

NATIONAL Assessment Centre Services			
Date In: 17/06/2019 19:44	Job description	Date & Time Completed	Done by
Ref No: N80/MC190106381	SAS e-filing		
Veh No: YP 2865C	E-mail (within 2hrs. A/C 2hrs)		
D.O.A: 17/06/2019 14:40	i-Motor Claim Form	MT/049207-001	17/06/2019 19:46
OD : TP : <u>Reporting Only</u>	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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: GBC 14564	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 repair.	
() 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

NA/904571	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$20		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)		
Est. J:	6) TR: Re-inspection \$75		
Est. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
1/1	8) NTUC: Additional Services:		
	* N5: Courtesy Car / Tpi Allowance \$3		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N=INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	14/06/2019 19:44
Date Of Accident	14/06/2019 14:40
Exact Location Of Accident	IMM LOADING AND UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2865C
Insured/Policyholder	
Name Of Registered Owner	SPEEDMAN PTE LTD
Co Reg No	201503275D
Email Address	SPEEDMAN1557@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87291069
Alternative Phone No	OFFICE-63333306

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5101293720
Cover Note Number	

Driver

Name of Driver	CHUA AH CHAI
NRIC No	S1659543H
Date Of Birth	16/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87291069
Fax Number	
Contact Number	OFFICE-63333306
Email Address	SPEEDMAN1557@GMAIL.COM

Address	BLK 2 JALAN BATU #03-69
Postcode	431002
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	GBC1456Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHOU FUCHUAN
NRIC/Passport Number	G6797861M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

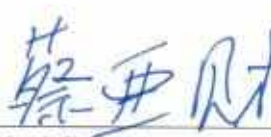
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

Speedman Pte Ltd

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

Imm loading & unloading Bay

A) YP 2865C

B) GBC 1456Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14/06/2019 AT ABOUT 14:40HRS I WAS REVERSING my lorry YP 2865C BUT ACCIDENTALLY HIT A Lorry GBC 1456Y WHICH WAS BEHIND ME THE Lorry STOP TO GIVEWAY TO ANOTHER VEHICLE THAN ALL.

DECLARATION

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

Speedman Pte Ltd

Signature of Driver

Policyholder's Signature
Date & Time:

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

17/06/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident NT/1049257

Policy No.		Vehicle No.		IP20ACC		GST Registration No.	
Certificate No.							
Policyholder Name		SPEEDMAN PTE LTD				Policyholder NRIC	
Product Code		COMMERCIAL VEHICLE INSURANCE		Cover Type		20150127SD	
Contact No. (Mobile)		97291088		Contact No. (Office)		Loading	
Email Address				Special Remarks		Contact No. (Home)	
NPI		No - Yes		TCR		e-Claim	
NCB Protection		No		NLT Endorsement (%)		e-Claim Reason	
Accident Details				13		Private Hire	
Report Date		17/06/2019 09:38		Accident Report Within 24 hrs		Accident Type	
Date of Accident		14/06/2019		Yes		Others	
Reporting Centre				Time of Accident Initium		Country of Accident	
Accident Location		PRH (LOADING AND UNLOADING BAY		Damage Force		ICR No.	
Excess							
Own Damage Excess		1,500.00		Additional Excess		Windscreen Excess	
Unnamed Driver Excess				Outside Singapore OD Excess		100.00	
Third Party Excess		0.00		Outside Singapore TP Excess			
Benefits							
Coverage							
Third Party Working Day				Sum Insured			
GST Registered Information				20000000.00			
GST Registered		No		GST Registration Date			
GST Registration No.				GST Status Verified			
Modification History		17/06/2019 09:39:54 System changed GST Status Verified from No to Yes		Yes			
Policyholder Mailing Address							
Address 1		1107 KEPPEL ROAD		Address 2		Address 3	
Address 4				Address Type		Singapore address	
Unit No.		93-050		Related Policy Number		Post Code	
GT Driver Info						SINGAPORE 08000	
Driver Name		Unnamed Driver		Driver Type		Driver DOB	
Unnamed driver Name		OUIA An (N/A)		Driver NRIC		16/03/1964	
Register (date of Driver License)		15/07/2001		Driver Age		Driving Experience	
Contact No. (Mobile)		97291088		Contact No. (Office)		33	
Address 1		BLK 2 #13-58		Address 2		Contact No. (Home)	
Address 4		SINGAPORE 431102		Address Type		Address 3	
Unit No.		03-04		Foreign address		Post Code	
Does he own a Singapore Registered Car?		Yes - No		Driver Vehicle No.		01 TANJONG RIVER	
Declaration				V22W5C		431003	
Breathalyzer or Blood Test Reading?		0 mg		Any Injury?		Driver Insurer Company	
				Yes - No		NTUC	
Modification History							

Claim DOI	Figure
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Claim Type: Contact No.(Mobile): Email Address: Claim Description:		DO-MX: 94735537 Contact No. (Home): Vehicle Number: YP285C (GBC1458F) On 14 Jun 2019		Insured Name: SPEEDWAY FTE LTD Contact No. (Office): TP: Vehicle Number: GBC1458F Name of Preferred Workshop:	
Preferred Workshop: Contact No. (Workshop): Date Registered: Report Taken By:		Insured Liability: Partially at Fault Preferred: Preferred Workshop, Name unknown: Report: Received:		Claim Date: 17/06/2019 09:46 Close Date: Date Replied: 17/06/2019 00:00	

Save | Submit

Attachments:

Account No.:	HT/1040209	Claim No.:	881
LAST Doc. Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date:	17/06/2019 08:48

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

[Send Message](#)

[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	File Sent? (CQ)
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Jun 2019 09:48	Photos	Normal	Photos 2019-6-17	
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Jun 2019 09:48	Photos	Normal	Photos 2019-6-17	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	SAS	Normal	SAS 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	Photos	Normal	Photos 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	SAS	Normal	SAS 2019-6-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jun 2019 09:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Stop and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 14.06.2019 (DD/MM/YYYY), TIME: 14:40 (HH:MM)

LOCATION: Turkey Town Lomax Proj

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: VP 2865C
 b) INSURANCE COMPANY: ARUL
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA
 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: SPEEDMAN DH 170 (MALE / FEMALE) 33
 B) NRIC/FIN/PASSPORT: _____ CONTACT: 63338566
 C) ADDRESS: CAROL

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIA AH CHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 87291069
 c) ADDRESS: _____

* d) DATE OF BIRTH: 16.03.1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15/07/1985

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: GBC 1456Y MODEL: CORRY
 b) DRIVER'S NAME: ZHOU FUCHUAN
 c) NRIC/FIN/PASSPORT: 96798614 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email = SPEEDMAN1557@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1659543H



Name
CHUA AH CHAI

Race
CHINESE

Date of birth
18-03-1964

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1659543H

Name
CHUA AH CHAI

Birth Date 16 Mar 1964

Issue Date 09 Jan 2013





SMC No. S1659543H



Date of issue
22-08-2009


Address
APT BLK 2 JALAN BATU
#03-69
SINGAPORE 431002

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

	EFFECTIVE DATE
Class 2b Motorcycles \leq 200 cc	22 Jan 1986
Class 2A Motorcycles between 201 cc and 400 cc	22 Jan 1986
Class 2 Motorcycles $>$ 400 cc	14 Apr 1994
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg	15 Jul 1985
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	19 Nov 1985
*Motor vehicles which are not constructed to carry load and the unladen weight \leq 7250kg	
Class 5 Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	31 Mar 1994

NP 428A

Licence No. S1659543H



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 : S101293720-01

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : YP2865C |
| Chassis Number | : JHHUCS3H9OK016043 |
| 2. Name of Policyholder | : SPEEDMAN PTE LTD |
| 3. Effective Date of Insurance | : 22 Jun 2019 |
| 4. Expiry Date of Insurance | : 21 Jun 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 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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : LIAN HEE FOON (00000632320)
Date of Issue : 09 May 2019 13:11 hrs
Reprint : 09 May 2019 13:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive