

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 | 09/12/2019 14:53 |
| Date Of Accident | 08/12/2019 15:10 |
| Exact Location Of Accident | PIE TOWARDS BKE NEAR LAMP POST 106 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SGV1932E |
| Insured/Policyholder | |
| Name Of Registered Owner | TOH CHIN THIAM |
| NRIC No | S1394798H |
| Email Address | CHINTHIAM@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91343096 |
| Alternative Phone No | OTHERS-91343096 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | VIOS |
| 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 | 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 | 5105369449-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TOH CHIN THIAM |
| NRIC No | S1394798H |
| Date Of Birth | 07/07/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/01/1977 |
| Driving Experience | 42 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91343096 |
| Fax Number | |
| Contact Number | OTHERS-91343096 |
| Email Address | CHINTHIAM@HOTMAIL.COM |

| | |
|---|-------------------------------|
| Address | BLK 167 PETIR ROAD #23-148 |
| Postcode | 670167 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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? | YES |
| Foreign Vehicle Registration Number | CCV8011 (COMMERCIAL VEHICLE) |
| 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) | 2 |
| Passenger 1 | NAME: : RENUKA D/O ELANGGOVAN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG |
| Police Station Address | ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191208/2067

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 | CCV8011 |
| Vehicle Make/Model/Colour | MAN TRAILER |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MOHD SHAHRIL BIN ABDUL WAHAB |
| NRIC/Passport Number | 87008015251 |
| 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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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:

9/12/19 @ 1025hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF K 20 POLICIA RUPON
T/20/9/208/2067

DECLARATION

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


Policyholder's Signature

Date & Time:

9/12/19 @ 10:25hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

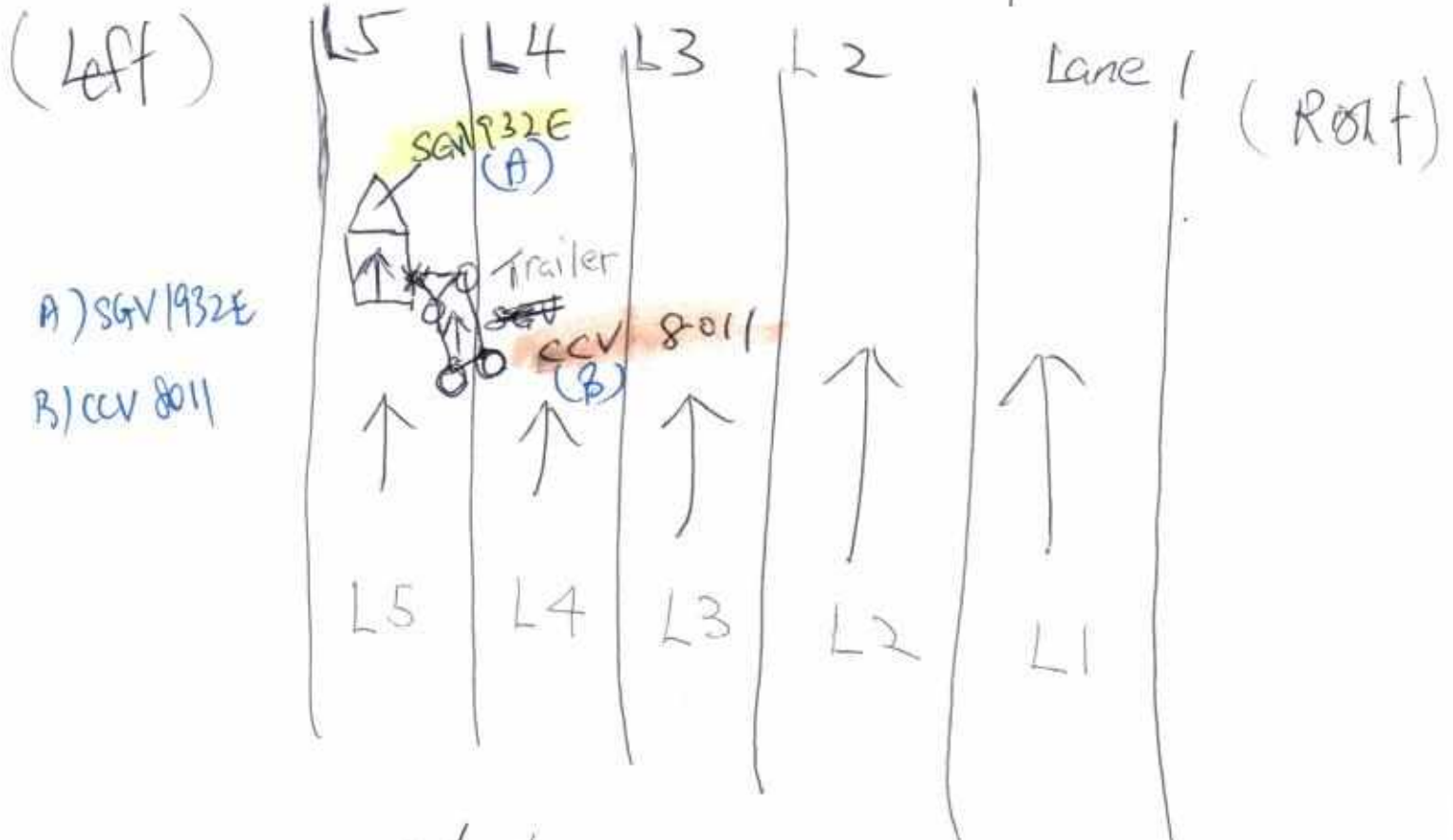
Name:

NRIC/FIN No.:

L: (Lane)

Date: 8/12/19

(PIE Toward BKE / Tuas)



on 8/12/19 at about 1510 hrs

Place : PIE at ^{Near} ~~Land~~ Lamp
Post 106

Adrian Lim
9/12/19

Am 8/12/2019



**SINGAPORE
POLICE FORCE**



T/20191208/2067

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20191208/2067

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 08/12/2019 16:18 | | Vide Report No.: | | Station Diary No.: 58 | |
| Informant's Particulars | | | | | |
| Name of Informant: TOH CHIN THIAM | | | Address: APT BLK 167 PETIR ROAD #23-148 SINGAPORE 670167 | | |
| ID Type / ID No.: NRIC NO / S1394798H | | | Contact No.: Home/Office: Mobile: 91343096 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 60 | Date of Birth: 07/07/1959 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3,4 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|-------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 08/12/2019 15:10 | Type of Location: EXPRESSWAY |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS BKE, NEAR LP 106 Lamp Post Number: 106 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------------|--------|-----------|-----------------|
| CCV8011 | | MAN | | Green | | 0 |
| SGV1932E | | TOYOTA | VIOS G AUTO | Silver | | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SGV1932E | NTUC Income Insurance Co-Operative Limited | 5105369449-01 | 07/12/2019 | 06/12/2020 |



SINGAPORE POLICE FORCE



T/20191208/2067

2 of 4

Report No. T/20191208/2067

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | MOHD SHAHRIL BIN ABDUL WAHAB | ID No. | 870608015251 |
| Related Vehicle | CCV8011 | Contact No. | NIL |
| 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 | TOH CHIN THIAM | ID No. | S1394798H |
| Related Vehicle | SGV1932E | Contact No. | 91343096 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | RENUKA D/O S ELANGGOVAN | ID No. | S8115843F |
| Related Vehicle | SGV1932E | Contact No. | 90690571 |
| 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 |

Brief Details.

On 08/12/19 at about 1510hrs, I was driving my vehicle bearing SGV1932E along PIE towards BKE on lane 5, with a passenger. While I was travelling along the said road, a vehicle bearing CCV8011, driving along lane 4 wanted to filter onto lane 5, while doing so, the vehicle CCV8011 front left portion collided onto the rear right portion of my vehicle.

Upon the collision, I horned, the vehicle CCV8011 then filter back to lane 4 and continued driving forward, subsequently CCV8011 stop along the road shoulder of PIE, I proceed and stop along the road shoulder. Upon stopping, the driver of CCV8011 and myself came out to make a check, to my knowledge there are



**SINGAPORE
POLICE FORCE**



T/20191208/2067

3 of 4

Report No. T/20191208/2067

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

no visible injuries on any party. I made a check with my passenger and my passenger informed that she is alright. particulars between the driver of CCV8011 and I exchanged. The driver of CCV8011 claims that he did not saw my vehicle hence the collision. photo of the scene taken.

My car has in car camera, however I am unsure if it have recorded the incident. subsequently, all parties left the scene.



**SINGAPORE
POLICE FORCE**



T/20191208/2067

4 of 4

Police Station Of Origin:
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No: T/20191208/2067

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:

J/

Sgt 3 YIM ZI KUEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/12/2019 16:18

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

08/10/2019
10.30

ACCIDENT STATEMENT

ACCIDENT DATE: (08/10/2019) (DD/MM/YYYY), TIME: (15:10) (HH:MM)

LOCATION: Along Road 1, Pan Island expressway, near Lamp post 106

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SGY 1932 E

b) INSURANCE COMPANY: NTUC Income

c) POLICY NUMBER: 5105369449-01

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Toyota Vios

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Grab

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) Third Party Insurance

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) only

2. INSURED / POLICY HOLDER

a) NAME: Toh Chin Thiam (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S13947734 CONTACT: 91343096

c) ADDRESS: Blk 167 #23-14 Petir Road

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: _____ (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Station Day No. 58

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: CCV 8011 MODEL: MAN

b) DRIVER'S NAME: MOH CHAHNIZ BIN AHMED LAHAB

c) NRIC/FIN/PASSPORT: 870608015251 CONTACT: /

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: CCV 8011 MODEL: MAN

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Remarks to
(F) ELMG/AVON

No of passengers
(including driver)

(2)

No of passengers
(including driver)

()

No of passengers
(including driver)

()

email = chinthiam@hotmail.com
VIDEO

Claim Handling

Accident MT/1074895

| | | | | |
|---------------------|-----------------------|---------------------|---------------|-----------------|
| Policy No. | 5105369449-01 | Vehicle No. | SGV1932E | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | TOH CHIN THIAM | | | Policyholder NI |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 91343096 | Contact No.(Office) | | Contact No.(Hi |
| Email Address | | Special Remark | | eCode |
| KFK | = No Yes | TCA | = No Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 30 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|------------------------------------|-------------------------------|-------|----------------|
| Report Date | 09/12/2019 14:55 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 09/12/2019 | Time of Accident hh:mm | 15:10 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | PIE TOWARDS BKE NEAR LAMP POST 106 | | | |

▼ 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 | 1000 | | | |
| Total OD Excess Applicable | 3000.00 | 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 167 #23-14B | Address 2 | PETIR ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5105369449-01 | |

▼ OI Driver Info

| | | | | |
|---|-----------------|---------------------|-------------------|----------------|
| Driver Name | TOH CHIN THIAM | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S1394798H | Driver DOB |
| Register Date of Driver License | 01/01/2000 | Driver Age | 60 | Driving Exper |
| Contact No.(Mobile) | 91343096 | Contact No.(Office) | | Contact No.(Hi |
| Address 1 | BLK 167 #23-14B | Address 2 | PETIR ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | Yes = No | Driver Vehicle No. | SGV1932E | 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 | GIA report | Received | Insured Name | TOH |
| Return No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | | | Contact No. | |
| Date Registered | | | | | (Home) | |
| Report Taken By | | | | | OI | |
| | | | | | Vehicle Number | SG |
| | | | | | SGV1932E / CCV8011 ON 8 Dec 2019 | |
| | | | | | 09/12/2019 17:46 | Claim Close Date |
| | | | | | ROSLI WAHAB | |

✓ Print AK letter

Attachment

| | | | | | | | |
|--------------------|----------------|---|--|---------------|----|------------------|--|
| Accident No. | | MT/1074895 | | Claim No. | | 001 | |
| Last Doc. Received | | <input checked="" type="radio"/> Yes <input type="radio"/> No | | Upload Date | | 09/12/2016 17:48 | |
| Path * | | | | Category * | | | |
| Choose File | No file chosen | Clear | | Please Select | NO | 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 | | |
| Message Read | | Clear | | Please Select | NO | | |

Attachment List

| Attachment | Uploaded By/Date | Category |  | Urgency | |
|---|--|-----------------------|---|---------|-----------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:48 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:48 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:48 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:48 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:48 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | Photos | | Normal | Ph |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | NRIC/ Driving License | Y | Normal | NRIC/ Dri |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Dec 2019 17:46 | SAS | | Normal | S |

▼ **Video List**

| Uploaded By/Date | Folder Date | 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: 5105369449-01

Cover : drive CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SGV1932E |
| Chassis Number | : MR053HY9305007319 |
| 2. Name of Policyholder | : TOH CHIN THIAM |
| 3. Effective Date of Insurance | : 07 Dec 2019 |
| 4. Expiry Date of Insurance | : 06 Dec 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 | : S\$1,000 |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCO PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : TOH CHIN THIAM |
| 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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)
 Date of Issue : 11 Nov 2019 11:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive