St. 17 12				4 . p/t 1	1,74
NATIONAL Assessment Centre	Services.	part i Javiosi . A	MA	1290/3768	
Date In: 30/01/2020 14:48.	Job desemption		Date &	Time Completed	. Done by
RETHON X/KA/ FUC 2000 1665 K	SAS c-Illing	•			5286
Vehille SKI GILLY	E-mall(Spale s	hn, AlC this)	1	0 .01	11-
001 30012020 1120	I-Motor Cialr		MI	10/23/100	3/19/2020
	I-Motor W/O	(Withlat OD 2hrs,	TP (brs)		1454
OIY Thy Reporting Only	I-Photo Uplor	aded	1		7
Sanda y	Assessment/Su		-		
TP lusurer:		y Fax / Hand to	Owner	/Wisp	
Professed Witsp / INC Assign Witsp / QW: (ON LEGISLATION OF THE PARTY OF	Tol:	With the last the same of the	Fuxt
Tr Barticulays: Veh Not	(R 2297 k	, DIC(.)/N	on-INC().	
Owner/Driver: (M. Control	/	Tel:	540)
Policy No: () Per	riod: ()	Cover	Турс: (1.
Confirmed by ; (Datet,		Timer)
Insured/Driver Liability: (%) [Note-Est. Sintus (V	VO): N: 0-20	%; P:	21-79%, F: 80-	100%]
The second secon	Warranty: YES ()/NO()		
Huccost (\$) Londing: \$1.0	COMPANY OF PROPERTY WAS AND ASSESSED.	WAS THE OWNER OF THE PARTY OF T	TAILING CA	STREET,	Militarian de la companione
tenisid telisidesi 247 similik 2020 bili bili	The second secon		****	《对应》。	
) Walk-In Customer : Customers Info		ntidential & St	folly NO	rafer of repairer.	
) Total Loss Case : to e-mail Insure			N. T.	n. ()	
Drive-In ()/ Towed-In (); Invoice	YES()/N	O () I I	owing C		NATURAL OF THE PROPERTY OF THE
THE SHARE THE SHARE THE STATE OF THE STATE O		A STANDAR	and the	(10) (USO displayed)	Variational A
	ourtesy Car ()	-		,
QC Cheek / Post Report Inspection	(•)		 		
) Upload Resurvey Photo [Repuir Cost> \$3	000] ()	1		
Injurjez				* * * * * * * * * * * * * * * * * * * *	
ing some say to invest the contract of the con					ritalians.
100 Transis Ang. Tananan La Tigat Lating Prins (Lating C. La Tananan An	1			and here all here.	
		HANN OF TANK TO THE PARTY OF THE			· ·
In socilor				relie initrati	PAUL TO THE PAUL TO
VA 200/10/	· COLANGO MICHALITA	1) All I Apeldent	luporting	(220)! PELANCE SPENNING TO	2122 12712
		2) DA Demage	Areatemat	1 (2100)1 THO	(0/14)
vos/Owner:	84	4) PT 1 Follow-T	most the Util	The second of th	1120
nthet No:	, ,	Forelalmines	11 321 111	Only (wif 10 Jin 200	\$73
mägud Portion:		6) TR: Re-lames 7) NI 1 Idao DA	+SMRT U	urvay	\$160
9. ,		I) NTUC Addition	anal Service	841+	
Checked by (Engr-In-Charge):		NSt Courlety	Cof/Tpt	Allowence	\$10 \$10
	STREET,	* Not Hapair C	ale Interior	on	320
ditors comments in	制度的多形型制度	TP (NII) TI	from His	Coordination	\$10
_1.	(.*	favoles dated	bil.	Fee Chors-	word of kinds
2/9:		Involce dated		Per Charge	d Littleman

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 5. 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.
- 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

aforesaid.	
SALE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	30/01/2020 19:48
Date Of Accident	30/01/2020 11:20
Exact Location Of Accident	TERMINAL 4 AIRPORT BOULEVARD MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
机合物质质 经销售 电影 人名代表的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR6148T
Insured/Policyholder	
Name Of Registered Owner	JOSEPH JAYAKUMAR NGANASEGARAN
NRIC No	SXXXX651E
Email Address	JOEJK77@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91065052
Alternative Phone No	OTHERS-91065052
Vehicle Particulars	
Manufacturer	BMW
Model	X1
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100183350-01
Cover Note Number	
Driver	
Name of Driver	JOSEPH JAYAKUMAR NGANASEGARAN
NRIC No	SXXXX651E
Date Of Birth	20/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91065052
Fax Number	
Contact Number	OTHERS-91065052

JOEJK77@YAHOO.COM

BLK 330 UKIT BATOK STREET 33 Address

#12-123 650330

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: Police Station Address

SINGAPORE

NO

NO

YES

1

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2124

Attachment(s)

Are accident photos available for attachment?

YES YES

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLR2297K Vehicle Registration Number

KIA Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

SIVARAMAKRISHNAN SREEDHARAN Name of Driver

NRIC/Passport Number SXXXX543H

Contact Number 96447448

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

JOSEPH JAYAKUMAR NGANASEGARAN

Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

SKR6148T

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.
- 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:

30/01/2020 1810HKS Driver's Signature (If driver is not the policyholder) Date & Time:

-Name:

NRIC/FIN No.:

KETCH PLAN	TERMIA	ALY,	10 ALKART	Boulh	UHRO (MS	9)
				THEN	PIGHT MEND	
				- 100		
			te		STOPLINE	
			5	47/	/	
			N Jos 2	F/ /K	A	
			B	1-V	9	17. T4
				01		CARPANE
	6		SKR61487			Enternee
	-		6)	9		也
			4-	OWE	UAY	
ESCRIBE CIRCUM	STANCES OF	THE ACCIDE	ENT	- 7		
RAFAR	20 1	Blich	Ruber	1/2000	0130/2124	1
					The state of the s	
						/
		/				
		/				
	/					
	-					
	-/-					
ECLADATION.						
ECLARATION We declare the fores	going particula	irs are true in e	every respect.			/
(THE RESERVE OF THE PARTY OF THE	NEW TOTAL STREET			11
10					en !	30/01/2020
olicyholder's Signature	9	Driver's Sig	nature		Reporting Centre Pe	rsonnel's Stenature and
ate & Time:	eloluk	(If driver is	not the policyholder)		Name:	Roll MITTO
501 200		Date & Tin	ie:		NRIC/FIN No.:	Out on.

. AGCIDENT STATEMENT

ACC	DENT DAYEL 30 ,01 / 12020 DOCUMENTED
Loca	TION: TERMINAL 4' CHREARK
iewan	DETAILS OF VEHICLE QIVEHICLE INUMBER: SKR G148T DINSURANCE COMPANY: NTUC INCOME CIPOLICY NUMBER: SIDO 18 33 50 - 01 GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE STHEM) GIMAKE & MODELL (ITYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) SU GIVEHICLE CATEGORY (PRIVATE) CONTINUES SIDO
2.,	IT) PURPOSE OF USING AT ACCIDENT TIME: PLESONAL USE (SENDME, OFF IT ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A) NAME: JOSEPH JAVALUMAR NCANASFORARM (MALE / FEMALE) D) NRIO/FIN/PASSPORT: 972386516 CONTACT: 9106505] C) ADDRESS: BLE 3501 BUKIT BATTOK ST 33. # 120123
(인) (Including delvoe) (인)	* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER
5,	ODATE OF BIRTH: () 10) 2010 (OD/MM/YYY) O OCCUPATION: [INDOOR KOUTDOOR] IDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) (O) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! D) WEATHER CONDITION: (GLEAR / RAINING / OTHERS) D) ROAD SURFACE: (DR) / WEI / OTHERS WAS ANYBODY INJURED (YES) / NO) D) REPORTED TO POUCE (YES) / NO)
(Industry array or (.03) 9.	THIRD PARTY VEHICLE G) VEHICLE HUMBER: SLR 2297 K MODEL KIA b) DRIVER'S NAME: SIVARAMAKILISHNAN SACEPHARIM C) NRIC/FIN/PASSPORT: SSC16543H CONTACT: 96447448 THIRD PARTY VEHICLE G) VEHICLE HUMBER: SLR 2297 K MODEL! E) DRIVER'S NAME: SLR 2297 K MODEL! () NRIC/FIN/PASSPORT!
(_)	() NRIC/FIN/PASSPORTICONTACTU

Charle JoeskTre yahoo com





1 of 4

Report No. T/20200130/2124

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 17:20		Vide Report No.:	Station Diary No.: 92		
Informa	nt's Particu	ulars			
Name of informant: JOSEPH JAYAKUMAR NGANA EGARAN			Address: APT BLK 330 BUKIT BATOK STREET 33 #12-123 SINGAPORE 650330		
	Type / ID No.: RIC NO / S7238651E		Contact No.: Home/Office: Mobile: 91065052		
	Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 20/10/1972	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Informati Class: 2B,2A,2,3	on: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2020 11:15	Type of Location Car Park
Location: Along Road 1 AIRPORT BO Terminal 4, 1 Weather, Clear	ULEVARD	, Multi Storey Carpark Road Surface: Dry	Ro	ad Speed Limit:
		Traffic Control:		
Traffic r low: One Way		Traffic Control:		affic Volume: Traffic

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKR6148T	Car	BMW	X1 SDRIVE18I AT D/AB 2WD 5DR GAS/D SR	Brown	Slightly Damaged	0
SLR2297K	Car	KIA	339//250.555		Slightly Damaged	0





2 of 4

Report No. T/20200130/2124

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR6148T	NTUC Income Insurance Co-Operative	5100183350-01	27/04/2019	26/04/2020

Details of Perso	n Involved			124		CONTRACTOR OF COMME
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		Q PU SA				
Name	JOSEPH JAYAKUMA	R NGAN	ASEGARAN	ID No.		S7238651E
Related Vehicle	SKR6148T (Car)			Conta	ct No.	91065052
Hospital/Clinic	KANG AN CLINIC PTE LTD		Class Drivin Licent Expiry	9	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	30/01/2020 Date I		Date Disc	harge	30/01	/2020
No. of Days gran	o. of Days granted Medical Leave 03		Degree of Injury Slight			
Driver						
Name	SIVARAMAKRISHNAN		ID No		S8676543H	
Related Vehicle	SLR2297K (Car)		Contact No.		96447448	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment			Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	finjury	NIL	

Brief Details.

On 30.01.2020 at 11.18am, I was driving my vehicle SKR6148T into Changi Airport Terminal 4 Multi-Storey Carpark on Deck 1. As it was a one-way route, I continue driving and next moment a vehicle hit onto the right side of my vehicle. Due to the impact, my vehicle nearly turnover to the left. The damage cause from the driver seat to the rear of the car.

After the accident occurred, I did alighted from my vehicle. I also discovered that vehicle SLR2297K was coming from the right and before heading towards my vehicle direction. I believed the driver did not stopped at the stop line to make a check for oncoming traffic from the left before making a right turn.

Both of us did exchange particulars and check for our vehicles damages. The driver acknowledge his mistakes for failing to stop at the stop line before making a right turn. He agrees to make a full damage cost for the accident by insurance claim.

From the impact of the accident, I sustained a pulled on the nerve at the rear of my neck. I seek medical





3 of 4

Report No. T/20200130/2124

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

treatment at Kang An Clinic Pte Ltd, Blk 644 Bukit Batok Central #01-70. I was certify unfit for duty for 3 days. If the pain continues, I was advice to proceeds to Hospital for further checks.





2020013072124

4 of 4

Report No. T/20200130/2124

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sr Staff Sgt MOHAMED SHAHRIZAN BIN JUMADI		Signature Of Info	ormant:
Signature Of Interpreter: Not applicable		Date/Time: 30/01/2020 17:20	
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD		Classification Of	Case:
Contact No.: 65476219	(8)	SOLGAPORE POLICE FORCE	SN 37
Authentication Stamp NP168		SIGNATUR	RE RE

Claim Handling

4 7771032391				
Policy No.	5100183350-01	Vehicle No.	SAR6148T	0. 000 1600 1200 1200
Certificate No.				GST Registration No.
Policyheider Name	JOSEPH JAYAKUMAR NGANASEGARAN			
Product Code	PRIVATE CAR INSURANCE	Cover Type		Psicyholder NRSC
Contact No.(Mobile)	91065052		Mrive CLASSIC	Loading
Entail Address		Contact No.(Office)		Contact No.(Home)
KPK:	= No Yes	Special Kemark		eCode
NCD Protection		TCA	- No Yes	eCode Reason
▼ Accident Details	Yes	NCD Entitlement(%)	50	Private Hire
Report Date	31/01/2020 14:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2020	Time of Accident hhumm	11:20	
Reporting Centre:		Orange Force	77.00	Country of Accident
Accident Location	TERMINAL 4 AIRPORT BOOLEVARD MULTI ST			104 No.
▼ Total Excess Applicable				
Excess Type	Per Accident	Caracago com arterios		
	CONTROL PROPERTY	Windscreen Excess	200.00	
OD Standard Excess	800.00	TP Standard Expres		
VIED DD Excess	0.00		0.00	
Additional Excess		VIIID TP Excess	0.00	Driver is Covered?
Tittal OO Excess Applicable	0	Commission of the Commission o		
▽ Benefits	600.00	Total TP Excess Applicable	0.00	
The state of the s	7025			
⇒ GST Registered Informa **COLORS**				
GST Registered	649		GST Registration Date	
GST Registration No.			GST Status Verified	Ves
Modification History				
Policyholder Mailing Add	ress			
Address 1	BLK 330 #12-123	Address 2	BUKIT BATOK STREET 33	Address 3
Address 4		Address Type	Singapore address	
Unit No.	#12-123	Related Policy Number		Fost Code
		7. T. T. T. S.	\$100183350-GI	
Driver Name	JOSEPH JAYAKUHAR NGANASEGARAN	##000 #1000	712.00 W-1-1	
Unnamed driver Name	THE PROPERTY OF THE PROPERTY O	Driver Type	Main Driver	
Register Date of Driver License	No. of the last of	Driver NRIC	572386518	Driver DOB
Contact No.(Mobile)	06\x 1\x\ 5000	Driver Age	347	Driving Experience
	91065052	Contact No. (Office)		Contact No.(Home)
Address 1	8LK 330 #12-123	Address 2	BUKIT BATOK STREET 33	Address 3
Address 4		Address Type	Simgépore address	Post Code
Unit No.	#12-123			
Does he own a Singapore Registered car?	Yes # No	Driver Vahicle No.	SKR614IIT	Reliant Landon Parking
625/111132-1111		SIMPLIMINA	Samona	Driver Insurer Company
Declaration				
Breathelyser or Blood Test	Texas	STORES TO B		
Reading?	Ornig	Any injury?	Yes + No	
Modification History				
THE CONTRACT OF STREET				
Claim 901 New				
Claim Type *			OD-MX	Insured DOSEPH JAYAKUMAR NGI
Contact No District			Care Tital	Name -
Contact No.(Mobile)			91065052	No. 65645083
Denvil Address				(Home)
Ermail Address			joejk77@yshop	com Vehicle SKR61487
The Parent Parent				Number
Daim Description			SKR614BT / SL	82297K ON 30 Jan 2020
Preferred	Insured Liability Nor of Paris		DOWN MACS	- We sering start a filling to the series
Workshop Santact No. Yes.	Praference Trace at Fault	1-1713		
	Repair Preferred Workshop, Na Option	me unknown v taport Received		245.01
Date Registered			31/01/2020 14	
Report Taken By				Date
			RDSLI WAHAB	
Frint AK letter				
11000001999				
			Save Submit	
A CONTRACTOR OF THE CONTRACTOR			1	
Attachment				
v v				
	F Assil Parosition			
codent No.	MT/1082391	Claim No.	001	
ast Cor. Received	* Yes 😃 No	Uplead Date	31/01/2020 14:54	
	Path *			5290 29/89/VPO 1 1/4/2000 00 1
			Catedo	pry * Chiffmential Henency i

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
	No file chosen
-	No file chosen
Choose File	No file chosen
Message Read	I

Clear	Please Select		NO	Normal
lear.	Please Select	- 19	NO	Normal
Clear	Please Select		NO	Normal
Clear:	Please Select	7	NO	Normal
Diese	Please Select		NO	Normal
Ciear	Please Select		NO	Normal

Att		

	Uploaded By/Date Folder Date		File Name		9	Sour
Video List					180	200 m 200 m
43	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 14:53	BAS .		Normal	100	2020-1-31
F =	NAC_BUKIT_MERAH_BD0676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 31 Jan 2020 14:53	NRIC/ Driving License	: W.	Normal	NRIC/ Drivin	g License 2020-I
	NAC_BURIT_MERAH_BORE76(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 31 Jan 2020 14(5)	E Photos		Normal	Phot	nz 3050-1-31
	NAC_BURIT_MERAH_BUGGTG[NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 31 Jan 2020 14:53	Fritting		Normal	Phot	ce 2020-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) eri 31 Jan 2020 14:53	E Photos		Normal	Phys	os 2020-1-31
	NAC_BUKIT_MERAH_\$00676(NATIONAL ASSESSMENT CENTRE SERVIC S (BUKIT MERAH)) on 31 Jan 2020-14:53	E Photos		Normal	Phot	06 2020-1-31
23	NAC_BLIKIT_MERAH_BOGE76(NATIONAL ASSESSMENT CENTRE SERVIC S (BUKIT MERAH)) on 31 Jan 2020 14:53	E Photos		Normal	Phot	ow 2020-1-31
	NAC_BURIT_MERAH B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BURIT MERAH)) on 31 Jan 2020-14153	E Photos		Normal	Phot	os 2020-1-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVIC S (BUKIT MERAH)) on 31 Jan 2020 14:53	E Photos		Normal	Phot	ms 2029-1-31
	NAC_BUKIT_MERAH_BOOG76(NATIONAL ASSESSMENT CENTRE SERVIC S (BUKIT MERAH)) on 31 Jun 2020 14:53	E Photos		Normal	Pho	06 2020-1-31
	NAC_BURIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 31 Jan 2020 14:53	E Photos		Normal	Pho	tos 2020-1-31
V	NAC_BURIT_MERAH_SD0676(_NATIONAL_ASSESSMENT_CENTRE_SERVIC S (BURIT MERAH)) on 31 Jan 2020 14:53	E Photos		Normal.	Pho	toa 2020-1-31
	NAC_BURTT_MERAH, BOD676(NATIONAL ASSESSMENT CENTRE SERVI 5 (BURTT MERAH)) un 31 Jan 2020 14:54	CE Photos		Normal	Pho	tos 2020-1-31
TO.	NAC_BURIT_MERAH_BU0676[NATIONAL ASSESSMENT CENTRE SERVIO S (BURIT MERAH)) on 31 Jan 2020 14:54	CE Photos		Normal	₽ho	tus 2020-1-31
99	NAC_BUKTT_MERAH_BOUG76(NATIONAL ASSESSMENT CENTRE SERVI S (BUKIT MERAH)) on 31 Jan 2020 14:54	CE Photos		Normal	Pho	tos 2020-1-31
	NAC_BUXIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERV) 5 (BL/KIT MERAH)) on 31 Jan 2020 14:54	CE Photos		Normal		tos 2020-1-31
Attachment	Uploaded By/Date	Category	9	Urgency		Description

Display in New Window | Scen 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: 5100183350-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKR6148T

Chassis Number

: WBAVL32030VN77214

2. Name of Policyholder

: JOSEPH JAYAKUMAR NGANASEGARAN

3. Effective Date of Insurance

: 27 Apr 2019

4. Expiry Date of Insurance

: 26 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 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) : \$5600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$5100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : JOSEPH JAYAKUMAR NGANASEGARAN

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 29 Mar 2019 17:29 hrs

Reprint

: 29 Mar 2019 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive