

# NATIONAL Assessment Centre Services.

part 1 of 2

NA/1906174

Date In: 11/05/2019 10:48	Job description	Date & Time Completed	Done by
Ref No: NA/1900836114	SAS e-filing		
Veh No: SMV 3558 G	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 10/05/2019 09:55	1-Motor Claim Form	11/10/2019 00:01	11/05/2019 11:18
OD: TP (Reporting Only)	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PC 447A	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: ( )

Remarks:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

Date/Time	Action

NA/1903320	Invoice	NA/1903320
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
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	
	For claiming against INC Only (wef 10 Jan 2007)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	*N9: DV / Collect Excess Coordination \$20	
	TP (Nil) : TP (Nil) INC against INC \$0	
	9) N12: 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	11/05/2019 10:48
Date Of Accident	10/05/2019 09:35
Exact Location Of Accident	DUNEARN ROAD (CHANCERY LANE JUNCTION)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ3558G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM SIEW FUI
NRIC No	S7678526J
Email Address	73MARCUSWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96581640
Alternative Phone No	OTHERS-91116220

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107506271
Cover Note Number	

### Driver

Name of Driver	WONG YING LEONG
NRIC No	S7349212B
Date Of Birth	28/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96581640
Fax Number	
Contact Number	OTHERS-91116220
Email Address	73MARCUSWONG@GMAIL.COM

Address	BLK 570 ANG MO KIO AVENUE 3 #04-3325
Postcode	560570
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)	2
Passenger 1	NAME: : FRIEND GENDER: : MALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC4417A
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL RAHIM BIN MOHAMMAD
NRIC/Passport Number	S1591662A
Contact Number	98317555
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.
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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

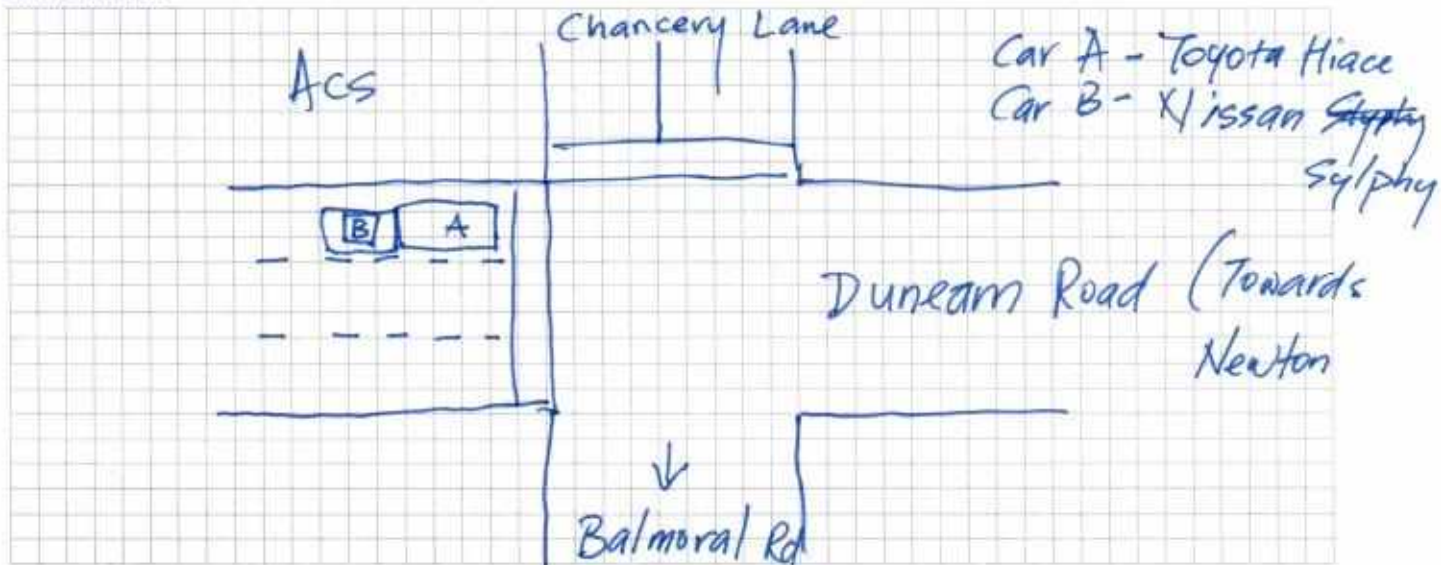
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Third Party Car A - Toyota Hiace  
My Car B - Nissan Sylphy

This morning I was travelling along Dunearn Road towards Newton Circus. When comes to the junction at Chancery Lane, the vehicle (A) stopped when the traffic light turn red and so do I. My car stopped before Car A. Understand, my car was in 'D' gear, with as I didn't realise my car was moving slowly towards (Car A) and touched his rear bumper. I have checked my car condition, and there's no impact and damage on my car at all.

Video Attach

## 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.:

10.5.19 5.30pm

11/05/2019  
Koh W Hoo



## Claim Handling

Accident MT/1043992

Policy No.	5107506271	Vehicle No.	SMJ3558G	GST Registration No.
Certificate No.				
Policyholder Name	LAM SIEW FUI			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96581640	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	11/05/2019 11:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/05/2019	Time of Accident hh:mm	09:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DUNEARN ROAD (CHANCERY LANE JUNCTION)			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
QQ Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED QQ Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total QQ Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 615 #04-517	Address 2	WOODLANDS AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-517	Related Policy Number	5107506271	

## ▼ OI Driver Info

Driver Name	WONG YING LEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S73492128	Driver DOB
Register Date of Driver License	28/01/2008	Driver Age	45	Driving Experience
Contact No.(Mobile)	91116220	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.	SMJ3558G	Driver Insurer Comp.

## Declaration

Breathalyser 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	LAM SIEW
Contact No.(Mobile)	91810769	Contact No. (Home)	
Email Address	lamwntr@gmail.com	Vehicle Number	SMJ3558G
Claim Description	SMJ3558G / PC4417A ON 10 May 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Product No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	11/05/2019 11:14

Print AK letter

Save Submit

Attachment

Accident No.

MT/1043992

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/05/2019 11:18

Path \*

Category \*

Confidential

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear Please Select

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:18	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 11 May 2019 11:14	NRIC/ Driving License	Normal	NRIC/ Driving Li

Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (10/05/2019) (DD/MM/YYYY), TIME: (09:33) (HH:MM)

LOCATION: Dunearn Road (Chancery Ln Junction)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT 3558 G  
 b) INSURANCE COMPANY: Ntuc Income  
 c) POLICY NUMBER: 5107506271  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: NISSAN Sylphy  
 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: Lam Siew Fui (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7678526J CONTACT: 96581640  
 c) ADDRESS: Blk 615 Woodlands Ave 4 #04-517  
(S) 730615

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

## DRIVER

- a) NAME: Dong Ying Leong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7349212B CONTACT: 91116220  
 c) ADDRESS: Blk 615 Woodlands Ave 4 #04-517  
(S) 730615

\* d) DATE OF BIRTH: (02/06/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/01/2008

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) Clear / Dry

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: Pc 4417 A MODEL: TOYOTA HIACE  
 b) DRIVER'S NAME: Adul Rahim Bin Mohammad  
 c) NRIC/FIN/PASSPORT: S159/662A CONTACT: 98317555

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
(2)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = 73 marcuswong @ gmail . com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7349212B



Name

WONG YING LEONG

黄瑛亮

Race

CHINESE

Date of birth

28-06-1973

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7349212B

Name

WONG YING LEONG

Birth Date 28 Jun 1973

Issue Date 14 Jun 2013



4735601

NRIC No. S7349212B



Date of issue

02-06-2011

Address

APT BLK 570 ANG MO KIO AVENUE 3  
#04-332B  
SINGAPORE 560570

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 28 Jan 2008



NP 428A



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/05/2019 10:45"/>							
Vehicle No. (For Motor)	<input type="text" value="SMJ3558G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107506271		LAM STEW FUI	57678526J	GPC	drive CLASSIC	SMJ3558G	SMJ3558G	28/02/2019	27/02/2020
<input type="button" value="Continue"/>										

## 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:** 5107506271

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: MNT8BAB17Z0034670

2. Name of Policyholder

: LAM SIEW FUJ

3. Effective Date of Insurance

: 28 Feb 2019

4. Expiry Date of Insurance

: 27 Feb 2020

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

: WONG YING LEONG

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: HONG LEONG FINANCE 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 : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 20 Feb 2019 10:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive