

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 28/1/20 | Job description: SAS e-filing ✓ | Date & Time Completed: | Done by: |
| Ref No: NA/INC 20001528/1 | E-mail (within 8hrs, AIC 2hrs): | | |
| Veh No: SKM98074 | i-Motor Claim Form ✓ | MT/1082096-001 | |
| D.O.A: 26/1/20 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: (IP) Reporting Only | 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: 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%; F: 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. ()

| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2001664

Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- RT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- ON*
- N5: Courtesy Car / Tpt Allowance \$5
- N6: Repair Co-ordination \$10
- N7: Post Repair Inspection \$25
- N8: DV / Collect Excess Coordination \$5
- TP (N11) : TP (Non INC) against INC \$20
- N12: Idac Mobile 30

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 | 28/01/2020 21:08 |
| Date Of Accident | 26/01/2020 18:35 |
| Exact Location Of Accident | EAST COAST CARPARK E2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKM9807G |
| Insured/Policyholder | |
| Name Of Registered Owner | LUO SUNG YANG |
| NRIC No | SXXXX137F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85221117 |
| Alternative Phone No | OFFICE-85221117 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | AUDI |
| Model | A4-1.4 TFSI S TRONIC (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5102045997-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LUO SUNG YANG |
| NRIC No | SXXXX137F |
| Date Of Birth | 30/03/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/09/2017 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85221117 |
| Fax Number | |
| Contact Number | OFFICE-85221117 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 659 CHOA CHU KANG CRESCENT #16-69 |
| Postcode | 680659 |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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 CIRCUMSTANCES OF ACCIDENT

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 | SJK3385T |
| Vehicle Make/Model/Colour | HONDA FIT |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 85000207 |
| 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.
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.



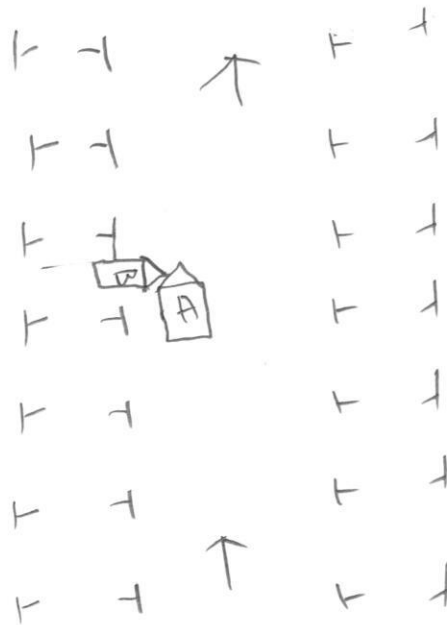
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = SFM9807G
B = SJF3385T

East coast car park E2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the East coast car park E2 at the mentioned date and time, suddenly a vehicle SJF3385T just decided to drive out of the car park lot on my left without signaling and hit on the front left portion of my car.

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/PIN No.:

Claim Handling

Accident MT/1082096

| | | | | |
|---------------------------|---|-------------------------------|---|----------------------|
| Policy No. | 5102045997-01 | Vehicle No. | SKM9807G | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | LUO SUNG YANG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading |
| Contact No.(Mobile) | 85221117 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire |
| ▼ Accident Details | | | | |
| Report Date | 29/01/2020 19:05 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 26/01/2020 | Time of Accident hh:mm | 18:35 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | EAST COAST CARPARK E2 | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0.00 | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|----------------|-----------------------|------------------------|-----------|
| Address 1 | BLK 659 #16-69 | Address 2 | CHOA CHU KANG CRESCENT | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 16-69 | Related Policy Number | 5102045997-01 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|------------------------|------------------------|
| Driver Name | LUO SUNG YANG | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S8672137F | Driver DOB |
| Register Date of Driver License | 28/09/2017 | Driver Age | 33 | Driving Experience |
| Contact No.(Mobile) | 85221117 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 659 #16-69 | Address 2 | CHOA CHU KANG CRESCENT | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 16-69 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SKM9807M | Driver Insurer Company |

Declaration

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

Modification History

Claim 001 OD-MX **New**

| | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | LUO SUNG YANG | Insured NRIC |
| Contact No.(Mobile) | 85221117 | Contact No.(Home) | | Contact No.(Office) |
| Email Address | SUNGYANGLUO@GMAIL.COM | OI Vehicle Number | SKM9807G | TP Vehicle Number |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | |
| Claimant Name * | | Claimant NRIC * | | |
| Claimant Address | | | | |
| Claim Description | SKM9807G / SJK3385T ON 26 Jan 2020 | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 29/01/2020 19:10 | Claim Close Date | | Date Received |
| Report Taken By | TAUFIKH | Workshop Repairer | | Total Loss but Repaired |
| <input checked="" type="checkbox"/> Print AK letter | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1082096 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 29/01/2020 00:00 |

| Path * | Category * | Confidential | Urgency |
|--|---------------|--------------|---------|
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|---|---|-----------------------|---|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:10 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:10 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:10 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:10 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:10 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:09 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:09 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:09 | Photos | | Normal | Photos 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:09 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:09 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-29 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Jan 2020 19:09 | SAS | | Normal | SAS 2020-1-29 |

Video List

| Uploaded By/Date | Folder Date | File Name | | Sour |
|------------------|-------------|--|---|------|
| | | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> | |

ACCIDENT STATEMENT

ACCIDENT DATE: (26/01/2020) (DD/MM/YYYY), TIME: (18:35) (HH:MM)

LOCATION: East Coast Car Park E2.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFM9807G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5102045997-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Audi A4
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: Luo Sung Yang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8672137F CONTACT: 85221117.
c) ADDRESS: 659 Choa Chupang Crescent #16-69
S 680659

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (30/03/1986) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 24.3m. 28/12/2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF3385T MODEL: Honda Fit.
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 85000207

9. THIRD PARTY VEHICLE

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

Email: suheng@gmail.com.

Fax =

VIDE.O =

E-APPLICATION OF QUALIFIED DRIVING LICENCE (QDL)

LOGOUT

STEP 1: APPLY QDL

STEP 2: DECLARATION

STEP 3: INPUT MAILING ADDRESS AND PARTICULARS

STEP 4: PAYMENT TERMS AND CONDITION

Dear **LUO SUNG YANG** (NRIC: S8672137F),

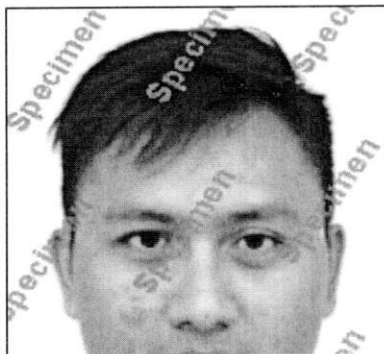
Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, :

i. **Class 3A**

You have passed Practical Test(s) for following class(es).

- **Class 3A** Practical Test at BBDC on 28 Sep 2017.



PAYMENT

TAX INVOICE

Invoice No: SPF2020012801000503

Date/Time: 28/01/2020 18:57:21

Application Paid Via: Master

GST Reference No: -

| Service Type | Service Fee | eService Reference No | Unit Price (S\$) | GST (S\$) | Qty | Amount (S\$) |
|-----------------------------|-------------|-----------------------|------------------|-----------|-----|--------------|
| 1 Qualified Driving Licence | Licence Fee | EQDLQ000141839 | 25.00 | 0.00 | 1 | 25.00 |

Total (S\$) 25.00

This is a computer-generated invoice. No signature is required.

Please print a copy of the invoice for your reference.

A FORCE FOR THE NATION

PRINT

SAVE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8672137F



Name

LUO SUNG YANG



駱頌揚

Race

CHINESE

Date of birth

30-03-1986

Sex

M

Country of birth

TAIWAN

S8672137F

For LKK/NAC Use Only

For LKK/NAC Use Only

4 5 6 7 7 5 2



NRIC No. S8672137F



Date of issue

30-04-2010

Address

APT BLK 659 CHOA CHU KANG CRESCENT
#16-69
SINGAPORE 680659

For LKK/NAC Use Only

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: 5102045997-01

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKM9807G |
| Chassis Number | : WAUZZZF45GA039115 |
| 2. Name of Policyholder | : LUO SUNG YANG |
| 3. Effective Date of Insurance | : 27 Oct 2019 |
| 4. Expiry Date of Insurance | : 26 Oct 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600 |
| EXCESS (SECTION 2) | : N/A |
| 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 | : LUO SUNG YANG |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : KENSO LEASING 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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)
Date of Issue : 22 Oct 2019 12:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive