

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MMAY/9070459

Date In: 13/02/2019 19:31	Job description	Date & Time Completed	Done by
Ref No: NIA/INC/90021214	SAS e-filing		
Veh No: SW 87365	E-mail (to John Shire, AIC 2hrs)		
D.O.A: 27/09/2017 20:30	I-Motor Claim Form	MT/1022446002	13/02/2019 19:44
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: 92 8413L	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 repaler.		
( ) 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:	
Weather:	
Witness:	
Police:	
Other:	

MM901125	Invoice	Invoice No: 901125	Invoice Date: 13/02/2019
Driver/Owner:	1) AR: Accident Reporting (330)	INC (330)	
Contact No:	2) DA: Damage Assessment (5100)		
Damaged Portion:	3) TP: Towing Fee	\$10/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ver 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	\$23	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (Nil): TP (Nil) against INC	\$10	
	9) NI: Idao Mobile	\$0	
QC Checked by (Engr-In-Charge):	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 19:31
Date Of Accident	27/09/2017 20:30
Exact Location Of Accident	CARPARK ENTRANCE OF FAJAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8736S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR DYANA BINTE ZAINUDDIN
NRIC No	S8434529F
Email Address	MUHAMMAZZLANZAINUDDIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91138333
Alternative Phone No	OTHERS-91274664

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4
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	5092236724
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AZZLAN BIN ZAINUDDIN
NRIC No	S8918212C
Date Of Birth	05/06/1989
Occupation	INDOOR
Date Of Driving Pass	22/06/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91138333
Fax Number	
Contact Number	OTHERS-91274664
E-Mail Address	MUHAMMAZZLANZAINUDDIN@GMAIL.COM

Address	BLK 616 BEDOK RESERVOIR ROAD #09-1114
Postcode	470616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	NO
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?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ8416L
Vehicle Make/Model/Colour	MITSUBISHI L300
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD FAISAL
NRIC/Passport Number	S8135073F
Contact Number	87491931
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN


### 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:

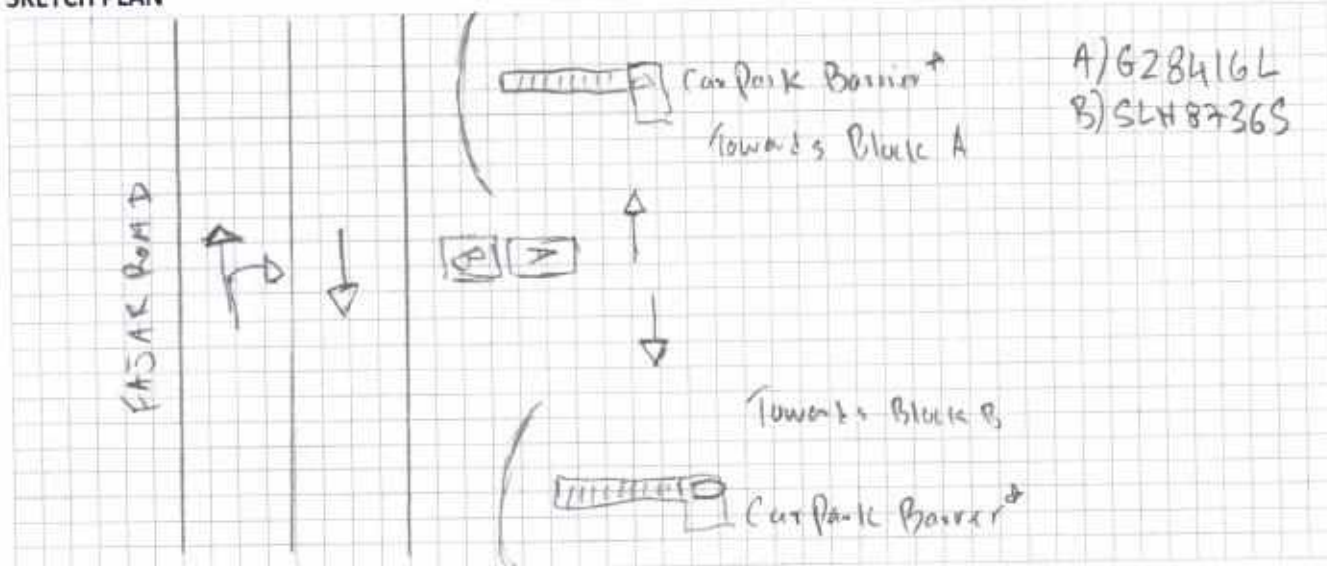
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rose L. Tan  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On The mentioned Date & time, as I was entering the carpark from  
 Fajar Road, Veh A was signaling to the right which was turning towards  
 Block B but did a sudden change to the left and make a  
 sudden brake that causes my vehicle to collide with Vehicle A. I  
 could not stop on time due to the sudden brake of Vehicle A.

## 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 MY/1022446

Policy No.	3082236724	Vehicle No.	SLN87365	GST Registration No.	
Certificate No.					
Policyholder Name	MUR DYANA BINTE ZAINUDDIN	Cover Type	Drive CLASSIC	Policyholder NRIC	88434529F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address				eCode	No *
ePK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
RCD Protection	No	RCD Entitlement(%)	0	Private Hire	Not available
▼ Accident Details					
Report Date	04/12/2018 11:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2017	Time of Accident (h:mm)	20:30	Country of Accident	Singapore
Reporting Centre		Damage Form		ICM No.	
Accident Location	CARPARK ENTRANCE OF PASAR ROAD				
▼ Excess					
Own damage Excess	600.00	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 No.		GST Status Verified	Yes
Notification History					

▼ Policyholder Mailing Address

Address 1	BLK 616 #09-1114	Address 2	REBOK RESERVOIR ROAD	Address 3	ELINDS GROVE
Address 4	SINGAPORE 470618	Address Type	Singapore address	Post Code	470618
Unit No.	09-1114	Related Policy Number	S105534624		

▼ GI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
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="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 [Back](#)

Claim Type *	OD-RX	Insured Name	MUR DYANA BINTE ZAINUDDIN	Insured NRIC	88434529F
Contact No.(Mobile)	9138333	Contact No. (Home)		Contact No. (Office)	
Email Address		GI		TP	
Claim Description		Vehicle Number	SLN87365	Vehicle Number	SLN87365
Preferred Workshop			SLN87365 / GZB410L ON 27 Sept 2017	Name of Preferred Workshop	
Insured Liability	Polly at Fault				
Reported Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date	13/02/2019 19:44	Date Received	13/02/2019 00:00
Report Taken By			ROSLI WANAB		
<input type="checkbox"/> Print AX letter					

[Save](#) [Submit](#)

Attachment

Accident No.	HT/1022446	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/02/2019 19:44
Path *			
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Category *	Confidential
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Please Select *	NO *
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Please Select *	NO *
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Please Select *	NO *
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Please Select *	NO *
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Please Select *	NO *
<a href="#">Choose File</a> / No file chosen	<a href="#">Clear</a>	Please Select *	NO *
<a href="#">Message Read</a>			
Send Message			

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (Y/N)
	NAC_BUKIT_MERAH_800676C NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 19:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-12	
	NAC_BUKIT_MERAH_800676B NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Feb 2019 19:44	SAS	Normal	SAS 2019-2-12	

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				



## Thank You!

You have successfully applied to transfer your vehicle. The next owner has to confirm the transfer by 05 Dec 2018.

### Vehicle Details

Vehicle No.:	Vehicle Type:
SLN8736S	N18 - Passenger (Co) Company Car (Single Rate)
Vehicle Attachment 1:	Vehicle Scheme:
No Attachment	Normal
Vehicle Make:	Vehicle Model:
SUZUKI	SX4 1.6HB AT
Chassis No.:	Engine No.:
JSAGYA21S00120294	M16A1421491

### Next Owner's Details

ID Type:	ID:
Company	201303392D
Name:	Mobile No.:
HAMILTON AUTOHUB PTE LTD	98769379

### Transaction Details

Business Transaction Ref. No.:	Business Transaction Date:
20181130115842501618	30 Nov 2018
Business Transaction Time:	
11:58:42	

Printed on 30 Nov 2018 11:58:51

Copyright © Land Transport Authority of Singapore 2018



Your Ref: SLN87365

Our Ref: MT/CA/TP/022/1022446-001/DP/DT

09 Jan 2019

BY CERTIFICA

NUR DYANA BINTE ZAINUDDIN  
BLK 616 #09-1114  
BEDOK RESERVOIR ROAD  
EUNOS GROVE  
SINGAPORE 470616

Dear Policyholder

**CLAIM NUMBER: MT/1022446-001**  
**ACCIDENT INVOLVING SLN87365 / GZ8416L on 27 Sept 2017**

We refer to the claim against you.

We would like to inform you that despite our several reminders, you have not res requests to report the accident to us.

As a result of your non-cooperation, we could not gather sufficient facts and infor the claim. We regret that we have no alternative but to repudiate liability to you t

We will inform the claimant to liaise directly with you. We enclose copies of the cl documents. If the claimant is taking legal action against you, you may wish to app lawyer to defend you.

In the meantime, we reserve the rights to seek recovery from you should we be b statute to settle any third party injury claim or claims on your behalf.

If you have any queries, please contact Our Customer Service Officers at 6430 794 motor@income.com.sg.

Yours sincerely

Jenny Pe  
Deputy Vice President  
Motor Insurance



# ACCIDENT STATEMENT

ACCIDENT DATE: 27.09.2017 (DD/MM/YYYY), TIME: 20.30 (HH:MM)

LOCATION: Car Park Entrance of Jajar Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH87368  
 b) INSURANCE COMPANY: HIUC  
 c) POLICY NUMBER: 5092236724  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: SUZUKI / SX4  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
 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: Huz Dyana Binte Zaimuddin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8434529F CONTACT: 9138333  
 c) ADDRESS: 616 Bedok Reservoir Road #09-1114  
Singapore 470816

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: MUHAMMAD ASMAAD BIN ZAIMUDDIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8915212C CONTACT: 9774664  
 c) ADDRESS: 616 Bedok Reservoir Road #09-1114  
Singapore 470816

\* d) DATE OF BIRTH: 05/06/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 22 Jun 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Siblings

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: G28416L MODEL: MITSUBISHI L300-2006  
 b) DRIVER'S NAME: MOHAMMAD FAISAL BIN ASMAAD  
 c) NRIC/FIN/PASSPORT: S8135073F CONTACT: 87491931

## 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 =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8918212C



Name

MUHAMMAD AZZLAN BIN  
ZAINUDDIN

محمد عزلان بن زينالدين

Race

MALAY

Date of birth

05-05-1989

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8918212C

Name

MUHAMMAD AZZLAN BIN  
ZAINUDDIN

Birth Date: 05 Jun 1989

Issue Date: 13 Dec 2007



001552111D



3583841

NRIC No. S8918212C



Date of issue

16-06-2004

APT BLK 818 BEDOK RESERVOIR ROAD #08-1114  
SINGAPORE 470618

NRIC No. S8918212C

Date: 08/06/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- Class 2B Motorcycles  $\leq$  200 CC
- Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg
- Class 4 Heavy motor cars and motor tractors  $>$  2500 kg

ISSUE DATE

13 Dec 2007

22 Jan 2012

22 Jan 2012

S8918212C

S / No. 9000168416



License No: S8918212C



## 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:** 5092236724

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLN8736S**  
 Chassis Number : JSAGYA21500120294
2. Name of Policyholder : **NUR DYANA BINTE ZAINUDDIN**
3. Effective Date of Insurance : **07 Jul 2017**
4. Expiry Date of Insurance : **21 Jul 2018**
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	: NUR DYANA BINTE ZAINUDDIN
NAMED DRIVER (1)	: BADARIAH BTE ABDUL GHAFFAR
NAMED DRIVER (2)	: MUHAMMAD AZZLAN BIN ZAINUDDIN
HIRE PURCHASE COMPANY	: THONG LEE TRADING (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 : THONG LEE TRADING PTE LTD (00000613251)  
 Date of Issue : 07 Jul 2017 09:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive