

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA418080387

Date In: 22/06/2018 10:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/INC6011342/Y	E-mail (within 8hrs, AIC 2hrs):		
Veh No: STM 6681 T	i-Motor Claim Form	MT10999623-001	22/06/2018
D.O.A: 21/06/2018 08:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:07
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: SLZ5311R	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

NA1804034	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac 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: 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	22/06/2018 10:42
Date Of Accident	21/06/2018 08:45
Exact Location Of Accident	MCE TOWARDS AYE BEFORE TUNNEL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6681T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO EDWARD
NRIC No	S1049310B
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96222191
Alternative Phone No	OFFICE-96222191

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5074930514-02
Cover Note Number	

### Driver

Name of Driver	TEO EDWARD
NRIC No	S1049310B
Date Of Birth	25/12/1941
Occupation	INDOOR
Date Of Driving Pass	11/03/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96222191
Fax Number	
Contact Number	OFFICE-96222191
Email Address	HANCARREPAIRS@GMAIL.COM



Address	BLK 64 NEW UPPER CHANGI ROAD #08-1154
Postcode	460064
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	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	SLZ5311R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANDRASEKARAN KULOTHUNGAN
NRIC/Passport Number	S7361906H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN

Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (ii) 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) involved in this accident and the insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature  
Date & Time

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

Witnessed by Reporting Center  
Personnel

## Sketch Plan

<p>MCE towards AYE before Tunnel Exit</p> <p>Vehicle A: SAM6681T</p> <p>Vehicle B: SLZ5311R</p>	
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**Describe Circumstances of the Accident**

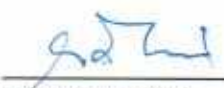
I was travelling along Lane 2 of MCE Towards AYE Before Tunnel Exit.

I was travelling straight on my lane when vehicle (B) came from Lane 1 & hit my car (A).

**Declaration**

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

  
Policyholder's Signature  
Date & Time

  
Driver's Signature  
(If driver is not policyholder)  
Date & Time

 22/06/2018  
Witnessed by Reporting Centre  
Personnel



## Claim Handling

Accident MT/0999623

Policy No.	5074930514-02	Vehicle No.	SGM6681T	GST Registration No.	
Policyholder Name	TEO EDWARD			Policyholder NRIC	S1049310B
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96222191	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	22/06/2018 11:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/06/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HCE TOWARDS AVE BEFORE TUNNEL EXIT				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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	BLK 64 #06-1154	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 460064
Address 4		Address Type	Singapore address	Post Code	460064
Unit No.		Related Policy Number	5074930514-02		

## ▼ OT Driver Info

Driver Name	Teo Edward	Driver Type	Main Driver	Driver DOB	25/12/1941
Unnamed driver Name		Driver NRIC	S1049310B	Driving Experience	37
Register Date of Driver License	11/05/1982	Driver Age	76	Contact No.(home)	
Contact No.(Mobile)	96222191	Contact No.(Office)		Address 3	SINGAPORE 460064
Address 1	BLK 64 #06-1154	Address 2	NEW UPPER CHANGI ROAD	Post Code	460064
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SGM6681T	Driver Insurer Company	NTUC

## Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	TEO EDWARD	Insured NRIC	S1049310B
Contact No.(Mobile)	96222191	Contact No.(Home)	9448210B	Contact No.(Office)	
Email Address	WIL@VERIFIED.CO	OT Vehicle Number	SGM6681T	TP Vehicle Number	SL25311R
Claim Description	SGM6681T / SL25311R ON 21 Jun 2018				
Preferred Workshop Contact No.		Injured Liability *	Not at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/06/2018 11:05	Claim Close Date		Date Received	22/06/2018 00:00
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0999623	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	22/06/2018 11:07
Path *			

Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

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Message Read


Send Message Upload

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 22 Jun 2018 11:07	Photos	Normal	Photos 2018-6-22	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 22 Jun 2018 11:07	Photos	Normal	Photos 2018-6-22	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 22 Jun 2018 11:07	Photos	Normal	Photos 2018-6-22	Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:07	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:07	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:08	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:08	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:08	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:08	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:08	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:08	Photos	Normal	Photos 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	NAC/ Driving License	Normal	NAC/ Driving License 2018-6-22	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 22 Jun 2018 11:06	SAS	Normal	SAS 2018-6-22	<a href="#">Edit</a>

📺 Video List

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

**PERSONAL PARTICULARS**

Date of Accident: 21/06/2018 / Time of Accident: 8:45am (24Hrs) ✓  
Vehicle No: Sgm 6681T / Vehicle Make/Model: \_\_\_\_\_  
Exact Location of Accident: MCE Towards AYE Before Tunnel Exit.  
Owner's Name/NRIC: Teo Edward / 51049310B /  
Driver's Name/NRIC: Teo Edward / 51049310B  
Driver's Contact: 96222191 Insurance Co & Policy No: NTUC  
Driver's Email Address: hancarrepairs@gmail.com  
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: chandrasekaran Kulathungam / 57361906H Vehicle No: SLZ5311R

Insurance Company: \_\_\_\_\_ Driver's Contact: \_\_\_\_\_

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_


Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.


\* Information will be discarded after one week.



**REPUBLIC OF SINGAPORE DRIVING LICENCE**




Licence Number: **S1049310B**  
 Name: **TEO EDWARD**  
 Birth Date: **25 Dec 1941**  
 Issue Date: **14 May 2003**




000482722K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1049310B**



Name: **TEO EDWARD**  
 Race: **CHINESE**  
 Date of Birth: **25-12-1941**  
 Sex: **M**  
 Country of Birth: **SINGAPORE**



S1049310B

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Mar 1981

NP 428A

Licence No: **S1049310B**



050953



NRIC No: **S1049310B**  
 Blood Group: **O+**  
 Date of issue: **08-09-1992**



Address: **APT BLK B4 NEW UPPER CHANGI ROAD #08-1154 SINGAPORE 460064**  
 NRIC No: **S1049310B**  
 Date: **15-11-2000**  
 No: **3755813**

## 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:** 5074930514-02

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGM6681T**  
Chassis Number : **MR053ZEC107132288**
2. Name of Policyholder : **TEO EDWARD**
3. Effective Date of Insurance : **26 Oct 2017**
4. Expiry Date of Insurance : **25 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 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: TEO EDWARD
NAMED DRIVER (1)	: TEO MEI LYN WENDY
NAMED DRIVER (2)	: TEO AIK KE WAYNE
HIRE PURCHASE COMPANY	: N/A
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)

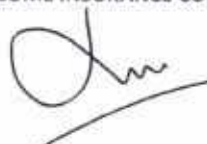
Agency : **SAFE HARBOUR ENSURANCE (00000573456)**  
Date of Issue : **14 Sep 2017 11:39 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Safe Harbour Agency P/L - 63823203