

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAA/19/25573

Date In: 23/09/2019 12:17	Job description	Date & Time Completed	Done by
Ref No: NBA/19/16700/4	SAS e-filing		
Veh No: SX 2039L	E-mail (to John Sims, AIC 2hrs)		
D.O.A: 23/09/2019 09:05	I-Motor Claims Form	MA/1063531-001	23/09/2019 12:32
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMH 246/7	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 ()	

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: ()
Comments: (Note: require 6788 action)	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:	
Date/Time:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

NA/1907225	Invoice to: (Note: require 6788 action)
Driver/Owner:	1) ALT: 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 claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$35
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$35
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated Fee Charged
	Invoice dated Fee 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	23/09/2019 12:17
Date Of Accident	22/09/2019 09:05
Exact Location Of Accident	JUNCTION OF VICTORIA STREET AND OPHIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX2089L
Insured/Policyholder	
Name Of Registered Owner	SITASIA GROUP
Co Reg No	53172704A
Email Address	SITASIA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93234589
Alternative Phone No	OFFICE-93234589
Vehicle Particulars	
Manufacturer	MAZDA
Model	8
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091704527-02
Cover Note Number	
Driver	
Name of Driver	LEE CHIAW BOON
NRIC No	S1452827Z
Date Of Birth	23/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93234589
Fax Number	
Contact Number	OTHERS-93234589
Email Address	SITASIA@HOTMAIL.COM

Address	BLK 136 BUSHAN STREET 12 #05-426
Postcode	570136
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
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	SMH2461T
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIM HYUN JEE
NRIC/Passport Number	G3411838N
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

23/9/19, 10:18am



Driver's Signature

(If driver is not the policyholder)

Date & Time:

23/9/19, 10:18am

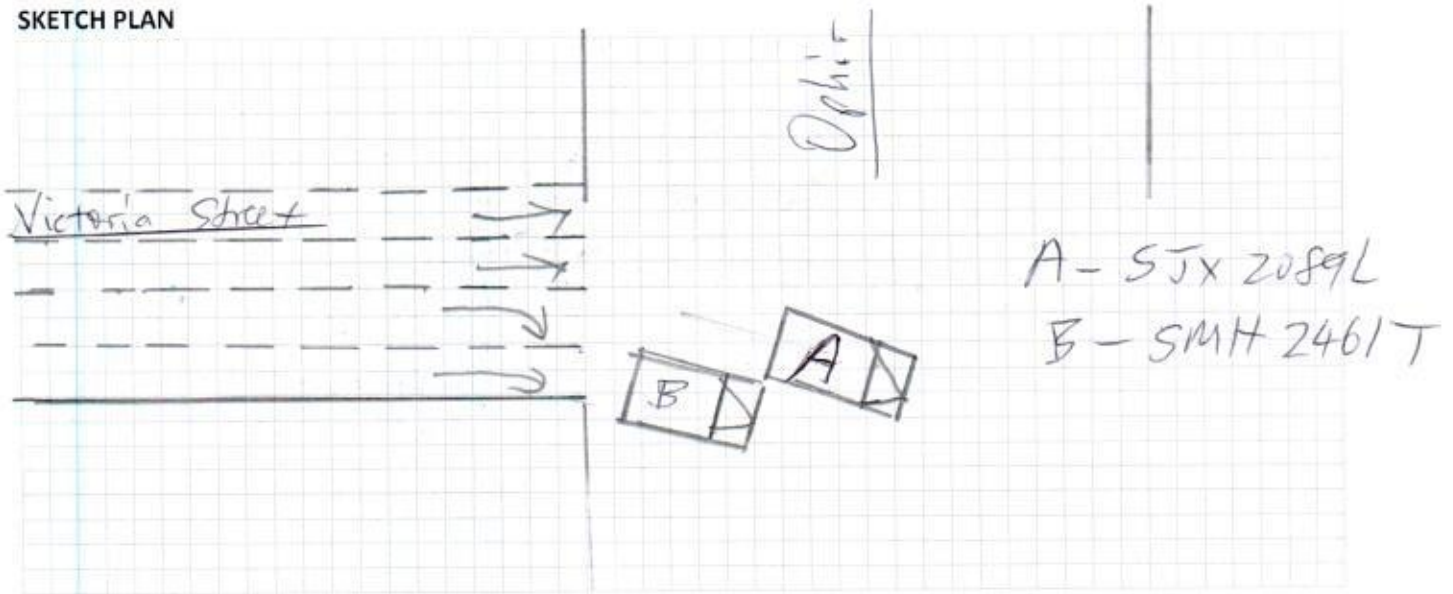


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/09/2019 at 0905hrs, my vehicle SJX 2089L was travelling along Victoria Road towards Dophir Road. I was on the left lane.

While I was turning right towards Dophir Road (Green Arrow signal), the said vehicle SMH 2461T collided onto the rear right side of my vehicle.

Nobody was injured. My vehicle rear right bumper and panel were dented and damaged.

NOTICE OF REPORTING

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

23/9/19, 10:18am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

23/9/19 10:18am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/9/19
Rashid Hassan

NOTICE OF REPORTING

This is to confirm that Lee Chiaw Boon H/P: 93234589, NRIC: S1452827Z has reported to the Police a non-injury traffic accident which occurred along Junction of Victoria Road and Ophir Road, on 22/09/2019 at 0905hrs involving the following vehicles:

- A) SJX2089L – Complainant's vehicle
- B) SMH2461T – Other party vehicle

On the 22/09/2019 at 0905hrs, my vehicle was travelling along Victoria Road towards Ophir Road. I was on the left lane. While I was turning right towards Ophir Road, the said vehicle that was travelling on the right lane collided onto the rear right side of my vehicle,

Due to that, the rear right bumper and panel were dented and there were scratches. However, nobody was injured and there was no Government property damaged.

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Zulhilmi Hassan

Date: 22/09/2019

Time: 1715hrs

S/D Ref: ESD NO. 55

Police Post/Unit: BISHAN NPC



BISHAN NPC
20 BISHAN STREET 1
SINGAPORE 579757
TEL: 1800-5520989

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of SITASIA GROUP (53172704A)

Date: 06/01/2018

The Following Are The Brief Particulars of :

Name of Business	SITASIA GROUP
Former Name(s) if any	
Date of Change of Name	
Registration No.	53172704A
Registration Date	29/07/2010
Commencement Date	01/07/2010
Status of Business	Live
Status Date	04/10/2016
Renewal Date	04/10/2016
Expiry Date	29/07/2019
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	200 JALAN SULTAN #03-40 TEXTILE CENTRE SINGAPORE (199018)
Date of Change of Address	01/12/2015

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TR
Activities (II)	GENERAL WHOLESALE TRADE (INCLUDING GENERAL IMPORTERS AND EXPORTERS) (46900)
Description	GENERAL WHOLESALE TRADE (INCLUDING GENERAL IMPORTERS AND EXPORTERS) (46900)

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : P18014899C

Page 1 of 2

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of SITASIA GROUP (53172704A)

Date: 06/01/2018

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
LEE CHIAW BOON	S1452827Z	SINGAPORE CITIZEN	136 BISHAN STREET 12 #05-426 BISHAN GREEN SINGAPORE (570136)	ACRA	01/07/2010 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
------	----	--	---------	-------------------	---------------------------	-----------------------

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA180106115180

DATE : 06/01/2018

This is computer generated. Hence no signature required.



Authentication No. : P18014899C

Claim Handling

Accident MT/1063531

Policy No.

5091704527-02

Certificate No.

Policyholder Name

SITASIA GROUP

Product Code

COMMERCIAL VEHICLE INSURAN

Contact No.(Mobile)

93234589

Email Address

KFK

No

Yes

NCD Protection

No

Vehicle No.

SIX2089L

GST Registration No.

Policyholder NRIC

S3172704A

Loading

0

Contact No.(Home)

eCode

No

eCode Reason

Private Hire

Yes

Accident Details

Report Date

23/09/2019 12:20

Date of Accident

22/09/2019

Reporting Centre

Accident Location

JUNCTION OF VICTORIA STREET AND OPHIR ROAD

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

09:05

Damage Force

Accident Type

Side Swipe

Country of Accident

Singapore

ICM No.

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

100.00

OD Standard Excess

2,000.00

YIED OD Excess

0.00

Additional Excess

Total OD Excess Applicable

2000.00

TP Standard Excess

2,000.00

YIED TP Excess

0.00

Total TP Excess Applicable

2,000.00

Driver is Covered?

Covered

Benefits

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

23/09/2019 12:25:53 System changed GST Status Verified from No to Yes

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 136 #05-426

Address 2

BISHAN STREET 12

Address 3

BISHAN GREEN

Address 4

SINGAPORE 570136

Address Type

Singapore address

Unit No.

05-426

Related Policy Number

5091704527-02

Post Code

570136

Of Driver Info

Driver Name

Unnamed Driver

Unnamed driver Name

LEE CHIAW BOON

Register Date of Driver License

10/03/1986

Contact No.(Mobile)

93234589

Address 1

BLK 136 #05-426

Address 2

BISHAN STREET 12

Address 3

BISHAN GREEN

Address 4

SINGAPORE 570136

Address Type

Foreign address

Unit No.

05-426

Does he own a Singapore Registered car?

Yes - No

Driver Type

Unnamed Driver

Driver NRIC

S1452827Z

Driver Age

59

Contact No.(Office)

Driver Vehicle No.

SIX2089L

Driver Insurer Company

NTUC

Driver DOB

23/04/1960

Driving Experience

33

Contact No.(Home)

Post Code

570136

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes - No

Modification History

Claim 001 New

Claim Type *

DD-MX

Insured Name

SITASIA GROUP

Insured NRIC

S3172704A

Contact No.(Mobile)

97291224

Contact No. (Home)

Contact No. (Office)

NIL

Email Address

OI

Vehicle Number

SIX2089L

TP

Vehicle Number

SMH2461T

Claim Description

SIX2089L / SMH2461T ON 22 Sept 2019

Name of Preferred Workshop

Preferred Workshop

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Report No. Finalisation

Yes

Date Registered

23/09/2019 12:31

Claim Close Date

Date Received

23/09/2019 00:00

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.

MT/1063531

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

23/09/2019 12:32

Path *

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category *

Confidential

Urgency *

Description *

Clear

Please Select

NO

Normal

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NO

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NO

Normal

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Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

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NO

Normal

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 23 Sep 2019 12:32

Photos

Normal

Photos 2019-9-23



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 12:32

Photos

Normal

Photos 2019-9-23

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 12:32	Photos		Normal	Photos 2019-9-23
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 12:31	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 12:31	SAS		Normal	SAS 2019-9-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22.9.19) (DD/MM/YYYY), TIME: (09:05) (HH:MM)

LOCATION: Junction Victoria Street And Ophir Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: STX 2089 L

b) INSURANCE COMPANY: NTUC

c) POLICY NUMBER: 5091704527-02

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

9) MAKE & MODEL: Mazda, 8

1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

9)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)

1) PURPOSE OF USING AT ACCIDENT TIME: Grab

1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: S. Tasia Group (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: LEE CHIAW BOON (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 51452427/2 CONTACT: 93234589

C) ADDRESS: Blk 136, Bishan, Street 12, # 05-426

*d) DATE OF BIRTH: (23 / 04 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

DATE OF DRIVING PASS 10/03/1986

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: Boston

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMH 2461 T MODEL: Audi

b) DRIVER'S NAME: Kim Hyun Jee

C) ~~NRIC/FIN/PASSPORT:~~ G3411838A ~~CONTACT:~~

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: CONTACT:

email = sitas'a@hotmail.com

VIDEO

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 : 5091704527-02

Cover : Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJX2089L |
| Chassis Number | : JM6LY103200200663 |
| 2. Name of Policyholder | : SITASIA GROUP |
| 3. Effective Date of Insurance | : 28 May 2019 |
| 4. Expiry Date of Insurance | : 24 May 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. | |
| (b) Use for the carriage of passengers or goods 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 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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 28 May 2019 11:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive