

NATIONAL Assessment Centre Services

Wef 1 Jan 05 **MNA1805846**

Date In: 28/04/08 12:43	Job description	Date & Time Completed	Done by
Ref No: NA/Inc18007857	SAS e-filing		
Veh No: GBG 9555X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/04/08 01:05	i-Motor Claim Form	MNA1802245-001	28/04/2008
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:50
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SJT 7833T** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (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: Customer's 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:- (INC hotline: 6788 6616)	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee 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	28/04/2018 12:43
Date Of Accident	28/04/2018 01:05
Exact Location Of Accident	SLIP ROAD FROM TOA PAYOH LOR 6 ONTO BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9555X
Insured/Policyholder	
Name Of Registered Owner	HO LEE FOOD (S) PTE. LTD.
Co Reg No	201605299H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91127337
Alternative Phone No	OFFICE-82368730

Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE-3.0 D DX (A)
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	5095461167
Cover Note Number	

Driver

Name of Driver	XU HAIFENG
NRIC No	G2269288M
Date Of Birth	03/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91127337
Fax Number	
Contact Number	OTHERS-82368730
EMail Address	NOEMAIL

Address	BLK 86 BEDOK NORTH ROAD #03-167
Postcode	460086
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)	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?	YES
Remarks/ Reasons:	WITH THE DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT7833T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	96275744
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.
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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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5. **Any false reporting may be referred to the Police for investigation.**
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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.

河利食品私人有限公司
HO LEE FOOD (S) PTE LTD
Reg. No.: 201605299H
Blk 3017 Bedok North St 5 #04-07
Singapore 486121
Tel: 6741 4498 Fax: 6445 1102

Policyholder's Signature
Date & Time:

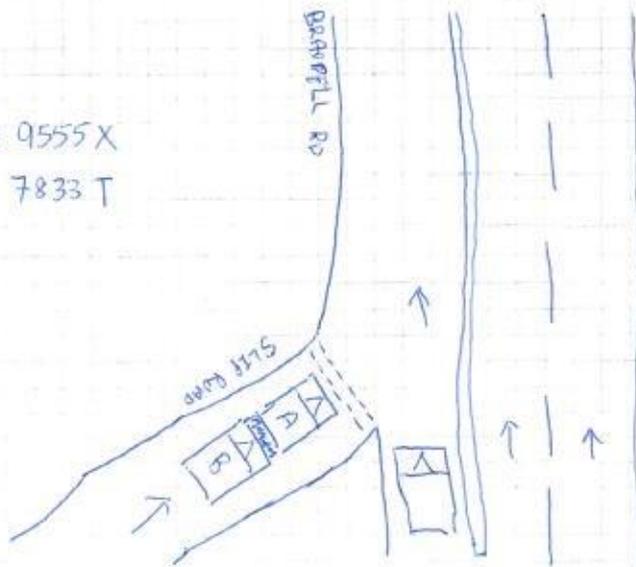
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN: 

TOA PAYOH AVE 6 AT SLIP ROAD ONTO BRADDELL RD

SKETCH PLAN

A - GBG 9555X
B - SGT 7833T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along TOA PAYOH AVE 6 TOWARDS BRADDELL RD. When at the slip road onto Braddeell rd, I slowed down and stopped completely due to giving way to oncoming vehicle. Out of sudden, veh(B) from the rear collided onto my rear portion of my vehicle and damaged. Therefore, I alighted and exchanged particulars particulars with the driver.

河海食品私人有限公司
HOME FOOD (S) PTE LTD
Reg. No.: 201605299H
Blk 3017 Bedok North St 5 #04-07
Singapore 486121
Tel: 6741 4498 Fax: 6445 1102

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

[Handwritten signature]

[Handwritten signature]
28/04/2008
[Handwritten signature]

Claim Handling

Accident MT/0992245

Policy No.	5095461167	Vehicle No.	GBG9555X	GST Registration No.	
Policyholder Name	HO LEE FOOD (S) PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201605299H
Product Code	COMMERCIAL VEHICLE INSURAF	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91127337	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	28/04/2018 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/04/2018	Time of Accident hh:mm	01:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP ROAD FROM TOA PAYOH LOR 6 DNTD BRADDELL ROAD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	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	3017 BEDOK NORTH STREET 5	Address 2	#04-07 GOURMET EAST KITCHEN	Address 3	SINGAPORE 486121
Address 4		Address Type	Singapore address	Post Code	486121
Unit No.	04-07	Related Policy Number	5095461167		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/01/1974
Unnamed driver Name	XU HAIFENG	Driver NRIC	G2269288M	Driving Experience	4
Register Date of Driver License	22/07/2013	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 460086
Address 1	BLK 86 #03-167	Address 2	BEDOK NORTH STREET 4	Post Code	460086
Address 4		Address Type	Foreign address		
Unit No.	03-167	Driver Vehicle No.	GBG9555X	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HO LEE FOOD (S) PTE. LTD.	Insured NRIC	201605299H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GBG9555X	TP Vehicle Number	SJT7833T
Claim Description	GBG9555X / SJT7833T ON 28 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/04/2018 00:00
Date Registered	28/04/2018 15:50	Claim Close Date			
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0992245	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/04/2018 15:50

Path *	Category *	Confidential	Urgency *	Descr
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
- Choose File No file chosen
- Choose File No file chosen
- Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	Photos	Normal	Photos 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	SAS	Normal	SAS 2018-4-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Apr 2018 15:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28

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"/>	

Vehicle No.	GBG 9555 X	Model / Make	TOYOTA REGATUSAGE DX 3.0A
Date of Accident	28/4/18		
Time of Accident	01:03 A.M	HRS	
Location of Accident	TUA PAUOH AVE 6 AT SLIP ROAD ONTO BRADDELL RD.		
Exact purpose use during accident	Commercial use.		
Name of Owner	HO LEE FOOD (S) PTE LTD		
Telephone No.	H/P: 9112 7337	Home:	Office:
NRIC	201605299H		
Address	BLK 3017 BEDOK NORTH STREET S #04-07 S (486121)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5095461167		
Name of Driver	As Above if No, XU HAIFENG		
NRIC	G2269288M	Any Passengers: NIL	
Date of birth	03/01/1974		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	22/07/2013		
Gender	Male	/	Female
Contact No.	H/P: 8236 8730	Home:	Office:
Address	BLK 86 BEDOK NORTH RD # 03-167 S (460086)		
Driver have any own vehicle	No.	If yes, Reg No.	
Relationship	Employee.	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No.	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No.	If Yes, Where?	
Vehicle B No.	JJT 7833 T	Any Passengers: NIL	
Name of Driver	unkown	Contact No.: 9627 5744	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jun mung.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G2269288M**
 Name: **XU HAIFENG**
 Birth Date: **03 Jan 1974**
 Issue Date: **22 Jul 2013**
 Valid Till: **21 Jul 2018**

002204909J



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **HO LEE FOOD (S) PTE. LTD.**

Sector: **MANUFACTURING**



Name: **XU HAIFENG**
 Occupation: **DRIVER**
 Work Permit No.: **07563651-**
 Date of Application: **30-12-2016**
 Date of Issue: **20-01-2017**
 Date of Expiry: **02-01-2019**




L7584503

DRIVER

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	22 Jul 2013
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	22 Jul 2013

NP 428A

Licence No: G2269288M



VISIT PASS
Immigration Regulations

Name: **XU HAIFENG**



Date of Birth	Sex	Nationality
03-01-1974	M	CHINESE
FIN	Date of Issue	Date of Expiry
G2269288M	20-01-2017	02-01-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1501801A



Name
NEO CHYE TUAN

Race
CHINESE
Date of birth
19-07-1961 Sex
M
Country of birth
SINGAPORE

S1501801A



Neo Chye Tuan
9112 7337

河利食品私人有限公司

HO LEE FOOD (S) PTE LTD

Blk 3017 Bedok North Street 5 #04-07
S'pore 486121 Tel : 6741 4498 Fax : 6445 1102
Email : holeefoods@gmail.com

OWNER



4894431



NRIC No. S1501801A

Date of issue
12-10-2012

Address
**APT BLK 103 TECK WHYE LANE
#09-436
SINGAPORE 680103**

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 : 5095461167

Cover : Comprehensive

- | | |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBG9555X |
| Chassis Number | : KDH2010205973 |
| 2. Name of Policyholder | : HO LEE FOOD (S) PTE. LTD. |
| 3. Effective Date of Insurance | : 30 Oct 2017 |
| 4. Expiry Date of Insurance | : 29 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC 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 : ABWIN PTE LTD (00000614234)
 Date of Issue : 30 Oct 2017 14:05 hrs

ABWIN PTE LTD
 8 Kayu Bukit Road 2 #01-33
 Ruby Warehouse Complex
 Singapore 417841
 Tel: 6842 3302 Fax: 6842 3301 (Admin Office)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer

 Chief Executive