t.			1	1.11	1 1.20		
NATIONAL Assessment Centre	Sarviege.	wel Lianioni	MINO		15	10	
Date In: 20 09 2019 17.44	Job description		-	Timu Complete	d ·	Done	pi,
RETHON/RAPAICISC 174VIV	SAS c-filling	·			-		
Veh No: STOTUR	E-mail(bjole &	hrs. AIC 2lus)			Ť	1	1- (
001 2869/2019 1418	I-Motor Clain		WYI	1864802	100	.011	10/20
		(Within: OD 2lers,	TP (hts)	1001007		09	44.
OD (P) Reporting Only	i-Photo Uplos		1		_		
	Assessment/Sur		-		1	٠.٠.	
TP Insurer:	San San Control of the Control of th	CONTRACTOR AND CONTRACTOR	Overer	Win	-		
Proforred Wikep / INC Assign Wksp / QW: (	Ass't Report by	Fax/Hand to	Toli	14.1/612	Fax:		)
TP Particulars: Veh No: Sex	1997	INC(	1/2/2/2	n-INC( )			
Owner / Driver: (	-////>		Tel:			)	
Policy No: ( ) Perio	d: (	)	Cover 7	Type: (		).	A STREET, SE
Confirmed by : (		Dater,		Times		)	
Insured/Driver Liability: ( %) [No	te-Est Status (V	/O): N: 0-20	%; P: 2	21-79%. P: 8	0-100%	]	
Year of Registration: ( ) Wa	arranty: YES (	)/NO(	)				
Excess: (\$ ) Londing: \$1,000	( )/\$2,000	( )	orrenter ac			name (b	<del>, margani</del> 20 n
Control Malinera & Control Manager	是是多数	加州对共和的	1001000	(45/19X1) £ 7	333.0	8: : :	
( ) Walle-In Customar : Customer's Inform		vidential & Stri	ctly NO	refer of repair	or.		
( ) Total Less Case : to c-mall Insurer						<del></del>	
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	0( );10	wing C	The same of the same	S075-1207	OF THE PARTY OF TH	print was up a
as milita wa tangino di ekana katanga	A Configuration	ned seather t	物的位	BANK BANK BANK	建筑特	HIPONE	ъу
	irtesy Car (	)	-				
2) QC Check / Post Repair Inspection	( ·)		<b>-</b>				
3) Upload Resurvey Photo [Repair Cost> \$300	10] (						
Infurý r			-,1-			mer ne	enterior de la
02010/000017/2000003/3999/392017/50/3/3/				THE WHOLE	Ser.	Carr	<u>,                                     </u>
				1 - State of the s	TO SEE		
HARRY THE TRANSPORT OF THE PROPERTY OF THE PRO							
•	1						संस्थानसम्बद्धाः स्टब्स
X/9/90/201	-			She forms			A language
7971 ~ 171	NUMBER BERNE	1) Alt   Apoldent	teporting	(230)!	100	DISMISE.	
The transfer of the second		2) DA   Damage A	•		340/345		
Driver/Owner:	1	4) PT 1 Follow-Th	real gla Sur	(Resurvey)	\$120		
Contact No:	2.1	Par elalming at	sinst INC	Only (well lin)	\$775 \$775		
Darnaged Portion:		6) TR: Re-laspeet 7) NI : Idao DA+	SMRT Su	rvey	\$160		
		I) NTUC Addition	nal Sorvior	11.			
C Checked by (Engr-In-Charge):	٠	NS: Courtery	Car/Tpt A	llowence	35 310		
5000000000000000000000000000000000000		• N6: Rapals Co	le Inspect	on .	\$23		
varditors agommunistic value (1997)	子的知识的影響的學	TE (NII) 1 TP	(Nan INC)	elejust nig	30		
Pulli		(9) N12: Idea Mob	ile	_Fee Char	1-4		STATE OF THE
2/3		Involce dated		Per Char	red	edining.	L

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.	and to copies of the report being made available
<b>地方与地位的基本的地位的</b>	ACCIDENT STATEMENT
Date Of Report	30/09/2019 17:45
Date Of Accident	28/09/2019 14:15
Exact Location Of Accident	PIE(CHANGI) BETWEEN TOA PAYOH /UPP SERANGOON EXIT
Country/State of Loss	SINGAPORE
THE RESERVE TO SERVE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR5074R
Insured/Policyholder	
Name Of Registered Owner	GT PTE. LTD.
Co Reg No	201622568K
Email Address	ANDYLIEWCHERNLING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-91688397
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111772470
Cover Note Number	
Driver	
Name of Driver	LIEW CHERN LING (LIU ZHENLIN)
NRIC No	S7797187D
Date Of Birth	15/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93899125
Fax Number	100-e-1-100 (140 AD 010 19 24-24) (10-24)
Contact Number	OTHERS-91688397
EMail Address	ANDYLIEWCHERNLING@YAHOO.COM.SG

Address BLK 808A CHAI CHEE ROAD

#14-104

Postcode 461808

Was driver an employee of the Insured's Company NO

WALL DESCRIPTION DESCRIPTION OF THE PARTY OF

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

7

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

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

SFX1998S

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)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SMA1334X

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKV802G

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

SJW5379K

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number

SLL204Z

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

# DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SJB5824C

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

Veh A: 832 5074R Veh B. SF x 1998 5 /

Veh C: SMA 1334X /

Veh D: SKN 803 G VCh E SOW 5379K

Veh F: SLL 204Z

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 materials and accurate as possible. 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)

IMPORTANT NOTICE

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
- 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.

" I AM AWARED THAT MY INSURER MAY HAYE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN CAMAGE CLAIM UNDER MY OWN FOLICY LWILL CHECK MY POLICY FOR MORE DETAILS.

ST PIE LID

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

ing Centre Personne

NRIC/FIN NO.

Veh A: SJR 5074R Veh B: SFX 1998S V4h C: SMA 1334X Veh D: SKV 802 G V6h E: SJW 5379K V6h F: SLL 204 Z V6h G: SJB 5824C PIE (CHONG) BETWEEN TOAPONT UP SALDREGERN THE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

l was travel Exit buter h	ring along	PIE (	(changi) entu Veli	between	Toa	Payoh	and	upp	Serangoon
to complete Stop in ti	Stop, i	followed	. Hower	er Velic	e B	behind	ME	Coul	d not
Vehicle move	d forward	and	Collided	to Veh	of Vi	·	aus	e to	my
							1		
						-			

DECLARATION

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

ST PTELTO

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personni Name: NRIC/FIN No.:

Person of Scienature Atto

Actident MY/1064803							
PERCY NO.	8111772470	Vehicle No.	\$7810744		GET Reportrotion time		
Certificate No.	8111,772470-000005						
Silicytolder Name	GT PTE, LTD.				Pelicytostae NRSC	2016225686	
Product Code	PLEET MASTER INSURANCE	Cover Type	drive CLARKIC		Leading	9.	
Contact No (Hydile)	0.009525	Contact No.(Ciffice)			Contact No.(Hume)		
Email Address		Special Ramark			eCode	No. *	
KPK	e No. Yes	TCA	- No Tex		attate Helioph		
ACD Frate(Star)	Me	(%GD EHITTERWENT(%)	((0))		Private Hire	May	
Report Date	01/10/2019 (0) hs	AND ASSOCIATION SAND	17423		WASHINGTON.		
Date of Accident		Acciding Report Wilhin 24 hrs	Yes		Adddent Type	Dham Collision	
Reporting Centra	38/09/2014	Time of Acodem Ninime Change Fince	14:25		Obuildry of Azzillera	Situation	
Accident Lecation	RE(CHANGE) BETWEEN TOA PAYON /LPM SERAN				1034 No.		
▼ Total Excuss Applicable	The second secon	Mary Mary					
Excess Tytes	Fer Assident	Waterson Excess		100.00			
				500000			
DO Standard Excess	2,800.00	TR Standard Excess		4.500,00			
VIED DO Excess	8.00	YIED TV Excess		0.00	Driver is Coveres?	Covered	
Wordstown Excess							
Total OD Excess Applicable To Benefits	1500.00	Total TP Excess Applicable		4,900.60			
▼ GST Registered Informat	in a						
GST Registered	No		GST Ren	istration Date			
GST Registration No. HealTraden Hotory				un Verified	Yes		
□ Policyholder Mailing Add							
Address 1	28 PAGGGA STREET	Address 2	SINGAPORE (SW)		Appress 3		
Autres 4 Line Bui		Address Type  Related Relation Monthles	Singeprov actions	N. C.	Post Geom	059198	
₩ Of Driver Info		Related Policy Number	5111273470				
Driver Norte	Uniterned Driver	Curver Type	Unnamed Driver				
Linnamed driver Name	LIEW CHERN LING (LIG ZHEN,))	Dimer NRSC	\$2797187D		Driver DOR	15/96/1877	
Register Date of Driver License	24/09/1995	Ciriver Age	Q		Driving Experience	29	
Contact No. (Plothle)	33,682397	Crinted No.(QMcx)			Contact No.(Nome)		
Address 1.	BLK BDRA #14-104	Attrest 2	CHAS SHEE RISAS	i)	Aptress 3	POND YE GREENS	
Autorosa A	SINGAPORE 461808	Address Type	Pureign address		Hest Code	454208	
Unit No.	14-104						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	HF136952		Driver trisurer Company	WTHE.	
Declaration							
Breethatyser or Blood Test. Reading?	0 mg	Any Injury?	Yes - No				
Claim 001 Rew Claim Type •				00-Hz	Insured Street LTD.     Name	] Insured MRIC	201412269K
Contact No (Hulsde)					Contact No.	Contact No.	
					(Home)	(Other)	
Email Address					Vehicle SIESDIER fourcier	Veticle Number	SYXIVIAS
Clem Rescription				SIRSSTOR / SEVIDORS ON I	Jir Sapi 2019	Name of Preferred Workshop	
Preferred Workship Researchs, Van Presington	Insured Liability   Wet at Four:   Professor   Professor Workshop, Name	the unknown . GUA Statement		•1			
Date Registered	Option	I neport (Haceroe		B1/30/2019-09-013	Clare	Date Recover	01/10/2019 00:00
Report Taken By					Care	- HOCOVEII	
HATCH VIN TOWN				ROSIJ WAHAB	_		
F PHIN AK SITTLE							
			Save Summit				
Attachment			Carried Paternies	D.			
la .							
Assident No.	HT73064803	Claim No.		004			
Lest Dut, Received	W Yes G No.	Valued Date		03/10/2019 09:4#			
Change Cha I blocks	Fasts. •		principal	Category *	Confidential Organ		Description #
Chasse File No file chases Chasse File No file chases			Clear	Please Select	T NO T Normal	-1	
Chagse File No file chosen			Clear	Mease Select	* NO * Normal	•	
Choose File. No file chosen			Cinn	Please Saler!	* NO * Normal	•	
Choose File No file chosen			Class	Hease Select	* NO * Normali	- 1	
Choose File No file chosen			Clear	Mexic Select	* NO * Normal	- 1	
Message Read			Class	Please Select	* NO * Normal	•	
- 1 - A - C - C - C - C - C - C - C - C - C							Send Messe;
* Attachment List							
Attachment	Optioning By/Date	Category	7	singency	Description		Mag Sant? (CD)
The same of the sa							
MAC_BU	CT_MERAH_BOOK761 NATIONAL ASSESSMENT CON	THE SERVICE PROTES		Normal	Photos 2019-15-1		
	PET_MERAH_BOURTSE NATIONAL ASSESSMENT CES S CRUKET MERAH   == 03 Ost 2019 09:44 IET_MERAH_BOOGTSE NATIONAL ASSESSMENT CES	**************************************		Normal Normal	Phone 2019-10-1 Phone 2019-10-1		

Uploaded By/Date	Folder Oute	9	Tie Name		Ŷ	Secre	
NAC_SUKIT_HERAH_SOURTS; NATIO 5 (BURGT HERAH)) :	INAL ASSESSMENT CENTRE SERVICE III 01 Oct 2019 59:43	SAS		Normal		SAS 2019-10-1	
		NATC/ Driving License	78.	Normal	MATC	2 Driving License 2019-10-1	
RAC_BURTT_MERAH_BOSE76( NATIO S (BURTT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE n 01 Des 2019 09:43	Photos		Normal		Probs 2019-10-1	
	NAL ASSESSMENT CENTRE BERVICE N 81 Dct 2019 09:43	Photos		Normal		Photos 2019-10-1	
NAC_BURIT_MERAN_BOOKTS(_NATIO S_(NAKT_HERAN)) o	MAL ASSESSMENT CENTRE SERVICE IN 81 Oct 2813 00:43	Photos		Normal		Plutus 3019-10-1	
NAC_BURIT_MERAH_\$00076( NATIO B (BURIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE IN DL OLD 2019 09:43	Frence		Normal		Phones 2019-10-1	
RAC_BURT_PREMAN_BOOK/RE RATIO 6 (BURT MERAN) or	NAL ASSESSMENT CENTRE SERVICE In 01 Oct 2019 79:44	Photos		Normal		Phone 2019-10-1	
NAC_BURTT_MERAH_RODERA( RATIO S (BURTT MERAH)) or		Photos		Normal		Photos 2019-10-1	
NAC_BUNIT_MERAH_BIDGTS; NATIO S (BUNIT MERAH)) of	6 01 Oct 2019 09:44	Protos:		Northell		Physique 20339-3.0-1	
NAC_BUNTT_MERIAH_BOOK76( RATIO S (BURTT MERIAH)) o		Photos		Normal		Phishas 2019-10-1	
NAC_BUNIT_MERAH_BCGG76( NATIO 5 (BUNIT MERAH)) or		Photos		North Control		Photos 2019-19-1	
NAC_BURIT_MERAH_800676( NATIO 5 (BURIT MERAH)) W		Photos		Normal		Photos 2019-10-1	
NAC_BUNIT_HERAN_BODE76( NATIO S (BUXIT MERAN()) or		Photos		Feurmali.		Plungs, 2019-10-1	

Digital in New Window | Scan and unhading

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report 28/9/2019 \*Date of Accident: \*Time of Accident: 2.15pm between Toa Payoh and upp Serangoon Exit \*Accident Location: PIE (Changi) Vehicle Details \*Vehicle Number: SJR 5074R \* Make & Model: Hyd Hyundai Avante 1.6A Insured / Policyholder GT Pte Ltd \*Owner Name: \*NRIC: 2016 22 568K \*Address: \*Email: 9389 9125 \* HP: \*Occupation: (Indoor / Outdoor) \* Tel /H /Other: Driver ( ) same as above LIEW Chern Ling \*NRIC: \$7797187D \*Address: BIK 808A Chai Chee Road #14-104 S(461808) \*Date of Birth: 15/6/1977 \*Driving Pass Date: 26 Sept 1995 \* HP: 91688397 \*Email: andyliewchernling@yahoo.com.sq \*Gender/Male/Female \*Occupation: Driver (Grab) (Indoor / Outogor) \* Tel /H /Other: \*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Passengers Details \* P/Name: (Male/Female) \* P/Name: (Male/Female) \* P/Name: (Male/Female) \* P/Name: (Male/Female) Insurance Company NTUC \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_ \*Insurer: Detail of other vehicle / Property 1 \* Total 7 Vch Detail of other vehicle / Property 2 Vehicle No.: Vehicle No.: Vehicle Number Pls Refer Make & Model: Make & Model: Vehicle Category: \_\_ sketch Plan Vehicle Category: Name of Driver: Name of Driver: NRIC : NRIC : HP No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes / 🚱 (If No, Reporting Only / TP Claims) General Information of the accident \*Type of accident: Head-Rear / Side swipe / others: Chan Collided \*Weather conditions: Clear / Raining / others: \*Any video cam: Yes / 40 \*Road Surface: By / Wet / others: \_\_\_\_\_ \*Witness: Yes / 😿 (Name: NRIC: HP: \*Accident reported to police: Yes 🕬 \*Summon against whom: \_\_\_\_ \*Injured party: Yes / NO \*No. of passengers (include driver): -I/Name: \_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

Accord Auto Services Pte Ltd

-I/Name:



## 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 I	Number: 5	11177247	0-000005
---------------	-----------	----------	----------

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: 5JR5074R

Chassis Number

: KMHDU41BR9U782685

2. Name of Policyholder

: GT PTE, LTD.

3. Effective Date of Insurance

: 18 Aug 2019

4. Expiry Date of Insurance

: 17 Aug 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) : 5\$1,500 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 07 Aug 2019 16:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

Continue

eBaoTech GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Lass Policy No. 5111772470 Date of Accident 28/09/2019 17:44 Vehicle No.(For Motor) 5JR5074R Certificat± Number Search Certificate Number Policyholder Name Policyholder NRIC Policy No. Vehicle No. Select Insured Object Commence Date Product Cover Type Explry Date 5111772470-000005 drivo CLASSIC 5111772470 GT PTE. LTD. 201622568K GFM 51R5074R 5JR5074R 18/08/2019 13/08/2020