

NATIONAL Assessment Centre Services. (part 1 of 2) **NR2005104**

Date In: 23/09/2020 15:45	Job description	Date & Time Completed	Done by
Ref No: NR2005104/0223/4	SAS e-filing		
Veh No: FR 5566A	E-trail (24hrs, A/C 2hrs)		
O.O.A: 19/09/2020 20:20	1-Motor Claims Form	NR2005104-001	23/09/2020 16:00
QID: TP Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SJF 218P	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 raporter.		
() 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: ()

Other: ()

NR2005104	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Yellow Through Survey \$110	
QC Checked by (Engr-In-Charge):	5) PT: Yellow Through Survey (Resurvey) \$30	
	For claimant against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: (See DA + SMRT Survey) \$160	
	8) NTUC Additional Service	
	QID	
	• Nst Courtesy Car / Tpt Allowance \$3	
	• Nst Repairs Coordination \$10	
	• Nst Post Repair Inspection \$25	
	• Nst DV / Collect Accidents Coordination \$3	
	TP (NLI) / TP (NLI INC) against INC \$10	
	9) Nst: (See DA) \$10	
	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	23/09/2020 15:45
Date Of Accident	19/09/2020 20:20
Exact Location Of Accident	60 HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR5566H
Insured/Policyholder	
Name Of Registered Owner	ONG CHEOW SENG (WANG ZHAOXIN)
NRIC No	SXXXX093G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88214024
Alternative Phone No	OFFICE-88214024

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	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	5118562696
Cover Note Number	

Driver

Name of Driver	ONG CHEOW SENG (WANG ZHAOXIN)
NRIC No	SXXXX093G
Date Of Birth	15/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	30/04/1993
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88214024
Fax Number	
Contact Number	OFFICE-88214024
Email Address	NOEMAIL

Address	BLK 93 HENDERSON ROAD #05-250
Postcode	150093
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200920/2052

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	SJF218P
Vehicle Make/Model/Colour	BMW X4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE KAH LEK
NRIC/Passport Number	SXXXX634D
Contact Number	96301480
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG CHEOW SENG (WANG ZHAOXIN)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBR5566H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

23/09

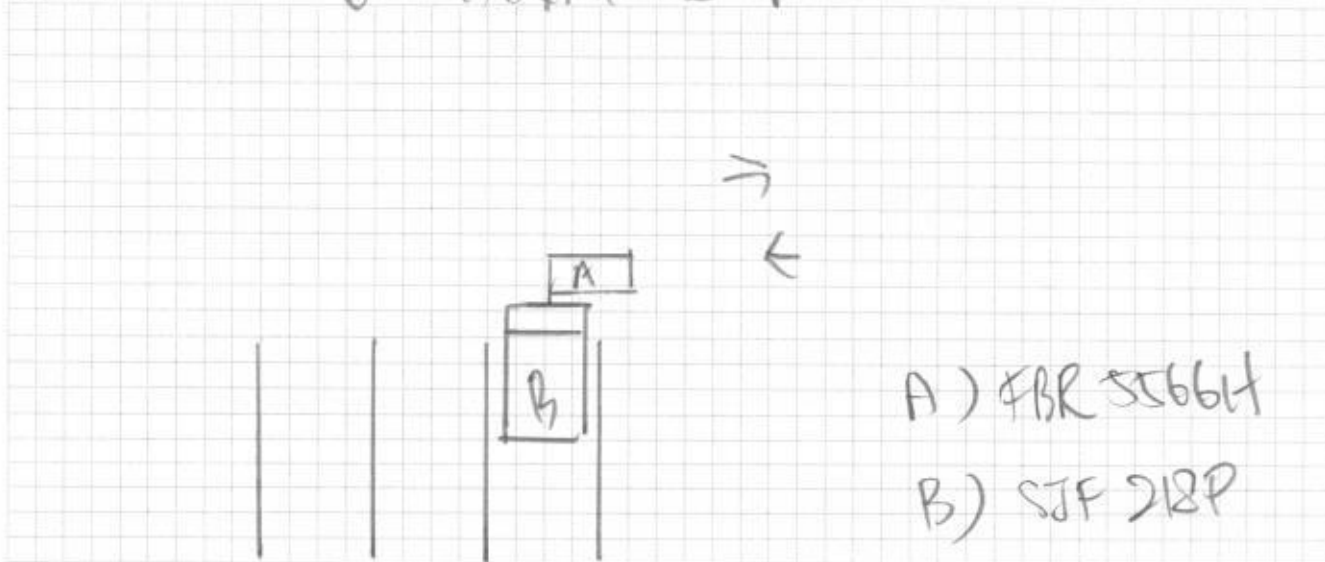
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

23/09/2020
Rashid

SKETCH PLAN

60 HAYFLOVE ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFR TO POLICE REPORT 7/20200920/2012 7

DECLARATION

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

Policyholder's Signature

Date & Time:

23/09

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/09/2020

ROSLI WAHAB

ACCIDENT STATEMENT

ACCIDENT DATE: 19/09/2000 (DD/MM/YYYY), TIME: 20:20 (HH:MM)

LOCATION: 60 HAWKWOOD ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRR 1566H
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW
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: OKIY CHOW SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 88214024
c) ADDRESS: _____

* 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: (____/____/____) (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: 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: Tower Road

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 511 21PP 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: _____

Email: _____

VIDEO



SINGAPORE POLICE FORCE



T/20200920/2052

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20200920/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2020 15:47	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars:

Name of Informant: ONG CHEOW SENG			Address: APT BLK 93 HENDERSON ROAD #05-250 SINGAPORE 150093		
ID Type / ID No.: NRIC NO / S7524093G			Contact No.: Home/Office: Mobile: 88214024		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 15/08/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DELIVERY			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2020 20:00	Type of Location: Drop off point
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBR5566H	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Slightly Damaged	0
SJF218P	Car	BMW	X4 XDRIVE20I NAV	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200920/2052

2 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20200920/2052

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR5566H	NTUC Income Insurance Co-Operative Limited	5118562696	11/08/2020	10/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ONG CHEOW SENG	ID No.	S7524093G
Related Vehicle	FBR5566H (Motorcycle)	Contact No.	88214024
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/09/2020	Date Discharge	19/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHEE KAH LEK	ID No.	S2606634D
Related Vehicle	SJF218P (Car)	Contact No.	96301480
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

Brief Details.

On 19/09/2020 around 2000hrs, I was going to deliver the order to my customer which staying at the above mentioned location, when I riding my Yamaha motorcycle bearing FBR5566H suddenly got one Black BMW bearing SJF218P drive out from his parking lot and collided with my front part of my motorcycle. I went to SGH to visit the doctor as my chest and shoulder was in pain, therefore had received 5 days Medical Certificate.

I came to lodge a police report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20200920/2052

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20200920/2052

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:

A /

Sgt 2 TAN HONG RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/09/2020 15:47

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168



Signature

Singapore Police Force

Claim Handling

Accident MT/1104329

Policy No.	5118562696	Vehicle No.	FBR5566H	GST Registrati
Certificate No.				
Policyholder Name	ONG CHEOW SENG (WANG ZHAOXIN)			Policyholder Ni
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88214024	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	23/09/2020 16:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/09/2020	Time of Accident hh:mm	20:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	60 HAVELOCK ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD 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 93 #05-250	Address 2	HENDERSON ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118562696	

▼ OI Driver Info

Driver Name	ONG CHEOW SENG(WANG ZHAOXIN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7524093G	Driver DOB
Register Date of Driver License	30/04/1993	Driver Age	45	Driving Experi
Contact No.(Mobile)	88214024	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 93 #05-250	Address 2	HENDERSON ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBR5566H	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ON
Contact No.(Mobile)	88214024	Contact No. (Home)	+
Email Address		OI Vehicle Number	FBI
Claim Description	FBR5566H / SJF218P ON 19 Sept 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			

☐ Print AK letter

Attachment

Accident No.	MT/1104329	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/09/2020 16:08

[illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 23 Sep 2020 16:07	SAS	Normal

♥ Video List

Uploaded By/Date	Folder Date	File Name	
			<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>

For Customer

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 : 5118562696

Cover : Third Party, Fire & Theft

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBR5566H |
| Chassis Number | : MH3SG4620LJ077851 |
| 2. Name of Policyholder | : ONG CHEOW SENG (WANG ZHAOXIN) |
| 3. Effective Date of Insurance | : 11 Aug 2020 |
| 4. Expiry Date of Insurance | : 10 Aug 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)	: ONG CHEOW SENG(WANG ZHAOXIN)
NAMED DRIVER (2)	: ONG CHEOW CHYE
HIRE PURCHASE COMPANY	: TEO SPRAY 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 : KIMBERLEY INSURANCE AGENCY (00000571380)

Date of Issue : 07 Aug 2020 12:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive