

NATIONAL Assessment Centre Services

MINA 418/09955

Date In: 24/08/2018 19:05	Job description	Date & Time Completed	Done by
Ref No: N8A/MC/001546/17	SAS e-filing		
Veh No: FY 6283H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/08/2018 08:55	I-Motor Claim Form	MT/1008707-001	24/08/2018 19:32
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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:	Veh No: PC 20315	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

<p>NA1805354</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal 1:</p> <p>Cal 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>		<p>Am't (\$)</p> <p>in Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated:</p>		<p>Fee Charged</p>	<p>Fee Charged</p>
	<p>Invoice dated:</p>		<p>Fee Charged</p>	<p>Fee Charged</p>

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:

24/08/18
18:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/08/2018

Reda Watta

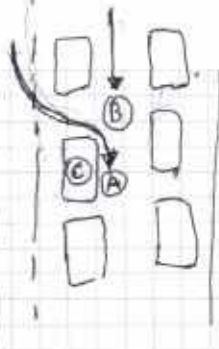
SKETCH PLAN

P1E

TUAS

P1E

LORNIE ROAD exit



(A) FY6283 H

(B) FBH 4938 C

(C) S 2582074 F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was incorporating the exit to Lornie Road from the P1E when I was hit from behind by a motorcycle (FBH 4938 C) that was circulating between the 2 lines of the exit. The impulse from the shock made me hit vehicle S258 2074 F.

The driver of motorcycle FBH 4938 C fell from his bike but didn't seem to suffer any injuries, except from scratches on his leg. Both his motorbike and clothes were intact.

My own motorcycle suffered no harm. The van S258 2074 F had a mild painting scratch on its side, but of minor importance than many previous scratches it bore on the same side.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

24/08/2018

18:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 24/08/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

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	24/08/2018 19:05
Date Of Accident	24/08/2018 08:55
Exact Location Of Accident	PIE (FROM TUAS TO CHANGI) LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY6283H
Insured/Policyholder	
Name Of Registered Owner	DEMPTOS GILLES JACQUES FRANCOIS
Passport No/FIN	G6002601M
Email Address	GDEMPTOS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96721743
Alternative Phone No	OTHERS-96721743

Vehicle Particulars

Manufacturer	PIAGGIO
Model	X8 200-198CC (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5054733180-06
Cover Note Number	

Driver

Name of Driver	DEMPTOS GILLES JACQUES FRANCOIS
Passport No/FIN	G6002601M
Date Of Birth	31/08/1972
Occupation	INDOOR
Date Of Driving Pass	15/05/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96721743
Fax Number	
Contact Number	OTHERS-96721743
Email Address	GDEMPTOS@YAHOO.COM

Address	2 ADAM DRIVE
Postcode	289962
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	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)	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	PC2031S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHD RAHIMAN BIN MOHD SANI
NRIC/Passport Number	S2582074F
Contact Number	82034545
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBH4938C
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Claim Handling

Accident HT/1008707

Policy No.	5054733180-06	Vehicle No.	FY6283H	GST Registration No.	
Certificate No.					
Policyholder Name	DEMPTOS GILLES			Policyholder NRIC	06002601M
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96721743	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	< No > Yes	TCA	< No > Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	24/08/2018 19:27	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/08/2018	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (FROM TUAJ TO CHANU) KORNIE ROAD EXIT				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	2 ADAM DRIVE	Address 2	SINGAPORE 289962	Address 3	
Address 4		Address Type	Singapore address	Post Code	289962
Unit No.		Related Policy Number	5054733180-06		

01 Driver Info

Driver Name	DEMPTOS GILLES	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	06002601M	Driver DOB	31/08/1972
Register Date of Driver License	15/05/2008	Driver Age	45	Driving Experience	10
Contact No.(Mobile)	96721743	Contact No.(Office)		Contact No.(Home)	
Address 1	2 ADAM DRIVE	Address 2	SINGAPORE 289962	Address 3	
Address 4		Address Type	Singapore address	Post Code	289962
Unit No.					
Does he own a Singapore Registered car?	Yes > No	Driver Vehicle No.	FY6283H	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes < No		

Modification History

Claims 001

New

Claim Type *	CO-MX	Insured Name	DEMPTOS GILLES	Insured NRIC	G6002
Contact No.(Mobile)	96721743	Contact No. (Home)	N/A	Contact No. (Office)	
Email Address		Of Vehicle Number	FY6283H	TP Vehicle Number	PC201
Claim Description	FY6283H / PC2015 ON 24 Aug 2018				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault		
Repaired No. Finalisation	Yes	Repaired Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	24/08/2018 19:11
Report Taken By					ROSLI WAHAB
				Date Received	24/08/

Print AK letter

















Save Submit

Attachment

Accident No.	HT/1008707	Claim No.	001		
Last Doc. Received	* Yes < No	Upload Date	24/08/2018 19:32		
		Path *			
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Choose File	No file chosen	Clear	Please Select	hQ	Normal *
Message Read		Clear	Please Select	hQ	Normal *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 24 Aug 2018 19:32		Photos	Normal	Photos 2018-8-24	96

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	Photos	Normal	Photos 2018-8-24
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	Photos	Normal	Photos 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	SAS	Normal	SAS 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Aug 2018 19:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-24

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24/08/2018 (DD/MM/YYYY), TIME: 08:55 (HH:MM)
LOCATION: PTE (From two to Changi) LORRIS ROAD EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY6283H
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5054733180-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: PIAGGIO XB
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE (GOING HOME)
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: GILLES DEMPTOS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6002601M CONTACT: 96721743
c) ADDRESS: 2 ADAM DRIVE
289962 SINGAPORE

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GILLES DEMPTOS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6002601M CONTACT: 96721743
c) ADDRESS: 2 ADAM DRIVE
289962 SINGAPORE

* d) DATE OF BIRTH: 31/08/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 15/05/2008

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: PC 2031S MODEL: _____
b) DRIVER'S NAME: MOHD RAHMAN BIN MOHD SALI
c) NRIC/FIN/PASSPORT: S2582074F CONTACT: 82034545

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FBH4938C MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: 81000233

Email = Gdempto@yahoo.com

Fax = _____

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

GOOGLE ASIA PACIFIC PTE. LTD.



Name
DEPTOS GILLES JACQUES FRANCOIS
Occupation
MANAGER

FIN
G6002601M

Date of Application
29-01-2018

Date of Issue
19-03-2018

Date of Expiry
19-03-2020



L8651766

VISIT PASS
Immigration Regulations

Name
DEPTOS GILLES JACQUES FRANCOIS



Date of Birth	Sex	Nationality
31-08-1972	M	FRENCH
FIN	Date of Issue	Date of Expiry
G6002601M	19-03-2018	19-03-2020

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 CLASS(ES)

EFFECTIVE DATE

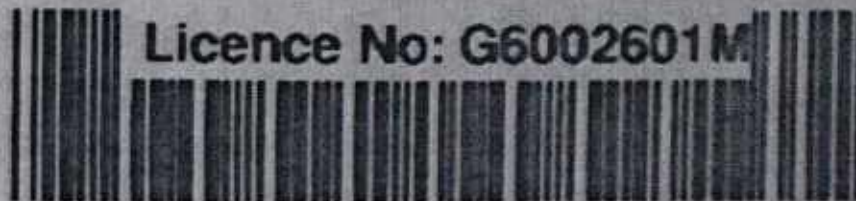
Class 2B Motorcycles =< 200 cc

15 May 2008

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

15 May 2008

Licence No: G6002601M



NP 428A

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **G 6 0 0 2 6 0 1 M**

Name:

**DEMPLOS GILLES JACQUES
FRANCOIS**

Birth Date: **31 Aug 1972**

Issue Date: **17 Jan 2015**

Valid Till 16 Jan 2020



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 : 5054733180-06

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **FY6283H**

Chassis Number

: ZAPM3620000009768

2. Name of Policyholder

: DEMPTOS GILLES

3. Effective Date of Insurance

: 24 May 2018

4. Expiry Date of Insurance

: 15 May 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: DEMPTOS GILLES

NAMED DRIVER (2) /

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

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

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 11 May 2018 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED





Countersigned By:

Authorised Officer

Chief Executive

Think One Authorised Workshop

Accident No.: 9128 8488 / 8844 3300
18 Defu Avenue 2 S(539522)

Renewal No.: 6555 3300
20 Ubi Road 4, #02-03 S(408622)