

**NATIONAL Assessment Centre Services** (REF: JAN2005) *MANAYCRO16905*

Date In: <i>13/06/2018 18:42</i>	Job description:	Date & Time Completed:	Done by:
Ref No: <i>NBA/MUC180/08347</i>	SAS e-filing		
Veh No: <i>SLB 1567Y</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>17/05/2018 24:00</i>	i-Motor Claim Form	<i>m/0998584001</i>	<i>13/06/2018</i>
OD: TP: <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>18:59</i>
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: *UNKNOWN CAR* 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	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$90)	
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	
	For claiming against INC Only (wef 10 Jan 2005)	
Cat 1:	6) TR: Re-inspection \$75	
Cat 2/3:	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*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: Idao Mobile \$0	
	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	13/06/2018 18:42
Date Of Accident	17/05/2018 21:00
Exact Location Of Accident	71 WILKIE ROAD BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1567Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI YANG
Passport No/FIN	G0977514K
Email Address	LIYANGLUNA1988@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85713286
Alternative Phone No	OTHERS-85713286

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088921247-01
Cover Note Number	

### Driver

Name of Driver	LI YANG
Passport No/FIN	G0977514K
Date Of Birth	30/05/1988
Occupation	INDOOR
Date Of Driving Pass	11/01/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85713286
Fax Number	
Contact Number	OTHERS-85713286
Email Address	LIYANGLUNA1988@GMAIL.COM

Address	BLK 71 WILKIE ROAD #05-01
Postcode	228071
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 PARKED VEHICLE
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: : HUSBAND GENDER: : MALE

#### 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	UNKNOWN
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:

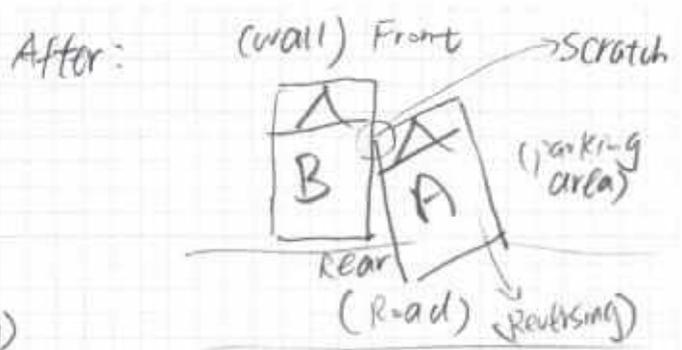
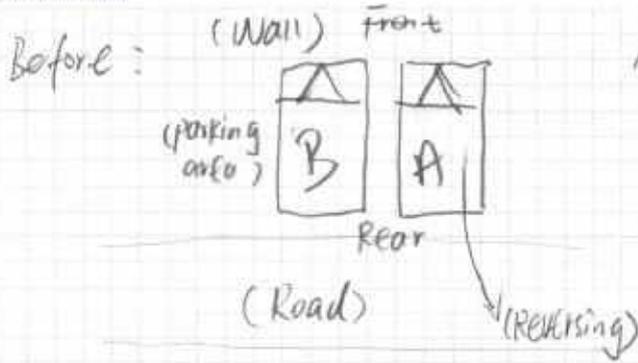
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

**SKETCH PLAN**



- A) SUBISBY
- B) UNKNOWN CAR

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 17 May 2018, 9:00 pm, both my car and the other car were parked side by side at our basement carpark.

When I was reversing my car back to the road, my car scratched the car on my left hand side.

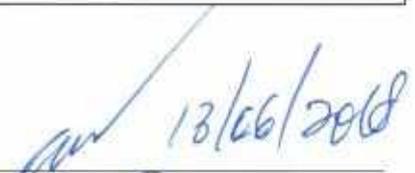
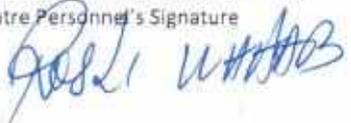
At that moment I didn't notice that my car already scratched the other car because my husband sitting next to me and he warned me when both of the cars were very near, so we just reversed back ~~and~~ to the main road.

**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:

 13/06/2018  
 Reporting Centre Personnel's Signature  
 Name:   
 NRIC/FIN No.:

Claim Handling

Accident NT/099584

Policy No.	5088921247-01	Vehicle No.	SLB1567Y	GST Registration No.	
Policyholder Name	LI YANG			Policyholder NRIC	G0977514K
Product Code	PRIVATE CAR INSURANCE	Cover Type	omv CLASSIC	Loading	0
Contact No.(Mobile)	95713286	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	13/06/2018 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	17/05/2018	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	71 WILKIE ROAD CARPARK				

Benefits

Coverage	Sum Insured				
Transport Allowance	9999999.00				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	71 WILKIE ROAD	Address 2	#01-01 ESTILO	Address 3	SINGAPORE 228071
Address 4		Address Type	Singapore address	Post Code	228071
Unit No.	06-01	Related Policy Number	5088921247-01		

OT Driver Info

Driver Name	LI YANG	Driver Type	Main Driver	Driver DOB	30/05/1988
Unnamed driver Name		Driver NRIC	G0977514K	Driving Experience	6
Register Date of Driver License	01/01/2012	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	71 WILKIE ROAD
Address 1	71 WILKIE ROAD	Address 2	#01-01 ESTILO	Address 3	SINGAPORE 228071
Address 4		Address Type	Singapore address	Post Code	228071
Unit No.	06-01				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SLB1567Y	Driver Insurer Company	NTUC

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

Modification History

Claim 001 OD-MX

Nav

Claim Type *	OD-MX	Insured Name	LI YANG	Insured NRIC	G0977514K
Contact No.(Mobile)	95713286	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SLB1567Y	TP Vehicle Number	UNKNOWN CAR
Claim Description	SLB1567Y / UNKNOWN CAR ON 17 May 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	13/06/2018 18:57	Claim Close Date		Date Received	13/06/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		TOTAL Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	NT/099584	Claim No.	001
Last Doc. Retrieved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/06/2018 18:58
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen		Urgency *
Choose File	No file chosen		Description *
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
<input type="button" value="Send Message"/> <input type="button" value="Upload"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 13 Jun 2018 18:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-13		Edit
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 13 Jun 2018 18:59	SAS	Normal	SAS 2018-6-13		Edit



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 18:59

Photos

Normal

Photos 2018-6-13

[Edit](#)

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 18:59

Photos

Normal

Photos 2018-6-13

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Photos 2018-6-13

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 13 Jun 2018 18:58

Photos

Normal

Photos 2018-6-13

[Edit](#)[Video List](#)

Uploaded By/Date

Folder/Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)

# ACCIDENT STATEMENT

ACCIDENT DATE: 17/05/2018 (DD/MM/YYYY), TIME: 21:00 (HH:MM)

LOCATION: 71 Wilkie Road, S228071

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB1567Y  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5088921247-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mazda 3  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Drive For Driver  
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: LI YANG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G0977514K CONTACT: 85713286  
c) ADDRESS: 71 Wilkie Road #05-01  
Singapore 228071

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

## DRIVER

- a) NAME: LI YANG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G0977514K CONTACT: 85713286  
c) ADDRESS: 71 Wilkie Road #05-01  
Singapore 228071

\*d) DATE OF BIRTH: 17/05/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: ---

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: \_\_\_\_\_ 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: \_\_\_\_\_

# No of passengers  
(including driver)  
(2)

# No of passengers  
(including driver)

# No of passengers  
(including driver)

Email = liyang/una1988@gmail.com

fax =



### EMPLOYMENT PASS

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

Employer  
DESTINY CONSULTANT PTE. LTD.



Name  
**LI YANG**  
Occupation  
**BUSINESS DEVELOPMENT DIRECTOR**

FIN  
**GD977514K**      Date of Application  
**22-03-2017**  
Date of Issue  
**17-04-2017**  
Date of Expiry  
**23-06-2019**



L7842160



### REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G0977514K**

**LI YANG**



Birth Date **30 May 1988**  
Issue Date **07 Jan 2017**  
Valid Till **10/01/2022**



### VISIT PASS

Immigration Regulations

Name  
**LI YANG**



Date of Birth **30-05-1988** Sex **F** Nationality **CHINESE**  
FIN **GD977514K** Date of Issue **17-04-2017** Date of Expiry **23-06-2019**

**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.**



### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg      11 Jan 2012

NP 426A



**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:** 5088921247-01

**Cover:** : drive CLASSIC

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : SLB1567Y          |
| Chassis Number   | : JM6BM4248G0334917 |
| 2. Name of Policyholder  | : LI YANG           |
| 3. Effective Date of Insurance   | : 29 Mar 2018       |
| 4. Expiry Date of Insurance  | : 28 Mar 2019       |
| 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.<br>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.  |                     |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LI YANG
NAMED DRIVER (1)	: FANG HONGYONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : CHERYL LEE (00000602434)  
Date of issue : 16 Mar 2018 15:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive