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Owner / Driver; (Tel:	
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MNA420095230 / National Assessment Centre Services - Build Myrah. ENTRY DATE & TIME 29/10/2020 17:04 SUBMITTED BY: ROSLI BIN ABDUL WARAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 misroprosentation or witholding of material facts may allow insurance companies to
- 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.
- 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

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Date Of Report 29/10/2020 17:04 Date Of Accident 28/10/2020 16:15

Exact Location Of Accident BOON TIONG ROAD MSCP DECK 2A

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC9536D

Insured/Policyholder

Name Of Registered Owner WAN SIEW KAY

NRIC No SXXXX958I Email Address NOEMAIL

Mobile Phone No. (LOCAL) +65-96859514 Alternative Phone No OTHERS-96859514

Vehicle Particulars

Manufacturer HYUNDAL Model AVANTE

Exact Purpose for which vehicle was being used at time of accident

PARKING IN THE CARPARK

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5083116577-04

Cover Note Number

Driver

Name of Driver WAN SIEW KAY NRIC No SXXXX958I

Date Of Birth 18/11/1940 Occupation INDOOR Date Of Driving Pass 05/05/1964

Driving Experience 56 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96859514

Fax Number

Contact Mumber OTHERS GEREGETA Address

9A BOON TIONG ROAD #28-505

Postcode

162009

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

COLLIDED INTO PARKED VEHICLE

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201028/2099

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

SMR8503D

Vehicle Make/Model/Colour

MERCEDEZ BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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: 7.20

Driver's Signature

(If driver is not the policyholder)

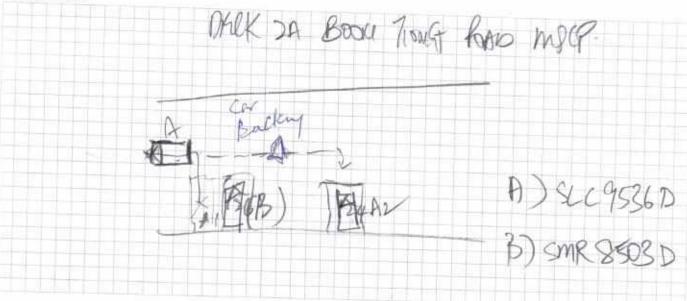
Date & Time:

1.70 pm

Seporting Centre Per

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 P

Name:

NRIC/FIN No .:

GMMMI SketchPlanFarm, V3

ACCIDENT STATEMENT

LOCATION: DICCL 20 BOOK TIMES COMPANY (YES) NO) 1. DETAILS OF VEHICLE GIVEHICLE ALUMBER: 5LC 7536 D DINSURANCE COMPANY: INCOME GIPOLICY NUMBER: 5CO 7536 D DINSURANCE COMPANY: INCOME GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE ATHEFT) e) MAKE & MODEL: LY UNDA! ACCIDENT TIME ITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: WAN SEW KAY (MALE / FEMALE) DINRIC/FIN/PASSPORT: 5007571 CONTACT: 1689514 CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CIADDRESS: 7A BOOK TIME PARTY CLAIM / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CIADDRESS: 'd) DATE OF BIRTH: (ACCIDENT DA	TE: (28, 10.)	DO I (DD	/MM/YYYYI	. TIME:	6.15	(HH:MM)-	
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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 POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE 4. DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) WEHICLE NUMBER: SMR 8503 D MODEL: Mareades d) VEHICLE NUMBER: SMR 8503 D MODEL: Mareades c) DRIVER'S NAME: d) VEHICLE NUMBER: SMR 8503 D MODEL: Mareades e) DRIVER'S NAME:				JK)		848		
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b)ROAD SURFACE: (DRY / WET / OTHERS NA Dry m CP) 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: BM NPC 8. THIRD PARTY VEHICLE of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercadis ucluding driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: Var Contacts of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercadis of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercadis of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercades of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercades of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercades of DRIVER'S NAME:							/ NO)	121
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6. WAS ANYBODY INJURED (XPB/NO) 7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: BM NPC B. THIRD PARTY VEHICLE Of Passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercades Including driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: Who Contacts Of Passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercades d) VEHICLE NUMBER: SMR 8503D MODEL: Mercades e) DRIVER'S NAME:					HERS		CR	
7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: BM NPC 8. THIRD PARTY VEHICLE of passinger a) VEHICLE NUMBER: SMR 8503D MODEL: Mercades including driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: VIM (on toolor) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SMR 8503D MODEL: Marcades e) DRIVER'S NAME:				:RS	NA V	ruj in	V3	
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(_) PASSENGER OF DRIVER'S NAME: (_) PASSENGER CONTACT: White Touchout (_) PASSENGER OF DRIVER'S NAME: (_) PASSENGER OF DRIVER'S NAME: (_) DRIV	lo of passinger a) VEHI	CLE NUMBER:	SMIC !	8203D	MODEL:	FIRECO	5	
(including driver) b) DRIV	ER'S NAME:				100		1 1
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of passanger el DRIVER'S NAME:	9. THIRD PAI	RTY VEHICLE	9 9			0	1-	
e) DRIVER'S NAME:	to all programs d) VEHI	CLE NUMBER:	SMR 85	03D	MODEL:_	mer se	les · ·	(2)
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1 of 3 Report No. T/20201028/2099

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 18:48	Made:	Vide Report No.: A/20201028/0080	Station Diary No.:		
Informa	nt's Partic	ulars		Shelleman - Harris		
Name of Informant: WAN SIEW KAY			Address: APT BLK 9A BOON TIONG ROAD #28-505 SINGAPORE 162009			
ID Type / ID No.: NRIC NO / S0270958I			Contact No.: Home/Office: Mobile: 96859514			
National SINGAP	ity: ORE CITIZ	EN	Email:	200 January Spanish Spanish State St		
Sex: Age: Date of Birth: Male 79 18/11/1940		Date of Birth: 18/11/1940	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2020 16:15	Type of Location Car Park
Location: BOON TION	G ROAD			
Weather:				
vveather		Road Surface:		Road Speed Limit:
Veather: Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Road Speed Limit:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SLC9536D	Car	HYUNDAI	HD AVANTE 1.6 A	Grey		0	
SMR8503D	Car					0	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLC9536D	NTUC Income Insurance Co-Operative Limited	5083116577-04	29/04/2020	28/04/2021		





12020102012000

2 of 3

Report No. T/20201028/2099

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Perso	n Involved			-	153	B - C - C - C - C - C - C - C - C - C -
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver		SELECTION AND ADDRESS OF				
Name	WAN SIEW KAY			ID No		S0270958I
Related Vehicle	SLC9536D (Car)			Conta	ict No.	96859514
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 28/10/2020 at about 1814hrs, I was driving my vehicle bearing SLC9536D at Block 11A Boon Tiong Road multi story car park when I went to deck 2A, I wanted to park at a lot. I then drove my vehicle to one of the lot and I reversed my vehicle into the lot.

After I made the reverse into the lot, I discovered that the lot was too far to where I was going and hence I drove off the lot and made a reverse that was nearer to the lot that I wanted. While I was reversing to my desired lot, I was not sure if I had hit onto the vehicle that was parked beside me. After I parked my vehicle, I then left the carpark without checking.

However I received a call from the police and they told me that my vehicle was involved in an accident and has requested for me to head back to the carpark. When I reached the carpark, the police asked me what happened and I explained to the police that I was reversing my vehicle and I may had hit onto the vehicle without my knowledge as there was no impact and hence I left after I parked. There were scratches on my car however I was not sure if it was caused by the incident as my car is old and is there were old scratches on it. After I spoke to the police, I then walked to the other vehicle bearing SMR8503D and saw that there was a dent at the left fender on the vehicle. I was then asked to make a police report regarding the incident.

I wish to add that there was no in-car camera on my vehicle at all.





3 of 3

Report No. T/20201028/2099

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

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 Informant:
Date/Time: 28/10/2020 18:48
Classification Of Case:
SN 45

10/29/2020 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1108355 Policy No. 5083116577-04 Vehicle No. SLC95360 GST Registration No. Certificate No. Policyholder Name WAN SIEW KAY Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type OTHER CLASSIC Loading Contact No.(Mobile) 96859514 Clinitect No.(Office) Contact No.(Home) Erriuil Address Special Ramary eCode 700 No Yes eCode Reason NCD Protection TOG NCD Entitlement(%) 50 Private Have Accident Details Report Date 29/10/2020 17:28 Accident Report Within 24 hra Yes Accident Type Date of Accident 28/10/2020 Time of Accident hin may 16(15 Country of Accident Reporting Centre Orange Force TOP No. Accident Location BOON TICING BOAD MISCH DECK 24 Total Excess Applicable Excess Type Per Accident Windstreen Excess 100,00 OD Standard Excess 500 00 TP Standard Excess 0.00 YIED OD Excess 0.00 YIELT THE Excess 0.00 Driver is Covered? Additional Excess Total OD Excess Applicable 600:00 Total TP Excess Applicable 0.00 Benefits GST Registered Information GST Registered GST Registration Date GST Registration No. GST Status Verified Modification History Yes Policyholder Mailing Address Address 1 BLK 98 #28-508 Address 7. BOON TICKS ROLD Address 3 Address 4 SINGAPORE 162000 Address Type Singapore address Unit No. Post Code 28-509 Related Policy Number 5083116577-04 OI Driver Info Driver Name WAN STEW KAY Driver:Type Main Driver Unnamed driver Name Driver NRIC \$027095BI Register Date of Driver License Driver DOS 11/01/1971 Driver Age Contact No. (Mobile) Driving Experience 06859514 Cornact No.(Office) Address 1 Curriact No.(Home) BLK 9A #28-505 Address 3 BOON TIONG ROAD Address 3 Address 4 SINGAPORE 162009 Address Type Singapore address Post Code Limit No. 28-955 Does he own a Singapore Registered car? Yes No. Driver Vehicle No. 51/095360 Driver Insurer Comp. Declaration Breathalyser or Blood Test 0 Ing Reading? Any injury? Yes No

Madification History
Claim 001

New

Claim Type * DD-MX V Insured WAN SIE Contact No. (Mobile) Contact No. 96859514 6484037 (Home) Email Address OI Venicle Number wanfrank2002@yahou.com SLC9536 Claim Description SLC95360 / SMR8503D ON 28 Oct 2020 Proferred Workshop Bansiet No. Yes Finalisation Yes Preference Liability Fully at Fault v GIA Preferred Workshop, trame unknown Repuir Option report Received Date Registered Claire Close Date 29/10/2020 17:31

RDSLT WAHAR

Print AK letter

Save Submit Attachment Accident No. MT/1108355 Claim tro. 001 Last Doc. Raceived ∀es ○ No Upload Date 29/10/2020 17:02 Path . Category * Confidential Choose File No file chosen Clear Please Sciect Choose File No file chosen Cher Please Scient 1903 Choose File No file chosen Clear Please Select 510 Choose File No file chosen Clear Please Scient Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Attachment List Attachment Uploaded By/Date Category Urgency Descr NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:32 Photos Normal. Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17; 32 Priotos Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o ii 29 Oct 2020 17:32 Photois Normal Photos 21 NAC_PAYA_URI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) b n 29 Oct 2020 17:32 Photos Normal Photos 20 NAC_PAYA_UBI_B0060L(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos n 29 Oct 2020 17:32 Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:32 Photos Normal Photos 21 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:32 Photos Normal Photos 21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) p n 29 Oct 2030-17:32 Photos Normal Photos 20 NAC_PAYA_URI_BUOGO1(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos n 29 Oct 2020 17:32 Normal Photos 20 NAC_PAYA_UB1_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:32 Photos Normal Photes 21 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:32 Photos Normuii Photos 21 NAC_PAYA_URI_800G01(NATIONAL ASSESSMENT CENTRE SERVICES) o is 29 Oct 2020 17:31 Photos: Normal Photos 20 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:31 Phiotos Normal Photos 20 NAC_PAVA_UBJ_B00681(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:31 Photos: Photos 20 NAC_PAYA_UBI_BDD601(NATIONAL ASSESSMENT CENTRE SERVICES) b in 29 Oct 2020 17:31 Photos Normal Photos 21 NAC_PAYA_UEL_BOOGOLE NATIONAL ASSESSMENT CENTRE SERVICES) o 100 NAIC/ Driving License n 29 Oct 2020 17:31 Normal NRIC/ Driving Lie NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 29 Oct 2020 17:31 SAS Normal 5A5 201

Video List

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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: 5083116577-04

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLC9536D

Chassis Number

: KMHDU41BR8U473162

2. Name of Policyholder

: WAN SIEW KAY

3. Effective Date of Insurance

: 29 Apr 2020

4. Expiry Date of Insurance

: 28 Apr 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 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) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : WAN SIEW KAY NAMED DRIVER (1)

: WAN WYE YEEN JOANNE NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : N/A 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)

: TEY CHUI GIONG (00000521932)

Date of Issue

: 22 Mar 2020 15:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive