NATIONAL Assessment Centre Services (NACS) M1A4180044504

Date In: 03/04/2018 16:16	Job description	Date & Time Completed	Done by
Ref No: NBA/M1C180061027Y	SAS e-filing		
Veh No: SGY6346Z	E-mail (within 3hrs, AIC3hrs)		
D.O.A: 27/03/2018 16.00	I-Motor Claim Form	MT1498317-002	03/04/2018 16:32
OD / TP / Reporting Only	I-Motor W/O (Within OD 3hrs, TP 1hrs)		
	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: SGS1813G INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: Est. Stand (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 : Customers 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 (Hotline: 6788 0016)		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

MA1802130

Comments/Remarks:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation/Checklist			
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100) INC ($50)			
3) TF: Towing Fee			
4) FT: Follow Through Survey			
5) FT: Follow Through Survey (Resurvey)			
For claiming against INC Only (wef 10 Jun 2010)			
6) TR: Re-Inspection			
7) N1: (New DA + SMART Survey)			
8) NTUC Additional Service(s)			
OR			
N1: Courtesy Car / Tpt Allowance			
N1: Repair Co-ordination			
N1: Post Repair Inspection			
N1: DV / Collect Excess Co-ordination			
TP (N1): TP (Non-INC) against INC			
9) N2: Ideal Mobile			
Invoice dated	Net Charge		

L 7/2

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 03/04/2018 16:30

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 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	03/04/2018 16:16
Date Of Accident	22/03/2018 16:00
Exact Location Of Accident	CLEMENTI AVE 6 SLIP RD TO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6346Z
Insured/Policyholder	
Name Of Registered Owner	MARDIANA BINTE MOHD MOHTER
NRIC No	S7531044G
Email Address	DEANA143@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96830065
Alternative Phone No	OTHERS-96830065
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094565175
Cover Note Number	
Driver	
Name of Driver	MARDIANA BINTE MOHD MOHTER
NRIC No	S7531044G
Date Of Birth	29/09/1975
Occupation	INDOOR
Date Of Driving Pass	11/06/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96830065
Fax Number	
Contact Number	OTHERS-96830065
EMail Address	DEANA143@YAHOO.COM

Address	73 HUME AVENUE #01-03
Postcode	598747
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : SON 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	SGS1813G
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YE ZONGREN
NRIC/Passport Number	S8319378F
Contact Number	96174683
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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

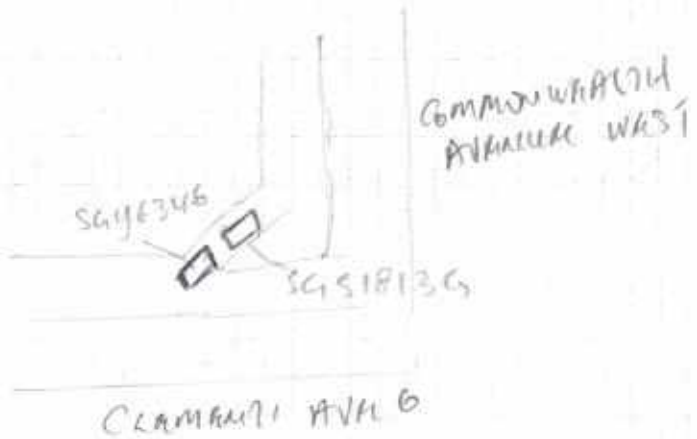
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 3/4/18 @0930

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

03/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/3/18 @ 4pm, I was driving my vehicle SGY6346Z along Clementi Ave 6 and entering the slip rd into C'wealth Ave West. While moving off, my vehicle hit into the vehicle regn no: SGS1813G. No one was injured. We exchanged particulars and left.

DECLARATION

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

Policyholder's Signature
Date & Time: 3/4/18 @ 09:30hrs

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

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

03/04/2018

Claim Handling

» Task Transfer » Exit

LOG SAV SUB

Accident MT/0987317

Policy No.	5094565175	Vehicle No.	SGY6346Z	GST Registration No.	
Policyholder Name	MARDIANA BINTE MOHD MOHTER			Policyholder NRIC	S7931044G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Not available

Accident Details

Report Date	23/03/2018 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	22/03/2018	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	NA				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	73 HUME AVENUE	Address 2	#01-03 HILLVIEW GREEN	Address 3	SINGAPORE 598747
Address 4		Address Type	Singapore address	Post Code	598747
Unit No.		Related Policy Number	5094565175		

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

Investigation

Claim 002 OD-MX New

LOG SAV SUB

Claim Case Officer

Claim Type	OD-MX	Insured Name	MARDIANA BINTE MOHD MOHTI	Insured NRIC	S7931044G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGY6346Z	TP Vehicle Number	SGS1813G
Claim Description	SGY6346Z / SGS1813G ON 22 Mar 2018			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	Received
Date Registered	03/04/2018 16:32	Claim Close Date		Date Received	03/04/2018 16:54
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval		Reason	

Remarks

Attachment

Accident No.	MT/0987317	Claim No.	002
Last Doc. Received	Yes No	Upload Date	03/04/2018 16:54

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676\ NATIONAL ASSESSMENT CENTRE SERVICE	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3		Edit

	S (BUKIT MERAH)) on 03 Apr 2018 16:32				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 16:32	SAS	Normal	SAS 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:54	SAS	Normal	SAS 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 15:15	Photos	Normal	Photos 2018-4-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/03/2018) (DD/MM/YYYY), TIME: (16.00) (HH:MM)

LOCATION: Clementi Ave 6, slip rd Commonwealth Ave West

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGY6346Z
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5094565175
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: Honda Stream
   f) TYPE: (SALOON / ~~COUPE~~ / MPV / ~~VAN~~ / ~~LORRY~~ / MOTO~~R~~CYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / MOTO~~R~~CYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
   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: Mardiana Bte Md Mohter (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S7531044G CONTACT: 96830065
   c) ADDRESS: 73 Hyme Ave #01-03 S(598747)

MOTHER SON

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (3)

DRIVER
   a) NAME: As Above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:
   *d) DATE OF BIRTH: (28/09/1975) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 11.6.1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner
   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: SGS1813G MODEL: Toyota Wish
   b) DRIVER'S NAME: He Zongren
   c) NRIC/FIN/PASSPORT: S8319378F CONTACT: 96177683

No of passenger (including driver) (2)

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

No of passenger (including driver) (__)

email : Deana143@yahoo.com

fax :

Video

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7531044G

Name

MARDIANA BINTE MOHD MOHTER

Race

MALAY

Date of birth

28-09-1975

Sex

F

Country of birth

SINGAPORE

3814981

NRIC No. S7531044G

Date of issue

21-12-2005

73 HUME AVENUE #01-03
SINGAPORE 598747

NRIC No: S7531044G Date: 05/04/2013 No: 7280895

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: 5094565175 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SGY6346Z**
   Chassis Number : JHMRN684075200583
2. Name of Policyholder : MARDIANA BINTE MOHD MOHTER
3. Effective Date of Insurance : 03 Oct 2017
4. Expiry Date of Insurance : 02 Oct 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$600
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MARDIANA BTE MOHD MOHTER
NAMED DRIVER (1)	: AHMAD SUDAR BIN JALULI
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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 26 Sep 2017 10:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive