

NATIONAL Assessment Centre Services.

15 JAN 1968

2136003

Date In:	Job description	Date & Time Completed	Done by
16/03/2021 15:58	SAS e-milling		
Ref No: NBA/MC21003434/Y	E-mail (by date time, A/C time)		
Val No: SW 6558 P	I-Motor Claims Form	16/11/2020 00:00	16/03/2021 16:01
D.O.A: 13/03/2021 22:40	I-Motor W/O (w/inter OD time, TP 4hrs)		
(D) : TP : Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VV/KSZ		

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Identification: Vch No: SLK 9403A

INC(,) / Non-INC()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Dates.

Thurston

Insured/Driver Liability: (

%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (

Warranty: YES () / NO ()

EXCESS: (\$

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.

() Total Loss Case : to e-mail Insurer URGENTLY;
Drive-In () / Towed-In () ; Invoice# VRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$3000)

Injury :

HA2101942

Driver/Owner:

Contract No:

Warnägel Portion:

QC Checked by (Eng'r-In-Charge):

... 2015/12/15

2/21/1911

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.....

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100

1) All Accident Surveys (330)	NG (330)
2) DA + Damages Assessment (\$1000)	\$1000
3) TPI Towing Fee	\$150
4) TPI Follow-Through Survey	\$30
5) TPI Follow-Through Survey (Re-survey)	\$30
6) TPI Follow-Through Survey (Re-survey) (NG Only, over 10 in 100)	\$75
7) TPI Re-inspection	\$160
8) NI + ID + DA + EMRT Survey	
9) NTUC Additional Services	
ON	\$3
* NS; Courtesy Car / TPI Allowance	\$10
* NG; Repair Coordination	\$25
* TPI; Post Repair Inspection	\$3
* NG; DV / Collision Assessment Coordination	\$20
TPI (NI) + TPI (NG) + TPI (NG)	\$0
10) NI + ID + 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	16/03/2021 15:55 (SGT)
Date of Accident	13/03/2021 22:40 (SGT)
Exact Location of Accident	Club St, Singapore
Additional Location Information	JUNCTION OF CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW6558P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WONG'S LIMOUSINE
Company Reg No	5XXXX452J
Email Address	wongkaymeng12@gmail.com
Mobile Phone No	(Phone) +65-98230338
Alternative Phone No	+65-98230338

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	No
Policy Number	5082647224-04
Cover Note Number	-

DRIVER

Name of Driver	WONG KAY MENG ANDREW
NRIC No	SXXXX252C
Date Of Birth	18/06/1964
Occupation	Outdoor

Date Of Driving Pass	06/02/1985
Driving experience	36 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98230338
Alt. Phone Number	-
Email Address	wongkaymeng12@gmail.com
Address	BLK 129 BUKIT MERAH VIEW #20-156
Address complement	-
Postcode	150129
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	1
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JAMES
Gender	Male

PASSENGER 2

Name	SOPHIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210314/2006

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	SLR9403A
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH CHIU MIN
NRIC No	SXXXX280G
Contact Number	(Phone) +65-98783280
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.
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. 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.

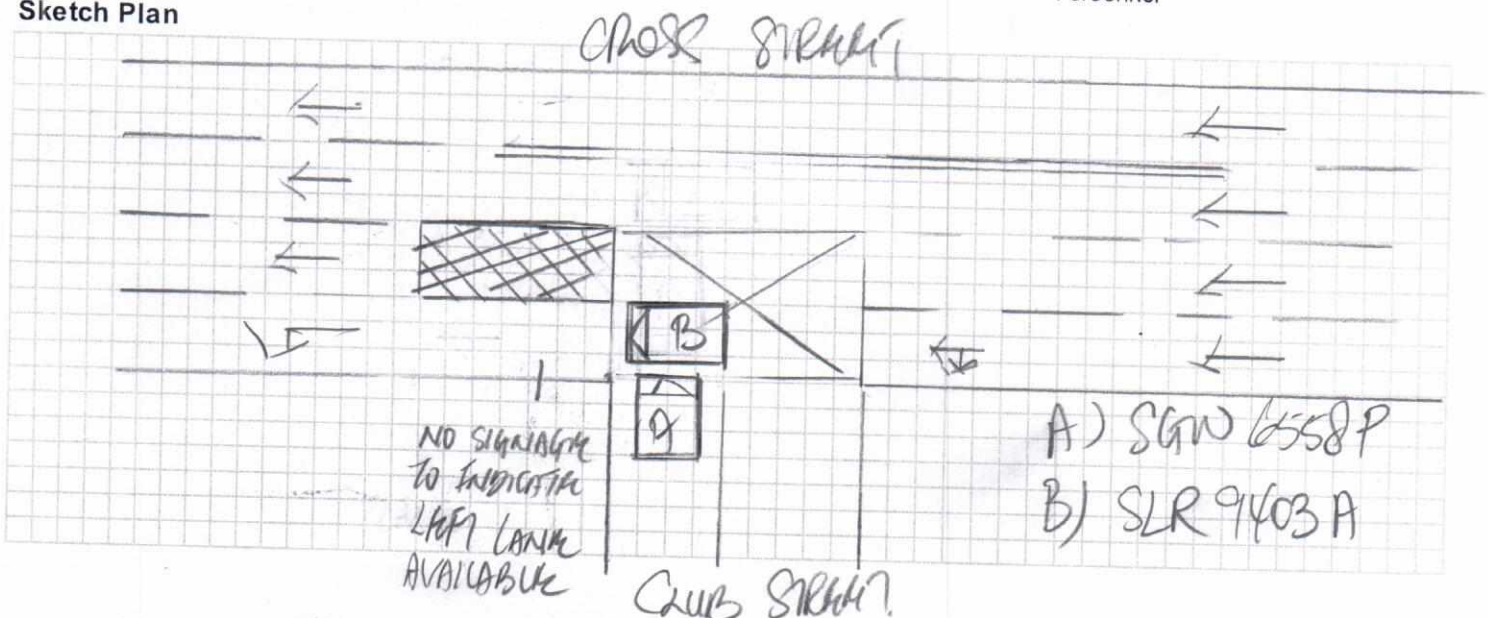
WONG'S LIMOUSINE
Co. Reg. No: 53342452J

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER to Police Report 7/20210314/2006

Declaration

We declare the foregoing particulars are true in every respect.

WONG'S LIMOUSINE
Co. Reg. No: 53342452J

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: (13 / 03 / 2021) (DD/MM/YYYY), TIME: (12 : 40) PM (HH:MM)
LOCATION: JUNCTION OF CLUB STREET & CROSS STREET.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW 6558 P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5082647 224-04
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA AXIO
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: WONG LIMOUSINE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: UEN 53342452J CONTACT: 98230338
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
DRIVER

- a) NAME: WONG KAY MENG ANDREW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1671252C CONTACT: 98230338
c) ADDRESS: BLK 129, BUKIT MERAH VIEW
#20-156, SINGAPORE 150129
*d) DATE OF BIRTH: (18 / 06 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 FEB 1985

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

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: BUKIT MERAH WEST N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 9403 A MODEL: MASDA 3
b) DRIVER'S NAME: GOH CHIU MIN
c) NRIC/FIN/PASSPORT: S8423280 G CONTACT: 98783280

9. THIRD PARTY VEHICLE

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

Email: wongkaymeng12@gmail.com
VIDEO YES



SINGAPORE POLICE FORCE



T/20210314/2006

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 4

Report No. T/20210314/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 01:03		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: WONG KAY MENG ANDREW			Address: APT BLK 129 BUKIT MERAH VIEW #20-156 SINGAPORE 150129		
ID Type / ID No.: NRIC NO / S1671252C			Contact No.: Home/Office: Mobile: 98230338		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 18/06/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 22:40	Type of Location: T-Junction
Location: CLUB STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW6558P	Car	TOYOTA	COROLLA AXIO	Silver	Slightly Damaged	2
SLR9403A	Car	MAZDA	MAZDA 3	Grey	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210314/2006

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Report No. T/20210314/2006

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210314/2006

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20210314/2006

CONTINUATION OF REPORT

Driver				
Name	WONG KAY MENG ANDREW		ID No.	S1671252C
Related Vehicle	SGW6558P (Car)		Contact No.	98230338
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
Driver				
Name	GOH CHIU MIN		ID No.	S8423280G
Related Vehicle	SLR9403A (Car)		Contact No.	98783280
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

Brief Details.

I am a Grab driver and I am driving a Silver Toyota (SGW6558P). On the 13/03/2021 at about 2240hrs, I was driving my car with 2 passengers on board (James and Sophia) and we were travelling along Club Street towards Cross Street.

While I was at the T junction of Club Street and Cross Street. I noticed that there was road work construction on the left, I was unable to see clearly as the road work construction looks big and I can only see the orange barricade along the 2nd left lane.

I assumed that the road work was taken up the 2 left lane thus I moved out to Cross Street after I check that the pedestrian had cleared and no in-coming car coming, suddenly a Black Mazda (SLR9403A) collided to the right side of my car.

The black Mazda was driven by a female driver with no passenger on board. I exchanged particulars and contact number with the other driver. The driver complain of leg pain but does not required ambulance, my passengers complain of head pain and a small bump but does not required ambulance. No ambulance or Traffic Police attended to the accident.

I wish to state that the road work was very huge and there are no signage set up by the road junction to show road user on the road closure and there are no workers at the junction taking care of traffic.

My car is not installed with in-car camera.



**SINGAPORE
POLICE FORCE**



T/20210314/2006

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Report No. T/20210314/2006

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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:

D /
Sgt 1 ONG JING WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2021 01:03

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476229

Classification Of Case:

Authentication Stamp
NP168



SN 45

SIGNATURE

Claim Handling

Accident MT/1124402

Policy No.	5082647224-04	Vehicle No.	SGW6558P	GST Registration No.
Certificate No.				
Policyholder Name	WONG'S LIMOUSINE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	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(%)	20	Private Hire

▼ Accident Details

Report Date	15/03/2021 16:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/03/2021	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Form		ICM No.
Accident Location	UNKNOWN			

▼ Total Excess Applicable

Excess Type	All Claims Excess	Windscreen Excess	100.00
All Claims Excess	2,000.00		
YIED All Claim Excess		Driver Is Covered?	Not Applicable
Total All Claim Excess Applicable	2,000.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	15/03/2021 16:05:01 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 129 #20-156	Address 2	BUKIT MERAH VIEW	Address 3
Address 4	SINGAPORE 150129	Address Type	Singapore address	Post Code
Unit No.	20-156	Related Policy Number	5082647224-04	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	WONG'S LIMOUSINE	Insured NRIC
Contact No.(Mobile)	98230338	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SGW6558P	TP Vehicle Number
Claim Description	SGW6558P / SLR9403A ON 13 Mar 2021			
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	16/03/2021 15:53	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1124402	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2021 16:01

Choose File No file chosen

Path *

Category *

Confidential

Urgen

Clear

Please Select

NO

Normal

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

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 16:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 16:01	SAS	Normal	SAS 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 16:01	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:53	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:53	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:53	Photos	Normal	Photos 2021-3-16
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:53	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:53	Photos	Normal	Photos 2021-3-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 16 Mar 2021 15:53	Photos	Normal	Photos 2021-3-16

Video List

Uploaded By/Date	Folder Date	File Name	Sou
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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 : 5082647224-04

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SGW6558P**
Chassis Number : NZE1416028341
2. Name of Policyholder : WONG'S LIMOUSINE
3. Effective Date of Insurance : 25 Jul 2020
4. Expiry Date of Insurance : 24 Jul 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.
 - (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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 (ALL CLAIMS)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 20 Jul 2020 14:50 hrs
Reprint : 20 Jul 2020 14:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive