

NATIONAL Assessment Centre Services. [Print & Sign] **SN 0827/20006**

Date In: 08/01/2021 17:28	Job description	Date & Time Completed	Done by
Ref No: NA2100683	SAS e-milling		
Veh No: SNE 43513	E-mail (Vehicle size, A/C size)		
D.O.A: 07/01/2021 10:58	I-Motor Claims Form	08/01/2021 17:28	
OID: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vehaz		

Preferred Wkep / INC Assign Wkep / CW: () Tel: () Fax: ()

TP Particulars: Vch No: F3G 8734 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: ()

Damage: ()

NA2100683

Driver/Owner:	1) All Incident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	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	\$160
	8) NTUC Additional Services	
	OR:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repairs Coordination	\$25
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Coordination	\$20
	TP (NI) / TP (Non INC) (at least 100)	\$30
	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 Submission	08/01/2021 17:24 (SGT)
Date of Accident	07/01/2021 10:55 (SGT)
Exact Location of Accident	Bukit Batok West Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4391J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LT AUTO
Company Reg No	5XXXX977K
Email Address	beeleeetl@yahoo.com.sg
Mobile Phone No	(Phone) +65-97861737
Alternative Phone No	+65-97861737

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
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 - Reporting only
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5108238503-01
Cover Note Number	-

DRIVER

Name of Driver	LEE TUEN LEE
NRIC No	SXXXX875B

Date Of Driving Pass	25/07/1984
* Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97861737
Alt. Phone Number	-
Email Address	beeleeetl@yahoo.com.sg
Address	BLK 769 CHOA CHU KANG STREET 54
Address complement	#08-13
Postcode	680769
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

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

PASSENGER 1

Name	WIFE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	FBG8813H
Vehicle Manufacturer	-

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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.

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.



Policyholder's Signature / Date & Time

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

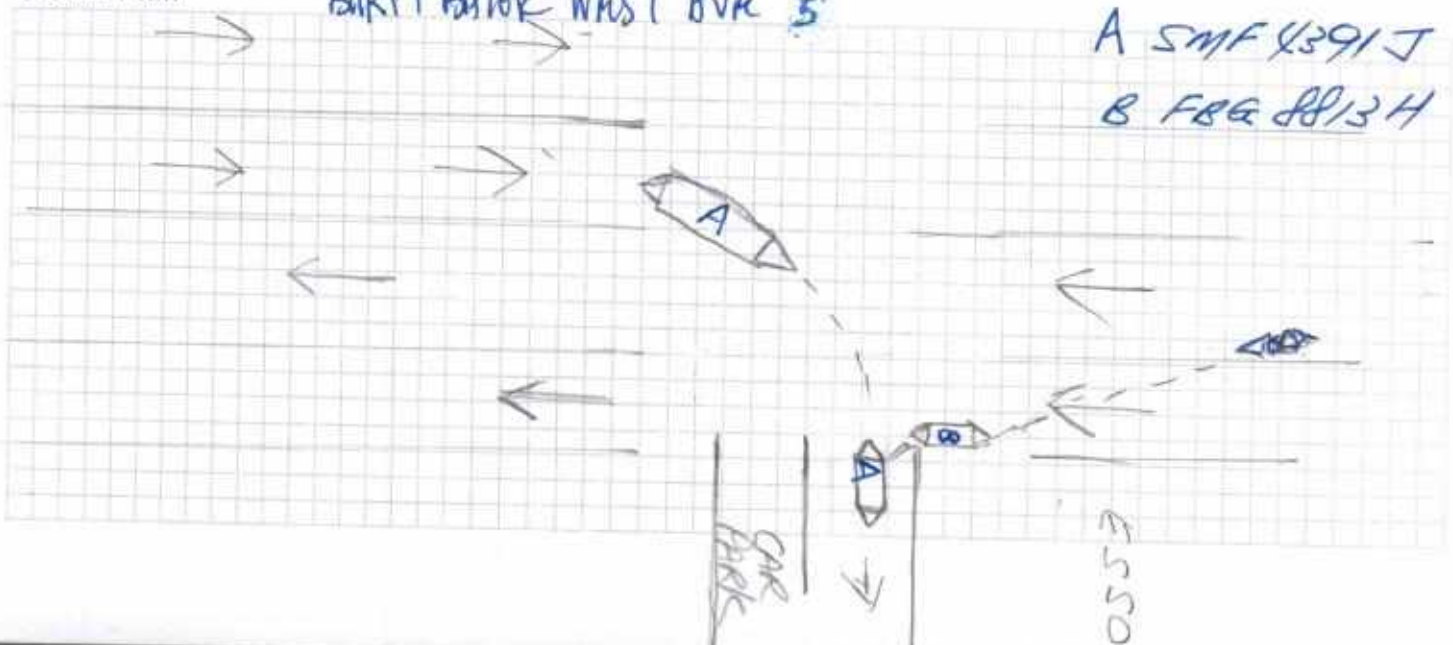
Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Batok WNS7 Ave 5

A SMF 4391J

B FBG 8813H



Describe Circumstances of the Accident

On 07 Jan. 2021, at 10.55pm, I am travelling toward Bukit Botak West Ave 5 heading toward and turning in on my right side to the entrance of Bukit Botak Driving Centre. and once my car almost reach gantry I had a loud bang on my rear of the door of the passenger side.

The motorcycle number FBG 8813 H fell on the ground and the rider call for an ambulance.

POLICE REPORT 7/2021/018/2090

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

08/01/2021 11.45 a.m

[Signature] 08/01/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 07/01/2021 (DD/MM/YYYY), TIME: 10:55pm (HH:MM)

LOCATION: Bukit Botak West Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF 4391J
 b) INSURANCE COMPANY: N.T.U.C
 c) POLICY NUMBER: 5708238503-01-000008
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTO 1.5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 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: LT AUTO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee. Turn Lee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 51458875B CONTACT: 97861737
 c) ADDRESS: Apt B/K 769, Choa Chu Kang St 54
#08-13

* d) DATE OF BIRTH: 22/10/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 1984

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hire

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBG 8813 H MODEL: motorcycle
 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 = benlee11@yahoo.com.sg
 VIDEO



SINGAPORE POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20210108/2090

1 of 4

Report No. T/20210108/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/01/2021 16:35

Vide Report No.:
J/20210107/0152

Station Diary No.:
71

Informant's Particulars

Name of Informant:
LEE TUEN LEE

Address:
APT BLK 769 CHOA CHU KANG STREET 54 #08-13
SINGAPORE 680769

ID Type / ID No.:
NRIC NO / S1458875B

Contact No.:
Home/Office: Mobile: 97861737

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 59 Date of Birth: 22/10/1961

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
UNEMPLOYED

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:
Injury
Drink & Drive

Drink
Drive:
Yes

Date/Time of
Accident:
07/01/2021 22:50

Type of Location:
Straight Road

Location:

BUKIT BATOK WEST AVENUE 5

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBG8813H	Motorcycle				Slightly Damaged	0
SMF4391J	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20210108/2090

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Report No. T/20210108/2090

CONTINUATION OF REPORT

Rider Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBG8813H (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver Name	LEE TUEN LEE	ID No.	S1458875B
Related Vehicle	SMF4391J (Car)	Contact No.	97861737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/01/2021 at around 2250hrs, My wife and I is travelling along Bukit Batok west ave 5 to pick up my daughter from bukit batok driving Centre. Before turning into the driving Centre, my wife and I checked that the road is clear before I turn. When I was approaching the gantry of the driving Centre, I heard a loud bang on my rear left passenger side. As not to block the traffic, I continue to drive into the driving centre and park my vehicle before coming out to check on the rider.

When I was out, the rider of vehicle (FBG8813H) was standing and after awhile he sat on the grass patch. I observed there is no blood or visible injuries. I ask the rider is he ok, he replied that he is ok. At that point of time, a group of people was gathering around the rider. My daughter and I overheard the group saying to him about insurance claim instead of being concern about his injuries. My daughter heard one of the tall guy in the group telling the rider about him being very experienced in this kind of insurance claim and he is able help him.

Shortly the ambulance came, my daughter observed that the tall guy keep wanting to speak on behalf of the rider and he kept changing his statement. Initially he mentioned he heard a loud bang then he notice the accident, then he change his statement to him witnessing the accident. The police came shortly to gather the facts and they did a breathalyzer test on me and I failed the test. The police officer then brought me to Traffic Police Headquarter for investigation. I wish to state that I have an in car camera and the SD card is with TP SGT(3) T150140 Afio Johari.

I am lodging this report for a record and insurance claim purpose.



SINGAPORE
POLICE FORCE



T/20210108/2090

3 of 4

Report No. T/20210108/2090

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210108/2090

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689266
Tel No. 1800-7659999

4 of 4

Report No. T/20210108/2090

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 Officer Recording The Report:

J /

Sgt 2 ZENG JIE MIN, JASMINE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / DDGVT /

SI MU WEE JUN

Contact No. 65476225

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:

08/01/2021 16:36

Classification Of Case:

1/8/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Claim Handling

Accident MT/1116630

Policy No.	5108238503-01	Vehicle No.	SMF43911	GST Registration No.
Certificate No.	5108238503-01-000008			
Policyholder Name	LT AUTO			
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Policyholder NRIC
Contact No.(Mobile)	98761737	Contact No.(Office)		Loading
Email Address		Special Remark		Contact No.(Home)
KFK	No Yes			eCode
NCD Protection	No	TCA	No Yes	eCode Reason
		NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	08/01/2021 17:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/01/2021	Time of Accident hh:mm	10:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT BATOK WEST AVENUE 5			

Total Excess Applicable

Excess Type	Per Accident	Windscreens Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/01/2021 17:30:59 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-34 CONCORDE SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	B1-34	Related Policy Number	5119260342	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE TUEN LEE	Driver NRIC	S1458875B	Driver DOB
Register Date of Driver License	25/07/1984	Driver Age	59	Driving Experience
Contact No.(Mobile)	98761737	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 769 #08-13	Address 2	CHOA CHU KANG STREET 54	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	08-13			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMF43911	Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Berkit No.

Finalisation

Date Registered

OD-MX	Insured Name	LT AUT
	Contact No.(Home)	
	Vehicle Number	SMF43911

SMF43911 / FBG8813H ON 7 Jan 2021

Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown

GIA report

Received

08/01/2021 17:35

Claim Close Date

1/8/2021

Report Taken By

Claim Handling(accident reporting Claim Task 001 OD-MX)

ROSLI WAHAB

Workshop
Repairer☐ Print AX letter

Save Submit

Attachment

Accident No.	MT/1118630	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/01/2021 17:48
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO
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<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="Confidential"/> NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:48	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:48	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:48	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:44	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jan 2021 17:43	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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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: S108238503-01-000008

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SMF4391J**
 Chassis Number : **MR053ZEE106144257**
2. Name of Policyholder : **LT AUTO**
3. Effective Date of Insurance : **15 Mar 2020**
4. Expiry Date of Insurance : **14 Mar 2021**
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : JG MOTOR AGENCY (00000613374)
 Date of Issue : 11 Mar 2020 09:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive