NATIONAL Assessment C	entre Services.	just a Jarlost .	9,219119/6467	3	
Date In: 14/1/2019 16:40	Jeb description		Date &Time Comp	icted ·	Done by
REFNON/A/W/19002043/4	SAS c-filling	•			
Veh No. STT 7806A	E-mail (Ljula	Ahrs, AIC 2hrs)	110		11:
004 13/13/2019 11:28	I-Motor Clai		JM 107573	3-001	14(1)/261
Company (1-2)	I-Motor W/C	(Within: OD 2hrs	TP 4hrs)		17:30.
OD (TP): Reporting Only	l-Photo Uplo		1		
	Assessment/St				* **
TP Insurer:	A Policy Control of the Control	VOTE A DESIGNATION OF THE PERSON OF THE PERS	Owner/Wksiz	_	
Professed Wksp / INC Assign Wksp / QV		J. P. B. Lining	Toli	Faxt	-
TP Particulars: Veh No:	C17:1867K	INC(	)/Non-INC(	)	
Owner/Driver: (	2010071-	-	Tel:	*.	)
Policy No: ( )	Period: (	)	Cover Type: (		)
Confirmed by : (	0)	Dates .	Tlinei		)
Insured/Driver Liability: (	%) [Note-Est Status (	WO): N: 0-20	0%; P: 21-79%. F	: 80-100%	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading	:\$1,000( )/\$2,000	)( )		CHICAGO TO THE	The Saile of the Saile of
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) Apply for Transport Allowance (	) / Courtesy Car (	)		<u>-</u>	
2) QC Check / Post Repair Inspection	( ·	)	<u> </u>		
) Upload Resurvey Photo [Repair Cos	t>\$3000] (	) ; ;		<u>.                                      </u>	
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2/3:		Involce dated	Pas C	harged	10000

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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding 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.
- 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	14/12/2019 16:42
Date Of Accident	13/12/2019 11:25
Exact Location Of Accident	TECK WHYE LANE
Country/State of Loss	SINGAPORE
<b>美国产业区共享</b>	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7806A
Insured/Policyholder	
Name Of Registered Owner	K&T CARS
Co Reg No	53208965X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81648893
Alternative Phone No	OFFICE-81648893
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	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	5106704022
Cover Note Number	
Driver	
Name of Driver	LOH XIN YI
NRIC No	S9645898C
Date Of Birth	14/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81648893
Fax Number	
Contact Number	OTHERS-81648893

NOEMAIL

Address

BLK 26 TECK WHYE LANE

#07-188

Postcode

680026

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

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance? 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)

3

Passenger 1

NAME:

: JAVIER LIN JIA YAN

GENDER:

: MALE

Passenger 2

NAME-

: JASON FUN

GENDER:

MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address Police Station Contact

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/7000

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

SLZ1062K

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)

# **DETAILS OF INJURED PERSON 1**

Name

LOH XIN YI

Approximate Age

Injuries Sustain

NECK, BACK AND LEG

Injured person in which vehicle?

SJJ7806A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

JAVIER LIN JIA YAN

Approximate Age

Injuries Sustain

NECK, BACK AND LEG

Injured person in which vehicle?

SJJ7806A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 3**

Name

JASON FUN

Approximate Age

Injuries Sustain

NECK, BACK AND LEG

Injured person in which vehicle?

SJJ7806A

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
  - (11) Investigations the accident and/or my claims;
  - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (III)
  - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Date / time:

DESCRIBE	CIRCUMSTANCES OF THE ACCIDENT
	Refer to police  Report 7/20191214/7000
	2000/
	KEPOY4 1120191214/7000
/	
-/-	

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

÷

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. ٠
- This form must be filled up by the policy holder and/or authorised driver
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance 4 companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	STATE OF THE PARTY
13/12 / 2019	(DD/MM/YY)
11:28 pm	
States of the W W W	(HH:MM)
	13/12 / 2019 11:28 pm

	DETAILS OF VEHICLE
Vehicle registration number	SJJ 7806A
Vehicle make and model	Toyota Vios
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	Motorcycle L
Are you claiming under your own insurance company?	Yes  No. if no, please select:  Third part claim Reporting only

	INSURANCE IN	FORMATION	10-5 (SAT 123) 68/000 N
Insurance company	NTUC		
Policy number	7.		
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER	to de proprie
Name	15.17 1 1	ale 🗆 🛮 Female 🗆
NRIC / Fin / Passport number	IVI	ale 🗆 🛮 Female 🗆
Contact		
Address	BIK 53 Ubi Ave 1 #01-24 5(408934)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	loh ×in Yi Male □ Female □
NRIC / Fin / Passport number	S964 S8 98C
Contact	8164 8893
Address	BIK 26 Teck whye lane #07-188 s (680026)
Email address	
Date of birth	14/12/1996
Occupation	Indoor D Outdoor
Driving date pass	61   06 / 2014

	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes D No &	
the insured's company?	If no, relationship of the driver and insured:	Hirer
Accident captured by camera?	Yes D No Ø	
Weather condition	Clear  Raining- Others:	
Road surface	Dry   Weter	
No of passenger	3	(Inclusive of drive
Name	PASSENGER 1	
Gender	Javier Lin Jia Yan	
Gender	Male   Female □	
A STATE OF THE STA	PASSENGER 2	
Name	Jason: Fun	
Gender	Male Female	
Control of the Control of the Control		
	PASSENGER 3	THE PARTY OF THE P
Name		
Gender	Male   Female	
	PASSENGER 4	
Name	TASSENGEN 4	THE REPORT OF THE PARTY OF THE
Gender	Male  Female	
	The state of the s	
	PASSENGER 5	WHEN THE BANKS OF
Name		
Gender	Male   Female	
NO SECURIO DE MODERNO DE PORTO DE LOS COMPOSES DE LA COMPOSE DE LA COMPO	PASSENGER 6	<b>计算机多用格加速</b>
Name		
Gender	Male   Female	
Control of the Contro	OTHER INFORMATION	
Vas anybody injured?	Yes-G No D	Mary The Control of t
Vas other vehicle damaged?	Yes Ø No 🗆	
	1500000 TO	
	DETAILS OF POLICE STATION ACTION	· · · · · · · · · · · · · · · · · · ·
reported to police?	Yes No I If yes, please state which po	lice station.
olice station name		
	AUTAUCC A	
lame	WITNESS 1	
	WITNESS 2	<b>只从中国共和国企会</b>
ame		

<b>建筑的地位的</b>	THIRD PARTY VEHICLE 1
Vehicle registration number	" SLZ 1062K
Vehicle make model	20071000
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
-	
<b>企业是对对自己的工程的</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
NOT THE WORLD OF THE PARTY OF T	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
學的概念,所以所有的	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Vame	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
/ehicle registration number	
Vehicle make model	

Name

Contact

NRIC / Fin / Passport number

	INJURED PERSON 1
Name	LOH XIN YI
Injuries sustained	Neck, Back & Leg
Which vehicle person in?	Driver
Were seat belts worn?	Yes,a No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷

	INJURED PERSON 2
Name	Javier Lin Jia Yan
Injuries sustained	Neck, Back & Leg
Which vehicle person in?	Passenger
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes D Nop

	INJURED PERSON 3
Name	Jason Fun
Injuries sustained	Neck Back, 4 Leg
Which vehicle person in?	Passenger
Were seat belts worn?	Yes,₽ No □
Was injured conveyed to hospital by ambulance?	Yes D No D

		INJURED PERSON 4
Name		active to the second se
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Report No. T/20191214/7000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time 14/12/201	e Report M 19 03:13	fade:	Vide Report No.:	Station Diary No.		
Informan	t's Partic	ulars	E I SE COLONO YEAR OLD	A SUPER PROPERTY.		
Name of I LOH XIN	nformant: YI		Address: APT BLK 26 TECK WHYE LA 680026	NE #07-188 SINGAPORE		
ID Type / ID No.: NRIC NO / S9645898C			Contact No.: Home/Office:	Mobile: 81648893		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: xinyi_loh@hotmail.com			
Sex: Female	Age: 23	Date of Birth: 14/12/1996	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SALES			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2019 23:30	Type of Location T-Junction
Location: TECK WHYE	LANE	Road Surface: Wet		Road Speed Limit:
₩ ainina		A.T.M.A.		
Raining Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:

Vehicle No.	Tuno	Make	Model	Color	Condition	No of Passenge
	Туре	Iviano	INIOUCI	00101		
SJJ7806A	Car				Seriously Damaged	
SLZ1062K	Car				Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191214/7000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### CONTINUATION OF REPORT

Driver		108 101			17 7	
Name	LOH XIN YI			ID No.		S9645898C
Related Vehicle	SJJ7806A (Car)			Conta	ct No.	81648893
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
				Injury	Slight	t .
Passenger		4.00				W Supplied to
Name	JAVIER LIN JIA YA	N		ID No	į.	T0524131B
Related Vehicle	SJJ7806A (Car)			Contact No.		85908806
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of	Degree of Injury Slight		
Passenger						
Name	JASON FUN			ID No.		S9642577E
Related Vehicle	SJJ7806A (Car)			Contact No.		82017868
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days granted Medical Leave 03				Degree of Injury Slight		

## Brief Details.

On stated time and date, I was the driver of the vehicle bearing carplate number SJJ7806A. I have 2 passenger on board. I was travelling at Teck Whye Lane.

I was about to turn right at the junction. The vehicle bearing carplate number SLZ1062K was doing a illegal 3 point turn at the junction and reverse into my vehicle.

After the accident, I suffered from injuries and consult a doctor and got a 5 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191214/7000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/12/2019 03:13
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	

Mary No.	Marie No.     Marie No.     Marie No.     Marie No.     Marie No.   Marie No	Claim Handling										
Cartifornia	Ministration   Mini		5106704023		Verticale No.	\$117806A		GST Records	turn bas			
March   Marc	March Control   March Alcaboot   March Alcaboot   March March   March March March   March Marc	Custificate No.						10-17				
Marcin   Miles   Mil	Marie   Michael   Michae	Pulloyneider Name	KST CARS					Policynoider h	000	3000	United in	
Control	Control	Product Code	PLEET INSURANCE		Cover Type	Tried Parts						
March   Marc	1	Corduct No. (Mobile)	01648553		Corract No.(Office)				isine)			
Column	## 1	Email Address			Special Remark					No. 4	1	
Minimum	State   Part	STS			708	e No. Tes					4	
Marie Name   Mar	## Motion Teams   Motion September 19 to 19   Motion September 19   Motion Sep	NED Protection			NCD Entitlement(No)					No.		
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Marie   Mari	Country   Control   Country   Coun	Report Date	14/12/2019 17:16		Accident Report Witner 24 hrs.	Wes		Stretified Yes		8016 B	G. Vices	
Company   Comp	Company   Comp	State of Assignment										
Micros   Micro   Mic	Marches   1500   Marchane	Reporting Centre				- 11100			Per control	1001801	P. C. C.	
Part	Marie	Acodem Lacation	TEDCIMHYE LAW!					77.2				
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Market   M	Control Proper   Cont	Own damage Excess		richity.	SAMOON Faculty	CW.		tera di constitucione di				
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Cold Pulgamental   No.   Cold Pulgamental Disc   Cold State Services   No.   Cold St	CAT Properties   10   CAT Properties	GST Registered Informat	tine.									
Cal   State	Cal   Marches   Cal   State					CCT G	contration Photo					
### Particulars ####################################	### Professional P		1072	7				100				
Marrier   Marr	Marrier   Marr	Polification History				0.57	and the state of	700.				
Marrier   Marr	Marrier   Marr	Pullcyholder Mailine Add										
Address Type  Ad	Marting   Mart				600mm 2	#DT:33-0004	of theory strate (	Andrews 4		2002	Marine Salar	
1949   1949	10   10   10   10   10   10   10   10		Common Section									per.
Part	Direct Totals							Paramo		40893	3	
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Contract No. (Chickey   Strickers   Chickey No. (Chickey No. (Chicke	Content No. (Chicke)										1990	
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### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND C	OMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND C	OMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
A COMPANY OF THE PROPERTY OF T	ELECTRONIC PROPERTY.

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106704022

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJJ7806A

Chassis Number

: MR053HY9305078549

Chassis Number

: K&T CARS

Name of Policyholder

NOT CARS

3. Effective Date of Insurance

: 01 Jan 2019

4. Expiry Date of Insurance

: 31 Dec 2019

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.

nearings.	
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: 5\$1,500
ADDITIONAL EXCESS	; N/A
UNNAMED DRIVER EXCESS	; N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: CHRISTIN SOONG (00000525488)

Date of Issue

: 03 Jan 2019 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive