

# NATIONAL Assessment Centre Services.

Part 1 Jan 2001

NA200720071

Date In: 17/08/2020 18:35	Job description	Date & Time Completed	Done by
Ref No: NBA/INC(20008575)/	SAS e-filing		
Veh No: FBD 4275C	E-mail (Update Status, A/C Status)		
DOA: 27/07/2020 18:30	I-Motor Claims Form	17/08/2020 18:51	
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SFY 810C	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 repairer.		
( ) 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: \_\_\_\_\_

NA2007304

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/145	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$175	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2007)	
	6) TR: Re-inspection \$75	
	7) NI: idao DA + SMRT Survey \$160	
	8) NIUC: Additional Services	
	9) NI: idao DA + SMRT Survey \$33	
	10) NI: idao DA + SMRT Survey \$10	
	11) NI: idao DA + SMRT Survey \$25	
	12) NI: idao DA + SMRT Survey \$33	
	13) NI: idao DA + SMRT Survey \$10	
	14) NI: idao DA + SMRT Survey \$30	
	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	17/08/2020 18:35
Date Of Accident	27/07/2020 18:30
Exact Location Of Accident	CTE TOWARDS JALAN BAHAGIA EXIT 7B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4275C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHEE YUNG
NRIC No	SXXXX779C
Email Address	PAULWONG0303@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81596166
Alternative Phone No	OTHERS-81596166
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	T135-135CC
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101976199-02
Cover Note Number	
<b>Driver</b>	
Name of Driver	WONG CHEE YUNG
NRIC No	SXXXX779C
Date Of Birth	13/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81596166
Fax Number	
Contact Number	OTHERS-81596166
Email Address	PAULWONG0303@GMAIL.COM



Address	29 KRETA AYER ROAD
	#01-01
Postcode	088996
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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)	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	SFY310C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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: 17/08/2020  
15:45

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

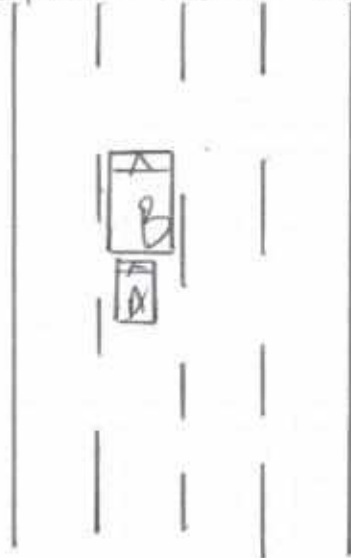
17/08/2020  
Rosh WATARS

SKETCH PLAN

CTE BEFORE EXIT JALAN BAHAGIA

A) FBD 4275C

B) SFY 310C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/07/2020 AT ABOUT 18:30HRS, I WAS TRAVELLING ALONG CTE TOWARDS BRADDELL B/P EXIT JALAN BAHAGIA (TRAVELLING ON 2ND LANE) ROAD WAS V/EC 7TH CAR IN FRONT OF ME SFY 310C. FROM HIS BRAKE AND I ALSO BROKE & MY BIKE FBD 4275C SLIDDED & HIT 2TH CHAIR OF SFY 310C. THE POLICE MY PARTICULARS & WITHDRAW I RECEIVED A LETTER FROM NRIC 29/07/2020 SAY THAT THE OTHER PARTY CLAIM \$3,111.19. & I DO NOT AGREE WITH THE CLAIMS

DECLARATION

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

Policyholder's Signature  
Date & Time: 17/02/2020  
15.45

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

Reporting Centre Personnel's Signature  
Name: 17/08/2020  
NRIC/FIN No.: 1082



# ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 07 / 2020 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: CTE - Exit Jalan Bhdagia

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD4275C  
 b) INSURANCE COMPANY: INCOME  
 c) POLICY NUMBER: 5101976199-02  
 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: 16:00 to 17:00 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: WONG CHEE YUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8474779C CONTACT: 81596166  
 c) ADDRESS: No 29 Kuan Ayer Rd #01-01  
Singapore 088996

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

## DRIVER

- a) NAME: WONG CHEE YUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8474779C CONTACT: 81596166  
 c) ADDRESS: No 29 Kuan Ayer Rd #01-01  
Singapore 088996  
 \*d) DATE OF BIRTH: 13 / 01 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 04/07/2009

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: FBD4275C SKY 310C MODEL: Yamaha 135  
 b) DRIVER'S NAME: WONG CHEE YUNG  
 c) NRIC/FIN/PASSPORT: S8474779C CONTACT: 81596166

## 9. THIRD PARTY VEHICLE

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

Email = Paulwong0203@gmail.com  
 VIDEO

## Claim Handling

Accident MY/000268

Policy No.	TD01076109-02	Vehicle No.	PRD4275C	GST Registration No.	
Certificate No.					
Policyholder Name	WONG CHEE YUNG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S4474779C
Product Code	NOTORIOUS INSURANCE	Contact No.(Office)		Leading	8
Contact No.(Mobile)	NA	Special Remarks		Contact No.(Home)	
Email Address		TEA	No Yes	eCode	NA
NCD	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private HMC	No
<b>Accident Details</b>					
Report Date	23/07/2020 11:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road-to-Road
Date of Accident	27/07/2020	Time of Accident (hh:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	CTE TOWARDS JLN BAHRIA EXT TP				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
DED OD Excess		DED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status (verified)	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	25 KNEK KNEK ROAD	Address 2	#01-01	Address 3	SINGAPORE 08006
Address 4		Address Type	Singapore address	Post Code	08006
Unit No.	01-01	Related Policy Number	0100000000-02		
<b>DI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Name)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 Item

Claim Type *	OD-MX	Insured Name	WONG CHEE YUNG	Insured NRIC	S4474779C
Contact No.(Mobile)	81398166	Contact No. (Home)		Contact No. (Office)	
Email Address	gabrielng031@gmail.com	DI Vehicle Number	PRD4275C	Vehicle Number	5FV3110C
Claim Description	PRD4275C / 5FV3110C ON 27 Jul 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Preferred Workshop No. / Registration		Preferred Workshop Name (if known)		Claim Date	17/08/2020 18:50
Date Registered				Date Received	17/08/2020 00
Report Taken By	ROSLE NIKHAB				
Print AE letter					
Save Submit					

<b>Attachment</b>					
<div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> </div>					
<div> <div> <div>Accident No.</div> <div>MY/000268</div> </div> <div> <div>Claim No.</div> <div>001</div> </div> </div> <div> <div> <div>Last Doc. Received</div> <div>Yes No</div> </div> <div> <div>Upload Date</div> <div>17/08/2020 18:51</div> </div> </div>					
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent (CQ)
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 17 Aug 2020 (R.S.)	Photo	Normal	Photos 2020-8-17	
	NAC_BUKIT_MERAH_000676 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH) on 17 Aug 2020 (R.S.)	Photo	Normal	Photos 2020-8-17	

	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:51	Photos	Normal	Photos 2020-8-17
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:51	Photos	Normal	Photos 2020-8-17
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:50	Photos	Normal	Photos 2020-8-17
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:50	Photos	Normal	Photos 2020-8-17
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:50	Photos	Normal	Photos 2020-8-17
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:50	Photos	Normal	Photos 2020-8-17
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:50	NRIC/Driving License	V	NRIC/Driving License 2020-8-17
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 17 Aug 2020 18:50	SAS	Normal	SAS 2020-8-17

Video List

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



## 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 : 5101976199-02

Cover : Third Party, Fire & Theft

- |  |                  |
|--|------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD4275C       |
| Chassis Number                                   | : 5YP010003      |
| 2. Name of Policyholder                          | : WONG CHEE YUNG |
| 3. Effective Date of Insurance                   | : 13 Mar 2020    |
| 4. Expiry Date of Insurance                      | : 12 Mar 2021    |

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)	: WONG CHEE YUNG
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 : VICOM LTD (00000612210)

Date of Issue : 09 Mar 2020 15:49 hrs

Reprint : 09 Mar 2020 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive