

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA 2007817

Date In: 09/09/2020 16:53	Job description	Date & Time Completed	Done by
Ref No: NA 20009673/4	SAS e-filing		
Veh No: SMG 4641H	E-mail (Veh No, AIC 2hrs)		
D.O.A: 07/09/2020 16:50	I-Motor Claims Form	09/09/2020 17:34	
OID: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBB 81734	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 > \$9000] ()		

Injury: _____

Date: _____

Time: _____

NA 2004819	1) AIT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$30
	For claim only against INC Only (over 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services	
	ONE	\$3
	*N5: Courtesy Car / Tpl Allowance	\$10
	*N6: Repair Coordination	\$25
	*N7: Post Repair Inspection	\$3
	*N8: DV / Collect License Coordination	\$25
	TP (NI) / TP (DA) INC against TRG	\$30
	9) NI: Idea Mobile	
	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	09/09/2020 16:53
Date Of Accident	07/09/2020 16:50
Exact Location Of Accident	IRWELL BANK ROAD TOWARDS KIM SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG4641H
Insured/Policyholder	
Name Of Registered Owner	WONG YAT SUNG
NRIC No	SXXXX125J
Email Address	ALVYNWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97722722
Alternative Phone No	OTHERS-97722722

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID-1.5 (A)
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	5113312356
Cover Note Number	

Driver

Name of Driver	WONG YAT SUNG
NRIC No	SXXXX125J
Date Of Birth	30/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1996
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97722722
Fax Number	
Contact Number	OTHERS-97722722
EMail Address	ALVYNWONG@GMAIL.COM

Address	20 KAY POH ROAD #07-01
Postcode	248969
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	SIDE SWIPE
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?	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?	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 POLICE REPORT T/20200908/2123

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8173Y
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HUANG
NRIC/Passport Number	
Contact Number	96308102
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG YAT SUNG
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Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMG4641H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

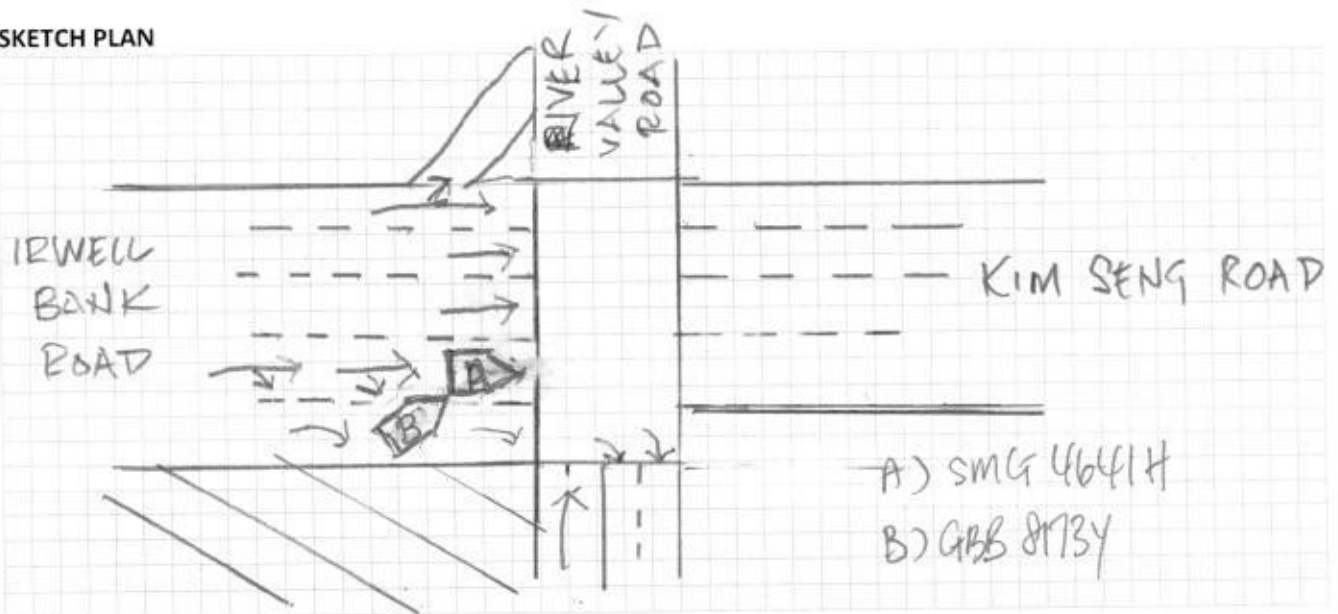
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7/9/2020 I WAS DRIVING ALONG IRWELL BANK ROAD AT THE JUNCTION OF IRWELL BANK ROAD AND RIVER VALLEY ROAD I HEARD A LOUD BANG AND FEEL MY CAR HIT. I STOPPED IMMEDIATELY AND WENT DOWN TO SEE THAT A VAN HAD HIT ME AT MY REAR SIDE AND BACK AND RIM.

POLICE REPORT 7/20200908/7123

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 07/09/2020 (DD/MM/YYYY), TIME: 16:50 (HH:MM)

LOCATION: IRWELL BANK ROAD ~~R~~ TOWARDS KIM SENG RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNG 4641H
 b) INSURANCE COMPANY: KTUC
 c) POLICY NUMBER: 5113312356
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA FREED HYBRID
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: WONG YAT SUNG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 37138125J CONTACT: 97722722
 c) ADDRESS: 20 KAY POH ROAD #07-01
SC 248969

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 30/10/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 MAY 1996

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: BUKIT MERAH WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBB 8173Y MODEL: RENAULT VAN
 b) DRIVER'S NAME: HUANG
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96308102

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = alwynwong@gmail.com
 VIDEO = YES



SINGAPORE POLICE FORCE



T/20200908/2123

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/2020C908/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2020 23:30	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: WONG YAT SUNG			Address: 20 KAY POH ROAD #07-01 SINGAPORE 248969		
ID Type / ID No.: NRIC NO / S7138125J			Contact No.: Home/Office: Mobile: 97722722		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 30/10/1971	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FULL TIME GRAB DRIVER-			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2020 16:50	Type of Location: X-Junction
Location: IRWELL BANK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB3173Y	Van	RENAULT		Blue		1
SMG4641H	Car	HONDA	Freed	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG4641H	NTUC Income Insurance Co-Operative Limited			



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20200908/2123

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Huang	ID No.	NIL
Related Vehicle	GBB8173Y (Van)	Contact No.	96308102
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	WONG YAT SUNG	ID No.	S7138125J
Related Vehicle	SMG4641H (Car)	Contact No.	97722722
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/09/2020	Date Discharge	08/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am the vehicle owner of vehicle registration number SMG4641H. On 07/09/2020 at about 4.50pm, I was driving along lane 4 at Irwell Bank Road, going towards the junction of River Valley Road. Suddenly, I heard a loud bang and discovered that a Renault Blue colour van, registration number GBB8173Y had hit onto my vehicle's right rear bumper and right rear rim. We then exchanged handphone numbers and the driver informed that he will call me. However, till date, he did not call me.

I wish to inform that I had gone to iCare Medical and Wellness Clinic on 08/09/2020 and was given 3 days MC as I felt pain on my back and my neck.



**SINGAPORE
POLICE FORCE**



T/20200908/2123

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20200908/2123

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 /

Sr Staff Sgt SURAIDAH BINTE SALIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/09/2020 23:30

Classification Of Case:

Accident MT/1102857

Modification History

Claim Type *	OD-MX	Insured Name	WONG YAT SUNG	Insured No.	571381252
Contact No. (Mobile)	98588599	Contact No. (Home)	63970651	Contact No. (Office)	62536638
Email Address		Vehicle Number	SMG4641H	TP Number	GBB8173Y
Claim Description	SMG4641H / GBB8173Y ON 7 Sept 2020			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault			
Finalisation No.	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	09/09/2020 17:29	Claim Close Date		Date Received	09/09/2020 00:00
Report Taken By	ROSLI WAHAB				

Attachment

Accident No.		MT/1102857		Claim No.		001	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		09/09/2020 17:34	
Path *							
Choose File	No file chosen	Clear	<div>Please Select</div>	<div>NO</div>	<div>Confidential</div>	<div>Urgency *</div>	<div>Description *</div>
Choose File	No file chosen	Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	<div>Normal</div>	
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Choose File	No file chosen	Clear	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	<div>Normal</div>	
				Send Message			
Attachment List							
Attachment	Uploaded By/Date	Category	Key	Urgency	Description	Msg Sent? (CO)	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:34		Photos		Normal	Photos 2020-9-9		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:34	Photos	Normal	Photos 2020-9-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:34	Photos	Normal	Photos 2020-9-9	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:29	Photos	Normal	Photos 2020-9-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:29	Photos	Normal	Photos 2020-9-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:29	Photos	Normal	Photos 2020-9-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 17:29	SAS	Normal	SAS 2020-9-9	

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

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

Certificate Number: 5113312356	Cover : drive CLASSIC
1. Index mark and Registration Number of Vehicle	: SMG4641H
Chassis Number	: GB71073755
2. Name of Policyholder	: WONG YAT SUNG
3. Effective Date of Insurance	: 17 Oct 2019
4. Expiry Date of Insurance	: 16 Oct 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 or Hirer's business.	

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG YAT SUNG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ESPRIT MOTOR TRADING
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 : 17 Oct 2019 14:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive