

NATIONAL Assessment Centre Services

last 1 Jan 2021

NA2003085

Date In: 01/06/2020 17:30	Job description	Date & Time Completed	Done by
Ref No: NBH/NA20006070/Y	SAS e-illing		
Veh No: ABC 47B	E-mail (Update Slip, AIC Slip)		
DOA: 30/05/2020 10:00	1-Motor Claim Form	mtic93547-001	01/06/2020 18:39
OD: TP Reporting Only	1-Motor W/O (With: OD Slip, TP Slip)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wreck / INC Assign Wreck / QW: (Toll	Fuel
TP Indicators: Vch No: SLT 4588K	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 ()	
Access: (\$)	Loading: \$1,000 () / \$2,000 ()	
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of raplor.		
() 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: ()	
Damaged Portion: ()	
Driver/Owner: ()	
Contact No: ()	
Damaged Portion: ()	

NA2003085	1) All Accident Reporting (\$30)	
Driver/Owner: ()	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No: ()	3) TP: Towing Fee	\$10/\$15
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 (first 10 Jan 2021)	
	6) TR: Re-inspection	\$75
	7) NI: DA + SMRT Survey	\$160
	8) NIUC: Additional Services	
	9) NI: DA + SMRT Survey	\$30
	10) NI: DA + SMRT Survey	\$30
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	100) NI: DA + SMRT Survey	\$30

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	01/06/2020 17:30
Date Of Accident	30/05/2020 10:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC47B
Insured/Policyholder	
Name Of Registered Owner	BRINK'S SINGAPORE PTE LTD
Co Reg No	1XXXXX756C
Email Address	ZAILANI.MATZAID@BRINKSGLOBAL.COM
Mobile Phone No	(LOCAL) +65-98537674
Alternative Phone No	OFFICE-98537674

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115264282
Cover Note Number	

Driver

Name of Driver	MOHAMED SAID BIN AMAN
NRIC No	SXXXX663G
Date Of Birth	04/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98537674
Fax Number	
Contact Number	OTHERS-98537674
Email Address	ZAILANI.MATZAID@BRINKSGLOBAL.COM

Address	BLK 763 PASIR RIS STREET 71 #02-238
Postcode	510763
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

please refer to sketch plan

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	SLT4583K
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED ERDEE
NRIC/Passport Number	SXXXX067D
Contact Number	90062014
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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



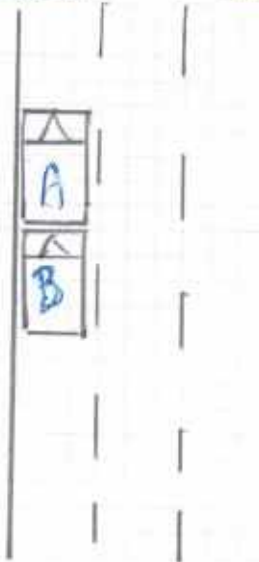
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along Jalan Bukit Merah



A) GBC 47B
B) SLT 4583K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON DATED 30/05/2020 AT 1000 HRS
OFFICERS ON STOPPING AT JALAN BUKIT MERAH
SUDDENLY A 4WHEELER SLT 4583K BANGGOS
FROM BEHIND GBC 47B.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

Said Bin Amar
1510

01/06/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 20/05/2020 (DD/MM/YYYY), TIME: 1000 (HH:MM)

LOCATION: JALAN BUCIT MERAH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 47 B
- b) INSURANCE COMPANY: BRINKS
- c) POLICY NUMBER: 5115264282
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA / HIACE
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- 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: BRINKS (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHD SAID (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 874006639 CONTACT: 98537674
- c) ADDRESS: BLK 763 PASIR RIS ST 71
#02-38

* d) DATE OF BIRTH: 10/06/1994 (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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 4583 K MODEL: TOYOTA STREAM
- b) DRIVER'S NAME: MOHAMMED ERDEE
- c) NRIC/FIN/PASSPORT: 38038067 D CONTACT: 90062014

9. THIRD PARTY VEHICLE

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

Email = Zailani.matzaid@brinksglobal.com

VIDEO

Claim Handling

Accident MT/1093547

Policy No.	3115264262	Vehicle No.	QBC478	GST Registration No.	M200833504
Certificate No.					
Policyholder Name	BRINK'S SINGAPORE PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	198900756C
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	98537674	Special Remarks		Contact No.(Home)	
Email Address		TCA	< No > Yes	eCode	No
HPK	< No > Yes	NCD Endorsement(%)	0	eCode Region	Singapore
NCD Protection	No			Assign Role	No

Report Date	31/06/2020 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	30/05/2020	Time of Accident (H:mm)	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	BLONG SILAH (JURIST MERAH)				

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits			
GST Registered Information			
GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200833504	GST Status Verified	Yes
Modification History	01/06/2020 18:05:08 System changed GST Registration Date from 01/01/2018 to 01/04/1994 01/06/2020 18:00:08 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address					
Address 1	1 KRAJ BUKIT ROAD 1	Address 2	402-13 ENTERPRISE ONE	Address 3	SINGAPORE 410954
Address 4		Address Type	Singapore address	Post Code	410934
Unit No.		Related Policy Number	5115260887		

01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/06/1974
Unnamed driver Name	MUHAMMAD SAID BIN AMAN	Driver NRIC	SXXXXX30	Driving Experience	17
Register Date of Driver License	17/07/2001	Driver Age	45	Contact No.(Office)	
Contact No.(Mobile)	98537674	Contact No.(Home)		Address 1	SINGAPORE 310763
Address 1	BLK 763 #02-238	Address 2	PASIR RIS STREET 31	Address 3	
Address 4		Address Type	Foreign address	Post Code	510763
Unit No.	02-238				
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	QBC478	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes / No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BRINK'S SINGAPORE PTE LTD	Insured NRIC	198900756C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65967786
Email Address		CI		TP	
Claim Description		Vehicle Number	QBC478	Vehicle Number	8145836
Franchise		Name of Preferred Workshop			
Request No. Finalisation	Yes	Insured Liability	Not at Fault	Preferred Workshop Name unknown	GA report
Date Registered		Repair Option		Received	
Report Taken By		Claim Chas Date	01/06/2020 18:06	Date Received	01/06/2020 11
		Workshop Reparer	ROSLI WAHAB	Total Loss Sub. Reported	

Print Ad letter

Save Submit

Attachment

Accident No.	MT/1063547	Claim No.	001
Last Doc. Received	< No > Yes	Upload Date	01/06/2020 18:38
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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 Board			

Attachment	Upload By/Date	Category	Urgency	Description	Map Sent (CO)
NAC_30KIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE	SAS	Normal		SAS 2020-6-1	

E (BUKIT MERAH) on 01 Jun 2020 18:09

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:06	Photos		Normal	Photos 2020-6-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:06	Photos		Normal	Photos 2020-6-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:06	Photos		Normal	Photos 2020-6-1
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Jun 2020 18:06	Photos		Normal	Photos 2020-6-1

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 : 5115264282

Cover : Comprehensive

- | | |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC47B |
| Chassis Number | : JTFHT02P500062733 |
| 2. Name of Policyholder | : BRINK'S SINGAPORE PTE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2020 |
| 4. Expiry Date of Insurance | : 27 Dec 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 30 Dec 2019 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive