

NATIONAL Assessment Centre Services (wef: 1 Jan 2005) MANA48/28790			
Date In: 04/10/2018 13:07	Job description	Date & Time Completed	Done by
Ref No: NB060618018002/y	SAS e-filing		
Veh No: GBE 993G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 04/10/2018 11:00	i-Motor Claim Form	17/10/2018-001	04/10/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:00
	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: SV 2660 H	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

NA1806342 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1st Bill	Add Bill		
	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) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idau 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: Idau Mobile	30			
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	04/10/2018 13:07
Date Of Accident	04/10/2018 11:00
Exact Location Of Accident	TUAS ROAD ROUND ABOUT EXIT INTO PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9913G
Insured/Policyholder	
Name Of Registered Owner	COMONE INT'L LOGISTICS PTE. LTD.
Co Reg No	201601708K
Email Address	KIMWENG.SIN@COM1EXPRESS.NET
Mobile Phone No	(LOCAL) +65-97817205
Alternative Phone No	OFFICE-97817205

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080314017-02
Cover Note Number	

Driver

Name of Driver	LEONG KIM WENG (LIANG JINRONG)
NRIC No	S9308937E
Date Of Birth	18/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97817205
Fax Number	
Contact Number	OTHERS-97817205
EMail Address	KIMWENG.SIN@COM1EXPRESS.NET

Address	BLK 348 BUKIT BATOK STREET 34 #07-244
Postcode	650348
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

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	SGV2660H
Vehicle Make/Model/Colour	WOLKSWAGEN TIGUAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAH JIUNN PING
NRIC/Passport Number	S7723704F
Contact Number	93376599
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.
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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.

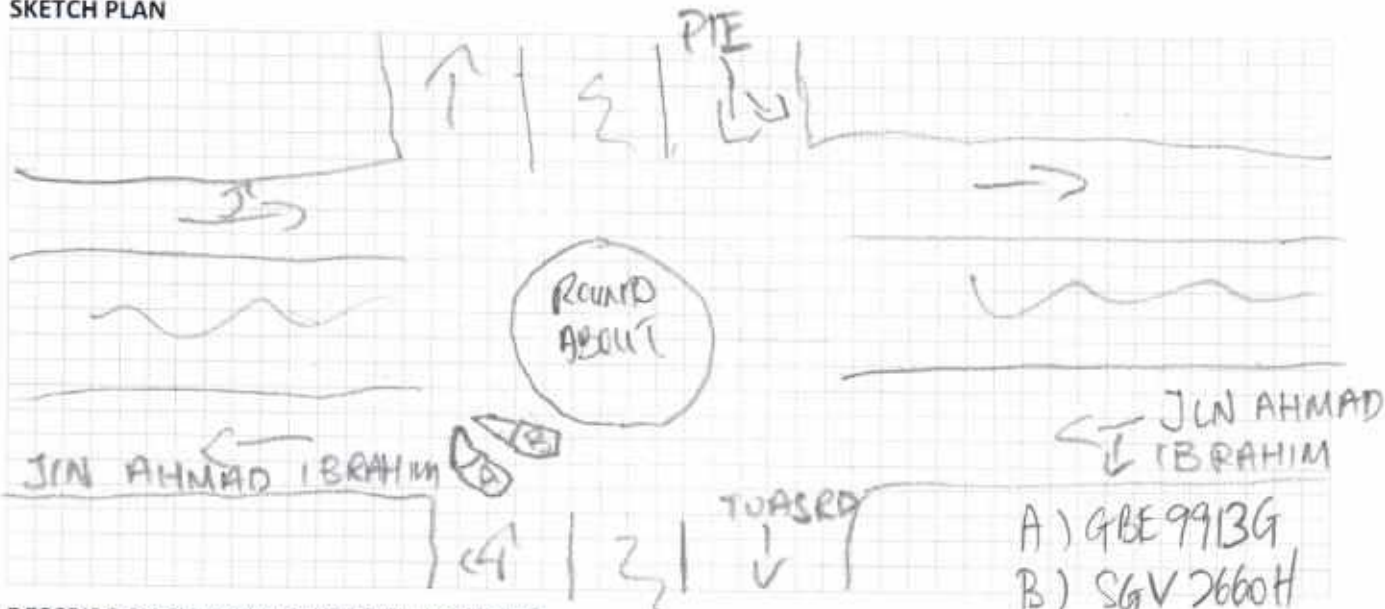


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MY WAY BACK TO OFFICE LOCATED AT LOWER DELTA.
 FROM JALAN AHMAD IBRAHIM TOWARDS PIE CHANGI.
 ENTERING INTO THE ROUNDABOUT AND I'M ON THE OUTER LANE
 NEAR JALAN AHMAD IBRAHIM EXIT TOWARDS TUAS CHECKPOINT,
 SUDDENLY A CAR FROM MY RIGHT TURNING TOWARDS TUAS CHECK
 POINT EXIT and HIT ON MY FRONT RIGHT SIDE. I WAS SUPPOSE TO
 EXIT THE NEXT EXIT ~~THE~~ TOWARDS PIE CHANGI.

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/1014307

Policy No.	5085314017-02	Vehicle No.	GBE9913G	GST Registration No.	
Certificate No.					
Policyholder Name	COMONE INT'L LOGISTICS PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201601708K
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97817205	Special Remarks		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No *
KPI	Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	04/10/2018 13:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/10/2018	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS ROAD ROUND ABOUT EXIT INTO PIE CHANG				
Excess					
Own Damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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 Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	1090 LOWER DELTA ROAD	Address 2	#01-115/07	Address 3	SINGAPORE 169201
Address 4		Address Type	Singapore address	Post Code	169201
Unit No.	01-05/07	Related Policy Number	3080314017-02		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	LEONG JIUUN FENG	Driver NRIC	S7723704F	Driver DOB	18/03/1993
Register Date of Driver License	06/09/2018	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	97817205	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 348 #07-244	Address 2	BUKIT BATOK STREET 34	Address 3	SINGAPORE 650348
Address 4		Address Type	Foreign address	Post Code	650348
Unit No.	07-244				
Does he own a Singapore Registered Car?	Yes	Driver Vehicle No.	GBE9913G	Driver Insured Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	No	
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	COMONE INT'L LOGISTICS PTE.	Insured NRIC	201601708K
Contact No.(Mobile)	96996611	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	WILSON.SIN@COM1EXPRESS.A	OT Vehicle Number	GBE9913G	Vehicle Number	SGV25
Claim Description	GBE9913G / SGV2660H ON # Oct 2018				
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Preferred Workshop, Name unknown	
Date Registered		Repair Option		GSA report	Received
Report Taken By		Claim Close Date	04/10/2018 14:00	Date Received	04/10/2018

Print All letter

Save Submit

Attachment

Accident No.	MT/1014307	Claim No.	001		
Last Doc. Received	Yes	Upload Date	04/10/2018 14:00		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	File
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S(BUKIT MERAH)) on 04 Oct 2018 14:00		Photos	Normal	Photos 2018-10-4	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 14:00	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 13:59	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 13:59	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 13:59	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 13:59	Photos	Normal	Photos 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 13:59	SAS	Normal	SAS 2018-10-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Oct 2018 13:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-4

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 4 / 10 / 2018 (DD/MM/YYYY), TIME: 11 : 00 (HH:MM)

LOCATION: Tuas Road Round About Exit 1 into Tuas check form?

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRE 99136
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: SD80314017-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: NISSAN NV 200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: COMONE INT'L LOGISTICS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: 1090 LOWER DELTA ROAD #01-05 S(69201)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEONG KIM WENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9308937E CONTACT: 97817205
 c) ADDRESS: 348 BUKIT BATOK ST 34 #07-244 S(650348)

* d) DATE OF BIRTH: 18 / 03 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6/9/18

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: SGV 2660H MODEL: VOLKSWAGEN TIGUAN
 b) DRIVER'S NAME: MAH JIANN PINH
 c) NRIC/FIN/PASSPORT: S77 23704E CONTACT: 93376599

9. THIRD PARTY VEHICLE

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

EMAIL = KIMWENG.SIN@comlexpress.net
 VIDEO = 28AUTO WERKZ@Gmail - Com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9308937E



Name

LEONG KIM WENG
(LIANG JINRONG)

梁錦榮

Race

CHINESE

Date of birth

18-03-1993

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9308937E

Name

LEONG KIM WENG
(LIANG JINRONG)

Birth Date: 18 Mar 1993

Issue Date: 26 Sep 2016



4203840

NRIC No. S9308937E



Date of expiry
12-04-2008

ANT-ONE ONE SUNG EIGHT STREET 04
405-004
SINGAPORE 650004

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

Class 1B
Class 3

Motorcycles - 200 CC
Motor cars - 2000 kg with 7 passengers, exclusive of the driver; and motor tricycles/tricycles - 2500 kg

EFFECTIVE DATE
18 Sep 2016

5

S9308937E

37 Mo 9002115

No. 42038



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 : 5080314017-02

Cover : Comprehensive

- | | |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE9913G |
| Chassis Number | : VM20087230 |
| 2. Name of Policyholder | : COMDNE INT'L LOGISTICS PTE. LTD. |
| 3. Effective Date of Insurance | : 18 May 2018 |
| 4. Expiry Date of Insurance | : 17 May 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 15 May 2018 10:34 hrs
Reprint : 15 May 2018 10:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive