claim Form	<b>mm11053918-002</b>	<b>14/08/2019</b>
OD: TP: <u>Reporting Only</u>	i-Motor W/O (within OD 2hrs. TP 4hrs)		<b>10:40</b>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Veh No: **SN1224Z** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Lending: \$1,000 ( ) / \$2,000 ( )

General Remarks:

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

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

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

Remarks: (INC calling: 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	Action

**X1A1906207**

Claimant's Particulars	Invoice Preparation Checklist	Act (\$)	Act (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	Act (\$)	Act (\$)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Additional Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. J:	*For claimant against INC Only (wef 10 Jan 2019)		
Est. 2/3:	6) TR: Re-inspection \$75		
1/1 P	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	*DD: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	*E(N11): TP (Non INC) against INC \$20		
	*NI2: Idm Mobile \$0		
	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	14/08/2019 09:57
Date Of Accident	07/06/2019 11:15
Exact Location Of Accident	ALONG WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF9246J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UDRIVE AUTOMOBILE
Co Reg No	53396901L
Email Address	SALES@MIA.COM.SG
Mobile Phone No.	(LOCAL) +65-84286663
Alternative Phone No	OFFICE-83449894

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	5109287386
Cover Note Number	

### Driver

Name of Driver	HASSAN BIN AHMAD
NRIC No	S1770141Z
Date Of Birth	23/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84286663
Fax Number	
Contact Number	OTHERS-83449894
Email Address	SALES@MIA.COM.SG

Address	BLK 620 WOODLANDS DRIVE 52 #02-102
Postcode	730620
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	COLLISION - HEAD TO REAR
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: : MOHD HANIF BIN HASSAN GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190608/2043

### 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	SLN1224Z
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AKIHIDE HAMADA
NRIC/Passport Number	G3351710L
Contact Number	81636566

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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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**.
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:

*[Handwritten Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Handwritten Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

WOODLANDS CENTRE RD

VEH A: SGF9246J



VEH B: SLW 124 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20190608/2043

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.:





**SINGAPORE  
POLICE FORCE**



T/20190608/2043

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20190608/2043

CONTINUATION OF REPORT

Passenger			
Name	MOHD HANIF BIN HASSAN	ID No.	NIL
Related Vehicle	SGF9246J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HASSAN BIN AHMAD	ID No.	S1770141Z
Related Vehicle	SGF9246J (Car)	Contact No.	83449894
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AKIHIDE HAMADA	ID No.	G3351710L
Related Vehicle	NIL	Contact No.	81636566
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 7/06/2019 at about 1110hrs, I was driving SGF9246J with my son namely, Mohd Hanif Bin Hassan (no other particulars) at Johor Causeway going into Johor Bahru. At that point of time the traffic is heavy, a driver namely Akihida Hamada, FIN NO:G3351710L and HP:81636566 vehicle SLN1224Z, from my right cut into my lane and I could not brake in time which cause a head to rear accident. We exit our vehicle, do damage assessment, exchanged particulars and drove off after that.

I am lodging this report for record purposes.



**SINGAPORE  
POLICE FORCE**



T/20190608/2043

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 4

Report No. T/20190608/2043

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190608/2043

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20190608/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
L /  
Sgt 2 SER WEN LIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/06/2019 12:12

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:  
SN 130

Authentication Stamp  
NP168



Signature :

**Singapore Police Force**

Claim Handling

Accident MT/1053998

Policy No.	5109267396	Vehicle No.	30P92467	GST Registration No.	
Certificate No.		Cover Type	Third Party	Policyholder NRIC	33398901L
Policyholder Name	UDRIVE AUTOMOBILE	Contact No. (Office)		Loading	1
Product Code	PRIVILEGE CAR INSURANCE	Contact No. (Home)		eCode	No
Contact No. (Mobile)	NA	Special Remark		eCode Reason	
Email Address		TCA	- No - Yes	Private Hire	Not available
EFN	- No - Yes	NCD Entitlement(%)	1		
NCD Protection	No				

**Accident Details**

Report Date	18/07/2019 15:09	Accident Report within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	05/08/2019	Time of Accident (hr:min)	10:30	Country of Accident	Outside Singapore
Reporting Centre		Orange Face		IDM No.	
Accident Location	CAUSEWAY TWIS MALAYSIA				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Not Applicable
GD Standard Excess	0.00	TP Standard Excess	1,500.00		
VED GD Excess		VED TP Excess			
Additional Excess		Total TP Excess Applicable	1,500.00		
Total GD Excess Applicable	0.00				

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.		Modification History: 18/07/2019 15:09:04 System changed GST Status verified from No to Yes			

**Policyholder Mailing Address**

Address 1	552 MACPHERSON ROAD	Address 2	22NGAPCRE 10A229	Address 3	
Address 4		Address Type	Singapore address	Post Code	348229
Unit No.		Related Policy Number	5109497012		

**01 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 3	
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	

**Notification History**

Claim 002 [View](#)

**Claim Type \***  **Injured Name** UDRIVE AUTOMOBILE **Injured NRIC** 33398901L

**Contact No. (Mobile)** 81346798 **Contact No. (Home)** 8138748 **Contact No. (Office)** NIL

**Email Address**  **OT**  **Vehicle Number** 30P92467 **TP Vehicle Number** SLN12242

**Claim Description** 30P92467 / SLN12242 ON 7 Jun 2019 **Sign of Preferred Workshop**

**Referred Workshop**  **Insured Liability** Party at Fault **GA report**  **Received**

**Subject No. Finalisation**  **Referenced Repair Option**  **Preferred Workshop Name** Name unknown **Date Registered** 14/08/2019 10:28 **Claim Close Date**  **Data Received** 14/08/2019 00:00

**Report Taken By** ROYLI WAHAB

**Attachment**

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent (CJ)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE-5 (BUKIT MERAH) on 14 Aug 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE-5 (BUKIT MERAH) on 14 Aug 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE-5 (BUKIT MERAH) on 14 Aug 2019 10:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent (CJ)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE-5 (BUKIT MERAH) on 14 Aug 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE-5 (BUKIT MERAH) on 14 Aug 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE-5 (BUKIT MERAH) on 14 Aug 2019 10:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14	

IL & PRIVA

Reporting Only

Date of Accident : 07/06/19 Accident Time: 1110 (24-HR-Format)

Accident Place : WOODLANDS CENTRE RD

Vehicle No. (Car Plate No.) : SGF4246J Make/Model: TOYOTA ALTIS

Insurance Company : NTUC INCOME Policy No: 5109287386

Owner or Company Name /IC No. : U DRIVE AUTO MOBILE

Owner or Company Contact No. : 8428663 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : HASSAN BIN AHMAD S1770141Z

DRIVER'S Date Of Birth : 23/06/1966 DRIVER'S License Pass Date \_\_\_\_\_

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_

DRIVER'S Address : 620 WOODLANDS DR 52 #02-102

DRIVER'S Contact No / Alt No. : 1) 83449894 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : \_\_\_\_\_ sales@mia.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES NO

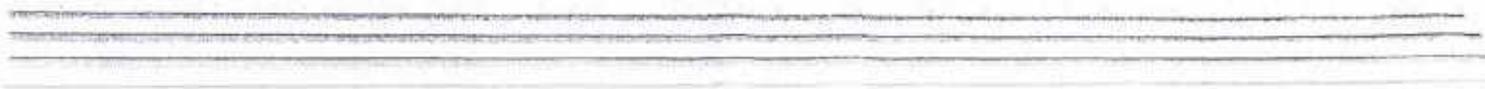
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SLN1224Z</u>	Vehicle No: _____
Vehicle Make/Model: <u>HONDA VEZEL</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1770141Z



Name

For LKK/NAC Use Only

HASSAN BIN AHMAD



حاسن بن احمد

Race

MALAY

Date of birth

23-06-1966

Sex

M

S1770141Z

Country/Place of birth

SINGAPORE



519002



NRIC No. S1770141Z

*For LKK/NAC Use Only*



Date of issue

06-07-2013

Address

APT BLK 620 WOODLANDS DRIVE 52  
#02-102  
SINGAPORE 730620

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S1770141Z

Name:

HASSAN BIN AHMAD

For LKK/NAC Use Only

Birth Date: 23 Jun 1966

Issue Date: 07 Oct 2003



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

- |          |   |
|----------|---|
| Class 2B | Motorcycles $\leq$ 200 CC   |
| Class 2A | Motorcycles between 201 CC and 400 CC   |
| Class 2  | Motorcycles $>$ 400 CC  |
| Class 3  | Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg |

PASS DATE

19 Oct 1991

13 Oct 1993

03 Jul 2001

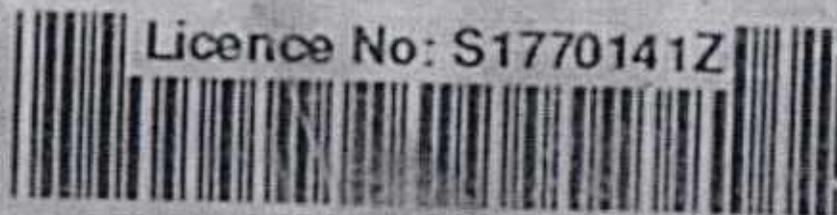
01 Jul 2010

*For LKK/NAC Use Only*

S1770141Z

S / No. 9000126000

NP 428A





# VOCATIONAL LICENCE

Licence No : **S1770141Z**

Name : **HASSAN BIN AHMAD**

*For LKK/NAC Use Only*

**Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

**Type**

**Description**

**Issue Date**

13

PRIVATE HIRE CAR VL

06/07/2018

For LKK/NAC Use Only



**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: 5109287386

Cover : Third Party

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGF9246J          |
| Chassis Number                                   | : MR053ZEC107118895 |
| 2. Name of Policyholder                          | : UDRIVE AUTOMOBILE |
| 3. Effective Date of Insurance                   | : 02 May 2019       |
| 4. Expiry Date of Insurance                      | : 01 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 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)	: S\$1,500
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	: N/A
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 03 May 2019 11:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive