

NATIONAL Assessment Centre Services (NACS) (ver 1.2/2000)

MAH/35531

Date In: 18/10/2018 17:41	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/80/8996/Y	SAS e-illing		
Veh No: 846 7981E	E-inoll (within 3hrs, A/C 3hrs)		
D.O.A: 27/09/2018 07:35	1-Motor Claim Form	MAH/3447002	18/10/2018
OD / TPV Reporting Only	1-Motor Y/O (within 30 days, TP check)		17:52
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QWt:	Tel:	Fax:
TP Particulars:	Yell No: 8468405C	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 repeller.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Removals:	UNR/001/Inc: 5788 5016	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	Action

Human's Particulars:	Invoice/Recovery Check/Details:	Invoice/Recovery Check/Details:
Driver/Owner:	1) AR: Accident Reporting (\$20)	1) AR: Accident Reporting (\$20)
Contact No:	2) DA: Damage Assessment (\$100)	2) DA: Damage Assessment (\$100)
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)	3) TP: Towing Fee (\$40/\$45)
C. Checked by (Ungr-In-Charge):	4) FT: Follow-Through Survey (\$120)	4) FT: Follow-Through Survey (\$120)
	5) PT: Follow-Through Survey (Resurvey) (\$30)	5) PT: Follow-Through Survey (Resurvey) (\$30)
	6) TR: Re-inspection (\$35)	6) TR: Re-inspection (\$35)
	7) NI: (Lev DA + SMRT Survey) (\$140)	7) NI: (Lev DA + SMRT Survey) (\$140)
	8) NTUC Additional Services:	8) NTUC Additional Services:
	Q11:	Q11:
	1) NI: Courtesy Car / Tpl Allowance (\$1)	1) NI: Courtesy Car / Tpl Allowance (\$1)
	2) NI: Repair Coordination (\$10)	2) NI: Repair Coordination (\$10)
	3) NI: Post Repair Inspection (\$35)	3) NI: Post Repair Inspection (\$35)
	4) NI: DY / Collision Unassess Coordination (\$5)	4) NI: DY / Collision Unassess Coordination (\$5)
	TP (NI1) / TP (NI2) / INC () / INC ()	TP (NI1) / TP (NI2) / INC () / INC ()
	5) NI: (Lev DA) (\$10)	5) NI: (Lev DA) (\$10)
	Invoice dated:	Fee Charged:
	Invoice paid:	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 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. 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	18/10/2018 17:41
Date Of Accident	27/09/2018 07:35
Exact Location Of Accident	ALONG AYE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7981E
Insured/Policyholder	
Name Of Registered Owner	SOH YEW KEE DANIEL
NRIC No	S1288703E
Email Address	SSDANIEL.58@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97875703
Alternative Phone No	OTHERS-81630738

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30-1.6 (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	5056197584-05
Cover Note Number	

Driver

Name of Driver	LUKUS SOH CHEE HOW
NRIC No	S9817642Z
Date Of Birth	26/05/1998
Occupation	INDOOR
Date Of Driving Pass	27/07/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81630738
Fax Number	
Contact Number	OTHERS-97875703
Email Address	SSDANIEL.58@GMAIL.COM

Address	BLK 103 HENDERSON CRESCENT #07-56
Postcode	150103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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	SHC8405C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.
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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.:

forward during



SH08405C

SKG7981E

On the morning of 27 September 2018, I was driving along the AYE towards Jurong on the way to my camp at Tuas Naval Base. Due to heavy traffic, cars along the AYE had to keep braking frequently. I was behind a ComfortDelgro taxi, SHC8405C, when he braked. I reacted by braking as well however, my vehicle had too much momentum and was not able to stop in time, resulting in my vehicle to gently bumping the taxi.

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

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

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

Claim Handling

Accident MT/1013447

Policy No.	SD56197584-05	Vehicle No.	SKG7981E	GST Registration No.	
Certificate No.					
Policyholder Name	SOH YEW KEE DANIEL	Cover Type	drive PREMIUM	Policyholder NRIC	S1288703E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	MCD Endowment(%)	10	Private Hire	Not available

Accident Details

Report Date	26/09/2018 14:31	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Unknown
Date of Accident	27/09/2018	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre	administrative	Orange Force	No	ICM No.	
Accident Location	AYE TOWARDS JURONG				

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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 103 A07-06	Address 2	HENDERSON CRESCENT	Address 3	SINGAPORE 150103
Address 4		Address Type	Singapore address	Post Code	150103
Unit No.		Related Policy Number	SD56197584-05		

OI 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

Claim 002

New

Claim Type *	OD-MX	Insured Name	SOH YEW KEE DANIEL	Insured NRIC	S1288703E
Contact No.(Mobile)	97875703	Contact No.(Home)	64752207	Contact No.(Office)	
Email Address		TP		Vehicle Number	SHCB4
Claim Description	SKG7981E / SHCB405C ON 27 Sept 2018			Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Fully at Fault	GIA report	Received	
System No. Finalisation	yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	18/10/2018 17:48
Date Registered				Date Received	18/10/2018
Report Taken By	ROSLE WANAB				
Print AX letter					

Save Submit

Attachment

Accident No.	MT/1013447	Claim No.	002	Upload Date	18/10/2018 17:52	Category *	Confidential	Urgency *	Desc
Last Doc. Received	Yes No								
Path *									
Choose File	No file chosen								
Choose File	No file chosen								
Choose File	No file chosen								
Choose File	No file chosen								
Choose File	No file chosen								
Choose File	No file chosen								
Message Read									

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Oct 2018 17:52		SAS	Normal	SAS 2018-10-18
 NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 18 Oct 2018 17:52		NRIC Driving License	Normal	NRIC Driving License 2018-10-18



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2018 17:49	Photos	Normal	Photos 2018-10-18

Video List

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

Scan and uploading

Our Ref: MT/CA/TP/020/1013447-001/QSK/PJT

09 Oct 2018

SOH YEW KEE DANIEL
BLK 103 #07-56
HENDERSON CRESCENT
SINGAPORE 150103

**CERTIFICATE OF POSTING
REMINDER**

Dear Policyholder

CLAIM NUMBER: MT/1013447-001
ACCIDENT INVOLVING SKG7981E / SHC8405C on 27 Sept 2018

We refer to our letter of 28 Sep 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Quek Swee Keng at 6430 7930 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 09 / 2018) (DD/MM/YYYY), TIME: (07 : 35) (HH:MM)

LOCATION: Along AYE towards Jurong

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG7981E
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: S056197584-05
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI I30
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: DANIEL SOH YEW KEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1288703E CONTACT: 97875703
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LUKAS SOH CHEE HAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9817642E CONTACT: 81630738
 c) ADDRESS: BLK 103 HENDERSON CRESCENT #07-56

* a) DATE OF BIRTH: (16 / 05 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/07/18

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

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: SHC8405C MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

EMAIL = SSDANIEL.58@GMAIL.COM

VIDEO =

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
LUKUS SOH CHEE HOW

NRIC No
S9817642Z



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence No: **S9817642Z**

LUKUS SOH CHEE HOW

Birth Date: **26 May 1998**
 Issue Date: **27 Jul 2018**

 002628759H

CEVALTORGP/0045180116 **80000050288888**

NRIC No/Colour
S9817642Z/ PINK

Race
CHINESE

Date Of Birth
26/05/1998

Service Status
NSF

Address
BLK 103 HENDERSON CRESCENT
#07-06 SINGAPORE 150103

Blood Group
A (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 27 Jul 2018

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: 5056197584-05

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SKG7981E**
Chassis Number : KMHD3518MDU030536
2. Name of Policyholder : SOH YEW KEE DANIEL
3. Effective Date of Insurance : 10 Oct 2017
4. Expiry Date of Insurance : 09 Oct 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SOH YEW KEE DANIEL
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 : KOMOCO TRADING PTE LTD (00000614810)
Date of Issue : 22 Sep 2017 15:38 hrs
Reprint : 22 Sep 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive