

NATIONAL Assessment Centre Services.

Ref No: **MAA2001058917**

Date In: 02/10/2020 11:44	Job description	Date & Time Completed	Done by
Ref No: MAA2001058917	SAS e-tiling		
Veh No: SSZ 6541	E-mail (Update time, AIO time)		
DOA: 01/10/2020 11:55	I-Motor Claims Form	MT/1105306-001	02/10/2020
(ID) TP / Reporting Only	I-Motor W/O (Within: OD time, TP time)		12:23
TP Intaker:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/ Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Handling/ins:	Veh No: SHD 6379D	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 YRS () / 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 YRS () / NO () ; Towing Co: ()		

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$9000] ()		

Injury:	

MAA2005223

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC ()
Damaged Portion:	3) TP: Towing Fee	\$45
QC Checked by (Eng-In-Charge):	4) VT: Yellow-Through Survey	\$120
	5) PT: Yellow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Day DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: NI Fee	\$3
	10) NI: NI Fee	\$3
	11) NI: NI Fee	\$3
	12) NI: NI Fee	\$3
	13) NI: NI Fee	\$3
	14) NI: NI Fee	\$3
	15) NI: NI Fee	\$3
	16) NI: NI Fee	\$3
	17) NI: NI Fee	\$3
	18) NI: NI Fee	\$3
	19) NI: NI Fee	\$3
	20) NI: NI Fee	\$3
	21) NI: NI Fee	\$3
	22) NI: NI Fee	\$3
	23) NI: NI Fee	\$3
	24) NI: NI Fee	\$3
	25) NI: NI Fee	\$3
	26) NI: NI Fee	\$3
	27) NI: NI Fee	\$3
	28) NI: NI Fee	\$3
	29) NI: NI Fee	\$3
	30) NI: NI Fee	\$3
	31) NI: NI Fee	\$3
	32) NI: NI Fee	\$3
	33) NI: NI Fee	\$3
	34) NI: NI Fee	\$3
	35) NI: NI Fee	\$3
	36) NI: NI Fee	\$3
	37) NI: NI Fee	\$3
	38) NI: NI Fee	\$3
	39) NI: NI Fee	\$3
	40) NI: NI Fee	\$3
	41) NI: NI Fee	\$3
	42) NI: NI Fee	\$3
	43) NI: NI Fee	\$3
	44) NI: NI Fee	\$3
	45) NI: NI Fee	\$3
	46) NI: NI Fee	\$3
	47) NI: NI Fee	\$3
	48) NI: NI Fee	\$3
	49) NI: NI Fee	\$3
	50) NI: NI Fee	\$3
	51) NI: NI Fee	\$3
	52) NI: NI Fee	\$3
	53) NI: NI Fee	\$3
	54) NI: NI Fee	\$3
	55) NI: NI Fee	\$3
	56) NI: NI Fee	\$3
	57) NI: NI Fee	\$3
	58) NI: NI Fee	\$3
	59) NI: NI Fee	\$3
	60) NI: NI Fee	\$3
	61) NI: NI Fee	\$3
	62) NI: NI Fee	\$3
	63) NI: NI Fee	\$3
	64) NI: NI Fee	\$3
	65) NI: NI Fee	\$3
	66) NI: NI Fee	\$3
	67) NI: NI Fee	\$3
	68) NI: NI Fee	\$3
	69) NI: NI Fee	\$3
	70) NI: NI Fee	\$3
	71) NI: NI Fee	\$3
	72) NI: NI Fee	\$3
	73) NI: NI Fee	\$3
	74) NI: NI Fee	\$3
	75) NI: NI Fee	\$3
	76) NI: NI Fee	\$3
	77) NI: NI Fee	\$3
	78) NI: NI Fee	\$3
	79) NI: NI Fee	\$3
	80) NI: NI Fee	\$3
	81) NI: NI Fee	\$3
	82) NI: NI Fee	\$3
	83) NI: NI Fee	\$3
	84) NI: NI Fee	\$3
	85) NI: NI Fee	\$3
	86) NI: NI Fee	\$3
	87) NI: NI Fee	\$3
	88) NI: NI Fee	\$3
	89) NI: NI Fee	\$3
	90) NI: NI Fee	\$3
	91) NI: NI Fee	\$3
	92) NI: NI Fee	\$3
	93) NI: NI Fee	\$3
	94) NI: NI Fee	\$3
	95) NI: NI Fee	\$3
	96) NI: NI Fee	\$3
	97) NI: NI Fee	\$3
	98) NI: NI Fee	\$3
	99) NI: NI Fee	\$3
	100) NI: NI Fee	\$3

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	02/10/2020 11:44
Date Of Accident	01/10/2020 11:55
Exact Location Of Accident	AYE TOWARDS LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ654H
Insured/Policyholder	
Name Of Registered Owner	HM AUTOMOBILE PTE. LTD
Co Reg No	2XXXXX820K
Email Address	CUST_SVCS@HAPPYMOTOR.COM.SG
Mobile Phone No	(LOCAL) +65-86860109
Alternative Phone No	OFFICE-86860109

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	ATTEND MEETING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110962961-01
Cover Note Number	

Driver

Name of Driver	LIM YEW KIM MARK
NRIC No	SXXXX136J
Date Of Birth	21/10/1960
Occupation	INDOOR
Date Of Driving Pass	01/07/1981
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86860109
Fax Number	
Contact Number	OTHERS-86860109
Email Address	CUST_SVCS@HAPPYMOTOR.COM.SG

Address	BLK 135 CASHEW ROAD #12-103
Postcode	670135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	AFTER RIAN
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?	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: : DAUGHTER 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	SHD6379C
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ISKANDAR
NRIC/Passport Number	
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.

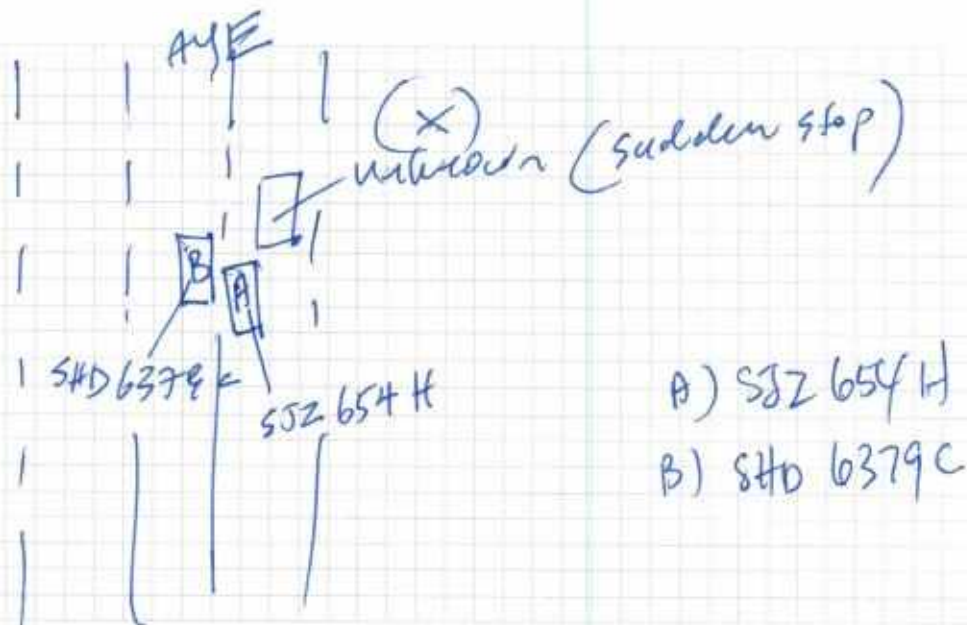


Policyholder's Signature
Date & Time: 02/10/20
11:10 am

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along AYE, the car in front suddenly braked.
I braked and in order to avoid hitting his rear
I shifted slightly to the left and side-swiped
SMRT taxi SHD 6379 C. Speed was 55 km/hr.

I noticed only slight scratch to the left rear
fender (photo attached). I offered to settle privately.
But driver of SHD 6379 C said it is his company
policy to report to SMRT. He said the officer
will contact me.

Since almost 24 hrs has elapsed, and no one
from SMRT contacted me, I decided to report
this to IBAC.

DECLARATION

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

Policyholder's Signature
Date & Time: 02/10/20
11:10 am

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

Reporting Centre Personnel's Signature
Name: 02/10/2020
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 01/10/2020 (DD/MM/YYYY), TIME: 11:55 am (HH:MM)

LOCATION: A/E (towards Lower Delta Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ2 654 H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (~~SALOON~~ / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Attend meeting
 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: HM AUTOMOBILE Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Lim Yew Kim Mark (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S455136 J CONTACT: 86860109
 c) ADDRESS: 135 Cashew Rd, #12-103
S. 670135

* d) DATE OF BIRTH: 21/10/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS class 3

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 Drizzling)
 b) ROAD SURFACE: (DRY / WET / OTHERS Wet)

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: SHD 6379 C MODEL: Toyota Prius
 b) DRIVER'S NAME: ISKandar
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email: cust_svcs@happy motor.com.sg

VIDEO

HM Automobile Pte Ltd

61 Ubi Avenue 2, Automobile Megamart #04-14 Singapore 408898
Tel: 6844 4061 / 6844 2228 Reg No. 201902820K

1. VEHICLE LEASING AGREEMENT

Agreement Number: R2007002

Date: 01/07/20

1.1 This Lease is by and between HM Automobile Pte Ltd of 61 Ubi Ave 2, #04-14 Singapore 408898 (hereinafter referred to as "Owner") and N/A ROC N/A
Employee/Driver Lim Yew Kim Mark NRIC: 9145 5136 J of
BIX 135 CASHAW RD #01-103 SINGAPORE (hereinafter referred to as "Lessee").

2. LEASE TERM

2.1 This lease is for a term of 6 continuous months beginning 26/07/2020 and ending 25/01/2021. *hm*

3. PAYMENT & DEPOSIT

3.1 In consideration for the provision of the motor vehicle listed in 5.1, Lessee shall be responsible to Owner for monthly/weekly payment amount of SGD\$ 1,100 effective from 26/07/2020 through 25/01/2021. The monthly payment is for the mentioned motor vehicle listed below. *hm*

3.2 A SGD\$ 300 refundable deposit payment in advance is required for the above-mentioned motor vehicle leased by the Lessee. The Lessee is to ensure monthly payment is paid to Owner in advance prior to each new calendar month.

3.3 Payment to be made to HM Automobile Pte Ltd, OCBC Bank Account 514-807171-001.

4. LESSEE & NAMED DRIVER

4.1 LESSEE & NAMED DRIVER PARTICULARS

Lessee's Name: <u>Lim Yew Kim Mark</u>	NRIC: <u>9145 5136 J</u>
Contact (1): <u>8686 0109</u> Contact (2):	D.O.B: <u>24/07/1960</u>
Email: <u>MLIM107@comail.com</u>	Driving License Pass Date: <u>01/03/1521</u>
Additional/Named Driver (1):	NRIC:
Contact (1): Contact (2):	D.O.B:
Email:	Driving License Pass Date:

5. VEHICLES

5.1 Owner hereby leases to Lessee the vehicles and equipment listed below:

Type of Motor Vehicle	Vehicle Registration No.	Monthly Leasing Rate
<u>Tonka White 164</u>	<u>932 654 C</u>	<u>\$1,100/-</u>

Claim Handling

Accident MT/1105306

Policy No.	5110962961-01	Vehicle No.	SJ2654H	GST Registrati
Certificate No.	5110962961-01-000004			
Policyholder Name	HM AUTOMOBILE PTE. LTD			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	88860109	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	02/10/2020 12:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/10/2020	Time of Accident hh:mm	11:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TOWARDS LOWER DELTA ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/10/2020 12:20:21 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-14 AUTOMOBILE MEGAMA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-14	Related Policy Number	5116852240-01	

▼ Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM YEW KIM MARK	Driver NRIC	S14591362	Driver DOB
Register Date of Driver License	01/07/1981	Driver Age	59	Driving Experi
Contact No.(Mobile)	88860109	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 135 #12-103	Address 2	CASHEW ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	12-103			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJ2654H	Driver Insurer

Declaration

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

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	HP
Contact No.(Mobile)	NIL	Contact No, (Home)	
Email Address		Q1 Vehicle Number	SI
Claim Description	SJ2654H / SH06379C ON 1 Oct 2020		
Preferred Workshop	Insured Liability	Partially at Fault	
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By	02/10/2020 12:22	Claim Close Date	
	ROSLI WAHAB		

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1105306	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/10/2020 12:23

Path *		Category *	Confidence
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	NRIC/ Driving License	<input checked="" type="checkbox"/>	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Oct 2020 12:23	SAS		Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="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: 5110962961-01-000004

Cover : Third Party

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJ2654H |
| Chassis Number | : MR053ZEE106176071 |
| 2. Name of Policyholder | : HM AUTOMOBILE PTE. LTD |
| 3. Effective Date of Insurance | : 05 Jul 2020 |
| 4. Expiry Date of Insurance | : 04 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 06 Jul 2020 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive