

# NATIONAL Assessment Centre Services

(Ref: JA 100)

Date In: 30/1/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC2000/629/TI	SAS e-filing ✓		
Veh No: SM(2037L)	E-mail (within 8hrs, ATC 2hrs)		
D.O.A: 30/1/20	i-Motor Claim Form ✓		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: Veh No: ( ) 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%; F: 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. ( )

Remarks:- (INC hotline: 6788 6616)

Remarks	Date & Time Completed	Done by
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
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2) QC Check / Post Repair Inspection ( )		
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3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		
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Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		Est Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
utilitors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
U 1:	For claiming against INC Only (wef 10 Jan 2005)			
U 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N3: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated			

## 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	30/01/2020 19:27
Date Of Accident	30/01/2020 10:00
Exact Location Of Accident	DICKSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2037L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RITZ AUTO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97726966
Alternative Phone No	OFFICE-97726966
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	C-HR-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101459522-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM DE SHUN ROGER
NRIC No	SXXXX207D
Date Of Birth	09/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97726966
Fax Number	
Contact Number	
EMail Address	ROGERLETTERBOX6726@GMAIL.COM

Address	BLK 106A DEPOT ROAD #21-565
Postcode	101106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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 CIRCUMSTANCES OF ACCIDENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL1996K
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOIP BIN MOHD SAJU
NRIC/Passport Number	SXXXX960E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## 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:

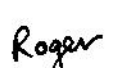
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


**RITZ LEASING**

Reg No. 53365663W

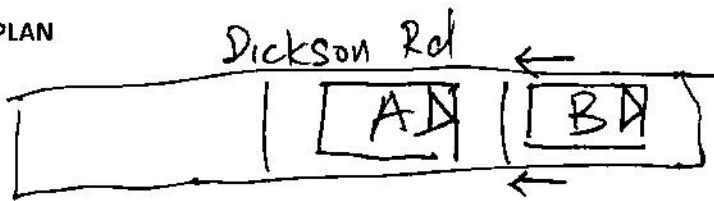
7, Yishun Industrial Street 1, #01-31  
Northspring Bizhub, Singapore 768162  
Tel: 6255 6118 Fax: 6255 0118

Policyholder's Signature  
Date & Time:

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

  
Reporter's Name: \_\_\_\_\_  
Personal ID Signature  
Name  
NRIC/FIN No:

SKETCH PLAN



veh A: SMC 2037L

veh B: YL1996K.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in parking lot when the lorry YL 1996K (B) reversed into my car (A) SMC 2037L and hit onto the front of my car the impact resulting in various scratches and dents in my car front.

DECLARATION

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


**RITZ LEASING**

Reg No. 53365663W

7, Yishun Industrial Street 1, #01-31  
Northspring Bizhub, Singapore 768162  
Tel: 6255 6118 Fax: 6255 0118

Roger

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

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

## Claim Handling

Accident MT/1082364

Policy No.	5101459522-01	Vehicle No.	SMC2037L	GST Registration No.	53227581X
Certificate No.					
Policyholder Name	RITZ AUTO			Policyholder NRIC	53227581X
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97726966	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	31/01/2020 12:23	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	30/01/2020	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DICKSON ROAD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/09/2015		
GST Registration No.	53227581X	GST Status Verified	Yes		
Modification History	24/04/2020 12:28:03 System changed GST Registration No. from null to 53227581X 31/01/2020 12:28:03 System changed GST Registration No. from null to 53227581X 31/01/2020 12:28:03 System changed GST Registration Date from null to 01/09/2015 31/01/2020 12:28:03 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-31 NORTH SPRING BIZHUB	Address 3	SINGAPORE 768162
Address 4		Address Type	Singapore address	Post Code	768162
Unit No.	01-31	Related Policy Number	5069348479-05		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM DE SHUN ROGER	Driver NRIC	57941207D	Driver DOB	09/11/1979
Register Date of Driver License	08/04/2009	Driver Age	40	Driving Experience	10
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 106A #21-565	Address 2	DEPOT ROAD	Address 3	DEPOT HEIGHTS
Address 4	SINGAPORE 101106	Address Type	Singapore address	Post Code	101106
Unit No.	21-565				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SMC2037L	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

## Modification History

Claim 001 OD-MX: **New**

Claim Type *	OD-MX	Insured Name	RITZ AUTO	Insured NRIC	5322		
Contact No.(Mobile)	97713211	Contact No.(Home)		Contact No.(Office)			
Email Address		OT Vehicle Number	SMC2037L	TP Vehicle Number	YL19		
Claim Description	SMC2037L / YL1996K ON 30 Jan 2020				Name of Preferred Workshop	LINKI	
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received		
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown				
Date Registered				Claim Close Date	31/01/2020 12:28	Date Received	31/0
Report Taken By	TAUFIKH	Workshop Repairer		Total Loss but Repaired			

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1082364	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/01/2020 12:31
Path *			
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			

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:31	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:31	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:31	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 12:30	SAS		Normal	SAS 2020-1-31

## Video List

Uploaded By/Date	Folder Date	File Name	Source
<div> <a href="#">Display In New Window</a> <a href="#">Scan and uploading</a> </div>			

# ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: Dickson Road

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMC 2037L  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5101459522-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CHR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: RITZ AUTO (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

a) NAME: LIM DESHUN ROGER (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7941207D CONTACT: 97726966  
 c) ADDRESS: BLK 106A DEPOSIT ROAD #21-565 S101106

\* d) DATE OF BIRTH: 09/11/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 yrs +

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

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: YL 1996K MODEL: LORRY  
 b) DRIVER'S NAME: SDIP BIN MOHD SASU  
 c) NRIC/FIN/PASSPORT: S0214960E CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)

Email: rogerletterbox6726@gmail.com

fax =

video = ☒



REPUBLIC OF SINGAPORE

DRIVER'S LICENCE



09 Nov 1979

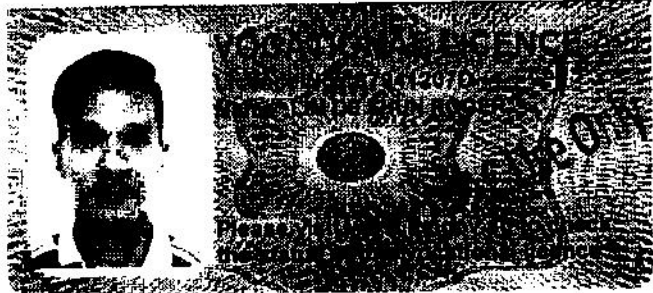
04 Feb 2012



002653445K

For LK/NAC Use Only

Land Transport Authority



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 08 Apr 2009

For LK/NAC Use Only



Licence No: S7941207D

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

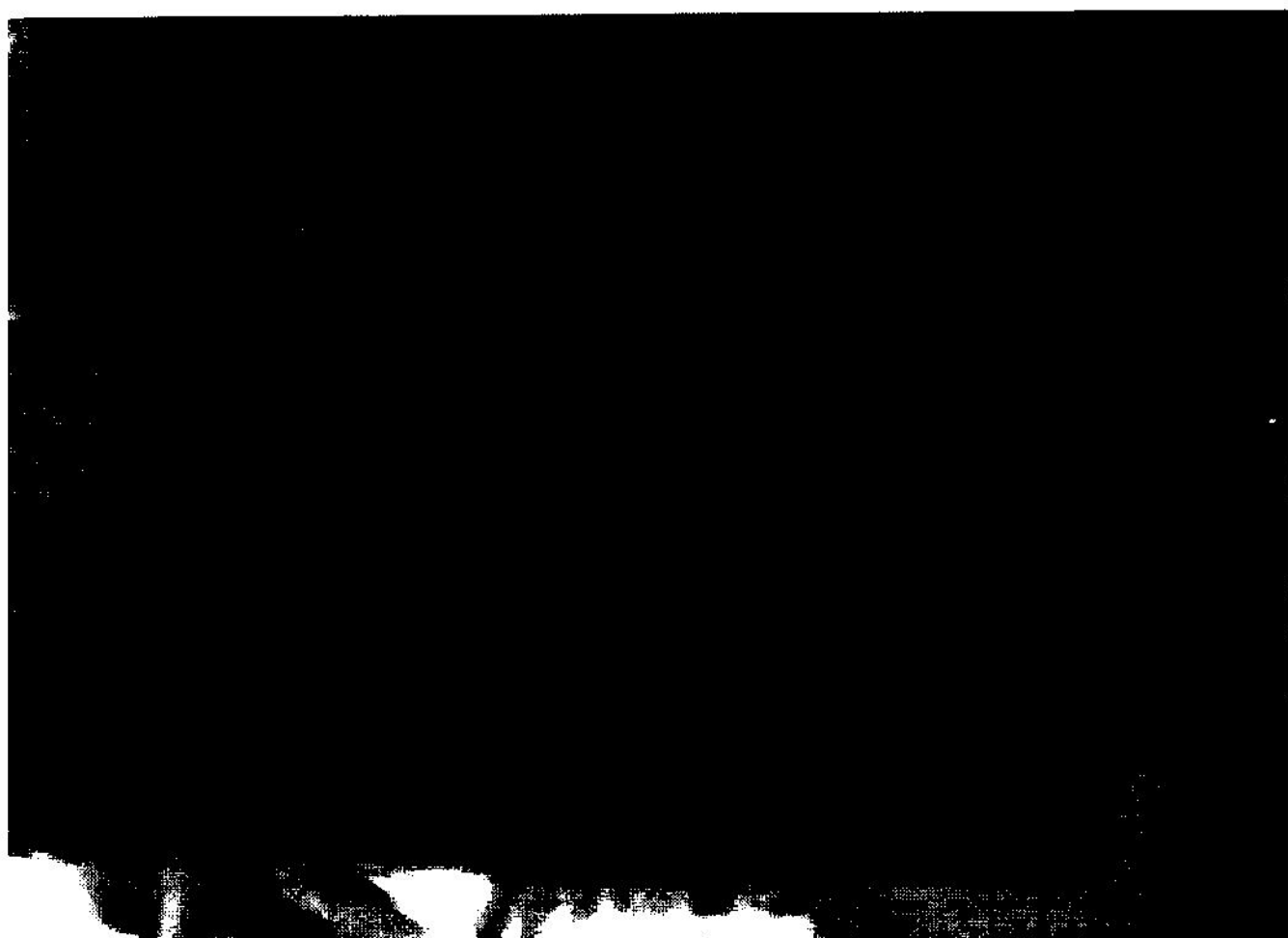
Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	02/07/2018

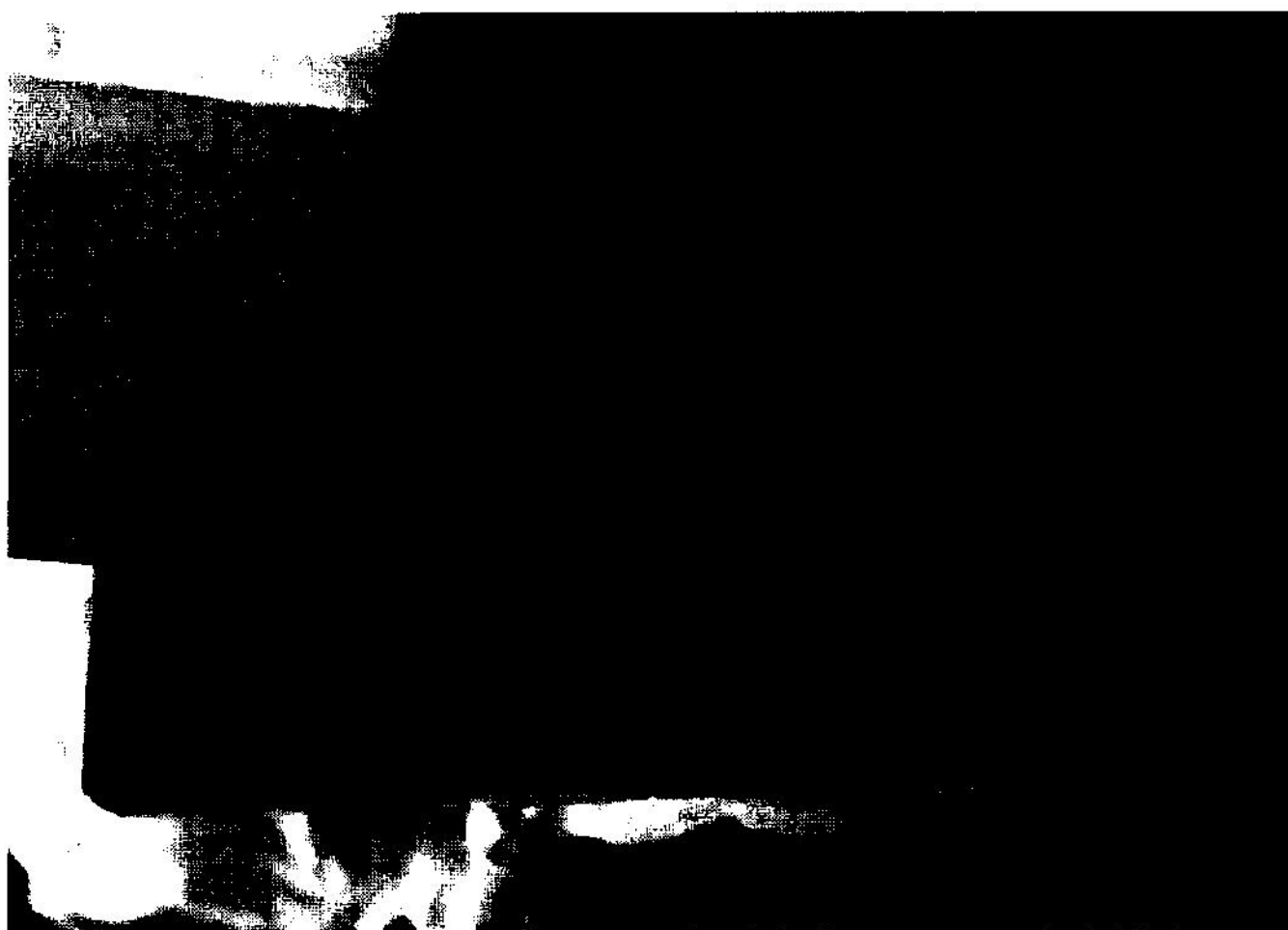
For LK/NAC Use Only



PDVL/TDVL  
33 888 08888  
287636







## 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:** 5101459522-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMC2037L**  
Chassis Number : **ZYX102021326**
2. Name of Policyholder : **RITZ AUTO**
3. Effective Date of Insurance : **27 Jun 2019**
4. Expiry Date of Insurance : **26 Jun 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.

**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\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PROSPEED PTE LTD
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 : ANG KOK CHIN (00000587457)

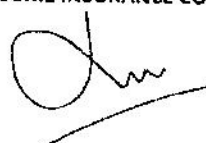
Date of Issue : 22 May 2019 13:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive