

NATIONAL Assessment Centre Services

[Form 1-24/09]

NAA/9076721

Date In: 12/06/2019 15:47	Job description	Date & Time Completed	Done by
Ref No: NAA/INC/90104067	SAS e-filing		
Veh No: PC 2887P	E-mail (within 4hrs, AIC 2hrs)		
DOA: 11/06/2019 09:10	i-Motor Claim Form	mt1048756-001	12/06/2019 16:34
OD: 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: SLR 5703K	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: (\$	Landing: \$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:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<p>HA904376</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2019)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idm DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>• N3: Courtesy Car / Tpt Allowance \$5</p> <p>• N6: Repair Co-ordination \$10</p> <p>• N7: Post Repair Inspection \$25</p> <p>• N8: DV / Collect Excess Coordination \$5</p> <p>• TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idm Mobile \$0</p>		<p>Am't (\$)</p> <p>Tot Bill</p>	<p>Am't (\$)</p> <p>Add. Bill</p>
	<p>Invoice dated</p>		<p>Fen Charged</p>	<p>Fen Charged</p>

07-MAY-2019 16:39

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	12/06/2019 15:47
Date Of Accident	11/06/2019 09:10
Exact Location Of Accident	LORONG 6 TOA PAYOH SLIP ROAD TO PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2887P
Insured/Policyholder	
Name Of Registered Owner	ABDULLAH TRANSPORT SERVICES PTE LTD
Co Reg No	199304822D
Email Address	HARDYKASSIM16@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85755579
Alternative Phone No	OFFICE-85755579
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101789810
Cover Note Number	
Driver	
Name of Driver	HARDI BIN KASSIM
NRIC No	S7212635A
Date Of Birth	16/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/04/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85755579
Fax Number	
Contact Number	OTHERS-85755579
Email Address	HARDYKASSIM16@GMAIL.COM

Address	BLK 52 CIRCUIT ROAD #05-815
Postcode	370052
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	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	SLR5703K
Vehicle Make/Model/Colour	NISSAN NOTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ENG KWAN
NRIC/Passport Number	S8865182J
Contact Number	86460062
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:

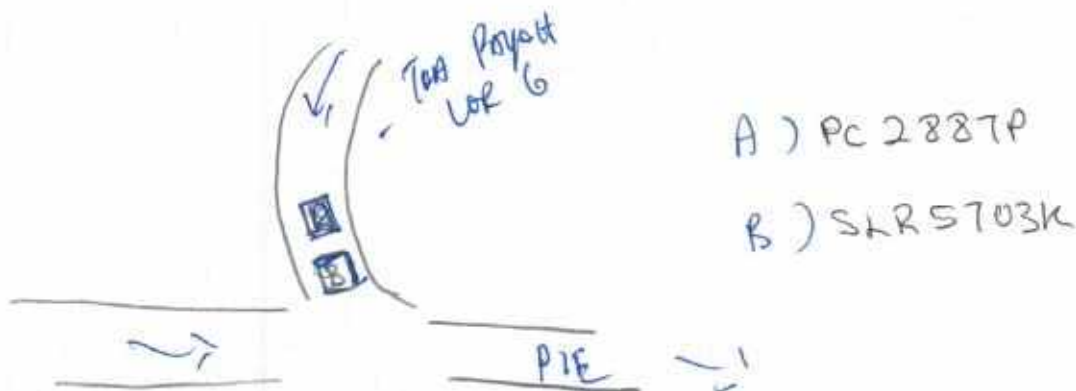
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Signature] 12.06.19 15.40

[Signature] 12/06/2019
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS driving at TON PAGON LOR 6 TOWARDS PIE
I STOP behind Vech B to check on incoming
Vech on the right, IT WAS clear, I notice
the Vech. B moving forward, I check again
on my right and it was clear, so I move
forward, and realized the Vech B suddenly
stop and I can not react and hit the back
of the Vech B. I was clear at the front
road but I don't know why this Vech B
move and suddenly stop.

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.:

12/06/2019

Personnel's Signature *Ralph Horton*

Claim Handling

Accident RT/1048796

Policy No.	910178810	Vehicle No.	PC2887F	GST Registration No.	
Certificate No.					
Policyholder Name	ABDULLAH TRANSPORT SERVICES PTE LTD	Driver Type	Comprehensive	Policyholder NRIC	1991048220
Product Code	8108 INSURANCE	Contact No.(Office)		1048796	0
Contact No.(Mobile)	81755575	Special Remark		Contact No.(Home)	
Email Address				eCode	No
YFR	- No Yes	TGA	- No Yes	eCode Reason	
NCD Protection	No	NCD Enhancement(%)	0	Private Hire	No
Accident Details					
Report Date	12/06/2019 16:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/06/2019	Time of Accident (h:mm)	00:10	Country of accident	Singapore
Reporting Centre		Damage Force		IDR No.	
Accident Location	LORONG 6 TGA PAVON SLIP ROAD TO Y10 (CHANGE)				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	12/06/2019 16:31:24 System changed GST Status verified from No to Yes				
Policyholder Mailing Address					
Address 1	180 PHOOLU ROAD	Address 2	#02-12 PHOOLU CENTRE	Address 3	SINGAPORE 188979
Address 4		Address Type	Singapore address	Post Code	188979
Unit No.		Related Policy Number	0007629877-02		
GI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/04/1972
Uninsured driver Name	HARDI BIN HASSIM	Driver NRIC	ST212635A	Driving Experience	26
Register Date of Driver License	20/04/1993	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	81755575	Contact No.(Office)		Address 1	WACHMERSON GARDENS
Address 1	BLK 32 #05-013	Address 2	CIRCUIT ROAD	Address 3	
Address 4	SINGAPORE 370052	Address Type	Foreign address	Post Code	370052
Unit No.	05-013			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PC3887F		
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Are injury?	Yes - No		

Modification History:

Claim 001 **New**

Claim Type *	OO-MR	Insured Name	ABDULLAH TRANSPORT SERVICE	Insured NRIC	1993048220
Contact No.(Mobile)	88199288	Contact No.(Home)		Contact No.(Office)	83346369
Email Address		OL	PC2887F	TP	SLR5703K
Claim Description	PC2887F / SLR5703K ON 11 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GA report	Received
Submit No. Finalisation	Yes	Report Option	Preferred Workshop, Name unknown		
Date Registered:	12/06/2019 16:33	Claim Date		Date Received	12/06/2019 00:00
Report Taken By:	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	RT/1048796	Claim No.	001																																																								
Last Doc. Received:	Yes - No	Upload Date	12/06/2019 16:34																																																								
<table border="1"> <thead> <tr> <th>Choose File</th> <th>No file chosen</th> <th>Clear</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Choose File</td> <td>No file chosen</td> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *	Choose File	No file chosen	Clear	Please Select	NO	Normal		Choose File	No file chosen	Clear	Please Select	NO	Normal		Choose File	No file chosen	Clear	Please Select	NO	Normal		Choose File	No file chosen	Clear	Please Select	NO	Normal		Choose File	No file chosen	Clear	Please Select	NO	Normal		Choose File	No file chosen	Clear	Please Select	NO	Normal		Choose File	No file chosen	Clear	Please Select	NO	Normal	
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag. Save? (G)	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH) on 12 Jun 2019 16:34	Photo	Normal	Photos 2019-6-12		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH) on 12 Jun 2019 16:34	Photo	Normal	Photos 2019-6-12		
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE - S (BUKIT MERAH) on 12 Jun 2019 16:34	Photo	Normal	Photos 2019-6-12		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 16:34	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 16:34	Photos	Normal	Photos 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 16:34	Photos	Normal	Photos 2019-6-12
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 16:34	SAS	Normal	SAS 2019-6-12
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Jun 2019 16:37	NRIC Driving License	Normal	NRIC Driving License 2019-6-12
Video List				
Uploaded By/Date	Folder Data	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

ACCIDENT STATEMENT

ACCIDENT DATE: (11/06/19) (DD/MM/YYYY), TIME: (09:10) (HH:MM)

LOCATION: LORONG 6 TOA PAYOH TOWARA PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 2887P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: S101789810
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HINCE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: ABULLAH TRANSPORT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HARDI BIN KASSIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7212625A CONTACT: 85755579
c) ADDRESS: BLK 52, CIRCUIT RD, #05-815
(S) 370052

* d) DATE OF BIRTH: (16/04/72) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20-04-1993

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: SLR 5703K MODEL: NISSAN NOTE
b) DRIVER'S NAME: ONG ENG KWAN
c) NRIC/FIN/PASSPORT: S8865132J CONTACT: 86460062

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)
()

* No of passenger
(including driver)
()

email = hardy.kassim16@gmail.com
VIDEO



For LKK/NAC Use Only

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 : 5101789810

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: **PC2887P**

Chassis Number

: KDH2230020763

2. Name of Policyholder

: ABDULLAH TRANSPORT SERVICES PTE LTD

3. Effective Date of Insurance

: 06 Jul 2018

4. Expiry Date of Insurance

: 06 Jul 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE & WEST MALAYSIA ONLY

EXCESS (SECTION I) : S\$2,000

EXCESS (SECTION II) : S\$3,000

WINDSCREEN EXCESS : S\$500

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : YONG KHIONG CREDIT 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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 05 Jul 2018 17:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive