

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MNA 420020372

Date In:	Job description	Date & Time Completed	Done by
14/02/2020	SAS e-filing		
Ref No: NBA/INC 20002603/F	E-mail (within 2hrs, AIC 2hrs)		
Veh No: 955 3228T	I-Motor Claims Form		MT/1084371-001
DOA: 08/01/2020	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	Rachel MK	MT/1083744-002
OID: TP / Reporting Only	I-Photo Uploaded		17/02/2020
TP Insurer:	Assessment/Survey Report		B. Y. S.
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: () Tolt () Fact ()

TP Particulars: Vch No: ~~955~~ SMF7802X, INC () / Non-INC ()

Owner / Driver: () Tct: ()

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: ()

- Resurvey ()
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: _____

Date/Time: _____

NA 2001236	Invoice #	Invoice Date	Fee Charged
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Inspector's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Date:	For claiming against INC Only (ver 10 Jan 2005)		
2/3	6) TR: Re-inspection \$75		
	7) NI: Idas DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil); TP (Non INC) against INC \$20		
	9) NI: Idas Mobile \$0		
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	14/02/2020 14:44
Date Of Accident	08/01/2020 22:45
Exact Location Of Accident	BLK 104 TOWNSVILLE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS3228T
Insured/Policyholder	
Name Of Registered Owner	NG KIM YING
NRIC No	SXXXX390H
Email Address	KIM_3228@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96789369
Alternative Phone No	OFFICE-96789369

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5053696375-07
Cover Note Number	

Driver

Name of Driver	NG KIM YING
NRIC No	SXXXX390H
Date Of Birth	13/09/1951
Occupation	INDOOR
Date Of Driving Pass	12/06/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96789369
Fax Number	
Contact Number	OFFICE-96789369
Email Address	KIM_3228@YAHOO.COM

Address	BLK 103 HENDERSON CRESCENT #07-38
Postcode	0315
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT ATTACHED.

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	SMF7802X
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

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

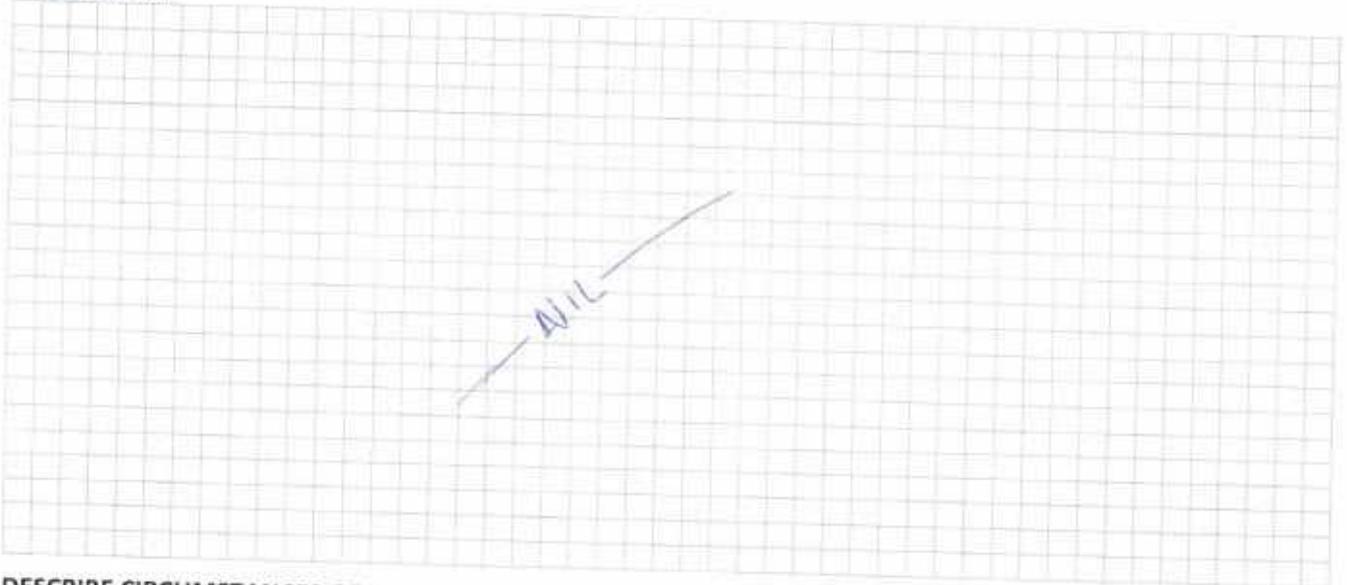
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement
Attached behind

A large rectangular area with horizontal lines, intended for describing the accident circumstances. It is crossed out with a diagonal line from the bottom-left to the top-right. The handwritten text "Refer to Statement" and "Attached behind" is written across the lines.

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/FIN No.:

RE: INCIDENT INVOLVING SMF7802X & SDS3228T ON 08/01/20 @ 2245HRS ALONG BLK 104 TOWNVILLE CARPARK.

I received a letter dated 10th February 2020 on the 12th of February and was informed that I was involved in an accident/incident as stated above. As the incident happened some time back, I cannot fully recall the incident. However, from what I remember, I was at the stated location and estimated time and had parked my car there. I am not currently aware of being involved in any incidents nor accidents thus which I am unfortunately unable to confirm nor deny if the event happened.

The above statement is true to the best of my knowledge.

Insured/Driver:



Ms Ng Kim Ying

ACCIDENT STATEMENT

ACCIDENT DATE: 08/01/2020 (DD/MM/YYYY), TIME: 22:45 (HHMM)

LOCATION: Blk 104 Townville Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDS 3228 T
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: NG KIM YING (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S0142390H CONTACT: 9678 9369
C) ADDRESS: 103 Holderness Cres
#07-38 S(150 to 3)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: AS. Above (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: _____ CONTACT: _____
f) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF 7802X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

email = kim_3228@yahoo.com
VIDEO

Claim Handling

Accident MT/1094371

Policy No.	5053696375-07	Vehicle No.	S053228T	GST Registration No.	
Certificate No.					
Policyholder Name	NG KIM YING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	96789369	Special Remark		Contact No. (Home)	
Email Address		TCA	- No Yes	eCode	
KFK	- No Yes	NCD Entitlement (%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	

Accident Details

Report Date	14/02/2020 14:58	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	08/01/2020	Time of Accident (hh:mm)	22:45	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 104 TOWNSVILLE CAR PARK				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD 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 103 #07-38	Address 2	HERDERSON CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5053696375-07		

OI Driver Info

Driver Name	NG KIM YING	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	50142390H	Driving Experience	
Register Date of Driver License	12/06/1978	Driver Age	68	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1	BLK 103 #07-38	Address 2	HERDERSON CRESCENT	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes - No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 New

Claim Type *

Contact No. (Mobile)	96789369	Insured Name	NG KIM YING
Email Address		Contact No. (Home)	54747535
Claim Description	S053228T / 5MF7802X ON 8 Jan 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered		Claim Close Date	14/02/2020 15:01
Report Taken By			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094371	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2020 15:02

- 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
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 15:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:02	SAS	Normal	SAS 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:02	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:02	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:01	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:01	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:01	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:01	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:01	Photos	Normal	Photos 2020-2-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Feb 2020 15:01	Photos	Normal	Photos 2020-2-14

Video List

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

rsbm

From: Ignatius Koh <Ignatius.koh@income.com.sg>
Sent: Friday, 14 February, 2020 5:30 PM
To: rsbm@lkkauto.com
Cc: Desmond Foo Guo Hui
Subject: MT/1084371, Vehicle: SDS3228T , Date of Accident: 08/01/2020, To re-create file

Hi,

This MX (Ref: MT/1084371) created was for a duplicate accident.
With that, we will reject this MX file.

There is an existing file MT/1083744, pertaining to the same accident.
Please assist to re-create the MX under MT/1083744, thank you.

	Accident No.	OD Claim	
<input type="radio"/>	<u>MT/1083744</u>		SDS3228T / SMF7802X on 8 Jan 2020;
<input type="radio"/>	<u>MT/1084371</u>	OD-MX	SDS3228T / SMF7802X ON 8 Jan 2020

Do you want to open a new accident or add a new cla

Open a new accident

Create new

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in with you!

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Claim Handling

Accident MT/1083744

Policy No.	5053696375-07	Vehicle No.	SDS3228T	GST Registration No.
Certificate No.				
Policyholder Name	NG KIM YING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)
Email Address		TCA	- No Yes	eCode
KFX	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason
NCD Protection	Yes			Private Hire

Accident Details

Report Date	10/02/2020 17:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/01/2020	Time of Accident (hh:mm)	22:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BLK 104 TOWNERSVILLE CARPARK			

Total Excess Applicable

Excess Type:	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess			Driver is Covered?
Total OD Excess Applicable	0.00	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 101 #07-38	Address 2	HENDERSON CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5053696375-07	

OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No. (Home)
Contact No. (Mobile)		Contact No. (Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	NG KIM YING
Contact No. (Mobile)	96799369	Contact No. (Home)	64747535
Email Address		OT Vehicle Number	SDS3228T
Claim Description	SDS3228T / 5MF7802X ON 8 Jan 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Data Registered	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Report Taken By		17/02/2020 12:43	Claim Close Date
		PARASURAM S/O SHANMUGAM	

Print AX letter

Save Submit

Attachment

Accident No.	MT/1083744	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/02/2020 12:44
Choose File	No file chosen	Category *	Confidential Urgency *
Choose File	No file chosen	Clear Please Select	NO Normal
		Clear Please Select	NO Normal

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5053696375-07

Cover : Third Party, Fire & Theft

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SDS3228T |
| Chassis Number | : MR053ZEC107109976 |
| 2. Name of Policyholder | : NG KIM YING |
| 3. Effective Date of Insurance | : 04 Jan 2020 |
| 4. Expiry Date of Insurance | : 03 Jan 2021 |

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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: NG KIM YING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : VICOM LTD (00000612210)

Date of Issue : 26 Dec 2019 23:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive