

NATIONAL Assessment Centre Services [wef: 1 Jan 2005] <b>MA420038136</b>			
Date In: <b>30/03/2020</b> <b>16:23</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA4/INC 20004687/4</b>	SAS e-filing		
Veh No: <b>FBF 9442T</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>28/03/2020</b> <b>13:05</b>	i-Motor Claim Form	<b>mil1090063-001</b>	<b>30/03/2020</b>
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>16:49</b>
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: <b>—</b>	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 ( )			

General Remarks:-	
( ) 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: ( )	

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: _____
---------------

Date/Time	Actions

<b>NA2002536</b>	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idue DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
QC Checked by (Engi-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5			
Est. 1:	TP (N11): TP (Non INC) against INC \$20			
Est. 2 / 3:	9) N12: Idue Mobile 30			
	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	30/03/2020 16:23
Date Of Accident	28/03/2020 13:05
Exact Location Of Accident	BLK 131 JURONG GATEWAY ROAD (600131)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9442T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JIA WEI (CHEN JIAWEI)
NRIC No	SXXXX381I
Email Address	VINCENT.MR.TAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83283117
Alternative Phone No	OTHERS-83283117

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5063855555-06
Cover Note Number	

### Driver

Name of Driver	TAN JIA WEI (CHEN JIAWEI)
NRIC No	SXXXX381I
Date Of Birth	26/09/1984
Occupation	INDOOR
Date Of Driving Pass	29/03/2004
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83283117
Fax Number	
Contact Number	OTHERS-83283117
EMail Address	VINCENT.MR.TAN@GMAIL.COM

Address	BLK 354 BUKIT BATOK STREET 31 #12-315
Postcode	650354
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	0
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7740000 - <b>FAX NO:</b> 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
PLEASE REFER TO POLICE REPORT D/20200328/7015	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO



## 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:

30/03/2020  
15:25 hrs.

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

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

30/03/2020  
Rashid Murtaza

SKETCH PLAN

REFER TO VIDEO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20200328/7018

DECLARATION

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

Policyholder's Signature

Date & Time:  
30/03/2020  
1523 hrs.

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

30/03/2020  
Res. LIAAAB



## ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 03 / 2020) (DD/MM/YYYY), TIME: (13 : 03) (HH:MM)

LOCATION: BLK B1 JURONG GATEWAY ROAD SINGAPORE 600131

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 9442 T  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA FZ16  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: TAN JA HUI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S84283812 CONTACT: 83283117  
c) ADDRESS: BLK 354 BUKIT BATOK ST. 31  
#12-315 SINGAPORE 600131

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: SAME AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (26 / 09 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CLEMENTI POLICE DIVISION

### 8. THIRD PARTY VEHICLE

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

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = vincent.mr.tan@gmail.com  
VIDEO



**POLICE REPORT (NP299)**

Report No. D/20200328/7015

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 28/03/2020 17:18	Vide Report No.	Station Diary No.
Name Of Informant TAN JIA WEI	Address APT BLK 354 BUKIT BATOK STREET 31 #12-315 SINGAPORE 650354	
ID Type / ID No. NRIC NO / S8428381I	Contact No. Home/Office:                      Mobile: 83283117	
Nationality SINGAPORE CITIZEN	Email Address vincent.mr.tan@gmail.com	
Occupation Moneylender	Sex Male	Age 35
Institution/School Name	Date of Birth 26/09/1984	Race Chinese
Date/Time Of Incident 28/03/2020 13:00 - 28/03/2020 13:05	Language English	
	Location Of Incident 131 JURONG GATEWAY ROAD #01-261 JURONG GATEWAY SINGAPORE 600131	

**Brief details.**

On 28/03/2020 at about 1315hrs, I noticed my motorcycle was dropped to its side. Therefore I went to check the CCTV footage and realised that a male subject had purposely push my motorcycle (Yamaha FZ 16 with number plate FBF9442T) to the ground. The photos are attached. I have CCTV footage but I am unable to upload.

<b>Subjects Involved</b>	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2020 17:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200328/7015

Suspect			
Person Name	Unknown		
Gender	Male		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:
Authentication Stamp

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 28/03/2020 17:18
Classification Of Case:



Claim Handling

Accident NT/1099063

Policy No.

506385555-06

Certificate No.

Policyholder Name

TAN JIA WEI (CHEN JIAWEI)

Product Code

MOTORCYCLE (INSURANCE

Contact No.(Mobile)

83283117

Email Address

CPF

No Yes

NCD Protection

No

Vehicle No.

FBF9442T

GST Registration No.

Cover Type

Third Party

Contact No.(Office)

Special Remark

TCA

No Yes

NCD Endorsement(%)

20

Policyholder NRIC

S04283811

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

No

Report Date

30/03/2020 16:44

Accident Report Within 24 hrs

Yes

Accident Type

Damaged while parked

Date of Accident

28/03/2020

Time of Accident(h:mm)

13:05

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

BLK 331 JURONG GATEWAY ROAD (600131)

Total Excess Applicable

Excess Type

Per Accident

Windsoreen Excess

OD Standard Excess

0.00

TP Standard Excess

0.00

YIED-OD Excess

0.00

YIED TP Excess

0.00

Driver is Covered?

Not Covered

Additional Excess

Total TP Excess Applicable

0.00

Benefits

GST Registered Information

GST Registered

No

GST Registration No.

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 334 #12-315

Address 2

BUKIT BATOK STREET 31

Address 3

SINGAPORE 650354

Address 0

Address Type

Singapore address

Post Code

650354

Unit No.

Related Policy Number

506385555-06

01 Driver Info

Driver Name

TAN JIA WEI

Driver Type

Man Driver

Driver DOB

26/05/1984

Unnamed Driver Name

Driver NRIC

S84283811

Driving Experience

15

Register Date of Driver License

29/03/2004

Driver Age

35

Contact No.(Office)

Contact No.(Mobile)

83283117

Address 2

BUKIT BATOK STREET 31

Address 3

SINGAPORE 650354

Address 1

BLK 334 #12-315

Address Type

Singapore address

Post Code

650354

Unit No.

Driver Vehicle No.

FBF9442T

Driver Insurer Company

NTUC

Does he own a Singapore Registered car?

Yes No

Declaration

Breathalyzer or Blood-Test Reading?

0 mg

Any Injury?

Yes No

Modification History

Claim 001

New

Attachment

Claim Type \*

OD-Ms

Insured Name

TAN JIA WEI (CHEN JIAWEI)

Insured NRIC

S84283811

Contact No.(Mobile)

83283117

Contact No.(Home)

85607946

Contact No.(Office)

Email Address

VINCENT.MR.TAN@GMAIL.COM

OT Vehicle Number

FBF9442T

TF Vehicle Number

Claim Description

FBF9442T / - ON 28 Mar 2020

Name of Preferred Workshop

Preferred Workshop

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Finalisation

Yes

Date Registered

30/03/2020 16:48

Claim Close Date

Date Received

30/03/2020 00:00

Report Taken By

RUSLI WAHAB

Print AK Report

Save

Submit

Attachment

Accident No.

NT/1099063

Claim No.

001

Last Out, Received

\* Yes No

Upload Date

30/03/2020 16:49

Path \*

Choose File

No file chosen

Clear

Choose File

No file chosen

Clear

Choose File

No file chosen

Clear

Choose File

No file chosen

Clear

Choose File

No file chosen

Clear

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No file chosen

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No file chosen

Clear

Message Read

Send Message

Upload

Attachment List

Attachment

Uploaded By/Date

NAC\_BUKIT\_MERAH\_810476( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49

Category

Photos

Urgency

Normal

Description

Photos 2020-3-30

Msg Sent? (C)

Action

Edit

Attachment

Uploaded By/Date

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49

Category

Photos

Urgency

Normal

Description

Photos 2020-3-30

Msg Sent? (C)

Action

Edit

Attachment

Uploaded By/Date

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49

Category

Photos

Urgency

Normal













Description

Photos 2020-3-30

Msg Sent? (C)

Action

Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:49	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:48	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:48	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:48	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:48	Photos	Normal	Photos 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:48	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-30	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:48	SAS	Normal	SAS 2020-3-30	<a href="#">Edit</a>

Video List

Uploaded 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)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 51033E9130

Cover : Drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJW6534Y

Chassis Number

: MR053BK4107052580

2. Name of Policyholder

: JIANG JIE

3. Effective Date of Insurance

: 29 Aug 2018

4. Expiry Date of Insurance

: 07 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)

: 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

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: JIANG JIE

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue : 29 Aug 2018 10:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive