

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MA 41804235

Date In: 03/07/2018 18:09	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NGA/MC80/20924	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLJ 8013R	i-Motor Claim Form	MA/MC80/492-001	03/07/2018 18:25
D.O.A: 03/07/2018 07:40	i-Motor W/O (Within: OD 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: GBB 2075L

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

NA1804235

Invoice Preparation Checklist

Amt (\$) In Bill

Amt (\$) Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
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:-		
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 \$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	03/07/2018 18:00
Date Of Accident	03/07/2018 07:40
Exact Location Of Accident	ALONG KPE TOWARDS PIE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8013R
Insured/Policyholder	
Name Of Registered Owner	CARS 88 RENTALS PTE. LTD.
Co Reg No	201701612G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98711923
Alternative Phone No	OFFICE-98711923
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088061871-01
Cover Note Number	
Driver	
Name of Driver	LIM WEE MING EDWIN
NRIC No	S7402364I
Date Of Birth	19/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98711923
Fax Number	
Contact Number	OTHERS-98711923
EMail Address	NOEMAIL

Address	BLK 661 WOODLANDS RING ROAD #12-144
Postcode	730661
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : ELIZA PUAY GENDER: : FEMALE

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	GBB2075L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP5325D
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

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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.



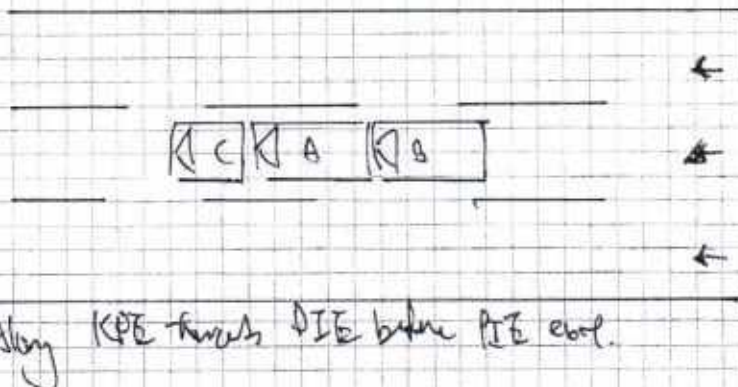
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Paul White
NRIC/FIN No: 9201 1234 5678

SKETCH PLAN

Vehicle A: SLJ8013R
 Vehicle B: G6B2075L
 Vehicle C: SLP5325D.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A' was travelling along the stated route. Due to front vehicle stopped I followed suit. Moments later, vehicle 'B' hit into my vehicle ~~at~~ near portion. The great impact cause my vehicle to ~~be~~ propel and hit onto vehicle 'C'.

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.:

Claim Handling

Accident MT/1001492

Policy No.	5088061871-01	Vehicle No.	SL18013R	GST Registration No.	
Policyholder Name	CARS 88 RENTALS PTE. LTD.			Policyholder NAIC	201701612G
Product Code	FLEET INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	98711923	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="button" value="No"/>
KPI	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	03/07/2018 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/07/2018	Time of Accident (hh:mm)	07:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KPE TOWARDS PIE BEFORE PIE EXIT				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	40 JALAN PERHIMPIN	Address 2	A05-12 TAT ANN BUILDING	Address 3	SINGAPORE 577185
Address 4		Address Type	Singapore address	Post Code	571185
Unit No.	01-03	Related Policy Number	5088061871-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/01/1974
Unnamed driver Name	LIM WEE MING EDWIN	Driver NAIC	57403364	Driving Experience	44
Register Date of Driver License	19/01/1974	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	98711923	Contact No.(Office)		Address 3	SINGAPORE 730661
Address 1	BLK 561 #12-144	Address 2	WOODLANDS RING ROAD	Post Code	730661
Address 4		Address Type	foreign address		
Unit No.	12-144			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SL18013R		

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/MA	Insured Name	CARS 88 RENTALS PTE. LTD.	Insured NAIC	201701612G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67772808
Email Address	leasing@cars88.sg	OI Vehicle Number	SL18013R	TP Vehicle Number	GB82075L
Claim Description	SL18013R / GB82075L ON 3 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIR report	Received
Date Registered	03/07/2018 18:24	Claim Close Date		Date Received	03/07/2018 00:00
Report Taken By	BOSLI WAHAB				
<input type="checkbox"/> Print Ack letter					
		<input type="button" value="Save"/>	<input type="button" value="Submit"/>		

Attachment

▼

Accident No.	MT/1001492	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	03/07/2018 18:25
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	<input type="button" value="Edit"/>

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	Photos	Normal	Photos 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	SAS	Normal	SAS 2018-7-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Jul 2018 18:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-3	Edit

Video List

Uploaded By/Date	Folder Date	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: 03 / 07 / 2018 (dd/mm/yy) Time of Accident: 07 40 (24-HR-FORMAT)
Vehicle No.: SLJ8013R Vehicle Make & Model: TOYOTA PULNIC
Exact location of Accident: KPE CP/E, before PIS Exit
Policyholder's Name / IC No.: Cars 88 Rentals Pte Ltd / 201701626
Driver's Name / IC No.: LIM WEE MINH EDWIN / 574023642 (As Above) ☐
Driver's Contact No.: 98711923 Company Contact No.: _____
Driver's Address: Blk 661 Woodlands Ring Rd #12-14 Singapore (730661)
Insurance Company: NAC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer 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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02

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.: G882075 L ②

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

2. Driver's Name / IC No.: _____ Vehicle No.: SLF52250 ②

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.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Driving Licence No. **S74023641**

Name
LIM WEE MING EDWIN
LIM WEIMING EDWIN

Birth Date **19 Jan 1974**

Issue Date **14 Mar 2008**

001581374B




SINGAPORE ARMED FORCES

IDENTITY CARD

Name
LIM WEE MING EDWIN

NRIC No.
S74023641




This card is the property of the Singapore Armed Forces. Any person losing this card is requested to forward it without delay to Central Postmaster, Base at any Police Station.

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

Class **1A** Motor cars without clutch pedals (Auto) $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals $\leq 2500\text{kg}$

PASS DATE
14 Mar 2008

NP 428A

Licence No: **S74023641**

SEC 8113 668220014 14 Mar 2008

NRIC No / Colour S74023641 / PINK	Race CHINESE	Blood Group O+
Date Of Birth 19011974	Country Of Birth SINGAPORE	Sex M
Service Status REGULAR	Military Rank / Status WARRANT OFFICER	
Address BLK 661 WOODLANDS RING ROAD #12-144 SINGAPORE 730661		




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: 5088061871-01

Cover : drive CLASSIC

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLJ8013R |
| Chassis Number | : JTEGH23B200025803 |
| 2. Name of Policyholder | : CARS 88 RENTALS PTE LTD |
| 3. Effective Date of Insurance | : 16 Feb 2018 |
| 4. Expiry Date of Insurance | : 15 Feb 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. | |
| 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	: DICKSON CAPITAL 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 : DICKSON AUTO AGENCY (00000614645)
Date of Issue : 08 Feb 2018 09:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive