

NATIONAL Assessment Centre Services.

(sat 1 Jan 03)

SN 08212M0001

Date In: 22/02/22 11:14	Job description	Date & Time Completed	Done by
Ref No: NBS/INC 210024204	SAS e-Milling		
Veh No: SMH 9498R	E-mail (by date time, A/C time)		
D.O.A: 21/02/22 15:02	I-Motor Claim Form	mt1121801-001	22/02/22 11:14
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whse		

OD TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: SED 81876 INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 ()

Breacss: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO Refor 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 > \$9000) ()

Injury: ()

NA2101195

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engn-In-Charge): ()

Vehicle Comments: ()

Ref: ()

1) All Accident Reporting (300)	INC (310)
2) DA: Damage Assessment (\$100)	\$400/43
3) TP: Towing Fee	\$120
4) PF: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$30
6) PF: Follow-Through Survey (Resurvey) (w/ 10 Jan 2003)	\$75
7) TR: TR: Inspection	\$160
8) NI: NI: DA + EMRI Survey	
9) NIUC: Additional Services	
ON:	
* NS: Courtesy Car / Tpl Allowance	\$5
* NS: Repair Coordination	\$10
* NS: Post Repair Inspection	\$25
* NS: DV / Collect Breacss Coordination	\$5
* NS: TP (NLI) (w/ INC) against INC	\$25
* NS: 13:13: Mobile	\$0
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	22/02/2021 11:14 (SGT)
Date of Accident	21/02/2021 15:02 (SGT)
Exact Location of Accident	261 Punggol Way, Singapore
Additional Location Information	MULTI STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9498R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TONG SIEW CHUI
Company Reg No	SXXXX068A
Email Address	chuawenliangbryan@gmail.com
Mobile Phone No	(Phone) +65-97895180
Alternative Phone No	+65-81618449

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120183936
Cover Note Number	-

DRIVER

Name of Driver	BRYAN CHUA WENLIANG
NRIC No	SXXXX977F

Date Of Driving Pass	23/08/2018
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81618449
Alt. Phone Number	-
Email Address	chuawenliangbryan@gmail.com
Address	BLK 184 STIRLING ROAD #05-250
Address complement	-
Postcode	140184
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SDE8787L
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NIU YUXIA
Passport No/FIN	GXXXX946Q
Contact Number	(Phone) +65-90033003
Address	-
Address complement	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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**.
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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.

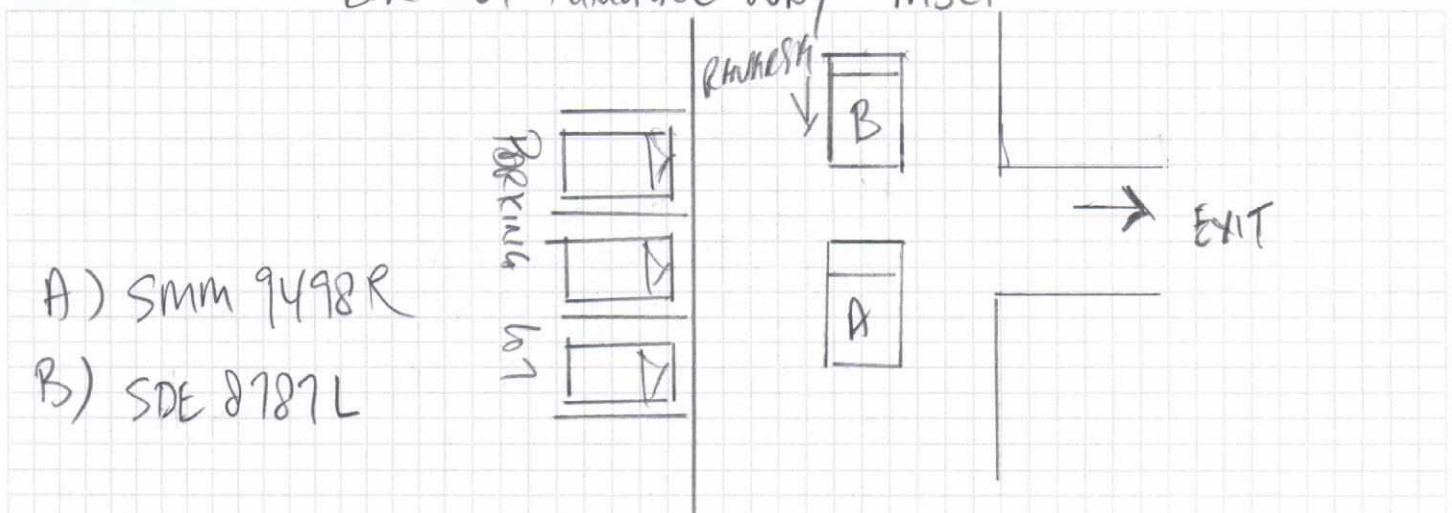
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 261 PUNGOL WAY MSCP



Describe Circumstances of the Accident

Happened at 261 Punggol Way MSCP, was driving in the carpark on a flat surface. The car (B) in front suddenly changed into reverse gear. After I changed gear and wanted to slowly reverse, car in front continued to reverse despite me honking. Ended up hitting ^{my car} while reversing. ~~into~~

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 21/02/2021 (DD/MM/YYYY), TIME: 13:02 (HH:MM)

LOCATION: 261 Punggol Way, MSCP

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SM9498R
b) INSURANCE COMPANY: MTC Insurance
c) POLICY NUMBER: 5120183936

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai Aventura

f) TYPE: (SEDAN / 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) ☒ NO

j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
k) INSURED / POLICY HOLDER

a) NAME: Tong Siu Chai (Tang Xiaocai)
b) NRIC/FIN/PASSPORT: 57249068A
c) ADDRESS: 184 Stirling Rd #05-250

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

a) NAME: Bryan Chua Wenliang
b) NRIC/FIN/PASSPORT: 5933977E
c) ADDRESS: 184 Stirling Rd #05-250

d) NAME: (MALE / FEMALE)
e) DATE OF BIRTH: 24/09/1999 (DD/MM/YYYY)

f) DATE OF DRIVING PASS: 23/08/2018
g) OCCUPATION: (INDOOR / OUTDOOR)

h) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ NO
i) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

j) ROAD SURFACE: (DRY / WET / OTHERS)
k) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

l) WAS ANYBODY INJURED (YES / NO) ☒ NO
m) REPORTED TO POLICE (YES / NO) ☒ NO

n) IF YES, PLEASE STATE WHICH POLICE STATION:
o) THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 5DE8787L
b) DRIVER'S NAME: NIN JUTIA
c) NRIC/FIN/PASSPORT: 60247946Q

d) MODEL: Marc F200
e) CONTACT: 90033003

f) VEHICLE NUMBER:
g) DRIVER'S NAME:
h) NRIC/FIN/PASSPORT:

i) MODEL:
j) CONTACT:

k) DRIVER'S NAME:
l) NRIC/FIN/PASSPORT:

m) VEHICLE NUMBER:
n) DRIVER'S NAME:

o) NRIC/FIN/PASSPORT:
p) MODEL:

q) DRIVER'S NAME:
r) NRIC/FIN/PASSPORT:

s) CONTACT:

t) CONTACT:

u) CONTACT:

v) CONTACT:

w) CONTACT:

x) CONTACT:

y) CONTACT:

z) CONTACT:

aa) CONTACT:

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Claim Handling

Accident MT/1121801

Policy No.	5120183936	Vehicle No.	SMM9498R	GST Registration No.
Certificate No.				
Policyholder Name	TONG SIEW CHUI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	97895180	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(%)	10	Private Hire

Accident Details

Report Date	22/02/2021 11:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/02/2021	Time of Accident hh:mm	15:02	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLOCK 261 PUNGGOL WAY MSCP			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	1500			
Total OD Excess Applicable	4600.00	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 184 #05-250	Address 2	STIRLING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120183936	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	BRYAN CHUA WENLIANG	Driver NRIC	S9930977F	Driver DOB
Register Date of Driver License	23/08/2018	Driver Age	21	Driving Experience
Contact No.(Mobile)	81618449	Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	05-250			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMM9498R	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	TONG SI
Contact No.(Mobile)	97895180	Contact No.(Home)	6599151
Email Address	new1338@yahoo.com.sg	OI Vehicle Number	SMM9498
Claim Description	SMM9498R / SDE8787L ON 21 Feb 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Received	
Date Registered	22/02/2021 11:29	Claim Close Date	

Report Taken By

ROSLI WAHAB

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1121801	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2021 11:30

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="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="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:30	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:30	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:30	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:30	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:29	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:29	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:29	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:29	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:29	NRIC/ Driving License	Y	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2021 11:29	SAS	Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name
		<input type="button" value="Display in New Window"/> <input type="button" value="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: 5120183936

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SMM9498R**
 Chassis Number : **KMHD841CMKU906299**
2. Name of Policyholder : **TONG SIEW CHUI**
3. Effective Date of Insurance : **12 Dec 2020**
4. Expiry Date of Insurance : **11 Dec 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	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TONG SIEW CHUI (TANG XIAOCUI)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 10 Dec 2020 13:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive