

NATIONAL Assessment Centre Services.

[wef 1 Jan'03]

ANA 418143020

Date In: 05/11/2018 12:39	Job description	Date & Time Completed	Done by
Ref No: NBR/MC/0020024/Y	SAS e-filing		
Veh No: GBH 2025A	E-mail (w/In 5hrs, A/C 2hrs)		
D.O.A: 01/11/2018 07:45	I-Motor Claim Form	M11/018455-00	05/11/2018 15:02
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: CB 7154R	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%. P: 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:	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

NA 02807.134	Invoice Preparation Click (13)	Ant (5)	RA (5)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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		
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2003)		
At: 1:	6) TR: Re-inspection \$75		
2 / 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TE (N11): TP (N-on INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Address	BLK 430B FERNVALE LINK #12-215
Postcode	792430
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	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	CB7754R
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

KOON BENG FOODSTUFF
BLK 162 MEILING STREET #01-357
SINGAPORE 140162
TEL 6471 3460 H/P 9761 9696

Policyholder's Signature
Date & Time:

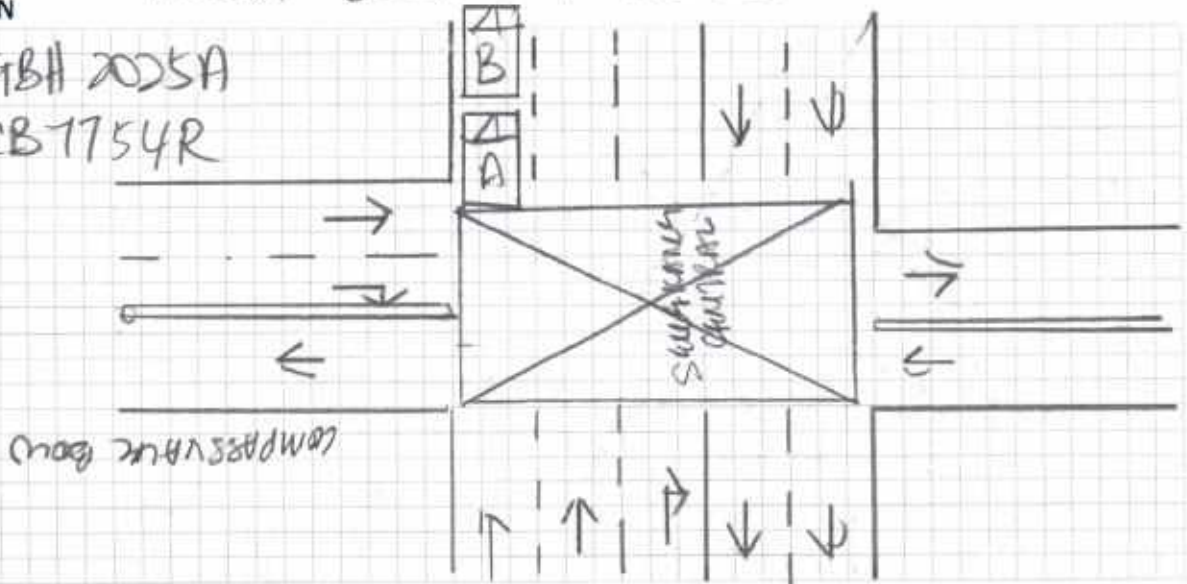
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

ALONG SENGKANG CENTRAL

- A) GBH 2025A
B) CB 7754R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 01/11/2018 AT ABOUT 07:45PM I WAS DRIVING MY VAN GBH 2025A ALONG SENGKANG CENTRAL TOWARDS HOUGHONG. IN FRONT OF ME WAS A VAN CB 7754R WHICH SUDDENLY TOOK HAR BRAKE JUST AFTER THE JUNCTION OF COMPASSVALE BOU. I COULD NOT BRAKE ON TIME & HIT THE REAR OF THE SAID VAN.

DECLARATION

I declare the foregoing particulars are true in every respect.

BLK 162 MEILING STREET #01-357
SINGAPORE 140162
TEL 6471 3460 H/P 9761 9696

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/1018455

Policy No.	5098519624	Vehicle No.	GBH20254	GST Registration No.	
Certificate No.					
Policyholder Name	KOON BENG FOODSTUFFS	Cover Type	Preferred Workshop Plan	Policyholder NRIC	386060008
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97735207	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No *
KPK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Endowment(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	05/11/2018 14:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/11/2018	Time of Accident hh-mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SENGKANG CENTRAL TOWARDS HOUGANG				
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	BLK 162 #01-357	Address 2	MET LING STREET	Address 3	MET LING VISTA
Address 4	SINGAPORE 140162	Address Type	Singapore address	Post Code	140162
Unit No.	01-357	Related Policy Number	5098519624		
GI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/04/1974
Unnamed driver Name	SOH HOCK HWEE (SU FUHU)	Driver NRIC	57409688G	Driving Experience	8
Register Date of Driver License	05/03/2009	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	97735207	Contact No.(Office)		Address 3	PERIVALE RIDGE
Address 1	BLK 430B #12-215	Address 2	PERIVALE LANE	Post Code	792430
Address 4	SINGAPORE 792430	Address Type	Foreign address		
Unit No.	12-215				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	GBH20254	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Modification History					

Claim 001 **New**

Claim Type *	DD-ME	Insured Name	KOON BENG FOODSTUFFS	Insured NRIC	386060008
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64713
Email Address		GI		TP	
Claim Description	GBH20254 / CB7754R ON 1 Nov 2018			Vehicle Number	CB775
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Finalisation	Yes	Repaired	Repair Option		
Date Registered		Preferred Workshop, Name unknown			
Report Taken By		GIA report	Received	Claim Close Date	05/11/2018 15:01
				Date Received	05/11/2018
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/1018455	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/11/2018 15:02	
Path *				
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Choose File</div> <div>No file chosen</div>	<div>Clear</div> <div>Please Select</div>	<div>Confidential</div> <div>NO</div>	<div>Urgency *</div> <div>Normal</div>	<div>Description</div> <div></div>
<div>Message Read</div>				
Attachment List				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:02		Photos	Normal	Photos 2018-11-5



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:02	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:02	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:02	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:02	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	Photos	Normal	Photos 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-5
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Nov 2018 15:01	SAS	Normal	SAS 2018-11-5

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: 1 / 11 / 2018 (DD/MM/YYYY), TIME: 07.45 (HH:MM)

LOCATION: Sengkang Central

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 2025A
 b) INSURANCE COMPANY: NIC
 c) POLICY NUMBER: 5058519624
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
 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: KOON BEAN FOODSTUFFS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 386060003 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: SOH HOCK (WIFE (SY FUHUI)) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 800916864 CONTACT: 98735207
 c) ADDRESS: _____

* d) DATE OF BIRTH: 04/04/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05/03/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? YES

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: CB T154R MODEL: TOYOTA HIACE

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 =

Fax =

V1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7409686G



Name

SOH HOCK HWEE
(SU FUHUI)

Race

CHINESE

Date of birth

04-04-1974

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7409686G

Name

SOH HOCK HWEE
(SU FUHUI)

Birth Date: 04 Apr 1974

Issue Date: 05 Mar 2008



001716510H

5645434



NRIC No. S7409686G



Date of issue

05-09-2016

Address

APT BLK 430B FERNVALE LINK
#12-215
SINGAPORE 792430

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

CLASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 05 Mar 2009



NP428A



License No. S7409686G

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/11/2018 12:19"/>
Vehicle No.(For Motor)	<input type="text" value="GBH2025A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5098519624		KOON BENG FOODSTUFFS	38606000B	GCV	Preferred Workshop Plan	GBH2025A	Virtual Insured	13/03/2018	12/03/2019

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 : 5098519624

Cover : Preferred Workshop Plan

- | | | |
|---|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : | To Be Advised |
| Chassis Number | : | JTFHT02P700241050 |
| 2. Name of Policyholder | : | KOON BENG FOODSTUFFS |
| 3. Effective Date of Insurance | : | 13 Mar 2018 |
| 4. Expiry Date of Insurance | : | 12 Mar 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	:	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 : ASSURE PTE. LTD. (00000572842)

Date of issue : 08 Mar 2018 16:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive