

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NAAC003052

Date In: 09/03/2020 17:05	Job description	Date & Time Completed	Done by
Ref No: NAAC003052	SAS e-filing		
Veh No: SAH 7889B	E-mail (4/4 hrs, AIC 2 hrs)		
D.O.A: 06/03/2020 15:00	I-Motor Claims Form	09/03/2020	17:20
OD TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / OW: (

Tel:

Fax:

TP Handout/hrs:

Veh No: FBM 1320C

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 repairer.

( ) 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: ( )

NAAC001929

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref: 1:

2 / 2

1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (110)
3) TP: Towing Fee	\$40/110
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (over 10 km 200)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
* NS: Courtesy Car / Tpl Allowance	\$5
* NS: Repairs Coordination	\$10
* NS: Post Repair Inspection	\$25
* NS: DV / Collect throws Coordination	\$5
TP (Nil) / TP (over INC) against INC	\$20
9) NI: Idea Mobile	\$30
Invoice dated	Fee Charged
Invoice dated	Fee Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	09/03/2020 17:05
Date Of Accident	06/03/2020 15:00
Exact Location Of Accident	ALONG KINGSMEAD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBY7889B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN WAJ CHEE
NRIC No	SXXXX407A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94758635
Alternative Phone No	OTHERS-94758635

### Vehicle Particulars

Manufacturer	BMW
Model	216D
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115385740
Cover Note Number	

### Driver

Name of Driver	MOHAMED SANUSI BIN SALLEH
NRIC No	SXXXX157B
Date Of Birth	19/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94758635
Fax Number	
Contact Number	OTHERS-94758635
EMail Address	NOEMAIL



Address	BLK 786D WOODLANDS DRIVE 60 #07-53
Postcode	734786
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PERSONAL DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200306/2130

#### 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	FBM1320C
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)

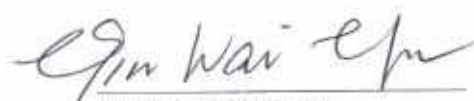
## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
Reporting Officer's Signature  
Name:   
NRIC: 

SKETCH PLAN

A = SBY7889B

B = FBM1320C

Kingsmead Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No: T/20200306/2130

DECLARATION

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

Yin Wai Chee

Policyholder's Signature  
Date & Time:

[Signature]

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

Reporting Officer's Signature  
Name: [Signature]  
Tel: [Signature]  
Email: [Signature]



Date of Accident : 06/03/2020 Accident Time: 15:00 (24-HR-Format)  
 Accident Place : Kingsmead Road  
 Vehicle No. (Car Plate No.) : SBY 7889B Make/Model: BMW 216D  
 Insurance Company : NTUC Policy No: 5115385740  
 Owner or Company Name / IC No. : Chin Wai chee (NRIC: 80305407A)  
 Owner or Company Contact No. : - \*Owner's Hp - Company Tel -  
 DRIVER'S Name / IC No. : Mohamed Sanusi Bin Salleh (S1409157B)  
 DRIVER'S Date Of Birth : 19/01/1960 DRIVER'S License Pass Date 02/09/1985  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Personal Driver  
 DRIVER'S Address : BLK 786D Woodlands Drive 60 #07-53 S(734786)  
 DRIVER'S Contact No / Alt No. : 1) 9475 8635 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : - no email -  
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): -

**Other Party Driver's Particular (if any)**

Vehicle No: <u>FBM 1320C</u>	Vehicle No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name Driver: <u>-</u>	Name Driver: <u>-</u>
IC No. Driver/Contact: <u>-</u>	IC No. Driver/Contact: <u>-</u>

\* NEW - Passenger's name & gender:



# SINGAPORE POLICE FORCE



T/20200306/2130

1 of 3

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20200306/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2020 18:53	Vide Report No.: E/20200306/0121	Station Diary No.: 95
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**Informant's Particulars**

Name of Informant: MOHAMED SANUSI BIN SALLEH			Address: APT BLK 786D WOODLANDS DRIVE 60 #07-53 SINGAPORE 734786		
ID Type / ID No.: NRIC NO / S1409157B			Contact No.: Home/Office: Mobile: 94758635		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 19/01/1960	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2020 15:00	Type of Location: T-Junction
Location: Along Road 1 KINGSMEAD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1320C	Motorcycle				Slightly Damaged	0
SBY7889B	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200306/2130

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No: T/20200306/2130

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	MOHAMED SANUSI BIN SALLEH		ID No.	S1409157B
Related Vehicle	NIL		Contact No.	94758635
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 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 above mentioned date and time, I was driving straight along Kingsmead Road towards Victoria Park Road approaching junction of 27-31 Kingsmead Road. As I was about to pass the said junction, a SingPost delivery motorcycle rode out from the said junction towards the lane I was travelling and collided onto the front right side of my car causing a side swipe motion. The rider fell from the collision and I immediately stop and alighted from my car to attend to him. Ambulance and Traffic Police came to scene to assess the accident and the rider was subsequently conveyed to hospital by the ambulance. The accident caused the mud guard above the front right tire to be damaged. I am lodging this report as advised by Traffic Police.



**SINGAPORE  
POLICE FORCE**



T/20200306/2130

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

3 of 3

Report No. T/20200306/2130

**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:

E /

Sgt 3 ABDUL HAQ BIN JEFRY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

06/03/2020 18:53

Classification Of Case:

S1, 174

Authentication Stamp

NP168

SIGNATURE

## Claim Handling

The premium on this policy has not been collected.

Accident NT/1067475

Policy No.	5115385710	Vehicle No.	80V75808	GST Registration No.	
Certificate No.					
Policyholder Name	CHIN WAI CHIE	Driver Type	Unlicensed	Policyholder NRIC	903054074
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	C
Contact No. (Mobile)	94758675	Special Remarks		Contact No. (Home)	
Email Address		TCA	No Yes	eCode	Not T
WFO	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Historical	Yes	Private Hire	No		
<b>Accident Details</b>					
Report Date	09/03/2020 17:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Motor Motor Road
Date of Accident	09/03/2020	Time of Accident (H:MM)	19:01	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	410M4 KUNDORANG ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	400.00	TP Standard Excess	0.00		
VIG OD Excess	0.00	VIG TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	400.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
Coverage		Sum Insured	5000000.00		
Transport Allowance					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	7 TEH KHEE BOULEVARD	Address 2	#12-02 SUNTEC TOWER ONE	Address 3	SINGAPORE 308987
Address 4		Address Type	Singapore Address	Post Code	308987
Unit No.	#12-02	Related Policy Number	5004331330-05		
<b>OT Driver Info</b>					
Driver Name	HORAPED BANUSI BIN SALEM	Driver Type	Named Driver		
Unlicensed Driver Name		Driver NRIC	914081178	Driver DOB	19/01/1982
Register Date of Driver License	02/09/1987	Driver Age	33	Driving Experience	24
Contact No. (Mobile)	94758675	Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	88Y76009	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Are injured?	Yes No		

Modification History

Claim 90% **Not**

## Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop

Insured No. (Insured)

Date Registered

Report Taken By

Print AX Letter

## Attachment

Accident No.	AX1067475	Claim No.	001
Lost Doc. Received	Yes No	Issued Date	09/03/2020 17:22
File *			
Choose File	No file chosen	Category *	Category *
Choose File	No file chosen	Urgency *	Urgency *
Choose File	No file chosen	Description *	Description *
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			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_820675 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 09 Mar 2020 17:22	Photo	Normal	Photos 2020-3-9		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_820675 NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH) on 09 Mar 2020 17:22	Photo	Normal	Photos 2020-3-9		<a href="#">Edit</a>



Claim Handling (accident reporting) Claim Task

	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:22	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:22	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	Photos	Normal	Photos 2020-3-9	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	PHIC Driving License	S	Normal	<a href="#">PHIC Driving License 2020-3-9</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	PHIC Driving License	S	Normal	<a href="#">PHIC Driving License 2020-3-9</a>
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 09 Mar 2020 17:21	SAS	Normal	<a href="#">SAS 2020-3-9</a>	<a href="#">Edit</a>

Video List

Submitted By/Date	Folder Date	File Name	Source	Action
<a href="#">Display in New Window</a>   <a href="#">Scan and uploading</a>				

## 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: 5115385740

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SBY7889B  
Chassis Number : WBA2E32090P836712
2. Name of Policyholder : CHIN WAI CHEE
3. Effective Date of Insurance : 29 Jan 2020
4. Expiry Date of Insurance : 28 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIN WAI CHEE
NAMED DRIVER (1)	: KONG MAY CHEE
NAMED DRIVER (2)	: MOHAMED SANUSI BIN SALLEH
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : SIME DARBY INSURANCE BROKERS (SINGAPORE) PTE LTD (00000690067)  
Date of Issue : 14 Jan 2020 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive