

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

12/14/19/54929

|                           |  |                       |                  |
|---------------------------|--|-----------------------|------------------|
| Date In: 25/11/2019 09:34 | Job description                          | Date & Time Completed | Done by          |
| Ref No: N88/216/190207504 | SAS e-filing                             |                       |                  |
| Veh No: 8KL7265M          | E-mail (3 jobs 2hrs, AIC 2hrs)           |                       |                  |
| DOA: 22/11/2019 14:40     | I-Motor Claim Form                       | NTU07204-001          | 25/11/2019 10:14 |
| OID: 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/Wkan |                       |                  |

|  |   |                       |
|--|---|-----------------------|
| Professed Wksp / INC Assign Wksp / QW: ( | Tel:  | Fax:                  |
| TP Particulars:                          | Veh No: 8KL7265M  | 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%. P: 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: ( )

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

Injury: \_\_\_\_\_

|                 |              |
|-----------------|--------------|
| Date of Injury: | At Location: |
|                 |              |
|                 |              |
|                 |              |
|                 |              |

|                  |   |             |
|------------------|---|-------------|
| Driver/Owner:    | 1) AR: Accident Reporting (\$30)                |             |
| Contact No:      | 2) DA: Damage Assessment (\$100) INC (\$10)     |             |
| Damaged Portion: | 3) TT: Towing Fee \$40/\$45                     |             |
|                  | 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 \$73                       |             |
|                  | 7) NI: Idas DA + SMRT Survey \$160              |             |
|                  | 8) NTUC Additional Services:                    |             |
|                  | ON:   |             |
|                  | *N5: Courtesy Car / Tpl Allowance \$3           |             |
|                  | *N6: Repairs Co-ordination \$10                 |             |
|                  | *N7: Post Repair Inspection \$23                |             |
|                  | *N8: DV / Collect Excess Coordination \$3       |             |
|                  | TP (Nil) / TP (Non INC) against INC \$30        |             |
|                  | 9) N12: Idas Mobile \$30                        |             |
|                  | 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             | 25/11/2019 09:34                           |
| Date Of Accident           | 22/11/2019 14:40                           |
| Exact Location Of Accident | AYE TOWARDS CITY BEFORE CLEMENTI ROAD EXIT |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKL7265M               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | CAR IMPRESSION PTE LTD |
| Co Reg No                   | 201710321G             |
| Email Address               | KAI@01FIESTA.COM.SG    |
| Mobile Phone No             | (LOCAL) +65-93666149   |
| Alternative Phone No        | OFFICE-93666149        |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | C180          |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE   |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO            |
| If No, Please state action to be taken                                       | THIRD PARTY   |
| Vehicle Category   | PRIVATE CAR   |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5111194270                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TEO YEN KAI (YUANKAI) |
| NRIC No              | S8105789C             |
| Date Of Birth        | 23/02/1981            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 25/05/2002            |
| Driving Experience   | 17 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93666149  |
| Fax Number           |                       |
| Contact Number       | OFFICE-93666149       |
| Email Address        | KAI@01FIESTA.COM.SG   |

|   |  |
|---|--|
| Address   | BLK 113 JURONG EAST STREET 13<br>#09-430 |
| Postcode  | 600113                                   |
| 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 | RAINING                  |
| Road Surface       | WET                      |

#### 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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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         | SJT6026M    |
| 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

### 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:

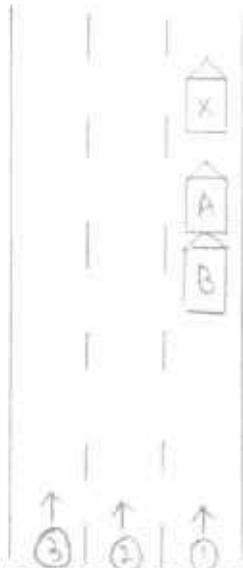
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

25/4/2019

Paul Lim

SKETCH PLAN



A = SKL 7265M

B = SJT 6026M

A/E towards City  
(Before Clementi Road Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.

26/11/2019  
Rafael Lim



On 22.11.19 at about 14:40 hours at along AYE towards City (Before Clementi Road Exit). While I was travelling on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Just as I was about to move off, suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A) : SKL7265M

Vehicle (B) : SJT6026M

*25/11/2019*  
*Reda W. M. M.*

*[Signature]*



## SINGAPORE ACCIDENT STATEMENT

|   |                 |                      |
|---|-----------------|----------------------|
| Accident Date: 22/1/19  | Time: 14:40 hrs | (hh:mm) 24 hr format |
| Location: AYE towards City (before Clementi Road Exit)  |                 |                      |
| Vehicle Number: SKL7265M  |                 |                      |
| Insured Name: Car Impression Pte Ltd  |                 |                      |
| NRIC/FIN: 2017103216  | Contact Number: | —                    |
| Make/Model: Mercedes Benz Model C180  |                 |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?  |                 |                      |
| ( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting                            |                 |                      |
| Insurance Company: NINE   |                 |                      |
| Type of Policy: ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only          |                 |                      |
| Policy Number: 511194270-000003   |                 |                      |
| Name of Driver: Teo Yen Kai ( ) Same as Insured   |                 |                      |
| NRIC/FIN: 58105789C Contact Number:   |                 |                      |
| Date of Birth: 23/02/1981   |                 |                      |
| Driving Pass Date: 25/02/2002   |                 |                      |
| Occupation: ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor  |                 |                      |
| Gender: ( <input checked="" type="checkbox"/> ) Male ( ) Female   |                 |                      |
| Email Address: Kai@1Fiesta.com.sg ( ) NO EMAIL  |                 |                      |
| Address of Driver: Blk 113 Jurong East Street 13  |                 |                      |
| # 09-430, SK600113  |                 |                      |
| Was driver an employee of the Insured's Company? ( ) Yes ( ) No Hire  |                 |                      |
| If No, Relationship of the Driver with the Insured  |                 |                      |
| ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling   |                 |                      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No   |                 |                      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle   |                 |                      |
| Insurance Company of Driver's Own Vehicle   |                 |                      |
| Weather Conditions: ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Others                                |                 |                      |
| Road Surface: ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others  |                 |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                   |                 |                      |
| Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No                                 |                 |                      |
| If yes, injured detail  |                 |                      |
| Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No                          |                 |                      |
| Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report |                 |                      |
| DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact  |                 |                      |
| Veh B: 8116026M   |                 |                      |
| Veh C:  |                 |                      |
| Veh D:  |                 |                      |
| Veh E:  |                 |                      |
| Veh F:  |                 |                      |

Driver Only

## Claim Handling

## Accident MT/1072704

|                     |   |                     |   |                 |
|---------------------|---|---------------------|---|-----------------|
| Policy No.          | 5111194270  | Vehicle No.         | SKL7265M  | GST Registrati  |
| Certificate No.     | 5111194270-000003   |                     |   |                 |
| Policyholder Name   | CAR IMPRESSION PTE LTD  |                     |   | Policyholder NI |
| Product Code        | FLEET MASTER INSURANCE  | Cover Type          | drive CLASSIC   | Loading         |
| Contact No.(Mobile) | 93666149  | Contact No.(Office) |   | Contact No.(H   |
| Email Address       |   | Special Remark      |   | eCode           |
| KFK                 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | TCA                 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | eCode Reason    |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire    |

## Accident Details

|                   |  |                               |       |                |
|-------------------|--|-------------------------------|-------|----------------|
| Report Date       | 25/11/2019 09:50                           | Accident Report Within 24 hrs | Yes   | Accident Type  |
| Date of Accident  | 22/11/2019                                 | Time of Accident hh:mm        | 14:40 | Country of Acc |
| Reporting Centre  |  | Orange Force                  |       | ICM No.        |
| Accident Location | AYE TOWARDS CITY BEFORE CLEMENTI ROAD EXIT |                               |       |                |

## Total Excess Applicable

|                            |              |                            |          |                 |
|----------------------------|--------------|----------------------------|----------|-----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00   |                 |
| OD Standard Excess         | 2,000.00     | TP Standard Excess         | 1,500.00 |                 |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00     | Driver is Cover |
| Additional Excess          | 0            |                            |          |                 |
| Total OD Excess Applicable | 2000.00      | Total TP Excess Applicable | 1,500.00 |                 |

## Benefits

## GST Registered Information

|                      |   |                       |     |
|----------------------|---|-----------------------|-----|
| GST Registered       | No  | GST Registration Date |     |
| GST Registration No. |   | GST Status Verified   | Yes |
| Modification History | 25/11/2019 10:11:43 System changed GST Status Verified from No to Yes |                       |     |

## Policyholder Mailing Address

|           |               |                       |                   |           |
|-----------|---------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 5 #10-144 | Address 2             | TECK WHYE AVENUE  | Address 3 |
| Address 4 |               | Address Type          | Singapore address | Post Code |
| Unit No.  | 10-144        | Related Policy Number | 5111194270        |           |

## OI Driver Info

|   |   |                     |                       |                |
|---|---|---------------------|-----------------------|----------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver        |                |
| Unnamed driver Name                     | TED YEN KAI (YUANKAI)   | Driver NRIC         | S8105789C             | Driver DOB     |
| Register Date of Driver License         | 15/02/2002  | Driver Age          | 38                    | Driving Experi |
| Contact No.(Mobile)                     | 93666149  | Contact No.(Office) |                       | Contact No.(H  |
| Address 1                               | BLK 113 #09-430   | Address 2           | JURONG EAST STREET 13 | Address 3      |
| Address 4                               | SINGAPORE 600113  | Address Type        | Foreign address       | Post Code      |
| Unit No.                                | 09-430  |                     |                       |                |
| Does he own a Singapore Registered car? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Driver Vehicle No.  | SKL7265M              | Driver Insurer |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001

New

|                         |                                    |                         |                                  |
|-------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *            | OD-MX                              | Insured Name            | CAI                              |
| Contact No.(Mobile)     | 98460955                           | Contact No. (Home)      |                                  |
| Email Address           | vincent@oscars.com.sg              | OI Vehicle Number       | SKL7265M                         |
| Claim Description       | SKL7265M / SJT6026M ON 22 Nov 2019 |                         |                                  |
| Preferred Workshop      | Insured Liability                  | Not at Fault            |                                  |
| Report No. Finalisation | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered         |                                    | GIA report              | Received                         |
| Report Taken By         |                                    | Claim Close Date        | 25/11/2019 10:13                 |
|                         |                                    |                         | RQSLJ WAHAB                      |

Print AK letter



Save Submit

## Attachment

|                    |   |             |                    |
|--------------------|---|-------------|--------------------|
| Accident No.       | MT/1072704  | Claim No.   | 001                |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 25/11/2019 10:14   |
| Path *             |   | Category *  | Confider           |
| Choose File        | No file chosen  | Clear       | Please Select ▼ NO |
| Choose File        | No file chosen  | Clear       | Please Select ▼ NO |
| Choose File        | No file chosen  | Clear       | Please Select ▼ NO |
| Choose File        | No file chosen  | Clear       | Please Select ▼ NO |
| Choose File        | No file chosen  | Clear       | Please Select ▼ NO |
| Choose File        | No file chosen  | Clear       | Please Select ▼ NO |
| Message Read       |   |             |                    |

## Attachment List

| Attachment | Uploaded By/Date   | Category              | ? | Urgency |            |
|------------|--|-----------------------|---|---------|------------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | NRIC/ Driving License | Y | Normal  | NRIC/ Driv |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | NRIC/ Driving License | Y | Normal  | NRIC/ Driv |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:14 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:13 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:13 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:13 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:13 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:13 | Photos                |   | Normal  | Pho        |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Nov 2019 10:13 | SAS                   |   | Normal  | Sr         |

## Video List

| Uploaded By/Date | Folder Date | File Name             | ?                  |
|------------------|-------------|-----------------------|--------------------|
|                  |             | Display in New Window | Scan and uploading |

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

|                                       |   |                    |   |
|---------------------------------------|---|--------------------|---|
| Policy No.                            | <input type="text" value="5111194270"/> | Date of Accident   | <input type="text" value="22/11/2019 09:32"/> |
| Vehicle No. (For Motor)               | <input type="text" value="SKL7265M"/>   | Certificate Number | <input type="text"/>                          |
| <input type="button" value="Search"/> |   |                    |   |

| Select                           | Policy No. | Certificate Number | Policyholder Name      | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5111194270 | 5111194270-000003  | CAR IMPRESSION PTE LTD | 201710321G        | GFM     | drive CLASSIC | SKL7265M    | SKL7265M       | 25/07/2019    | 24/07/2020  |

## 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: 5111194270-000003

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKL7265M  
Chassis Number : WDD2040312A918702
2. Name of Policyholder : CAR IMPRESSION PTE LTD
3. Effective Date of Insurance : 25 Jul 2019
4. Expiry Date of Insurance : 24 Jul 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                    | : 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 : B.A.S. INSURANCE AGENCY (00000573236)  
Date of Issue : 15 Jul 2019 19:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive