

NATIONAL Assessment Centre Services.

(Confidential)

PH 10075733

Date In: 01/09/2020 12:00	Job description	Date & Time Completed	Done by
Ref No: N/A/20029009251/4	SAS e-Milling		
Veh No: HSR 4318 R	E-mail (Update this, A/C this)		
D.O.A: 21/08/2020 16:00	I-Motor Claims Form	01/10/2020	01/09/2020
	I-Motor W/O (w/into: OD 2hrs, TP 4hrs)		12:34
OD - TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Produced Whelp / INC Assign Whelp / OW: ()		Tels: ()	Fax: ()
TP Identification: ()	Veh No: <u>SLE9505H</u>	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 repairer.
() 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 :

[illegible]

NA 2004579	1) AIT: Accident Reporting (\$30)	INC (210)
	2) DA: Damage Assessment (\$100)	\$40/45
	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	
	For claim against INC Only (over 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Also DA + SMRT Survey	
	8) NTUC Additional Services:-	
	ON:	
	• NS: Courtesy Car / Tpt Allowance	\$3
	• NS: Repairs Coordination	\$10
	• NS: Post Repair Inspection	\$25
	• NS: DV / Collect Excess Coordination	\$3
	• NS: DV / Collect Excess Coordination	\$20
	TP (NI) / TP (NS) INC: Against UIC	\$0
	2) NI: Also Mobile	
	Invoice dated	Fee Charged
	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	01/09/2020 12:00
Date Of Accident	29/08/2020 16:00
Exact Location Of Accident	PIE SLIP ROAD TOWARDS TOH TUCK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4378R
Insured/Policyholder	
Name Of Registered Owner	TAY KOK NIU
NRIC No	SXXXX645G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91398949
Alternative Phone No	OTHERS-91398949

Vehicle Particulars

Manufacturer	YAMAHA
Model	T150
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5118224306
Cover Note Number	

Driver

Name of Driver	TAY KOK NIU
NRIC No	SXXXX645G
Date Of Birth	28/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1988
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91398949
Fax Number	
Contact Number	OTHERS-91398949
Email Address	NOEMAIL

Address	BLK 842 JURONG WEST STREET 81 #00-177
Postcode	640842
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	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?	YES
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200831/2060

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	SLE9505H
Vehicle Make/Model/Colour	MERCEDES BENZ
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)

DETAILS OF INJURED PERSON 1

Name	TAY KOK NIU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBR4378R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

1/9/20

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

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



01/09/2020
Redi, Mutha

SKETCH PLAN

PIE SLIP ROAD TOWARDS TOL TUCK AVE

A) FBR 4378R

B) SLE 96054



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020831/2060-

DECLARATION

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

1/9/20

Policyholder's Signature
Date & Time:

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

01/09/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 29/08/2020 (DD/MM/YYYY), TIME: 16:00 (HH:MM)

LOCATION: PIR SLIP ROAD TOWARDS TOTT TUCK AVM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBR 4378R
 b) INSURANCE COMPANY: NICE
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY
 e) MAKE & MODEL: YAMAHA T15
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RAY KAL NIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 91662645 G CONTACT: 9139
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING
 b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT BEND

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 9505H 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 _____



SINGAPORE POLICE FORCE



T/20200831/2060

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20200831/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2020 14:51	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: TAY KOK NIU		Address: APT BLK 842 JURONG WEST STREET 81 #11-177 SINGAPORE 640842	
ID Type / ID No.: NRIC NO / S1662645G		Contact No.: Home/Office: Mobile: 9139 8949	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 28/05/1964	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SCAFFOLDING OPERATOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2020 16:00	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		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
FBR4378R	Motorcycle	YAMAHA	T150	Yellow		0
SLE9505H	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR4378R	NTUC Income Insurance Co-Operative Limited	5118224306	14/07/2020	13/07/2021



**SINGAPORE
POLICE FORCE**



T/20200831/2060

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20200831/2060

CONTINUATION OF REPORT

Brief Details.

On 29-08-2020 at about 4 pm, I was riding my motor-cycle, FBR 4378 R, along PIE into slip-road to Bukit Batok East Avenue 3; it was raining then, and the road was wet. As the vehicles in front of me stopped due to traffic light, when I applied my brakes, I lost control of my motor-cycle, as the motor-cycle skidded on the road. My motor-cycle ended at the back of the under-carriage of another vehicle, later established to be SLE 9505 H. My left hand started to bleed a lot due to the accident. The driver of the vehicle then called for the ambulance, and the police - I was conveyed to Ng Teng Fong General Hospital, for further medical assessment by the ambulance, conscious.
I was given later by the doctor, five days of medical leave, for my injuries.



**SINGAPORE
POLICE FORCE**



T/20200831/2060

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20200831/2060

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:
J1
Sr Staff Sgt MUHAMMAD ISA BIN SULAIMAN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/08/2020 14:51

Classification Of Case:

Claim Handling

Accident HT/1101885

Policy No.	3138224306	Vehicle No.	FBR4379R	GST Registration No.	
Certificate No.					
Policyholder Name	TAY KOK NIU			Policyholder NRIC	S1862545G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No. (Mobile)	91396949	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	Nil
RFR	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	01/09/2020 12:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/08/2020	Time of Accident (hr:min)	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HSE SLIP ROAD TOWARDS TON TIAK AVENUE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
GD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YED GD Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total GD 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	BLK 842 #11-177	Address 2	JURONG WEST STREET #1	Address 3	SINGAPORE 640842
Address 4		Address Type	Singapore address	Post Code	640842
Unit No.		Related Policy Number	3138224306		

01 Driver Info

Driver Name	TAY KOK NIU	Driver Type	Main Driver	Driver DOB	28/05/1964
Unnamed driver Name		Driver NRIC	S1862545G	Driving Experience	32
Register Date of Driver License	14/01/1988	Driver Age	56	Contact No. (Home)	
Contact No. (Mobile)	91396949	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 842 #11-177	Address 2	JURONG WEST STREET #1	Address 3	SINGAPORE 640842
Address 4		Address Type	Singapore address	Post Code	640842
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FBR4379R	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	CO-MX	Insured Name	TAY KOK NIU	Insured NRIC	S1862545G
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		Vehicle Number	FBR4379R	Vehicle Number	SLE9505H
Claim Description:	FBR4379R / SLE9505H ON 29 Aug 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GA report	Received
Workshop No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	01/09/2020 12:13	Claim Close Date		Date Received	01/09/2020 00:00
Report Taken By	ROSLI WAHAB				

☐ Print All letterSave Submit

Attachment

Accident No.	HT/1101885	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/09/2020 12:34

Path *

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

Category *

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Clear

Please Select

Confidential ☐ NO ☐ YES

Urgency * ☐ Normal ☐ High

Description *

Send Me

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
NAC_BUKIT_MERAH_BOOKING NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Sep 2020 12:34		Photos	Normal	Photos 2020-9-1	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:34	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:34	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:34	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:34	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:34	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:33	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:33	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:33	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:33	Photos	Normal	Photos 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:33	NRIC/ Driving License	Y	NRIC/ Driving License 2020-9-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 01 Sep 2020 12:33	SAS	Normal	SAS 2020-9-1

Video List

Uploaded By/Date	Folder Data	File Name	Source
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[Display in New Window](#)
[Scan and uploading](#)

Certificate of Insurance

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

Certificate Number : 5118776306	Cover : Third Party, Fire & Theft
1. Index number and Registration Number of Vehicle Chassis Number	FBR4378R MY30 G131D0001394
2. Name of Policyholder	TAY KOK NIU
3. Effective Date of Insurance	14 Jul 2020
4. Expiry Date of Insurance	13 Jul 2021
5. Persons or Classes of Persons entitled to drive# (a) Named Driver(s) Only. 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: TAY KOK NIU
NAMED DRIVER (2)	: TAY KOK TONG
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE 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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 14 Jul 2020 09:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive