

NATIONAL Assessment Centre Services. (ver 1 Jan 2003) **NA20006947**

Date In: 15/01/2020 16:27	Job description	Date & Time Completed	Done by
Ref No: ABA/NA20000824	SAS e-filing		
Veh No: SJW 2471E	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: 14/01/2020 20:15	I-Motor Claim Form	15/01/2020	
QID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	17:12	
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: GBH 22754 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 repairer.

() 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: ()

Location: ()

By: ()

NA2000472

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Date: 2/2

1) AIC: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$73
6) TR: Re-inspection	\$160
7) NI: Idas DA + SMRT Survey	
8) NTUC Additional Services:	
QID:	\$3
*N5: Courtesy Car / Tpl Allowance	\$10
*N6: Repair Co-ordination	\$23
*N7: Post Repair Inspection	\$3
*N8: DV / Collect Excess Coordination	\$30
TP (N11): TP (Non-INC) against INC	\$0
9) N13: Idas Mobile	

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 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	15/01/2020 16:27
Date Of Accident	14/01/2020 20:15
Exact Location Of Accident	ALONG PIE TOWARDS CTE (SLE/TPE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2477E
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	2XXXXX236H
Email Address	EUGENECJJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98178938
Alternative Phone No	OFFICE-98178938

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108747945
Cover Note Number	

Driver

Name of Driver	TAN EUGENE
NRIC No	SXXXX175Z
Date Of Birth	15/04/1996
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98178938
Fax Number	
Contact Number	OTHERS-98178938
Email Address	EUGENECJJ@GMAIL.COM

Address	BLK 791 WOODLANDS AVENUE 6 #12-613
Postcode	730791
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	CHAIN COLLISION
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200114/7034

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	GBH2275U
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAYAL RIFAT
NRIC/Passport Number	GXXXX803Q
Contact Number	97819489
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ7219X
Vehicle Make/Model/Colour	RANGE ROVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HAN KIAT, MELVIN
NRIC/Passport Number	SXXXX833Z
Contact Number	83660613
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN EUGENE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJW2477E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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**.
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:

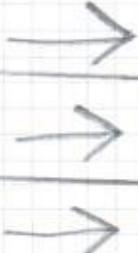
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

C - SKQ 7219 X



 PIE TUNAS towards CTE (SLE/TPE)



Attach to police report. 1/20/2014/2034

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



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

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14/01/2020 (DD/MM/YYYY), TIME: 20:15 (HH:MM)
LOCATION: PIE towards CTE (SLE/TPE)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJW 2477E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5108 747 945-000084
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Atrante
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Hirer
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: SRS AUTO HOLDINGS PTE. LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: TAN EUGENE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S96121752 CONTACT: 98178938
c) ADDRESS: BK 791 Woodlands Ave 6 #12-613

No of passengers
(including driver)

(2)

1 male

1 female

d) DATE OF BIRTH: 15/04/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 May 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: Online

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBH 2275 U MODEL: Toyota Dyna

b) DRIVER'S NAME: SAYAL RIFAT

c) NRIC/FIN/PASSPORT: G 2082803 Q CONTACT: 9781 9498

No of passengers

(including driver)

()

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKQ 7219 X MODEL: Range Rover

b) DRIVER'S NAME: Ong Han Kiat, Melvin

c) NRIC/FIN/PASSPORT: S8908833Z CONTACT: 8366 0613

No of passengers

(including driver)

()

Email =

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200114/7034

1 of 3

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

Report No. T/20200114/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2020 23:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN EUGENE		Address: APT BLK 791 WOODLANDS AVENUE 6 #12-613 SINGAPORE 730791			
ID Type / ID No.: NRIC NO / S9612175Z		Contact No.: Home/Office:		Mobile: 98178938	
Nationality: SINGAPORE CITIZEN		Email: eugenecjj@gmail.com			
Sex: Male	Age: 23	Date of Birth: 15/04/1996	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Grab driver		Driving Licence Information: Class: 3		Date of Expiry: 22/02/2017	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2020 20:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SJW2477E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200114/7034

2 of 3

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

Report No. T/20200114/7034

CONTINUATION OF REPORT

Driver			
Name	TAN EUGENE	ID No.	S9612175Z
Related Vehicle	SJW2477E (Car)	Contact No.	98178938
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 22/02/2017
Date Treatment	14/01/2020	Date Discharge	14/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On the stated time and date, I vehicle SJW2477E was traveling from Pie Tuas toward CTE (SLE/TPE) before exit, on lane 4 I suddenly felt a huge impact from my rear portion on my vehicle, I come down and check theres two vehicle involve GBH 2275U and SKQ7219X.

There's a passenger in my car.

After the accident we exchange particular and I went to intemedical 24hour clinic and consult a doctor, I suffer neck and back and given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20200114/7034

3 of 3

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

Report No. T/20200114/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/01/2020 23:05

Classification Of Case:

Claim Handling

Accident MT/1080265

Policy No.	5108747945	Vehicle No.	SJW2477E	GST Registrat
Certificate No.	5108747945-000084			
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	9817	Contact No.(Office)		Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reasor
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	15/01/2020 16:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/01/2020	Time of Accident hh:mm	20:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE TOWARDS CTE (SLE/TPE)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	5 KUNG CHONG ROAD	Address 2	#04-01 SRS BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112184296	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN EUGENE	Driver NRIC	S9612175Z	Driver DOB
Register Date of Driver License	27/05/2016	Driver Age	23	Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(f
Address 1	BLK 791 #12-613	Address 2	WOODLANDS AVENUE 6	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	12-613			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJW2477E	Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SJW2477E / GBH2275U ON 14 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GJA report	Received
Report Taken By		Claim Close Date	15/01/2020 16:59
		Workshop Repairer	ROSLI WAHAB

[Print AK letter](#)

Save

Submit

Attachment

Accident No. MT/1080265

Claim No. 001

Last Doc. Received

Yes

No

Upload Date 15/01/2020 17:12

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Please Select

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Confidi

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:12	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:12	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:12	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:12	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:12	Photos		Normal	P
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:12	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:11	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:11	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:11	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:11	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:11	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2020 17:11	SAS		Normal	

Video List

Uploaded By/Date	Folder Date	File Name	

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: 5108747945-000084

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJW2477E
Chassis Number : KMHOU41BMAU964226
2. Name of Policyholder : SRS AUTO HOLDINGS PTE. LTD.
3. Effective Date of Insurance : 28 Nov 2019
4. Expiry Date of Insurance : 27 Nov 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
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 08 Apr 2019 14:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="S108747945"/>	Date of Accident	<input type="text" value="14/01/2020 16:25"/>
Vehicle No. (For Motor)	<input type="text" value="SJW2477E"/>	Certificate Number	<input type="text"/>

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Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Incured Object	Commence Date	Expiry Date
<input type="radio"/>	S108747945	S108747945-000084	SRS AUTO HOLDINGS PTE. LTD.	201709236H	GPH	Third Party	SJW2477E	SJW2477E	28/11/2019	07/04/2020

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