

NATIONAL Assessment Centre Services			
Date In: 21/06/2018 14:39	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/801/700/Y	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJS 6739 U	i-Motor Claim Form		
D.O.A: 12/05/2018 14:50	i-Motor W/O (Within: QID 2hrs, TP 4hrs)		
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: BOREIKER	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

NBA/801/700/Y	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$10		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	27/06/2018 14:29
Date Of Accident	12/05/2018 19:50
Exact Location Of Accident	BLK 164 RIVERVALE CRESCENT CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6739U
Insured/Policyholder	
Name Of Registered Owner	ZAHARI BIN ABDULLAH
NRIC No	S7201261E
Email Address	ZAHARI0601@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90053372
Alternative Phone No	OTHERS-90053372

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5083607546-01
Cover Note Number	

Driver

Name of Driver	ZAHARI BIN ABDULLAH
NRIC No	S7201261E
Date Of Birth	06/01/1972
Occupation	INDOOR
Date Of Driving Pass	26/06/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90053372
Fax Number	
Contact Number	OTHERS-90053372
EMail Address	ZAHARI0601@YAHOO.COM.SG

Address	BLK 164C RIVERVALE CRESCENT #03-276
Postcode	543164
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 PROPERTY
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?	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	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

27/6/18
12:30 P.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/6/18
12:30 P.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/06/2018

40821 WATAS

SKETCH PLAN

Carpark
Exit
← BARRIER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated day and time, I was about to exit from the carpark. Upon raising of the barrier, I moved out as usual.

From the carpark exit, there is either turning left or right.

I make a wrong turn ^{right}, so wanted to reverse a bit behind and turn left.

Then, in the midst of reverse, back bumper slightly hit the barrier. Very soft

It was a very soft hit, with very minimum impact on any car. Thinking nothing serious happen, I just drove off away. Total ignorant.

DECLARATION

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

Policyholder's Signature

Date & Time: 27/6/18

12.30 P

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/6/18
12.30 P

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/06/2018
[Signature]

Our Ref: MT/CA/TP/059/0999445-001/JLY/VU

21 Jun 2018

ZAHARI BIN ABDULLAH
BLK 164C #03-276
RIVERVALE CRESCENT
RIVERVALE DELTA
SINGAPORE 543164

Dear Policyholder

CLAIM NUMBER: MT/0999445-001

ACCIDENT INVOLVING SJ56739U / PROPERTY on 12 May 2018

We would like to inform you that a claim for S\$1,936.70 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/0999445

Policy No.	5093607546-01	Vehicle No.	S256739U	GST Registration No.	
Policyholder Name	ZAHARI BIN ABDULLAH			Policyholder NRIC	S7201261E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="fai"/>
RFL	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Insure Hire	not available

Accident Details

Report Date	21/06/2018 09:59	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	12/05/2018	Time of Accident hh:mm	19:51	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	At Exit 2 multi-storey carpark S102 located at Bk 184 Rivervale Crescent				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0	Workscreen 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	BLK 184C #01-276	Address 2	RIVERVALE CRESCENT	Address 3	RIVERVALE DELTA
Address 4	SINGAPORE 543164	Address Type	Singapore address	Post Code	543164
Unit No.	01-276	Related Policy Number	5093607546-01		

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		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 [New](#)

Claim Type *	OD-MR	Insured Name	ZAHARI BIN ABDULLAH	Insured NRIC	S7201261E
Contact No.(Mobile)	90053372	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	S256739U	TP Vehicle Number	BARRIER
Claim Description	S256739U / BARRIER ON 12 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	27/06/2018 14:26	Claim Close Date		Date Received	27/06/2018 00:00
Report Taken By	ROSLI WAHAB				

[Print AK letter](#)

[Save](#) [Submit](#)

Attachment

Accident No.	MT/0999445	Claim No.	002		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/06/2018 14:39		
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Choose File No file chosen		Clear Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
Message Read					

[Send Message](#) [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 14:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 14:39	SAS	Normal	SAS 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 14:27	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 14:27	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 14:27	Photos	Normal	Photos 2018-6-27		Edit



UKIT MERAH)) on 27 Jun 2018 14:27

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 27 Jun 2018 14:26

Photos

Normal

Photos 2018-6-27

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 27 Jun 2018 14:26

Photos

Normal

Photos 2018-6-27

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 27 Jun 2018 14:26

Photos

Normal

Photos 2018-6-27

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 27 Jun 2018 14:26

Photos

Normal

Photos 2018-6-27

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 27 Jun 2018 14:26

Photos

Normal

Photos 2018-6-27

[Edit](#)NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 27 Jun 2018 14:26

Photos

Normal

Photos 2018-6-27

[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

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

ACCIDENT STATEMENT

ACCIDENT DATE: 12/05/18 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: Car Park 164 C Rivervale Crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 6739 U
 b) INSURANCE COMPANY: NMC INCOME
 c) POLICY NUMBER: 5083607546-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI / AVANTE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ZAHARI BIN ABDULLAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57201261E CONTACT: 90053372
 c) ADDRESS: Blk 164C, #03-276, Rivervale Crescent
543164

* d) DATE OF BIRTH: 06/01/72 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 260601

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

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: Barrier 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: _____

Email = Zahari0601@yahoo.com.sg

fax = 90053372

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7201261E



NAME
ZAHARI BIN ABDULLAH
راخري بن عبدالله
Race
MALAY
Date of Birth 06-01-1972 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7201261E



ZAHARI BIN ABDULLAH
Birth Date 06 Jan 1972
Issue Date 17 Mar 2004

001169072D

1438380



NRIC No. S7201261E



Blood Group O+ Date of Issue 15-11-1993

APT BLK 164C RIVERVALE CRESCENT #03-278
SINGAPORE 543184
NRIC No: S7201261E Date: 15/03/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE 26 Jun 2001

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S7201261E



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: 5083607546-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJ56739U**
Chassis Number : **KMHDL41BR9U802549**
2. Name of Policyholder : **ZAHARI BIN ABDULLAH**
3. Effective Date of Insurance : **09 Sep 2017**
4. Expiry Date of Insurance : **27 Aug 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)	: 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	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZAHARI BIN ABDULLAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : IVAN INSURANCE AGENCY (00000614519)

Date of Issue : 09 Sep 2017 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive