

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MMAY18/163314

Date In: 19/12/2018 15:23	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/002271/14	SAS e-filing		
Veh No: SKN 22952	E-mail (to John 0183, AIC 2hrs)		
DOA: 18/12/2018 09:00	I-Motor Claim Form	MT1024469-001	19/12/2018
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:25
	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: SKT 1702R	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1008345	Invoice / Variation / Credit
Claimant Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/245
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)
Date 1:	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 \$3
	TP (Nil): TP (Non INC) against INC \$20
	9) NI1: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	19/12/2018 15:23
Date Of Accident	18/12/2018 09:00
Exact Location Of Accident	DEMPSEY (72 LOEWEN ROAD 248848)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2295Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUBER ANDRE RUDOLF
NRIC No	S8001144Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82881833
Alternative Phone No	OTHERS-92261833

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV (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	5100095382
Cover Note Number	

### Driver

Name of Driver	HUBER BELINDA @ BELINDA TRAN
NRIC No	S8260556H
Date Of Birth	26/05/1982
Occupation	INDOOR
Date Of Driving Pass	21/08/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92261833
Fax Number	
Contact Number	OTHERS-82881833
Email Address	NOEMAIL

Address	22 GOLDHILL AVENUE
Postcode	309050
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	3
Passenger 1	NAME: : HAYLEY HUBER GENDER: : FEMALE
Passenger 2	NAME: : ASHLEY HUBER 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	SKT1702R
Vehicle Make/Model/Colour	WOLKSWAGEN TOURAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOHANNA CORRY GRIER
NRIC/Passport Number	G5443717Q
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## SKETCH PLAN

Veh A: SKN 22952

Veh B: SKT 1702R

### IMPORTANT NOTICE

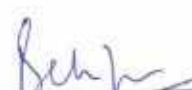
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
Policyholder's Signature  
Date & Time:

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

 19/12/2018  
Reporting Centre Personnel's Signature  
Name: Resti Lim  
NRIC/FIN No.:

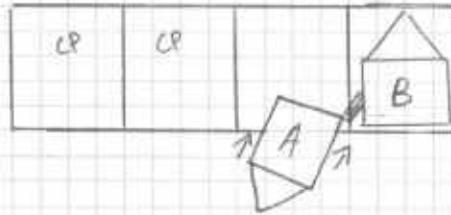
19/12/18

11:04

# SKETCH PLAN

Veh A: SKN 2295 Z

Veh B: SKT 1703 R



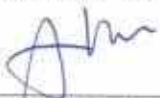
Dampsey  
to Loewen Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I reversed my car to parking lot, half way in I felt an impact on my left rear. I got out of the car and saw that the Vehicle B Car door was opened. I did not see an opened car door while I was reversing. I also did not see a driver in the car but there was an unbuckled passenger in the back seat.

## 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:

 19/12/2018  
Reporting Centre Personnel's Signature  
Name: Rosh, Arafat  
NRIC/FIN No.:

## Claim Handling

Accident MT/1024409

Policy No.	5100095382	Vehicle No.	SKN2295Z	GST Registration No.	
Certificate No.				Policyholder NRIC	58001144Z
Policyholder Name	HUBER ANDRE RUDOLF	Cover Type	drive PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	82881833	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	ACD Entitlement(%)	10	Private Hire	No
ACD Protection	No				
<b>Accident Details</b>					
Report Date	19/12/2018 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Colored into Parked Vehicle
Date of Accident	18/12/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DEMPSEY (72 LODEWEN ROAD 248848)				
<b>Excess</b>					
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		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	22 GOLDBILL AVENUE	Address 2	SINGAPORE 309050	Address 3	
Address 4		Address Type	Singapore address	Post Code	309050
Unit No.		Related Policy Number	5100095382		
<b>01 Driver Info</b>					
Driver Name	HUBER BELINDA @ BELINDA TAN	Driver Type	Named Driver	Driver DOB	28/05/1982
Unnamed driver Name		Driver NRIC	58260556H	Driving Experience	17
Register Date of Driver License	01/01/2008	Driver Age	36	Contact No. (Home)	
Contact No. (Mobile)	82265833	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.	SKN2295Z	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **NEW**

Claim Type *	DO-MX	Insured Name	HUBER ANDRE RUDOLF	Insured NRIC	58001144Z
Contact No. (Mobile)	82881833	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SKN2295Z	TP Vehicle Number	SKT17
Claim Description	SKN2295Z / SKT1702R ON 18 Dec 2018				
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Finalized	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Date	19/12/2018 16:25
Date Registered		Report Taken By	ROSLI WANAB	Date Received	19/12/2018
Print AX letter					
Save Submit					

## Attachment

Accident No.	MT/1024409	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/12/2018 16:25
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
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
RAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Dec 2018 (A-25)		Photos	Normal
Destination Photos 2018-12-19			



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	Photos	Normal	Photos 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	SAS	Normal	SAS 2018-12-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Dec 2018 16:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-19

Video List

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

Scan and uploading



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 18/12/18 \*Time of Accident: 9:00am  
\*Accident Location: Dempsey (72 Loewen road 248848)

### Vehicle Details

\*Vehicle Number: SKN2295Z \*Make & Model: Honda odyssey 2.4 EX-S  
CVT LED SR

### Insured / Policyholder

\*Owner Name: Andre Huber \*NRIC: S8001144Z  
\*Address: 22 Goldhill Ave S30905B  
\*Email: NIL \*HP: 82881831  
\*Occupation: Indoor (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

### Driver ( ) same as above

\*Driver Name: Belinda Huber \*NRIC: S8260556H  
\*Address: 22 Goldhill Ave  
\*Date of Birth: 26/05/82 \*Driving Pass Date: 21/08/09 \*HP: 92261833  
\*Email: NIL \*Gender: Male / Female  
\*Occupation: Indoor (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: Havley Huber (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: Ashley Huber (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

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

### Detail of other vehicle / Property 1

Vehicle No.: SKT1702R  
Make & Model: Volkswagen Touran  
Vehicle Category: \_\_\_\_\_  
Name of Driver: Johanna Corry Grier  
NRIC : 65443717Q  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): 1

### 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: Reverse hit onto TP Car  
\*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  
IDENTITY CARD NO. S8260556H



Name

HUBER BELINDA  
@BELINDA TRAN

Race

VIETNAMESE

Date of birth

26-05-1982

Sex

F

Country of birth

AUSTRALIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8260556H

Name

HUBER BELINDA  
@BELINDA TRAN

Birth Date 26 May 1982

Issue Date 01 Aug 2014



8161284

NRIC No. S8260556H



Nationality

AUSTRALIAN

Date of issue

30-12-2011

22 GOLDHILL AVENUE  
SINGAPORE 309050

NRIC No. S8260556H

Date: 25/08/2015

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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 31 Aug 2009



SIP 435A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8001144Z



Name

HUBER ANDRE RUDOLF

Race

CAUCASIAN

Date of birth

25-01-1980

Sex

M

Country of birth

SINGAPORE

S8001144Z



4523277



NRIC No. S8001144Z

Date of issue

05-02-2010

22 GOLDHILL AVENUE  
SINGAPORE 309050

NRIC No.

S8001144Z

Date:

26/09/2015



## 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:** 5100095382

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SKN2295Z**  
Chassis Number : JHMRC1890EC201806
2. Name of Policyholder : HUBER ANDRE RUDOLF
3. Effective Date of Insurance : 26 May 2018
4. Expiry Date of Insurance : 25 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.

**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	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HUBER ANDRE RUDOLF
NAMED DRIVER (1)	: HUBER BELINDA @ BELINDA TAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : 02 May 2018 09:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive