

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MAY 18 085997			
Date In: 04/07/2008 10:21	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC/0012116/1	SAS e-filing		
Veh No: SBE 1833G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/07/2008 13:40	i-Motor Claim Form	M1/1001541-001	04/07/2008 10:35
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKK 6100S	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

NAB04242	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			
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:-			
	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 (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	04/07/2018 10:21
Date Of Accident	03/07/2018 13:40
Exact Location Of Accident	NO 1 CANTONMENT CLOSE (088256)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBE1833G
Insured/Policyholder	
Name Of Registered Owner	LAU GUAN GEEK
NRIC No	S7187511C
Email Address	GGLAUFP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91522323
Alternative Phone No	OTHERS-91522323
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075571635-02
Cover Note Number	
Driver	
Name of Driver	LAU GUAN GEEK
NRIC No	S7187511C
Date Of Birth	10/03/1971
Occupation	INDOOR
Date Of Driving Pass	26/04/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91522323
Fax Number	
Contact Number	OTHERS-91522323
Email Address	GGLAUFP@GMAIL.COM

Address	263 RIVER VALLEY ROAD #06-28
Postcode	238309
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: : DAUGHTER 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	SKK6100S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALAN NG
NRIC/Passport Number	
Contact Number	97988229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	0

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: 4-7-2018
9.28am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 4-7-2018
9.28am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

THE ACCIDENT

When I about to turn out, I accidentally hit the car bumper of a car parking in front causing some scratch (paint chip) of the bottom part of the car.

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

Policyholder's Signature
Date & Time: 4-7-2018
9:35 am

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 4-7-2018
9:35 am

04/07/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

Claim Handling

Accident HT/1001541

Policy No.	5075571635-02	Vehicle No.	SBE1833G	GST Registration No.	
Policyholder Name	LAU GUAN GEEK			Policyholder NRIC	S7187511C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	91522323	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
KFR	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
Report Date	04/07/2018 10:32	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	01/07/2018	Time of Accident (H:M:S)	13:40	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	NO 1 CANTONMENT CLOSE (DBB256)				
Benefit					
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	263 RIVER VALLEY ROAD	Address 2	#06-28 ASPEN HEIGHTS	Address 3	SINGAPORE 238209
Address 4		Address Type	Singapore address	Post Code	238309
Unit No.	06-28	Related Policy Number	5075571635-02		
DI Driver Info					
Driver Name	LAU GUAN GEEK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7187511C	Driver DOB	10/03/1971
Register Date of Driver License	01/01/2000	Driver Age	47	Driving Experience	18
Contact No.(Mobile)	91522323	Contact No.(Office)		Contact No.(Home)	
Address 1	263 RIVER VALLEY ROAD	Address 2	#06-28 ASPEN HEIGHTS	Address 3	SINGAPORE 238309
Address 4		Address Type	Singapore address	Post Code	238309
Unit No.	06-28				
Does he own a Singapore Registered Car?	Yes + No	Driver Vehicle No.	SBE1833G	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	LAU GUAN GEEK	Insured NRIC	S7187511C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SBE1833G	TP Vehicle Number	SKX81005
Claim Description	SBE1833G / SKX81005 ON 3 Jul 2018				
Preferred Workshop Contact No.		Insured Category *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/07/2018 10:34	Claim Close Date		Date Received	04/07/2018 00:00
Report Taken By	ROSU WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	HT/1001541	Claim No.	001																																
Last Doc. Received	* Yes / No	Upload Date	04/07/2018 10:35																																
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table>				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	
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																																	
<div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Read</div> </div>																																			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (EO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4		Edit



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	Photos	Normal	Photos 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	SAS	Normal	SAS 2018-7-4	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 10:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-4	Edit

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 7 / 2018) (DD/MM/YYYY), TIME: (13:40) (HH:MM)

LOCATION: 1 CANTONMENT CLOSE 088256

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBE 1833 G
 b) INSURANCE COMPANY: ATUK INCOME
 c) POLICY NUMBER: 5075571635-02
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA / COROLLA ALTIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: LAU GUAN GEEK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7187511C CONTACT: 91522323
 c) ADDRESS: 263 RIVER VALLEY ROAD
06-28 ASPEN HEIGHTS 238309

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAU GUAN GEEK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7187511C CONTACT: 91522323
 c) ADDRESS: 263 RIVER VALLEY ROAD
06-28 ASPEN HEIGHTS 238309

* d) DATE OF BIRTH: (1 / 3 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26-4-2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWN

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: SKK 6100S MODEL: TOYOTA
 b) DRIVER'S NAME: ALAN NG
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9798 8229

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = gglaup@gmail.com

VIDE.O =

DAUGHTER

* No of passengers
 (including driver)
(2)

* No of passengers
 (including driver)
(0)

* No of passengers
 (including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7187511C



Name

LAU GUAN GEEK

刘环玉

Race

CHINESE

Date of birth

10-03-1971

Sex

F

Country of birth

MALAYSIA



9137328



NRIC No. S7187511C

Nationality

MALAYSIAN

Date of issue

13-09-2011

Address

263 RIVER VALLEY ROAD
#05-28
SINGAPORE 238309

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7187511C

LAU GUAN GEEK

Birth Date: 10 Mar 1971

Issue Date: 04 Mar 2015



SG
1970

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 Apr 2010

NP 428A



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: 5075571635-02

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SBE1833G |
| Chassis Number | : MR053ZEC107137839 |
| 2. Name of Policyholder | : LAU GUAN GEEK |
| 3. Effective Date of Insurance | : 04 Dec 2017 |
| 4. Expiry Date of Insurance | : 03 Dec 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	: LAU GUAN GEEK
NAMED DRIVER (1)	: CHENG KENG WAH
NAMED DRIVER (2)	: N/A
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 : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 07 Nov 2017 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive