

NATIONAL Assessment Centre Services Ver 1.1 Jan 2003 **MAY 18 12:19**

Date In: 01/10/2018 15:54	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18012842/Y	SAS e-filing		
Veh No: SKJ 3184U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/10/2018 09:00	i-Motor Claim Form	M1/10/4043-001	02/10/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:30
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: FBJ 8456 P	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

X/A 1806237	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	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 Express Coordination \$5			
	TP (N11): TP (N on INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	01/10/2018 15:54
Date Of Accident	01/10/2018 09:00
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3134U
Insured/Policyholder	
Name Of Registered Owner	CHOW MAN SENG
Co Reg No	53343284K
Email Address	CHOWMANSENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98246970
Alternative Phone No	OFFICE-98246970

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082960302-02
Cover Note Number	

Driver

Name of Driver	CHOW MAN SENG
NRIC No	S2178219Z
Date Of Birth	19/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98246970
Fax Number	
Contact Number	OTHERS-98246970
EMail Address	CHOWMANSENG@YAHOO.COM.SG

Address	BLK 93B TELOK BLANGAH STREET 31 #27-171
Postcode	102093
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 - MAJOR/MINOR RD
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)	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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	FBJ8456P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ZAINI BIN SABAN
NRIC/Passport Number	S1239791G
Contact Number	93837202
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:

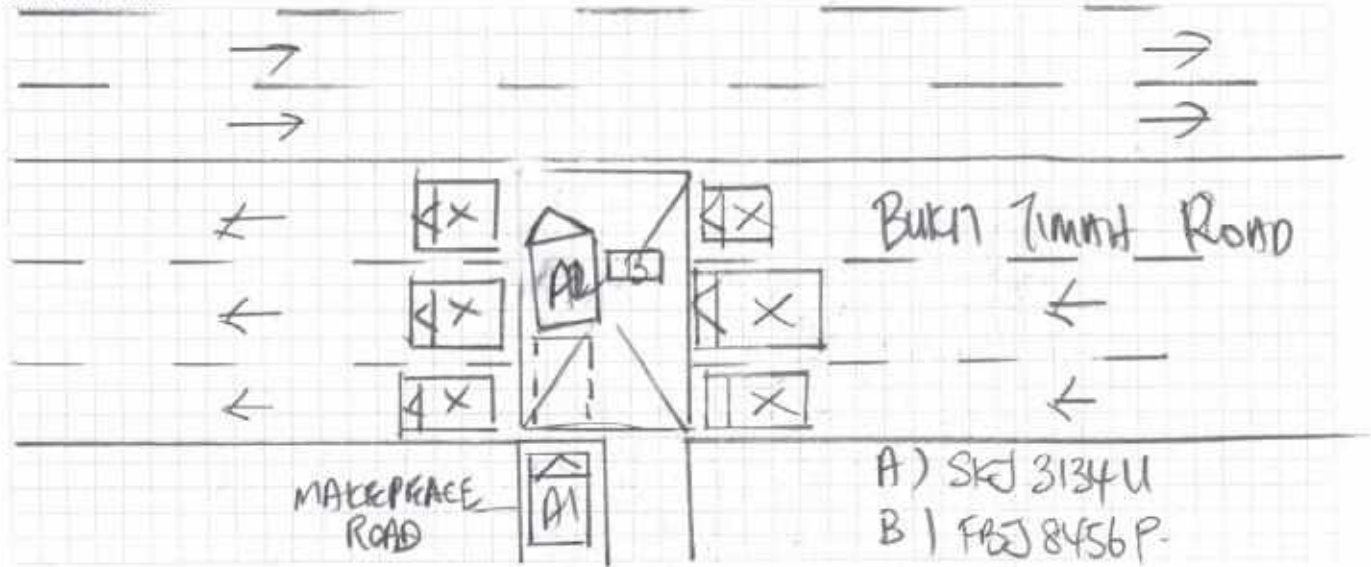
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 1/10/18

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


Reporting Centre Personnel's Signature
Name: Resdi
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/10/18, at about 0900 hrs, my car came out from ~~Makepeace~~ Makepeace Rd, leading to Bukit Timah Rd.

During that time, the traffic there is very heavy. However, the yellow-box is empty. I inch my car out to the yellow box. A motorbike (FBJ 8456 P) hit onto my right side of the car.

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: *Rishi Mathan*
 NRIC/FIN No.:

Claim Handling

Accident # **MT/1014043**

Policy No.	5082960302-02	Vehicle No.	SK13134U	GST Registration No.	
Certificate No.					
Policyholder Name	CHOW MAN SENG	Cover Type	Comprehensive	Policyholder NRIC	S3342284K
Product Code	COMMERCIAL VEHICLE (NSURIM)	Contact No.(Office)		Loading	0
Contact No.(Mobile)	88246970	Social Remarks		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	02/10/2018 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/10/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG BUKIT TIMAH ROAD				

Excess

Own Damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 417 #08-14	Address 2	EUNOS ROAD 5	Address 3	SINGAPORE 400417
Address 4		Address Type	Singapore address	Post Code	400417
Unit No.	08-14	Related Policy Number	5082960302-02		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/01/1960
Unnamed driver Name	CHOW MAN SENG	Driver NRIC	S21782192	Driving Experience	35
Register Date of Driver License	04/08/1983	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	88246970	Contact No.(Office)		Contact No.	
Address 1	BLK 93B #27-171	Address 2	TELOK BLANGAH STREET 31	Address 3	TELOK BLANGAH MARQUEE
Address 4	SINGAPORE 102093	Address Type	Foreign address	Post Code	102093
Unit No.	27-171				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SK13134U	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	CHOW MAN SENG	Insured NRIC	B3343
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NGL
Email Address		01 Vehicle Number	SK13134U	TP Vehicle Number	PS1647
Claim Description	SK13134U / PS1647 DP 1 Oct 2018				
Preferred Workshop Finalisation	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	02/10/2018 17:29	Claim Close Date		Date Received	02/10/
Report Taken By	ROSJI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1014043	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/10/2018 17:30

Attachment	Unloaded By/Date	Category	Confidential	Urgency	Description	Hi
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	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment List

Attachment	Unloaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Oct 2018 17:30		Photos	Normal	Photos 2018-10-2	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:30	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:30	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:30	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:30	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:30	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:30	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:29	Photos	Normal	Photos 2018-10-2
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 02 Oct 2018 17:29	Photos	Normal	Photos 2018-10-2
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:29	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:29	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:29	Photos	Normal	Photos 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:29	SAS	Normal	SAS 2018-10-2
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 02 Oct 2018 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2

Video List

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

Home **File eServices** **Buy Information** **Help** **Business Entity** **Public Accountant**
 Search for Business Entity (Enter UEN or Entity Name)

Welcome CHOW MAN SENG. You are login as Individual. Your last login was on 27 Aug 2018 09:25PM.

Home > **My Dashboard**

My Dashboard

Pending Your Action 0

Request For Your Information 0

My Business Entity 1

Check Transaction and Purchase Status 2

Printed Letters 1

Messages 1

Saved Transactions 0

Lodgement Alert List 0

Professional Status 0

Useful eServices

Transaction Status Enquiry

Product Authentication

Refund Application

Refund Enquiry

Renew Membership

Deposit Service Account

Apply For DSA

UEN DSA No Balance

No data to display.

My Dashboard

Pending Your Action See all

Transaction No.	UEN	Entity Name	Transaction Description	Expiry Date	Position
No data to display.					

Request For Your Information See all

Transaction No.	Comments	Date	Reply
No data to display.			

My Business Entity See all

CHOW MAN SENG (53343284K)

Business Related Services

Buy my Business Information

Principal Place of Business: 93B TELOK BLANGAH STREET 31 #27-171
TELOK BLANGAH PARVIEW
Singapore 102093

Invalid Address Tagging Remarks:

Entity Type: BUSINESS

Status: Live

Status Date: 20/07/2017

Date Of Registration : 04/08/2016

Primary Business Activity: PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS)(49219)

Description:

Secondary Business Activity: ()

Description:

Date of Expiry: 04/08/2019

Agents /Authorised Representatives/Partners/Owners/Nominees

ACRA

ACCIDENT STATEMENT

SST

ACCIDENT DATE: (1 / Oct / 2018) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM) AM

LOCATION: Rukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 3134 U
- b) INSURANCE COMPANY: NZUC
- c) POLICY NUMBER: 5082960302-02
- d) POLICY TYPE: (COMPREHENSIVE) / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~
- e) MAKE & MODEL: Toyota / Altis
- f) TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Grab
- 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: Chow Man Seng (MALE) / FEMALE
- b) NRIC/FIN/PASSPORT: S21782191E CONTACT: 98246970
- c) ADDRESS: Blk 93B Telok Blangah St 31
27-171 S(102093)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (19 / 01 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4/8/1983

- 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)
- 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: FBJ 8456 P MODEL: Honda
- b) DRIVER'S NAME: Zaini Bin Saban
- c) NRIC/FIN/PASSPORT: S1239791G CONTACT: 93867202

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
()

No of passenger
(including driver)
()

No of passenger
(including driver)
()

EMAIL = chowmanseng@yahoo.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S2178219Z



Name

CHOW MAN SENG

周文星

Race
CHINESE

Date of Birth
19-01-1960 Sex
M

Country of Birth
SELANGOR



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2178219Z

Name

CHOW MAN SENG

Birth Date: 19 Jan 1960

Issue Date: 06 May 2003



000458936G



0457436

NRIC No: S2178219Z



Blood Group: AB+ Date of issue: 02-08-1992

APT BLK 93B TELOK BLANGAH STREET 31 #27-171
SINGAPORE 102093
NRIC No: S2178219Z Date: 09/04/2018



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 : 5082960302-02

Cover : Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKJ3134U |
| Chassis Number | : MR053REE104155809 |
| 2. Name of Policyholder | : CHOW MAN SENG |
| 3. Effective Date of Insurance | : 18 Sep 2018 |
| 4. Expiry Date of Insurance | : 17 Sep 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 27 Aug 2018 20:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive