Date In: 14/0/120xD 10/22	Jeb description	1.	Date &Timo Co	mpleted .	Done pi.
Ref No: NRA / Tal COOODSY	SAS c-filling	•			
Veh No. C 10 0167 4	E-mail(Sjuia 8	lhrs. AIC thrs)	<b>i</b>		1
001 18/6/1000 ON /S	I-Motor Claim		m/1079	91200	1.14/0
130000000000000000000000000000000000000	I-Motor W/O		TP (hrr)	134	10/40
OD ATP / Reporting Only			1		
	I-Photo Uplos		-		* **.
TP Insurer:	Assessment/Sun		Owner		
Professed Wksp/INC Assign Wksp/QW: (	X35't Iceport by	y Pax/ Hand to	Yol:	Fax	
TP Bardiculars: Veh No:	(4) 72010	. INC(		. ).	· .
Owner / Driver: (	7701.0		Tcl:		)
Policy No: ( ) Po	eriod: (	)	Cover Type: (		).
Confirmed by ; (		Dates,	Times		)
	[Note-Est Status (W	20 may 2000 1000 E	%; P: 21-79%.	P: 80-100	%]
	Warranty: YES (	)/NO(	>		
Excess: (\$ ) Loading: \$1,	000 ( )/\$2,000	( )			
To and the Control of		NATA XXX	ALLOW STATE OF THE	# 15 E	4
	<b>计公众以及在人</b> 外的部分对	Entitle Control of the Control of th	HOW BUT AND THE	HALL Y STAN	27 151 7, 1 7
( ) Walle-In Guscomar : Gustomors Info	ormation strictly Con	uldential & St	ictly NO refer of	repairer.	
( ) Total Loss Case : to e-mail Insur			, · .:		·
Drive-In ( )/ Towed-In ( ); Invoice	er YES( )/N	0/ ).T	owing Co: (	30	
Daive-in ( )/ lowed-in ( ); invoice	ig: ATTO ( ) I IV	0 111	011200		
	SEL ATTS ( ) LY	nemovania na	Hassir outline House View	5/4 (12/10/23	A STATE OF THE PARTY OF THE PAR
Comparation of the comparation o					FALLSON DY
Company of the Calculation of th	Courtesy Car (				A Manaby
(compared to the Calculate Cash of the Calculate Cash of the Calculate Cash of the Cash of	Courtesy Car (				riamons by
(Continue of the Continue of t	Courtesy Car ( )	)			PARTIE TO THE PA
(compared to the Calculate Cash of the Calculate Cash of the Calculate Cash of the Cash of	Courtesy Car ( )	) : :			Aldens Div
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$	Courtesy Car ( )				
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$	Courtesy Car ( )				Manaby
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				Aleman by
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				Manager .
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				A CHARLES
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				PANISHE DY
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				STATE OF THE STATE
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )				
(Control of Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( ) ( ·) 3000] ( )				STATE OF THE STATE
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( ) ( ·) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	) All Academ	Raporting (530);	Ing (tro)	
(INGULATION CONTROL OF TRANSPORT Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Data (3)) (2) (2) (3)  A (3) (3)  A (4) (4) (4)  A (4) (4) (4)  A (5) (6) (6)  A (6) (6) (6)  A (6) (6) (6) (6)  A (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6)  A (6) (6) (6) (6) (6)  A (6) (6)	Courtesy Car ( )	1) AR 1 Acadest 2) DA 1 Demuga	Reporting (530);	ING (210)	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injury:	Courtesy Car ( )	1) ARI Acadent 2) DAI Demuge 3) TVI Towing P 4) VI I Follow-II	Reporting (330); Research (5100); Research (5100);	\$12 (12)	Mangarya a
(INGULATION CONTROL OF TRANSPORT Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Data (3)) (2) (2) (3)  A (3) (3)  A (4) (4) (4)  A (4) (4) (4)  A (5) (6) (6)  A (6) (6) (6)  A (6) (6) (6) (6)  A (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6) (6) (6) (6) (6)  A (6) (6) (6) (6)  A (6) (6) (6) (6) (6)  A (6) (6)	Courtesy Car ( )	1) All   Acadent 2) DA   Demys 3) Tr   Followerl 4) PT   Followerl For plaining a	Reporting (530); Assessment (5100); arough Survey (Resurved; alast NIC Only (vest	\$40/54 \$12 \$19 \$10 \$10 \$10 \$10 \$20	
(IN CIL MIN CONTROL (IN CIL MIN CIN CIN CIN CIN CIN CIN CIN CIN CIN C	Courtesy Car ( )	1) All Acadent 2) DA 1 Demage 3) TV: Towing P 4) PT: Follow-TI For plaining S 6) TR: Re-laspeo	Reporting (530); Resorting (530); Resorting (5100); rough Survey (Resurved to the survey (Resurved to	\$1034 \$12 (***) \$35 10 Jin 2000 } \$7.	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:    Data Dyna   A   Dyna     Data Dyna   A   Dy	Courtesy Car ( )	1) All Acadent 2) DA 1 Demys 3) Tr 1 Follow-Ti 4) PT 1 Follow-Ti For plaining 2 6) TR 1 Re-larges 7) NI 1 Idao DA	Reporting (530); Assessment (5100); arough Survey (Resurved in SURVey) and the Survey (Resurved in SURVey)	\$40/54 \$12 \$19 \$10 \$10 \$10 \$10 \$20	
(IN CIL MIN CONTROL (IN CIL MIN CIN CIN CIN CIN CIN CIN CIN CIN CIN C	Courtesy Car ( )	1) All 1 Academic 2) DA 1 Demage 3) Tr 1 Follow-Ti 2) PT; Follow-Ti 2) PT; Follow-Ti 2) PT; Follow-Ti 2) PT; Idau DA 4	Reporting (530); Assessment (5100); arough Survey (Resurved); aliast INC Only (Walf Hone SMRT Survey)	\$4054 \$12 \$31 10 Jin 2000} \$7.	Thousand Said
(IN Call and	Courtesy Car ( )	1) All Acadent 2) DA I Demage 3) TP I Follow-TI 4) PT I Follow-TI For plainhists 6) TR; Re-laspee 7) NI I Idao DA 1) NTUC Addille ODY NSI Courtesy	Reporting (530); Resporting (5	\$4054 \$12 (**) \$31 10 Jin 2000} \$7.	TOTAL STATE OF THE
(IN CIL MIN CONTROL (IN CIL MIN CIN CIN CIN CIN CIN CIN CIN CIN CIN C	Courtesy Car ( )	1) All Academt 2) DA 1 Demay 3) PT 1 Follow-T 3) PT 1 Follow-T 3) PT 1 Follow-T 4) PT 1 Follow-T 5) PT 1 Follow-T 4) PT 2 Follow-T 5) PT 1 Follow-T 4) PT 2 Follow-T 6) TR: Re-large 6) TR: Re-large 6) TR: Re-large 6) TR: Re-large 7) NI 1 Idae DA 1) NTUC Additio ON: 1 NG Bassie 1 NG	Reporting (530); Grant Survey (Resurring); Italian Smill Survey and Sarvious; Cor/Tpi Allowence and instinction	\$4054 \$12 \$31 10 Jin 2000} \$7.	A CANADA SALA
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  (2) 2000 (6)  Stringer Cost > \$  Injury:  (3) 2000 (6)  Stringer Cost > \$  S	Courtesy Car ( )	1) All I Acadent 2) DA I Demage 3) TV I Towing P 4) PT I Follow-TI 3) PT I Follow-TI For plainblist as 6) TR I Re-large 7) NI I Idao DA 1) NTUC Additio OIL 10 NSI Courtesy NG: Bapels C 10 NSI Foot Rep	Reporting (530); Its annual (5100); Its annual (510	\$4054 \$12 \$200} \$7. \$7. \$16 \$3 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	
(IN Call Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo (Repair Cost > \$  Injury:  Discontinuous Control (Repair Cost > \$  Injury:  Discontinuous Control (Repair Cost > \$  Injury:  Contact No:  armaged Portion:  C Checked by (Engr-In-Charge):	Courtesy Car ( ) ( , ) 3 000] ( )	I) ARI Acadent  1) ARI Acadent  2) DA I Demage  3) TF I Follow-Ti  4) FT I Follow-Ti  5) TR I Re-laspeo  7) NI I Idao DA  1) NTUC Additio  ORY  NI Courtesy  NI Re-laspeo  NI Courtesy  NI RO (Post Rep-laspeo  NI RO (Post Rep-laspeo  NI RO (Post Rep-laspeo  NI Post Re	Reporting (530); Assessment (5100); Frough Survey (Resurring the Survey (Resurring the Survey allost NG Only (was in the Sorvious);  Cor/Tpi Allowence coordination and the Survey (Resurring the Surv	\$4054 \$12 \$200} \$7. \$7. \$16 \$3 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	
1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$  Injury:  (2) 2000 (6)  Stringer Cost > \$  Injury:  (3) 2000 (6)  Stringer Cost > \$  S	Courtesy Car ( ) ( , ) 3 000] ( )	1) All I Acadent 2) DA I Demage 3) TV I Towing P 4) PT I Follow-TI 3) PT I Follow-TI For plainblist as 6) TR I Re-large 7) NI I Idao DA 1) NTUC Additio O[N] NSI Courtesy NG: Bapels C 1 NIC Foot Rep	Reporting (530); Assessment (5100); arough Survey (Resurveinst) NC Only (well and Sarvious; Cer/Tpi Allowence peardination left lixers Coordinati (Non INC) against Debits  F	\$4054 \$12 \$200} \$7. \$7. \$16 \$3 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	A CANADA

#### 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,
- Information provided must be as truthful and accurate as possible. Any wilful 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.
- 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.
- 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
 14/01/2020 10:22

 Date Of Accident
 13/01/2020 08:40

Exact Location Of Accident ALONG ADAM ROAD TOWARDS FARRER ROAD

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJQ2767A

Insured/Policyholder

Name Of Registered Owner UNIQUECARS TRADING

Co Reg No 5XXXX372A

Email Address CHNGANGIE@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-90070040

Alternative Phone No OFFICE-87831448

Vehicle Particulars

Manufacturer HYUNDAI Model AVANTE

Exact Purpose for which vehicle was being used at

time of accident

DRIVE TO WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

10

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 THIRD PARTY

Fleet Policy NO

Policy Number 5109039988

Cover Note Number

Driver

Name of Driver CHNG MENG HUA (ZHUANG MINGHUA)

 NRIC No
 SXXXX456H

 Date Of Birth
 06/07/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 24/03/1995

Driving Experience 24 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90070040

Fax Number

Contact Number OTHERS-87831448

EMail Address CHNGANGIE@HOTMAIL.COM

Address 29 TRANSIT ROAD

#03-08

Postcode 778905

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)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

4

**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

SLW7201C

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97858766

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

#### SKETCH PLAN

# 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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: /3//2 0

8.00 pm

(

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/1 170

8.00 p.m

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

KETCH PLAN	DDDM	ROAD -	10WARDS	FARRER	ROAD	
						1111
		- $           -$				
				A) SJQ 2	1619	
				B)SLW	2014	
ESCRIBE CIRCU	MSTANCES OF T	HE ACCIDENT				and recording to the second
Travellina	alona Ad	am Road (	beside's Camo	len Park ) +	menuls Fan	rer
Road .	SLW 7201	brake	beside's Cama but	NES ES GIS	was unal	2/4
to sta	in time				12 22 16111	
	111 11100					
		- Company and Comp				
17						
- 69						
- 81		(6)				
	-0-10-10	100				-11/2 1-25-2
	. 32					
						1.1
		W == 4				
85				8-20		
					7 100	
					1	
DECLARATION						
	1/	s are true in every re	espect.	550	/ / 1	
X / 3	Reg No: 53211372A	ROS			110/01/2	020
Politon best death of	5 6	Driver's Signature		Reporting	re Personnel's Signa	ture
Policyholder's Signa Date & Time: 12	1/20	(If driver is not the	e policyholder)	Name.	Volds	MAMAI
.>1	Qualitics.	Date & Time: 13	5/1/20	NRIC/FIN No.:	Wall	7
GIARMC Sketr PlaCA	a provide	8.	wp.m		101	50

# ACCIDENT'STATEMENT

1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: STQ 2767A  b) INSURANCE COMPANY: NTVC  c) POLICY NUMBER: 5109039988	
DINSURANCE COMPANY: NTWC	
DINSURANCE COMPANY: NTWC	100 E
CIPOLICY NUMBER: 5109039988	0.00
CIPOLICY NUMBER: 5109039988	
	75-36
DIPOLICY TYPE: (COMPREHENSIVE / THEO PARTY / THIRD PARTY FIR	E atheft)
DIMAKE & MODEL: Hydungi Arayte	
TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE. / C	OTHERS)
BYEHICLE CATEGORY! (PRIVATE / COMMERCIAL / MOTORCYCLE)	15 No.
IN) PURPOSE OF USING AT ACCIDENT TIME: PUCK & WOLV	<u> </u>
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/KO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY)	
A) NAME: · Unique cars Trading. (MALE / FE	ENABLE
DINRIC/FIN/PASSPORT: 33211372A CONTACT: 9007	
	Pluza
5658064	,
CONTINUE TO 3 4 IS DRIVED ALSO BOLICY HOLDED	
THO OF PRISONNA DRIVER	
Conduding driver) STHAME: Ching Ming Hun (MALE / FE	MALE)
DINRIC/FIN/PASSFORTI STALIASEH CONTACTI KTS	31448
CIADDRESS: 29 IMMIH ROLD \$03-08 STIF905	
2 1/2 1 2 C C C C C C C C C C C C C C C C C	
"d) DATE OF BIRTH: (00/07/1974 )(DD/MM/YYYY)	2
EDUCCUPATION: INDOOR / OUTDOOR)	
FIDATE OF DRIVING PAGE 1995 MW	CONT. SE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED : YEATA	201001
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
DIROAD SURFACEKORY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES ARO)	
7. a) REPORTED TO POUCE (YES / (40)	32
IF YES, PLEASE STATE WHICH POLICE STATION!	
8, THIRD PARTY VEHICLE	en al
THE OF PRIMERY OF VEHICLE HUMBER: SLW 7201 &C MODEL: Horda )	(20)
(Induding driver) b) DRIVER'S NAME) CONTACTI 918	58766
(.1) " C) NRIC/FIN/PASSPORT: CONTACT: 918	N. L. V
	A CONTRACTOR
LAND OF DELIVERS NAMES	1
(Including driver) 1) NRICYFIN/PASSPORTICONTACT:	
	The second secon

email = chingangie @ hotmail . com

Claim Handling

Market and the Control of the Contro								
Policy No.	5109039988	Vehicle No.	S3Q2767A		GST Registration No.			
Certificate No. Policyholder Name	The second secon							
Product Code	UNIQUECARS TRADING				Policyholder NRIC	\$3211372A		
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	g ·		
Email Address	90070040	Contact No.(Office) Special Remark			Contact No.(Home)			
KFK	- No Yes	TCA	Mr. War		eCode	Na ▼		
NCD Protection	Yes	NED Entitlement(%)	- No Yes		eCode Reason	1128		
W Accident Details		7322 033345304234	30.		Private Hire	No		
Report Date	14/01/2020 10:35	Accident Report Within 24 hrs.	Yes		Accident Type	Collision - Head to	Hear	
Date of Accident	13/01/2020	Time of Accident thimm	08:40		Country of Accident	Singapore	- Aller	
Reporting Centre		Orange Force			ICM No.			
Accident Location	ALDNG ADAM ROAD TOWARDS PARRER ROAD							
	Ne .							
Excess Type	Per Accident	Windscreen Excess		0.00				
OD Standard Excess	0.00	TP Standard Excess		CVSelvino				
YIED OD Excess	500.00	VIED TP Excess		1,500.00	Driver is Covered?	2		
Additional Excess	q			0.00	priver a covereur	Covered		
Total OD Excess Applicable	500.00	Total TP Excess Applicable		1.500.00				
₩ Benefits								
GST Registered Inform								
GST Augustered GST Registration No.	No			ration Date				
Hodification History	14/01/2020 10:38:15 System ch	anged GST Status Verified from No	GST Status to Yea	s Verified	Yes			
		-3.564.1927						
Address 1 Address 4	1 BUKIT BATOK CRESCENT	Address 2	#94-36 WCEGA PL	AZA	Address 3	SINGAPORE 65808	64	
Unit No.	03-08	Address Type Related Policy Number	Singapore address		Post Code	658064		
▽ OI Driver Info	. SU-SIR :	Related Policy: Number	5109039968					
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed priver Name	OWG MENG HUA (ZHUANG MIN	Driver NR3C	57471456H		Oriver DOB	06/07/1974		
Register Date of Onver License		Driver Age	43		Oriving Experience	24		
Contact No. (Mobile)	57531448	Contact No.(Office)			Contact No.(Home)	10.25		
Address L	29 TRANSIT ROAD	Address 2	#03-DE FOREST HD	LLS CONDON	Address 3	SINGAPORE 77890	15	
Address 4		Address Type	Foreign address		Post Code	778905		
Unit No. Does he own a Singapore	03-08							
Registered car?	Yes a No	Driver Vehicle No.	SJQ2767A		Driver Insurer Company	NTUC		
Declaration								
Breathalyser or Blood Test								
Reading?	D mg	Any mjury?	Yes + No					
Reading? Mostfication History	0 mg	Any injury?	Yes + 743					
Reading?  Mostrication History  Claim 001 New	0 mg	Any injury?	Yes + Na	OG-MX	Imured bridgeCARS TRADER	WG Insured	5221L372A	
Reading?  Modification History  Claim 001 New  Claim Type •	0 mg	Any injury?	Yes + Na	OB-MX	No.	Contact No.	51211377A	
Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)	0 mg	Any injury?	Yes + No	Marores	Confact No. (Home)	NRIC Contact No. (OMce)	51211377A	
Reading?  Modification History  Claim 001 New  Claim Type *	0 mg	Any injury?	Yes + No	Marores	No.	Contact No.	51211377A 51W7201C	
Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)	0 mg	Any injury?	Yes + No	90070040	Confact No. (Home) Of Vehicle S3Q27674	NRIC Contact No. (Office) TP Vehicle Number Name of		
Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred			Yes + No	Marores	Confact No. (Home) Of Vehicle S3Q27674	NRIC Contact No. (Office) TP Vehicle Number	SLW7701C	
Medification History  Claim 001 New  Claim 109 *  Contact No. (Mobile)  Emel Address  Claim Description  Preferred	Insured Leading Fully at Fault Preferred Preferred Virishos, Name	3.	W8-1019-02-0	90070049 SXQ2767A / SLW7301C ON	Donfact   No.	NRIC Connact No. (Office) TP Vehicle Number Hame of Preferred	SLW7701C	
Modification History  Claim 001 New  Claim 109 *  Contact No. [Mobile]  Email Address  Claim Description  Preferred  Workshop  Bassars No.  Yes	Insured LiebSity Fully at Fault		W8-1019-02-0	90070049 SXQ2767A / SLW7301C ON	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7701C	
Macification History  Claim 001 New  Claim Type *  Contact No. [Mobile]  Email Address  Claim Description  Pholomore No.  Yes  Salance No.  Yes  Date Registered	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.	W8-1019-02-0	90070049 SXQ2767A / SLW730LC ON	Confact No. (Harms) Of Vehicle S0227674 Number Li2 Jan 2020	Confact ho. (Office) TP Vehicle humber hama of freferred workshop	SLW7201C	
Modification History  Claim 001 New  Claim 1001 New  Contact No. [Mobile]  Email Address  Claim Description  Preferrate  Workshop  Baskers No. Yes  Date Registered  Report Taken By	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.	W8-1019-02-0	90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Macification History  Claim 001 New  Claim Type *  Contact No. [Mobile]  Email Address  Claim Description  Pholomore No.  Yes  Salance No.  Yes  Date Registered	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.	W8-1019-02-0	90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Modification History  Claim 001 New  Claim 109 *  Contact No. [Mobile]  Email Address  Claim Description  Preferred  Workshop  Baskers No. Yes  Date Registered  Report Taken By	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.		90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Modification History  Claim 001 New  Claim 1001 New  Claim 1001 New  Contact No. [Mobile]  Email Address  Claim Description  Preferrate  Workshop  Date Registered  Repart Taken By  Prior AK letter	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.	W8-1019-2-2	90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Modification Hiptory  Claim 001 New  Claim 19pe *  Contact No. [Mobile]  Email Address  Claim Description  Preferred Wordshop  Brailization Yes  Date Registered  Report Taken By  Print AK letter	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.		90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Modification History  Claim 001 New  Claim 1001 New  Claim 1001 New  Contact No. [Mobile]  Email Address  Claim Description  Preferrate  Workshop  Date Registered  Repart Taken By  Prior AK letter	Insured Leaking Fully at Fault Preferred Preferred Workshop, Name  Preferred Preferred Workshop, Name	3.		90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Macification History  Claim 001 New  Claim 19pe *  Contact No. [Mobile]  Email Address  Claim Description  Photograph No. Yes  Selfager No. Yes  Photograph No. Yes  Photograph No. Yes  Address  Accident No. Accident No.	Insured Lossetty Fully at Fault Preferred Preferred Workshop, Name Cotton  M1/1079058	3.	Save Submit	90070049 5:023767A / SLW7301C DA	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser harms of Proferred Workshap	SLW7201C	
Modification History  Claim 001 New  Claim 1950 *  Contact No. [Mobile]  Email Address  Claim Description  Phatemed Versishop  Selfend No. Yes  Selfend No. Yes  Print AK Jetter  Aktachment  Phatemed Accident No.	Insured Lossetty: Fully at Fault Preferred Workshop, Name Cotton  M1/1079958 * Yes	▼ GIA Received	Save Submit	90070049 SXQ2767A / SLW7301C ON [14/01/2020 10:39	Confact No. (Hame) Of Vehicle SiQ27674 Number SiQ27674 Chain Close	Confect Confect No. (Office) TP Vehicle Furniser Aarma of Proferred Workshap	SLW7201C	
Macification History  Claim 001 New  Claim 1/pe *  Contact No. [Mobile]  Email Address  Claim Description  Phalamac  Workshop  Sassars No. Yes  Praisaction  Praisaction  Praisaction  Praisaction  Praisaction  Praisaction  Accident No.  Last Doc. Received	Insured Lieberty   Fully at Fault     Preferred   Preferred Workshop, Name	unknown GIA Received	Save Submit	90070049 5:323767A / SIW7301C 08 14/01/2020 10:39 ROSLI WAPPAS	Confidential Ungent	Ordact  Contact No. (Office)  TP  Vehicle Number harms of Preferred Workshap  Date Received	SLW7201C	
Macification History  Claim 001 New  Claim 1001 New  Contact No. [Mobile]  Email Address  Claim Description  Preferrate  Workshop  Bassare No. Yes  Preferrate  Repart Taken By  Print AK letter  Aktachment  Accident No.  List Doc. Received  Choose File No file chose	Insured Lieberty   Fully at Fault     Preferred     Preferred Workshop, Name     Cotton     Preferred Workshop, Name     No.     No.   No.     Path *	unknown GIA Received	Save Submit	90070049 ENQ3767A / SIW7301C ON 14/01/2020 10:36 ROSLI WAHAB 001 4/01/2020 10:40 Category + Messe Select	Confedential Ungers  Confedential Ungers  V NO V Normal	Ordact  Contact No. (Office)  TP  Vehicle Number harms of Preferred Workshap  Date Received	\$LW7201C	
Claim 1992 * Claim 1992 * Claim 1992 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bessuer No. Vess Presidention Presidention Repair Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received  Choose File No file chose Choose File No file chose	Insured Leading Fully at Fault Preferred  Repair Preferred Workshop, Name Cotton  M1/10/79058  F yes   No	unknown GIA Received	Save Submit	90070049  ENQIPOTA / SIMPIDIC ON  14/01/2020 10:39  ROSLI WARMS  101  4/01/2020 10:40  Category +  Wesse Select  Please Select	Confedential  Confedential  Confedential  Confedential  Confedential  Confedential  Confedential  Confedential  Confedential  Nome    Nome	NRIC  Contact No. (Office)  TP Vehicle Number Name of Proferred Workshop  Date Received	\$LW7201C	
Claim 1992 * Claim 1992 * Contact No. [Mobile] Email Address Claim Decorption Preferred Workshop Date Registered Repart Taken By  Print AK letter  Attachment  Accident No. Last Doc. Received  Choose File No file chose	Insured Lookity Fully at Fault Professor Preferred Workshop, Name Cotton  M1/10/9958  * Yes   No Fault *	unknown GIA Received	Save Submit	90070049  SIQ2767A / SLW7201C ON  14/01/2020 10:29  ROSLI WAPMS  OL  4/01/2020 10:40  Category +  Please Select  Please Select	Confect	NRIC  Contact No. (Office)  TP Vehicle Number Name of Proferred Workshop  Date Received	\$LW7201C	
Claim 001 New  Claim 001 New  Claim 1001 New  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Bessure No. Ves  Date Registered  Report Taken By  Print AK letter  Attachment  Processes No. (Last Dec. Received)  Choose File No file chose	Insured List-Pity Fully at Fault Preferred Workshop, Name Option  M17/1079058  * Yes   No Path *	unknown GIA Received	Save Submit	90070040  SXQ2767A / SLW7201C ON  14/01/2020 10:29  ROSLI WAPAR  OL  4/01/2020 10:40  Category +  Messa Select  Please Select  Please Select	Confect   No.	NRIC  Contact No. (Office)  TP  Vehicle Number hame of Proferred Workshop  Date Received	\$LW7201C	
Claim 001 New  Claim 001 New  Claim 1001 New  Contact No. (Mobile)  Emel Address  Claim Description  Preferred  Beatlett No. (Yes  Date Registered  Repart Taken By  Print Ak letter  Aktochment  Processes File No file chose  Choose File No file chose	Insured Liabelity Fully at Fault Preferred Workshop, Name Option  M1/1079658  * Yes:   No Path *	unknown GIA Received	Save Submit	SXQ2767A / SLW73D1C OA  SXQ2767A / SLW73D1C OA  14/01/2020 10:29  ROSLI WAR-MB  OC  Category +  Messe Select  Please Select  Please Select  Please Select  Please Select	Confidential   Degend	NRIC  Contact No. (Office)  TP  Vehicle Number Name of Proferred Workshap  Liabe Received	\$LW7201C	
Claim 001 New  Claim 1001 New  Claim 1001 New  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Beaters No. Yes  Date Regatered  Report Taken By  Print Ak letter  Aktachment  P  Accident No. Last Doc. Received  Choose File No file chose	Insured Liabelity Fully at Fault Preferred Workshop, Name Option  M1/1079658  * Yes:   No Path *	unknown GIA Received	Save Submit	90070040  SXQ2767A / SLW7201C ON  14/01/2020 10:29  ROSLI WAPAR  OL  4/01/2020 10:40  Category +  Messa Select  Please Select  Please Select	Confect   No.	NRIC  Gordact No. (Office)  TP  Vehicle Number harms of Proferred Workshop  Date Received	\$LW7201C 14/01/2020 00:09 Description *	
Claim 001 New  Claim 1001 New  Claim 1001 New  Contact No. (Mobile)  Email Address  Claim Description  Preferrate  Claim Prescription  Preferrate  Bessure No.  Yes  Date Registered  Repart Taken By  Print AK letter  Attachment  V  Accident No. Last Doc. Received  Choose File No file chose	Insured Liabelity Fully at Fault Preferred Workshop, Name Option  M1/1079658  * Yes:   No Path *	unknown GIA Received	Save Submit	SXQ2767A / SLW73D1C OA  SXQ2767A / SLW73D1C OA  14/01/2020 10:29  ROSLI WAR-MB  OC  Category +  Messe Select  Please Select  Please Select  Please Select  Please Select	Confidential   Degend	NRIC  Contact No. (Office)  TP  Vehicle Number Name of Proferred Workshap  Liabe Received	\$LW7201C	Uptreed
Claim 001 New  Claim 001 New  Claim 1001 New  Contact No. (Mobile)  Email Address  Claim Description  Preferred  Workshop  Bassars No. Ves  Print ask letter  Attachment  Print Ak letter  Attachment  Choose File No file chose	Insured Listelly Fully at Fault Repair Cotton  M1/1079058  * Yes   No  Path *	GIA Received report Claim No. Upload Date	Save Submit	90070049  SIQ2767A / SLW7201C ON  14/01/2020 10:29  ROSLI WAPAR  Plance Select	Confidential   Digent	NRIC  Contact No. (Office)  TP  Vehicle Number Name of Proferred Workshap  Liabe Received	\$LW7201C  14/01/2020 00:00  Description *	Uptased
Claim 1001 New  Claim 1001 New  Claim 1001 New  Contact No. [Mobile]  Email Address  Claim Description  Preferrate  Workshop  Bassare No. Yes  President No.  List Doc. Received  Choose File No file chose	Insured Lieberty   Fully at Fault     Preferred     Preferred Workshop, Name	unknown T GUA Received  Claim No. Upload Date  Category	Save Submit	SXQ2767A / SLW73D1C OA  SXQ2767A / SLW73D1C OA  14/01/2020 10:29  ROSLI WAR-MB  OC  Category +  Messe Select  Please Select  Please Select  Please Select  Please Select	Confidential   Degend	NRIC  Contact No. (Office)  TP  Vehicle Number Name of Proferred Workshap  Liabe Received	\$1,4/7201C 14/01/2020 00:00 Description *	Uplsed
Claim 1001 New  Claim 1001 New  Claim 1001 New  Claim 1001 New  Contact No. [Mobile]  Email Address  Claim Description  Preferrate  Workshop  Bassage No. Ves  Print AK letter  Attachment  Choose File No file chose	Insured Listelly Fully at Fault Repair Cotton  M1/1079058  * Yes   No  Path *	unknown T GUA Received  Claim No. Upload Date  Category	Save Submit	90070049  SIQ2767A / SLW7201C ON  14/01/2020 10:29  ROSLI WAPAR  Plance Select	Confidential   Digent	NRIC  Contact No. (Office)  TP  Vehicle Number Name of Proferred Workshap  Liabe Received	Description *  Send Message (CO) Ad	
Claim 1992 * Claim 1992 * Contact No. [Mobile] Email Address Claim Description Preferred Workshop Besselve No. [Ves Presidention Print AX letter  Attachment  Choose File No file chose	Preference Use Bity Fully at Fault Repair Option  M1/10/79958  * Yes I No Fath *  Uploaded By/Date  Uploaded By/Date	Claim No. Upload Date  Category  E SERVICE Fhotos	Save Submit	90070049  EXQ1767A / SIW7101C ON  14/01/2020 10:36  ROSII WAPAS  OC Category +  Means Select  Please Select  Please Select  Urpancy  Urpancy	Confect No.  (Home)  Of Society Number SiQ27674  L2 Jan 2020  Chim Close Date  T NO. T Normal  T NO. T Normal  T NO. T Normal  T NO. T Normal  Description	NRIC  Contact No. (Office)  TP  Vehicle Number Name of Proferred Workshap  Liabe Received	Send Message (CO)	Action .

/14/2020		Claim Handlir	ng(accident reporting Cla	im Task )	
AT .	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2020 10:40	Photos	Normal	Photos 2020-1-14	Edit
7 E S S S S S S S S S S S S S S S S S S	NAC_BURIT_MERAH, 600676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
1	NAC_BURIT_MERAH_800676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT-MERAH)] on 14 Jan 2020 10:39	Phiatos	Normal	Photos 2020-1-14	Edit
0	NAC_BURIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT NERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
Z	NAC_BURIT_MERAH_BODO76[ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH) on 14 Jan 2020 10139	Photos	Normal	Photos 2020-1-14	Edit
嘘	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
5	NAC_BURIT_MERAH_805676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
	NAC_BURIT_MERAH_800679( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
S. Z.	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	Photos	Normal	Photos 2020-1-14	Edit
	NAC_BURIT_MERAH_800676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH); on 14 Jan 2020 (0:39	Photos	Normal	Frictor 2020-1-14	Edit
517 MSS C 0103	NAC_BURIT_MERAH_800676[ NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 (0:39	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-14	Edit
40	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 14 Jan 2020 10:39	SAS	Normal	SAS 2020-1-14	Edit
♥ Video List					

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: 5109039988

Cover : Third Party

1. Index mark and Registration Number of Vehicle .

: SJQ2767A

Chassis Number

: KMHDU41BR9U752860

2. Name of Policyholder

: UNIQUECARS TRADING

3. Effective Date of Insurance

: 30 Apr 2019

4. Expiry Date of Insurance

: 29 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)		: N/A		S	
EXCESS (SECTION 2)		: S\$1,500		82	
ADDITIONAL EXCESS	42	: N/A		114	
UNNAMED DRIVER EXCESS		: N/A			
REPAIR AT OWNER'S PREFERRED WORKSHOP		: NO			
INSURE WITH COE		: N/A		-	
NCD PROTECTION	1	: YES			
PRIMARY DRIVER		: N/A			
NAMED DRIVER (1)		: N/A			
NAMED DRIVER (2)		: N/A			
HIRE PURCHASE COMPANY	W	: N/A		1.42	
SUM INSURED		: N/A	20		

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

: DQ INSURE (00000572952)

Date of Issue

: 29 Apr 2019 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive