

NATIONAL Assessment Centre Services			
Date In: 08/07/2019 17:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/INC/90/20394	E-mail (within 4hrs, AIC 2hrs)		
Veh No: SMT 2403B	i-Motor Claim Form		
D.O.A: 07/07/2019 14:40	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD (TP): Reporting Only	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: SMT 8800P	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

NBA/905081		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$40)		
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)	\$30		
Addit'l Comments:		For claims against INC Only (wef 10 Jan 2009)			
Cat. 1:		6) TR: Re-inspection	\$75		
Cat. 2/3:		7) N1: Idm DA + SMRT Survey	\$160		
1/1/1		8) NTUC Additional Services:			
		9) N2: Courtesy Car / Tpt Allowance	\$5		
		10) N6: Repair Co-ordination	\$10		
		11) N7: Post Repair Inspection	\$25		
		12) N8: DV / Collect Excess Coordination	\$5		
		13) TP (N11): TP (Non INC) against INC	\$20		
		14) N12: Idm Mobiles	\$0		
		Invoice dated	Fax Charged		
		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	08/07/2019 17:48
Date Of Accident	07/07/2019 14:40
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2403B
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	SHARIL.INS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84102030
Alternative Phone No	OFFICE-84102030

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5108294636
Cover Note Number	

Driver

Name of Driver	MOHAMED JABIR BIN MOHAMED ZAIN
NRIC No	S8208890C
Date Of Birth	18/03/1982
Occupation	INDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84102030
Fax Number	
Contact Number	OTHERS-84102030
Email Address	SHARIL.INS@HOTMAIL.COM

Address	BLK 636A SENJA ROAD #02-303
Postcode	671636
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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)	6
Passenger 1	NAME: : FARAH NIZA BTE ABU BAKAR GENDER: : FEMALE
Passenger 2	NAME: : MD TARMIZI BIN SULAIMAN GENDER: : MALE
Passenger 3	NAME: : HERDAWATI BINTE MD KADIR GENDER: : FEMALE
Passenger 4	NAME: : DAYANGKU ZAHRA PUTRI BINTE MD JABIR GENDER: : FEMALE
Passenger 5	NAME: : DAYANGKU SABRENA BINTE MD JABIR GENDER: : FEMALE

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	SLN8800P
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Vehicle Make/Model/Colour
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFB505D
Vehicle Make/Model/Colour
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE9486D
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name MOHAMED JABIR BIN MOHAMED ZAIN
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SMJ2403B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FARAH NIZA BTE ABU BAKAR
Approximate Age

Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMJ2403B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	MD TARMIZI BIN SULAIMAN
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMJ2403B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	HERDAWATI BINTE MD KADIR
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMJ2403B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	DAYANGKU ZAHRA PUTRI BINTE MD JABIR
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMJ2403B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	DAYANGKU SABRENA BINTE MD JABIR
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMJ2403B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

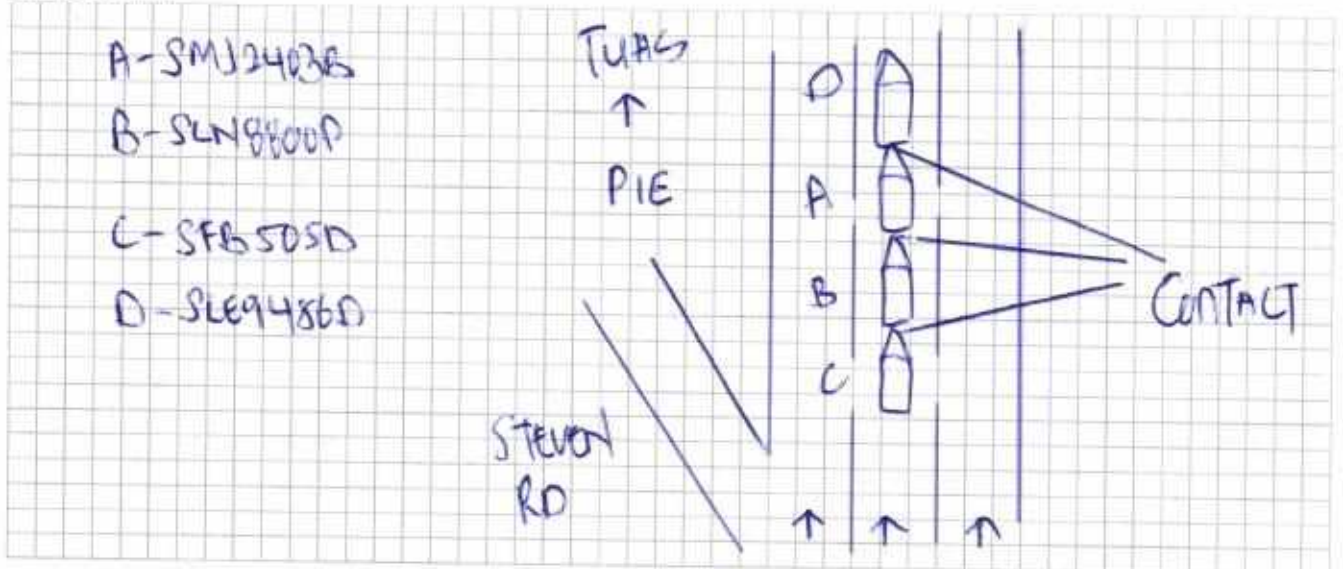


Policyholder's Signature
Date & Time:

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

I WAS DRIVING ON THE MIDDLE LANE ALONG PIE TOWARDS TUAS.

VEHICLE IN FRONT OF ME SLOW DOWN AND STOP. THEREFORE, I STOP BEHIND.

SUDDENLY, VEHICLE B HIT AGAINST MY REAR. THE IMPACT PUSH MY CAR FORWARD AND TOUCH AGAINST VEHICLE IN FRONT. MY FRONT AND REAR WAS DAMAGED.

MY PASSENGERS AND MYSELF SUFFER A BACK AND NECK PAIN DUE TO THE SUDDEN STRONG IMPACT.

IT WAS A CHAIN COLLISION OF 4 VEHICLES.

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.:

Accident HT/1052479

	Uploaded By/Date	Foster Date	File Name	Source	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 12:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:11	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:10	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:10	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:10	Photos	Normal	Photos 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 11:10	SAC	Normal	SAC 2019-7-9	

[Video List](#)

SINGAPORE ACCIDENT STATEMENT

7/1/19

ACCIDENT DATE: 7 July 2019	TIME: 1440	(hh:mm) 24 hrs Format	
LOCATION: AE TOWARDS TWS BEFORE STORED RD AFTER			
VEHICLE NUMBER: SMJ 2403B			
INSURED NAME: TODD PARTNER S			
NRIC / FIN: 2015033177E	CONTACT:		
MAKE: MP3DA	MODEL:		
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (/) Third Party () Reporting Only			
INSURANCE COMPANY: NTUL			
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER:			
NAME DRIVER: MUHAMED JABIR Bin MUHAMED ZAIN () SAME AS INSURED			
NRIC / FIN: 88208890C	CONTACT: 84107036		
DATE OF BIRTH: 18-3-82			
DRIVING PASS DATE:			
OCCUPATION: (/) INDOOR () OUTDOOR			
GENDER: (/) MALE () FEMALE			
EMAIL ADDRESS: SHARIL INS PHOTOGRAPH.COM () NO EMAIL			
ADDRESS OF DRIVER: 636A SENJA RD #02-303 S(671636)			
Number Of Passenger Include Driver: 4 ADULTS 2 CHILDREN			
WIFE: JEFFREY			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend (/) Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES (/) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: (/) Clear () Raining () Drizzling () Others			
Road Surface : (/) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? (/) YES (/) NO			
If YES, Injured details : MD JABIR B. MD ZAINI. (M) FARAH NIZA BTH ABU BAKAR (F)			
MD TARMIZI B. SUKMAN (M) HARDAWATI BINTI MD KADIR			
2 Kids DAYANGKAT ZAHARA RINIE B. MD JABIR (D) DAYANGKAT SABRINA B. MD JABIR			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? () YES (/) NO			
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party			
Name / NRIC	No. of Paxs (incl' driver)	Contact	
Veh B: SLN 8800P	() / Not Sure ()		
Veh C: SFB 505D	() / Not Sure ()		
Veh D: SLE 9486D	() / Not Sure ()		
Veh E:	() / Not Sure ()		
Veh F:	() / Not Sure ()		
Veh G:	() / Not Sure ()		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8208890C



Name

MOHAMED JABIR BIN MOHAMED
ZAIN

For LKK/NAC Use Only

Race

MALAY

Date of birth

18-03-1982

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S8208890C

Name:

MOHAMED JABIR BIN MOHAMED
ZAIN

For LKK/NAC Use Only

Birth Date: 18 Mar 1982

Issue Date: 27 Apr 2016



002561937K



5277646

NRIC No. S8208890C

For LKK/NAC Use Only

Date of issue

19-02-2014

APT BLK 638A SENJA ROAD #02-303
SINGAPORE 071638

NRIC No: S8208890C

Date: 19/02/2016

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

EFFECTIVE DATE

Class 3: MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS
Class 4: HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS

27 Apr 2016

11 Aug 2016

For LKK/NAC Use Only

S / No. 9000250561

ISSUANCE

NP 429A



Licence No: S8208890C

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: 5108294636

Cover : drive CLASSIC

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMJ24038 |
| Chassis Number | : JM6BL10F1A0115149 |
| 2. Name of Policyholder | : TODDS PARTNERS PTE. LTD. |
| 3. Effective Date of Insurance | : 18 Mar 2019 |
| 4. Expiry Date of Insurance | : 27 Jan 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	: N/A
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 : SININS AGENCY PTE, LTD. (00000615123)
Date of Issue : 18 Mar 2019 14:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive