

Date In:	Job Description	Date & Time Completed	Done by
Ref No: NPA Inc 18021096Y	SAS e-filing		
Veh No: FBA 8413K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A.: 21/1/2018 12:00	I-Motor Claim Form	M/1020840-001	21/1/2018 18'22
OID 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:	Vch No: FBL 733G	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 repaiar.			
() Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-in () / Towed-in (); Invoice: YES () / NO (); Towing Co: ()			
Remarks: (ISC Claims: 6788 4616) Date Time Complete Sat 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		
N/A 1807653			
Glaumant Particulars:	Invoice Preparation Checklist		
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Thru Survey \$120		
	5) PT: Follow-Thru Survy (Resurvy) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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	\$5	
	TP(NII): TP (Non INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
Auditors Comments:	Invoice dated	Fee Charged	
Paid 1:	Invoices dated	Fee Charged	
2/3:			

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	21/11/2018 18:05
Date Of Accident	21/11/2018 12:00
Exact Location Of Accident	JUNCTION OF BUKIT PANJANG RD/UPPER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBA8413K
Insured/Policyholder	
Name Of Registered Owner	MOHD DANIAL BIN MOHD TAIB
NRIC No	S9143483J
Email Address	DANIAL.TAIB@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96264347
Alternative Phone No	OTHERS-96264347
Vehicle Particulars	
Manufacturer	HONDA
Model	ANF 125MSS SM/T
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087671873-01
Cover Note Number	
Driver	
Name of Driver	MOHD DANIAL BIN MOHD TAIB
NRIC No	S9143483J
Date Of Birth	29/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96264347
Fax Number	
Contact Number	OTHERS-96264347
E Mail Address	DANIAL.TAIB@OUTLOOK.COM

Address	BLK 656 SENJA ROAD #15-262
Postcode	670656
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	DRIZZLING
Road Surface	WET

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?	YES
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	FBL733G
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AMIRUL ASHRAF BIN KAMSAN
NRIC/Passport Number	S9544325G
Contact Number	88128994
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHD DANIAL BIN MOHD TAIB
------	---------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

FBA8413K

NO


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.


Policyholder's Signature

Date & Time: 21/11/18 1650

Driver's Signature

(If driver is not the policyholder)

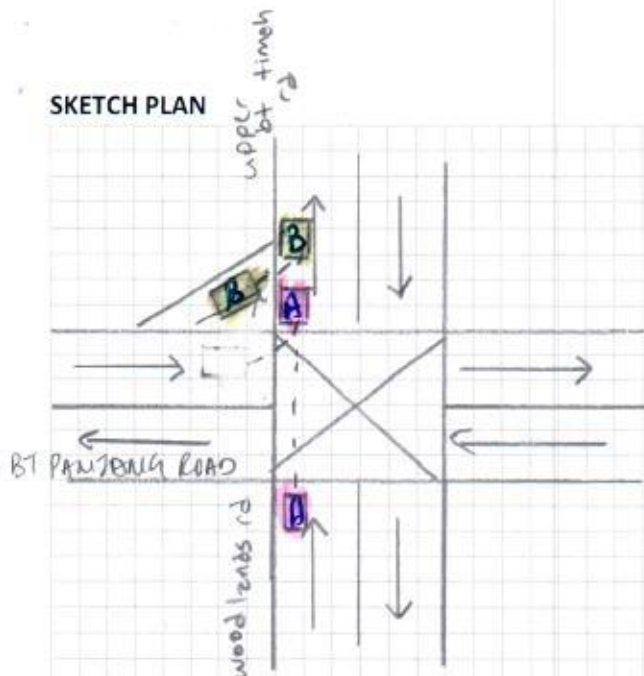
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



B FBL 733G


A FBA 8413K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from woodlands rd towards upper bt timah rd. After passing the junction, the motorbike FBL 733G suddenly came out of the slip rd. I braked hard but still hit the motorbike. As a result I fell and was flung from my motorbike. I sustained injuries to my neck, ^{right} ~~left~~ elbow, right knee and right stomach

DECLARATION

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


 Policyholder's Signature
 Date & Time: 21/11/18 1650

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

 21/11/2018
 Reporting Centre Personnel's Signature
 Name: Reshi Kartor
 NRIC/FIN No.:

Claim Handling

Accident MT/1020840

Policy No.	5087671873-01	Vehicle No.	FBA8413K	GST Registration No.	
Certificate No.					
Policyholder Name	MOHD DANIAL BIN MOHD TAIB	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	59143483J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96264347	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	21/11/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/11/2018	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BUKIT PANJANG RD/UPPER BUKIT TIMAH RD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 656 #15-262	Address 2	SENJA ROAD	Address 3	SINGAPORE 670656
Address 4		Address Type	Singapore address	Post Code	670656
Unit No.		Related Policy Number	5087671873-01		
Q1 Driver Info					
Driver Name	MOHAMMAD DANIAL BIN MOHAMMAD TAIB	Driver Type	Main Driver	Driver DOB	29/11/1991
Unnamed driver Name		Driver NRIC	59143483J	Driving Experience	8
Register Date of Driver License	21/06/2010	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	96264347	Contact No.(Office)		Address 3	SINGAPORE 670656
Address 1	BLK 656 #15-262	Address 2	SENJA ROAD	Post Code	670656
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBA8413K	Driver Insurer 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	MOHD DANIAL BIN MOHD TAIB	Insured NRIC	59143483J	
Contact No.(Mobile)	96264347	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	mountainidewriter@live.com	Q1	FBA8413K	TP	FBL733G	
Claim Description	FBA8413K / FBL733G ON 21 Nov 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Relevant No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				21/11/2018 18:21	Claim Close Date	
Report Taken By				ROSLI WAHAB	Date Received	21/11/2018
<input checked="" type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/1020840	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/11/2018 18:22
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
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 21 Nov 2018 18:22		Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:22	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:22	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:22	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:22	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	Photos	Normal	Photos 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	SAS	Normal	SAS 2018-11-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2018 18:21	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-11-21

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 11 / 2018 (DD/MM/YYYY), TIME: 12 : 00 (HH:MM)

LOCATION: Bukit Panjang Rd : Upper Bt Timan Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA8413K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5087671873-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA / ANF
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 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: MD DANIAL B MD. TAIB (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9143483 CONTACT: 96264347
 c) ADDRESS: BLK 656 SENJA RD #15-262
S670654

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 27 / 11 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS - 21 JUN 2010

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 DRIZZLING)

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: FBL 733G MODEL: YAMAHA
 b) DRIVER'S NAME: MUHAMMAD AMIRUL ASHRAF BIN KAMSAN
 c) NRIC/FIN/PASSPORT: S9544325G CONTACT: 88128994

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

email = daniel.taib@outlook.com

fax =

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9143483J



Name

MOHAMMAD DANIAL BIN
MOHAMMAD TAIB

Race

MALAY

Date of birth

29-11-1991

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9143483J

Name

MOHAMMAD DANIAL BIN
MOHAMMAD TAIB

Birth Date: 29 Nov 1991

Issue Date: 21 Jun 2010



001867594H

4557407



NRIC No. S9143483J



Date of issue

24-03-2010

Address

APT BLK 656 SENJA ROAD
#15-262
SINGAPORE 670656

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

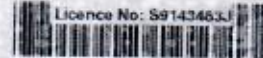
EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	21 Jun 2010
Class 2A	Motorcycles between 201 CC and 400 CC	07 Jun 2012
Class 2	Motorcycles > 400 CC	11 Jul 2014

S9143483J

S / No. 9000197587

NP 428A



Licence No: S9143483J

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 : 5087671873-01

Cover : Third Party

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBA8413K |
| Chassis Number | : NF125MM5000186 |
| 2. Name of Policyholder | : MOHD DANIAL BIN MOHD TAIB |
| 3. Effective Date of Insurance | : 24 Jan 2018 |
| 4. Expiry Date of Insurance | : 23 Jan 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMMAD DANIAL BIN MOHAMMAD TAIB
NAMED DRIVER (2)	: SYLVESTER GHO JUN HUI
HIRE PURCHASE COMPANY	: KLH MOTOR PTE LTD
SUM INSURED	: N/A

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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 04 Jan 2018 14:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive