

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

27/04/2009

Date In: 27/04/2009 14:43	Job description	Date & Time Completed	Done by
Ref No: N887AC90167354	SAS e-filing		
Veh No: SJH 7133M	E-mail (4 jobs sheet, AIC 2hrs)		
D.O.A: 21/04/2009 15:55	I-Motor Claim Form	M7/1003581-001	22/04/2009
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:05
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Vch No: SJH 7133M 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

Date/Time: \_\_\_\_\_

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N887AC90167354

Driver/Owner:	1) AR: 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
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Date:	6) TR: Re-inspection	\$75
	7) N1: Idac DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (Non INC) against INC	\$20
	*N12: Idac Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2



## 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 14:43
Date Of Accident	21/09/2019 15:55
Exact Location Of Accident	GRANGE ROAD FILTER FROM ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA724X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE CHIN HIN
NRIC No	S1241344J
Email Address	LEECHRIS1957@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96547669
Alternative Phone No	OTHERS-96547669

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	5105793052
Cover Note Number	

### Driver

Name of Driver	LEE CHIN HIN
NRIC No	S1241344J
Date Of Birth	16/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96547669
Fax Number	
Contact Number	OTHERS-96547669
Email Address	LEECHRIS1957@YAHOO.COM

Address	3 RIVERVALE LINK #08-27
Postcode	545119
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

#### 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	SLH7733M
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUSY ANG KAWIJAYA
NRIC/Passport Number	
Contact Number	97719075
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.
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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:

23/9/2019  
1028h0

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

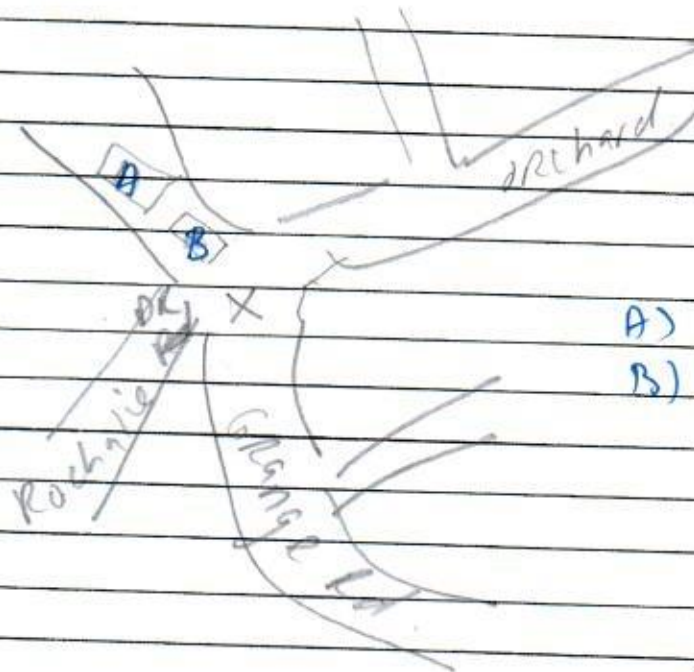
Name:

NRIC/FIN No.:

23/09/2019  
Rashid Jeyaraj

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 21<sup>st</sup> SEPT 2019 AT 1551hrs DRIVING FROM ORCHARD ROAD FILTER LEFT TO GRANGE ROAD. IN FRONT CAR LEXUS SLH 7733M TURNING AS WELL HOWEVER STOP AS ON COMING CAR APPROACH FAST. SHE JAMMED HER BRAKE. MY CAR TOO NEAR AND HIT HER CAR BUMPER



A) SJA 724X  
B) SLH 7733M

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 23/9/2018  
1028hr

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

Reporting Centre Personnel's Signature

Name: *[Signature]*  
NRIC/FIN No.:

23/09/2019



## Claim Handling

Accident MT/1063581

Policy No.	S105793052	Vehicle No.	SJA724X	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHIN HIN	Cover Type	drive CLASSIC	Policyholder NRIC	S12413443
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96547669	Special Remark		Contact No.(Home)	
Email Address		TCA	- No - Yes	eCode	No
KFK	- No - Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
▼ Accident Details					
Report Date	23/09/2019 15:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/09/2019	Time of Accident hh:mm	15:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORANGE ROAD FILTER FROM ORCHARD ROAD				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess	2,000.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
Modification History		GST Status Verified	Yes		
▼ Policyholder Mailing Address					
Address 1	3 RIVERVALE LINK	Address 2	#08-27 THE RIVERVALE	Address 3	SINGAPORE S45119
Address 4		Address Type	Singapore address	Post Code	S45119
Unit No.		Related Policy Number	S105793052		
▼ OI Driver Info					
Driver Name	LEE CHIN HIN	Driver Type	Main Driver	Driver DOB	16/06/1957
Unnamed driver Name		Driver NRIC	S12413443	Driving Experience	39
Register Date of Driver License	06/03/1980	Driver Age	62	Contact No.(Home)	
Contact No.(Mobile)	96547669	Contact No.(Office)		Address 3	SINGAPORE S45119
Address 1	3 RIVERVALE LINK	Address 2	#08-27 THE RIVERVALE	Post Code	S45119
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SJA724X	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		
Modification History					

Claim 001

NEW

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Damage No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OO-MX	Insured Name	LEE CHIN HIN	Insured NRIC	S12413443
91255582	Contact No.	63121409	Contact No.	(Office)
	OI		TP	
	Vehicle Number	SJA724X	Vehicle Number	SLH7733M
SJA724X / SLH7733M ON 21 Sept 2019				
Name of Preferred Workshop				
23/09/2019 15:04				
Claim Close Date				
ROSLI WAHAB				
Date Received 23/09/2019 00:00				

Attachment

Save Submit

Accident No.	MT/1063581	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	23/09/2019 15:05
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal
▼ Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 15:05		Photos	Normal
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 15:05		Photos	Normal
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 15:04		Photos	Normal
Description			
Photos 2019-9-23			
Photos 2019-9-23			
Photos 2019-9-23			
Msg Sent? (CO)			



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Sep 2019 15:04

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NRIC/ Driving License 2019-9-23

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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: (21/09/2019) (DD/MM/YYYY), TIME: (15:53) (HH:MM)

LOCATION: GRANGE ROAD FILTER FROM ORCHARD RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSA 724 X  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: S105793052  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA ALTRA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Early Passenger  
 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

- d) NAME: LEE CHIN HIN (MALE / FEMALE)  
 e) NRIC/FIN/PASSPORT: S1241344/J CONTACT: 96547669  
 f) ADDRESS: 3 RIVERVALE LINK #08-27 345119

\* d) DATE OF BIRTH: (6/06/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2003

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) CLEAR  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SLH7733M MODEL: LEXUS  
 b) DRIVER'S NAME: SUSY ANG ICANWITAYA  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97719075

## 9. THIRD PARTY VEHICLE

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

Email = lee chris 1957 @ yahoo.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:** 5105793052

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJA724X

Chassis Number

: MROS3ZEC107156788

2. Name of Policyholder

: LEE CHIN HIN

3. Effective Date of Insurance

: 27 Nov 2018

4. Expiry Date of Insurance

: 26 Nov 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)

: 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

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: LEE CHIN HIN

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 : GRABCAR PTE. LTD. (00000601726)

Date of Issue : 23 Nov 2018 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive