

# NATIONAL Assessment Centre Services.

Ref: Jan 2021

11/02/2020/9059

Date In: 11/02/2020 17:37	Job description	Date & Time Completed	Done by
Ref No: N/A/20002386/4	SAS e-filing		
Veh No: SMK 4539 G	E-mail (4 days 2hrs, A/C 2hrs)		
D.O.A: 10/02/2020 18:55	I-Motor Claims Form	11/08/2020 00:00	11/02/2020
OD: (TP) 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 / When		

Preferred Wkep / INC Assign Wkep / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars: ( )	Veh No: SLG 9462L	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 repolar.

( ) 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: ( )

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	
Anchor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Ref: 1:	For claiming against INC Only (over 10 Jan 2021)	
2 / 3:	6) TR: Re-inspection \$75	
	7) NI: Ideas DA + EMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repairs Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Co-ordination \$3	
	TE (NI) / TP (Non INC) against INC \$30	
	9) NI: Ideas Mobile	
	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	11/02/2020 17:37
Date Of Accident	10/02/2020 18:55
Exact Location Of Accident	WEST COAST WAY TOWARDS WEST COAST DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4539G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Co Reg No	2XXXXX089K
Email Address	RENTAL@PRESTOEXPATMOTORING.COM
Mobile Phone No	(LOCAL) +65-93893772
Alternative Phone No	OFFICE-93893772

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.6 (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109441522
Cover Note Number	

### Driver

Name of Driver	CLARKE ALISON RUTH
Passport No/FIN	GXXXX892Q
Date Of Birth	09/11/1986
Occupation	INDOOR
Date Of Driving Pass	09/11/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93893772
Fax Number	
Contact Number	OTHERS-93893772
Email Address	RENTAL@PRESTOEXPATMOTORING.COM

Address	39F WEST COAST PARK #01-19
Postcode	127717
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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)	4
Passenger 1	NAME: : HUSBAND GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE

#### 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	SLG9462L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JUN WEN
NRIC/Passport Number	SXXXX667D

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.
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.

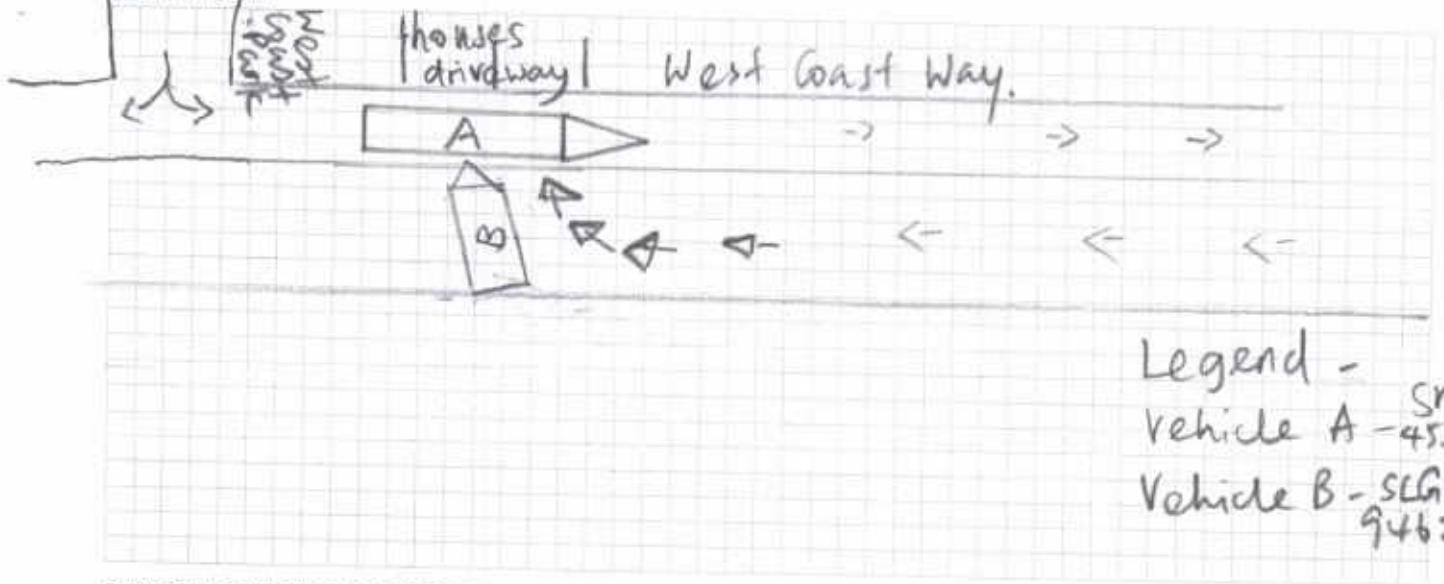
  
Policyholder's Signature  
Date & Time: 11/2/2020  
17:25 hrs



  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/2/20  
17:30

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along West Coast Way towards West Coast Drive with 3 other people in the car. A car going the opposite direction swerved into my lane and hit our car while he was trying to turn into a driveway.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 11/2/2020

17-25 hrs

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 17-25

11/2/20

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/02/2020

*[Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: 10/12/2020 (DD/MM/YYYY), TIME: 018:55 (HHMM)

LOCATION: West coast way heading towards West Coast Dr

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 4839 G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5109441522-000053  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mazda 3, 1.6 Auto  
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: rental  
 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: Presto Expat Motoring Services Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2D0713089 K CONTACT: company  
 c) ADDRESS: 491 River Valley Road #01-04 50248371

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

## DRIVER

- a) NAME: Alison Clarice (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G3471812 Q CONTACT: 93893772  
 c) ADDRESS: 39F West Coast Park 01-19 Singapore 127717

\* d) DATE OF BIRTH: 09/11/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2002

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS drizzle  
 b) ROAD SURFACE: (DRY) WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 9462 L MODEL: Honda  
 b) DRIVER'S NAME: TAN JUN WEN  
 c) NRIC/FIN/PASSPORT: S9528667 D CONTACT:

## 9. THIRD PARTY VEHICLE

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

HUSBAND

SON

POULLEY

# No of passengers  
 (including driver)  
(4)

# No of passengers  
 (including driver)  
(2)

# No of passengers  
 (including driver)  
( )

email: rental @ presto expat  
 motoring . com  
 VIDEO

## Claim Handling

Accident MT/1083957

Task Transfer Edit

LOS CAL SUB

Policy No.	5109441522	Vehicle No.	SME4539G	GST Registration No.	200713089K
Certificate No.	5109441522-000053				
Policyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD.			Policyholder NRIC	200713089K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93893772	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	11/02/2020 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	10/02/2020	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	WEST COAST WAY TOWARDS WEST COAST DRIVE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
GD Standard Excess	500.00	TP Standard Excess	500.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	500.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	12/05/2008
GST Registration No.	200713089K	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	491 RIVER VALLEY ROAD	Address 2	#01-04 VALLEY POINT	Address 3	SINGAPORE 248371
Address 4		Address Type	Singapore address	Post Code	248371
Unit No.		Related Policy Number	5109441522		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CLARKE ALISON RUTH	Driver NRIC	GXXXX892Q	Driver DOB	09/11/1986
Register Date of Driver License	09/11/2002	Driver Age	33	Driving Experience	17
Contact No.(Mobile)	93893772	Contact No.(Office)		Contact No.(Home)	
Address 1	39F WEST COAST PARK	Address 2	#01-04 THE INFINITI	Address 3	SINGAPORE 127717
Address 4		Address Type	Foreign address	Post Code	127717
Unit No.	01-04				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SME4539G	Driver Insurer Company	NTUC

## Declaration

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

## Investigation

Claim 001 OD-MX New

Claim Case Officer

Claim Type	OD-MX	Insured Name	PRESTO EXPAT MOTORING SER	Insured NRIC	200713089K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67327737
Email Address		OI Vehicle Number	SME4539G	TP Vehicle Number	5LG9462L
Claim Description	SME4539G / 5LG9462L ON 10 Feb 2020			Name of Preferred Workshop	
Preferred Workshop					
Preferred Repair Option					
Preferred Workshop Name	unknown				
Insured Liability report					
Not at Fault					
Date Registered	11/02/2020 18:08	Claim Close Date		Date Received	11/02/2020 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

## Special Claim Creation Approval

Approval	Reason
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Remarks

## Attachment

Accident No.	MT/1083957	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2020 00:00



Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Attachment List

Send M

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Se (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	Photos	Normal	Photos 2020-2-11	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	Photos	Normal	Photos 2020-2-11	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	Photos	Normal	Photos 2020-2-11	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	Photos	Normal	Photos 2020-2-11	
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	Photos	Normal	Photos 2020-2-11	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-11	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Feb 2020 18:05	SAS	Normal	SAS 2020-2-11	

Video List

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

Scan and uploading

Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5109441522"/>	Date of Accident	<input type="text" value="10/02/2020 17:36"/>
Vehicle No.(For Motor)	<input type="text" value="SME4539G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109441522	5109441522-000053	PRESTO EXPAT MOTORING SERVICES PTE. LTD.	200713089K	GFM	drive CLASSIC	SME4539G	SME4539G	09/06/2019	08/06/2020



## 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:** 5109441522-000053

**Cover :** driva CLASSIC

1. Index mark and Registration Number of Vehicle : **SME4539G**  
Chassis Number : JM6BL1021A0160505
2. Name of Policyholder : PRESTO EXPAT MOTORING SERVICES PTE. LTD.
3. Effective Date of Insurance : 09 Jun 2019
4. Expiry Date of Insurance : 08 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)	: As agreed in the Policy terms
EXCESS (SECTION 2)	: As agreed in the Policy terms
WINDSCREEN EXCESS	: As agreed in the Policy terms
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	: 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 : INCOME - MT DEPT (00000600471)  
Date of Issue : 08 May 2019 16:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive