

NATIONAL Assessment Centre Services (wef 1 Jan 2005) *MAA/20042620*

Date In: <i>18/04/2020 12:32</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NAT/INC/0005282/N</i>	SAS e-filing		
Veh No: <i>SAC 7646E</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>17/04/2020 18:00</i>	i-Motor Claim Form	<i>MA/1091545-001</i>	<i>18/04/2020</i>
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		<i>13:33</i>
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: *SAC 1174P* 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)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: 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 \$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	18/04/2020 12:32
Date Of Accident	17/04/2020 18:00
Exact Location Of Accident	BLK 121 YISHUN STREET 11 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7646E
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	2XXXXX659R
Email Address	ROSLAN6942322@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87867864
Alternative Phone No	OFFICE-87867864

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102232954-01
Cover Note Number	

Driver

Name of Driver	ROSLAND BIN AHMAD
NRIC No	SXXXX322A
Date Of Birth	06/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1990
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87867864
Fax Number	
Contact Number	OTHERS-87867864
EMail Address	ROSLAN6942322@GMAIL.COM

Address	BLK 129 RIVERVALE STREET #11-848
Postcode	540129
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	NO COLLISION
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 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

ON 17/04/2020 AT ABOUT 18:00HRS I WAS AT BLK 121 YISHUN STREET 11 OPEN CARPARK AND WAS DROPPING OFF 3 PAXS AND WAS AT THE EXTREME LEFT AND THERE WAS A TAXI SHC1174P WHO OVER TAKE AND STOP IN FRONT OF MY CAR SJH7646E AND SAYS THAT 1 OF MY PAXS OPEN THE RIGHT DOOR AND HIT HIS TAXI CAUSE DAMAGE, BUT I DID ASK MY PAXS ABOUT IT AND THEY SAY IS NOT TRUE AND THERE IS NO COLLISION OR HIT THE TAXI, AND I DID ASK THE TAXI DRIVER TO LOOK AT MY CAR HE, HE DID SAW AND MOVE AWAY, BECAUSE THE IS NO DAMAGE ON MY CAR THAT ALL.

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	SHC1174P
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	VINCENT OH BENG SENG
NRIC/Passport Number	SXXXX633F
Contact Number	94558982
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.



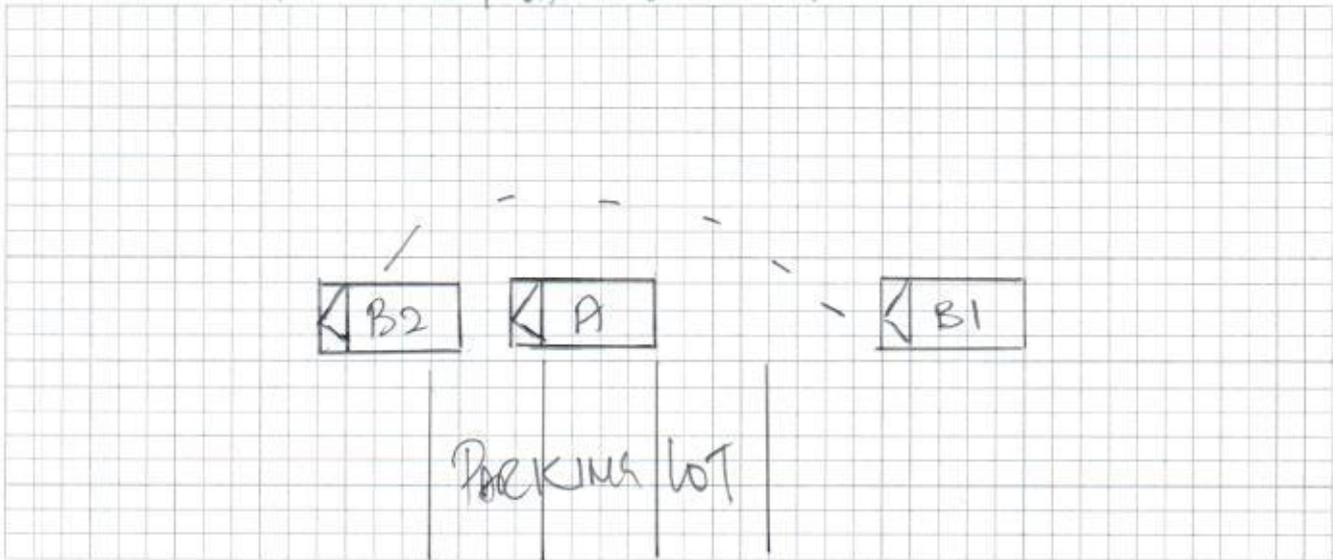
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BLK 121 YISHUAN ST 11 OPEN GAR PARK



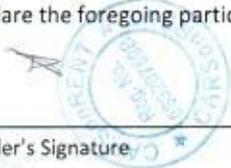
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SJH 7646E
 B) SHC 1174P

PLEASE REFER TO STATEMENT.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

18/04/20 1255 hrs.

18/04/2020
Rohi [Signature]

17 ACCIDENT STATEMENT

ACCIDENT DATE: (18/04/2020) (DD/MM/YYYY), TIME: (1800) (HH:MM)

LOCATION: Yishun St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH7646E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

- *d) DATE OF BIRTH: (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: SHC1174P MODEL:
b) DRIVER'S NAME: Jincant OH BENG SENG
c) NRIC/FIN/PASSPORT: S1131633F CONTACT:

9. THIRD PARTY VEHICLE

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

()
NUMBER OF
PASSANGER
INCLUDING DRIVER

()
NUMBER OF
PASSANGER
INCLUDING DRIVER

()
NUMBER OF
PASSANGER
INCLUDING DRIVER

1) EMAIL :

2) VIDEO :

CARZonRENT Private Limited

No.8 Kaki Bukit Avenue 4 #03-47 Premier @ Kaki Bukit Singapore 415875
Registration no. 201605659R

VEHICLE RENTAL AGREEMENT No. CZ0919-094

This Vehicle Rental Agreement is made on the 6th day of December 2019

Between

CARZonRENT Pte Ltd of No. 8 Kaki Bukit Ave 4 #03-47 Premier @ Kaki Bukit Singapore 415875
Company Registration No. 201605659R (hereinafter referred to as the "Owner" which expression shall where the context so admits include its successors and assigns) on one part; and

Name & NRIC No. : Rosland Bin Ahmad S6942322A
Address : 129 Rivervale Street #11-848 S540129
Date Of Birth : 06 Oct 1969
Contact No. : 8786 7864

(hereinafter referred to as the "Hirer") of the second part.

Preamble

Whereas,

Owner is renting out the vehicle and the Hirer is the one who is renting and driving the vehicle.

This is an agreement between the Hirer and the Owner whereby the Hirer agrees to rent the vehicle including all accessories, tools and equipment.

NOW, THEREFORE, in consideration of the mutual covenants and conditions herein contained, and intending to be legally bound, the parties hereby agree as follows:

1. VEHICLE RENTAL CONDITION, USE AND RETURN:

The vehicle is handed over by the Owner to the Hirer in good operating condition and as described in the "Vehicle Checklist" as per Appendix 1, and more particularly as described below. The Hirer has no right to make and shall not make any modification or replacement of any part of the vehicle. Hirer agrees to return the vehicle together with all accessories, tools and equipment, all of which in the same condition as when the same was first handed over to him, to the Owner at the Owner's location and by the Termination Date and Time specified herein.



1



Claim Handling

Accident MT/1091545

Policy No.	5102232954-01	Vehicle No.	SJH7646E	GST Registration No.	
Certificate No.					
Policyholder Name	CARZONRENT PTE LTD			Policyholder NRJC	201605659R
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87867864	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ **Accident Details**

Report Date	18/04/2020 13:27	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	17/04/2020	Time of Accident h:mmm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 121 YISHUN STREET 11 OPEN CARPARK				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	500.00	YIED TP Excess	0.00		
Additional Excess	1,000.00				
Total OD Excess Applicable	3,500.00	Total TP Excess Applicable	1,500.00		

▼ **Benefits**

▼ **GST Registered Information**

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

▼ **Policyholder Mailing Address**

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#03-47 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	04-10	Related Policy Number	S116569535		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ROSLAND BIN AHMAD	Driver NRJC	SXXXX322A	Driver DOB	06/10/1969
Register Date of Driver License	17/01/1990	Driver Age	50	Driving Experience	30
Contact No.(Mobile)	87867864	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 129 #11-848	Address 2	RIVERVALE STREET	Address 3	SINGAPORE 540129
Address 4		Address Type	Foreign address	Post Code	540129
Unit No.	11-848				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJH7646E	Driver Insurer Company	NTUC

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX ▼	Insured Name	CARZONRENT PTE LTD	Insured NRJC	2016
Contact No.(Mobile)	81557911	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SJH7646E	TP Vehicle Number	SHC1
Claim Description	SJH7646E / SHC1174P ON 17 Apr 2020				
Preferred Workshop		Insured Liability	Not at Fault ▼	GIA report	Received ▼
Preferred Repair Option	Standard Repair Option ▼	Preferred Workshop, Name unknown ▼		Claim Close Date	18/04/2020 13:32
Date Registered	18/04/2020 13:32	Workshop Repairer	ROSLI WAHAB	Date Received	18/0
Report Taken By		Total Loss but Repaired			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1091545	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/04/2020 13:33
Path *		Category *	
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		Clear	Please Select ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:33	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:33	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:33	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:33	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:33	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:32	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:32	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:32	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:32	Photos	Normal	Photos 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:32	NRIC/ Driving License	Y	NRIC/ Driving License 2020-4-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2020 13:32	SAS	Normal	SAS 2020-4-18

Video List

Uploaded By/Date	Folder Date	File Name	Source
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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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5102232954-01 **Cover :** drive CLASSIC

- | | |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SJH7646E |
| Chassis Number | : JTDER12W803000071 |
| 2. Name of Policyholder | : CARZONRENT PTE LTD |
| 3. Effective Date of Insurance | : 22 Aug 2019 |
| 4. Expiry Date of Insurance | : 21 Aug 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 the carriage of passengers for reward purposes.

(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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,000
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	: ASIA CARZ HOLDING 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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue : 20 Aug 2019 12:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive