





## 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             | 29/11/2019 15:18                |
| Date Of Accident           | 29/11/2019 07:25                |
| Exact Location Of Accident | WOODLANDS AVENUE 12 TOWARDS SLE |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLJ8355D             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHEW SIONG WAN       |
| NRIC No                     | S13669271            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96696469 |
| Alternative Phone No        | OTHERS-90901900      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | WISH               |
| 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             | 5110150658                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHEW SIONG KIAT       |
| NRIC No              | S0146614C             |
| Date Of Birth        | 08/02/1951            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 08/05/1972            |
| Driving Experience   | 47 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90901900  |
| Fax Number           |                       |
| Contact Number       | OTHERS-96696469       |
| Email Address        | NOEMAIL               |

|   |                            |
|---|----------------------------|
| Address   | BLK 588 WOODLANDS DRIVE 16 |
|   | #10-02                     |
| Postcode  | 730588                     |
| Was driver an employee of the Insured's Company     | NO                         |
| If No, Relationship of the Driver with the Insured  | SIBLING                    |
| Vehicle Registration Number of Driver's Own Vehicle | -                          |
|   | -                          |
| Insurance Company of Driver's Own Vehicle           | -                          |
|   | -                          |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | DRY        |

#### Other Information

|   |                   |
|---|-------------------|
| Was any foreign vehicle involved in this accident?  | NO                |
| Number of vehicles (including own vehicle) involved in the accident                         | 3                 |
| 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: : PASSENGER |
|   | GENDER: : MALE    |

#### 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?   | YES        |
| Remarks/ Reasons:                             | WITH OWNER |
| Was there any audio recorded?                 | NO         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | FBJ9672A   |
| Vehicle Make/Model/Colour   |            |
| Details Of Properties       |            |
| Vehicle Category            | MOTORCYCLE |
| 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

GZ6462R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
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7. By the lodging 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.

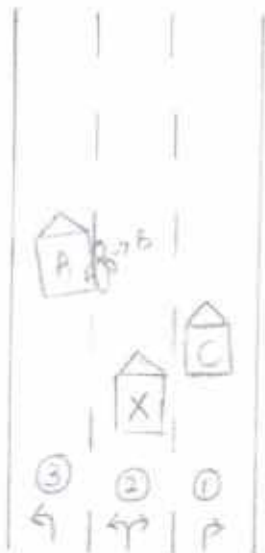
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



A = SLJ 8355D

B = FBJ 9672A

C = GZ 6462R

Woodlands Avenue 12 towards SLE  
(Before SLE Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

29/11/2019  
Roshan

On 29.11.19 at about 07:25 hours along Woodlands Avenue 12 towards SLE (Before SLE Exit). I was travelling straight on lane 2 and the traffic was moderate; as I wanted to filter to lane 3 (SLE/CTE) hence I on left signal.

When the traffic condition was allowed me to filter, thus I was slowly filtering to lane 3, suddenly I heard a loud bang and felt an impact and subsequently vehicle (B) which without any rider was flying off to my front and fallen on the road. When I alighted I realised it was vehicle (B) collided onto right hand side portion of my vehicle (A). It was a chain collision of total 3 vehicles involved and I wish to state that I have 1 passenger inside my vehicle (A).

After I reviewed my in-car camera recorded footage, it was vehicle (C) cut out from lane 1; the vehicle (B) was collided by vehicle (C) and subsequently lost control collided onto right hand side portion of my vehicle (A).

Vehicle (A): SLJ 8355D

Vehicle (B): FBJ 9672A

Vehicle (C): GZ 6462R

同解

Q

29/11/2019  
Resd Unass

# SINGAPORE ACCIDENT STATEMENT

|   |  |                          |  |                      |  |
|---|--|--------------------------|--|----------------------|--|
| Accident Date: 29/11/19   |  | Time: 07:25              |  | (hh:mm) 24 hr format |  |
| Location Woodlands Avenue 12 towards SLE<br>(before SLE Exit)   |  |                          |  |                      |  |
| Vehicle Number S2J8355D   |  |                          |  |                      |  |
| Insured Name Chew Siang Wan   |  |                          |  |                      |  |
| NRIC/FIN S13659241  |  | Contact Number 9669 6469 |  |                      |  |
| Make Toyota   |  | Model Wj6                |  |                      |  |
| 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 ATAC  |  |                          |  |                      |  |
| Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |  |                          |  |                      |  |
| Policy Number 5110150658  |  |                          |  |                      |  |
| Name of Driver Chew Siang Wan ( ) Same as Insured   |  |                          |  |                      |  |
| NRIC/FIN S0146614C  |  | Contact Number 9090 1900 |  |                      |  |
| Date of Birth 08/02/1951  |  |                          |  |                      |  |
| Driving Pass Date 10/05/1972  |  |                          |  |                      |  |
| Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor   |  |                          |  |                      |  |
| Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female  |  |                          |  |                      |  |
| Email Address ( <input checked="" type="checkbox"/> ) NO EMAIL  |  |                          |  |                      |  |
| Address of Driver B1K 588 Woodlands Drive 16<br>#10-02, SC730588  |  |                          |  |                      |  |
| Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No                     |  |                          |  |                      |  |
| If No, Relationship of the Driver with the Insured  |  |                          |  |                      |  |
| ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( <input checked="" type="checkbox"/> ) 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 ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others                                 |  |                          |  |                      |  |
| Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) 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? ( <input checked="" type="checkbox"/> ) Yes ( ) 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  |  |                          |  |                      |  |
| Veh B   |  | Name Nric                |  | Contact              |  |
| FBJ7672A  |  |                          |  |                      |  |
| Veh C   |  | Name Nric                |  | Contact              |  |
| GZ6462R   |  |                          |  |                      |  |
| Veh D   |  | Name Nric                |  | Contact              |  |
|   |  |                          |  |                      |  |
| Veh E   |  | Name Nric                |  | Contact              |  |
|   |  |                          |  |                      |  |
| Veh F   |  | Name Nric                |  | Contact              |  |
|   |  |                          |  |                      |  |

Passenger: Grab (male)

Driver + 1 passenger.



## Claim Handling

Accident MT/1073608

|                     |                       |                     |               |                 |
|---------------------|-----------------------|---------------------|---------------|-----------------|
| Policy No.          | 5110150638            | Vehicle No.         | SLJ8355D      | GST Registrati  |
| Certificate No.     |                       |                     |               |                 |
| Policyholder Name   | CHEW SIONG WAN        |                     |               | Policyholder Ni |
| Product Code        | PRIVATE CAR INSURANCE | Cover Type          | drive CLASSIC | Loading         |
| Contact No.(Mobile) | 96696469              | Contact No.(Office) |               | Contact No.(H   |
| Email Address       |                       | Special Remark      |               | eCode           |
| KFK                 | = No Yes              | TCA                 | = No Yes      | eCode Reason    |
| NCD Protection      | Yes                   | NCD Entitlement(%)  | 50            | Private Hire    |

## Accident Details

|                   |                                 |                               |       |                |
|-------------------|---------------------------------|-------------------------------|-------|----------------|
| Report Date       | 29/11/2019 15:23                | Accident Report Within 24 hrs | Yes   | Accident Type  |
| Date of Accident  | 29/11/2019                      | Time of Accident hh:mm        | 07:25 | Country of Acc |
| Reporting Centre  |                                 | Orange Force                  |       | ICM No.        |
| Accident Location | WOODLANDS AVENUE 12 TOWARDS SLE |                               |       |                |

## 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 |    |                       |     |

## Policyholder Mailing Address

|           |                 |                       |                   |           |
|-----------|-----------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 740 #06-405 | Address 2             | WOODLANDS CIRCLE  | Address 3 |
| Address 4 |                 | Address Type          | Singapore address | Post Code |
| Unit No.  |                 | Related Policy Number | 5110150658        |           |

## OI Driver Info

|   |                 |                     |                 |                |
|---|-----------------|---------------------|-----------------|----------------|
| Driver Name                             | CHEW SIONG KIAT | Driver Type         | Named Driver    |                |
| Unnamed driver Name                     |                 | Driver NRIC         | S0146614C       | Driver DOB     |
| Register Date of Driver License         | 19/05/1972      | Driver Age          | 68              | Driving Experi |
| Contact No.(Mobile)                     | 90901900        | Contact No.(Office) |                 | Contact No.(H  |
| Address 1                               |                 | Address 2           |                 | Address 3      |
| Address 4                               |                 | Address Type        | Foreign address | Post Code      |
| Unit No.                                |                 |                     |                 |                |
| Does he own a Singapore Registered car? | Yes = No        | Driver Vehicle No.  | SLJ8355D        | Driver Insurer |

## Declaration

|                                     |      |             |          |
|-------------------------------------|------|-------------|----------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes = No |
|-------------------------------------|------|-------------|----------|

## Modification History

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Not at Fault

Relates No. Finalisation  Preferred Repair Option  Preferred Workshop, Name unknown

Date Registered

Report Taken By

Print AK letter

OD-MX  Insured Name  CH

96696469  Contact No. (Home)  621

FRANCISCHEW59@GMAIL.COM  OI Vehicle Number  SLJ

SLJ8355D / FBJ9672A GN 29 Nov 2019

GIA report  Received 

29/11/2019 15:48  Claim Close Date

ROSLI WAHAB

Save Submit

## Attachment

Accident No.

MT/1073608

Claim No.

001

Last Doc. Received

\* Yes No

Upload Date

29/11/2019 16:02

Path \*

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## Attachment List

Attachment

Uploaded By/Date

Category



Urgency



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## Video List

Uploaded By/Date

Folder Data

File Name



Display in New Window

Scan and uploading

## 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: S110150658   | Cover : drive CLASSIC |
| 1. Index mark and Registration Number of Vehicle   | : SLJ8355D            |
| Chassis Number   | : ZNE100336S45        |
| 2. Name of Policyholder  | : CHEW SIONG WAN      |
| 3. Effective Date of Insurance   | : 14 Jun 2019         |
| 4. Expiry Date of Insurance  | : 02 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.<br>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 5 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                       | : YES   |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : CHEW SIONG WAN                                  |
| NAMED DRIVER (1)                     | : CHEW SIONG KIAT                                 |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : PANG'S MOTOR TRADING PTE LTD                    |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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

Agency : I INSURANCE AGENCY (00000572538)  
Date of Issue : 13 Jun 2019 16:50 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive