

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

SN0820CF0004

Date In: 15/12/2020 15:08	Job description	Date & Time Completed	Done by
Ref No: N/A/20013852/Y	SAS e-filing		
Veh No: SLE 8175H	E-mail (E-judge, AIC, etc)		
D.O.A: 13/12/2020 15:00	1-Motor Claims Form	MT/11/3729-00	15/12/2020
OD: TP / Reporting Only	1-Motor W/O (Within: OD 3hrs, TP 4hrs)		15:22
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: JPR 6109	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 () ; Invoices: 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: _____

NA2006462	1) ALT Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NS: Repairs Coordination \$10	
	*PT: Post Repair Inspection \$25	
	*ND: DV / Collect Documents Coordination \$3	
	TE (NIUC) / TP (NIUC) against INC \$30	
	FIN: Idas Mobile	
	Invoice dated	
	Invoice dated	

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 Submission	15/12/2020 15:08 (SGT)
Date of Accident	13/12/2020 15:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE AFTER TPE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8175H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WJ CAR RENTAL PTE. LTD.
Company Reg No	2XXXXX284H
Email Address	shazsham2008@gmail.com
Mobile Phone No	(Phone) +65-98483580
Alternative Phone No	+65-98483580

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5114559335
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD NURHISHAM BIN MOHAMED SIDEK
NRIC No	SXXXX862G

Date Of Driving Pass	13/09/2007
Driving experience	13 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98483580
Alt. Phone Number	-
Email Address	shazsham2008@gmail.com
Address	BLK 139 SIMEI STREET 1
Address complement	#03-20
Postcode	520139
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JPR6109
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201213/7013

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	JPR6109
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SIVA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIVA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	JPR6109
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN


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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:

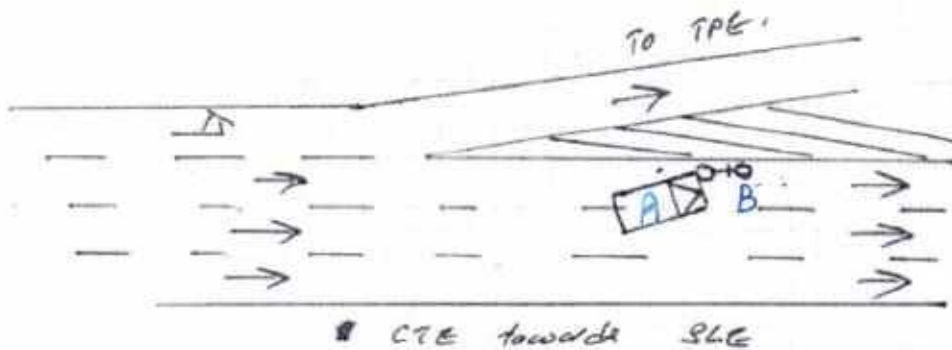
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


Reporting Centre Personnel's Signature
Name: 15/12/2020
NRIC/FIN No.:

SKETCH PLAN



(A). SLE 8175H
(B 040) JPR 6109

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
No: T/20201213/7013

DECLARATION

I 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 Personnel's Signature
Name
NRIC/FIN No.

VEHICLE NO:	SLE 81754		MAKE & MODEL:	Honda Vezel / <u>AUTO / MANUAL</u>	
DATE OF ACCIDENT:			131 121 2020.	CC: 1500cc	
TIME OF ACCIDENT:			0645 HRS		
LOCATION OF ACCIDENT:	LTE towards SLE after TPE exit.				
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE <u>(PRIVATE HIRE)</u>				
NAME OF OWNER:	WJ Car Rental Pte Ltd.				
TEL NO:	H/P: 8608 9649		OFFICE:		HOME:
NRIC:	201843284H.				
ADDRESS:	6001 Beach Road, Golden Mile Tower #08-06				
EMAIL:	(8) 199589				
CLAIM TYPE:	<u>OD / THIRD PARTY / (REPORTING ONLY)</u>				
FLEET POLICY:	<u>(YES)</u> NO?				
INSURANCE COMPANY:	NTUC.				
TYPE OF COVERAGE:	<u>(Comprehensive)</u> Third Party / Third Party Fire & Theft				
POLICY NO:	5114559335-000019				
NAME OF DRIVER:	AS ABOVE / IF NO: <u>Muhammed Nurhisham Ben Mohamed Sidek</u>				
NRIC:	58022862G. ANY PASSENGER: 01 (CF).				
DATE OF BIRTH:	02/08/1980. Licence Pass Date: 13/09/2007				
OCCUPATION:	<u>(OUTDOOR)</u> / INDOOR				
GENDER:	<u>(MALE)</u> / FEMALE				
CONTACT NO:	H/P: 8848 3580		OFFICE:		HOME:
ADDRESS:	BLK 139 Suci Street 1 #03-20 (8) 520139				
EMAIL:	shazsham2008@gmail.com.				
DOES DRIVER OWNED ANY VEHICLE:	<u>(NO)</u> IF YES, REG NO:		INSURER:		
RELATIONSHIP:	<u>Hirer</u>				
WEATHER CONDITION N:	<u>(CLEAR)</u> / RAINING / OTHERS:				
ROAD SURFACE:	DRY / <u>(WET)</u> / OTHER:				
ANY INJURIES:	NO / <u>(IF YES, WHO?)</u>				
NAME & CONTACT:	<u>Third Party Rider</u>				
NAME & CONTACT:					
POLICE REPORT:	NO / <u>(IF YES, WHERE?)</u>		<u>traffic Police (Online).</u>		
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>(NO)</u> / IF YES, WHO?				
VEHICLE B REG NO:	EPR 6109.		ANY PASSENGERS: N-A.		
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>(NO)</u>				
WAS THERE ANY AUDIO RECORDED?	YES / <u>(NO)</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>(YES)</u> / NO				
ACCIDENT PORTION:	<u>Front left portion.</u>				
WORKSHOP PARTICULAR:	N-51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



SINGAPORE POLICE FORCE



T/20201213/7013

1 of 3

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

Report No. T/20201213/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2020 12:58	Vide Report No.: F/20201213/0081	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD NURHISHAM BIN MOHAMED SIDEK			Address: 139 SIMEI STREET 1 #03-20 SINGAPORE 520139	
ID Type / ID No.: NRIC NO / S8022862G			Contact No.: Home/Office: Mobile: 98483580	
Nationality: SINGAPORE CITIZEN			Email: shazsham2008@gmail.com	
Sex: Male	Age: 40	Date of Birth: 02/08/1980	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2020 07:00	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE8175H	Car					0

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



**SINGAPORE
POLICE FORCE**



T/20201213/7013

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No: T/20201213/7013

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD NURHISHAM BIN MOHAMED SIDEK	ID No.	S8022862G
Related Vehicle	SLE8175H (Car)	Contact No.	98483580
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.

This morning at place (0.5km CTE - SLE), at approximately 7am, I (Muhammad Nurhisham bin Mohamed Sidek), while driving a silver Honda Vezel (SLE8175H), had side swiped a motorbike (JPR6109). This happened while I was trying to change from Lane 2 to Lane 3. The motorbike had been in Lane 3 all the while and I was in Lane 2 at the start. I had to change lane because there was a vehicle who high beamed me from the back multiple times. In the midst of changing lanes and watching out for traffic from the other lanes, I did not realised that the motorbike (JPR6109) had further slowed down its speed probably due to ascending a slope, and side swiped the motorbike. Rider (Siva) was thrown off the bike and skidded on the road. I, realising the incident, immediately brought my car (SLE8175H) to a halt. Upon realising that a heavy vehicle was approaching the position of the fallen motorbike (JPR6109) and rider (Siva), i had positioned my car in a way to block off any further traffic from approaching the fallen motorbike (JPR6109). In his panic, biker (Siva) got up and ran to the shoulder of the road to avoid being hit.

I, then proceeded to to check on rider (Siva). Upon seeing that he (Siva) had multiple laceration wounds on his hands and hips, I insisted on calling an ambulance for him. Traffic Police and the ambulance were called to the scene. Siva also requested that I helped him call his boss at work to inform them that he is involved in an accident., which I did. Siva was brought to the hospital in the ambulance. I left the scene after investigations from Traffic Police and LTA were completed.

Rider (Siva) and me are in contact which each other and looking to settle this incident amicably. Rider (Siva) have been discharged from the hospital with no further injuries reported.

Claim Handling

Accident MT/1113729

Policy No.	5114559335	Vehicle No.	SLE8175H	GST Registration No.
Certificate No.	5114559335-000019			
Policyholder Name	WJ CAR RENTAL PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98483580	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	15/12/2020 15:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2020	Time of Accident hh:mm	15:00	Country of Accident
Reporting Centre		Drainage Force		ICM No.
Accident Location	CTE TOWARDS SLE AFTER TPE EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	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			

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-06	Relationship / Policy Number	5114559335	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD NURHISHAM BIN M	Driver NRIC	S8022862G	Driver DOB
Register Date of Driver License	13/09/2007	Driver Age	40	Driving Experience
Contact No.(Mobile)	98483580	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 139 #03-20	Address 2	SIMEI STREET 1	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	03-20			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLE8175H	Driver Insurer Comp.

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 *	OD-MX	Insured Name	WJ CAR RENTAL
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	SLE8175H
Claim Description	SLE8175H / JPR6109 ON 13 Dec 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			15/12/2020 15:21
			Claim Close Date

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1113729

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/12/2020 15:22

Path *

Category *

Confidential

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Clear

Please Select

NO

Choose File No file chosen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	NRIC/ Driving License	Y	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 15:22	SAS	Normal	SAS 200

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: S114559335-000019

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLEB175H**
Chassis Number : RU11118038
2. Name of Policyholder : WJ CAR RENTAL PTE. LTD.
3. Effective Date of Insurance : 22 Jan 2020
4. Expiry Date of Insurance : 21 Jan 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.

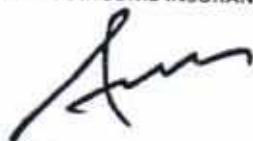
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HAMILTON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 10 Jan 2020 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114559335	5114559335-000019	WJ CAR RENTAL PTE. LTD.	201843284H	GFM	drive CLASSIC	SLE8175H	SLE8175H	22/01/2020	21/01/2021