

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

MVA419113075

Date In: 27/08/2019 14:45	Job description	Date & Time Completed	Done by
Ref No: NBA/MC19015086/P	SAS e-filing		
Veh No: SJQ 7907E	E-mail (by John Sherr, AIC 2hrs)		
D.O.A: 26/08/2019 11:45	I-Motor Claim Form	MTH105908001	27/08/2019
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16.23
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SLQ 8798Y	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 ( )	

( ) 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: ( )

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

Injury: \_\_\_\_\_

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
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 claims against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idco DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	* NS: Courtesy Car / Tpl Allowance \$3	
	* N6: Repairs Co-ordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Co-ordination \$5	
	* TP (NI): TP (Non-INC) against INC \$20	
	9) NI2: Idco Mobile \$0	
	Invoice dated _____ Fee Charged _____	
	Invoice dated _____ Fee Charged _____	

NBA90654

WARRANTY

## 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	27/08/2019 14:45
Date Of Accident	26/08/2019 19:45
Exact Location Of Accident	BLK 937 JURONG WEST STREET 91 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7907E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE LTD
Co Reg No	201608109H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91324602

### Vehicle Particulars

Manufacturer	PROTON
Model	SAGA
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104142597
Cover Note Number	

### Driver

Name of Driver	KRISHNAN SENTHIL KUMAR
NRIC No	G7670022U
Date Of Birth	30/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91324602
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11 YISHUN INDUSTRIAL STREET #02-115 SINGAPORE
Postcode	768089
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	RAINING
Road Surface	WET

#### 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

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	SLQ8798Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97768093
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.

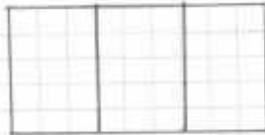


Policyholder's Signature  
Date & Time:

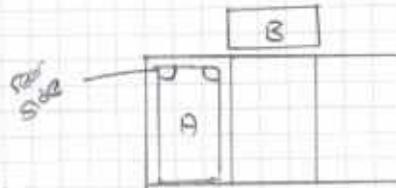
  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN



VEH A: SJQ 7907E  
VEH B: SLQ 8798Y



BIK 937  
Jurong West + 9  
Street 91

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing out from my carpark lot. VEH B hit into my rear side. no one injured. no police report made. I slowly reversed out yet VEH B didnt notice my VEH moving out.

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.:

**Claim Handling**

The premium on this policy has not been collected.

Accident **HT/1059708**

Policy No.	51041425M7	Vehicle No.	51Q7907E	GST Registration No.	
Certificate No.					
Policyholder Name	PANG'S MOTOR RENTAL PTE. LTD.			Policyholder NRIC	201608109H
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91324602	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ETK	- No - Yes	TCA	- No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Mile	Yes

**Accident Details**

Report Date	27/08/2019 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/08/2019	Time of Accident(AM/PM)	19-45	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	BLK 937 JURONG WEST STREET 91 CARPARK				

**Excess**

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	31 #01-34 WEST COAST HIGHWAY	Address 2	SINGAPORE 117564	Address 3	
Address 4		Address Type	Singapore address	Post Code	117564
Unit No.	01-34	Related Policy Number	510114420-01		

**OT Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KRISHNAN SENTHIL KUMAR	Driver NRIC	G7670022U	Driver DOB	30/07/1980
Register Date of Driver License	25/07/2018	Driver Age	39	Driving Experience	1
Contact No.(Mobile)	91324602	Contact No.(Office)		Contact No.(Home)	
Address 1	11 YISHUN INDUSTRIAL STREET	Address 2	#02-11E NORTH SPRING BIZHU	Address 3	SINGAPORE 750029
Address 4		Address Type	Foreign address	Post Code	750029
Unit No.	02-11E				
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	51Q7907E	Driver Insurer Company	NTUC

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	OG-MR	Insured Name	PANG'S MOTOR RENTAL PTE. LT	Insured NRIC	201608109H
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	51Q7907E	Vehicle Number	51Q6798Y
Claim Description	51Q7907E / 51Q6798Y ON 26 Aug 2019				
Preferred Workshop		Insured Liability	Not at Fault	Insured Repair Option	Enhanced
Submit No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	27/08/2019 16:23	Claim Close Date		Date Received	27/08/2019 00:00
Report Taken By	BAGLI WAHAB				

**Attachment**

Accident No.	HT/1059708	Claim No.	011
Last Doc. Received	Yes No	Upload Date	27/08/2019 16:23

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="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>	<input type="button" value="Send Message"/>			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (C)
	NAC_BUKIT_MERAH_800679E NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Aug 2019 16:23	Photos	Normal	Photos 2019-8-27	
	NAC_BUKIT_MERAH_800679E NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Aug 2019 16:23	Photos	Normal	Photos 2019-8-27	
	NAC_BUKIT_MERAH_800679E NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Aug 2019 16:23	Photos	Normal	Photos 2019-8-27	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	Photos		Normal	Photos 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	Photos		Normal	Photos 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	Photos		Normal	Photos 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	Photos		Normal	Photos 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	Photos		Normal	Photos 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	Photos		Normal	Photos 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	MJC/ Driving License	Y	Normal	MJC/ Driving License 2019-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Aug 2019 18:23	SAS		Normal	SAS 2019-8-27

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

# ACCIDENT STATEMENT

ACCIDENT DATE: 26/8/2019 (DD/MM/YYYY), TIME: 7:45 (HH:MM)

LOCATION: Jurong West 91 Street 937 BIK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S107907E  
b) INSURANCE COMPANY: 19UC  
c) POLICY NUMBER: 108/42597  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Proton Saga  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KRISHNAN SENTHIL KUMAR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 976700221 CONTACT: 91324602  
c) ADDRESS: 11 YISHUAN INDUSTRIAL GTR  
#02-115 NORTH SPRING STREET

\*d) DATE OF BIRTH: 30/07/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING LICENSE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: Clear (RAINING / OTHERS)  
b) ROAD SURFACE: Wet (DRY / 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: SLQ 8798Y MODEL: 97768093  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 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 =

fax =

V1060

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence No: **G7670022U**  
 Name: **KRISHNAN SENTHIL KUMAR**  
 Birth Date: **30 Jul 1980**  
 Issue Date: **24 Apr 2019**  
 Valid Till: **26-07-2023**

002925664F



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **JBS ENGINEERING & CONSTRUCTION PTE. LTD.**



Name: **KRISHNAN SENTHIL KUMAR**  
 Work Permit No: **0 33168012** Sector: **CONSTRUCTION**




K1161315



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

Class	Description	Effective Date
Class 3C	Motor Cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver	25 Jul 2018

Licence No: G7670022U



NP 428A

**VISIT PASS**  
Immigration Regulations

11-02-20

Name: **KRISHNAN SENTHIL KUMAR**

ID No: **G7670022U**  
 Date of Birth: **30-07-1980** Sex: **M**  
 Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



## 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:** 5104142597

**Cover :** Third Party

- |  |                                 |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>SJQ7907E</b>               |
| Chassis Number                                   | : PL1B3SRR9B099391              |
| 2. Name of Policyholder                          | : PANG'S MOTOR RENTAL PTE. LTD. |
| 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 24 Sep 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive