

NATIONAL Assessment Centre Services.

part 1 Jan 2003

MAY 200 70059

Date In: 17/08/2020 18:14	Job description	Date & Time Completed	Done by
Ref No: XBA/TUC 200085734	SAS e-filing		
Veh No: PC 2521U	E-mail (2 jobs max, A/C 2 hrs)		
DOA: 16/08/2020 18:50	I-Motor Claims Form	17/08/2020 18:31	
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 / OW: (Tels	Fax
TP Particulars:	Veh No: SML 13234	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 repair.

() 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:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) PF: Follow-Through Survey	\$120
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services	

QC Checked by (Engr-In-Charge):	9) NI: Idea Mobile	
Waiters' Comments:	10) NI: Idea Mobile	
	11) NI: Idea Mobile	
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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	17/08/2020 18:11
Date Of Accident	16/08/2020 18:50
Exact Location Of Accident	ALONG WHAMPOA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2521U
Insured/Policyholder	
Name Of Registered Owner	WEN SHAOQI @ JACKY
NRIC No	SXXXX687I
Email Address	JSQWEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91281314
Alternative Phone No	OTHERS-91281314

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5066336253-08
Cover Note Number	

Driver

Name of Driver	WEN SHAOQI @ JACKY
NRIC No	SXXXX687I
Date Of Birth	18/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1989
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91281314
Fax Number	
Contact Number	OTHERS-91281314
Email Address	JSQWEN@GMAIL.COM

Address	BLK 13 ST.GEROGES ROAD #07-260
Postcode	320013
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	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)	2
Passenger 1	NAME: : SERENA TEO WEI WEI GENDER: : FEMALE

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	SML1323U
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DYANNE TAN SOH GEK
NRIC/Passport Number	SXXXX277E
Contact Number	97666940
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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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:

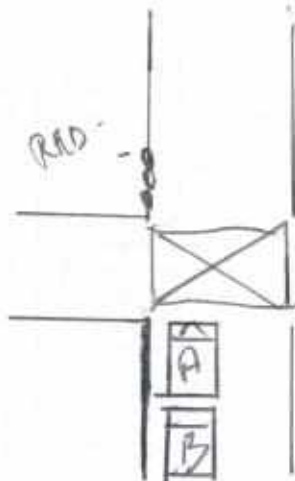
17/08/2020
1445

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

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

SKETCH PLAN

WHAMPRA DRIVE TRAFFIC JUNCTION.



A) PC 25214

B) SML 13234

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/08/2020 AT ABOUT 18:50HRS I WAS AT WHAMPRA DRIVE
I WAS STATIONARY AT THE TRAFFIC LIGHT JUNCT. SUDDENLY
I FELT A BUMP & I CAME DOWN & SAW A CAR SML 13234
BANG ON TO THE REAR OF MY VAN PC 25214.

DECLARATION

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

Policyholder's Signature

Date & Time:

17/08/2020
1500

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/08/2020
1500

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 08 / 2020) (DD/MM/YYYY), TIME: (18 : 50) (HH:MM)

LOCATION: Whampoa Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 25214
 b) INSURANCE COMPANY: NTU C
 c) POLICY NUMBER: 506 633 6253-06
 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:
 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: WEN SHAOQI JACKY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7027687I CONTACT: 9128 1314
 c) ADDRESS: BLK 13 ST Georges Road #07-260 S(320013)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (18 / 08 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20-02-1989

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: SML 13234 MODEL: MITSUBISHI OUTLANDER
 b) DRIVER'S NAME: DYANNE TAN SOH TEK
 c) NRIC/FIN/PASSPORT: S99 38277E CONTACT: 9766 6940

9. THIRD PARTY VEHICLE

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

No of passenger
 (including driver)
 (2)

Serena Teo Wei Wei

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

email = jsgwen@gmail.com
 VIDEO

Claim Handling

Accident MT/1100238

Policy No.	106038211-06	Vehicle No.	PC252110	GST Registration No.	
Certificate No.				Policyholder NRIC	S70276871
Policyholder Name	WEN SHAOQI @ JACKY	Driver Type	Comprehensive	Issuing	3
Product Code	BUS INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	91281314	Special Remark		ICode	NA
Email Address		TCA	No Yes	ICode Reason	
AKK	No Yes	NCD Endorsement (%)	0%	Private Hire	No
ACD Protection	No				
➤ Accident Details					
Report Date	17/06/2020 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	16/06/2020	Time of Accident (hr:min)	18:59	Country of Accident	Singapore
Reporting Centre		Damage Force		ICR No.	
Accident Location	ALONG WYHNGO DRIVE				
➤ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	500.00		
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00		
YES OD Excess	0.00	YES TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00		
➤ Benefits					
➤ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

➤ Policyholder Mailing Address

Address 1	BLK 13 PCF-260	Address 2	ST. GEORGE'S ROAD	Address 3	SINGAPORE 300013
Address 4		Address Type	Singapore address	Post Code	320013
Unit No.	07-260	Related Policy Number	5046396253-06		
➤ OE Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/06/1979
Unnamed driver Name	WEN SHAOQI @ JACKY	Driver NRIC	S70276871	Driving Experience	31
Register Date of Driver License	20/02/1989	Driver Age	40	Contact No. (Home)	
Contact No. (Mobile)	91281314	Contact No. (Office)		Address 1	SINGAPORE 300013
Address 1	BLK 13 PCF-260	Address 2	ST. GEORGE'S ROAD	Address 3	SINGAPORE 300013
Address 4		Address Type	Singapore address	Post Code	320013
Unit No.	07-260				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PC252110	Driver Insurer Company	NTIC
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	WEN SHAOQI @ JACKY	Insured NRIC	S70276871
Contact No. (Mobile)	91281314	Contact No. (Home)	N/A	Contact No. (Office)	95128087
Email Address	90WEN@GMAIL.COM	TP Vehicle Number	PC252110	TP Vehicle Number	98613230
Claim Description	PC252110 / 98613230 On 16 Aug 2020				
Preferred Workshop		Insured License	Test at Fault	UIC report	Received
Feedback No. (Evaluation)	Yes	Insured Separation	(Preferred Workshop Name unknown)	UIC report	Received
Date Registered	17/06/2020 18:28	Claim Date		Date Received	17/06/2020 9
Report Taken By	RDSL WANG	Workshop Repaired		Total Loss Not Reported	
Print As Letter					
Save Submit					

Attachment

Account No.	MT/1100238	Claim No.	001		
Left Over Receipt	Yes No	Upload Date	17/06/2020 18:11		
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		
Attachment List					
Attached	Uploaded By/Date	Category	Urgency	Description	Req Sent (25)
NAL_BURIT_MERAH_600636 NATIONAL ASSESSMENT CENTRE SERVICE		Photo	Normal	Photo 2020-6-17	

E (BUKIT MERAH) on 17 Aug 2020 18:31

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Aug 2020 18:31

Photos

Normal

Photos 2020-8-17

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Aug 2020 18:31

Photos

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Photos 2020-8-17

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S (BUKIT MERAH)) on 17 Aug 2020 18:30

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S (BUKIT MERAH)) on 17 Aug 2020 18:30

Photos

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Aug 2020 18:30

Photos

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Photos 2020-8-17

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Aug 2020 18:30

NRIC/ Driving License

Y

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NRIC/ Driving license 2020-8-17

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 17 Aug 2020 18:30

SAB

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SAB 2020-8-17

Video List

Uploaded By/Date

Folder Name

File Name

Status

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 : 5066336253-06

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC2521U

Chassis Number

: JTFST22P700020226

2. Name of Policyholder

: WEN SHAOQI @ JACKY

3. Effective Date of Insurance

: 21 Jul 2020

4. Expiry Date of Insurance

: 20 Jul 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY

EXCESS (SECTION I)

: S\$2,000

EXCESS (SECTION II)

: S\$3,000

WINDSCREEN EXCESS

: S\$500

INSURE WITH COE

: NO

HIRE PURCHASE COMPANY

: HONG LEONG FINANCE LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : 08 Apr 2020 17:59 hrs

Reprint : 08 Apr 2020 18:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive