

NATIONAL Assessment Centre Services

[001 / Jan/20]

MAA/9080944

Date In: 21/06/2019 15:04	Job description	Date & Time Completed	Done by
Ref No: N/A/21/06/2019/0034	SAS e-filing		
Veh No: PA 71000	E-mail (within 2hrs, A/C 2hrs)		
DOA: 20/06/2019 21:00	i-Motor Claim Form	MT/1050001-001	21/06/2019
OD: TP < Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:37
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksu		

Preferred Wksu / INC Assign Wksu / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN CAR	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 ()	
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

NA/904627	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$20		
Auditor's Comments:	For claimant against INC Only (wef 10 Jan 2019)		
Cat 1:	6) TR: Itc-inspection \$75		
Cat 2/3:	7) NI: Idnu DA + SMRT Survey \$160		
P. 1/1	8) NTUC Additional Services:		
	• N3: Courtesy Car / Tpl Allowance \$5		
	• N6: Repair Co-ordination \$10		
	• N7: Post Repair Inspection \$25		
	• N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	9) N12: Idnu Mobile 30		
	Pen Charged		
	Fine 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	21/06/2019 15:04
Date Of Accident	20/06/2019 21:00
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE NORMANTON PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7100D
Insured/Policyholder	
Name Of Registered Owner	MARINE ISLANDWIDE TRANSPORTATION SERVICES
Co Reg No	53095594J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81682253
Alternative Phone No	OFFICE-81682253

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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5039490586-09
Cover Note Number	

Driver

Name of Driver	FOK SHEE LAM
NRIC No	S0580618F
Date Of Birth	10/08/1944
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1969
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81682253
Fax Number	
Contact Number	OTHERS-81682253
Email Address	NOEMAIL

Address:	BLK 57 TEBAN GARDENS ROAD
	#20-475
Postcode	600057
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	UNKNOWN
Vehicle Make/Model/Colour	BLACK CAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

21/6/19 1130Hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Handwritten Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Handwritten Signature] 21/06/2019
Reski WAT#A3

SKETCH PLAN

D/K Towards MAS B/F NORMAN TAN PARK



A) PA 7100D

B) UNKNOWN CAR (BLACK)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/6/19 AT ABOUT 2100HRS I WAS TRAVELLING ALONG AYE TOWARDS MAS

I WAS AT THE 3RD LANE, THEN SUDDENLY A BLACK CAR BRUSHED AGAINST ON MY RIGHT SIDE VAN
UNKNOWN CAR NEVER STOP AND SPEED AWAY

DECLARATION

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

Policyholder's Signature

Date & Time:

20/6/19 1130HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/06/2019

Rafael Montano

Claim Handling

Accident WT/1050001

Policy No.	5039490586-09	Vehicle No.	PA71000	GST Registration No.	
Certificate No.					
Policyholder Name	MARINE ISLANDWIDE TRANSPORTATION SERVICES	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	53095594
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81682253	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	No
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/06/2019 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/06/2019	Time of Accident (h:mm)	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	4YS TOWARDS TUAS BEFORE BORMANTON PARK				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed 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	21/06/2019 15:35:24 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 57 #20-475	Address 2	TESAN GARDENS ROAD	Address 3	TESAN VIEW
Address 4	SINGAPORE 600057	Address Type	Singapore address	Post Code	600057
Unit No.		Related Policy Number	5039490586-09		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/08/1944
Unnamed Driver Name	POK SHEE LAM	Driver NRIC	B0580613F	Driving Experience	49
Register Date of Driver License	18/09/1969	Driver Age	74	Contact No.(Home)	
Contact No.(Mobile)	81682253	Contact No.(Office)		Address 1	TESAN VIEW
Address 1	BLK 57 #20-475	Address 2	TESAN GARDENS ROAD	Post Code	600057
Address 4	SINGAPORE 600057	Address Type	Foreign address		
Unit No.	20-475				
Does he own a Singapore registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	PA71000	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	MARINE ISLANDWIDE TRANSP	Insured NRIC	53095594
Contact No.(Mobile)		Contact No.(Home)	63910523	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	PA71000	TP Vehicle Number	UNKNOWN CAR
Claim Description	PA71000 / UNKNOWN CAR ON 20 Jun 2019				
Preferred Workshop		Insured Utility	Not at Fault	Name of Preferred Workshop	
Remainder Finalisation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Endorsed Option	Preferred Workshop, Name unknown	GIA report	Received <input type="checkbox"/>
Date Registered		Claim Close Date	21/06/2019 15:36	Date Received	21/06/2019 00:00
Report Taken By	ROSLE WANAB				

Print AC 001

Save Submit

Attachment

Accident No.	WT/1050001	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/06/2019 15:37

Path *

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	Category *	NO	Normal	
Choose File	No file chosen	Clear	Please Select	Category *	NO	Normal	
Choose File	No file chosen	Clear	Please Select	Category *	NO	Normal	
Choose File	No file chosen	Clear	Please Select	Category *	NO	Normal	
Choose File	No file chosen	Clear	Please Select	Category *	NO	Normal	
Choose File	No file chosen	Clear	Please Select	Category *	NO	Normal	
Message Read							

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 13:37	Photos	Normal	Photos 2019-6-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 13:37	Photos	Normal	Photos 2019-6-21	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 13:37	Photos	Normal	Photos 2019-6-21	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:37	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:37	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:37	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:37	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:38	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:38	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:38	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:38	Photos	Normal	Photos 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:38	SAS	Normal	SAS 2019-6-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jun 2019 15:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-21

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (20/06/2019) (DD/MM/YYYY), TIME: (21:00) (HH:MM)

LOCATION: AYE BEFORE TOWARD'S TUN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA T1001
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5039490586-09
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
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: MARINE ISLAND 4112 TPT SUV (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0580618/F CONTACT: 81682253
c) ADDRESS: BLK 57 TERAN GARDENS ROAD
#20-475

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FOH SHEEK LAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0580618/F CONTACT: 81682253
c) ADDRESS: BLK 57 TERAN GARDENS ROAD
#20-475

* d) DATE OF BIRTH: (10/08/44) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18-9-1969

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

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: UNKNOWN MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0580618F



Name
FOK SHEE LAM

Race
CHINESE

Date of Birth
10-08-1944

Sex
M

Country of Birth
SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S0580618F**

Name
FOK SHEE LAM

Age Class **10 Aug 1944**

Issue Date **24 Sep 2003**



1881301



NRIC No. **S0580618F**



Issue Group **Q** Date of Issue **20-09-1993**

APT BLK 57 TEBAN GARDENS ROAD #20-475
SINGAPORE 800057

NRIC No. **S0580618F** Date: **06/05/2016**

For LKK/NAC Use Only

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	25 Feb 1961
Class 2A	Motorcycles between 201 cc and 400 cc	23 Jul 1965
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1969

NP 426A



License No. **S0580618F**

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 : 5039490586-09

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: PA7100D

Chassis Number

: KDH2000085968

2. Name of Policyholder

: MARINE ISLANDWIDE TRANSPORTATION SERVICES

3. Effective Date of Insurance

: 16 Oct 2018

4. Expiry Date of Insurance

: 15 Oct 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 12 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 ONLY

EXCESS (SECTION I) : N/A

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

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : ABWIN 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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)

Date of Issue : 15 Oct 2018 16:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive