

NATIONAL Assessment Centre Services.

[Ref 1 Jan 00]

NA20010068

Date In: 21/01/2020 16:38	Job description	Date & Time Completed	Done by
Ref No: N/A/NA2000727/4	SAS e-filing		
Veh No: SM37MK	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 21/01/2020 09:35	I-Motor Claim Form	NA/1081255-001	21/01/2020
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:18
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 8912K	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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 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: _____

Date:	Time:	Signature:

NA2000727

Driver/Owner:	1) AR: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (\$100) INC (210)	
Damage Portion:	3) TP: Towing Fee 340/343	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey 1120	
	5) PT: Follow-Through Survey (Resurvey) 120	
	For claim against INC Only (Nov 10 Jan 2003)	
	6) TR: Re-inspection 373	
	7) NI: IDAO DA + SMRT Survey 1160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance 33	
	*N6: Repair Co-ordination 110	
	*N7: Post Repair Inspection 123	
	*N8: DV / Collect License Coordination 33	
	TP (N11) / TP (N12) against INC 220	
	2) N12: Idas Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/3

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	21/01/2020 16:38
Date Of Accident	21/01/2020 09:55
Exact Location Of Accident	JUNCTION OF TUAS ROAD AND PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3777K
Insured/Policyholder	
Name Of Registered Owner	MULYADI @ MULYADI HENG TEE KIA
NRIC No	SXXXX636Z
Email Address	EUGENEHENG@MASINDOLOGISTIC.COM
Mobile Phone No	(LOCAL) +65-98538595
Alternative Phone No	OTHERS-98538595

Vehicle Particulars

Manufacturer	LAND ROVER
Model	VELAR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113586285
Cover Note Number	

Driver

Name of Driver	MULYADI @ MULYADI HENG TEE KIA
NRIC No	SXXXX636Z
Date Of Birth	19/07/1971
Occupation	INDOOR
Date Of Driving Pass	21/11/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98538595
Fax Number	
Contact Number	OTHERS-98538595
EMail Address	EUGENEHENG@MASINDOLOGISTIC.COM

Address	41 EASTWOOD ROAD
Postcode	486612
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	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

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	XD8912K
Vehicle Make/Model/Colour	SCANIA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHI RUSONG
NRIC/Passport Number	GXXXX921U
Contact Number	
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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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: 21/01/2020
1415

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM STOPPING AT TRAFFIC LIGHT (RED LIGHT)
 Suddenly I heard someone hit from
 The BACK OF my CAR, AND my car had
 move forward.
 A DENTED ON BACK OF my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/01/02
 1415

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/01/2020

Rest UHAA3

ACCIDENT STATEMENT

ACCIDENT DATE: 21/01/2020 (DD/MM/YYYY), TIME: 09:55 (HHMM)

LOCATION: TUN ROAD junction TRAFIC LIGHT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 3777K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5113586285
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: LAND ROVER VELAR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 4955 penworth usm
 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: Mulyan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SAK5362 CONTACT: 98538595
 c) ADDRESS: 41 EASTWOOD ROAD
Singapore 486612

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 15/07/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21/1/1994

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

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: XD8912K MODEL: SCANIA
 b) DRIVER'S NAME: SHI RUSONG
 c) NRIC/FIN/PASSPORT: G22169214 CONTACT: _____

9. THIRD PARTY VEHICLE

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

No. of passengers
 (including driver)
(1)

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()

Email: euseneheng@masindologistic.com
 VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/1081255

Policy No.	5113586285	Vehicle No.	SJM3777K	GST Registrati
Certificate No.				
Policyholder Name	MULYADI @MULYADI HENG TEE KIA			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	98538595	Contact No.(Office)		Contact No.(H)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	21/01/2020 17:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2020	Time of Accident hh:mm	09:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF TUAS ROAD AND PIONEER ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED-TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage		Sum Insured		
Transport Allowance		99999999.99		
Excess Waiver		99999999.99		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	41 EASTWOOD ROAD	Address 2	SINGAPORE 486612	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5113586285	

▼ OI Driver Info

Driver Name	MULYADI HENG TEE KIA	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	571756362	Driving Exper
Register Date of Driver License	19/07/2005	Driver Age	48	Contact No.(H)
Contact No.(Mobile)	98538595	Contact No.(Office)		Address 3
Address 1	41 EASTWOOD ROAD	Address 2	SINGAPORE 486612	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJM3777K	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	
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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

Report Taken By

OD-MX Insured Name
 98538595 Contact No. (Home)
 OI Vehicle Number

SJM3777K / XD8912K ON 21 Jan 2020

21/01/2020 17:17 Claim Close Date

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1081255 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 21/01/2020 17:18

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
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 Choose File No file chosen
 Choose File No file chosen

Message Read

Category *	Confider
Please Select	NO
Please Select	NO
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Please Select	NO
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Please Select	NO
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2020 17:18	Photos	Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2020 17:18	Photos	Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Jan 2020 17:17	Photos	Normal	Ph

1/21/2020

Claim Handling(accident reporting Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Jan 2020 17:17

Photos

Normal

PH

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Jan 2020 17:17

NRIC/ Driving License

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Normal

NRIC/ Driv

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 21 Jan 2020 17:17

SAS

Normal

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Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading



陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alhwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6869

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: S113586285

Cover : drive PREMIUM

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SIM3777K |
| Chassis Number | : SALYA2AX7JA709634 |
| 2. Name of Policyholder | : MULYADI @MULYADI HENG TEE KIA |
| 3. Effective Date of Insurance | : 31 Oct 2019 |
| 4. Expiry Date of Insurance | : 30 Oct 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)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: MULYADI HENG TEE KIA
NAMED DRIVER (1)	: STELLA YEOH LAY SUAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (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 : TAN INSURANCE BROKERS PTE LTD (00000690287)
Date of Issue : 24 Oct 2019 11:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive