



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 | 01/03/2021 19:42 (SGT) |
| Date of Accident | 27/02/2021 11:25 (SGT) |
| Exact Location of Accident | Paterson Rd, Singapore |
| Additional Location Information | SLIP ROAD TOWARDS ORCHARD BLVD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGZ2993B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--|
| Is company? | Yes |
| Name Of Registered Owner | PRESTO EXPAT MOTORING SERVICES PTE. LTD. |
| Company Reg No | 2XXXXX089K |
| Email Address | rental@prestexpatmotoring.com |
| Mobile Phone No | (Phone) +65-91378666 |
| Alternative Phone No | +65-91378666 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Nissan |
| Model | Sylphy |
| 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 | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | 5109441522-01 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|-------------------|
| Name of Driver | RUMBERG CATHERINE |
| Passport No/FIN | GXXXX950X |

| | |
|--|---------------------------------|
| Date Of Driving Pass | 08/11/2012 |
| Driving experience | 8 YEARS AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91378666 |
| Alt. Phone Number | - |
| Email Address | rental@prestoeexpatmotoring.com |
| Address | 1 KIM SENG WALK #25-04 |
| Address complement | - |
| Postcode | 239403 |
| 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 - 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|----------|
| Name | DAUGHTER |
| Gender | Female |

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 AND STATEMENT ATTACH

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 | SGY5606E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

Address -

Address complement -

Postcode -

Insurance Company Name -

Nature Of Damage -

Details of property damaged in accident -

No. Of Passenger (Including Driver) -

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



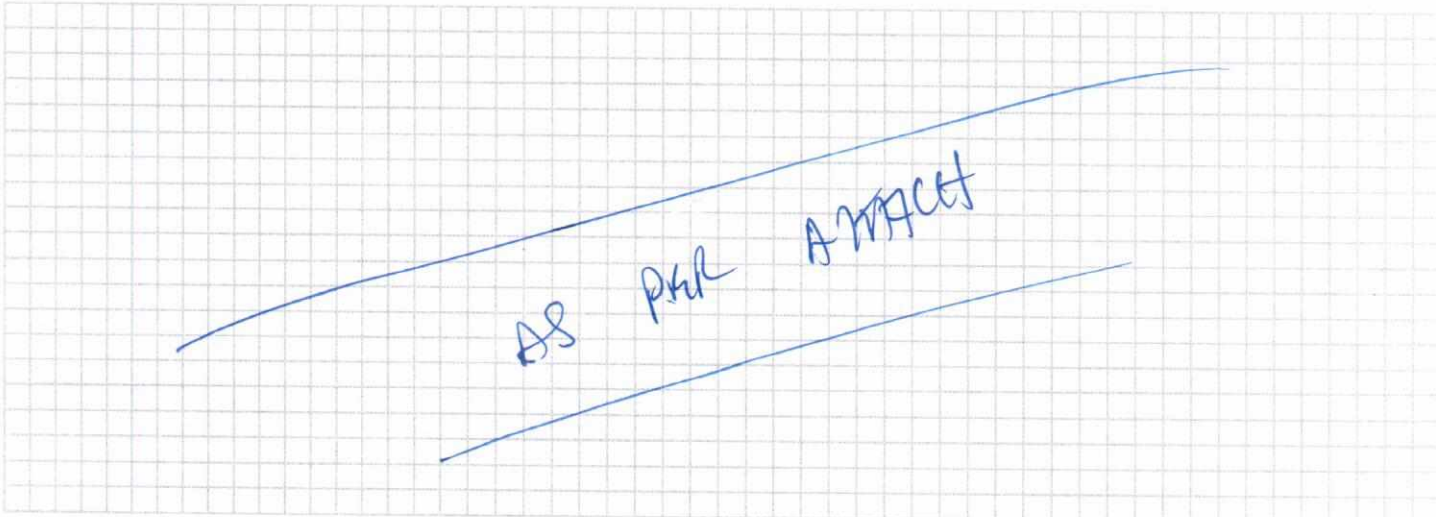
Calvin 1/3/21 3:20 pm.

Policyholder's Signature / Date & Time

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

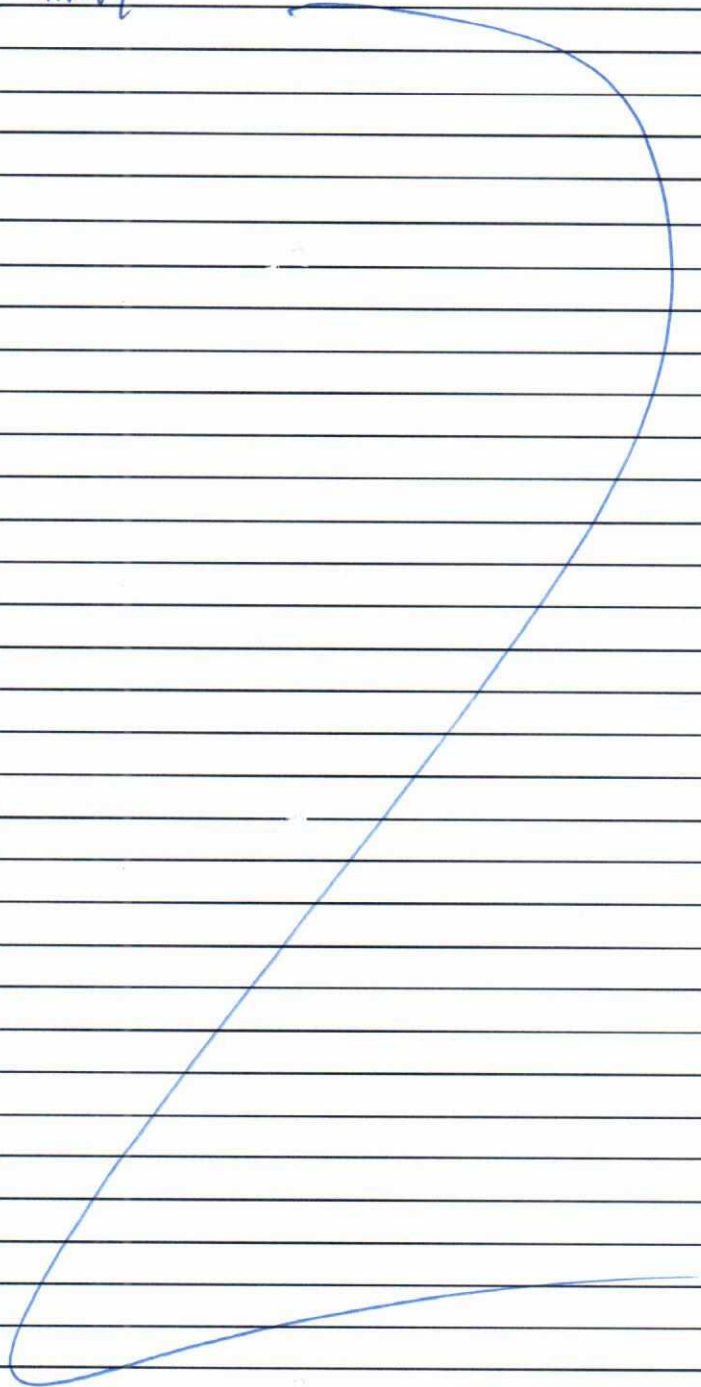
[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO STATE MENT



Declaration

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

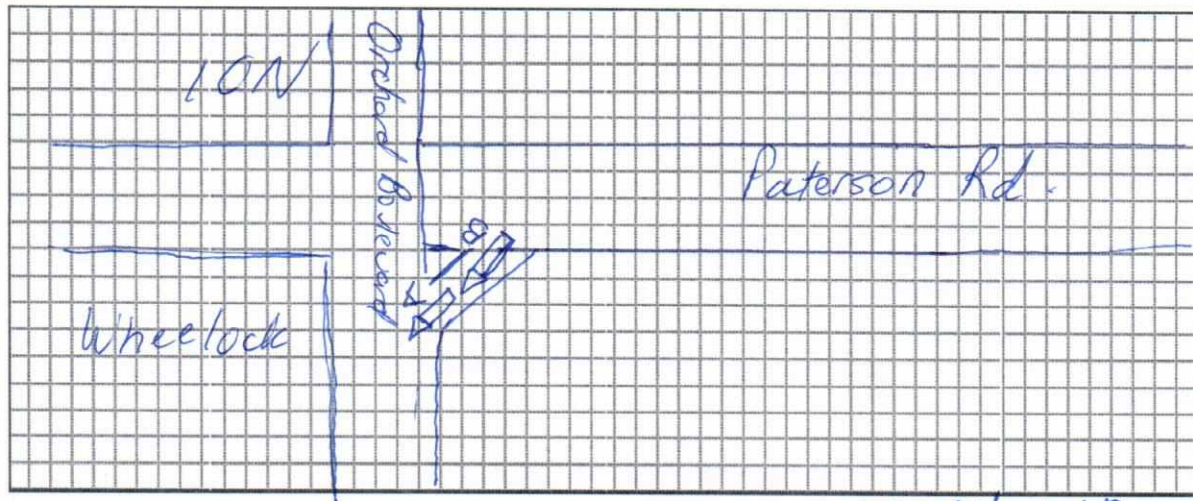


Policyholder's Signature / Date & Time

Catherly 1/3/21 3:20 PM.
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 01/03/2021
Witnessed by Reporting Centre Personnel

SKETCH PLAN



Describe Circumstance of the Accident

A) SGY 5606E

B) SGZ 2993B

11-25 Turning left in the slip Road from Paterson Rd turning into Orchard Boulevard. Was stationary & then ~~moved~~ looking at traffic coming down Orchard Boulevard, I thought car in front had moved forward however car had not & I did not check & ran into the spare wheel ~~area~~ casing. Could only see small scratches on casing ^{of other car} & my right front light ^{cover} was broken. No injury with either party, driver of other car said not to bother & was kind (checking on whether we were ok).

Then we exchanged particulars & left the scene.

(B) : SGZ 2993B

(A) : SGY 5606E



Cathryn *[Signature]* 1/3/21 3:20 PM.

[Signature] 01/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (27/02/2021) (DD/MM/YYYY), TIME: (11:25) (HH:MM)

LOCATION: PRINCEBOW RD SLIP RD TOWARD ORCHARD BLVD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGZ 2993B
 b) INSURANCE COMPANY: U74
 c) POLICY NUMBER: NISSAN SYLV
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: PRASO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RUMAHAR CATHARINA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91378666
 c) ADDRESS: _____

*d) DATE OF BIRTH: (09/07/1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/01/2012

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

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: SGY 5606E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 91170608

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = PRASO

VIDEO



491 River Valley Road #01-04 Valley Point Shopping Centre Singapore 248371

Tel: (+65) 6732 7737 Fax: (+65) 6734 7737

CO. REG. NO.: 200713089K

Email: info@prestexpatmotoring.com

Website: www.prestexpatmotoring.com

RA NO. : PEMS-R-200811 - E1

RENTAL AGREEMENT

DATE : 26-Dec-2020

| HIRER'S PARTICULARS | | | | VEHICLE PARTICULARS AND CHARGES | | |
|--|-------------------|-----------------|------------------|--|------------------------------|-----------------|
| NAME : RUMBERG CATHERINE | | | | DETAILS | OUT | IN |
| ADDRESS : 1 Kim Seng Walk #25-04 Singapore 239403 | | | | REG NO. | SGZ 2993 B | |
| TELEPHONE : 9137 8666 | | | | COLOR/MAKE & TYPE | Blue / Nissan Sylphy 1.5 4AT | |
| EMPLOYER : | | | | DATE | 26-Dec-2020 | |
| ADDRESS : | | | | TIME | | |
| OCCUPATION : | | | | CHECKED BY | | |
| DATE OF BIRTH : 9-Jul-1963 | | | | DUE DATE | | |
| DOCUMENT : | PASSPORT/NRIC/ROC | DRIVING LICENCE | EMP / DEP'S PASS | EST. RENTAL DURATION | DAYS / WEEKS / MONTHS | |
| NO. | PA7016674 | G5237950X | G5237950X | | | |
| Place of Issue | AUSTRALIA | SINGAPORE | SINGAPORE | RENTAL RATE | \$ | 1,100 PER MONTH |
| Issue Date | 26-Oct-2016 | 23-Dec-2017 | 11-Nov-2019 | RENTAL | \$ | 1,037.38 |
| Expiry Date | 26-Oct-2026 | 22-Dec-2022 | 11-Nov-2021 | GST AMOUNT | \$ | 72.62 |
| ADDITIONAL DRIVER'S PARTICULARS | | | | TOTAL AFTER GST | \$ | 1,110.00 |
| NAME : SMITH NEWTON JOHN | | | | DEPOSIT via Cash/ Cheque/ Credit Card | | |
| TELEPHONE : | | | | \$ | 1,400.00 | |
| DATE OF BIRTH : 15-Jun-1958 | | | | | | |
| DOCUMENT : | PASSPORT/NRIC/ROC | DRIVING LICENCE | EMP / DEP'S PASS | | | |
| NO. | PE0385230 | G0461428W | G0461428W | | | |
| Place of Issue | AUSTRALIA | SINGAPORE | SINGAPORE | TOTAL AMOUNT TO COLLECT | \$ | 2,510.00 |
| Issue Date | 19-May-2015 | 13-May-2017 | 11-Nov-2019 | PAYMENT BY : <input type="checkbox"/> Cash S\$ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque #: | | |
| Expiry Date | 19-May-2025 | 27-May-2022 | 11-Nov-2021 | | | |
| REMARKS Deposit of \$1400 transferred from previous agreement PEMS-R-200818 | | | | | | |

IMPORTANT:

The said vehicle shall be driven only in Singapore and is NOT insured for use in Malaysia. You are liable to indemnify the OWNER for all loss and damage, (including but not limited to legal costs on an indemnity basis) that arise from the usage of the vehicle in Malaysia.

For non-Singapore Driving Licence holders, it is the HIRER's responsibility to convert his/her foreign driving licence to a Singapore driving licence according to the current Singapore Road Traffic Act. Failing which the HIRER is liable for all loss and damage suffered by the OWNER.

I agree to hire the abovementioned vehicle for the period stated above and be bound by the terms and conditions (page 1 to 4) which I have read and understood.

I further agree that I shall be responsible for the following insurance excess :-

\$ 1,000 (3rd Party) \$ 1,000 (Own Damage) of any collision loss or damage howsoever caused to the vehicle whether or not such damage or loss is caused by my or the Authorised Driver's negligence or any breach by me of the terms and conditions of hire. This includes accident loss, damage or liability in connection with flood, strike/riot or other convulsion of nature.


Signature of HIRER


For and on behalf of Presto Expat Motoring Services Pte Ltd

Claim Handling

Accident MT/1122830

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----|
| Policy No. | 5109441522-01 | Vehicle No. | SGZ2993B | GST Registration No. | 200 |
| Certificate No. | 5109441522-01-000004 | | | Policyholder NRIC | 200 |
| Policyholder Name | PRESTO EXPAT MOTORING SERVICES PTE. LTD. | | | Loading | 0 |
| Product Code | FLEET MASTER INSURANCE | Cover Type | drive CLASSIC | Contact No.(Home) | |
| Contact No.(Mobile) | 91378666 | Contact No.(Office) | | eCode | No |
| Email Address | | Special Remark | | eCode Reason | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | Private Hire | No |
| NCD Protection | No | NCD Entitlement(%) | 0 | | |

▼ Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|-------|
| Report Date | 01/03/2021 19:37 | Accident Report Within 24 hrs | Yes | Accident Type | Colli |
| Date of Accident | 27/02/2021 | Time of Accident hh:mm | 11:25 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PATERSON ROAD SLIP ROAD TOWARDS ORCHARD BLVD | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 500.00 | TP Standard Excess | 500.00 | Driver is Covered? | Covt |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | 0.00 | | | | |
| Total OD Excess Applicable | 500.00 | Total TP Excess Applicable | 500.00 | | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 12/05/2008 |
| GST Registration No. | 200713089K | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|---------------------|-----------|-----|
| Address 1 | 491 RIVER VALLEY ROAD | Address 2 | #01-04 VALLEY POINT | Address 3 | SIN |
| Address 4 | | Address Type | Singapore address | Post Code | 248 |
| Unit No. | | Related Policy Number | 5120863055 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 09/1 |
| Unnamed driver Name | RUMBERG CATHERINE | Driver NRIC | G5237950X | Driving Experience | 8 |
| Register Date of Driver License | 08/11/2012 | Driver Age | 57 | Contact No.(Home) | |
| Contact No.(Mobile) | 91378666 | Contact No.(Office) | | Address 3 | SIN |
| Address 1 | 1 KIM SENG WALK | Address 2 | #25-04 TIARA | Post Code | 239 |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 25-04 | | | Driver Insurer Company | NTL |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SGZ2993B | | |

Declaration

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

Modification History

Claim 001 OD-MX New

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type * | OD-MX | Insured Name | PRESTO EXPAT MOTORING SER | Insured NRIC | 200 |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 673 |
| Email Address | | OI Vehicle Number | SGZ2993B | TP Vehicle Number | SGY |
| Claim Description | SGZ2993B / SGY5606E ON 27 Feb 2021 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Rec |
| Date Registered | 01/03/2021 19:40 | Claim Close Date | | Date Received | 01/1 |
| Report Taken By | | Workshop Repairer | | Total Loss but Repaired | |

☒ Print AK letter

Attachment

Accident No.

MT/1122830

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

01/03/2021 19:44

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

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NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|--|--|-----------------------|---|---------|--------------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | Photos | | Normal | Photos 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021-3-1 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 19:44 | SAS | | Normal | SAS 2021-3-1 |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source |
|------------------|-------------|-----------------------|--------------------|--------|
| | | 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: 5109441522-01-000004

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGZ2993B**
 Chassis Number : JN1BAAG11Z0105468
2. Name of Policyholder : PRESTO EXPAT MOTORING SERVICES PTE. LTD.
3. Effective Date of Insurance : 09 Jun 2020
4. Expiry Date of Insurance : 08 Jun 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.

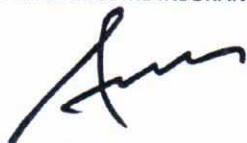
| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : As agreed in the policy terms |
| EXCESS (SECTION 2) | : As agreed in the policy terms |
| WINDSCREEN EXCESS | : As agreed in the policy terms |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| 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 | : N/A |
| 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 : INCOME - MT DEPT (00000600471)

Date of Issue : 04 Jun 2020 14:35 hrs (BN)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive