

NATIONAL Assessment Center Services (01/1/2000) **NAI#06047**

Date In: **16/05/2018 18:35**

Ref No: **NBA/INC008937/4**

Veh No: **SL 1744M**

D.O.A: **16/05/2018 10:40**

OD ☒ Reporting Only

TP Insured:

Job description

SAS calling

E-mail (write that, what that)

I-Motor Claim Form

I-Motor W/O (write in 000000, 000000)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Wksp

Date & Time Completed

Done by

17/05/2018 09:37

MT0994592-00

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars

Yell No: **SKO 9225H**

Owner / Driver (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Insured/Driver Liability: (% (Note: BIL, STAND (WO): NI 0-20%, PI 21-79%, PI 30-100%)

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks

() Work-in-Carport / Customer's information strictly confidential & strictly NO refer of reporter.

() Total Loss Case / to e-mail insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other Towing: ()

NAI#03097

Insurance Policy No:

Driver/Owner:

Vehicle No:

Assessed Portion:

Checked by (Bug-In-Charge):

Comments:

Invoice/Preparation Checklist

1) AR: Accidental Reporting (\$300)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$50/\$50)

4) PT: Follow-Through Survey (\$10)

5) PT: Follow-Through Survey (Re-survey) (\$10)

6) TR: Bill of Materials (\$10)

7) NTUC Additional Survey (\$10)

8) NTUC Additional Survey (\$10)

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98) NTUC Additional Survey (\$10)

99) NTUC Additional Survey (\$10)

100) NTUC Additional Survey (\$10)

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	16/05/2018 18:35
Date Of Accident	16/05/2018 10:40
Exact Location Of Accident	ALONG BARTLEY ROAD BEFORE SERANGOON AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1744M
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	SOULANGEL2002@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87482168
Alternative Phone No	OFFICE-87482168

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
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	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	5082409493-01
Cover Note Number	

Driver

Name of Driver	CHEK CHUN KITT, JONATHAN
NRIC No	S8604638E
Date Of Birth	20/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87482168
Fax Number	
Contact Number	OTHERS-87482168
Email Address	SOULANGEL2002@GMAIL.COM

Address	BLK 528A PASIR RIS STREET51 #13-669
Postcode	511528
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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: : PASSENGER 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	SKD9225H
Vehicle Make/Model/Colour	FORD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUPUR DUBEY
NRIC/Passport Number	S8774504Z
Contact Number	82993306
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

1
2
3

Passenger 1

NAME:

GENDER:

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:

16/5/18 14:25

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/05/18 1425

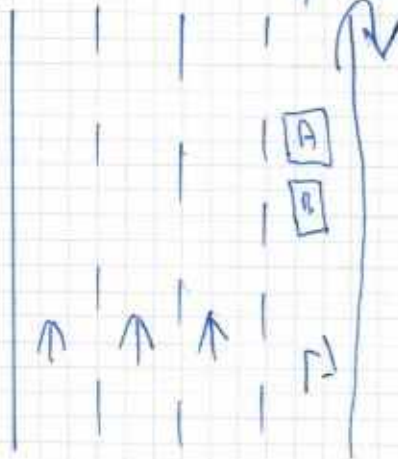
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along BARTLEY ROAD B/F SERANGGAI AVENUE



ME
REPORTING
SCS 1744m
B ← SKD 9225 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS AT THE TRAFFIC LIGHT STATIONARY, BEFORE EVEN MOVE OFF
VEHICLE B REAR ENDED ME. WENT DOWN TO HAVE A LOOK AND
THE DRIVER OF VEHICLE B APOLOGIES AND SAID SHE WAS SLEEPY.

DECLARATION

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

Policyholder's Signature
Date & Time: 16/5/18 2:35pm

Driver's Signature
If driver is not the policyholder)
Date & Time: 16/05/18 1428

Reporting Centre Personnel's Signature
Name: 16/05/2018
NRIC/FIN No. [Signature]

Claim Handling

Accident MT/0994592

Policy No.	5062409493-Q1	Vehicle No.	SLS1744H	GST Registration No.	201414828K
Policyholder Name	VINCAR LEASING AND RENTAL PTE LTD			Policyholder NRIC	201414828K
Product Code	FLEET INSURANCE	Cover Type	Drive PREMIUM	Leading	B
Contact No.(Mobile)	87482148	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	17/05/2018 09:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/05/2018	Time of Accident hh:mm	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BARTLEY ROAD BEFORE SERANGOON AVENUE 1				

▼ Benefits

▼ Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	09/06/2014
GST Registration No.	201414828K	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	1 CHANG CHARN ROAD	Address 2	#05-02 OC	Address 3	SINGAPORE 159630
Address 4		Address Type	Singapore address	Post Code	159630
Unit No.	05-02	Related Policy number	S066599510-03		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	CHEK CHUN KITT, JONATHAN	Driver NRIC	S8004638E	Driver DOB	20/02/1986
Register Date of Driver License	12/09/2006	Driver Age	32	Driving Experience	11
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 328A #13-68B	Address 2	PASIR RIS STREET 51	Address 3	COSTA RIDG
Address 4	SINGAPORE S11528	Address Type	Foreign address	Post Code	811528
Unit No.	13-68B				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLS1744H	Driver Insurer Company	NTUC

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	VINCAR LEASING AND RENTAL	Insured NRIC	201414828K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	84741119
Email Address		O1 Vehicle Number	SLS1744H	TP Vehicle Number	SND9225H
Claim Description	SLS1744H / SND9225H ON 16 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/05/2018 09:36	Claim Close Date		Date Received	17/05/2018 00:00
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Attachment

Accident No.	MT/0994592	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/05/2018 09:37

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>				

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	SAS	Normal	SAS 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 09:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 16/05/2018 (DD/MM/YYYY), TIME: 10:41 (HH:MM)

LOCATION: BARTLEY RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS1744M
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 508240949301
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA CHR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
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: VINCAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEK CHUN KIT JONATHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8604638E CONTACT: 87482168
c) ADDRESS: BLK 528A PASIR RIS ST S1 #13-669
S (511528)

* d) DATE OF BIRTH: 20/02/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03/12/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: SKD922SH MODEL: FORD
b) DRIVER'S NAME: NUPUR DUBEY
c) NRIC/FIN/PASSPORT: S87745042 CONTACT: 82993306

9. THIRD PARTY VEHICLE

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

Email = saulangel2002@gmail.com


Fax =

kokheng@vincar.com.sg

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
**CHEK CHUN KITT,
JONATHAN**

NRIC No
S8604638E



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S8604638E**
Name
**CHEK CHUN KITT, JONATHAN
(ZHI JUNJIE)**

Birth Date: **20 Feb 1986**
Issue Date: **03 Dec 2004**




GENERAL/SP/040003A5411 00000000138121

NRIC No / Colour
S8604638E / PINK

Race
CHINESE

Date Of Birth
20/02/1986

Service Status
REGULAR

Address
**ADDRESS: APT BLK 52&A PASIR RIS STREET 51 #13-659
SINGAPORE 511528 DATE: 20.09.2017 S8604638E**

Blood Group
A (+)

Country Of Birth
SINGAPORE

Military Rank Status
SPECIALIST

Sex
M




PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	03 Dec 2004
Class 3	Motor cars <= 3500 kg with <= 9 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Jan 2006

S / No. 9000042628

S8604638E



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: 5082409493-01

Cover : drive PREMIUM

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLS1744M |
| Chassis Number | : ZYX102067172 |
| 2. Name of Policyholder | : VINCAR LEASING AND RENTAL PTE LTD |
| 3. Effective Date of Insurance | : 12 Sep 2017 |
| 4. Expiry Date of Insurance | : 11 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : VINCAR PTE LTD (00000614250)
 Date of Issue : 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive