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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 wiful misrepresentation or witholding of material facts may allow insurance companies to
- 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

foresaid.	ACCIDENT STATEMENT
Date Of Report Date Of Accident Exact Location Of Accident Country/State of Loss	04/05/2018 11:27 08/04/2018 11:30 NIRVANA COLUMBARIUM (950 OLD CHOA CHU KANG ROAD) SINGAPORE DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW8793R
Insured/Policyholder Name Of Registered Owner	YAP SIEW LIAN S7025567G

NRIC No WEEKIATYAP@YMAIL.COM Email Address (LOCAL) +65-94896190 Mobile Phone No OTHERS-90091740 Alternative Phone No

Vehicle Particulars

LEXUS Manufacturer GS450H Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage NO

Fleet Policy

5096008913 Policy Number

Cover Note Number

Driver

YAP SER BEE Name of Driver S0986058D NRIC No 27/01/1942 Date Of Birth INDOOR Occupation 30/01/1964 Date Of Driving Pass

54 YEARS AND 2 MONTHS Driving Experience

MALE

Gender (LOCAL) +65-94896190 Mobile Number

Fax Number

OTHERS-90091740 Contact Number

WEEKIATYAP@YMAIL.COM EMail Address

Address

BLK 934 JURONG WEST STREET 91

#13-329

Postcode

640934

PARENT

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

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

NO

ambulance?

YES

Was any other material or property damaged?

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 (TYPE OF COLLISION IS HEAD TO SIDE)

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

SJJ1577A

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NEUT/EIN No.

Policyholder's Signature Date & Time:

AFF21 CCZ
SKW8793R 111111
VTRANCE

FINTICHMER DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RIDE CINCOMISTRA	
ON 08-04, 25	018 AB7, 11 PLUS, I, YAP SER BEEJES 0986058 D
WAS DRIVENT S	KW 8793R, 70 NIRVANA COLUMBARIUM, 950
DLD CHOA CHUA	KANG ROAD, S 699816.
7 -NTER CAN	P. PARK BASEMENT, INCIDE THE CARLYMEN
00 7 1.40 7	UP AND RULEHT TO LOOK FOR MARKIER - LOT. MIT TOLING
LOT 16 MM	WELL HAVE TURN OUT LELY, WELL NO SJJ 131717
OVERTAKE ME !	FROM THE EMPANCE, HIS REAR RIGHT SIGHT HAUG
SUGUTUM TO	VCH MY FRONT, LEFT,
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AND SAID H	IE IN A HURRY.
MY VEH 1	NAS PAINT SCATCH

DECLARATION

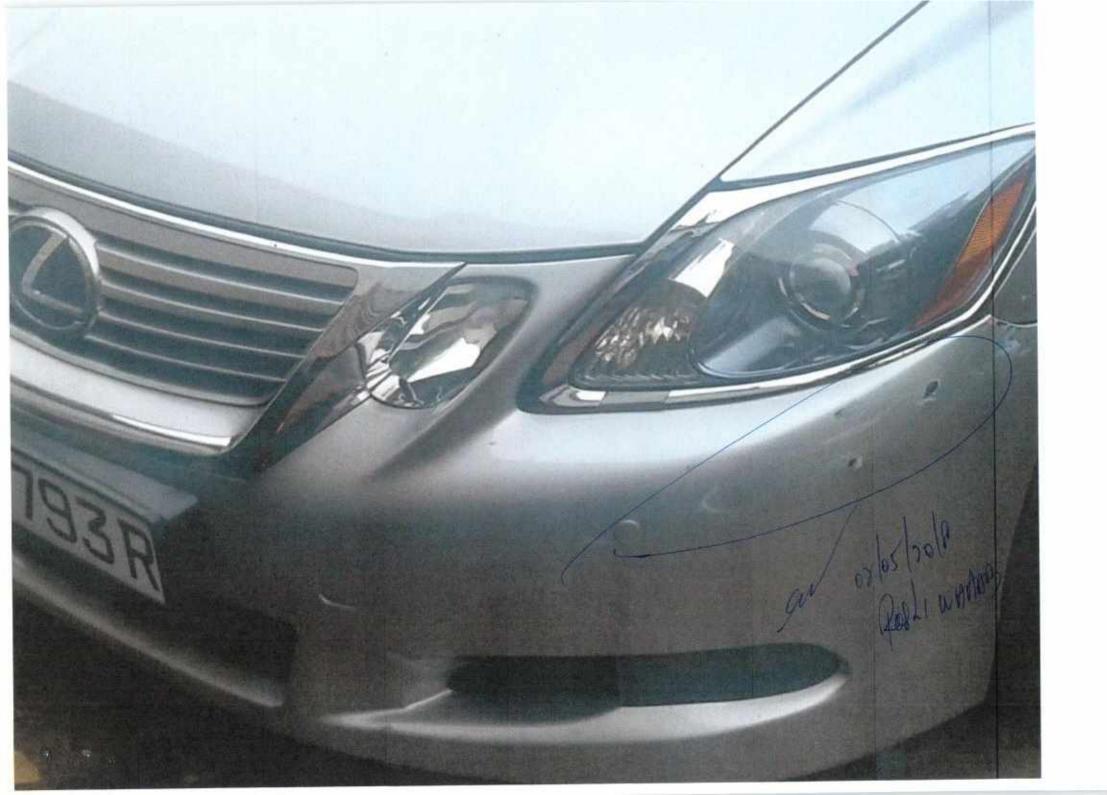
I/We declare the foregoing particulars are true in every respect.

Policyhoider's Signature Date & Time:

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

Date & Time:

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



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6	BAC BUKIT MERAW 85557	6(NATIONAL ASSESSMENT CENTRE SERVICE ERAH)) on 64 May 2018 11:29	Photos	Normal	Protos 2018-5-4	Edit
	5 (BUSIT ME	N, NATIONAL ASSESSMENT CENTRE SERVICE (HAH)) on 04 may 2018 11:25	Photos	Normal	Profes 2018-8-4	Edit
/ aus	NAC_BUKIT_MERAH_80067 S (BUKIT ME	E) KATIDNAL ASSESSHENT CENTRE SERVICE (RAH)) on 04 May 2018 11:25	Protes	Normal	Amobus 2018-3-4	Edit
(C)	NAC_BUKIT_MERAH_800676 S (BUKIT ME	IC NATIONAL ASSESSMENT CENTRE SERVICE RANI) on 04 May 2018 11 42	NRIC; Driving License	Nurmai	ARIC: Driving Linense 2018-5-4	Edit

Display in New Window | Stan and uploading

ACCIDENT STATEMENT

DENT DATE: 08 /04./20	18 JOD/MM/YYY	Y), TIME:(_//:(HH:MM)
		LOA CHUA KAND ROAD
		5(699816)
DETAILS OF VEHICLE	A 187/14/06	0 (1997)
a) VEHICLE NUMBER: SK	W8793R	· · · · · · · · · · · · · · · · · · ·
DUNSURANCE COMPANY:	NTUC INCOME	
OPOUCY NUMBER: TTI	4RC 9659050	24635
DPOLICY TYPE: (COMPREH	HENSIVE / THIRD PA	RTY / THIRD PARTY FIRE &THEFT)
BIMAKE & MODEL LEX	US CS 4501	4
TITYPE ISALOON / COUPE /	MPV-/VAN/LORS	RY. / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PR	VATE + COMMERC	CIAL / MOTOROYCLE)
HIPURPOSE OF USING AT A	CCIDENT TIME: 4	ESURE
HARE YOU CLAIMING LIND!	ER YOUR OWN INSI	URANCE (YES/NO)
IE NO PLEASE STATE (THIR!	D PARTY CLAIM / R	EPORTING ONLY)
		TOTAL W
AINAME YAP SEW	LIAN	(MALE / FEMALE)
HINRIC/FIN/PASSPORT: 3	7025567 B	CONTACT: 94876170
CLADDRESS: B 708 30	RONG WEST ST	71 # 09-36
All Market Market Committee and the Committee of the Comm		The state of the state of
* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY H	OLDER
DRIVER		
OINAME: YAP SER KE	6	(MALE / FEMALE)
BINRIC/FIN/PASSPORT: St	986058D	CONTACT: 90091740.
CIADDRESS: B934, JU	RONT WEST X191	, \$13-329.
S((640 934)	
		/MM/YYYY)
		*
FIDATE OF DRIVING PAS	5 1964.	
WAS DRIVER AN EMPLOY	EE OF THE INSU	RED'S COMPANY? (****) NO)
IF NO, RELATIONSHIP OF	THE DRIVER WI	TH INSURED: THINGS
a) WEATHER CONDITION: (CLEAR / RAINING	GIMERS
		N:
OL VEHICLE NUMBER: SC	J 1577A	MODEL: HYUNDA
b) DRIVER'S NAME:		The Symples of Service States of the States
g) NRIC/FIN/PASSPORT:_		CONTACT
CI NRIC/FIN/FASSPORT		CONTACT
C) NRIC/FIN/FASSFORT		
THIRD PARTY VEHICLE		HOBELY
C) NRIC/FIN/FASSFORT		HOBELY
	DETAILS OF VEHICLE O) VEHICLE NUMBER: SK D) INSURANCE COMPANY: C) POLICY NUMBER: JT d) POLICY TYPE: (COMPREH E) MAKE & MODEL: LEX F) TYPE: (SALOON / COUPE / G) VEHICLE CATEGORY: (PR h) PURPOSE OF USING AT A I) ARE YOU CLAIMING UNDI IF NO, PLEASE STATE (THIR! INSURED / POLICY HOLDER A) NAME: YAP SLEW D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 708 30 * CONTINUE TO 3.d IF DRIV DRIVER D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 708 30 * CONTINUE TO 3.d IF DRIV DRIVER D) NAME: YAP SLEW D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 734 30 * CONTINUE TO 3.d IF DRIV DRIVER D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 734 30 * CONTINUE TO 3.D IF DRIV DRIVER D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 734 30 * CONTINUE TO 3.D IF DRIV DINAME: YAP SLEW D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 734 30 * CONTINUE TO 3.D IF DRIV DINAME: YAP SLEW D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 734 30 * CONTINUE TO 3.D IF DRIV DINAME: YAP SLEW D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 708 30 * CONTINUE TO 3.D IF DRIV DINAME: YAP SLEW D) NRIC/FIN/PASSPORT: S. C) ADDRESS: B 708 30 * CONTINUE TO 3.D IF DRIV D) NRIC/FIN/PASSPORT: S. D) OR DRIVER SETATE WHICH D) WEATHER CONDITION: (OR DRIVE) D) REPORTED TO POLICE (SETATE WHICH D) VEHICLE NUMBER: S. D) DRIVER'S NAME:	DETAILS OF VEHICLE a) VEHICLE NUMBER: SKW 8793 R b) INSURANCE COMPANY: NTU C (NOME) c) POLICY NUMBER: JTHBC 965 9050 d) POLICY TYPE: (COMPREHENSIVE / THIRD PA e) MAKE & MODEL: LEXUS. CS 4501 f) TYPE: (SALOON / COUPE / MPV / VAN / LORI g) VEHICLE CATEGORY: (PRIVATE / COMMERCE h) PURPOSE OF USING AT ACCIDENT TIME: LA I) ARE YOU CLAIMING UNDER YOUR OWN INSI IF NO, PLEASE STATE (THIRD PARTY CLAIM / R INSURED / POLICY HOLDER A) NAME: YAP SLEW HAN b) NRIC/FIN/PASSPORT: S 702567 & C) ADDRESS: B 708 JURON HAN b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) NRIC/FIN/PASSPORT: S 702567 & c) ADDRESS: B 734 JURON HAN STATE b) PRIVER AN EMPLOYEE OF THE INSUITE c) VEHICLE NUMBER: SJJ [S 74 A b) DRIVER'S NAME: b) DRIVER'S NAME:

Omail = WEEKATHAP @ YMAL. COM. Pax = 67342718.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0986058D



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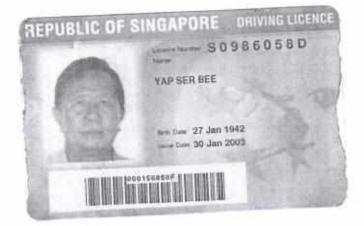
YAP SER BEE

CHINESE

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SINGAPORE

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OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIF

PASS DATE



Countersigned By:

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS, LOAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960
ertificate Number: 5096008913	Cover : drivo CLASSIC
Index mark and Registration Number of Vehicle	± SKW8793R
Chassis Number	: JTHBC96S905024635
Name of Policyholder	: YAP SIEW LIAN
Effective Date of Insurance	: 17 Nov 2017
Expiry Date of Insurance	: 16 Nov 2018
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	
(b) Any other person who is driving on the Policyh	older's order or with his/her permission.
the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dr	n accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any iving the Motor Vehicle.
 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 (c) Use for the carriage of goods (other than samp (d) Use for any purpose in connection with the M. 	iles) in connection with any trade or business.
# I imitations rendered inoperative by Section 8	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road T	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these : S\$600
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings.	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these SS600 N/A
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these S\$600 N/A S\$100
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these : S\$600 : N/A : S\$100 : N/A
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these : SS600 : N/A : SS100 : N/A : PLEASE REFER OVERLEAF
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these : S\$600 : N/A : S\$100 : N/A : PLEASE REFER OVERLEAF : NO
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these : \$\$600 : N/A : \$\$100 : N/A : PLEASE REFER OVERLEAF : NO : YES
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these : SS600 : N/A : SS100 : N/A : PLEASE REFER OVERLEAF : NO : YES : NO
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these SS600 N/A SS100 N/A PLEASE REFER OVERLEAF NO YES NO NO
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER	of the Motor Vehicle (Third Party Risks and Compensation) Fransport Act, 1987 (Malaysia), are not to be included under these SS600 N/A SS100 N/A PLEASE REFER OVERLEAF NO YES NO NO
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these S\$600 N/A S\$100 N/A PLEASE REFER OVERLEAF NO YES NO NO YAP SIEW LIAN
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER NAMED DRIVER (1)	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these S\$600 N/A S\$100 N/A PLEASE REFER OVERLEAF NO YES NO NO NO NO
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Theadings. EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE EXCESS WAIVER PRIMARY DRIVER	of the Motor Vehicle (Third Party Risks and Compensation) (ransport Act, 1987 (Malaysia), are not to be included under these S\$600 N/A S\$100 N/A PLEASE REFER OVERLEAF NO YES NO NO YAP SIEW LIAN

Authorised Officer

Chief Executive