

# NATIONAL Assessment Centre Services.

Print 1 Jan 2020

NA20045665

Date In: 06/05/2020 13:48	Job description	Date & Time Completed	Done by
Ref No: NA20045665/4	SAS e-filing		
Veh No: SLF 7823Y	E-mail P (John Blue, AIC 2hrs)		
DOA: 06/05/2020 07:30	I-Motor Claim Form	mt/1092303-001	06/05/2020 14:42
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XE 4490G	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 repairer.

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

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

Control: ( ) / ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Action

NA2002851

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (wef 10 Jan 2020)	6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey		\$160
8) NTUC Additional Services:		
9) ON:		
*N5: Courtesy Car / Tpt Allowance		\$3
*N6: Repair Co-ordination		\$10
*N7: Post Repair Inspection		\$23
*N8: DV / Collect Excess Coordination		\$3
TE (N11): TP (Non INC) against INC		\$20
9) N12: 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	06/05/2020 13:48
Date Of Accident	06/05/2020 07:30
Exact Location Of Accident	ALONG BOON LAY WAY NEAR BUS STOP 21689
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7823Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97209789
Alternative Phone No	OFFICE-97209789

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112801747
Cover Note Number	

Driver

Name of Driver	TANG LEE LEE
NRIC No	SXXXX649G
Date Of Birth	30/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97209789
Fax Number	
Contact Number	OTHERS-97209789
Email Address	NOEMAIL

Address	BLK 207 BUKIT BATOK STREET 21 #02-122
Postcode	650207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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 BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200506/2021

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4490G
Vehicle Make/Model/Colour	SCANIA P410
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHENNG XIAOYAN
NRIC/Passport Number	GXXXX623N
Contact Number	97502878
Address	
Postcode	

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

2

DETAILS OF INJURED PERSON 1

Name TANG LEE LEE  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? SLF7823Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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.



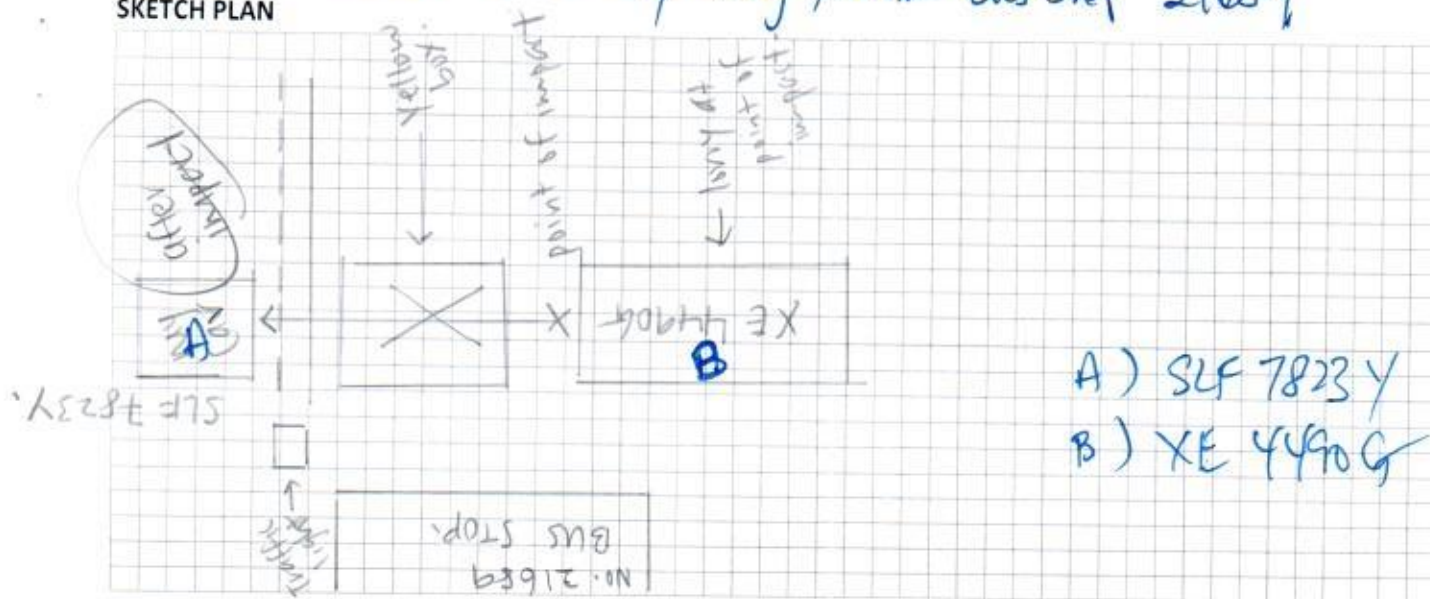
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Roshan*  
NRIC/FIN No.: *06105/2020*

Along Borneo Hwy Way, ARAK Bus Stop 21689

# SKETCH PLAN



A) SLF 7823 Y

B) XE 4490 G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 1/20200506/2021

## 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:

*li*

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

*06/05/2020*  
*Red. Lina*



## ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 05 / 20) (DD/MM/YYYY), TIME: (07 : 30) (HH:MM)

LOCATION: BOON LAY WAY, NEAR BUS STOP 21689.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 7823 Y  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MAZDA 3  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: SIKAP  
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: \* VOULEZ CAR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

#### DRIVER

- a) NAME: TAN LEE LEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S25086496 CONTACT: 97204499  
c) ADDRESS: 207 BUKIT BATOK STREET 21 #02-122  
S (650 207)

\* d) DATE OF BIRTH: (30 / 09 / 1967) (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: BUKIT BATOK NPL

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE4490 G MODEL: SCANIA P410  
b) DRIVER'S NAME: ZHANG XIAOYAN  
c) NRIC/FIN/PASSPORT: G6564623N CONTACT: 97502878

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
( )

email =

VIDEO





# SINGAPORE POLICE FORCE



T/20200506/2021

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3

Report No. T/20200506/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/05/2020 12:31	Vide Report No.:	Station Diary No.: 45
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**Informant's Particulars**

Name of Informant: TANG LEE LEE			Address: APT BLK 207 BUKIT BATOK STREET 21 #02-122 SINGAPORE 650207		
ID Type / ID No.: NRIC NO / S2568649G			Contact No.: Home/Office: Mobile: 97209789		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 30/09/1967	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2020 07:30	Type of Location: Straight Road
Location: Along Road 1 BOON LAY WAY  Along Boon Lay Way, near bus stop 21689				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF7823Y	Car	MAZDA	MAZDA3	Black	Seriously Damaged	0
XE4490G	Lorry	SCANIA	P410	Red	No Damage	1

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE



T/20200506/2021

2 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20200506/2021

## CONTINUATION OF REPORT

Driver				
Name	TANG LEE LEE		ID No.	S2568649G
Related Vehicle	SLF7823Y (Car)		Contact No.	97209789
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/05/2020		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Driver				
Name	ZHENG XIAOYAN		ID No.	G8569623N
Related Vehicle	XE4490G (Lorry)		Contact No.	97502878
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 09/04/2023
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 06/05/2020 at about 0730hrs, I was driving my rented vehicle, SLF7823Y, along Boon Lay Way towards 'JEM' direction. While I was near bus stop number: 21689, there was a traffic light and it was red. Thus, I stopped my vehicle just behind the yellow box.

About 10 seconds later, I felt a huge impact coming from the rear of my vehicle which pushed my vehicle forward quite a distance. I was pushed all the way after the traffic light. I then alighted from my vehicle and discovered that a lorry, XE4490G, had collided with the rear of my vehicle. The lorry driver alighted and informed that he did not notice that the traffic light was red as he was concentrating looking at his GPS. Thus, he did not slow down. My vehicle suffered a huge dent on the rear bumper while the lorry has no damage at all. We exchanged particulars and we went our separate ways.

I feel sharp pain from the neck down to the spine and went to consult a doctor at Ng Teng Feng General Hospital after the accident. I was given 7 days of MC. I have in-car camera installed at the rear of the vehicle, but I am not sure if it has recorded the incident.



SINGAPORE  
POLICE FORCE



T/20200506/2021

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No. T/20200506/2021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/  
Sgt 3 NG TYAN SOON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/05/2020 12:31

Officer In Charge Of Case:

TP / AEIT / SINGAPORE POLICE  
SSI-2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



Claim Handling

Accident MT/1092303

Policy No.	5112801747	Vehicle No.	SLF7823Y	GST Registration No.	
Certificate No.	5112801747-000018				
Policyholder Name	VOULEZ CARS			Policyholder NRIC	53350846X
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97209789	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	06/05/2020 14:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - He
Date of Accident	06/05/2020	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BOON LAY WAY NEAR BUS STOP 21689				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	1500.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5112801747		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TANG LEE LEE	Driver NRIC	SXXXX649G	Driver DOB	30/09/1967
Register Date of Driver License	28/06/1995	Driver Age	52	Driving Experience	24
Contact No.(Mobile)	97209789	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 207 #02-122	Address 2	BUKIT BATOK STREET 21	Address 3	BUKIT BATOK
Address 4	SINGAPORE 650207	Address Type	Foreign address	Post Code	650207
Unit No.	02-122				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLF7823Y	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

Date Registered

Report Taken By

☒ Print AK letter

Insured Name

Contact No.(Home)

OI Vehicle Number

SLF7823Y / XE4490G ON 6 May 2020

Insured Liability

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Claim Close Date

Date Recd

Save

Submit

Attachment

▼

Accident No.	MT/1092303	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/05/2020 14:42
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

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

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:42	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	Photos		Normal	Photos 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 May 2020 14:41	SAS		Normal	SAS 2020-5-6

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	



My Desktop

Notice of Loss

Policy Query

Policy No.

S112801747

Date of Accident

06/05/2020 14:18

Vehicle No. (For Motor)

SLF7823Y

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5112801747	5112801747-000018	VOULEZ CARS	53350846X	GFM	drive CLASSIC	SLF7823Y	SLF7823Y	25/09/2019	24/09/2020

Continue

## 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:** 5112801747-000018

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF7823Y**  
Chassis Number : JM6BM42A8G0344951
2. Name of Policyholder : VOULEZ CARS
3. Effective Date of Insurance : 25 Sep 2019
4. Expiry Date of Insurance : 24 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 or Hirer's business.

**This Policy does not cover**

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

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

EXCESS (SECTION 1)	: \$S1,500
EXCESS (SECTION 2)	: \$S1,500
WINDSCREEN EXCESS	: \$S100
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) 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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)  
Date of Issue : 20 Sep 2019 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive