

NATIONAL Assessment Centre Services. (ver 1 Jan'06) *NA/2005236*

Date In: <i>28/05/2005 11:54</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/2005236</i>	SAS e-filing		
Veh No: <i>SV 73632</i>	E-mail (S/Sale 2hrs, AIC 2hrs)		
D.O.A: <i>30/03/2005 13:00</i>	I-Motor Claim Form	<i>27/10/2005 12:02</i>	<i>28/05/2005 12:08</i>
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *SV 73632* 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 reprior.

() 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: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Additional Comments: ()

Cal 1: ()

2/2

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$100
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Ideal DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• NS: Courtesy Car / Tpl Allowance	\$3
• NS: Repair Coordination	\$10
• NS: Post Repair Inspection	\$23
• NS: DV / Collect Excess Coordination	\$3
• TP (NU): TP (Non-INC) against LRC	\$30
9) NI: Ideal Mobile	
Invoice dated	
Invoice dated	
Fee Charged	
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	08/05/2020 11:54
Date Of Accident	30/03/2020 13:00
Exact Location Of Accident	ALONG LUCKY HEIGHTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7363Z
Insured/Policyholder	
Name Of Registered Owner	LEE KUAN YOKE
NRIC No	SXXXX485F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81210468
Alternative Phone No	OTHERS-81210468

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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
Fleet Policy	NO
Policy Number	5114752916
Cover Note Number	

Driver

Name of Driver	LEE KUAN YOKE
NRIC No	SXXXX485F
Date Of Birth	30/11/1939
Occupation	INDOOR
Date Of Driving Pass	29/07/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81210468
Fax Number	
Contact Number	OTHERS-81210468
EMail Address	NOEMAIL

Address	37 LUCKY CRESCENT
Postcode	467746
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	RAINING
Road Surface	WET

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	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-445 9999 - FAX NO: 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200424/2025

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR797J
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.
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: 08/05/2020 10:04am

Driver's Signature

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

Reporting Centre Personnel's Signature

Name: Rose
NRIC/FIN No.:

SKETCH PLAN

U/A/Kasowari No Collision

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police report as per attached.

1/20200424/2025

DECLARATION

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

Policyholder's Signature

Date & Time: 08/05/2020 10:04am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/05/2020

Res. [Signature]

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 20/3/2020 Time 1300 Hrs
 Exact Location Of Accident * Luddy Height.

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLV 7363 2

Insured/Policyholder

Name of Registered Owner * Lee Kuan Yoke

NRIC/FIN/Passport Number * 30377485 F

Vehicle particulars

Manufacturer Hyundai

Model Accent 1.4 CVT

Exact Purpose for which vehicle was being used at time of accident * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others ☐

If No, please state action to be taken * Third Party Claim ☐ Reporting Only ☒

Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insurance company

Name of Insurance Company * NTUC Income

Type of Coverage * Third Party

Fleet Policy Yes ☐ No ☐

Policy Number * 5114752916

Cover Note Number

Driver

Name of Driver * Lee Kuan Yoke

NRIC/FIN/Passport Number * 30377485 F

Date of Birth * 30.11.1939

Occupation * Retired

Date of Driving Pass * 29/7/1993

Gender * Male ☐ Female ☒

Mobile Number * 81210468

Address * 37 Luddy Crescent

467746

Email Address

Was driver an employee of the Insured's Company? * Yes ☐ No ☒

If no, Relationship of the Driver with the Insured * Owner

SAS 1

240

SKR 710

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>	
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>	
General Information of the Accident			
Type of Accident	* <input type="text"/>		
Weather Conditions	* Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Others <input type="text"/>
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Details of Injured Persons			
Name	* <input type="text"/>		
Address	<input type="text"/>		
Approximate Age	* <input type="text"/>		
Injuries Sustained	* <input type="text"/>		
If vehicle Occupants, state in which vehicle?	<input type="text"/>		
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details of Police Action			
Was the Accident reported to the Police?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If Yes, please state which Police Station	<input type="text"/>		
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, against whom?	<input type="text"/>		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	* SKR 7974 J		
Vehicle Make / Model / Colour	<input type="text"/>		
Detail Of Properties	<input type="text"/>		
Name of Driver	* <input type="text"/>		
NRIC/Passport Number	<input type="text"/>		
Contact Number	* <input type="text"/>		
Email Address	<input type="text"/>		
Address	<input type="text"/>		
Insurance Company Name	<input type="text"/>		
Nature of Damage	<input type="text"/>		
Details of Witness			
Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		



SINGAPORE POLICE FORCE



T/20200424/2025

1 of 3

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

Report No. T/20200424/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2020 12:39		Vide Report No.:		Station Diary No.: 7	
Informant's Particulars					
Name of Informant: LEE KUAN YOKE			Address: 37 LUCKY CRESCENT SINGAPORE 467746		
ID Type / ID No.: NRIC NO / S0377485F			Contact No.: Home/Office: Mobile: 81210468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 80	Date of Birth: 30/11/1939	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2020 13:00	Type of Location: Straight Road
Location: Along Road 1 LUCKY HEIGHTS				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV7363Z	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV7363Z	NTUC Income Insurance Co-Operative Limited	5114752916	16/12/2019	12/01/2021



Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

CONTINUATION OF REPORT

Brief Details.

On 30/03/2020 at around 1300hrs, I drove my car to the nearest market to purchase groceries. On that day, I remembered that there were road works ongoing along Lucky Crescent, Lucky Heights and all the way to Upper East Coast Rd. Lucky Heights is a 2 lane road however residents always park their vehicles on both sides of the road, causing it to be narrow. When I was driving out from my residential estate through the narrow road situation along with the heavy vehicles and machinery from the road works ongoing, I did not feel any bump or realised that I had hit onto any vehicles. After purchasing my groceries, I immediately drove back home. I did not notice if anything was amiss. I did not use the car after that.

About 2 days later, my brother visited me with the intention to use my car. He then informed me that there was a small dent on the front side at the passenger side. I told him that I was unaware that there was such damage to my car and to my knowledge, knew that I did not hit onto anything.

However, I received a letter yesterday from Traffic Police stating that my car was involved in an accident on the day that I drove out to purchase my groceries. To date, I am still unsure what I had hit while I was driving however I have an in-car camera installed. I am unsure if the footage from that day is still available.



**SINGAPORE
POLICE FORCE**



T/20200424/2025

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

3 of 3

Report No. T/20200424/2025

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:
G /
Sgt 3 MUHAMMAD DANIAL BIN SUMANAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/04/2020 12:39

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1090748

Policy No.	S114752916	Vehicle No.	SLV73632	GST Registration No.	
Certificate No.					
Policyholder Name	LEE KUAN YOKE			Policyholder NRIC	S0377485F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	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(%)	10	Private Hire	Not available
▼ Accident Details					
Report Date	06/04/2020 10:35	Accident Report Within 24 hrs	Yes	Accident Type	Damaged wh
Date of Accident	30/03/2020	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PARKED ALONG 47 LUCKY HEIGHTS				
▼ 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		Driver is Covered?	Not Applicable
Additional Excess	0				
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	37 LUCKY CRESCENT	Address 2	SINGAPORE 467746	Address 3	
Address 4		Address Type	Singapore address	Post Code	467746
Unit No.		Related Policy Number	S114752016		
▼ O1 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	LEE KUAN YOKE	Insu NRIC	
Contact No.(Mobile)		Contact No. (Home)		Cont No. (Off	
Email Address		O1 Vehicle Number	SLV73632	TP Vehi Num	
Claim Description	SLV73632 / SKR797J ON 30 Mar 2020			Nam Prefi Worl	
Preferred Workshop		Insured Liability	Partially at Fault		
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	08/05/2020 12:12
Report Taken By					ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter.					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1090748	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/05/2020 12:18
Path *			
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	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Category *	Confidential	Urgency *
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:18	SAS		Normal	SAS 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:13	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:13	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:13	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:13	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:13	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:12	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:12	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:12	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:12	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:12	Photos		Normal	Photos 2020-5-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 May 2020 12:12	Photos		Normal	Photos 2020-5-8

Video List

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



Certificate of Insurance

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

Certificate Number: 5114752916

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SLV7363Z**
 Chassis Number : **KMHCU41BTJU404255**
2. Name of Policyholder : **LEE KUAN YOKE**
3. Effective Date of Insurance : **16 Dec 2019**
4. Expiry Date of Insurance : **12 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	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: LEE KUAN YOKE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 12 Dec 2019 17:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Insure Link Pte Ltd
 2 Kallang Road #02-16
 CT HUB SINGAPORE
 Off : 6444 4844
 Fax: 6444 0040

Countersigned By:

Authorised Officer

Chief Executive