

NATIONAL Assessment Centre Services. part 1 Jan 2003

MANA 49171307

Date In: 30/12/2009 16:03	Job description	Date & Time Completed	Done by
Ref No: NPA/MA 491022870/4	SAS e-filing		
Veh No: SR 81164	E-mail (Adj 2hrs, AIC 2hrs)		
DOA: 28/12/2009 17:35	I-Motor Claims Form	MD/10/1770001	30/12/2009
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		17:12
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkszt		

Preferred Wkep / INC Assgn Wkep / OW: () Tel: () Fax: ()

TP Particulars: Vch No: Probs Repair 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: ()

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

Injury: _____

Date/Time	Action

Claimant's Identification: <u>NA2000069</u>	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection For claiming against INC Only (waf 10 Jan 2003) \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpt Allowance \$3	
	• NR: Repair Coordination \$10	
	• NI: Post Repair Inspection \$23	
	• ND: DV / Collect Excess Coordination \$3	
	• TP (NI); TP (Non INC) against INC \$20	
	9) NI: Idas Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	30/12/2019 16:03
Date Of Accident	28/12/2019 17:35
Exact Location Of Accident	ALONG RANGOON ROAD TOWARDS LAVENDER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8116U
Insured/Policyholder	
Name Of Registered Owner	HO SOO REN (HE ZIREN)
NRIC No	SXXXX977E
Email Address	HEZIREN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93838261
Alternative Phone No	OTHERS-93838261

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GO PUMP PETROL
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	5099044804-01
Cover Note Number	

Driver

Name of Driver	HO SOO REN (HE ZIREN)
NRIC No	SXXXX977E
Date Of Birth	31/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838261
Fax Number	
Contact Number	OTHERS-93838261
Email Address	HEZIREN@HOTMAIL.COM

Address	BLK 27 GHIM MOH LINK #40-252
Postcode	270027
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	COLLIDED INTO PEDESTRIAN
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191229/2031

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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
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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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 30/12/2019 

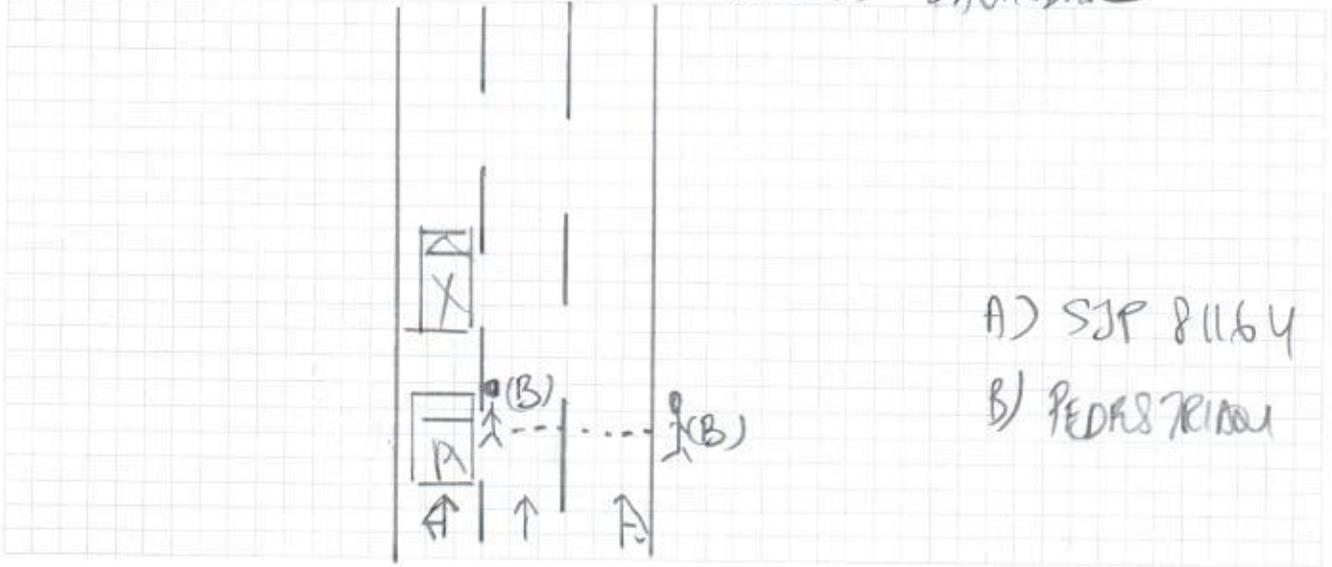
Policyholder's Signature
Date & Time:

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

 28/12/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

KARIGOSU ROAD TOWARDS LAJANGAR



A) SJP 81164

B) PEDAS 711001

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS REFER TO POLICE REPORT
7/2019/229/2031*

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 30/12/2019

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: Res. Waffar
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28/12/2019 (DD/MM/YYYY), TIME: () (HH:MM)

LOCATION: Along Rangoon Rd towards traffic junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP8116U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099044804-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Avante
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Go Pump petrol
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HO SOO REN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7633977E CONTACT: 93838261
c) ADDRESS: Blk 27 Ghim Moh Link #40-252

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: 31/10/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/12/2010

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: Queensdown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

email = heziren@hotmail.com

VIDEO



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191229/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2019 13:37	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: HO SOO REN		Address: APT BLK 27 GHIM MOH LINK #40-252 SINGAPORE 270027	
ID Type / ID No.: NRIC NO / S7633977E		Contact No.: Home/Office:	Mobile: 93838261
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 31/10/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRER DRIVER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 28/12/2019 17:35	Type of Location: Straight Road
Location: Along Road 1 RANGOON ROAD			
Towards Lavender			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8116U	Car	HYUNDAI	HD AVANTE 1.6 A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8116U	NTUC Income Insurance Co-Operative Limited	5099044804-01	13/04/2019	12/04/2020



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO SOO REN	ID No.	S7633977E
Related Vehicle	SJP8116U (Car)	Contact No.	93838261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/12/2019 at about 5.35pm, my car, SJP8116U, was in stationary position along Rangoon Rd towards Lavender. The traffic was quite heavy at that time. As I was about to move my car forward, suddenly my driver's side mirror was hit by a pedestrian and caused it to fold inside. I immediately stopped my car after that. A moment later, I saw a female lady believed to be a foreigner was on the ground. I rendered my assistance and brought her to safety.

According to her, she does not require medical attention. I notice there was no visible injury on her but she claimed that my car had ran over her toe(unknown side). Before I left the place, I gave my mobile number to her male friend.



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20191229/2031

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:
D /
Sgt HEIFI BIN ABRAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/12/2019 13:37

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1077770

Policy No.	5099044804-01	Vehicle No.	SJP8116U	GST Registration No.	
Certificate No.					
Policyholder Name	HO SGO REN			Policyholder NRIC	S7633977E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivd CLASSIC	Loading	0
Contact No.(Mobile)	93838261	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	30/12/2019 16:47	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	30/12/2019	Time of Accident hh:mm	17:35	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	ALONG RANDOON ROAD TOWARDS LAVENDER				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YED OO Excess	0.00	YED TP Excess	0.00		
Additional Excess	0				
Total OO 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	BUK 27 440-252	Address 2	QHIM MOH LINK	Address 3	SINGAPORE 270027
Address 4		Address Type	Singapore address	Post Code	270027
Unit No.		Related Policy Number	5099044804-01		

OI Driver Info

Driver Name	HO SGO REN (HE ZIREN)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7633977E	Driver DOB	31/10/1976
Register Date of Driver License	28/12/2020	Driver Age	43	Driving Experience	9
Contact No.(Mobile)	93838261	Contact No.(Office)		Contact No.(Home)	
Address 1	BUK 27 440-252	Address 2	QHIM MOH LINK	Address 3	SINGAPORE 270027
Address 4		Address Type	Singapore address	Post Code	270027
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJP8116U	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	GD-Mix	Insured Name	HO SGO REN	Insured NRIC	S7633977E	
Contact No.(Mobile)	93838261	Contact No.(Home)	NIL	Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	SJP8116U	TP Vehicle Number	PEDESTRIAN	
Claim Description	SJP8116U / PEDESTRIAN ON 28 Dec 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	30/12/2019 17:12	Claim Case Date		Date Received	30/12/2019 00:00	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1077770	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/12/2019 17:12
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos	Normal	Photos 2019-12-30		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos	Normal	Photos 2019-12-30		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos		Normal	Photos 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos		Normal	Photos 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos		Normal	Photos 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos		Normal	Photos 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos		Normal	Photos 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	Photos		Normal	Photos 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-30	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Dec 2019 17:12	SAS		Normal	SAS 2019-12-30	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		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: 5099044804-01

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJP8116U |
| Chassis Number | : KMHDU41BR9U727634 |
| 2. Name of Policyholder | : HO SOO REN |
| 3. Effective Date of Insurance | : 13 Apr 2019 |
| 4. Expiry Date of Insurance | : 12 Apr 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	: HO SOO REN (HE ZIREN)
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)

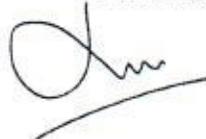
Agency : TOH PEI LING (00000602354)
Date of Issue : 29 Mar 2019 17:35 hrs
Reprint : 29 Mar 2019 17:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive