

NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

NAAC/9/34671

Date In: 10/10/2009 17:40	Job description	Date & Time Completed	Done by
Ref No: NBA/NAAC/9/19367	SAS e-filing		
Veh No: FT 7517D	E-mail (Adjust 3hrs, AIC 2hrs)		
D.O.A: 04/10/2009 17:45	I-Motor Claim Form	001/1066373-001	1/10/2009 09:54
(1) TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	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: XB 9956M	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 repolior.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Requirements (NAAC/9/34671):	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time:	Action:

NAAC/9/34671	Invoice Details:
Claimant: (Name/Address)	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2003)
Ref: 1:	6) TR: Re-inspection \$75
2/2:	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	• NS: Courtesy Car / Tpl Allowance \$3
	• NS: Repair Co-ordination \$10
	• NS: Post Repair Inspection \$25
	• NS: DV / Collect Excess Coordination \$3
	TP (NI): TP (Non INC) against INC \$20
	9) NI: 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	10/10/2019 17:49
Date Of Accident	04/10/2019 17:45
Exact Location Of Accident	ALONG TUAS AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7517D
Insured/Policyholder	
Name Of Registered Owner	AHMAD FIRDAUZ BIN HUSSAIN
NRIC No	S8008790Z
Email Address	TAZNATRA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98624499
Alternative Phone No	OTHERS-98624499

Vehicle Particulars

Manufacturer	HONDA
Model	XL
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK FROM WORK
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102758088-01
Cover Note Number	

Driver

Name of Driver	AHMAD FIRDAUZ BIN HUSSAIN
NRIC No	S8008790Z
Date Of Birth	21/03/1980
Occupation	INDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98624499
Fax Number	
Contact Number	OTHERS-98624499
Email Address	TAZNATRA@HOTMAIL.COM

Address	BLK 549B SEGAR ROAD #18-642
Postcode	672549
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 - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address:	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191009/7002

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	XB9956M
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 AHMAD FIRDAUZ BIN HUSSAIN

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FT7517D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

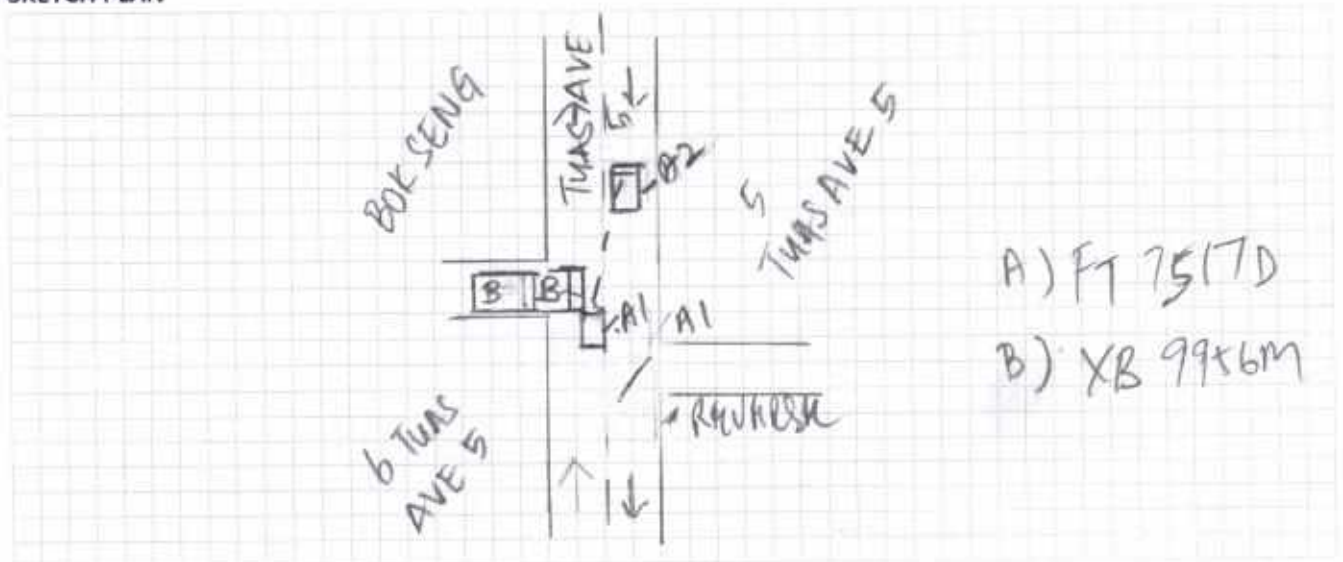
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

 10/08/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER TO POLICE REPORT
1/20/9/009/7002

DECLARATION

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

AG

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.:

10/10/2019
Rashid Uthman



**SINGAPORE
POLICE FORCE**



T/20191009/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191009/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2019 07:41		Vide Report No.: J/20191004/0113		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD FIRDAUZ BIN HUSSAIN			Address: APT BLK 549B SEGAR ROAD #18-642 SINGAPORE 672549		
ID Type / ID No.: NRIC NO / S8008790Z			Contact No.: Home/Office: Mobile: 98624499		
Nationality: SINGAPORE CITIZEN			Email: taznatra@hotmail.com		
Sex: Male	Age: 39	Date of Birth: 21/03/1980	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: ELECTRICAL INSTRUMENT TECHNICAN			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/10/2019 17:45	Type of Location: Straight Road
Location: TUAS AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT7517D	Motorcycle	HONDA	XL125V1	Black		0
XB9956M	TRAILER TRUCK	MITSUBISHI		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT7517D	NTUC Income Insurance Co-Operative Limited	5102758088-01	10/08/2019	09/08/2020



**SINGAPORE
POLICE FORCE**



T/20191009/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191009/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD FIRDAUZ BIN HUSSAIN	ID No.	S8008790Z
Related Vehicle	FT7517D (Motorcycle)	Contact No.	98624499
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/10/2019	Date Discharge	06/10/2019
No. of Days granted Medical Leave	34	Degree of Injury	Serious

Brief Details.

On 04/10/2019 at around 1745hrs, I was riding my motorcycle, V1) FT7517D along Tuas Avenue 5 towards Tuas Road. The traffic was moderate & moving.
A trailer head truck, V2) XB9956M has moved to exit its company premises. I had horned a few times but the driver continued to move out to the other side of the road in the direction of Tuas Avenue 5.
I had lost unconscious momentarily during the accident and realized I was dragged for a distance after. I was conveyed to the NTFGH and admitted & warded from 04/10/2019 to 06/10/2019.



MEDICAL CERTIFICATE (Ref:60438584)

ORIGINAL

NAME: AHMAD FIRDAUZ BIN HUSSAIN

NRIC: S8008790Z

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 4/10/2019 to 6/11/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 04/10/2019 18:35 to 05/10/2019 00:36.
The aboved name was admitted from 05/10/2019 00:36 to 06/10/2019 13:47.

06/10/2019

Date

Dr. Anyi ZHANG (P1670Z)

Issued by


Signature

Location: WARD B09 PRIVATE

Claim Handling

Accident MT/1066373

Policy No.	5102758088-01	Vehicle No.	FT7517D	GST Registration No.	
Certificate No.					
Policyholder Name	AHMAD FIRDAUZ BIN HUSSAIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8008790Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	89614499	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No *
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
Private Hire		No			
Accident Details					
Report Date	11/10/2019 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	04/10/2019	Time of Accident (h:mm)	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TUAS AVENUE 5				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 549B #18-642	Address 2	SEGAR ROAD	Address 3	SEGAR PALMVIEW
Address 4	SINGAPORE 672549	Address Type	Singapore address	Post Code	672549
Unit No.	18-642	Related Policy Number	5102758088-01		
OS Driver Info					
Driver Name	AHMAD FIRDAUZ BIN HUSSAIN	Driver Type	Main Driver	Driver DOB	11/03/1980
Unnamed driver Name		Driver NRIC	S8008790Z	Driving Experience	14
Register Date of Driver License	13/02/2005	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	89614499	Contact No.(Office)		Address 1	SEGAR PALMVIEW
Address 1	BLK 549B #18-642	Address 2	SEGAR ROAD	Post Code	672549
Address 4	SINGAPORE 672549	Address Type	Singapore address		
Unit No.	18-642	Driver Vehicle No.	FT7517D	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Declaration					
Breathalyzer or Blood Test Result?	If mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Modification History					

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault
Repair Option	Preferred Workshop Name unknown	GIA report
Date Registered	Received	

Report Taken By

Print All Letter

OD-MK	Insured Name	AHMAD FIRDAUZ BIN HUSSAIN	Insured NRIC	S8008790Z
89614499	Contact No. (Home)		Contact No. (Office)	
ahmadu@yahoo.com.sg	Ol Vehicle Number	FT7517D	Vehicle Number	X89956M
FT7517D / X89956M ON 4 Oct 2019		Name of Preferred Workshop		
11/10/2019 09:53	Claim Close Date		Date Received	11/10/2019 00:00
ROSLI WAHAB				

Save Submit

Attachment

Accident No.	MT/1066373	Claim No.	001
Left Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	11/10/2019 09:54
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List		Send Message	
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 09:54	Photos	Normal
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2019 09:54	Photos	Normal
		Description	Photos 2019-10-10
		Description	Photos 2019-10-11

2/2

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 10 / 2019 (DD/MM/YYYY), TIME: 17 : 45 (HH:MM)

LOCATION: Tuas Avenue 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT7517D
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5102758088 - 01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA XL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY BACK FROM WORK
 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: AHMAD FIRDAUZ BIN HUSSAIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8008790Z CONTACT: 98624499
 c) ADDRESS: BLK 549B SEGAR ROAD
#18-642 SINGAPORE 672549

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 31 / 03 / 1980 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 16/02/2005

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XB9956M MODEL: MTSUBISHI
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

Email = taznatra@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 : 5102758088-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FT7517D

Chassis Number

: VTMIC32A01E000910

2. Name of Policyholder

: AHMAD FIRDAUZ BIN HUSSAIN

3. Effective Date of Insurance

: 10 Aug 2019

4. Expiry Date of Insurance

: 09 Aug 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: AHMAD FIRDAUZ BIN HUSSAIN
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 : CHEN YANBING (00000602506)

Date of issue : 25 Jul 2019 17:05 hrs

Reprint : 25 Jul 2019 17:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive