

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MAIA 418/144891

Date In: 08/11/2008 20:02	Job description	Date & Time Completed	Done by
Ref No: NBS/MAIA 418/144891	SAS e-filing		
Veh No: SLV 78774	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/11/2008 14:00	I-Motor Claim Form	MT/1019009-001	08/11/2008 11:13
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: GBD 52834	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: (INC 4100000 0798 6016)	Date In: 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 007376	Invoice Information	Amount (\$)	Amount (\$)
Client'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) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	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 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	08/11/2018 20:02
Date Of Accident	08/11/2018 14:00
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7877H
Insured/Policyholder	
Name Of Registered Owner	SIM PERN SIANG (SHEN PENGXIANG)
NRIC No	S8232230B
Email Address	ANDYSIM105@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90177877
Alternative Phone No.	OTHERS-90177877

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.4 Z (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	THIRD PARTY
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	5095854895
Cover Note Number	

Driver

Name of Driver	SIM PERN SIANG (SHEN PENGXIANG)
NRIC No	S8232230B
Date Of Birth	12/10/1982
Occupation	INDOOR
Date Of Driving Pass	23/08/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90177877
Fax Number	
Contact Number	OTHERS-90177877
EMail Address	ANDYSIM105@GMAIL.COM

Address	BLK 175 YISHUN AVENUE 7 #04-853
Postcode	760175
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: : CLMENT LIU GENDER: : MALE

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	GBD5283Y
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PANG CHI KANG
NRIC/Passport Number	S7504600F
Contact Number	82985858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SLV 7877H

Veh B: GBD 5283Y

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: 8/11/18

14:40

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8/11/2018

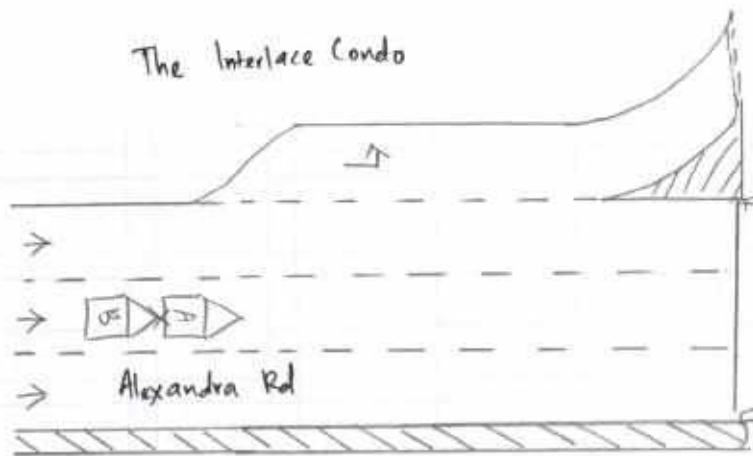
Rohi Wintana

The Interlace Condo

SKETCH PLAN

Veh A: SLV 7877H

Veh B: GBD 5083Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary my vehicle along Alexandra Road awaiting the traffic light to turn green. Suddenly, I feel an impact from my rear Vehicle B hit onto my rear.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/11/18

1440

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

09/11/2018

Rena Nathan

Claim Handling

Accident MT/1019009

Policy No.	5055854895	Vehicle No.	SLV7877H	GST Registration No.	
Certificate No.					
Policyholder Name	SIM PERI SIANG	Cover Type	drive CLASSIC	Policyholder NRIC	58232308
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	67595661	Loading	0
Contact No.(Mobile)	90177877	Special Remark		Contact No.(Home)	
Email Address		TCA	x No Yes	eCode	No
KPIK	- No Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No

🔍 **Accident Details**

Report Date	09/11/2018 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/11/2018	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ALEXANDRA ROAD				

🔍 **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	BLK 175, #04-853	Address 2	YISHUN AVE 7	Address 3	SINGAPORE 760175
Address 4		Address Type	Singapore address	Post Code	760175
Unit No.		Related Policy Number	5055854895		

🔍 **OT Driver Info**

Driver Name	Sim Perri Siang	Driver Type	Main Driver	Driver DOB	12/10/1982
Unnamed driver Name		Driver NRIC	58232308	Driving Experience	14
Register Date of Driver License	01/01/2004	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	90177877	Contact No.(Office)	67595661	Address 3	SINGAPORE 760175
Address 1	BLK 175, #04-853	Address 2	YISHUN AVE 7	Post Code	760175
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SLV7877H	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 *	DD-MK	Insured Name	SIM PERI SIANG	Insured NRIC	58232308		
Contact No.(Mobile)	94495284	Contact No.(Home)	94495284	Contact No.(Office)			
Email Address		OT Vehicle Number	SLV7877H	TP Vehicle Number	GB052		
Claim Description	SLV7877H / GB05283Y ON 8 Nov 2018				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault				
Repair No. #141434343	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Revised		
Date Registered				Claim Close Date	09/11/2018 11:18	Date Received	09/11/2018
Report Taken By	ROSITI WAHAB						

🔍 **Print AK letter**

Save Submit

Attachment

🔍 **Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:13		Photos	Normal	Photos 2018-11-9



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:13	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:13	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:13	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:13	Photos	Normal	Photos 2018-11-9
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:13	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:11	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:11	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:11	Photos	Normal	Photos 2018-11-9
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:10	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:10	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:10	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:10	Photos	Normal	Photos 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:10	SAS	Normal	SAS 2018-11-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Nov 2018 11:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-9

Video List

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

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 8/11/18

*Time of Accident: 1400

*Accident Location: Alexandra Rd

Vehicle Details

*Vehicle Number: SLV7877H

*Make & Model: Velfire 2.4Z

Insured / Policyholder

*Owner Name: Sim Pern Siang *NRIC: S8232230B

*Address: Fishun Ave 7 B11C 175 #04-853 S760175

*Email: Andysim105@gmail.com *HP: 90177877

*Occupation: Shipping (Indoor / Outdoor) *Tel (H) Other: 67595661

Driver (✓) same as above

*Driver Name: *NRIC:

*Address:

*Date of Birth: *Driving Pass Date: *HP:

*Email: *Gender: Male / Female

*Occupation: (Indoor / Outdoor) *Tel / H / Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: Clement Liu (Male/Female) *P/Name: (Male/Female)

*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C/TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: 6BD5283Y

Make & Model: TOYOTA DYNA

Vehicle Category:

Name of Driver: Pang Chi Kang

NRIC : 7504600F

HP : 82985858

No. of Passengers (Including Driver): 01

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others: *Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: NRIC: HP:)

*Accident reported to police: Yes / No *Summon against whom:

*Injured party: Yes / No *No. of passengers (include driver):

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8232230B**
 Name: **SIM PERN SIANG (SHEN PENGXIANG)**
 Birth Date: **12 Oct 1982**
 Issue Date: **07 Jul 2003**

1000636855K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8232230B


 Name: **SIM PERN SIANG (SHEN PENGXIANG)**
沈鵬翔
 Race: **CHINESE**
 Date of birth: **12-10-1982** Sex: **M**
 Country of birth: **SINGAPORE**

4895748

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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	02 Aug 2001
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Aug 2002

NP 426A

Licence No: S8232230B

4895748


 NRIC No: **S8232230B**


 Date of issue: **15-10-2012**

Address:
APT BLK 175 YISHUN AVENUE 7
#04-853
SINGAPORE 760175

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: 5095854895

Cover : drive CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SLV7877H |
| Chassis Number | : ANH208295469 |
| 2. Name of Policyholder | : SIM PERN SIANG |
| 3. Effective Date of Insurance | : 13 Nov 2017 |
| 4. Expiry Date of Insurance | : 24 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. | |

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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIM PERN SIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) PTE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 13 Nov 2017 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive