

# NATIONAL Assessment Centre Services. [ver 1 Jan'00]

MNA420020227

Date In: 14/02/2020	Job description	Date & Time Completed	Done by:
Ref No: CBA/INC 2000285/FF	SAS e-filing		
Veh No: YNA030S	E-mail (Adjuster, AIC, etc)		
D.O.A: 30/01/2020	I-Motor Claims Form		MT/1084335-001
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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:	Veh No: SJS936P	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 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: _____	
Date/Time: _____	
_____	
_____	
_____	

NA200128	1) AR: Accident Reporting (\$30)		INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)		\$40/\$45
Contact No:	3) TP: Towing Fee		\$120
Damage Portion:	4) PT: Follow-Through Survey		\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)		\$75
Additional Comments:	6) TR: Re-inspection		\$160
Date:	7) NI: Idea DA + EMRT Survey		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance		\$35
	*N6: Repair Coordination		\$10
	*N7: Post Repair Inspection		\$25
	*N8: DV / Collect Excess Coordination		\$3
	*N9: TP (N11) / TP (N12) against INC		\$30
	*N11: Idea Mobile		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	14/02/2020 11:18
Date Of Accident	30/01/2020 19:30
Exact Location Of Accident	LOYANG PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4030S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITI CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	2XXXX7010
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62666266

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111527671
Cover Note Number	

### Driver

Name of Driver	ADAIKALAM TAMILMANI
Passport No/FIN	FXXXX677K
Date Of Birth	23/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93966163
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 4 TUAS SOUTH STREET 5 SINGAPORE 637789  
 Postcode 637789  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE  
 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 JURONG EAST NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE STATEMENT.

#### 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 SJJ936D  
 Vehicle Make/Model/Colour  
 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

Veh A: YN4030 S

Veh B: SJJ936 D

### 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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

G. Shy  


Policyholder's Signature  
Date & Time: 11/02/2020  
5 pm

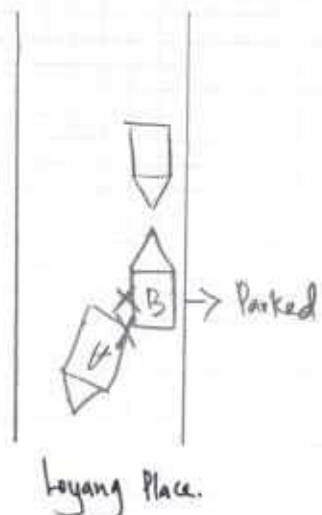
G. Shy (f)  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/02/2020  
5 pm

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

# SKETCH PLAN

Veh A: YN 4030 S

Veh B: SJJ 936 D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report No. T/20200201/2119

I'm Govindaraj Balamurugan On behalf my Company Citi Construction & Engineering Pte Ltd to Submit this accident report. Due to Driver Adaikalam Tamilmani Was leave Singapore.

## DECLARATION

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

G. Shy



Policyholder's Signature

Date & Time: 11/02/2020

5 pm

G. Shy. (f)

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/02/2020

0.5 pm

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 30/1/2020 \*Time of Accident: 1930 00  
\*Accident Location: Loyang Place

### Vehicle Details

\*Vehicle Number: YN 4030 S \* Make & Model: Mitsubishi FE83BE 0SRDEA

### Insured / Policyholder

\*Owner Name: Citi Construction & Engineering P/L \*NRIC: 200307010 D  
\*Address: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \* HP: \_\_\_\_\_  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel /H /Other: 5266 6266

### Driver ( ) same as above

\*Driver Name: Adaikalam Tamilmani \*NRIC: Fin: F8454677K  
\*Address: \_\_\_\_\_  
\*Date of Birth: 23/4/1976 \*Driving Pass Date: \_\_\_\_\_ \* HP: 9396 6163  
\*Email: \_\_\_\_\_ \*Gender: Male / Female  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel /H /Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder : \_\_\_\_\_)

### Passengers Details

\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)  
\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: \_\_\_\_\_ \*Coverage: C /TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: 833 936 D  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: Collided into parked car  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / NO  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / NO (Name: \_\_\_\_\_ NRIC : \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / NO \*No. of passengers (include driver): \_\_\_\_\_  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



# SINGAPORE POLICE FORCE



T/20200201/2119

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20200201/2119

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2020 19:15		Vide Report No.:		Station Diary No.: 74	
<b>Informant's Particulars</b>					
Name of Informant: ADAIKALAM TAMILMANI			Address:		
ID Type / ID No.: FIN NO / F8454677K			Contact No.: Home/Office:		Mobile: 93577246
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 23/04/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/01/2020 19:30	Type of Location: Straight Road
Location: Along Road 1 LOYANG PLACE  Along the road at 15 Loyang place.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ936D	Car				Slightly Damaged	0
YN4030S	Lorry				No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200201/2119

2 of 3

Report No. T/20200201/2119

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**CONTINUATION OF REPORT**

Driver			
Name	ADAIKALAM TAMILMANI	ID No.	F8454677K
Related Vehicle	NIL	Contact No.	93577246
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 30/1/2020 at around 7.30pm, I had just completed my duty to do construction work at 15 Loyang Place. I parked my Lorry (YN4030S) along the road of 15 Loyang Place and as I wanted to leave the vicinity to head back to my dormitory. Before I moved off, I checked on the rear mirrors and saw no moving vehicles and so I decided to reverse my lorry. As I was reversing, I did not realize that there was a stationary car (SJJ936D) that was parked along 9 Loyang Place which is just a few meters away from the location which I parked my lorry (15 Loyang Place) and the rear left side of my lorry hit the left side rear door of the stationary car.

I immediately stopped my vehicle and the owner of the vehicle came out from his residence (9 Loyang place) to check what had happened. There were slight damage to the left side rear door of the car and there were no damages to my lorry.

I wish to state that there was no one injured during the incident.

I am lodging this report for record purposes.



**SINGAPORE  
POLICE FORCE**



T/20200201/2119

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20200201/2119

**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 /

Insp KHAIRUL YUSUFF BIN ZAILANEE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

01/02/2020 19:15

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP168



SN 34

SIGNATURE

## Claim Handling

Accident MT/1084333

Policy No.	5111527671	Vehicle No.	YN40305	GST Registration No.	
Certificate No.					
Policyholder Name	CITI CONSTRUCTION & ENGINEERING PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	62666266	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	

## Accident Details

Report Date	14/02/2020 11:41	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	30/01/2020	Time of Accident hh:mm	19:30	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG PLACE				

## 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					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	19/01/2009
GST Registration No.	2005070100	GST Status Verified	Yes
Modification History	14/02/2020 11:47:05 System changed GST Registered from No to Yes 14/02/2020 11:47:05 System changed GST Registration No. from null to 2005070100 14/02/2020 11:47:05 System changed GST Registration Date from null to 19/01/2009		

## Policyholder Mailing Address

Address 1	4 TUAS SOUTH STREET 5	Address 2	SINGAPORE 637769	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5107328204-01		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ADAIKALAM TAMILHANI	Driver NRIC	F8454677K	Driver DOB	
Register Date of Driver License	11/02/2009	Driver Age	41	Driving Experience	
Contact No.(Mobile)	93566163	Contact No.(Office)	62666266	Contact No.(Home)	
Address 1	4	Address 2	TUAS SOUTH STREET 5	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#01-01				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	CITI CONSTRUCTION & I
Contact No.(Mobile)	90011540	Contact No.(Home)	65788754
Email Address	clri@clriconstruction.com.sg	Vehicle Number	YN40305
Claim Description	YN40305 / S29360 ON 30 Jan 2020		
Preferred Workshop	Insured Liability	Partially at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/02/2020 11:49	Claim Close Date	
Report Taken By			
<input checked="" type="checkbox"/> Print Ack letter			

Save Submit

## Attachment

Accident No.	MT/1084333	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2020 11:52

Path \*

Category \*

Confidential

Urgency \*

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	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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 14 Feb 2020 11:52	SAS	Normal	SAS 2020-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:52	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:52	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:52	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:49	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:49	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:49	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:49	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:49	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 11:49	Photos	Normal	Photos 2020-2-14

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		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 :** 5111527671

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle : **YN40305**  
Chassis Number : FE83BEA21149
2. Name of Policyholder : CITI CONSTRUCTION & ENGINEERING PTE LTD
3. Effective Date of Insurance : 11 Sep 2019
4. Expiry Date of Insurance : 10 Sep 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.  
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)

Date of Issue : 02 Aug 2019 11:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive