

NATIONAL Assessment Centre Services: (Int'l 1 800 662 1111) **MAINT 480/14029**

Date In: **29/01/2018 14:53** Job description: **SAS e-illing** Date & Time Completed: **29/01/2018 15:57** Done by: **mile979932**

Ref No: **NBA/INC480/1722/Y** E-mail (while this, A/C this): **TP Insurer:**

Veh No: **SAP 7567H** E-mail (while this, A/C this): **Assessment/Survey Report**

D.O.A: **29/01/2018 14:00** I-Motor Claim Form: **Ass't Report by Fax/Hand to Owner/VWsp**

OD / TR / Reporting Only: **Ass't Report by Fax/Hand to Owner/VWsp**

Preferred Wksp / INC Assign Wksp / OW: **TP Particulars:** Yell Not **SLH 9013U** INC () / Non-INC ()

Owner / Driver: **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 repeller.**

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

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

Removals: **1) Apply for Transition Allowance () / Courtesy Car ()**

2) QC Check / Post Repair Inspection ()

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

Injury: **()**

Other Tolls: **()**

Actions: **()**

1800662

Human's Particulars: **Invoice Preparation Checklist:**

Driver/Owner: **1) AR: Accident Reporting (\$30)**

Contact No: **2) DA: Damage Assessment (\$100) INC (\$50)**

Damaged Portion: **3) TP: Towing Fee (\$40/\$12)**

C. Checked by (Ungr-In-Charge): **4) FT: Follow-Through Survey (\$130)**

5) PT: Follow-Through Survey (Recovery) (\$30)

6) TR: Assistance (\$75)

7) NI: New DA + SMRT Survey (\$140)

8) NTUC Additional Services

9) NI: Courtesy Car / Trip Allowance (\$5)

10) NI: Repair Coordination (\$10)

11) NI: Post Repair Inspection (\$15)

12) NI: DV / Collect Unacc Coordination (\$5)

13) NI: TP (Non-INC) against INC (\$20)

14) NI: New Mobile (\$10)

Invoice dated: **Free Charged**

Invoice total: **Non-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 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 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 | 29/01/2018 14:53 |
| Date Of Accident | 28/01/2018 14:00 |
| Exact Location Of Accident | RIVERVALE DRIVE (OUTSIDE RIVERVALE MALL) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJP7567H |
| Insured/Policyholder | |
| Name Of Registered Owner | QUALITY PTE. LTD |
| Co Reg No | 201624281H |
| Email Address | SEAHMENGTEK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-85118775 |
| Alternative Phone No | OFFICE-85118775 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING GRAB |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5084705121-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SEAH MENG TECK |
| NRIC No | S7425048C |
| Date Of Birth | 07/08/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/05/1995 |
| Driving Experience | 22 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85118775 |
| Fax Number | |
| Contact Number | OTHERS-85118775 |
| E-Mail Address | SEAHMENGTEK@GMAIL.COM |

| | |
|---|--------------------------------------|
| Address | BLK 165 HOUGANG AVENUE 1 #10-1602 |
| Postcode | 530165 |
| 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 | COLLISION - HEAD TO REAR |
| 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? | NO |
| 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) | 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 | SLH9013U |
| Vehicle Make/Model/Colour | KIA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHIA CHAO XIAN |
| NRIC/Passport Number | |
| Contact Number | 98820219 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| 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 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.:

OUTSIDE RIVERVALE MALL
RIVERVALE DRIVE



On 28/01/18 At 14:00 hr The Car moving out of Car Park to main Road Suddenly stop and I hit behind.

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



are true in every respect.

29/01/2018

Name: _____

NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/0979932

| | | | | | |
|---|---|-------------------------------|---|------------------------|------------------|
| Policy No. | 5084705121-01 | Vehicle No. | SJP7567H | GST Registration No. | |
| Policyholder Name | QUALITY PTE. LTD. | | | Policyholder NRIC | |
| Product Code | FLEET INSURANCE | Cover Type | drive CLASSIC | Loading | |
| Contact No.(Mobile) | 85118775 | 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 | Yes |
| Accident Details | | | | | |
| Report Date | 29/01/2018 15:52 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head |
| Date of Accident | 28/01/2018 | Time of Accident (hh:mm) | 14:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | RIVERVALE DRIVE (OUTSIDE RIVERVALE MALL) | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 317 OUTRAM ROAD | Address 2 | #B1-37 CONCORDE SHOPPING | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | #04-03 | Related Policy Number | 5094748950 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | SEAH MENG TECK | Driver NRIC | 57425048C | Driving Experience | |
| Register Date of Driver License | 22/05/1995 | Driver Age | 43 | Contact No.(Home) | |
| Contact No.(Mobile) | 85118775 | Contact No.(Office) | | Address 3 | |
| Address 1 | BK1 165 #10-1602 | Address 2 | HOUGANG AVENUE 1 | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | 10-1602 | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | SLH9013U | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Modification History | | | | | |

Claim 001

New

| | | | | | |
|--|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | QUALITY PTE. LTD. | Insured NRIC | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SJP7567H | TP Vehicle Number | |
| Claim Description | SJP7567H / SLH9013U On 28 Jan 2018 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 29/01/2018 15:56 | Claim Close Date | | Date Received | |
| Report Taken By | ROSLI WAHAB | | | | |
| <input type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|----------------------|
| Accident No. | MT/0979932 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 29/01/2018 15:57 |
| Path * | | Category * | Confidential Urgency |

| | | | | | | |
|--|--------------------------------------|---------------|---|----|---|--------|
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | ▼ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | ▼ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | ▼ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | ▼ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | ▼ | Normal |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | ▼ | NO | ▼ | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Doc |
|---|---|-----------------------|---------|---------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:57 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:56 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Jan 2018 15:56 | NRIC/ Driving License | Normal | NRIC/ 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: 28/1/18 (DD/MM/YYYY), TIME: 14:00 (HH:MM)
LOCATION: Out Side Rivervall Mall

1. DETAILS OF VEHICLE STP 7567H
 - a) VEHICLE NUMBER: STP 7567H
 - b) INSURANCE COMPANY: Niuc
 - c) POLICY NUMBER: 5084705121-01
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Toyota wish
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Driving Grab
 - 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: Quality Pte Ltd (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 - c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: Seah meng Teck (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S7425048 C CONTACT: 8311 8775
 - c) ADDRESS: 31K 165 Hayang Ave 1 #10-1602
 - d) DATE OF BIRTH: 01/08/79 (DD/MM/YYYY)
 - e) OCCUPATION: (INDOOR / OUTDOOR)
 - f) DATE OF DRIVING PASS Class 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
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 SLH 9013U MODEL: Kia
 - a) VEHICLE NUMBER: SLH 9013U
 - b) DRIVER'S NAME: Chia Chao Xian
 - c) NRIC/FIN/PASSPORT: S792922 J CONTACT: 98820219

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Seahmengteck@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7425048C



Name

SEAH MENG TECK
(XIE MINGDE)

谢明德

Race

CHINESE

Date of birth

07-08-1974

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7425048C

Name

SEAH MENG TECK
(XIE MINGDE)

Birth Date: 07 Aug 1974

Issue Date: 08 Jun 2004



3601536

NRIC No. S7425048C



Date of issue

17-08-2004

Address

APT BLK 165 HOUGANG AVENUE 1
#10-1602
SINGAPORE 530165

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

PASS DATE

| | | |
|---------|--|-------------|
| Class 3 | Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors <= 2500 kg | 22 May 1995 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 15 Feb 2000 |
| Class 5 | Motor vehicles > 2500 kg, not constructed to carry any load | 15 May 2000 |

S7425048C

S / No. 9000049035

NP 428A



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: 5084705121-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJP7567H |
| Chassis Number | : JTDER12W103002471 |
| 2. Name of Policyholder | : QUALITY PTE. LTD. |
| 3. Effective Date of Insurance | : 21 Dec 2017 |
| 4. Expiry Date of Insurance | : 20 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\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| 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 | : LAKE-VIEW CREDIT 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 : ALL INS AGENCY PTE. LTD. (0000571908)
 Date of Issue : 31 Aug 2017 14:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive