

# NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MA/1907233

Date In: 27/09/2009 16:40	Job description	Date & Time Completed	Done by
Ref No: N/A/1907233/6760/4	SAS e-filing		
Veh No: SKH 980TH	E-mail (3 days, A/C 2hrs)		
D.O.A: 27/09/2009 00:40	1-Motor Claim Form	27/09/2009 17:07	
OID: TR: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8/13 85867	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 reprior.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

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

2) QC Check / Post Repair Inspection ( )

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

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

Date/Time	Action

MA/1907233

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	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TE (N11): TP (N-in INC) against INC \$20	
	9) N12: Idea 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	27/09/2019 16:40
Date Of Accident	27/09/2019 00:40
Exact Location Of Accident	SLIP ROAD FROM LOYANG AVE TOWARDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9807H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL KARIR JAHIR ALI
NRIC No.	S2761743C
Email Address	MR.SIDDIQ2206@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82335989
Alternative Phone No	OTHERS-84242939

### Vehicle Particulars

Manufacturer	BMW
Model	320I
Exact Purpose for which vehicle was being used at time of accident	RETURNING HOME
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095628439-01
Cover Note Number	

### Driver

Name of Driver	MOHAMMED YUSUF ABBU BAKKAR SIDDIQ
Passport No/FIN	G1493855P
Date Of Birth	22/06/1986
Occupation	INDOOR
Date Of Driving Pass	06/10/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84242939
Fax Number	
Contact Number	OTHERS-82335989
EMail Address	MR.SIDDIQ2206@GMAIL.COM

Address	BLK 232 PASIR RIS DRIVE 4 #13-520
Postcode	510232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
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	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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8586T
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL HALIM BIN ZEZAT MOHAMED
NRIC/Passport Number	S7402249I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME:

GENDER:



## 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:

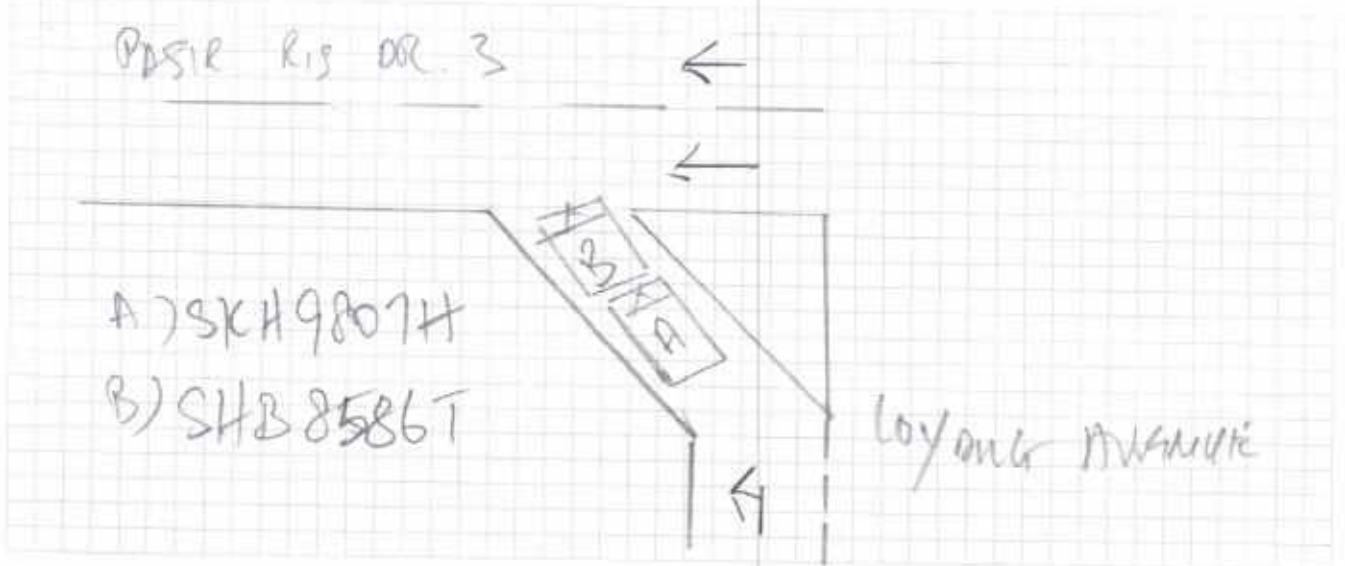
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

27/7/19 14:10 pm

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

27/08/2019  
Kasdi No 1103

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It Was midnight around 1Am on 27th September 2019 the Road was clear and dry. While trying to drive 3 Pasir ris from Loyang Ave. Unfortunately I hit the third party vehicle but the mustera on our both side. he should not push break when the road was clear and no traffic. I thought he moved the vehicle but he stopped the vehicle without any reason. there was no injured and no major loss on our both sides.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

M. A. Gaudin

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

27/9/19 14:10pm

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

27/09/2019  
[Signature]

## Claim Handling

Accident HT/1064380

Traffic No.	3095628430-01	Vehicle No.	SKH8807H	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL KADIR JAHIR ALI			Policyholder NRIC	52761743C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	loading	0
Contact No.(Mobile)	81335985	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KIX	No / Yes	TCA	No / Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	10	Rebate Rate	No
<b>Accident Details</b>					
Report Date	27/09/2019 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2019	Time of Accident Occur	05:40	Country of Accident	Singapore
Reporting Centre		Change Force		ICN No.	
Accident Location	SLIP ROAD FROM LOYANG AVE TOWARDS PASIR RIS DR 3				
<b>Excess</b>					
Own Damage Excess	000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 232 #13-520	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510232
Address 4		Address Type	Singapore address	Post Code	510232
Unit No.	13-520	Related Policy Number	3095628430-01		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMED YUSUF ABDU BAKK	Driver ARIC	G1493895P	Driver DOB	22/06/1986
Register Date of Driver License	03/10/2019	Driver Age	33	Driving Experience	3
Contact No.(Mobile)	84242939	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 232 #13-520	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510232
Address 4		Address Type	Foreign address	Post Code	510232
Unit No.	13-520				
Does he own a Singapore registered car?	Yes / No	Driver Vehicle No.	SKH8807H	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes / No		

## Modification History

Claim 001 **Rec**

Claim Type *	OO-MX	Insured Name	ABDUL KADIR JAHIR ALI	Insured NRIC	52761743C
Contact No.(Mobile)	81335985	Contact No.(Home)		Contact No.(Office)	
Email Address	ahjkt24@gmail.com	DI	SKH8807H	TP	SH88566T
Claim Description	SKH8807H / SH88566T ON 27 Sept 2019				
Preferred Workshop		Insured Liability	Fully at Fault	GIA Report	Received
Sample No. Evaluation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	27/09/2019 00:00
Report Taken By					

Print All Letter

Save Submit

## Attachment

Accident No.	HT/1064380	Claim No.	001																												
Last Doc. Received	Yes / No	Upload Date	27/09/2019 17:07																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Sep 2019 17:07	Photos	Normal	Photos 2019-9-27	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Sep 2019 17:07	Photos	Normal	Photos 2019-9-27	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 27 Sep 2019 17:07	Photos	Normal	Photos 2019-9-27	



9/27/2019

Claim Handling(accident reporting Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:07	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:07	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:07	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:07	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:07	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:06	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:06	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:06	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:06	Photos		Normal	Photos 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-27
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Sep 2019 17:06	SAS		Normal	SAS 2019-9-27
Video List					
Uploaded By/Date	Folder Path	File Name		Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>					



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/09/2019 (DD/MM/YYYY), TIME: 00:40 (HH:MM)

LOCATION: PASIR RIS DRIVE 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH 9807H  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5095628439-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 320i  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Returning to home  
 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: ABDUL KHAIR JAHR ALI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2761743C CONTACT: 8233 5989  
 c) ADDRESS: BLK 232 PASIR RIS DRIVE 4 #12-520  
Singapore 510222

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

## DRIVER

- a) NAME: Mohammad Yusuf Abu Bakar Siddiq (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G16938552 CONTACT: 84242939  
 c) ADDRESS: BLK 232 PASIR RIS DRIVE 4 #12-520  
Singapore 510222

\* d) DATE OF BIRTH: 22/06/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/10/2015

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

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: SHB 8586T MODEL: KIA  
 b) DRIVER'S NAME: ABDUL HACIM BIN ZEAT  
 c) NRIC/FIN/PASSPORT: S74022491 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)

(2)

No of passenger  
(including driver)

( )

Email = Mr. Siddiq 2206@gmail.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:** 5095628439-01

**Cover :** drive CLASSIC

- |   |                         |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKH9807H              |
| Chassis Number  | : WBAPGS6090NM26493     |
| 2. Name of Policyholder   | : ABDUL KARIR JAHIR ALI |
| 3. Effective Date of Insurance  | : 25 Feb 2019           |
| 4. Expiry Date of Insurance   | : 24 Feb 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 business or profession.   |                         |

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: ABDUL KARIR JAHIR ALI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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)

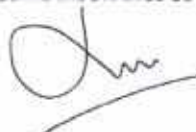
Agency : IMOTOR INSURE (00000573595)  
Date of Issue : 23 Feb 2019 10:19 hrs  
Reprint : 23 Feb 2019 10:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive