

# NATIONAL Assessment Centre Services.

1st Jan 2003

MA420022645

Date In: 20/01/2020 10:31	Job description	Date & Time Completed	Done by
Ref No: NAB/INC 20002909/4	SAS e-filing		
Veh No: 92K 4714S	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 21/01/2020 09:15	I-Motor Claims Form	m/1085067-001	20/01/2020 11:57
Op: TP / Reporting Only	I-Motor W/O (withla: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WK32		

Preferred Wkep / INC Assgn Wkep / QW: ( Southern Motor Tel: 97113192 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%. 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 > \$9000] ( )

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

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MA2001600

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

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1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TV: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant against INC Only (was 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• NS: Courtesy Car / Tpl Allowance	\$5
• N6: Repair Co-ordination	\$10
• N7: Post Repair Inspection	\$25
• N8: DV / Collect Excess Co-ordination	\$5
TE (N11): TP (Non INC) against INC	\$20
9) N12: Idas 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	20/02/2020 10:31
Date Of Accident	21/01/2020 09:15
Exact Location Of Accident	ALONG CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK4774S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THANALETCHUMI D/O JAHAIRAM
NRIC No	SXXXX891F
Email Address	ITSMETHANAJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93844124
Alternative Phone No	OTHERS-88942044
<b>Vehicle Particulars</b>	
Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA-150CC
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073907002-04
Cover Note Number	
<b>Driver</b>	
Name of Driver	THANALETCHUMI D/O JAHAIRAM
NRIC No	SXXXX891F
Date Of Birth	31/03/1986
Occupation	INDOOR
Date Of Driving Pass	22/07/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93844124
Fax Number	
Contact Number	OTHERS-88942044
EMail Address	ITSMETHANAJ@GMAIL.COM

Address	BLK 93 WHAMPOA DRIVE #03-106
Postcode	320093
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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/20200129/7015

#### 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 INJURED PERSON 1

Name	THANALETCHUMI D/O JAH AIRAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4774S
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.
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:

19/2/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/2/2020

Reporting Centre Personnel's Signature

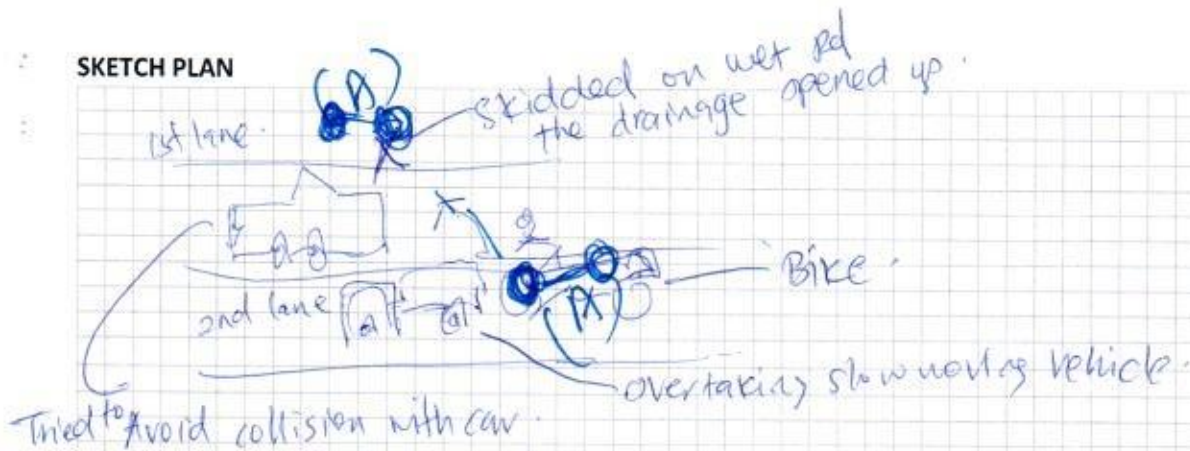
Name:

NRIC/FIN No.:

20/2/2020

Kesha

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS in Police Report (attached) T/20200129/2015.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 19/02/2020

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/02/2020

Reporting Centre Personnel's Signature  
Name: 19/02/2020  
NRIC/FIN No.: [Signature]



# ACCIDENT STATEMENT

ACCIDENT DATE: 21/01/2020 (DD/MM/YYYY), TIME: 09:15 (HH:MM)  
LOCATION: CTE (Between Orchard & Havelock exit)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4774 S  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: Vespa Primavera 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Travel to 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: THANALE CHIMI P/O JAHARAM (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8608891F CONTACT: 93844124 / 8894 2044  
c) ADDRESS: BK 22 SIN MING RD #09-310  
SC 570022

\* 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: 31/03/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/7/2010

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) Rider only

7. a) REPORTED TO POLICE (YES/NO) online  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
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 passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

email: itsmethana@gmail.com

VINNO

Sunbeam motor

97713192



# SINGAPORE POLICE FORCE



T/20200129/7015

1 of 3

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

Report No. T/20200129/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2020 19:37		Vide Report No.: E/20200121/0055		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: THANALETCHUMI D/O JAH AIRAM			Address: APT BLK 93 WHAMPOA DRIVE #03-106 SINGAPORE 320093		
ID Type / ID No.: NRIC NO / S8608891F			Contact No.: Home/Office: Mobile: 93844124		
Nationality: SINGAPORE CITIZEN			Email: simi.arian86@gmail.com		
Sex: Female	Age: 33	Date of Birth: 31/03/1986	Type of Informant: Rider		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Project Executive		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2020 09:15	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4774S	Motorcycle	PIAGGIO	VESPA+PRI MAVERA+1 50	Brown		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4774S	NTUC Income Insurance Co-Operative Limited	5073907002-04	27/09/2019	26/09/2020





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

Report No. T/20200129/7015

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	THANALETCHUMI D/O JAHAIRAM	ID No.	S8608891F
Related Vehicle	FBK4774S (Motorcycle)	Contact No.	93844124
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL ORTHOPAEDIC SPORTS AND JOINT CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	28/01/2020
No. of Days granted Medical Leave	20	Degree of Injury	Slight

Brief Details.

I was travelling to work along cte and before entering the tunnel between Orchard road exit and Havelock Road, I overtook a slow moving vehicle on 2nd lane. After checking blind spot I saw that the brake lights on a car on the 1st lane came on as if he was slowing down. I started braking and when I was pretty close I thought that I saw the car braked to an halt. I wanted to avoid collision and moved to the right side of the car. My bike skidded on the steel grided drainage due to wet weather and I had a fall. My right knee was badly injured with few other abrasions whereby I had to go for an operation on the knee. I'm on knee braces and clutches for awhile till my stitches are good to be removed.





SINGAPORE  
POLICE FORCE



T/20200129/7015

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

3 of 3

Report No. T/20200129/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
29/01/2020 19:37

Classification Of Case:

Claim Handling

Accident MT/1085067

Policy No.	5073907002-04	Vehicle No.	FBK4774S	GST Registration No.
Certificate No.				
Policyholder Name	THANALETCHUMI D/O JAHAI RAM			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93844124	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	20/02/2020 10:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2020	Time of Accident hh:mm	09:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG CENTRAL EXPRESSWAY			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	300.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	300.00	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 93 #03-106	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320093	Address Type	Singapore address	Post Code
Unit No.	03-106	Related Policy Number	5073907002-04	

▼ OI Driver Info

Driver Name	THANALETCHUMI D/O JAHAI RAM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8608891F	Driver DOB
Register Date of Driver License	23/07/2010	Driver Age	33	Driving Experience
Contact No.(Mobile)	88942044	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 93 #03-106	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320093	Address Type	Singapore address	Post Code
Unit No.	03-106			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK4774S	Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No	
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Modification History

Claim 001 OD-MD New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop No. 97713192

Insured Liability Fully at Fault

Repair Option Preferred

Preferred Workshop (refer below)

GIA report Pending

Date Registered

Report Taken By

Print AK letter

OD-MD

Insured Name THANALETCHUMI D/O

Contact No. (Home)

OI Vehicle Number FBK4774S

FBK4774S / - ON 21 Jan 2020

Claim Close Date

Workshop Repairer ROSLI WAHAB

Save Submit

Attachment

▼

Accident No.	MT/1085067	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	20/02/2020 11:57



Path \*

Choose File

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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 20 Feb 2020 11:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2020 11:57	SAS		Normal	SAS 2020-2-20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2020 10:47	Photos		Normal	Photos 2020-2-20
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2020 10:47	Photos		Normal	Photos 2020-2-20
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Feb 2020 10:47	Photos		Normal	Photos 2020-2-20

Video List

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

## 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 :** 5073907002-04

**Cover :** Comprehensive

- |                                                     |                              |
|-----------------------------------------------------|------------------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBK47745                   |
| Chassis Number                                      | : ZAPM8120000004171          |
| 2. Name of Policyholder                             | : THANALETCHUMI D/O JAHAIRAM |
| 3. Effective Date of Insurance                      | : 27 Sep 2019                |
| 4. Expiry Date of Insurance                         | : 26 Sep 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)	: S\$300
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: THANALETCHUMI D/O JAHAIRAM
NAMED DRIVER (2)	: ALAGAPPASAMY S/O SANGARAPANDY
HIRE PURCHASE COMPANY	: A.S. PHOON 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 : A S PHOON PTE LTD (00000571911)

Date of Issue : 16 Sep 2019 18:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive