

NATIONAL Assessment Centre Services

(ver 1 Jan 05)

MNA46074059

Date In: 07/06/2018 15:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC18010388/Y	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLS 9995A	i-Motor Claim Form: M/180486014002	07/06/2018	
D.O.A: 02/06/2018 07:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs):	15:28	
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: CYCLIST 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 ( ) / Towel-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) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile \$30		
	*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		
	Fee Charged		
	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 15:06
Date Of Accident	02/02/2018 07:30
Exact Location Of Accident	ALONG BOON LAY WAY TOWARDS JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9095A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARZ RENTAL PTE. LTD
Co Reg No	201709215M
Email Address	KAREN@DONMOTORING.COM.SG
Mobile Phone No	(LOCAL) +65-81188099
Alternative Phone No	OFFICE-81188099

#### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092137388
Cover Note Number	

#### Driver

Name of Driver	TAN SIOW WEI
NRIC No	S8073092F
Date Of Birth	13/10/1980
Occupation	INDOOR
Date Of Driving Pass	13/01/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81188099
Fax Number	
Contact Number	OTHERS-81188099
EMail Address	KAREN@DONMOTORING.COM.SG

Address	101 HILLVIEW RISE #24-07
Postcode	667981
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	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

## 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: 06/06/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

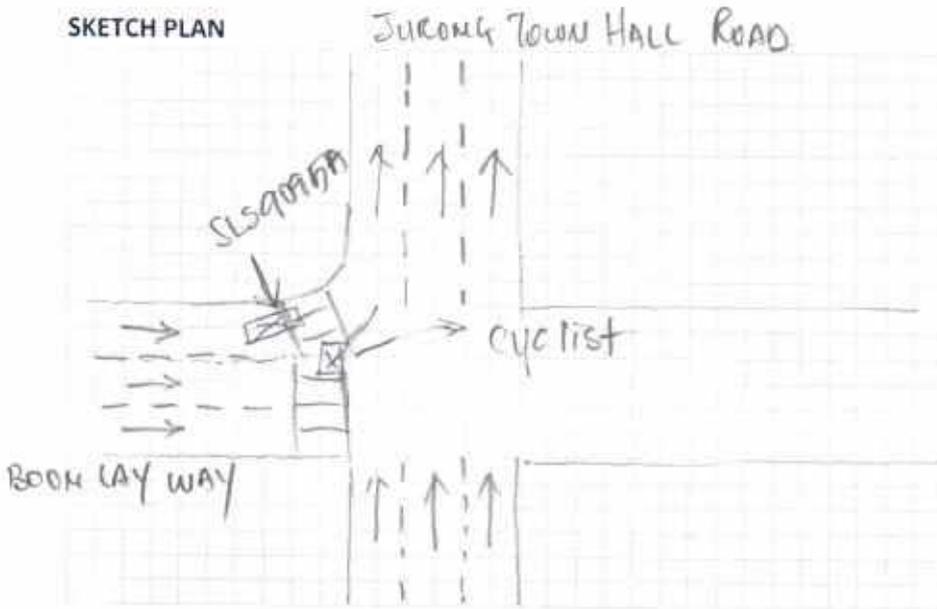
Name:

NRIC/FIN No.:

07/06/2018

Roshi unthas

SKETCH PLAN

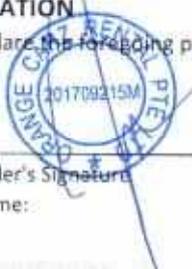


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 Feb 2018 at about 7:30am, I'm travelling along Boon Lay way Singapore towards Jurong Town Hall Road. A cyclist cycling along the zebra crossing from the right to left. I failed to keep a proper lookout when moving off thus resulting in a collision.

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:

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

07/06/2018

Resdi 1111111111

ROAD TRAFFIC ACT (CHAPTER 276)  
(SECTIONS 132, 134)

Date of Offence : 2 Feb 2018 7:30am  
Place of Offence : BOON LAY WAY

Vehicle Number : SLS9095A  
Vehicle Type : MOTOR CAR

<u>Offence(s):</u>	<u>Amount</u>	<u>Demerit Points</u>
YOU TAN SIOW WEI ARE CHARGED THAT YOU ON 2 FEBRUARY 2018 AT ABOUT 7.30 AM ALONG BOON LAY WAY SINGAPORE. DID DRIVE/RIDE MOTOR VEHICLE SLS9095A WITHOUT REASONABLE CONSIDERATION FOR OTHER PERSONS USING THE ROAD, TO WIT, <FONT>BY FAILING TO KEEP A PROPER LOOKOUT AHEAD WHILE THERE WAS A CYCLIST CYCLING ALONG THE ZEBRA CROSSING FROM YOUR RIGHT TO LEFT THUS RESULTING IN A COLLISION</FONT> AND YOU HAVE THEREBY COMMITTED AN OFFENCE PUNISHABLE UNDER SECTION 65(b) OF THE ROAD TRAFFIC ACT, CHAPTER 276.	200	9

**PAYMENT Details**

Payment Reference No. :  
0021 8100 0360 8110



Due Date:  
**17 Mar 2018**

Total Amount:  
**\$200**



S8073092F (PINK IC)

\$10.00

TAN SIOW WEI

04/06/2018

K Parameswari



DOCUMENTS ARE TO BE PRESENTED AT THE CHECK-IN



SLS 9095 A

Claim Handling

Accident MT/098014

Policy No.	5002137388	Vehicle No.	SLS9095A	GST Registration No.	
Policyholder Name	ORANGE CARZ RENTAL PTE. LTD.			Policyholder NRIC	201709215M
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Nil
MPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	14/03/2018 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Cyclist into Cyclist
Date of Accident	07/06/2018	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JUNCTION OF JURONG TOWN HALL ROAD & BUKIT BATOK ROAD				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,800.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	101 HILLVIEW RISE	Address 2	#24-07 KINGSPORD , HILLVIEW	Address 3	SINGAPORE 667981
Address 4		Address Type	Singapore address	Post Code	667981
Unit No.	24-07	Related Policy Number	5002137388		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MK	Insured Name	ORANGE CARZ RENTAL PTE. LTD	Insured NRIC	201709215M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLS9095A	TP Vehicle Number	CYCLIST
Claim Description	SLS9095A / CYCLIST ON 2 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/06/2018 15:27	Claim Close Date		Date Received	07/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/098014	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/06/2018 15:28

Path \*

Category *	Confidential	Urgency *	Description *
Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Flag Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:28	Photos	Normal	Photos 2018-6-7		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:28	Photos	Normal	Photos 2018-6-7		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:28	Photos	Normal	Photos 2018-6-7		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:28	Photos	Normal	Photos 2018-6-7		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:28	Photos	Normal	Photos 2018-6-7		Edit

UKIT MERAH) on 07 Jun 2018 15:28



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:28	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:27	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:27	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:27	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:27	Photos	Normal	Photos 2018-6-7	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:27	SAS	Normal	SAS 2018-6-7	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 Jun 2018 15:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/02/2018) (DD/MM/YYYY), TIME: (07:30) (HH:MM)

LOCATION: BOON LAY WAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS9095A  
b) INSURANCE COMPANY: NJUC  
c) POLICY NUMBER: 5100547592  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA VEZEL 1.5X HYBRID  
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: ORANGE CARZ RENTAL PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201709215M CONTACT: 81188099  
c) ADDRESS: 101 HILLVIEW RISE #24-07 KINGFORD HILLVIEW PARK  
S(667981)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: TAN SLOW WEI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8073092F CONTACT: 81188099  
c) ADDRESS: 101 HILLVIEW RISE #24-07 KINGFORD HILLVIEW PARK  
S(667981)

\*d) DATE OF BIRTH: (15/10/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/01/2009

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIRECTOR

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: TRAFFIC POLICE CAME TO THE SCENE

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: NA MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(0)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
(0)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL : karen@donmotoring.com.sg

2) VIDEO :

**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:** 5092137388 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLS9095A**  
Chassis Number : RU31208465

2. Name of Policyholder : ORANGE CARZ RENTAL PTE. LTD.

3. Effective Date of Insurance : 10 Oct 2017

4. Expiry Date of Insurance : 09 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 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	: NO
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 : KHC HOLDINGS PTE LTD (00000613934)  
Date of Issue : 22 Jun 2017 08:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HOLDINGS PTE LTD  
389A BALESTIER ROAD SINGAPORE 329799  
TEL: 62535203

Countersigned By:

\_\_\_\_\_  
Authorised Officer

\_\_\_\_\_  
Chief Executive