

NATIONAL Assessment Centre Services (ver 1.2/1000)

MAA417153390

Date In: 20/11/2017 14:36	Job description	Date & Time Completed	Done by
Ref No: NBA/MC17022074	SAS e-illing		
Veh No: SR 5024	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 19/11/2017 05:50	1-Motor Claim Form	milor 10404	20/11/2017
OD / TP Reporting Only	1-Motor W/O (within OD 2hrs, TP 4hrs)		15:00
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Veli No: STZ 7893A	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%; F: 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 repaler.

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

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

Remarks: INC Hotline: 6788 0016	Date/Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury:

Date/Time	Actions

XIA/707162

Human's Particulars	Invoice Preparation Checklist	Unit (\$)	Amount (\$)
river/Owner:	1) AR: Accident Reporting (\$30)		
contact No:	2) DA: Damage Assessment (\$100)	INC (\$20)	
damaged Portion:	3) TP: Towing Fee (\$40/\$45)		
	4) FT: Follow-Through Survey (\$120)		
	5) PT: Follow-Through Survey (Resurvey) (\$20)		
	Excess/claim against INC Only (ver 1.0 Jan 2/05)		
	6) TR: Re-inspection (\$75)		
	7) NI: 1 Day DA + SMRT Survey (\$160)		
	8) NTUC Additional Services		
C. Checked by (Sign-In-Charge):	Q11:		
	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DY / Collect Excess Coordination	\$5	
	TP (N11) / TP (N4n INC) against INC	\$20	
	P) N12: 1 day mobile	\$20	
	Invoice dated	File Charged	
	Invoice dated	File Charged	

L 7/3:

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 ability.
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 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 Report	20/11/2017 14:36
Date Of Accident	19/11/2017 08:50
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS TPE/SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR502G
Insured/Policyholder	
Name Of Registered Owner	SIN SOK JOO
NRIC No	S1462417A
Email Address	CHRISSIVERCTS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96533755
Alternative Phone No	OTHERS-88233000

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093545366
Cover Note Number	

Driver

Name of Driver	CHRISTOPHER SILVER
NRIC No	S9147752A
Date Of Birth	19/12/1991
Occupation	INDOOR
Date Of Driving Pass	22/11/2014
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88233000
Fax Number	
Contact Number	OTHERS-96533755
Email Address	CHRISSIVERCTS@HOTMAIL.COM

Address	BLK 25 TANGLIN HALT ROAD #01-28
Postcode	140025
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FAMILY FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
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	SJZ9893A
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Name of Driver	SATHASIVAM S/O RAJAMANAKAM ARUMUGASAMI
NRIC/Passport Number	S1785418F
Contact Number	92316794
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name

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**.
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

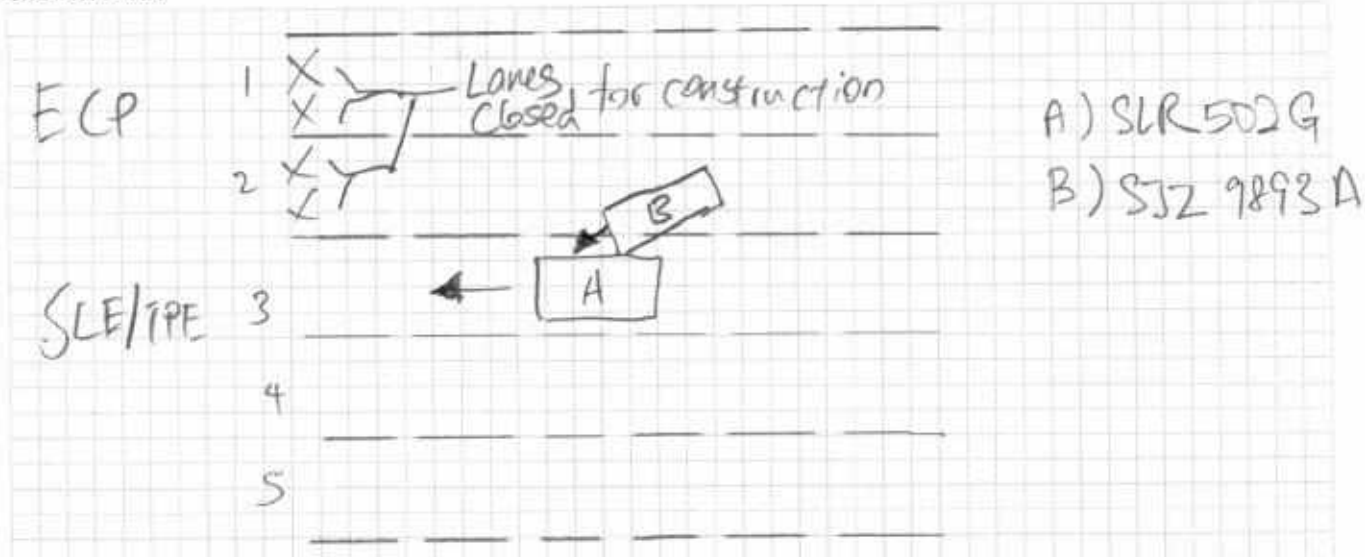


Driver's Signature
(If driver is not the policyholder)
Date & Time:


20/11/2017

Reporting Centre Personnel's Signature
Name: *Keshi Wathan*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was going straight towards the entrance of TPB/SLE from Airport, I felt a knock and saw vehicle B had changed Lane into my rear fender, causing a scratch. It was dry & sunny at that point. The ECP was closed and all cars from lane 1/2 wanted to change to 3/4. This was how car B hit me.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 20/10/2017
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Christopher Silver

NRIC/FIN S9147752A, has reported to the Police a non-injury traffic accident which occurred along/at Airport Boulevard towards SLE/TPE on 19/11/2017 at 08.51 am/pm involving the following vehicles:

Vehicle 1: SLR502G
Vehicle 2: SJZ9893A

- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Rickson Ong

Date: 19/11/2017 Time: 0958hrs

S/D Ref: 29

Police Post/Unit: Ang Mo Kio Police Division / Yishun North NPC

YISHUN NORTH NPC
31 YISHUN CENTRAL
SINGAPORE 768827
TEL: 6552 5489
FAX: 6552 4236

CONFIDENTIAL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9147752A



Name

CHRISTOPHER SILVER

Race

CHINESE

Date of birth

19-12-1991

Country/Place of birth

SINGAPORE

Sex

M



5312586



NRIC No. S9147752A



Date of issue

03-06-2014

Address

APT BLK 25 TANGLIN HALL ROAD
#01-28
SINGAPORE 140025

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9147752A

Name

CHRISTOPHER SILVER

Birth Date: 19 Dec 1991

Issue Date: 05 Feb 2015



SG
50

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	26 Apr 2010
Class 2A	Motorcycles between 201 cc and 400 cc	26 Aug 2011
Class 2	Motorcycles > 400 cc	26 Nov 2012
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	22 Nov 2014

NP 426A



Claim Handling

Accident MT/0970404

Policy No.	5093545366	Vehicle No.	SLR502G	GST Registration No.	
Policyholder Name	SIN SOK JOO			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	
Contact No.(Mobile)	96533755	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	Yes	NCD Entitlement(%)	50		
Accident Details					
Report Date	20/11/2017 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Sa
Date of Accident	19/11/2017	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT BOULEVARD TOWARDS TPE/SLE				
Benefits					
Excess					
Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	20 CANBERRA DRIVE	Address 2	#09-02 YISHUN EMERALD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093545366		
OI Driver Info					
Driver Name	CHRISTOPHER SILVER	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9147752A	Driver DOB	
Register Date of Driver License	22/11/2014	Driver Age	25	Driving Experience	
Contact No.(Mobile)	88233000	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	SLR502G	Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>		

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	SIN SOK JOO	Insured NRIC	
Contact No.(Mobile)	96533755	Contact No.(Home)	67339208	Contact No.(Office)	
Email Address	evelyn_rose@live.com	OI Vehicle Number	SLR502G	TP Vehicle Number	
Claim Description	SLR502G / S129893A ON 19 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/11/2017 14:58	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
Print AK letter					







Save Submit

Attachment

Accident No.	MT/0970404	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 19:00
Path *		Category *	Confidential Urgency
		Browse Clear Please Select	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	AC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	AC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	AC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	AC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	AC	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 15:00	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 15:00	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 15:00	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:59	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:59	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 14:58	NRJC/ Driving License	Normal	NRJC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 19/11/2017 (DD/MM/YYYY), TIME: 08:51 (HH:MM)

LOCATION: Airport Boulevard Towards TPE / SLE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 502 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5093545366
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI ELANTRA
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: Christopher Silver (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9147251A CONTACT: 88233900
 c) ADDRESS: 25, Tangle Hill #01-28 S14025

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Sin Sak Joo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S146247A CONTACT: 96533755
 c) ADDRESS: 20 Canberra Drive #09-02 S260425

* d) DATE OF BIRTH: 19/12/1991 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING LICENSE: 22/10/2014
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Family Friend
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) Dry
 6. WAS ANYBODY INJURED (YES/NO)
 7. a) REPORTED TO POLICE (YES/NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: Yishua North NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ29893A MODEL: Hyundai Avante
 b) DRIVER'S NAME: SATHASIVAM S/O RAJAMANAKAM ARUMUGASAND
 c) NRIC/FIN/PASSPORT: S1785418F CONTACT: 97316944

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

No of passengers
 (Including driver)
(3)

No of passengers
 (Including driver)
(2)

No of passengers
 (Including driver)
()

Email = Chrissilvercts@hotmail.com

fax =

V1 060

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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093545366	Cover : drive PREMIUM
1. Index mark and Registration Number of Vehicle	: SLR502G
Chassis Number	: KMHD841CMJU515809
2. Name of Policyholder	: SIN SOK JOO
3. Effective Date of Insurance	: 29 Jul 2017
4. Expiry Date of Insurance	: 28 Jul 2018
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	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIN SOK JOO
NAMED DRIVER (1)	: TAN CUILING JOLENE
NAMED DRIVER (2)	: CHRISTOPHER SILVER
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) 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 : KOMOCO TRADING PTE LTD (00000614810)
 Date of Issue : 18 Aug 2017 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive