

NATIONAL Assessment Centre Services.

[ref: JAN05] MNA/19019830

Date In: 12/03/2019 19:30	Job description	Date & Time Completed	Done by
Ref No: XBR/INC/19002596/4	SAS e-filing		
Veh No: SLD 7847X	E-mail (w/da 8hrs, AIC 2hrs)		
D.O.A: 12/03/19 10:10	I-Motor Claim Form	M/T/103175-001	13/03/2019
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:25
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSP		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: XF 2101R 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 > \$9000] ()		

Injury: _____

Date of Incident: _____

Location: _____

Client's Particulars	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (w/o 10 Jan 2005)	
	6) TR: Re-inspection \$75	
Auditor's Comments:	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
Cal 1:	OD:	
	*N5: Courtesy Car / Tpl Allowance \$35	
Cal 2:	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	*N9: TP (N11) / TP (N12) against INC \$20	
	9) N12: Idas 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	12/02/2019 19:30
Date Of Accident	12/02/2019 10:10
Exact Location Of Accident	ALONG ECP TOWARDS CITY AT CARPARK F3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7847X
Insured/Policyholder	
Name Of Registered Owner	LIM JIT YIN
NRIC No	S1123268Z
Email Address	LIMJITYIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87832455
Alternative Phone No	OTHERS-87832455

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103556828
Cover Note Number	

Driver

Name of Driver	LIM JIT YIN
NRIC No	S1123268Z
Date Of Birth	20/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1976
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87832455
Fax Number	
Contact Number	OTHERS-87832455
EMail Address	LIMJITYIN@GMAIL.COM

Address	64 JALAN LIMAU PURUT
Postcode	1646
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	XE2102R
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ESVARNA S/O MOHANLAL
NRIC/Passport Number	S1363362B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.**
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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:

12/01/19 Books

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

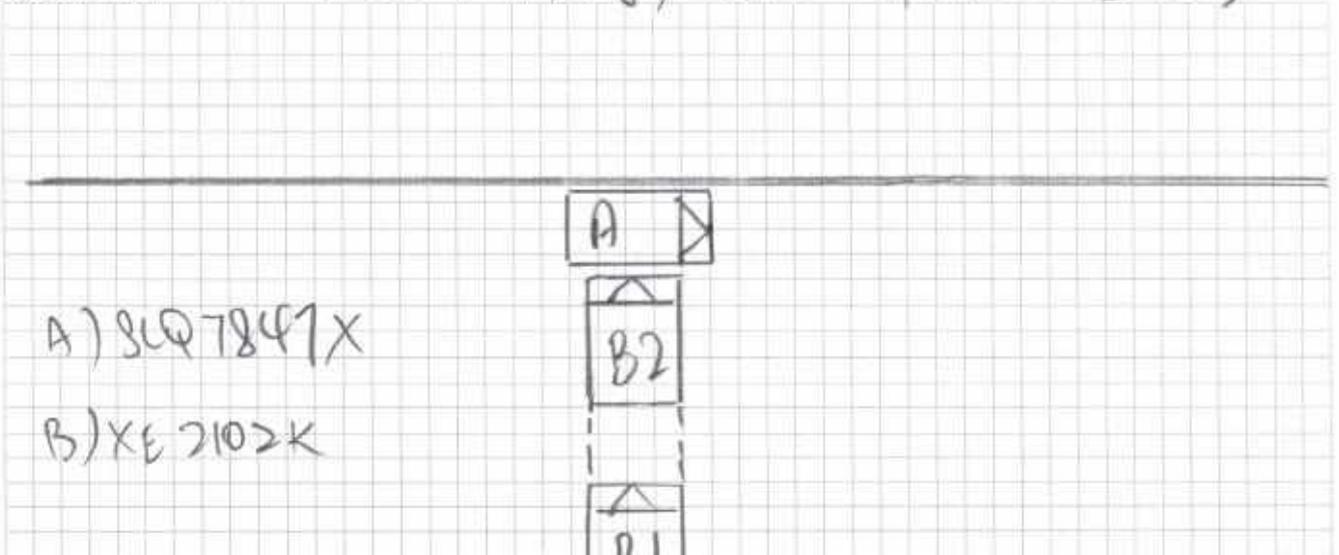
Name:

NRIC/FIN No.:

12/01/2019
Gerald [Signature]

SKETCH PLAN

Along (ECP Highway) Open Carpark (F3)

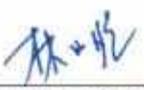


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

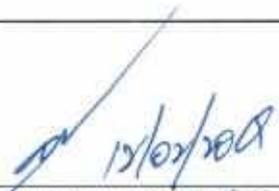
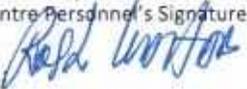
On 12/02/2019 AT 10:00HRS I PARKED MY CAR ALONG
 ECP THE OPEN SPACE CARPARK BT WENT OUT FOR
 A CIGARETTE. SUDDENLY I HEARD A BANG I TURN
 MY TO SEE MY CAR & SAW A Lorry XE 2102K BANG
 ON THE RIGHT SIDE. THERE WAS NO DRIVER INSIDE
 THE Lorry. THEN THE DRIVER CAME & SAY THAT HE
 FORGOT TO PULL THE HAND-BRAKE. THE EXCHANGE
 PARTICULARS THAT ALL

DECLARATION

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


 Policyholder's Signature
 Date & Time: 12/02/19 1500h

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


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

Claim Handling

Accident MT/1031775

Policy No.	510355628	Vehicle No.	SLQ7847X	GST Registration No.	
Certificate No.					
Policyholder Name	LIM JIT YIN			Policyholder NRIC	S11232682
Product Code	PKWV18 (CAR INSURANCE)	Cover Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	87832455	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eClaim Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	13/02/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	13/02/2019	Time of Accident (hh:mm)	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	ALONG BCP TOWARDS CITY AT CAIRRAK F3				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	64 JALAN LIMAU PURUT	Address 2	#64 BEDOKVILLE	Address 3	SINGAPORE 468338
Address 4		Address Type	Singapore address	Post Code	468338
Unit No.	64	Related Policy Number	510355628		

OT Driver Info

Driver Name	LIM JIT YIN	Driver Type	Main Driver	Driver DOB	20/02/1955
Uninsured driver Name		Driver NRIC	S11232682	Driving Experience	42
Register Date of Driver License	05/08/1976	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	87832455	Contact No.(Office)		Address 3	SINGAPORE 468338
Address 1	64 JALAN LIMAU PURUT	Address 2	#64 BEDOKVILLE	Post Code	468338
Address 4		Address Type	Singapore address		
Unit No.	64				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLQ7847X	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM JIT YIN	Insured NRIC	S11232682
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	SLQ7847X	TP Vehicle Number	NE2102R
Claim Description	SLQ7847X / RE2102R ON 13 Feb 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Rollback No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GPR report	Received
Date Registered	13/02/2019 10:24	Claim Close Date		Date Received	13/02/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1031775	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2019 10:25

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>	<input type="button" value="Send Message"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent (CO)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:25	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:24	Photos	Normal	Photos 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:24	SAS	Normal	SAS 2019-2-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 10:24	NAC/ Driving License	Normal	NAC/ Driving License 2019-2-13

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
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ACCIDENT STATEMENT

ACCIDENT DATE: 12/01/2019 (DD/MM/YYYY). TIME: 10:00 (HH:MM)

LOCATION: Along (ECP #Way) CAR PARK (F3)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 7847 x
b) INSURANCE COMPANY: INLOME
c) POLICY NUMBER: 5103556828
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI AVANTE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
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: LIM JIT YIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 112326812 CONTACT: 87832445
c) ADDRESS: 64 JALAN LINDAU PURUT S'PORA

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 20/02/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02 MAR 1996

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) _____

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: XE J102K MODEL: _____
b) DRIVER'S NAME: ESVARNA S/O MOHANLAL
c) NRIC/FIN/PASSPORT: 13633628 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = LIMJITYIN@GMAIL.COM

VIDEO = SQUAREWHEELSSG@GMAIL.COM

REPUBLIC OF SINGAPORE
 IDENTIFICATION CARD NO. S1123268Z



Name
LIM JIT YIN
 林日暄
 Race
CHINESE
 Date of Birth
20-02-1955 Sex
M
 Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE
 Licence No. S1123268Z
 Name
LIM JIT YIN
 Date of Birth
Feb 1955
 Issue Date
Aug 2003



000734688F

S1123268Z



Blood Group
A+ Date of Issue
26-06-1993

Address
**64 JALAN LIMAU PURUT
 SINGAPORE 1646**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 3	Motor Cars and which unladen c/w	06 Aug 1978
Class 4	Heavy Motor Cars weight of which u	05 May 1960

Licence No. S1123268Z

NR 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: 5103556828 **Cover :** drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLQ7847X |
| Chassis Number | : KMHDU41BMAU893937 |
| 2. Name of Policyholder | : LIM JIT YIN |
| 3. Effective Date of Insurance | : 05 Sep 2018 |
| 4. Expiry Date of Insurance | : 04 Sep 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: LIM JIT YIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 05 Sep 2018 13:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive