

NATIONAL Assessment Centre Services (NACS) (v1.1.1.000)

NA18038905

Date In: 22/03/2018 12:37
 Ref No: NBB/INC180053674
 Vch No: PC 3250 U
 D.O.A: 15/02/2018 15:40
 OD: TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (Vehicle Data, AIO, etc)		
1-Motor Claim Form	22/03/2018 13:54	
1-Motor VVO (Vehicle Data, etc, etc)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner / Whsp		

TP Insure:

Preferred Whsp / INC Assign Whsp / OWs:

TP Particulars: Ych No: FBK 4734H, INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: BSL Start: (WO): NI 0.20%; PI 21.79%; P: 30-100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: () Walk-In Customer: Customers Information strictly Confidential & strictly NO refer of repairer.
 () Total Loss Case: 1 to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: () NAC online 6788 6045 Date Time Completed: () Done by: ()
 1) Apply for Transition Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
 Date Done: () Action: ()

NA1801866	Invoice Preparation Checklist	Amount	Remarks
Customer's Details	1) AR: Accident Report (ing) (\$30)		
Driver/Owner	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$12	
Assigned Person:	4) PT: Follow-Through Survey	\$10	
	5) FT: Follow-Through Survey (Recovery)	\$10	
	Forclaiming against INC Only (w/ef 10 Jan 200)		
	6) TR: Repair/Coordination	\$10	
	7) NI: (w/ef DA + SMART Survey	\$10	
	8) NTUC Additional Survey (only)		
	9) Q11		
C. Checked by (Engn-In-Charge):	10) NI: Courtesy Car / Tpl Allowance	\$1	
	11) NI: Repair Coordination	\$10	
	12) NI: Post Repair Inspection	\$10	
	13) NI: DY / Collect User's Coordination	\$1	
	14) NI: (TP) / TP (INC) / Repair INC	\$10	
	15) NI: Ideas/Notes	\$1	
	Invoice total		
	Account closed		
	Net Charge		
	Gross Charge		

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	22/03/2018 12:37
Date Of Accident	15/02/2018 15:40
Exact Location Of Accident	GLOBAL INDIAN INT'L SCHOOL (MEI CHIN ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3250U
Insured/Policyholder	
Name Of Registered Owner	D J H ENGINEERING
Co Reg No	53282361C
Email Address	DJHGROUPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81286079
Alternative Phone No	OFFICE-81286079

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	FETCHING SCHOOL CHILDREN
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	5069235691-03
Cover Note Number	

Driver

Name of Driver	PRAKASH S/O MANICKAM
NRIC No	S7720384B
Date Of Birth	20/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2000
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81286079
Fax Number	
Contact Number	OTHERS-81286079
E-Mail Address	DJHGROUPS@GMAIL.COM

Address	BLK 176 BUKIT BATOK WEST AVENUE 8 #09-317
Postcode	650176
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	FBK4734H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

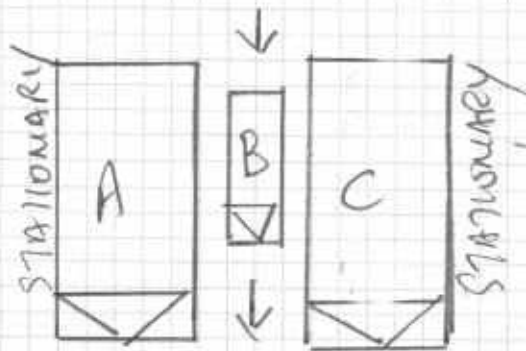


Policyholder's Signature
Date & Time:

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

22/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN INSIDE GLOBAL WTL SCHOOL



- A) PC3250U
- B) FBK4734H
- C) PA5989U


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS IN MY BUS PC3250U ON 15/02/18 AT ABOUT 1540HRS WHEN THE MOTOR CYCLE FBK 4734H RIDE IN BETWEEN MY BUS AND PA5989U. BOTH OUR BUS PARKED SIDE BY SIDE. THE MOTORCYCLE TRIED TO GO THROUGH BUT WAS NOT ABLE TO - ~~SO~~ ^{BUT} THE RIDER FORCED HIS BIKE THROUGH AS SUCH THERE WAS MARKS AND DENTS CAUSED.

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

Accident MT/0987178

Policy No.	5069235691-03	Vehicle No.	PC3250U	GST Registration No.	
Policyholder Name	D J H ENGINEERING			Policyholder NRIC	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	81286079	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	22/03/2018 13:47	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Date of Accident	15/02/2018	Time of Accident(hh:mm)	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GLOBAL INDIAN INT'L SCHOOL (MEI CHIN ROAD)				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 176 #09-317	Address 2	BUKIT BATOK WEST AVENUE 8	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	09-317	Related Policy Number	5069235691-03		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PRAKASH S/O MANICKAM	Driver NRIC	S77203848	Driving Experience	
Register Date of Driver License	15/04/2000	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	81286079	Contact No.(Office)		Address 3	
Address 1	BLK 176 #09-317	Address 2	BUKIT BATOK WEST AVENUE 8	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	09-317				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.	PC3250U	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	D J H ENGINEERING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC3250U	TP Vehicle Number	
Claim Description	PC3250U / FBK4734H ON 15 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/03/2018 13:51	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print A4 letter					
















Save Submit

Attachment

Accident No.	MT/0987178	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 13:54
Path *			
<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		Category *	<input type="button" value="Confidential"/> <input checked="" type="button" value="Urgent"/> <input type="button" value="Normal"/>

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value=""/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:54	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:54	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:52	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Mar 2018 13:51	Photos	Normal	Photo

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: 15 / 02 / 2018 (DD/MM/YYYY), TIME: 15:40 (HH:MM)

LOCATION: GLOBAL INDIAN INTERNATIONAL SCHOOL (1 MILE CHIN ROAD)
(S) 149253

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 3250U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: SD69235691-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FETCHING SCHOOL CHILDREN
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: MOHAMMAD AZMAN BIN SAHOL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6803742E CONTACT: 96803169
c) ADDRESS: BLK 18A WILAND DRIVE, #21-463
(S) 772018

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PRALASH : MANICKAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S77203841B CONTACT: 81286079
c) ADDRESS: BLK 176, BUKIT BATOK WEST ALYS
#09-317, 61650176

* d) DATE OF BIRTH: 20 / 07 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS

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

- a) VEHICLE NUMBER: FBK 4734 H MODEL: KAWASAKI
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

Email = djhgroups@gmail.com

Fax =

Via

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7720384B



Name

PRAKASH S/O MANICKAM

Race

INDIAN

Date of birth

20-07-1977

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7720384B

Name:

PRAKASH S/O MANICKAM

Birth Date: 20 Jul 1977

Issue Date: 29 Dec 2005



HRIC No. S7720384B



Date of issue

13-07-2012

Address

APT BLK 176 BUKIT BATOK WEST AVENUE 8
#09-317
SINGAPORE 650176

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
C	Class 2B Motorcycles <= 200 CC	19 Jun 1996
C	Class 2A Motorcycles between 201 CC and 400 CC	25 Aug 1998
C	Class 2 Motorcycles > 400 CC	27 May 2000
	Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	15 Sep 2000
	Class 4 Heavy motor cars and motor tractors > 2500 kg	06 Jul 2006
	Class 5 Motor vehicles > 7250 kg not constructed to carry any load	16 Oct 2006

S7720384B

S / No. 9000087264



NP 4254

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 : 5069235691-03

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : PC3250U |
| Chassis Number | : KOH2230021313 |
| 2. Name of Policyholder | : D J H ENGINEERING |
| 3. Effective Date of Insurance | : 23 Dec 2017 |
| 4. Expiry Date of Insurance | : 22 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 13 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN 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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)

Date of Issue : 21 Dec 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive