

# NATIONAL Assessment Centre Services.

Part 1 Jan 2020

NA2003545

Date In: 02/07/2020 11:57	Job description	Date & Time Completed	Done by
Ref No: N188/NA200069384	SAS e-illing		
Veh No: SLQ 7385L	E-mail (by date time, AIC time)		
DOA: 02/07/2020 13:25	I-Motor Claims Form	nr1109597600	02/07/2020 12:18
QIT: TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Participants:	Veh No: SMO 5950A	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 ( )	
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of rapair.		
( ) 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: ( )	
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NA2003545	1) All: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2020)	\$75
	6) TR: Re-inspection	\$160
	7) NI: (Inc DA + SMRT Survey	
	8) NYUC Additional Services:	
	QIT:	
	*NI: Courtesy Car / Tpt Allowance	\$3
	*NI: Repairs Coordination	\$18
	*PT: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (NI) INC: against INC	\$10
	9) NI: (Inc Mobile	\$30
	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	03/07/2020 11:57
Date Of Accident	02/07/2020 13:25
Exact Location Of Accident	995 BUKIT TIMAH RD (CASA ESPERANZA CONDOMINIUM)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7385L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG KHENG MOH
NRIC No	SXXXX569D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96619944
Alternative Phone No	OTHERS-91792004

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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	THIRD PARTY
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	5092594392-02
Cover Note Number	

### Driver

Name of Driver	ONG PIN TING
NRIC No	SXXXX097Z
Date Of Birth	04/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96619944
Fax Number	
Contact Number	OTHERS-91792004
Email Address	NOEMAIL

Address	92 YUNNAN CRESCENT
Postcode	638307
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	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)	1

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD5950A
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE WEI MING
NRIC/Passport Number	SXXXX605B
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:

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

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

03/07/2020  
Resli WATARS

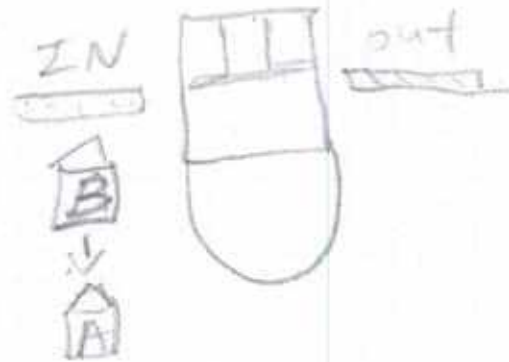


SKETCH PLAN

995 BUKIT TIMAH ROAD (CASA ESPERANZA CONDOMINIUM)

Vehicle A SLQ 7385L

Vehicle B SMD 5950A




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


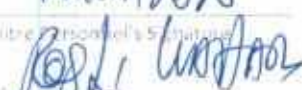
At The mention Date & time of accident 02/07/2020 about 13:25pm  
 My vehicle was stationary stopped outside Casa Esperanza  
 Condominium Entrance and waiting to go in, vehicle B  
 "SMD 5950A" Infront of me suddenly reverse and stop after  
 awhile and reverse again and collided onto my front car portion  
 with impact quite heavy. I have car camera & video footage  
 recorded.

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:

 02/07/2020  
 Reporting Officer's Signature  
 Name:   
 NRIC/FIN No.:

<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 02/07/2020 Time: 13:25 pm (24 hr format)
Exact Location of Accident *	995 Bukit Timah Rd G55 Esplanade Condo Entrance
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	SLG 7385L Make & Type: Mercedes A180
Name of Registered Owner *	ONG KENH MCH
NRIC / FIN / Passport / Co Regn No. *	S177 95690
Contact Number *	9661 9944 Email/Fax No: -
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No (If No, Please state action to be taken)
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American (NTM)
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	5092 544392 -02
<b>DRIVER</b>	
Name of Driver *	ONG PIN TING Gender: Male (Female)
NRIC / FIN / Passport Number *	S92120972
Date of Birth *	04/04/1992 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	20/07/2011
Contact Number *	9179 2004
Address	92 Yunnan Crescent S (638307)
Email Address / Fax Number *	Email: - Fax: -
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: Daughter
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / (Dry) / Others:
<b>OTHER INFORMATION</b>	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station: _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Name: _____ Gender: Male / Female Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes (No)	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
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Vehicle Registration Number *	1) SMD 5950A	2)
Vehicle Make / Model / Colour	KIA Cerafo	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	WEE WEI MING	
NRIC/Passport Number	S 9340605B	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



## Claim Handling

Accident MT/1095976

Policy No.	5912594392-02	Vehicle No.	SLQ7385L	GST Registration No.	
Certificate No.					
Policyholder Name	ONG KHENG HOH			Policyholder NRIC	S1779569D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	96619944	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
ATV	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	03/07/2020 12:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Front to Rear
Date of Accident	03/07/2020	Time of Accident (H:M:S)	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	995 BUKIT TIMAH RD (CASA ESPERANZA CONDOMINIUM)				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	400.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VED GD Excess	500.00	VED TP Excess	0.00		
Additional Excess	0				
Total GD Excess Applicable	1100.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Notification History					

## Policyholder Mailing Address

Address 1	92 YUNNAN CRESCENT	Address 2	SINGAPORE 638307	Address 3	
Address 4		Address Type	Singapore address	Post Code	638307
Unit No.		Related Policy Number	5116889517		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG PH TJING	Driver NRIC	S92120972	Driver DOB	04/04/1992
Register Date of Driver License	25/07/2011	Driver Age	28	Driving Experience	8
Contact No.(Mobile)	91792004	Contact No.(Office)		Contact No.(Home)	
Address 1	92 #JLQ YUNNAN CRESCENT	Address 2	SINGAPORE 638307	Address 3	
Address 4		Address Type	Foreign address	Post Code	638307
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SLQ7385L	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Result?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Modification History

Claim 001 **new**

Claim Type *	GD-HX	Insured Name	ONG KHENG HOH	Insured NRIC	S1779569D
Contact No.(Mobile)	96619944	Contact No.(Home)	96619944	Contact No.(Office)	NIL
Email Address		OT		TP	
Claim Description	SLQ7385L / SMD9950A CR 2 JUL 2020		Vehicle Number	SMD9950A	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Balance No. (Initiation)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reported	Report Option	Preferred Workshop, Name unknown	GIA report
Date Registered		Received		Claim Close Date	03/07/2020 00
Report Taken By	ROSLI WANAB				

☐ Print AX letter**Save** **Submit**

## Attachment

Accident No.	MT/1095976	Claim No.	001
LAAT Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/07/2020 12:19

Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent (CD)
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE: 5 (BUKIT MERAH)) on 03 Jul 2020 12:18		Photos	Normal	Photos 2020-7-3	

Send Me



	Uploaded By/Date	Folder Name	File Name		Source
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	Photos	Normal		Photos 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	NRIC/ Driving License	V	Normal	NRIC/ Driving License 2020-7-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jul 2020 12:19	SAS	Normal		SAS 2020-7-3

Video List

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

Certificate Number: S092594392-02

Cover : drive PREMIUM

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLQ7385L          |
| Chassis Number  | : WDD1760422J606318 |
| 2. Name of Policyholder   | : ONG KHENG MOH     |
| 3. Effective Date of Insurance  | : 21 Jul 2019       |
| 4. Expiry Date of Insurance   | : 20 Jul 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG KHENG MOH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
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)

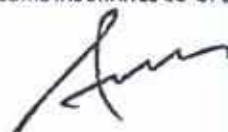
Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 21 Jun 2019 14:28 hrs  
Reprint : 21 Jun 2019 14:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: M40420056505 Vehicle Registration No: 8LQ 738L  
Name (as shown in NRIC): ENG TAN TING NRIC/FIN/Passport No: XXXX0872  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96619944  
Email Address: \_\_\_\_\_  
Date of Accident: 03/07/2020 Time of Accident: 13:25  
Place of Accident: 995 BUKIT TIMAH RD (ASA ESPANOLA WARDENWAY)  
Insurance Company: NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

SHOULD BE NMC & NOT MSIG INSURANCE

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: 03/07/2020  
Date: