NATIONAL Assessment Centre Services (wef 1 Jan 00) NA0417 716425

Date In: 08/12/2017 17:53	Job description	Date & Time Completed	Done by
Ref No: NBA/7AEC/17023393/Y	SAS e-filing		
Veh No: SKF 3143E	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 10/11/2017 17:35	I-Motor Claim Form	M11096985T-002	08/12/2017 18:23
OD / TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SLH 6877M , 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 repairer.

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

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

Remarks: (NC hotline 6783 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	Action

NA1707640

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

1 2 / 3:

Invoice Preparation Checklist		Bill	Don't Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) ; INC ($80)			
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$150		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2000)			
6) TR : Re-inspection	$35		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services -			
OD:			
*N3: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$30		
9) N12: Idea Mobile	10		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 08/12/2017 18:16

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 witholding 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	08/12/2017 17:53
Date Of Accident	10/11/2017 17:35
Exact Location Of Accident	DUNEARN ROAD BETWEEN TREVOSE AND PLYMOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3143E
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	MWADHERA@MAC.COM
Mobile Phone No	(LOCAL) +65-90304747
Alternative Phone No	OFFICE-90304747
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093337471
Cover Note Number	
Driver	
Name of Driver	WADHERA MALINI NARANG
Passport No/FIN	G5174679T
Date Of Birth	16/05/1968
Occupation	INDOOR
Date Of Driving Pass	14/12/2012
Driving Experience	4 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90304747
Fax Number	
Contact Number	OTHERS-90304747
EMail Address	MWADHERA@MAC.COM

Address	9 ARDMORE PARK #06-03
Postcode	259955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
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	SLH6877M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	MARK TAN
NRIC/Passport Number	
Contact Number	96823302
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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.

MOTORWAY CAR RENTAL PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 14/11/17 6:45 am

08/11/2017

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

SKETCH PLAN

DUNEARN

A) SKC 3143 E →

B) SCH 6877M →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Friday, Nov 10th 2017, at approximately 5:25 pm I was driving down Duncairn towards Raffles Town Club. I decided to switch lanes after passing Trevose.

I confirmed the right lane was clear and turned on my indicator light well before proceeding to the right lane. I saw that the other vehicle was far enough away so I was clear to change lanes.

As I was making the lane change, the other driver hit my car.

DECLARATION

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

Policyholder's Signature
Date & Time

Driver's Signature
(if driver is not the policyholder)
Date & Time
11:59 pm
14/11/17

08/12/2017

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.
Robert Watkins

Claim Handling

The premium on this policy has not been collected.

Accident MT/0969855

Policy No.	5093337471	Vehicle No.	SKC3143E	GST Registration No.	
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	15/11/2017 14:05	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	10/11/2017	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH ROAD TOWARDS ADAM ROAD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	Yes	GST Registration Date	01/08/1999
GST Registration No.	199902927C	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	1094 LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093337471		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		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 No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	rent@motorwaycarrentals.com	OI Vehicle Number	SKC3143E	TP Vehicle Number	
Claim Description	SKC3143E / SLH6877M ON 10 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	08/12/2017 18:21	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0969855	Claim No.	002
Last Doc. Received	Yes No	Upload Date	08/12/2017 18:23

Path *		Category *	Confidential	Urgency
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:22	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:21	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:21	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:20	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:20	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 08 Dec 2017 18:20	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display in New Window | Scan and uploading

MOTORWAY

MotorWay Car Care Centre Pte Ltd
(CO. REG NO.: 20000-0606-)
1094, Lower Delta Road, Motorway Building, Singapore 169205
Tel: (65) 6468 2200 Fax: (65) 6273 5535
Website: www.motorway.com.sg

ACCIDENT STATEMENT FORM

Please attach this form together with Driver IC, driving license and Insurance Certificate.

Date of Accident : 10 / 11 / 17
Time of Accident : 5:35 am (pm) noon
Exact Location of Accident : DUNEARN ROAD, Ring Between Trevose and plymouth.

Detail of Own vehicle - Policyholder
Name of registered Owner : Motorway Car Rentals Pte Ltd
NRIC / FIN / Passport number : 199902927C
Address : 1094 Lower Delta Road, Motorway Building (S) 169205
H/P : 64682200
Fax : 62735535

Vehicle Particulars
Vehicle Registration Number : SKC3143E
Vehicle Make and Model : Honda CRV
Purpose was being used at time of accident : Private use / Commercial use / Hire & reward
Action to be taken for repair your vehicle : Third party claims / Own damage claims / Reporting only

Insurance Company
Name of Insurance Company : Liberty Insurance / ~~Tokio Marine Insurance~~
Type of coverage : Comprehensive / Third Party Fire & Theft / Third party only
Policy number : : _____

Details of Own Vehicle - Driver
Name of Driver : MALINI WADHERA
NRIC / FIN / Passport number : G5174679T
Date of Birth : 16/05/68
Occupation : HOME
Date of driving pass : 14/12/2012
Address : 9 ARDMORE PARK #06-03, SINGAPORE 259955
H/P : +65 9030 4747
Email : mwadhera@mac.com
Relationships of the Driver with the Insured : Hire & reward

Information Of The Accident (Please circle)
Injuries even if slight : Yes / No
Any Material or property damaged: Yes / No
Weather conditions : Clear / Raining / Drizzling
Road surface: Wet / Dry
Was the accident reporting to the police : Yes / No
Was notice of intended prosecution given : Yes / No If Yes, against to _____

MOTORWAY

MotorWay Car Care Centre Pte Ltd
(CO. REG NO.: 20000-0606-)
1094, Lower Delta Road, Motorway Building, Singapore 169205
Tel: (65) 6468 2200 Fax: (65) 6273 5535
Website: www.motorway.com.sg

Details of Other Vehicle / Property 1
Vehicle Registration Number : _____
Vehicle Make and Model : _____
Name of Driver : _____
NRIC / FIN / Passport number : _____
Address : _____
H/P : _____
Insurance Company Name : _____

Details of Other Vehicle / Property 2
Vehicle Registration Number : SLH 6877M
Vehicle Make and Model : TOYOTA
Name of Driver : MARK TAN
NRIC / FIN / Passport number : _____
Address : _____
H/P : 9682 3302
Insurance Company Name : _____

Details of Witness (If any)
Name _____
Address : _____
H/P : _____
Email : _____

Details of Injuried Person 1 (If any)
Name _____
Address : _____
Injuries sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambalance : Yes / NO

Details of Injuried Person 2 (If any)
Name _____
Address : _____
Injuries sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambalance : Yes / NO

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

Policyholder's signature : _____ Date and time : ___/___/___@___

Driver's signature : _____ Date and time : 14/11/17 @ 6:45am


We the People
Of the United States,
WADHERA
MALINI NARANG
UNITED STATES OF AMERICA
16 May 1968
NEW YORK, U.S.A.
United States
Department of State
SEE PAGE 27
USA
P<USAWADHERA<<MALINI<NARANG<<<<<<<<<<<<<<<<<
We the People
Of the United States,
WADHERA
SUMEET
UNITED STATES OF AMERICA
12 Jan 1972
INDIA
18 May 2010
19 May 2020
SEE PAGE 27
United States
Department of State
USA
P<USAWADHERA<<SUMEET<<<<<<<<<<<<<<<<<<<<<<<<

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number G5174679T

Name

WADHERA MALINI NARANG

Birth Date 16 May 1968

Issue Date 14 Dec 2012

Valid Till 13 Dec 2017

002132330C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	14 Dec 2012

NP 428A

Licence No: G5174679T

income
made different

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: 5093337471 — **Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SKC3143E**
   Chassis Number : JHLRE48508C213454
2. Name of Policyholder : MOTORWAY CAR RENTALS PTE LTD
3. Effective Date of Insurance : 01 Sep 2017
4. Expiry Date of Insurance : 31 Aug 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 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	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : MOTOR-WAY CREDIT PTE LTD (00000614920)
Date of Issue : 10 Aug 2017 11:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive