

# NATIONAL Assessment Centre Services.

Part 1 Jan 2009

NA44917142

Date In: 30/12/2009 18:00	Job description	Date & Time Completed	Done by
Ref No: NA44917142	SAS e-illing		
Veh No: SMN 3983R	E-mail P (5 mins, AIC 2 hrs)		
DOA: 29/12/2009 11:00	I-Motor Claim Form	mt110781-001	31/12/2009 10:34
OD: (T) Reporting Only	I-Motor W/O (Within: OD 2 hrs, TP 4 hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SCG 8003S 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: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

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NA2000071

Invoice No.	Invoice Description	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (val 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
* N5: Courtesy Car / Tpl Allowance	\$3		
* N6: Repair Coordination	\$10		
* N7: Post Repair Inspection	\$25		
* N8: DV / Collect Excess Coordination	\$3		
TP (Nil): TP (Nil INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

Claimant's Declaration:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1:

Ref: 2:

Ref: 3:

Ref: 4:

Ref: 5:

Ref: 6:

Ref: 7:

Ref: 8:

Ref: 9:

Ref: 10:

Ref: 11:

Ref: 12:

Ref: 13:

Ref: 14:

Ref: 15:

Ref: 16:

Ref: 17:

Ref: 18:

Ref: 19:



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	30/12/2019 18:00
Date Of Accident	29/12/2019 11:00
Exact Location Of Accident	HAVELOCK RD TOWARDS CBD B/F ERP GANTRY JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN3983R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	2XXXXX177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97845714
Alternative Phone No	OFFICE-97845714
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	CAMRY
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109140477
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM SING WOO
NRIC No	SXXXX776C
Date Of Birth	27/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97845714
Fax Number	
Contact Number	OTHERS-97845714
Email Address	NOEMAIL

Address	BLK 573A EDGEFIELD PLAINS #17-673
Postcode	821673
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191230/2057

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG8003S
Vehicle Make/Model/Colour	BMW
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	LIM SING WOO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMN3983R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**IMPORTANT NOTICE**

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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.



Policyholder's Signature  
Date & Time:

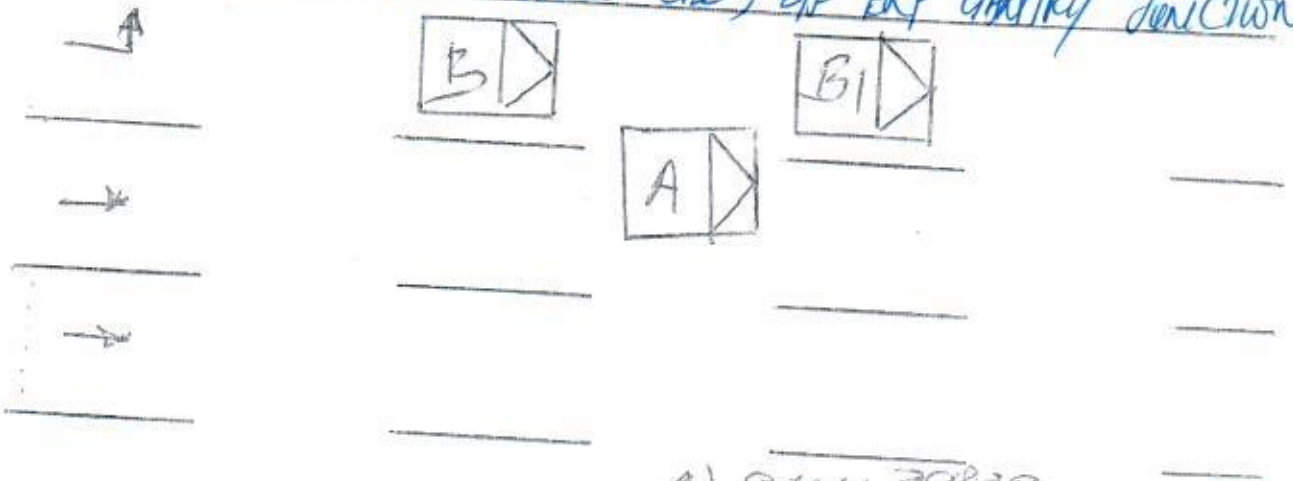
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*[Handwritten signature]* 30/12/2019  
*[Handwritten signature]*  
*[Handwritten signature]*

SKETCH PLAN

HAVELOCK ROAD TOWARDS CAD, B/E ERP Gantry Junction



A) SAN 39BR  
B) SCG 8003S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT  
(7201912302057)

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.:

30/12/2019  
Keddi



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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## ACCIDENT STATEMENT

Date Of Report 3/10/19  
 Date Of Accident / Time 21/12/19 11:00 AM  
 Exact Location Of Accident Blomp Rd 1 Henderson Rd  
 Country/State of Loss

## DETAILS OF OWN VEHICLE

Vehicle Registration Number 3MN 3882R  
 Insured/Policyholder Todd  
 Name Of Registered Owner / Company  
 NRIC No / CO-REG NO.  
 Email Address  
 Mobile Phone No  
 Alternative Phone No  
 Vehicle Particulars  
 Manufacturer BMW  
 Model COMM  
 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? TP  
 If No, Please state action to be taken  
 Vehicle Category  
 Insurance Company  
 Name of Insurance Company NTUC  
 Type Of Coverage  
 Fleet Policy  
 Policy Number  
 Cover Note Number  
 Driver  
 Name of Driver Lim Ben WOO  
 NRIC No 3105A 2786C  
 Date Of Birth 27/12/1963  
 Occupation  
 Date Of Driving Pass 27/12/1965  
 Driving Experience  
 Gender Male  
 Mobile Number  
 Fax Number  
 Contact Number 97845714  
 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 Witnesses

Name

Phone Number

Email Address

HIRE

Left Side LH to RH LH Rear

Clear

dry

Yes

Yes

2 CAB0038

BMW





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N P C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No. 1800-4890999



1/20191230/2057

1 of 3

Report No. 1/20191230/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 30/12/2019 13:18		Vide Report No.		Station Diary No 63	
<b>Informant's Particulars</b>					
Name of Informant LIM SING WOO			Address APT BLK 673A EDGEFIELD PLAINS #17-601 SINGAPORE 821673		
ID Type / ID No NRIC NO / S1592776C			Contact No Home/Office Mobile: 97845714		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 56	Date of Birth 27/12/1963	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:	Injury Others	Drink Drive No	Date/Time of Accident: 29/12/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD				
Towards CBD, before ERP gantry junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCG8003S	Car	BMW		Blue		0
SMN3983R	Car	TOYOTA		Gold	Seriously Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191230/2057

Police Station Of Origin:  
Hougang N.P.C.  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No. 1800-4890999

2 of 3

Report No. T/20191230/2057

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM SING WOO	ID No	S1592776C
Related Vehicle	SMN3983R (Car)	Contact No	97845714
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class. 3.4 Date of Expiry NIL
Date Treatment	30/12/2019	Date Discharge	30/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 29/12/2019 at about 1100hrs, I was driving my car on the third lane along Havelock Road when I signaled my intention to switch to the left lane as I wanted to alight my passenger at Riverside Point. I then checked my side view mirror and ensured that traffic was clear before proceeding to switch to the extreme left lane. As I was reaching the extreme left lane, a car (SCG8003S) overtook my car from my left and while the said car was in front of mine, the driver jammed his brakes twice which eventually caused me to knock onto the rear of his car. I wish to state that I did not initially see his car on my side view mirror as he suddenly came into the lane in front of me from the turn left only lane.

Both of us then alighted to make a check on our vehicles, however I did not exchange my particulars with the other driver as he refused to provide his to me. There was a dash camera in my car which recorded the accident.

On 30/12/2019 at about 0800hrs, I woke up and began to feel aches at back of my neck and back. I then proceeded to Pow Family Clinic & Surgery where I was issued with 3 days of MC from 30/12/2019 to 01/01/2020.

(Please contact my son-in-law, Kwan Chung Yin, at 93387656 for the retrieval of the footage.)





**SINGAPORE  
POLICE FORCE**



1/201912302057

Police Station Of Origin  
Hougang N P C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No 1800-4890999

Report No 1/201912302057

**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  
F /  
Sgt 3 ANNA ANTHONY

Signature Of Informant

Signature Of Interpreter  
Not applicable

Date/Time  
30/12/2019 13:18

Officer In Charge Of Case  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No 65476436 1278 3566

Classification Of Case

Authentication Stamp  
NP168

- Exit

#### Modification History

Claim 001

Figure 1

Claim Type *		<input type="text" value="OD-MX"/> <input type="text" value="Insured Name"/> <input type="text" value="TODOS PARTNERS PTE. LTD."/> <input type="text" value="Insured NRUC"/> <input type="text" value="201913177E"/>	
Contact No (Mobile)		<input type="text" value="97207613"/> <input type="text" value="Contact No (Home)"/> <input type="text" value="Contact No. (Office)"/>	<input type="text" value="TP"/> <input type="text" value="Vehicle Number"/> <input type="text" value="SCG80035"/>
Email Address		<input type="text" value="DI"/> <input type="text" value="Vehicle Number"/> <input type="text" value="SCG80035"/>	
Claim Description		<input type="text" value="SMN1983R / SCG80035 ON 29 Dec 2019"/> <input type="text" value="Name of Preferred Workshop"/> <input type="text" value=""/>	
<input type="text" value="Preferred Workshop"/> <input type="text" value="Insured Liability"/> <input type="text" value="Not at Fault"/>	<input type="text" value="Preferred Repair Option"/> <input type="text" value="Preferred Workshop, Name unknown"/> <input type="text" value="GIA report"/> <input type="text" value="Received"/>		
<input type="text" value="Damage No. Finalisation"/> <input type="text" value="Yes"/>	<input type="text" value="Date Registered"/> <input type="text" value="Claim Onse Date"/> <input type="text" value="31/12/2019 10:33"/> <input type="text" value="Date Received"/> <input type="text" value="31/12/2019 00:00"/>		
Report Taken By		<input type="text" value="ROSLI WAHAB"/>	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Send Message    Upload



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:34	Photos		Normal	Photos 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:34	Photos		Normal	Photos 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:34	Photos		Normal	Photos 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:34	Photos		Normal	Photos 2019-12-31	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:34	Photos		Normal	Photos 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2019 10:33	SAS		Normal	SAS 2019-12-31	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

## 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:** 5109140477-000015

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMN3983R**  
Chassis Number : MR053BK4107049376
2. Name of Policyholder : TODDS PARTNERS PTE. LTD.
3. Effective Date of Insurance : 22 Aug 2019
4. Expiry Date of Insurance : 21 Aug 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