

NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MNA418076035

Date In: 07/06/2018 14:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/CPA 0280/Y	E-mail (within 8hrs, A/C 2hrs):		
Veh No: 3690M	i-Motor Claim Form: M1/0997701-001	07/06/2018	
D.O.A: 05/06/2018 04:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs):	15:00	
OD: TP Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJW 7878Z	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	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) RT: 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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services- OH*		
	*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	07/06/2018 14:38
Date Of Accident	05/06/2018 04:15
Exact Location Of Accident	JUNCTION OF CLEMENTI AVE 2/COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3690M
Insured/Policyholder	
Name Of Registered Owner	KIRALY PRIVATE LIMITED
Co Reg No	201412081C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94460884
Alternative Phone No	OFFICE-94460884

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 (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	5096979328
Cover Note Number	

Driver

Name of Driver	TAN KEOW JIE
Passport No/FIN	G2850425Q
Date Of Birth	15/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94460884
Fax Number	
Contact Number	OTHERS-94460884
EMail Address	NOEMAIL

Address	BLK 408C FERNVALE ROAD #10-10
Postcode	793408
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW7878Z
Vehicle Make/Model/Colour	
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**.
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:

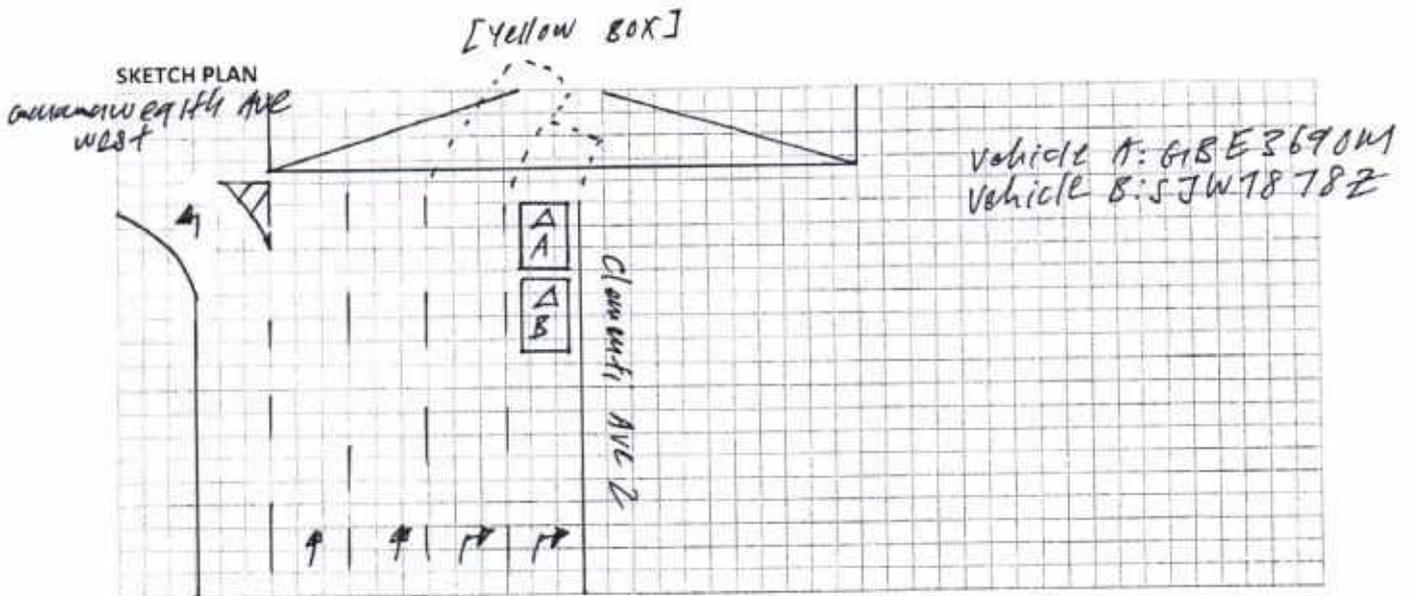
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

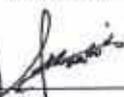


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

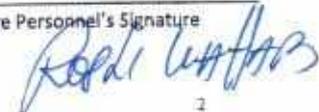
On the stated date and time, vehicle 'A' was standing at the stated venue. While waiting for traffic to be cleared, suddenly, vehicle 'B' hit into my stationary vehicle rear part.

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:

 07/06/2018
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

Claim Handling

Accident MT/0997701

Policy No.	5096979328	Vehicle No.	GBE3690H	GST Registration No.	
Policyholder Name	KIRALY PRIVATE LIMITED	Cover Type	Comprehensive	Policyholder NRIC	201412081C
Product Code	COMMERCIAL VEHICLE INSURAT	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94460894	Special Remark		Contact No.(Home)	
Email Address		NCD Entitlement(%)	0	eCode	No
NFK	<input type="checkbox"/> No <input type="checkbox"/> Yes			eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	07/06/2018 14:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/06/2018	Time of Accident (hh:mm)	04:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF CLEMENTI AVE 2/COMMONWEALTH AVE WEST				

Benefits

Excess				Windscreen Excess	100.00
Own Damage Excess	600.00	Additional Excess			
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	BLK 2 #04-887	Address 2	BALESTIER ROAD	Address 3	BALESTIER HILL SHOPPING CEN
Address 4	SINGAPORE 320002	Address Type	Singapore address	Post Code	320002
Unit No.	04-807	Related Policy Number	5097322485		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/05/1994
Unnamed driver Name	TAN KEOW IEE	Driver NRIC	U2810425Q	Driving Experience	0
Register Date of Driver License	09/10/2017	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	94460894	Contact No.(Office)		Address 3	CDRAL VALE
Address 1	BLK 408C #10-10	Address 2	FERNVALE ROAD	Post Code	793408
Address 4	SINGAPORE 793408	Address Type	Foreign address		
Unit No.	10-10			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	GBE3690H		

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KIRALY PRIVATE LIMITED	Insured NRIC	201412081C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	GBE3690H	TP Vehicle Number	S7W76792
Claim Description	GBE3690H / SJW76792 DN 5 Jun 2018				
Preferred Workshop Contact No.		Insured Utility *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/06/2018 14:59	Claim Close Date		Date Received	07/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Save Submit

Attachment

Accident No. MT/0997701 Claim No. 001
 Last Doc. Received Yes No Update Date 07/06/2018 15:00

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

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Actual
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00		Photos	Normal	Photos 2018-6-7		Edit
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00		Photos	Normal	Photos 2018-6-7		Edit
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00		Photos	Normal	Photos 2018-6-7		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 13:00	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	SAS	Normal	SAS 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	Edit

Video List

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

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/06/2018 (dd/mm/yy) Time of Accident: 04:15 (24-HR-FORMAT)
Vehicle No.: G8E3690M Vehicle Make & Model: NISSAN NV550
Exact location of Accident: Junction at deWanti Ave 2 & Commonwealth Ave West
Policyholder's Name / IC No.: Fivaly Pte. Ltd. / 201412081C
Driver's Name / IC No.: TAN KUN JIE / 612850425Q (As Above)
Driver's Contact No.: 9446 0884 Company Contact No.: -
Driver's Address: 408C Farralle Rd #10-10 S(793408)
Insurance Company: NTUC Email address (if any): -

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee Hiree or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

No. of Passengers (Including Driver): 01

Passenger Name : _____
Passenger Name : _____

Gender : Male / Female
Gender : Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SJ W 7878Z ^(B)

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

Industry : Service
WP Sk : 1
FIN : G2850425Q
WP No. : 4 05738198
Date : 21/05/2018



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Facsimile : (65) 63171386
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

For Internal Reference Only
Entry : WP Online
Type: Submission of Application

KIRALY MOTORS PRIVATE LIMITED
2 BALESTIER ROAD
#04-687 BALESTIER HILL SHOPPING CENTRE
SINGAPORE 320002

CPF Submission No.: 201539365W - PTE - 01

Dear Sir / Madam

Name of Foreign Worker	: TAN KEOW JIE	Date Of Application	: 19/05/2018
Date of Birth	: 15/05/1994	Occupation	: DRIVER
Nationality	: MALAYSIAN	Temporary Permit Commencement Date	: 19/05/2018
Passport No.	: A36408353	PRC IC No.	:
Malaysian Old IC No.	:	Malaysian New IC No.	: 940515085729

WALK IN
9446 0884
\$110

Temporary Permit

The foreigner named above has been given a temporary permit to allow him / her to work for the employer and in the occupation stated above. This temporary permit remains valid till the collection date of the work permit or the cancellation date of the In-Principle Approval. You are required to pay a levy of \$300-\$800 per month from the commencement date of this temporary permit. If you are in the manufacturing or services sector, the actual monthly levy rate may vary from month to month, depending on the employer's workforce profile. If he / she is employed for part of a month, the daily levy rate will apply. For more information on levy rates, please visit "Foreign Manpower - Foreign Worker Levies" at MOM website <http://www.mom.gov.sg>.

2 Your Temporary Work Permit will be revoked if you do not apply for issuance by the Scheduled Date of Collection (as shown on the IPA letter, if any). Please note that the levy will cease on the date of the Temporary Work Permit revocation.

3 This foreigner must carry a copy of this letter with him / her and produce it for inspection by government officer(s) when he / she reports for work. The temporary permit does not cover his / her legal stay in Singapore which is subject to the existing Immigration Department's regulations.

Yours faithfully,
Controller of Work Passes

(As this is a computer generated letter, no signature is required)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G2850425Q**

TAN KEOW JIE

DoB Date: **15 May 1994**
 Issue Date: **28 Jul 2017**
 Valid Till: **27/07/2022**

002708285A




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		EFFECTIVE DATE
C C	Class 2B Motorcycles — 350 CC	28 Jul 2017
	Class 3 Motor cars — 3500 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/trailers — 3500 kg	08 Oct 2017

G2850425Q S / No. 9000303012

NP 428A Licence No: G2850425Q

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 : 5096979328 Cover : Comprehensive

- | | |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE3690M |
| Chassis Number | : JN1MC2E26Z0005390 |
| 2. Name of Policyholder | : KIRALY PRIVATE LIMITED |
| 3. Effective Date of Insurance | : 27 Dec 2017 |
| 4. Expiry Date of Insurance | : 26 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 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	: THINK ONE CREDIT 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 : THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)
 Date of Issue : 27 Dec 2017 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Think One Authorised Workshop
 Accident No.: 9128 8488 / 6844 3300
 18 Defu Avenue 2 S(539522)

Renewal No.: 8888 3300
 20 Ubi Road 4, #02-03 B(408622)