

NATIONAL Assessment Centre Services.

Surf 1 Jan 2001. **MAIA 70016667**

Date In: 06/02/2020 17:41	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 20002844	SAS e-filing		
Veh No: 860 8311Y	E-serial (by date time, AIG 2hrs)		
D.O.A: 05/02/2020 18:45	1-Motor Claim Form	ml1083249001	06/02/2020 14:40
OD TP : Reporting Only	1-Motor W/O (within OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Box / Hand to Owner/Whse</u>		

Preferred Wkep / INC Assign Wkep / OW: () Tel: () Fax: ()

TP Identification: Vch No: **FBG 5406 U** 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 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

NA 2001.85	1) AIT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TV: Towing Fee \$10/\$40	
Damage Portion:	4) PT: Follow-Through Survey \$110	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NFUC Additional Services:	
	OD:	
	* N5: Courtesy Car / Tpt Allowance \$3	
	* N6: Repair Coordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$1	
	* N9: DV / Collect Excess Coordination \$20	
	TP (N1) / TP (N2) (w/ INC) * against DTC \$0	
	2) N12: Idea 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	06/02/2020 12:41
Date Of Accident	05/02/2020 18:45
Exact Location Of Accident	AYE TOWARDS CLEMENTI AVE 6 AT EXIT 11(LAMPOST 113)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD8371Y
Insured/Policyholder	
Name Of Registered Owner	THIEN MA SANG
NRIC No	SXXXX738I
Email Address	CUP79@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98112072
Alternative Phone No	OTHERS-90052658

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5105216863
Cover Note Number	

Driver

Name of Driver	THIEN WEI PIN
NRIC No	SXXXX900F
Date Of Birth	27/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98112072
Fax Number	
Contact Number	OTHERS-90052658
Email Address	CUP79@HOTMAIL.COM

Address	BLK 488B CHOA CHU KANG AVENUE 5 #11-137
Postcode	682488
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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: ; PASSENGER GENDER: ; MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200205/2344

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG5406U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMF5867Y
Vehicle Make/Model/Colour NOT INVOLVE
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

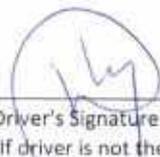
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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)

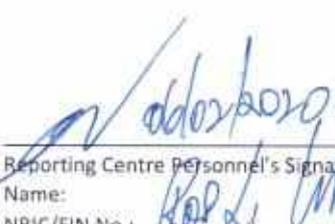
I understand, acknowledge, agree and consent that:

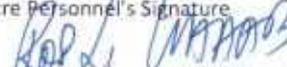
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



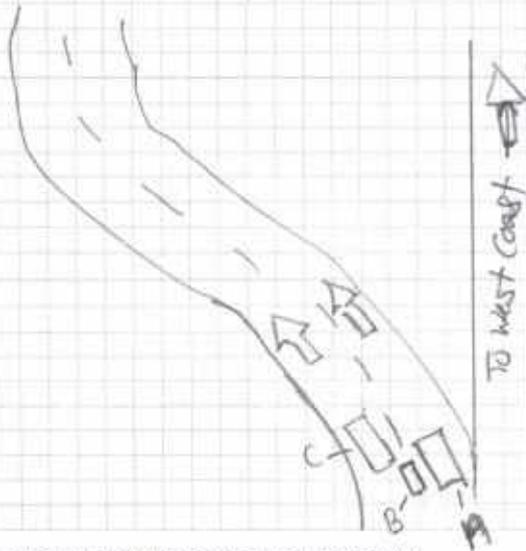
Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/02/2010



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

SKETCH PLAN

AVIA TOWARDS CLAMHAM AVIA 6.



- A) SGD 8371
- B) FBG 5406U
- C) SMF 5867Y
(NOT INVOLVED)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200000/2344

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: [Handwritten Name]
 NRIC/FIN No.: [Handwritten Number]

ACCIDENT STATEMENT

ACCIDENT DATE: 16/02/2010 (DD/MM/YYYY), TIME: 18:48 (HH:MM)

LOCATION: AYE toward' on 6 at 'EXIT 11 near lamp post 113

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 8371P
b) INSURANCE COMPANY: NIC
c) POLICY NUMBER: 5105216863
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Mit 1000cc GLX
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? YES (NO)

2. INSURED / POLICY HOLDER

- a) NAME: THAN MA SAN G (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 9107738E CONTACT: 96112072
c) ADDRESS: RUE 488B (Clos Chy Keng Ave 5
#11-137 Singapore 682488

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THAN WA PIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 5797500F CONTACT: 9152858
c) ADDRESS: RUE 488B (Clos Chy Keng Ave 5
#11-137 Singapore 682488

* d) DATE OF BIRTH: 29/01/1979 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 11 Feb 1999

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED? (YES / NO)

7. c) REPORTED TO POLICE? (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CCK police station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBE 5406L1 MODEL: motorcycle
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

PAX (1m)

No of passengers
(including driver)
(2)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email: cup79@hotmail.com
VIDEO: Yes



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2020 21:51	Vide Report No.:	Station Diary No.: 206
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Informant's Particulars

Name of Informant: THIEN WEI PIN		Address: APT BLK 488B CHOA CHU KANG AVENUE 5 #11-137 SINGAPORE 682488	
ID Type / ID No.: NRIC NO / S7973900F		Contact No.: Home/Office: Mobile: 90052658	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 27/09/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR PROPERTY EXECUTIVE		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2020 18:45	Type of Location: Gradient
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CLEMENTI AVENUE 6 AYE towards exit 11 to Clementi Avenue 6 Lamp Post Number: 113				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5406U	Motorcycle			Black		0
SGD8371Y	Car	MITSUBISHI	Mitsubishi Lancer	Black	Slightly Damaged	1
SMF5867Y	Car	MERCEDES BENZ		Grey		0



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THIEN WEI PIN	ID No.	S7973900F
Related Vehicle	NIL	Contact No.	90052658
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 05/02/2020, at about 1848hrs, I was sending my passenger from INSEAD in my vehicle (SGD8371Y) to 28 Bukit Batok East Avenue 2. I decided to take the AYE under the GPS instructions. As I was exiting the expressway via exit 11 to Clementi Avenue 6 on a gradient bend to the left, I suddenly heard a light scratch on my vehicle. My passenger and I were not injured. Upon checking the car, I discovered a long light scratch on the bottom left side of my car. I checked for front and rear car camera and discovered that one motorcycle (FBG6406U) was signaling left trying to overtake my vehicle with another vehicle (SMF5867Y) that was on another lane turning with me by squeezing in between. I then decided to come to post to lodge a report.



**SINGAPORE
POLICE FORCE**



T/20200205/2344

3 of 3

Report No. T/20200205/2344

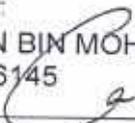
Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

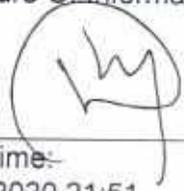
CONTINUATION OF REPORT

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: J/ SC2 LAW JUN WEI, DARYL 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP/HRT Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145 
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 05/02/2020 21:51
Classification Of Case:

Claim Handling

Accident MT/1083249

Policy No.	5105216863	Vehicle No.	SGD8371Y	GST Registration No.
Certificate No.				
Policyholder Name	THIEN MA SANG	Cover Type	drive CLASSIC	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading
Contact No.(Mobile)	98112072	Special Remark		Contact No.(Home)
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason
NCD Protection	Yes			Private Hire

Accident Details

Report Date	06/02/2020 14:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/02/2020	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre		Orange Force		ICR No.
Accident Location	AYE TOWARDS CLEMENTI AVE @ AT EXIT 11(LAMPPOST 113)			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

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 488B #11-137	Address 2	CHOA CHU KANG AVENUE 5	Address 3
Address 4	SINGAPORE 682488	Address Type	Singapore address	Post Code
Unit No.	11-137	Related Policy Number	5105216863	

DI Driver Info

Driver Name	THIEN WEI PIN	Driver Type	Named Driver	Driver DCB
Unnamed driver Name		Driver NRIC	57973900F	Driving Experience
Register Date of Driver License	11/02/1999	Driver Age	40	Contact No.(Home)
Contact No.(Mobile)	90052658	Contact No.(Office)		Address 3
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SGD8371Y	Driver Insurer Company

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	THIEN MA SANG
Contact No.(Mobile)	90052658	Contact No.(Home)	85112072
Email Address		OT Vehicle Number	SGD8371Y
Claim Description	SGD8371Y / FBG5406U On 5 Feb 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Service No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	06/02/2020 14:39	Claim Close Date	
Report Taken By	ROSLI WAMAB		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083249	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/02/2020 14:40
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal

Choose File No file chosen

Message Read

Clear

Clear

Clear

Clear

Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:40	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:40	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:40	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:39	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:39	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:39	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:39	Photos	Normal	Photos 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-6
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Feb 2020 14:39	SAS	Normal	SAS 2020-2-6

Video List

Uploaded By/Date	Folder Date	File Name	Source
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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: 5105216863

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGD8371Y |
| Chassis Number | : JMYSNCS3AGU004287 |
| 2. Name of Policyholder | : THIEN MA SANG |
| 3. Effective Date of Insurance | : 07 Nov 2018 |
| 4. Expiry Date of Insurance | : 01 Mar 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: THIEN MA SANG
NAMED DRIVER (1)	: THIEN WEI PIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 05 Nov 2018 14:50 hrs

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