

NATIONAL Assessment Centre Services.

[wef 1 Jan'09]

MINA/19020445

Date In: 13/02/2019 18:47	Job description	Date & Time Completed	Done by:
Ref No: N/A/INC/9002706/4	SAS e-filing		
Veh No: 8GZ 624E	E-mail (Vehicle 8hrs, AIC 2hrs)		
D.O.A: 12/02/2019 07:20	I-Motor Claim Form	13/02/2019 19:05	
OID: 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: SLJ 4929A	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: _____
Location: _____	By: _____

NA/1901/23	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: IDAA DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$35
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$35
	TE (N11): TP (N-in INC) against INC \$20
	9) N12: IDAA Mobile \$30
	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	13/02/2019 18:47
Date Of Accident	12/02/2019 07:20
Exact Location Of Accident	ALONG UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ624E
Insured/Policyholder	
Name Of Registered Owner	SANFORD JOSEPH DSOUZA
NRIC No	S2636377B
Email Address	ANNA.50.DSOUZA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94350300
Alternative Phone No	OTHERS-90923570

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5076395737-03
Cover Note Number	

Driver

Name of Driver	ATHENA ANURADHA @ ANNA D'SOUZA
NRIC No	S2636378J
Date Of Birth	03/02/1962
Occupation	INDOOR
Date Of Driving Pass	07/09/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90923570
Fax Number	
Contact Number	OTHERS-94350300
EEmail Address	ANNA.50.DSOUZA@GMAIL.COM

Address	7 BRIGHT HILL DRIVE #14-02
Postcode	579599
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	COLLISION - HEAD TO REAR
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)	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	SLJ4929A
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICHOLAS JENS
NRIC/Passport Number	S8730077C
Contact Number	87982153
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

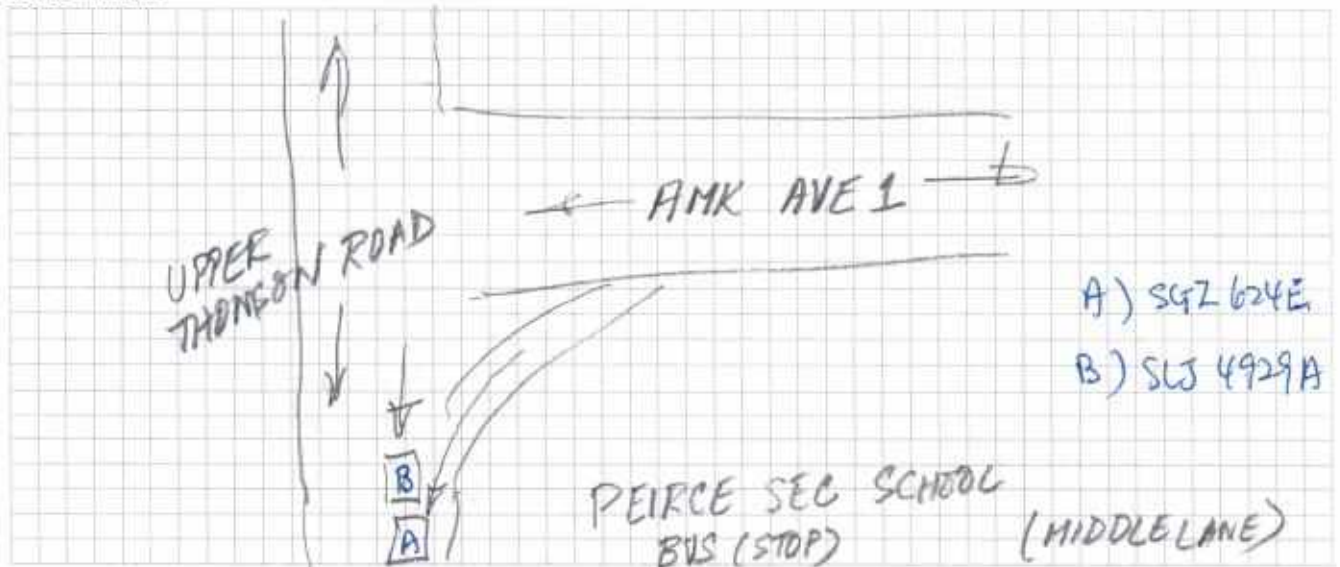
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IT WAS EARLY MORNING RUSH HOUR AND I WAS RETURNING FROM DROPPING MY DAUGHTER TO SCHOOL. THE TRAFFIC WAS AT A STANDSTILL BECAUSE OF THE JAM. SUDDENLY I FELT A LOUD THUD AS THE CAR BEHIND RAMMED INTO ME. THE ~~MAD~~ DRIVER OF THE CAR APOLOGIZED FOR BANGING INTO ME AND SAID THAT HE HAD STEPPED ON THE ACCELERATOR INSTEAD OF THE BRAKE AS HIS PHONE HAD FALLEN ON THE FLOOR OF HIS VEHICLE AND HE HAD TRIED TO RETRIEVE IT.

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:

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

Claim Handling

Accident MT/1031918

Policy No.	SGZ6395737-03	Vehicle No.	SGZ624E	GST Registration No.	
Certificate No.					
Policyholder Name	SANFORD JOSEPH DSOUZA			Policyholder NRIC	S26363778
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	C
Contact No.(Mobile)	84350300	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KPI	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	13/03/2019 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	12/02/2019	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER THOMSON ROAD				

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured 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	7 BRIDGE HILL DRIVE	Address 2	#14-02 THOMSON VIEW CONDO	Address 3	SINGAPORE S79599
Address 4		Address Type	Singapore address	Post Code	S79599
Unit No.		Related Policy Number	SGZ6395737-03		

OT Driver Info

Driver Name	ATHENA AMURADHA @ ANNA D'SOUZA	Driver Type	Named Driver		
Uninsured driver Name		Driver NRIC	S76363763	Driver DOB	01/03/1963
Register Date of Driver License	07/09/1993	Driver Age	56	Driving Experience	23
Contact No.(Mobile)	80823570	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGZ624E	Driver Insurer Company	NTUC

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

Modification History

Claim 001

New

Claim Type *	OD-MX *	Insured Name	SANFORD JOSEPH DSOUZA	Insured NRIC	S26363778
Contact No.(Mobile)	84350300	Contact No.(Home)	87295040	Contact No.(Office)	
Email Address	SANFORD.DSOUZA@GMAIL.COM	OT Vehicle Number	SGZ624E	TP Vehicle Number	SLJ4229A
Claim Description:	SGZ624E / SLJ4229A ON 12 Feb 2019				
Preferred Workshop		Insured Liability	Not at Fault *	Preferred Workshop, Name unknown *	ICA report
Workshop Finalisation	Yes *	Repair Option		Received *	
Date Registered	13/02/2019 19:01	Claim Close Date		Date Received	13/02/2019 00:00
Report Taken By	ROSLI WAHAB				

☒ Print A4 letter

Save Submit

Attachment

Accident No.	MT/1031918	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/02/2019 19:02
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		Clear	Please Select *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 19:02	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 19:02	Photos	Normal	Photos 2019-2-13	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	Photos	Normal	Photos 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Feb 2019 19:01	SAS	Normal	SAS 2019-2-13

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 12/02/2019 (DD/MM/YYYY), TIME: 07:22 (HH:MM)

LOCATION: UPP THOMSON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGZ 624 E
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5076395737-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: SANTORD JOSEPH DSOUZA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2636377B CONTACT: 94350300
 c) ADDRESS: 7 BRIGHT HILL DRIVE, 14-02 SINGAPORE 579599

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ATHENA ANURADHA ANNA DSOUZA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2636378J CONTACT: 90923570
 c) ADDRESS: 7 BRIGHT HILL DRIVE, #14-02 THOMSON VIEW S - 579599

*d) DATE OF BIRTH: 03/03/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12/02/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SLJ 4929A MODEL: MAZDA
 b) DRIVER'S NAME: NICHOLAS JENS
 c) NRIC/FIN/PASSPORT: S8730077C CONTACT: 87082153

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 = ANNA.SD.DSOUZA@GMAIL.COM

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2636378J



Name

ATHENA ANURADHA
@ANNA D'SOUZA

Race

INDIAN

Date of birth

03-03-1962

Country/Place of birth

INDIA

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S2636378J

Name

ATHENA ANURADHA
@ ANNA D'SOUZA

Birth Date 03 Mar 1962

Issue Date 22 May 2013



002181503J

5170724



NRIC No. S2636378J



Date of issue

14-05-2013

7 BRIGHT HILL DRIVE #14-02
SINGAPORE 579599

NRIC No: S2636378J

Date: 30/12/2014

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	07 Sep 1995
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	07 Sep 1995

NP 428A



License No: S2636378J

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: S076395737-03

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SGZ624E |
| Chassis Number | : RU11103143 |
| 2. Name of Policyholder | : SANFORD JOSEPH DSOUZA |
| 3. Effective Date of Insurance | : 21 Dec 2018 |
| 4. Expiry Date of Insurance | : 20 Dec 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SANFORD JOSEPH DSOUZA
NAMED DRIVER (1)	: ATHENA ANURADHA @ ANNA D'SOUZA
NAMED DRIVER (2)	: KRYSTA DSOUZA
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : PAUL & PHYLLIS FINANCIAL SERVICES (00000591535)
 Date of Issue : 13 Dec 2018 23:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive