





## 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	06/01/2018 16:49
Date Of Accident	05/01/2018 19:20
Exact Location Of Accident	PIE TOWARDS TUAS AT PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4811E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K & T CARS
Co Reg No	53208965X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81801361
Alternative Phone No	OFFICE-81801361

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069003466-03
Cover Note Number	

### Driver

Name of Driver	SOH CHEE LEONG
NRIC No	S7709724D
Date Of Birth	20/04/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81801361
Fax Number	
Contact Number	OTHERS-81801361
Email Address	NOEMAIL

Address	BLK 211A COMPASSVALE LANE #10-192
Postcode	541211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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	SKF2625Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SOH CHEE LEONG
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SKQ4811E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



### SKETCH PLAN

**IMPORTANT NOTICE**

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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: \_\_\_\_\_

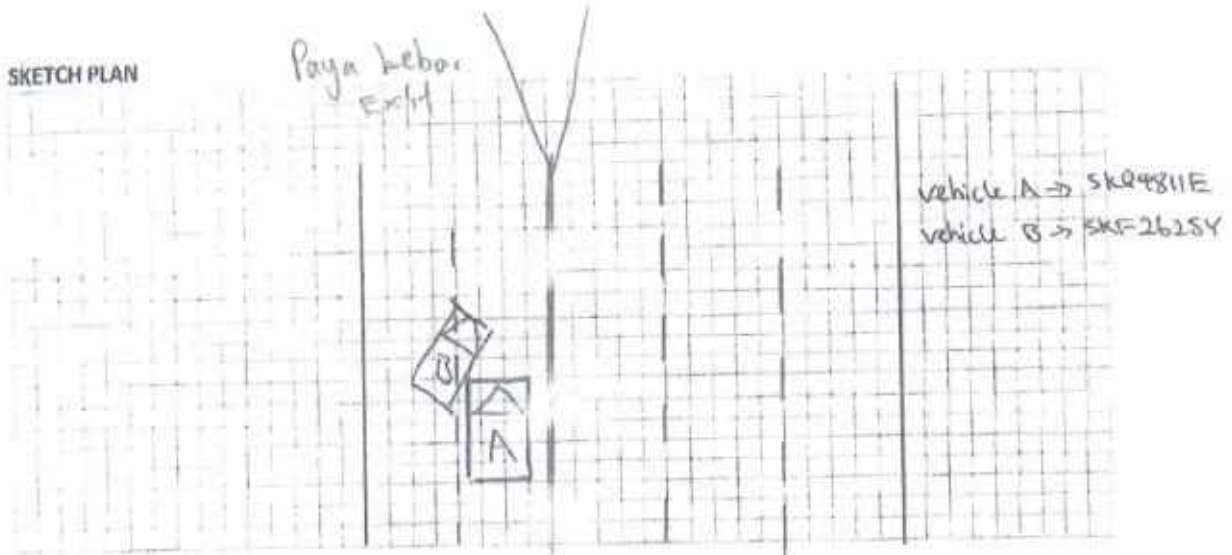
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was travelling along PIE towards Tuas (Paya Lebar Exit) along the 4<sup>th</sup> lane. At the point of time, the left most lanes (5<sup>th</sup> lane) were heavily jammed. While I was drove pass vehicle B (which it was stationary along the 5<sup>th</sup> lane, all of a sudden without any signal the driver of vehicle B recklessly swerved out from his lane and cut into my lane resulted it to hit onto the left side portion of my car. I wish to state that after the accident, the driver of vehicle B after hitting my car did not stopped immediately but move forward and trying to move back to the 5<sup>th</sup> lane.


### DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

## Claim Handling

Task Transfer Exit

LCP DAL SUN

## Accident MT/0976668

Policy No.	5069063406-03	Vehicle No.	SKQ4811E	GST Registration No.	
Policyholder Name	K&T CARS			Policyholder NRIC	S3208965X
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Leading	0
Contact No.(Mobile)	81801361	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	99
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	No

## Accident Details

Report Date	06/01/2018 17:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/01/2018	Time of Accident hh:mm	19:20	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TOWARDS TUAS AT PAYA LEBAR EXIT				

## Benefits

## Excess

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	00/01/2018 09:33:11 Kerilyn Yuen changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5068995385-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/04/1977
Unnamed driver Name	SOH CHEE LEONG	Driver NRIC	S7709724D	Driving Experience	4
Register Date of Driver License	14/02/2013	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	COMPASSVALE BEACON
Address 1	BLK 211A #10-192	Address 2	COMPASSVALE LANE	Post Code	541211
Address 4	SINGAPORE 541211	Address Type	Foreign address		
Unit No.	10-192				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKQ4811E	Driver Insurer Company	NTUC

## Declaration

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

## Investigation

Claim 001 OD-MX New

## Claim Case Officer

Claim Type	OD-MX	Insured Name	K&T CARS	Insured NRIC	S32089
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKQ4811E	TP Vehicle Number	SKF262
Claim Description	SKQ4811E / SKF2625Y On 5 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault	GIA report	Receive
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	06/01/
Date Registered	08/01/2018 08:09	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

Print AK letter

Modification History

## Special Claim Creation Approval

Approval Reason

Remarks

Attachment



Accident No.	MT/0976668	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/01/2018 00:00
Path *		Category *	Confidential
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Please Select
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Please Select
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Please Select
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Please Select
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Please Select
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:11	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:11	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:11	Photos	Normal	Photos 2018-1
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:11	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:10	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:10	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:10	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:10	Photos	Normal	Photos 2018-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:10	SAS	Normal	SAS 2018-1-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Jan 2018 17:10	NRIC/ Driving License	Normal	NRIC/ Driving License

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 05/01/18 / (DD/MM/YY) Time: 1920 / (HH:MM)
Exact location of accident	PIE twds Tuas at Paya Lebar Exit

## Details of vehicle

Vehicle registration number	SKA 4811 E
Vehicle make and model	Audi A4
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	working
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	5069003466-03
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	K & T cars	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	53208965x	
Contact		
Address		

## Driver

Same as Insured above ☐ (skip to D.O.B)

Name	Soh chee leong	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	577097240	
Contact	81801361	
Address	Blk 211A compassvale lane #10-192 S(541211)	
Email address		
Date of birth	20/04/1977	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	14/02/2013	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

#### Passenger 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SKF262SY
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	/
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	/
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	/
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	/
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	/
Vehicle registration number	
Vehicle make model	



Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Soh Chee Leong	
Injuries sustained	neck	
Which vehicle person in?	SKR 4811 E	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4099040



NRIC No: S7709724D



Date of Birth: 22-06-2007

APT BLK 251A COMPASSVALE LANE #10-1B2  
SINGAPORE 541211

NRIC No: S7709724D Date: 13/05/2012 No: 7030054

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

EFFECTIVE DATE

Class 3 Motor Cars < 2000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 14 Feb 2013

Licence No: S7709724D

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7709724D




Name  
SOH CHEE LEONG  
(SU ZHILIANG)  
苏志梁

Race  
CHINESE

Date of Birth 20-04-1977 Sex M

Country of Birth  
SINGAPORE

S7709724D

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No: S7709724D



Name  
SOH CHEE LEONG  
(SU ZHILIANG)

Date of Birth 20 Apr 1977

Valid Until 14 Feb 2013

002149930

**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: 5069003466-03

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SKQ4811E  
Chassis Number : WAUZZZ8K89A028690
2. Name of Policyholder : K&T CARS
3. Effective Date of Insurance : 04 Dec 2017
4. Expiry Date of Insurance : 03 Dec 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)	: S\$1,000
EXCESS (SECTION 2)	: S\$1,000
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SKYWAY CREDIT & LEASING PTE 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)

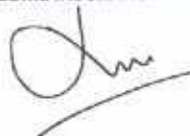
Agency : SOONG WAI SAN (00000525488)  
Date of Issue : 30 Nov 2017 08:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive