

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MAA419066729

Date In: 23/05/2009 14:39	Job description	Date & Time Completed	Done by
Ref No: NBT/MAA41900907114	SAS e-filing		
Veh No: SBA 555 L	E-mail (Within 3hrs, AIC 2hrs)		
D.O.A: 22/05/2009 22:55	I-Motor Claims Form	MT/10/5733001	28/05/2009 14:59
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGT 893P	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: ()

Remarks:	1) Apply for Transport Allowance () / Courtesy Car ()	
	2) QC Check / Post Repair Inspection ()	
	3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Activity

MAA903886

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)	
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 (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI): TP (N-in INC) against INC \$30	
	9) NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/3

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	23/05/2019 14:39
Date Of Accident	22/05/2019 22:55
Exact Location Of Accident	ALONG YIO CHU KANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBA555L
Insured/Policyholder	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96562162
Alternative Phone No	OFFICE-96562162
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5106916004
Cover Note Number	
Driver	
Name of Driver	KAMARUL ZAMAN BIN CHEMAN
NRIC No	S1643590B
Date Of Birth	28/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96562162
Fax Number	
Contact Number	OTHERS-96562162
EMail Address	SHARONSOON5404@GMAIL.COM

Address	BLK 201 YISHUN STREET 21 #03-49
Postcode	760201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER 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	SGH893P
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUSTINE S/O FRANCIS LOUIS
NRIC/Passport Number	S2603391H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

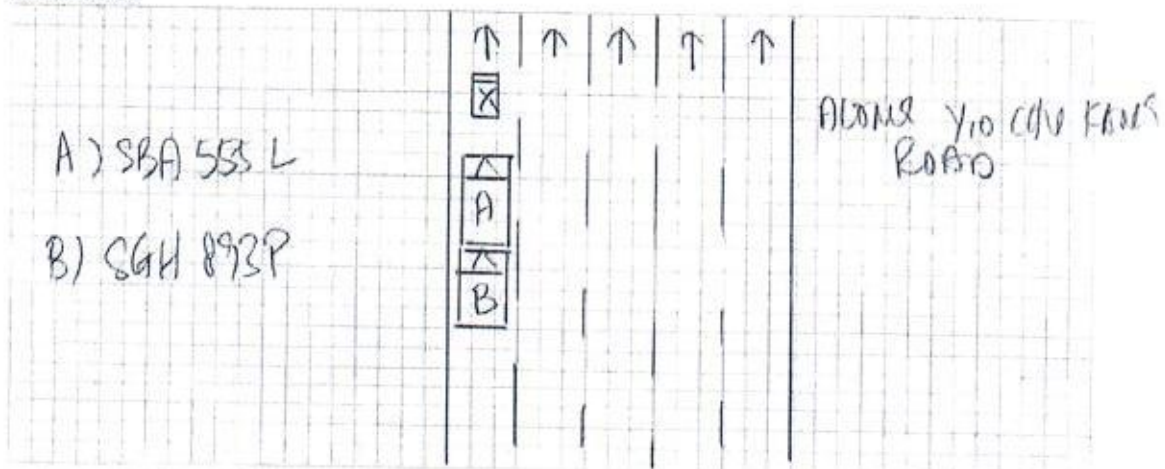
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/5/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22nd of May at about 10.57 pm. I was stopping at the ~~stop~~ traffic junction at Y10 CDR KANS Road. When the traffic turns green I started to move slowly as in front of me there was a motorcycle. The motorcycle somehow ~~was~~ engine stalled and I have to stop my vehicle. That was when suddenly the car behind me hit my car bumper.

DECLARATION

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

Policyholder's Signature
Date & Time:

Sm



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

[Signature]

23/5/19
1300 hr

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

23/05/2019
Rashid
11011000

Claim Handling

Accident MT/1045733

Policy No.	5106916004	Vehicle No.	SBA555L	GST Registration No.	
Certificate No.					
Policyholder Name	Q LEASING				
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	53384681L
Contact No.(Mobile)	96562162	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Yes

▼ Accident Details

Report Date	23/05/2019 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/05/2019	Time of Accident hh:mm	22:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG YIO CHU KANG ROAD				

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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	317 OUTRAM ROAD	Address 2	CONCORDE SHOPPING CENTRE	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	5106916004		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KAMARUL ZAMAN BIN CHEMAN	Driver NRIC	S1643590B	Driver DOB	26/10/1964
Register Date of Driver License	28/10/1992	Driver Age	54	Driving Experience	26
Contact No.(Mobile)	96562162	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 201 #03-49	Address 2	YISHUN STREET 21	Address 3	YISHUN PALM SPRING
Address 4	SINGAPORE 760201	Address Type	Foreign address	Post Code	760201
Unit No.	03-49				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SBA555L	Driver Insurer Company	NTUC

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)	DD-MX	Insured Name	Q LEASING	Insured NRIC	53384681L
Email Address		Contact No. (Home)		Contact No. (Office)	
Claim Description		Vehicle Number	SBA555L	TP	SGH893P
Preferred Workshop		SBA555L / SGH893P ON 22 May 2019		Name of Preferred Workshop	
Selected No. Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	23/05/2019 14:54
Report Taken By				Date Received	23/05/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1045733	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/05/2019 14:59
Path *		Category *	Confidential
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? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 14:59	SAS	Normal	SAS 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 14:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 14:59	Photos	Normal	Photos 2019-5-23	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 14:55

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 May 2019 14:55

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Photos

Normal

Photos 2019-5-23

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Photos 2019-5-23

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/05/2019) (DD/MM/YYYY), TIME: (22:57) (HH:MM)

LOCATION: 710 CHU KANG ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBA 555 L
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER: 5106916004
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 318i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: QUAYTY LENSING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KAMARUL ZAMAN BIL CHENAU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 516435908 CONTACT: 96562162
 c) ADDRESS: BLK 201 TISHAH ST 21 #03-49 (760201)

* d) DATE OF BIRTH: (28/10/1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1/8/1992

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: SGH 893 P MODEL: MITSUBISHI LAN CER
 b) DRIVER'S NAME: JUSTINE S/O FRANG LOUW
 c) NRIC/FIN/PASSPORT: 52603391H CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
 (3)


2 male
 per

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

email =
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1643590B



Name
KAMARUL ZAMAN BIN CHEMAN
قمر الزمان بن جي-صن
Race
MALAY
Date of Birth
28-10-1964
Country of Birth
SINGAPORE

Sex
M

S1643590B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1643590B

Name
KAMARUL ZAMAN BIN CHEMAN

Birth Date: 28 Oct 1964
Issue Date: 25 Apr 2003



1000421427H

1105290



NRIC No. S1643590B



Blood Group: O+ Date of issue: 13-07-1993

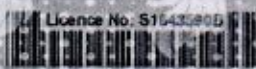
APT BLK 201 YISHUN STREET 21 #03-49
SINGAPORE 760201
NRIC No: S1643590B Date: 23/02/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES:

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE	18 Mar 1985
Class 2A	Motorcycles between 201 cc and 400 cc		28 Jul 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms		01 Aug 1992

NP 128A

Licence No. S1643590B



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: 5106916004

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SBA555L**
Chassis Number : **WBAPF72000A793570**
2. Name of Policyholder : **Q LEASING**
3. Effective Date of Insurance : **20 Feb 2019**
4. Expiry Date of Insurance : **19 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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 09 Jan 2019 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive