

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

11/11/2009 12:55

Date In: 11/11/2009 12:55	Job description	Date & Time Completed	Done by
Ref No: NPA/INC 9019923/4	SAS e-filing		
Veh No: STQ 3032 E	E-mail (within 2hrs, AIC 2hrs)		
D.O.A. 10/11/2009 12:50	I-Motor Claims Form	11/10/2009 12:50	10:39
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 / INC Assign Wksp / OW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: GBE 617X	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 repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Assessor	Comments

11/19/08 544

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$20	
	*N12: Idas Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee 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	11/11/2019 12:55
Date Of Accident	10/11/2019 12:50
Exact Location Of Accident	CTE EXIT PIE CHANGI BEFORE BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3032E
Insured/Policyholder	
Name Of Registered Owner	SINCERE RENTAL
Co Reg No	53376089E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86662461
Alternative Phone No	OFFICE-86662461

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID
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	5098058420-01
Cover Note Number	

Driver

Name of Driver	WONG KWOK MING
NRIC No	S8219971C
Date Of Birth	19/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86662461
Fax Number	
Contact Number	OTHERS-86662461
Email Address	NOEMAIL

Address BLK 129B CANBERRA STREET
#12-618

Postcode 752129

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 3

Was any body injured in the Accident? YES

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) 5

Passenger 1
NAME: : PASSENGER
GENDER: : MALE

Passenger 2
NAME: : PASSENGER
GENDER: : FEMALE

Passenger 3
NAME: : PASSENGER
GENDER: : FEMALE

Passenger 4
NAME: : PASSENGER
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBANWANG NPC

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , 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/20191110/2079

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	GBE617X
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALOYSIUS HO JUN WEN
NRIC/Passport Number	S9601695F
Contact Number	97334187
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ7523S
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIN CHEW SENG
NRIC/Passport Number	S1585914H
Contact Number	91468144
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	WONG KWOK MING
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJQ3032E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

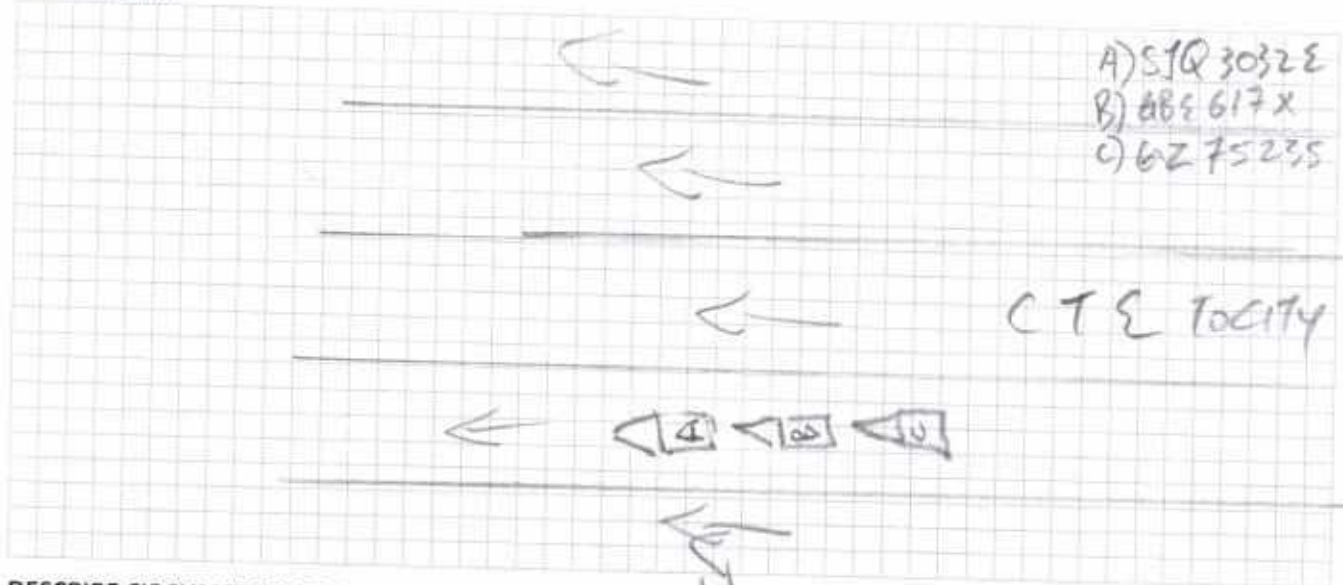


Policyholder's Signature
Date & Time:

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

11/11/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms refer to police report,
1/20/9/10/2025

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/20191110/2079

1 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No: T/20191110/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2019 17:46	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: WONG KWOK MING			Address: APT BLK 129B CANBERRA STREET #12-618 SINGAPORE 752129		
ID Type / ID No.: NRIC NO / S8219971C			Contact No.: Home/Office: Mobile: 86662461		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 19/06/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/11/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE617X	Van				Slightly Damaged	0
GZ7523S	Lorry				Slightly Damaged	0
SJQ3032E	Car				Slightly Damaged	4



SINGAPORE POLICE FORCE



T/20191110/2079

2 of 4

Report No. T/20191110/2079

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	ALOYSIUS HO JUN WEN	ID No.	S9601695F
Related Vehicle	GBE617X (Van)	Contact No.	97334187
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
Driver			
Name	CHIN CHEW SENG	ID No.	S1585914H
Related Vehicle	GZ7523S (Lorry)	Contact No.	91468144
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
Driver			
Name	WONG KWOK MING	ID No.	S8219971C
Related Vehicle	SJQ3032E (Car)	Contact No.	86662461
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/11/2019	Date Discharge	10/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 10/11/2019 at about 1250hrs, I was driving vehicle SJQ3032E along CTE towards PIE (Changi). My vehicle was in a stop position because there were other vehicle ahead of me which is not moving. The traffic was heavy at that point of time. Suddenly, I heard a loud bang from the rear of my vehicle.

There were 4 other passengers in my vehicle. I checked with them and they were not injured. I came out of my vehicle and noticed that I was involved in a chain accident with vehicle GZ7523S and GBE617X. Vehicle GZ7523S hit onto the rear of vehicle GBE617X. Vehicle GDE617X then hit onto the rear of my vehicle. Due to the accident, my rear bonnet was damaged. All drivers exchange particulars and left the



**SINGAPORE
POLICE FORCE**



T/20191110/2079

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 4

Report No. T/20191110/2079

CONTINUATION OF REPORT

scene.

After I dropped off my passenger, I left pain on my neck, shoulder, right ear, I visited Mount Alvernia Hospital for medical assistance. I was given 5 days medical leave due to the accident.

This is not the 1st time I have encountered an accident. I am lodging this report for insurance claims and traffic police actions.



**SINGAPORE
POLICE FORCE**



T/20191110/2079

4 of 4

Report No. T/20191110/2079

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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 MUHAMMAD SADLI BIN RAZALI

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
10/11/2019 17:46

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



Signature

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (10/11/19) (DD/MM/YYYY), TIME: (12:50) (HH:MM)

LOCATION: CTE Exit PIE Chang, Before Braddell Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSQ3032E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5098058420-01
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Freed
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Sincere Rental (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Kwok Ming (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SS219971C CONTACT: 86662461
 c) ADDRESS: B11C 129B Canberra St #12-618 Singapore 752129

* d) DATE OF BIRTH: (19/06/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/11/07

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: Seimbanwang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GSE 617X MODEL: Toyota Hiace
 b) DRIVER'S NAME: Hloysith Ho Jun Wen
 c) NRIC/FIN/PASSPORT: S9601695F CONTACT: 97334187

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GZ 7523S MODEL: Nissan Cabstar
 b) DRIVER'S NAME: Chin Chew Seng
 c) NRIC/FIN/PASSPORT: S1585911H CONTACT: 91468144

email =

VIDEO

Claim Handling

Accident MT/1070961

Policy No.	5098058420-01	Vehicle No.	SJQ3032E	GST Registrati
Certificate No.				
Policyholder Name	SINCERE RENTAL			Policyholder NI
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	86662461	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
K/F/K	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	12/11/2019 10:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/11/2019	Time of Accident (hh:mm)	12:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE EXIT PRE CHANGE BEFORE BRADDELL ROAD			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

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 76 #12-174	Address 2	BEDOK NORTH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-174	Related Policy Number	5112387939	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	WONG KWOK MING	Driver NRIC	S6219971C	Driving Exper
Register Date of Driver License	27/11/2007	Driver Age	37	Contact No.(H
Contact No.(Mobile)	86662461	Contact No.(Office)		Address 3
Address 1	BLK 129B #12-618	Address 2	CANDERRA STREET	Post Code
Address 4	SINGAPORE 752129	Address Type	Foreign address	
Unit No.	12-618			
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJQ3032E	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	Claim Close Date
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered					
Report Taken By					

Print AK letter

Attachment

Save Submit

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 10:39	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 10:39	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 10:39	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 10:39	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 10:39	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 10:39	SAS	Normal	Phc

▼ **Video List**

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 159)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1995 (MALAYSIA)

Certificate Number: 5098058420-01

Cover: 1 - drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJ28032E

Chassis Number

: GB31034291

2. Name of Policyholder

: SINCERE RENTAL

3. Effective Date of Insurance

: 24 Apr 2019

4. Expiry Date of Insurance

: 23 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 or Hire'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 159) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: \$52,000
EXCESS (SECTION 2)	: \$51,500
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COL	: 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	: BENEFIT AUTO ENTERPRISE PTE 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 159) and Part IV of the Road Transport Act, 1987 (Malaysia).)

Agency: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue: 01 Feb 2019 10:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorized Officer



Chief Executive

Countersigned By: