

NATIONAL Assessment Centre Services.

Just 1 Jan 2001

1 MAY 2009 1859

Date In: 09/11/2020 11:37	Job description	Date & Time Completed	Done by
Ref No: N/A 200/2232/4	SAS e-filing		
Veh No: SKR 28667	E-mail (to/for, A/C, etc)		
D.O.A: 29/10/2020 19:00	1-Motor Claims Form	17/11/2020 11:35	09/11/2020 11:35
OD: TP: Reporting Only	1-Motor W/O (with/OD, TP, etc)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vizier		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SME 532M	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 Refor of reprior.

() 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: _____

X/A200632

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engi-In-Charge): _____

2/3

Item	Amount	Subtotal
1) All: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$140	
8) NTUC Additional Services		
ON:		
• NS: Courtesy Car / Tpl Allowance	\$3	
• NG: Repairs Coordination	\$10	
• NT: Post Repair Inspection	\$25	
• ND: DV / Collect License Coordination	\$3	
• TP (NI) / TP (Non INC) against INC	\$20	
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	09/11/2020 11:37
Date Of Accident	29/10/2020 19:00
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2866T
Insured/Policyholder	
Name Of Registered Owner	MANGUDI SRINIVASAN RAJENDRAN
NRIC No	SXXXX781J
Email Address	PREMMYBIRD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90661519
Alternative Phone No	OTHERS-94236847

Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
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	5118116390
Cover Note Number	

Driver

Name of Driver	RAJENDRAN PREMKUMAR
NRIC No	SXXXX825B
Date Of Birth	10/12/1989
Occupation	INDOOR
Date Of Driving Pass	04/11/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90661519
Fax Number	
Contact Number	OTHERS 94236847

Address	BLK 25 TELOK BLANGAH CRESCENT #20-75
Postcode	090025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	NO COLLISION
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)	2
Passenger 1	NAME: : SARAS GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/7018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME5372M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

* Contact Number

* Address

* Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

IMPORTANT NOTICE

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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: 9 Nov. 2020
10.17 AM



Driver's Signature

(If driver is not the policyholder)

9 Nov 2020
10.18 AM



Reporting Centre Personnel's Signature

Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am unaware that such an accident had occurred.

REFER TO POLICE REPORT. 7/2020/1100/7018

DECLARATION

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

Highgate

Highgate

Highgate

09/11/2020
Highgate

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 10 / 2020 (DD/MM/YYYY), TIME: 19 : 00 (HH:MM)

LOCATION: Tanjung Pagar Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 2866T
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 511 811 6390
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parking
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: Mangudi Srinivasan Rajendran (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S265 7781 J CONTACT: 9066 1519
c) ADDRESS: Block 25, Telok Blangah Crescent, #20-75,
S: 090025

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Rajendran Premkumar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S99718258 CONTACT: 9423 6847
c) ADDRESS: Block 25, Telok Blangah Crescent, #20-75,
S: 090025

* d) DATE OF BIRTH: 10 / 12 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 04 Nov 2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

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: Traffic Polire, 10 UBI Avenue 3

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 5372m 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 = premybird@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201106/7018

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201106/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 16:17	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: RAJENDRAN PREMKUMAR			Address: 25 TELOK BLANGAH CRESCENT #20-75 HDB-BUKIT MERAH SINGAPORE 090025		
ID Type / ID No.: NRIC NO / S8971825B			Contact No.: Home/Office: Mobile: 94236847		
Nationality: SINGAPORE CITIZEN			Email: premmymbird@gmail.com		
Sex: Male	Age: 30	Date of Birth: 10/12/1989	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: IT business process consultant/business analyst			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 29/10/2020 19:00	Type of Location: Car Park
Location: TANJONG PAGAR ROAD				
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	Conditio	No of
SLR2866T	Car	MAZDA	3	White		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR2866T	NTUC Income Insurance Co-Operative Limited	5118116390		



**SINGAPORE
POLICE FORCE**



T/20201106/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201106/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SARAS	ID No.	NIL
Related Vehicle	SLR2866T (Car)	Contact No.	81644057
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	RAJENDRAN PREMKUMAR	ID No.	S8971825B
Related Vehicle	SLR2866T (Car)	Contact No.	94236847
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I received this TP letter (TP/IP/48109/2020) and i do not have any memory of such an accident occurred. I have all the video recordings in a USB drive. Please provide me with more information so that i am able to assist you better with this investigation. I have videos of that day to prove that i was not involved in an accident. Please contact me so that i can provide any evidence thats important.



**SINGAPORE
POLICE FORCE**



T/20201106/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20201106/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/11/2020 16:17

Classification Of Case:



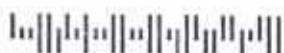
**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 04 Nov 2020

Your Ref :
Our Ref : TP/IP/48109/2020

000012
MANGUDI SRINIVASAN RAJENDRAN
APT BLK 25 TELOK BLANGAH CRESCENT
#20-75
SINGAPORE 090025



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SLR2866T ALONG TANJONG PAGAR ROAD ON 29 OCT
2020 @ 7.00 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer KALESWARI A/P PALANI at his / her office number: 65476902 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8971825B



Name
RAJENDRAN PREMKUMAR

Race
INDIAN

Date of birth
10-12-1989

Country/Place of birth
INDIA

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8971825B

Name: **RAJENDRAN PREMKUMAR**

Birth Date: 10 Dec 1989

Issue Date: 04 Nov 2014

002361946F

BRIVAR

6492082

Barcode

NRIC No. S8971825B

Fingerprint

Date of issue
31-08-2020

Address
APT BLK 25 TELOK BLANGAH CRESCENT
#20-75
SINGAPORE 090025

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

NP 428A

License No: S8971825B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2657781J



Name
**MANGUDI SRINIVASAN
RAJENDRAN**

Race
INDIAN

Date of birth
18-05-1958

Country of birth
INDIA

Sex
M

3046459

Barcode

NRIC No. S2657781J

Fingerprint

Blood Group: B+ Date of issue: 28-09-1998

Address
APT BLK 25 TELOK BLANGAH CRESCENT #20-75
SINGAPORE 090025
NRIC No: S2657781J Date: 20-10-1999 No: 2952873

QWZIKR

Claim Handling

Accident MT/1108650

Policy No.	5118116390	Vehicle No.	SLR2866T	GST Registration No.
Certificate No.				
Policyholder Name	MANGUDI SRINIVASAN RAJENDRAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	02/11/2020 13:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/10/2020	Time of Accident hh:mm	19:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TANJONG PAGAR ROAD CAR PARK			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	600.00	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 25 #20-75	Address 2	TELOK BLANGAH CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5118116390	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	MANGUDI
Contact No.(Mobile)	90661519	Contact No. (Home)	6275598
Email Address	mrajendran@eagle.org	OI Vehicle Number	SLR2866
Claim Description	SLR2866T / SME5372M ON 29 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	Claim Close Date	
Report Taken By	ROSLI WAHAB		
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1108650 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 09/11/2020 11:53

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

Remove All

Category * Confidential
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO
 Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:53	NRIC/ Driving License	Y Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:53	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:36	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:36	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:36	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:36	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:36	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:36	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 09 Nov 2020 11:35	Photos	Normal	Photos 2

Video List

Uploaded By/Date Folder Date File Name

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

Certificate Number: 5118116390

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLR2866T**
Chassis Number : JM6BN22A8H0157180
2. Name of Policyholder : MANGUDI SRINIVASAN RAJENDRAN
3. Effective Date of Insurance : 08 Aug 2020
4. Expiry Date of Insurance : 07 Aug 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MANGUDI SRINIVASAN RAJENDRAN
NAMED DRIVER (1)	: RAJENDRAN PREMKUMAR
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 15 Jul 2020 13:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive