

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 | 07/03/2018 19:02 |
| Date Of Accident | 27/02/2018 11:05 |
| Exact Location Of Accident | CTE TOWARDS AYE(B/F BUKIT TIMAH ROAD EXIT) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJP3609Y |
| Insured/Policyholder | |
| Name Of Registered Owner | KHENG CHEONG CO PTE LTD |
| Co Reg No | 195900079C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93587309 |
| Alternative Phone No | OFFICE-62987222 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 | REPORTING ONLY |
| 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 | 5055490013-05 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOH POH HENG |
| NRIC No | S0678064D |
| Date Of Birth | 29/08/1947 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/12/1972 |
| Driving Experience | 45 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93587309 |
| Fax Number | |
| Contact Number | OFFICE-62987222 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 441B FERNVALE ROAD #24-313 |
| Postcode | 792441 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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) | 2 |
| Passenger 1 | NAME: : BOSS GENDER: : FEMALE |

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 | SKK887U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NG KIANG TECK SEBASTIAN |
| NRIC/Passport Number | S8126120B |
| Contact Number | 92382335 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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: _____

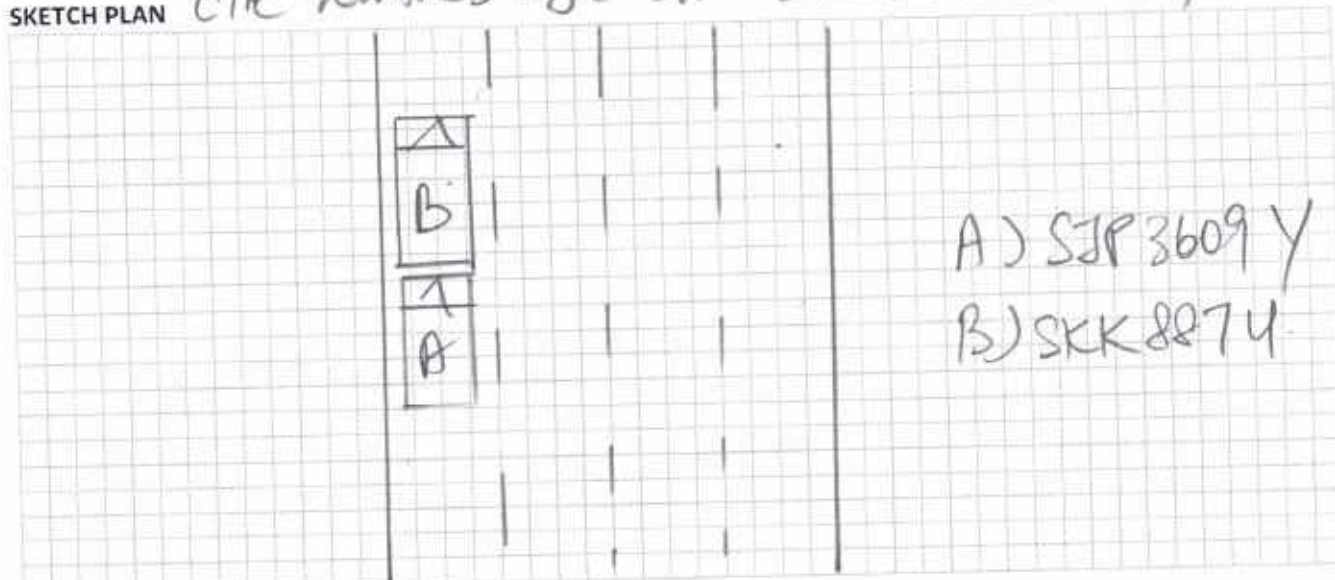
Ben

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

Reporting Centre Personnel's Signature
Name: Paul W
NRIC/FIN No.: 9201 1234 5678

SKETCH PLAN

CRK TOWARDS AYK B/F BUKIT TAMBAH EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/02/2018 AT ABOUT 11:05 HRS I WAS TRAVELLING
 ALONG CRK TOWARDS AYK B/F BUKIT TAMBAH EXIT I KISS
 INTO A CAR SKK 8874 AND WAS NO DAMAGE OF THE
 CAR. I TOOK SOME PHOTOS & WE SETTLE AMONG US
 WITH CASH \$100- & I HAVE RM & NOTE FOR
 HIM TO SIGN ONE OF THE 01-03-2018 MY COMPANY RECEIVED
 LETTER THE HE WANTED TO CLAIM AGAINST / ME.

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.:

I, Ng Kiang Teck 1/CS81261203 has

agreed to the Settlement \$100/-
today's accident

27/02/18

07/03/2018
Roshan

Our Ref: MT/CA/TP/001/0984004-001/ET/VU

28 Feb 2018

KHENG CHEONG CO PTE LTD
2 CAVAN ROAD
SINGAPORE 209843

- 7 MAR 2018

Dear Policyholder

CLAIM NUMBER: MT/0984004-001
ACCIDENT INVOLVING SJP3609Y / SKK887U on 27 Feb 2018

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/0984004

| | | | | | |
|---------------------|---|---------------------|---|----------------------|---------------|
| Policy No. | 5055490013-05 | Vehicle No. | SJP3609Y | GST Registration No. | |
| Policyholder Name | KHENG CHEONG CO PTE LTD | Cover Type | drive CLASSIC | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | |
| Contact No.(Mobile) | NA | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | Not available |

| | | | | | |
|-------------------------|--|-------------------------------|-------|---------------------|------------------|
| Accident Details | | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head |
| Report Date | 28/02/2018 11:00 | Time of Accident h:mm | 11:05 | Country of Accident | Singapore |
| Date of Accident | 27/02/2018 | Orange Force | | ICM No. | |
| Reporting Centre | | | | | |
| Accident Location | CTE TOWARDS AYE (BEFORE BUKIT TIMAH ROAD EXIT) | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/04/1994 |
| GST Registration No. | M200031253 | GST Status Verified | Yes |
| Modification History | 28/02/2018 15:22:36 Karthiyn Yuen changed GST Registration Date from 01/01/2015 to 01/04/1994 28/02/2018 15:22:36 Karthiyn Yuen changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|--------------|-----------------------|-------------------|-----------|--|
| Address 1 | 2 CAVAN ROAD | Address 2 | SINGAPORE 209843 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5055490013-05 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 OD-MX

New

| | | | | | |
|--|-----------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | KHENG CHEONG CO PTE LTD | Insured NRIC | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SJP3609Y | TP Vehicle Number | |
| Claim Description | SJP3609Y / SKK367U ON 27 Feb 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 08/03/2018 09:23 | Claim Close Date | | Date Received | |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Repaired | |
| <input type="checkbox"/> Print AX letter | | | | | |
| <div>Save Submit</div> | | | | | |

Attachment

| | | | | | |
|--------------------|---|---------------|------------------|--------------|---------|
| Accident No. | MT/0984004 | Claim No. | 002 | Confidential | Urgency |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 08/03/2018 09:25 | | |
| Path * | | | | | |
| Browse... | Clear | Please Select | Category * | Normal | Normal |
| Browse... | Clear | Please Select | | Normal | Normal |
| Browse... | Clear | Please Select | | Normal | Normal |
| Browse... | Clear | Please Select | | Normal | Normal |

Browse...

Clear

Please Select

▼

Normal

Browse...

Clear

Please Select

▼

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | De |
|---|--|-----------------------|---------|--------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:25 | NRIC/ Driving License | Normal | NRIC/ Drivin |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:24 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:23 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:23 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:23 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:23 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:23 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 08 Mar 2018 09:23 | Photos | Normal | Photo |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------------------|--------------------|
| | | Display in New Window | Scan and uploading |

ACCIDENT STATEMENT

ACCIDENT DATE: 21/02/2018 (DD/MM/YYYY), TIME: 11.05 (HH:MM)
 LOCATION: CTE TOWARDS AVE (Before BUKIT TIMOH ROAD EXIT)

- DETAILS OF VEHICLE
 - VEHICLE NUMBER: SP 3609 Y
 - INSURANCE COMPANY: NMC
 - POLICY NUMBER: 5055490013-05
 - POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 - MAKE & MODEL: HONDA CIVIC
 - TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 - VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 - PURPOSE OF USING AT ACCIDENT TIME: ON F WORKING
 - ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

- INSURED / POLICY HOLDER
 - NAME: KHANG CHONG CO PTE LTD (MALE / FEMALE)
 - NRIC/FIN/PASSPORT: 195900019 C CONTACT: 62987222
 - ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (Including driver)
(2)

- DRIVER
 - NAME: KOH HOH HAN (MALE / FEMALE)
 - NRIC/FIN/PASSPORT: _____ CONTACT: 93587309
 - ADDRESS: _____

- DATE OF BIRTH: 29/08/1947 (DD/MM/YYYY)
- OCCUPATION: INDOOR / OUTDOOR 18/12/1977
- DATE OF DRIVING PASS: 18/12/1977
- WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- WEATHER CONDITION: CLEAR / RAINING / OTHERS
- ROAD SURFACE: DRY / WET / OTHERS
- WAS ANYBODY INJURED (YES / NO)
- REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passengers
 (Including driver)
(1)

- THIRD PARTY VEHICLE
 - VEHICLE NUMBER: SKK 887U MODEL: _____
 - DRIVER'S NAME: XIA KIAN YU
 - NRIC/FIN/PASSPORT: 581261203 CONTACT: 92382335
- THIRD PARTY VEHICLE
 - VEHICLE NUMBER: _____ MODEL: _____
 - DRIVER'S NAME: _____ CONTACT: _____
 - NRIC/FIN/PASSPORT: _____

No of passengers
 (Including driver)
()

Email =
 Fax = 02989591
 V1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0678064D



Name: KOH POH HENG

Race: CHINESE
Date of Birth: 29-08-1947 Sex: M
Country of Birth: SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0678064D
Name: KOH POH HENG

Birth Date: 29 Aug 1947
Issue Date: 03 Oct 2003




2066870




NRIC No: S0678064D

Blood Group: B+ Date of issue: 27-05-1994

Address:
APT BLK 441B FERHVALE ROAD #24-313
SINGAPORE 792441

NRIC No: S0678064D Date: 01/06/2010 No: 6508919

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Valid till: 18 Dec 1977



Licence No: S0678064D



Ref: 438A



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: 5055490013-05

Cover : drive CLASSIC

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJP3609V |
| Chassis Number | : JHMF0168095200530 |
| 2. Name of Policyholder | : KHENG CHEONG CO PTE LTD |
| 3. Effective Date of Insurance | : 20 Sep 2017 |
| 4. Expiry Date of Insurance | : 19 Sep 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\$500 |
| 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 | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : CHING PUI SIM |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : ABWIN PTE LTD (00002614234)
 Date of Issue : 18 Aug 2017 21:52 h:m

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive