

NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

19 MAY 1904 1546

Date In: 11/04/2009 19:58	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/19006515/7	SAS e-filing		
Veh No: YP 7167B	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 11/04/2009 11:30	I-Motor Claim Form	11/04/2009 20:23	
OD / 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:

Veh No: FPR 22264

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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reprior.

() 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: ()

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

Signature:

Date:

Time:

Signature:

Date:

Time:

Signature:

Date:

Time:

Signature:

Date:

Time:

Signature:

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Date:

Time:

Signature:

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	INC (\$100)
3) TP: Towing Fee	\$100
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Forfeiture against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) INUC Additional Services:	
ON:	
*NI: Courtesy Car / Transport Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post-Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$25
TP (NI) / TP (Non INC)	\$30
9) NI: Idas Mobile	
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	11/04/2019 19:58
Date Of Accident	11/04/2019 11:30
Exact Location Of Accident	ALONG CHANGI NORTH WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7167B
Insured/Policyholder	
Name Of Registered Owner	LOGIXTICS INC PTE. LTD.
Co Reg No	201631134M
Email Address	ROUIS@FOODSERVICES.COM
Mobile Phone No	(LOCAL) +65-91003116
Alternative Phone No	OFFICE-87558961

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089369750-02
Cover Note Number	

Driver

Name of Driver	ZAY YAR TUN
NRIC No	G8208247L
Date Of Birth	14/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91003116
Fax Number	
Contact Number	OTHERS-87558961
EMail Address	ZAYYARTUN1280@GMAIL.COM

Address	BLK 47 SIMS PLAE
Postcode	380047
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	FBP2226U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LEE BAN LEONG
NRIC/Passport Number	S2704497B
Contact Number	96663890
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



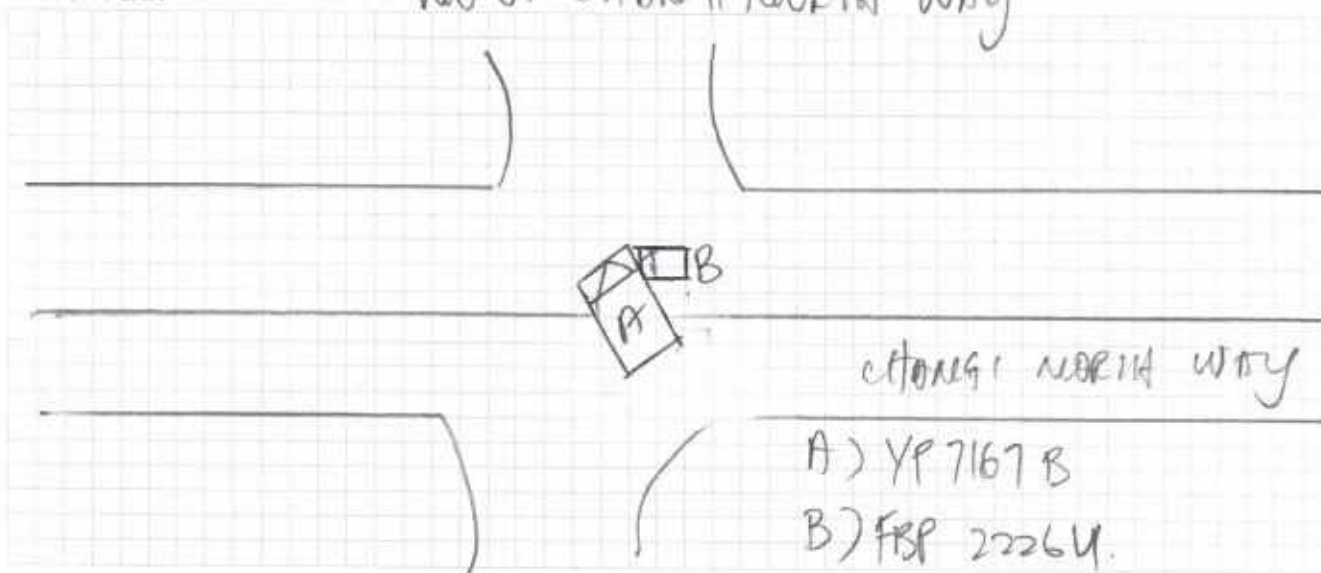
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

NO 6. CTONGI NORTH WAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/04/2019 AT ABOUT 11:30HRS I WAS AT CTONGI NORTH WAY & WANTED TO TURN INTO NO. 6 CTONGI NORTH WAY, I LOOK AT MY RIGHT MIRROR & SAW NOTHING SO I ~~WAS~~ TURN SLOWLY INTO THE FACTORY SUDDENLY I FELT A BUMP A MOTORCYCLE FBP 22264 BUMP INTO THE RIGHT SIDE OF MY Lorry

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.:

11/04/2019

[Signature]

Claim Handling

Accident MT/1039851

Policy No.	1089369750-02	Vehicle No.	VP71678	GST Registration No.	201631134M
Certificate No.					
Policyholder Name	LOGISTICS INC PTE. LTD.			Policyholder NRIC	201631134M
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	91001110	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/04/2019 20:15	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/04/2019	Time of Accident (h:m:s)	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	ALONG CHANGE NORTH WAY				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	28/02/2017
GST Registration No.	201631134M	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	3N KERRIL ROAD	Address 2	#01-02/04 TANJONG PAGAR CT	Address 3	SINGAPORE 080083
Address 4		Address Type	Singapore address	Post Code	080083
Unit No.	01-02/04	Related Policy Number	1100506712-01		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/05/1963
Unnamed driver Name	ZAY FAR TUN	Driver NRIC	G62082471	Driving Experience	1
Registrar Date of Driver License	05/02/2019	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	87358951	Contact No.(Office)		Address 2	SIMS VISTA
Address 1	BLK 47 #01-171	Address 2	SIMS PLACE	Post Code	180047
Address 4	SINGAPORE 380047	Address Type	Foreign address		
Unit No.	01-171				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	VP71678	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 **New**

Claim Type *	GO-PR	Insured Name	LOGISTICS INC PTE. LTD.	Insured NRIC	201631134M
Contact No.(Mobile)		Contact No.		Contact No.(Office)	NR
Email Address		CL		TP	
Claim Description		Vehicle Number	VP71678	Vehicle Number	VP71678
Preferred Workshop		Name of Preferred Workshop			
Repair No. Registration	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered		Claim Close Date	11/04/2019 20:22	Date Received	11/04/2019 00:00
Report Taken By			ROSLI WANAB		

Print & Attach

Save Submit

Attachment

Accident No.	HT/1039851	Claim No.	001
Lat Doc Received	Yes No	Upload Date	11/04/2019 20:23
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	SAS	Normal	SAS 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 04 / 2019) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: NO-6 Changi North way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP J167B
b) INSURANCE COMPANY: Income
c) POLICY NUMBER: 5089369750-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hino
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 11:30 AM
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LOGISTICS INC PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: Rou's CONTACT: 9100 3116
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Zay Yee Tan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: A 8708247L CONTACT: 8755 8961
c) ADDRESS: BLK-47 - SIMS PLACE #01-171
380047

* d) DATE OF BIRTH: (14 / 05 / 83) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS out dated

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 47

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

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

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: LEE BAN LEONG MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FBP 2276.11 MODEL: Moto bike
e) DRIVER'S NAME: LEE BAN LEONG
f) NRIC/FIN/PASSPORT: 52704497 B CONTACT: 9666 3890

Email = Zayyortan 1250 @ gmail . com

VIDEO rou's @ Foodxervices . com

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
FOODSERVICES INC. PTE. LTD.

Sector: **SERVICE**

Name:
ZAY YAR TUN

Occupation:
SENIOR LOGISTICS MANAGER

S Pass No.
0 92158535

Date of Application:
03-08-2016

Date of Issue:
30-08-2016

Date of Expiry:
13-07-2019

87558961

L7150615



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License No: **G8208247L**

Name:
ZAY YAR TUN

90151846

Date of Birth: **14 May 1983**

Issue Date: **15 Jan 2016**

Valid Till: **25/02/2023**

002763748J



VISIT PASS
Immigration Regulations

Name:
ZAY YAR TUN

Date of Birth: **14-05-1983** Sex: **M** Nationality: **MYANMAR**

Pin: **G8208247L** Date of Issue: **30-08-2016** Date of Expiry: **13-07-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE
03 Feb 2016

C Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg

G8208247L

S / No 9000305205

NP 428A

Licence No: G8208247L



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 : 5089369750-02

Cover : Comprehensive

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP7167B |
| Chassis Number | : JHHUCS3H90K022473 |
| 2. Name of Policyholder | : LOGIXTICS INC PTE. LTD. |
| 3. Effective Date of Insurance | : 01 Jul 2018 |
| 4. Expiry Date of Insurance | : 30 Jun 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$3,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ORIX LEASING SINGAPORE LIMITED
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 : VICOM LTD (00000615110)
Date of Issue : 08 Jun 2018 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive