

NATIONAL Assessment Centre Services.

(last 1 Jan 03)

NA4200/15297

Date In: 03/02/2020 20:25	Job description	Date & Time Completed	Done by
Ref No: NBA/NA2000/18207	SAS e-illing		
Veh No: F8219C	E-trail (4/4) (4/4) (4/4)		
D.O.A: 03/02/2020 09:10	1-Motor Claim Form	NA2000/15297	03/02/2020 20:25
OID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / GW: (Tel:	Fax:
TP Particulars:	Veh No: GBC 453B	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 ()	
() 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 > \$5000) ()		

Injury: ()	
Date of Injury: ()	
Time of Injury: ()	
Location of Injury: ()	
Witness: ()	
Police: ()	
Insurance: ()	
Other: ()	

NA2000/15258	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damage Portion:	3) TP: Towing Fee \$120
QC Checked by (Engr-In-Charge):	4) VT: Follow-Through Survey \$120
	5) PF: Follow-Through Survey (Resurvey) \$20
	For claiming excess INC Only (last 10 Jan 200)
	6) TR: Re-inspection \$160
	7) NI: Ideal DA + SMRT Survey
	8) NIUC Additional Services
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	100) NIUC Additional Services

2nd Lt	Invoice dated	Fee Charged
2/2	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	03/02/2020 20:05
Date Of Accident	03/02/2020 09:10
Exact Location Of Accident	CTE (BETWEEN ANG MO KIO AVE 1/ANG MO KIO AVE 3)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	F8219C
Insured/Policyholder	
Name Of Registered Owner	MOHAMED MASLIN BIN SULTAN MOHAMED
NRIC No	SXXXX403I
Email Address	MASLINPUTRIQRYN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88454383
Alternative Phone No	OTHERS-88454383

Vehicle Particulars

Manufacturer	YAMAHA
Model	XMAX 400-395CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	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	5114804924
Cover Note Number	

Driver

Name of Driver	MOHAMED MASLIN BIN SULTAN MOHAMED
NRIC No	SXXXX403I
Date Of Birth	14/05/1977
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88454383
Fax Number	
Contact Number	OTHERS-88454383
EMail Address	MASLINPUTRIQRYN@GMAIL.COM

Address	BLK 467 ADMIRALTY DRIVE #09-199
Postcode	750467
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	SIDE SWIPE
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 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	GBC4153B
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SEPHU
NRIC/Passport Number	
Contact Number	87100752
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 03/02/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

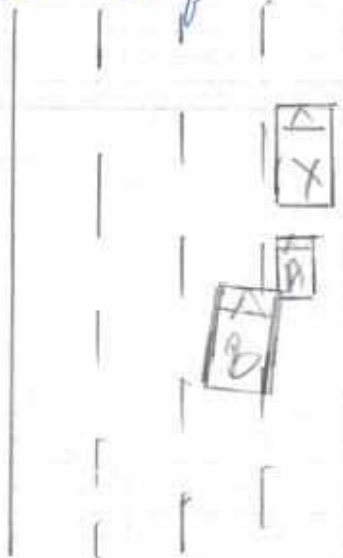
Name:

NRIC/FIN No.:

SKETCH PLAN

CIR TOWARDS CITY

A) F8219C
B) GBC 4153B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/02/2020 AT ABOUT 09:11 AM I WAS AT CIR TOWARDS CITY I WAS AT THE 1ST LANE OF 4 LANES ROAD ON MY LEFT WAS A VAN GBC 4153B WITH CUT & BRUSH AGAINST MY BIKE F8219C LEFT SIDE & LUCKILY I DID NOT FALL. THAT ALL.

DECLARATION

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

Policyholder's Signature

Date & Time: 03/02/2020

11:55 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

03/02/2020

Rashid MHA3

ACCIDENT STATEMENT

ACCIDENT DATE: 03/02/2020 (DD/MM/YYYY), TIME: 09:30 AM (HH:MM)
 LOCATION: C7E (BETWEEN ANGMO KIO AVE 1 & ANGMO KIO AVE 3)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: F8319C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5114804924
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA / XMAX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WEEKLY DELIVERY CRASH
 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: MUHAMMAD HARUN BIN SULHAN MUHAMMAD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7712403 CONTACT: 88484383
 c) ADDRESS: BLK 467 #01-177 ADMIRALTY DR S (740467)

* 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: 14/05/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBC 4153 B MODEL: TOYOTA HIACE
 b) DRIVER'S NAME: SEDIHU
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 8710 0712

9. THIRD PARTY VEHICLE

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

No. of passengers
 (including driver)
(1)

No. of passengers
 (including driver)
()

No. of passengers
 (including driver)
()

Email: maslinputriqryn@gmail.com

VIDEO

Claim Handling

Accident MT/1082734

Policy No.	5114804924	Vehicle No.	FB219C	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMED MASLIN BIN SULTAN MOHAMED			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading
Contact No.(Mobile)	88454383	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	03/02/2020 20:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/02/2020	Time of Accident hh:mm	20:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE (BETWEEN ANG MO KIO AVE 1/ANG MO KIO AVE 2)			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OO Standard Excess	0.00	TP Standard Excess	0.00	
YIED OO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OO Excess Applicable	0.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
Policyholder Mailing Address				
Address 1	BLK 467 #09-199	Address 2	ADMIRALTY DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114804924	
Q1 Driver Info				
Driver Name	MOHAMED MASLIN BIN SULTAN MOHAMED	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S77124031	Driver DOB
Register Date of Driver License	12/12/2002	Driver Age	42	Driving Experience
Contact No.(Mobile)	88454383	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 467 #09-199	Address 2	ADMIRALTY DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FB219C	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Modification History:

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	MOHAMED MASLIN BIN S
Contact No.(Mobile)	88454383	Contact No.	87857364
Email Address	MASLINPUTRIQRYN@GMAIL.CO	Vehicle Number	FB219C
Claim Description	FB219C / GBC4153B ON 3 Feb 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	03/02/2020 20:17	Claim Close Date	
Report Taken By	ROSLI WAHAJ		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1082734	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	03/02/2020 20:18

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

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Choose File No file chosen

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:18	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:18	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:18	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:18	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:17	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:17	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:17	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:17	Photos	Normal	Photos 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:17	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 20:17	SAS	Normal	SAS 2020-2-3

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114804924

Cover : Third Party, Fire & Theft

- | | |
|--|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : F8219C |
| Chassis Number | : MH3SH0843KK007106 |
| 2. Name of Policyholder | : MOHAMED MASLIN BIN SULTAN MOHAMED |
| 3. Effective Date of Insurance | : 10 Dec 2019 |
| 4. Expiry Date of Insurance | : 09 Dec 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)	: MOHAMED MASLIN BIN SULTAN MOHAMED
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE 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 : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)
Date of Issue : 10 Dec 2019 17:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer

Chief Executive