

NATIONAL Assessment Centre Services [wef: Jan 2005] MMAY18/1087			
Date In: 18/09/2018 14:34	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/0016982/4	SAS e-filing		
Veh No: SR8331S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/08/2018 22:00	i-Motor Claim Form	18/09/2018 14:53	
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: SK2537D	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

NA1805938	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) PT : Follow-Through Survey \$120			
	5) FT : 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			
	TE (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat. 1:				
Cat. 2 / 3:				

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	18/09/2018 14:34
Date Of Accident	12/08/2018 22:05
Exact Location Of Accident	RIVERVALE DRIVE INTO RIVERVALE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8331S
Insured/Policyholder	
Name Of Registered Owner	KUM WING KHEONG, CLIFFORD
NRIC No	S8848864D
Email Address	CLIFFORD.KUM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97397834
Alternative Phone No	OTHERS-97397834

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091179784
Cover Note Number	

Driver

Name of Driver	KUM WING KHEONG, CLIFFORD
NRIC No	S8848864D
Date Of Birth	02/12/1988
Occupation	INDOOR
Date Of Driving Pass	15/08/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397834
Fax Number	
Contact Number	OTHERS-97397834
Email Address	CLIFFORD.KUM@GMAIL.COM

Address	BLK 162C RIVERVALE CRESCENT #15-234
Postcode	543162
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)	2
Passenger 1	NAME: : WIFE 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	SJK2537D
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

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:

18/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/09/2018

Rashid Hassan

SKETCH PLAN

RIVERVALE CENSUS



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While wait Both cars came to complete stop at junction, waiting to turn right. Light was green to move to turn. Vehicle B move and then came stopped abruptly. Owner stepped out and ~~said~~ allegedly accuse me of hitting him. We moved to a nearby carpark and concluded that there were no physical contact and shook hands.

DECLARATION

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

Policyholder's Signature

Date & Time:

18/09/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/09/2018

Reza Hartono

Accident MT/1007053

Policy No.

5091179784

Vehicle No.

SKR83315

GST Registration No.

Certificate No.

Policyholder Name

KUM WING KHEONG, CLIFFORD

Policyholder NRIC

58848864D

Product Code

PRIVATE CAR INSURANCE

Cover Type

drive PREMIUM

Loading

0

Contact No.(Mobile)

NA

Contact No.(Office)

Contact No.(Home)

Email Address

Special Remark

eCode

No

KFR

No Yes

TCA

No Yes

eCode Reason

NCD Protection

NO

NCD Entitlement(%)

0

Private Hire

Not available

Accident Details

Report Date

14/08/2018 10:10

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head to Rear

Date of Accident

12/08/2018

Time of Accident (hh:mm)

22:05

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

RIVERVALE DRIVE INTO RIVERVALE CRESCENT

Excess

Own damage Excess

600.00

Additional Excess

0

Windscreen 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

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

65 RIVERVALE CRESCENT

Address 2

SINGAPORE 518300

Address 3

Address 4

Address Type

Singapore address

Post Code

514200

Unit No.

Related Policy Number

5091179784

01 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

Investigation

Claim 002 OD-MX

Claim Case Officer

Claim Type

OD-MX

Insured Name

KUM WING KHEONG, CLIFFORD

Insured NRIC

58848864D

Contact No.(Mobile)

97367634

Contact No.(Home)

Contact No.(Office)

Email Address

01 Vehicle Number

SKR83315

TP Vehicle Number

SKK2537D

Claim Description

SKR83315 / SKK2537D ON 12 Aug 2018

Name of Preferred Workshop

Preferred Workshop

No

Preferred Repair Option

Yes

Preferred Workshop Name unknown

Insured Workshop report

Fully at Fault

Not Received

Date Registered

14/09/2018 14:52

Claim Close Date

Date Received

18/09/2018 14:56

Report Taken By

ROSLI WANAR

Workshop Repairer

Total Loss but Repaired

Print AK letter

Modification History

Special Claim Creation Approval

Approval

Reason

Remarks

Attachment Notice

Accident No.

MT/1007053

Claim No.

002

Last Doc. Received

No Yes

Upload Date

18/09/2018 14:56

Path

Category

Confidential

Urgency

Description

Choose File

No file chosen

Clear

Please Select

No

Normal

Choose File

No file chosen

Clear

Please Select

No

Normal

Choose File

No file chosen

Clear

Please Select

No

Normal

Choose File

No file chosen

Clear

Please Select

No

Normal

Choose File

No file chosen

Clear

Please Select

No

Normal

Choose File

No file chosen

Clear

Please Select

No

Normal

Message Read

Send Message

Upload

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

Msg Sent?

Action



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:56	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:56	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:56	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:56	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:53	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:53	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:53	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:53	Photos	Normal	Photos 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:53	SAS	Normal	SAS 2018-9-18	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Sep 2018 14:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-18	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in new Window](#)
[Scan and uploading](#)

Our Ref: MT/CA/TP/001/1007053-001/JL/VU

14 Aug 2018

KUM WING KHEONG, CLIFFORD
66 RIVERINA CRESCENT
SINGAPORE 518300

Dear Policyholder

CLAIM NUMBER: MT/1007053-001

ACCIDENT INVOLVING SKR83315 / SJR2537D on 12 Aug 2018

We would like to inform you that a claim 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

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 08 / 2018 (DD/MM/YYYY), TIME: 22 : 05 (HH:MM)

LOCATION: RIVERVALE DRIVE 1423 RIVERVALE CRESCENT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 83313
 b) INSURANCE COMPANY: N7UC
 c) POLICY NUMBER: 5091179784
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW X1
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: KUM WINN KHEONH CLIFFORD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 8848864 D CONTACT: 97397834
 c) ADDRESS: APT 162C RIVERVALE CRESCENT
#15-234

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR BRUNO (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 02 / 12 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1 AUG 2017

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS NIGHT DRY)
 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: SKR 2537D MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = CLIFFORD.KUM@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8848864D



Name

KUM WING KHEONG,
CLIFFORD

甘永強

Race

CHINESE

Date of birth

02-12-1988

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8848864D

Name

KUM WING KHEONG,
CLIFFORD

Birth Date: 02 Dec 1988

Issue Date: 15 Aug 2007



3433351

NRIC No. S8848864D



Date of issue

03-12-2003

APT BLK 152C RIVERVALE CRESCENT #15-234
SINGAPORE 543182

NRIC No. S8848864D

Date: 10/04/2018

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 15 Aug 2007

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: 5091179784

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SKR83315**
Chassis Number : WBAVN72000VX38295
2. Name of Policyholder : KUM WING KHEONG, CLIFFORD
3. Effective Date of Insurance : 18 May 2017
4. Expiry Date of Insurance : 29 Sep 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KUM WING KHEONG CLIFFORD
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 : SECURANCE SOLUTIONS (00000573359)
Date of Issue : 18 May 2017 10:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive