

NATIONAL Assessment Centre Services.

Just 1 Jan 2021

NA20000707

Date In: 02/01/2020 18:40	Job description	Date & Time Completed	Done by
Ref No: NA200001237	SAS e-filing		
Veh No: SKT 8452R	E-mail (to John, AIC, etc)		
D.O.A: 31/12/2019 14:35	I-Motor Claims Form	NA200001237-001	02/01/2020
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:28
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKT 8452R

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:

Location:

Weather:

Other:

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/01/2020 18:40
Date Of Accident	31/12/2019 14:35
Exact Location Of Accident	ANG MO KIO PARK (MCDONALD CARPARK) STREET 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7188H
Insured/Policyholder	
Name Of Registered Owner	LAU BOON THIAM
NRIC No	SXXXX871E
Email Address	LBTANTHONY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91016366
Alternative Phone No	OTHERS-91016366

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5114572105
Cover Note Number	

Driver

Name of Driver	LAU BOON THIAM
NRIC No	SXXXX871E
Date Of Birth	20/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91016366
Fax Number	
Contact Number	OTHERS-91016366
Email Address	LBTANTHONY@YAHOO.COM.SG

Address	BLK 845 WOODLANDS STREET 82 #03-135
Postcode	730845
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT8452R
Vehicle Make/Model/Colour	KIA FORTE K3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAI KIM CHONG
NRIC/Passport Number	SXXXX596D
Contact Number	83611091
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.**
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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:


21/1/2020
5:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

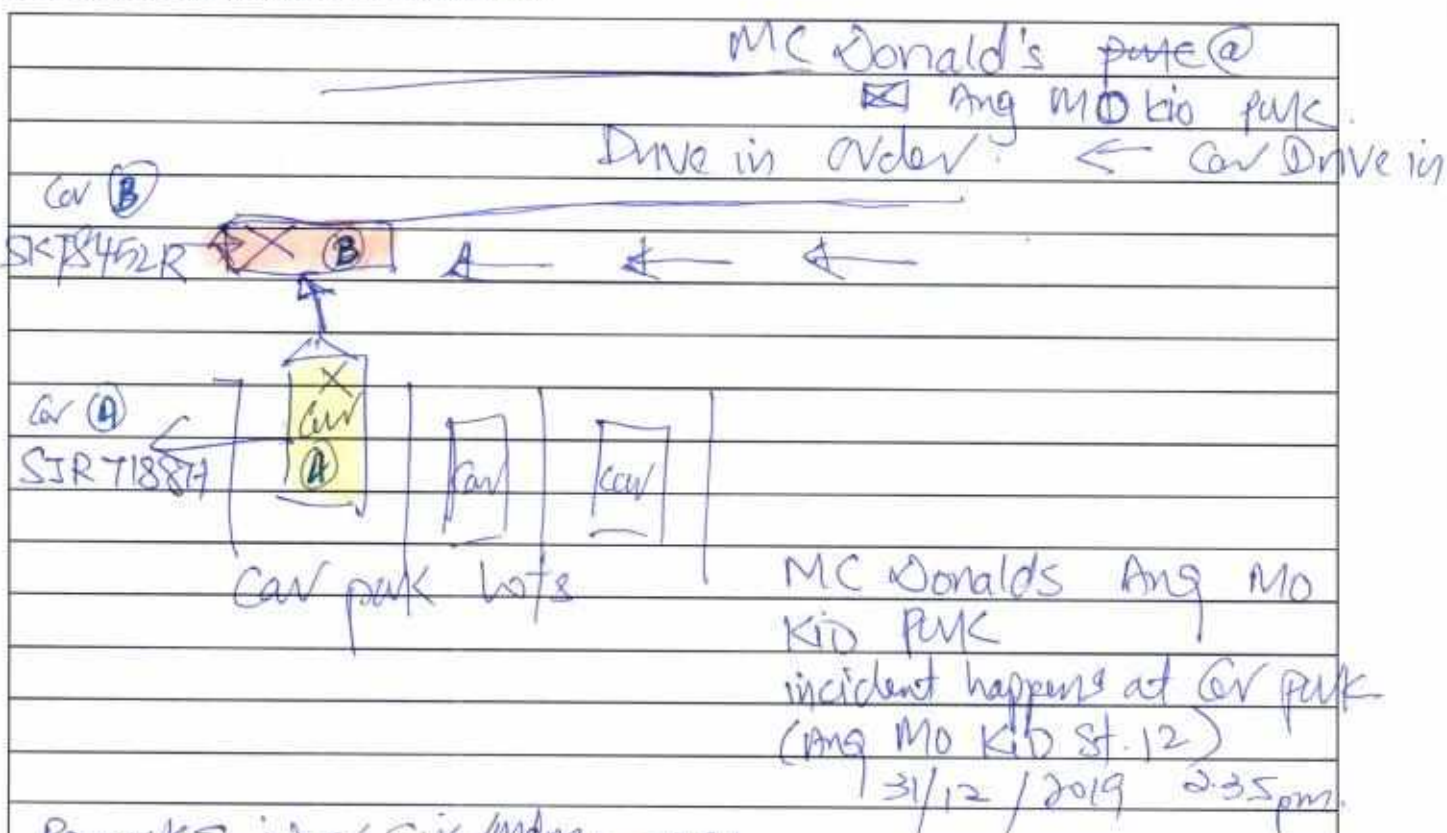
NRIC/FIN No.:


02/01/2020
Koh J. Lian

SKETCH PLAN

date: 2/1/2020 5:30pm.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Remarks: I was driving out from the Car park lot went to turn out from left go to exit. Out of sudden the Car NO SKT 8452 R came quite fast to my car front. I had a sudden alert and hit the car side door. my car front damage and the third party car damage at the side door. Thank you for your kind investigation for the claim.

DECLARATION

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

Policyholder's Signature

Date & Time: 2/1/2020 5:30pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31/12/2019 (DD/MM/YYYY), TIME: 2.35pm (HH:MM)

LOCATION: Ang Mo Kio Park (McDonald's car park)
(Ang Mo Kio St 12)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 7188H
 b) INSURANCE COMPANY: NAC
 c) POLICY NUMBER: 5114572105
 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: GRAB
 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: LAY BOON THIAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1518871E CONTACT: 9106366
 c) ADDRESS: BLK 875, WOODLANDS ST. 82
#63-135 S (730845)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 20/04/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/01/1984

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. c) REPORTED TO POLICE (YES/NO) ☒

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 8452 R MODEL: KIA (FORTE K3)
 b) DRIVER'S NAME: CHAI KIM CHONG
 c) NRIC/FIN/PASSPORT: 31395596D CONTACT: 83611091

9. THIRD PARTY VEHICLE

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

No. of passengers
(including driver)
()

No. of passengers
(including driver)
()

No. of passengers
(including driver)
()

Email: lbtanthy@yahoo.com.sg
 VINDO

Claim Handling

Accident MT/1078233

Policy No.	8114372105	Vehicle No.	SRT188H	GST Registration No.	
Certificate No.					
Policyholder Name	LAU BOON THIAN	Cover Type	Drive CLASSIC	Policyholder NRIC	S15188712
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	91016386	Special Remarks		Contact No.(Home)	
Email Address		TCA	Yes	eCode	190
NTK	Yes	WCD Exclusion(%)	50	eCode Reason	
WCD Protection	No			Private Hire	No

Accident Details

Report Date	03/01/2020 10:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	31/12/2019	Time of Accident Within	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO PARK (MCDONALD CARPARK) STREET 32				

Total Excess Applicable

Event Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification history			

Policyholder Mailing Address

Address 1	BLK 845 #03-135	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730845
Address 4		Address Type	Singapore address	Post Code	730845
Unit No.	03-135	Related Policy Number	8114372105		

DI Driver Info

Driver Name	LAU BOON THIAN	Driver Type	Main Driver	Driver DOB	26/04/1962
(Innervest driver Name)		Driver NRIC	S15188712	Driving Experience	35
Register Date of Driver License	05/01/1994	Driver Age	57	Contact No.(Office)	
Contact No.(Mobile)	91016386	Contact No.(Office)		Address 1	SINGAPORE 730845
Address 1	BLK 845 #03-135	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730845
Address 4		Address Type	Singapore address	Post Code	730845
Unit No.	03-135				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SRT188H	Driver Insurer Company	NTUC

Declaration					
Insured/Driver or Third Party (Selfing)?	0 mg	Any injury?	Yes - No		

Notification History

Claim 901 New

Claim Type *	OD-RE	Insured Name	LAU BOON THIAN	Insured NRIC	S15188712
Contact No.(Mobile)	91016386	Contact No. (Home)		Contact No. (Office)	
Email Address	LETANTHONY@YANGCO.COM.SG	DI	SRT188H	TP	SKT8452H
Claim Description	SRT188H / SKT8452H 06 31 Dec 2019	Vehicle Number		Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Report No. / Prediction	Yes	Insured Repair Option	Preferred workshop, name unknown		
Date Registered	03/01/2020 10:24	Claim Close Date		Date Received	03/01/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1078233	Claim No.	003
Last Doc. Received	Yes No	Upload Date	03/01/2020 10:25

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	

Message Read Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:29	Photos	Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:24	SAS	Normal	SAS 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:24	Photos	Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:24	Photos	Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:24	Photos	Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:24	NRIC/ Driving License	F	NRIC/ Driving License 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2020 10:24	SAS	Normal	SAS 2020-1-3	Edit
Video List					
Uploaded By/Date		Folder Date		File Name	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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114572105

Cover : drive CLASSiC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJR7188H |
| Chassis Number | : KMH0U41BR9U772064 |
| 2. Name of Policyholder | : LAU BOON THIAM |
| 3. Effective Date of Insurance | : 02 Dec 2019 |
| 4. Expiry Date of Insurance | : 01 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	: 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	: LAU BOON THIAM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GUNONG DJATI CREDIT CO. PTE. LTD.
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
 Date of Issue : 02 Dec 2019 15:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive