

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MAA419/60414

Date In: 05/12/2019 11:42	Job description	Date & Time Completed	Done by
Ref No: NGA41902147814	SAS e-illing		
Veh No: S3H 9421E	E-mail (to John, Alice, AIC 2hrs)		
DOA: 05/12/2019 08:45	I-Motor Claim Form	mti1074436-001	05/12/2019 12:02
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGT 82985	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 repair.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()	
Reason for Assessment:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date/Time	Action

NA1909147	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Eng-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	9) NI: Idao Mobile
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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	05/12/2019 11:42
Date Of Accident	04/12/2019 08:45
Exact Location Of Accident	NO 27 TAMAN SELAMAT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9421E
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82336478
Alternative Phone No	OFFICE-82336478

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109140477
Cover Note Number	

Driver

Name of Driver	LEONG KAH HOH, KELVIN (LIANG JIAHAO)
NRIC No	S9034189H
Date Of Birth	08/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82336478
Fax Number	
Contact Number	OFFICE-82336478
Email Address	NOEMAIL

Address	BLK 136 BEDOK RESERVOIR ROAD #08-1423
Postcode	470136
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	SGT8298S
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO WEI YANG
NRIC/Passport Number	S9314533Z
Contact Number	82010172
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

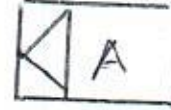
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A - 3JU 9421E

B - 3GT 8298S



27 Taman Selemat



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Taman Selemat and my front right hand grazed on to rear left hand of the stationary car. I wanted to settle the third party damages as it was very minor but the other party wanted to claim Insurance.

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.:

05/12/2015
Rashid Vothan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 4-12-19
 Date Of Accident / Time 4-12-19 8.45a.m
 Exact Location Of Accident 27 Taman Selemat
 Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SSU 94215
 Insured/Policyholder
 Name Of Registered Owner / COMPANY Todd's
 NRIC No / CO. REG NO.
 Email Address
 Mobile Phone No
 Alternative Phone No
 Vehicle Particulars
 Manufacturer
 Model
 Exact Purpose for which vehicle was being used at time of accident
 Are you claiming under your own insurance policy for repair to your vehicle?
 If No, Please state action to be taken
 Vehicle Category
 Insurance Company
 Name of Insurance Company NTUC
 Type Of Coverage drive daniel
 Fleet Policy
 Policy Number ~~NR05~~ 5109140A77-000009
 Cover Note Number
 Driver
 Name of Driver Leary Kah Hoh Kelvin
 NRIC No 89034894
 Date Of Birth 8/9/1990
 Occupation
 Date Of Driving Pass 27/10/09
 Driving Experience
 Gender
 Mobile Number
 Fax Number 82336478
 Contact Number
 EMail Address

Address

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

BK 136 Bedok Reservoir Rd
#08-131423 S(470136)

Stationary car

NO.

86T82983

Bmw
TEO Wei Yang
S93145332
82010192

Claim Handling

Accident MT/1074436

Policy No.	5109140477	Vehicle No.	SJU9421E	GST Registrati
Certificate No.	5109140477-000009			
Policyholder Name	TODDS PARTNERS PTE. LTD.			
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Policyholder NI
Contact No.(Mobile)	82336478	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(Hi
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason

▼ Accident Details

Report Date	05/12/2019 11:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/12/2019	Time of Accident hh:mm	08:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	NO 27 TAMAN SELAMAT			

▼ 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				
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 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code
Unit No.	01-75	Related Policy Number	5109206103	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEONG KAH HOH, KELVIN (LIAN	Driver NRIC	S9034189H	Driver DOB
Register Date of Driver License	27/10/2009	Driver Age	29	Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1	BLK 136 #08-1423	Address 2	BEDOK RESERVOIR ROAD	Address 3
Address 4	SINGAPORE 470136	Address Type	Foreign address	Post Code
Unit No.	08-1423			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJU9421E	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Fully at Fault	GIA report	Received
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX Insured Name 97707613 Contact No. (Home) OI Vehicle Number

SJU9421E / SGT8298S ON 4 Dec 2019

05/12/2019 12:01 Claim Close Date ROSLI WAHAB

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1074436
☒ Yes ☐ No

Claim No.
Upload Date

001
05/12/2019 12:02

Path *

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Message Read

Clear

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Category *
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:02	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:02	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:02	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:02	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:01	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:01	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:01	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:01	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Dec 2019 12:01	SAS	Normal	S

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.

5109140477

Date of Accident

04/12/2019 11:41

Vehicle No.(For Motor)

SJU9421E

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109140477	5109140477-000009	TODDS PARTNERS PTE. LTD.	201533177E	GFM	drive CLASSIC	SJU9421E	SJU9421E	10/06/2019	27/04/2020

Continue

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: 5109140477-000009

Cover : drivo CLASSIC

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJU9421E |
| Chassis Number | : MR053BK4107049507 |
| 2. Name of Policyholder | : TODDS PARTNERS PTE. LTD. |
| 3. Effective Date of Insurance | : 10 Jun 2019 |
| 4. Expiry Date of Insurance | : 09 Jun 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 : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 25 Apr 2019 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive