

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	24/06/2020 14:14
Date Of Accident	16/06/2020 14:40
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9408M
Insured/Policyholder	
Name Of Registered Owner	LIM GAY KWON
NRIC No	SXXXX803F
Email Address	JACQUELYNSAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83811938
Alternative Phone No	OTHERS-91119187

Vehicle Particulars

Manufacturer	VOLVO
Model	S60
Exact Purpose for which vehicle was being used at time of accident	COLLECT FOOD
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081517932-03
Cover Note Number	

Driver

Name of Driver	SAM JACQUELYN
NRIC No	SXXXX038B
Date Of Birth	26/12/1989
Occupation	INDOOR
Date Of Driving Pass	04/04/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83811938
Fax Number	
Contact Number	OTHERS-91119187
Email Address	JACQUELYNSAM@GMAIL.COM

Address 7 WEST COAST ROAD
 Postcode 127295
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 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 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200622/2100

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: NOT CAPTURED
 Was there any audio recorded? NO

10

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)**

(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.

24) m
(035 am)

Date & Time: 24 Jun
1035 hr

NRIC/FIN No.:

24/06/2020

Personnel's Signature

SKETCH PLAN

ANKKAWAN NO COLLISION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from my home (Twest coast road) to Teck Lim Road at about 1420hr to collect food. I drove along tangang pagar road and was reported for a traffic accident which I am not aware of.

Police Report 7/20200622/2100

DECLARATION

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

Liyaykawan

Policyholder's Signature

Date & Time: 24/06/2020
10:42

h

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/06/2020
10:42

24/06/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 06 / 2020) (DD/MM/YYYY), TIME: (14 :) (HH:MM)

LOCATION: Alor Tanjung Pagar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 9408 M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5081517932-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: vdvo s60
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: collect food
 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: Lim Gray Kwam (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S008803F CONTACT: 83811958
 c) ADDRESS: 7 west coast rd 127295

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sam Jacquelyn (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8947038B CONTACT: 91119187
 c) ADDRESS: 7 west coast road 127295

* d) DATE OF BIRTH: (26 / 12 / 1989) (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: Clement

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:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email =
 VIDEO

jacquelynsam@gmail.com



SINGAPORE POLICE FORCE



T/20200622/2100

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20200622/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2020 22:31		Vide Report No.:		Station Diary No.: 150	
Informant's Particulars					
Name of Informant: SAM JACQUELYN			Address: 7 WEST COAST ROAD SINGAPORE 127295		
ID Type / ID No.: NRIC NO / S8947038B			Contact No.: Home/Office: Mobile: 91119187		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 26/12/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Property Agent			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/06/2020 14:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TANJONG PAGAR ROAD TECK LIM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Unknown collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT9408M	Car	VOLVO	S60 T5 A/T ABS D/AIRBAG 2WD	Red	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT9408M	NTUC Income Insurance Co-Operative Limited	5081517932-03	26/06/2019	25/06/2020



SINGAPORE POLICE FORCE



T/20200622/2100

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20200622/2100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	SAM JACQUELYN	ID No.	S8947038B
Related Vehicle	SKT9408M (Car)	Contact No.	91119187
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/06/2020 at about 1420hrs, I was driving my mother vehicle red coloured Volvo bearing license plate number SKT9408M from home at No. 7 West Coast Road to Teck Lim Road.

When I reached at Teck Lim Road, there was nothing amiss.

I wish to state that according to the letter from Traffic Police that I received with reference number TP/IP/26229/2020 under TP IO Nor Affendy Bin Jaffar stating that the vehicle that I was driving involved in traffic accident at along Tanjong Pagar Road which I was not aware. I wish to state when I at the mentioned traffic accident location, there was no collision occurred and no one approached me. I did made a check on my mother vehicle there was also no damage to the said vehicle.

There are cameras installed at the front and rear but its not recorded because the SD card is spoiled.



**SINGAPORE
POLICE FORCE**



T/20200622/2100

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 3

Report No: T/20200622/2100

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:

D /

Sgt 3 ZAMBREE BIN SA'AT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

22/06/2020 22:31

Classification Of Case:

Authentication Stamp

NP168

6/24/2020

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1095193

Policy No.	3001517922-03	Vehicle No.	SKT9408H	GST Registration No.	
Certificate No.					
Policyholder Name	LIM GAY KWONG	Driver Type	Drive PREH(1)	Policyholder NRIC	50098023P
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	3
Contact No.(Mobile)	81811938	Special Remarks		Contact No.(Home)	
Email Address	jacynthiam@gmail.com	TCK	No Yes	eCode	
Age	No Yes	ACD Endowment(%)	50	eCode Reason	
ACD Protection	Yes			Private Reg	No
Accident Details					
Report Date	24/06/2020 14:27	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	24/06/2020	Time of Accident (hh:mm)	14:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TANJONG PAGAR ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	388.00	Driver is Covered?	Covered
OD Standard Excess	400.00	TP Standard Excess	0.00		
DED OD Excess	0.00	DED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	400.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	7 WEST COAST ROAD	Address 2	SINGAPORE 127295	Address 3	
Address 4		Address Type	Singapore address	Post Code	127295
Unit No.		Related Policy Number	3001517912-04		
01 Driver Info					
Driver Name	SAN JACQUELYN	Driver Type	Named Driver	Driver DOB	26/12/1999
Unnamed driver Name		Driver NRIC	SR947018B	Driving Experience	11
Register Date of Driver License	04/04/2008	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	81138187	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Over 16 own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKT9408H	Driver Insurer Company	NTUC
Declaration					
Breakdown or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 /NEW

Claim Type *	OD-08	Insured Name	LIM GAY KWONG	Insured NRIC	50098023P
Contact No. (Mobile)	81811938	Contact No. (Home)	84990511	Contact No. (Office)	
Email Address	JACYNTHIAM7@GMAIL.COM	Vehicle Number	SKT9408H	Vehicle Number	
Claim Description	SKT9408H / - On 18 Jun 2020			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at fault			
Settled No.	Not Settled	Preferred Workshop, Name unknown	ICM Report	Received	
Finalisation	Yes				
Date Registered					
Report Taken By	24/06/2020 14:28	Claim Close Date		Date Received	24/06/2020 00
	ROSLI WAHAB				
Print AX Letter					

Save Submit

Attachment

Accident No.	MT/1095193	Claim No.	001
Last Doc. Received	Yes No	Upload Date	24/06/2020 14:39
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
Attachment List:			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUNUT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH) on 24 Jun 2020 14:39		Photos	Normal
Description *			
Send Mail			



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	Photos	Normal	Photos 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-24
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jun 2020 14:39	SAS	Normal	SAS 2020-6-24

Video List

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



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 18 Jun 2020

Your Ref :
Our Ref : TP/IP/26229/2020

LIM GAYKWOON
7 WEST COAST ROAD
SINGAPORE 127295

000069



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SKT9408M ALONG TANJONG PAGAR ROAD ON 16 JUN
2020 @ 2.57 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).
- 3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer NOR AFFENDY BIN JAFFAR at his / her office number: 65476368 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.
- 5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

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: 5081517932-03

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKT9408M |
| Chassis Number | : YV1FS40LDF2366387 |
| 2. Name of Policyholder | : LIM GAY KWON |
| 3. Effective Date of Insurance | : 26 Jun 2019 |
| 4. Expiry Date of Insurance | : 25 Jun 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM GAY KWON
NAMED DRIVER (1)	: SAM JACQUELYN
NAMED DRIVER (2)	: SAM MIN WING
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 : TELESALLES-DIRECT MARKETING (00000601661)
Date of Issue : 12 Jun 2019 12:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive