

NATIONAL Assessment Centre Services.

Ref: J24003

16/11/2020 17:59

Date In: 16/11/2020 17:43	Job description	Date & Time Completed	Done by
Ref No: 16/11/2020/2612/4	SAS e-filing		
Veh No: 8UR 7020 J	E-mail (3 jobs 2hrs, A/C 2hrs)		
D.O.A: 13/11/2020 18:50	I-Motor Claims Form	16/11/2020 17:59	
OD (TP): Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKHz		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: 8UR 7020 J	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 repair.		
() 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: ()

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$40/\$45
C. Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$5
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI): TP (Non INC) against INC	\$20
	NI: Idea Mobile	\$0
	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	16/11/2020 17:43
Date Of Accident	13/11/2020 18:50
Exact Location Of Accident	CARPARK T37 AT BLOCK 815 TAMPINES AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7020J
Insured/Policyholder	
Name Of Registered Owner	AHMAD SYALABI BIN ADI SUNARYO
NRIC No	SXXXX669G
Email Address	SYALABI@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96581700
Alternative Phone No	OTHERS-96581700

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110446417-01
Cover Note Number	

Driver

Name of Driver	AHMAD SYALABI BIN ADI SUNARYO
NRIC No	SXXXX669G
Date Of Birth	27/10/1987
Occupation	INDOOR
Date Of Driving Pass	21/07/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96581700
Fax Number	
Contact Number	OTHERS-96581700

Address	BLK 815 TAMPINES AVENUE 4
	#09-243
Postcode	520815
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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/20201114/7000

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT1000E
Vehicle Make/Model/Colour	TOYOTA
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

Veh A: SKR 7020J
Veh B: SGT 1000E

IMPORTANT NOTICE

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

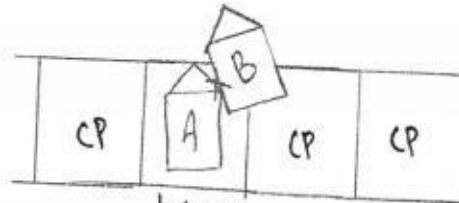
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN
Veh A: SLR 7020J
Veh B: SGT 1000E

Car Park T37



Lot 1246


Blk 815 Tampines Ave 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please Refer To Police Report T/20201114/7000

DECLARATION

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


16/11/2020
09:39
Policyholder's Signature
Date & Time:

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


16/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 13 Nov 2020

0

*Time of Accident: 18 50

*Accident Location: Carpark 737 at Block 815, Tampines Ave 4

Vehicle Details

*Vehicle Number: SLR7027

*Make & Model: Hyundai Glentra AD 1.6 GLS AT

Insured / Policyholder

*Owner Name: Ahmad Syalabi Bin Abi Suranjo

*NRIC: 387336699

*Address: Block 815, Tampines Ave 4, #09-243, Singapore 520815

*Email: syalabi@outlook.com

*HP: 96581700

*Occupation: Teacher

(Indoor / Outdoor)

*Tel / H / Other: 67831815

Driver ☒ same as above

*Driver Name:

*NRIC:

*Address:

*Date of Birth:

*Driving Pass Date: 21 July 2008

*HP: 96581700

*Email: syalabi@outlook.com

*Gender: Male Female

*Occupation: Teacher

(Indoor / Outdoor)

*Tel / H / Other: 67831815

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: (Male/Female) *P/Name:

*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SLR7027 SGT 1000 E

Make & Model: Toyota

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / ☒ No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others:

*Any video cam: ☒ Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / ☒ No (Name:)

NRIC :

HP:

*Accident reported to police: ☒ Yes / No

*Summon against whom:

*Injured party: Yes / ☒ No

*No. of passengers (include driver):

-I/Name:

*Fasten seat belt: Yes / No

-I/Name:

*Fasten seat belt: Yes / No

*Conveyed by Ambulance: Yes / No

*Conveyed by Ambulance: Yes / No



SINGAPORE POLICE FORCE



T/20201114/7000

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

1 of 3

Report No. T/20201114/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 00:25		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: NUR HANAN BINTE OSMAN		Address: 815 TAMPINES AVENUE 4 #09-243 SINGAPORE 520815		
ID Type / ID No.: NRIC NO / S1693295G		Contact No.: Home/Office: Mobile: 98292453		
Nationality: SINGAPORE CITIZEN		Email: nurhanan@ectc.org.sg		
Sex: Female	Age: 55	Date of Birth: 24/01/1965	Type of Informant: Mother to car owner	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Clerical supervisor		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/11/2020 18:50	Type of Location: Car Park
Location: TAMPINES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Hit and run			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SGT1000E	Car		TOYOTA	White		0
SLR7020J	Car		HYUNDAI ELANTRA	Grey	Slightly Damaged	0

Details of Vehicle Insurance

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



T/20201114/7000

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

2 of 3

Report No. T/20201114/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR7020J	NTUC Income Insurance Co-Operative Limited	5110446417-01	25/08/2020	24/08/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Mother to car owner			
Name	NUR HANAN BINTE OSMAN	ID No.	S1693295G
Related Vehicle	NIL	Contact No.	98292453
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

Brief Details.

Our car was parked at carpark no. T37 lot 1246 next to Blk 815 Tampines Avenue 4. When my daughter came to the car at about 19:04hr, she saw a note stating to call the contact person as he has witnessed a white Toyota car no. SGT1000E hit the right side of my car (bumper area). Upon inspection, she noticed that our car indeed has been hit and the white car is no longer in sight. We called the witness, Mr Feng, and was told that he would share the video on the Hit and Run. We have watched the video together with Mr Feng and confirmed that the white car was fully aware that he has hit my car. The passenger who sat in the front passenger seat wind down the window to check. In spite of them being aware of it, no notification was left at the car to notify us. We are very disappointed with their inconsiderate action. We have a full footage of the incident video to proof his recklessness.



**SINGAPORE
POLICE FORCE**

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



T/20201114/7000

3 of 3

Report No: T/20201114/7000

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 / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp
NP158

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

Date/Time:
14/11/2020 00:25

Classification Of Case:

Claim Handling

Accident MT/1110297

Policy No.	5110446417-01	Vehicle No.	SLR7020J	GST Registration No.
Certificate No.				
Policyholder Name	AHMAD SYALABI BIN ADI SUNARYO			
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC
Contact No.(Mobile)	96581700	Contact No.(Office)		Loading
Email Address	syalabi@outlook.com	Special Remark		Contact No.(Home)
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason
				Private Hire

▼ Accident Details

Report Date	16/11/2020 17:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/11/2020	Time of Accident hh:mm	18:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CARPARK T37 AT BLOCK 815 TAMPINES AVENUE 4			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	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 815 #09-243	Address 2	TAMPINES AVENUE 4	Address 3
Address 4	SINGAPORE 520815	Address Type	Singapore address	Post Code
Unit No.	09-243	Related Policy Number	5110446417-01	

▼ OI Driver Info

Driver Name	Ahmad Syalabi Bin Adi Sunaryo	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8733669G	Driving Experience
Register Date of Driver License	01/01/2007	Driver Age	33	Contact No.(Home)
Contact No.(Mobile)	96581700	Contact No.(Office)		Address 3
Address 1	BLK 815 #09-243	Address 2	TAMPINES AVENUE 4	Post Code
Address 4	SINGAPORE 520815	Address Type	Singapore address	
Unit No.	09-243	Driver Vehicle No.	SLR7020J	Driver Insurer Comp.
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			

Declaration

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

Claim 001 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text"/>	Not at Fault	<input type="text"/>
Repair Option	<input type="text"/>	Preferred Workshop, Name unknown	<input type="text"/>	GIA report	Received
Date Registered	<input type="text"/>				

OD-MX	Insured Name	AHMAD S
	Contact No.	
	(Home)	
	Vehicle Number	SLR7020J
SLR7020J / SGT1000E ON 13 Nov 2020		

16/11/2020 17:58	Claim Close Date	
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11/16/2020

Claim Handling(accident reporting Claim Task)

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1110297

Last Doc. Received

☒ Yes ☐ No

Claim No.

001

Upload Date

16/11/2020 17:59

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Clear

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Category *

Confidential

Please Select

NO

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NO









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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:59	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:58	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:58	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 16 Nov 2020 17:58	SAS	Normal	SAS 20

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: 5110446417-01

Cover : drive CLASSIC

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLR7020J |
| Chassis Number | : KMHD841CM/U577382 |
| 2. Name of Policyholder | : AHMAD SYALABI BIN ADI SUNARYO |
| 3. Effective Date of Insurance | : 25 Aug 2020 |
| 4. Expiry Date of Insurance | : 24 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

(i) 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	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: AHMAD SYALABI BIN ADI SUNARYO
NAMED DRIVER (1)	: ADI SUNARYO BIN SOEDARTO
NAMED DRIVER (2)	: NUR SYATHIRAH BTE ADI SUNARYO
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PART VALUE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 18 Jul 2020 09:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive