

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN08713V0003

Date In: 31/03/2021 17:08	Job description	Date & Time Completed	Done by
Ref No: N/A/INC200419774	SAS e-filing		
Veh No: SLK 89067	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/03/2021 13:45	I-Motor Claim Form	MT/112632001	31/03/2021
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:06
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLK 1393K

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 (

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time

Actions

NA2102636

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2 / 3:

Invoice Preparation Checklist

Amc (\$)

Amc (\$)

Inc Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-on INC) against INC \$20

9) N12: Idao Mobile 30

Invoice dated

Fee Charged

Invoice dated

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	31/03/2021 17:08 (SGT)
Date of Accident	28/03/2021 13:45 (SGT)
Exact Location of Accident	36 Swiss Club Rd., Singapore 288139
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8906J
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Company Reg No	2XXXXX089K
Email Address	rental@prestoeexpatmotoring.com
Mobile Phone No	(Phone) +65-97700566
Alternative Phone No	+65-97700566

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Sorento
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
Transmission	Auto
CC	2359

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5109441522-01
Cover Note Number	-

### DRIVER

Name of Driver	ALVAREZ GARCIA CRISTINA
Passport No/FIN	GXXXX140R

Date Of Birth	27/07/1987
Occupation	Indoor
Date Of Driving Pass	30/08/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97700566
Alt. Phone Number	-
Email Address	rental@prestoeexpatmotoring.com
Address	22 WATTEN HEIGHTS
Address complement	-
Postcode	287454
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	Collided into Parked Vehicle
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	SON
Gender	Male

#### PASSENGER 2

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 PLAN

#### 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	SLF1393K
Vehicle Manufacturer	Audi

* Vehicle Model .....	A3
* Vehicle Variant .....	-
* Vehicle Colour .....	-
* Vehicle Category .....	Private car
Name of Driver .....	MATTIUS
Contact Number .....	(Phone) +65-98558101
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.



*iste*

31/3/2021  
15:40

*car* 31/03/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

36 SWISS CLUB ROAD

A) SLK 8906 J

B) SLF 1393 K



### Describe Circumstances of the Accident

On the 28<sup>th</sup> of March around 13:45 I was reversing back from my parking space at the Swiss Club (38 Swiss Club Road). I bumped gently into an AUDI A3 (SLF1393K). There was no passenger on the other car. The incident resulted in a mark on the front right of the AUDI. There were no injuries, ~~any~~

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*eist*

31/3/2021  
15:40

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

*[Signature]* 31/03/2021  
Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 28/03/2021 (DD/MM/YYYY), TIME: 13:45 (HH:MM)

LOCATION: SWISS CLUB (36 SWISS CLUB ROAD) → CAR PARK

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 8906J  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5109441522-01-000088  
d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: KIA SORENTO  
f) TYPE: (SALOON / 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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: CRISTINA ALVAREZ GARCIA (MALE / ☒ FEMALE)  
b) NRIC/FIN/PASSPORT: G5475140R CONTACT: 97700566  
c) ADDRESS: 22 WATSON HEIGHTS

\* d) DATE OF BIRTH: 27/07/1987 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 30-AUG-2014

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: SLF 1393K MODEL: AUDI A3 SEDAN  
b) DRIVER'S NAME: MATIUS  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9855 8101

### 9. THIRD PARTY VEHICLE

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

email: RAMMILA@PMS70  
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-201204

## RENTAL AGREEMENT

DATE : 4-Dec-2020

HIRER'S PARTICULARS				VEHICLE PARTICULARS AND CHARGES		
NAME : JAMIE GEORGE WRIGHTSON				DETAILS	OUT	IN
ADDRESS : 22 Watten Heights Singapore 287454				REG NO.	SLK 8906 J	
TELEPHONE : 9825 6792				COLOR/MAKE & TYPE	Grey Kia Sorento 2.4 (A) SR	
EMPLOYER : WILHELMSSEN SHIP SERVICE (S) PTE LTD				DATE	04/12/2020	
ADDRESS :				TIME	11.30am	
OCCUPATION : Vice President				CHECKED BY		
DATE OF BIRTH : 31-Jan-1982				DUE DATE		
DOCUMENT :	PASSPORT/NRIC/ROC	DRIVING LICENCE	EMP / DEP'S PASS	EST. RENTAL DURATION	DAYS / WEEKS / MONTHS	
NO.	508098094	G5431645W	G5431645W		24 + 12 MONTHS (with Diplomatic clause after 24 months)	
Place of Issue	UK	SINGAPORE	SINGAPORE	RENTAL RATE	\$1,963	PER MONTH
Issue Date	22-Jun-2012	26-Oct-2019	9-Jan-2018	RENTAL	\$	1,962.62
Expiry Date	22-Mar-2023	25-Oct-2024	15-Feb-2021	GST AMOUNT	\$	137.38
ADDITIONAL DRIVER'S PARTICULARS				TOTAL AFTER GST	\$	2,100.00
NAME : GARCIA CRISTINA ALVAREZ						
TELEPHONE : 9825 6792 9770 0566				DEPOSIT via Cash/ Cheque/ Credit Card	\$	4,200.00
DATE OF BIRTH : 27-Jul-1987						
DOCUMENT :	PASSPORT/NRIC/ROC	DRIVING LICENCE	EMP / DEP'S PASS			
NO.	XDC307739	G5475140R	G5475140R			
Place of Issue	SPAIN	SINGAPORE	SINGAPORE	TOTAL AMOUNT TO COLLECT	\$	6,300.00
Issue Date	11-Jan-2016	26-Oct-2019	26-Nov-2020	PAYMENT BY : <input type="checkbox"/> Cash S\$ ..... <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque #: .....		
Expiry Date	10-Jan-2021	25-Oct-2024	15-Feb-2024			
REMARKS In the event of relocation out of Singapore, Hirer would need to provide Two (2) months in writing to Presto for premature contract termination. Hirer would bear the rental amount of the total number of months remaining in the contract if the contract is enforced for a period of less than 24 months.						

### IMPORTANT:

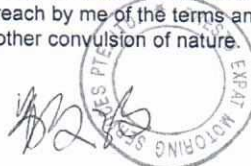
The said vehicle shall be driven only in Singapore and is NOT insured for use in Malaysia. You are liable to indemnify the OWNER for all loss and damage, (including but not limited to legal costs on an indemnity basis) that arise from the usage of the vehicle in Malaysia.

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 :-

**\$ 1,500 (3rd Party) \$ 1,500 (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/1126532

Policy No.	5109441522-01	Vehicle No.	SLK8906J	GST Registration No.
Certificate No.	5109441522-01-000088			
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97700566	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	31/03/2021 17:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/03/2021	Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	36 SWISS CLUB ROAD OPEN CARPARK			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreer Excess	100.00	
OD Standard Excess	500.00	TP Standard Excess	500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
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
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120863055	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ALVAREZ GARCIA CRISTINA	Driver NRIC	G5475140R	Driver DOB
Register Date of Driver License	30/08/2014	Driver Age	33	Driving Experience
Contact No.(Mobile)	97700566	Contact No.(Office)		Contact No.(Home)
Address 1	22 WATTEN HEIGHTS	Address 2	#SLK8906JSLK8906J WATTEN I	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLK8906J	Driver Insurer Company

## 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	PRESTO EXPAT MOTORING SER	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SLK8906J	TP Vehicle Number
Claim Description	SLK8906J / SLF1393K ON 28 Mar 2021			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	31/03/2021 18:03	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

☒ Print AK letter

Save Submit

## Attachment

3/31/2021

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

Accident No.

MT/1126532

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

31/03/2021 18:06

Path \*

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category \*

Confidential

Urgen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:06	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:06	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:06	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:06	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:03	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:03	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:03	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:03	Photos		Normal	Photos 2021-3-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 31 Mar 2021 18:03	SAS		Normal	SAS 2021-3-31

## Video List

Uploaded By/Date	Folder Date	File Name		Sou
		<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:** 5109441522-01-000088

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLK8906J**  
Chassis Number : **KNAKU816ME5545876**
2. Name of Policyholder : **PRESTO EXPAT MOTORING SERVICES PTE. LTD.**
3. Effective Date of Insurance : **03 Dec 2020**
4. Expiry Date of Insurance : **02 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 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)	: N/A
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	: UNITED OVERSEAS BANK LIMITED
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

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive