

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	09/09/2020 14:48
Date Of Accident	08/09/2020 14:05
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR ANAK BUKIT FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9477U
Insured/Policyholder	
Name Of Registered Owner	TAY MENG MENG
NRIC No	SXXXX176F
Email Address	JOEYTKY1995@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96508310
Alternative Phone No	OTHERS-92376941

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085296774-03
Cover Note Number	

Driver

Name of Driver	JOEY TAY KIAT YING (ZHENG JIEYING)
NRIC No	SXXXX481D
Date Of Birth	09/01/1995
Occupation	INDOOR
Date Of Driving Pass	23/08/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92376941
Fax Number	
Contact Number	OTHERS-96508310
Email Address	JOEYTKY1995@GMAIL.COM

Address	BLK 402 BUKIT BATOK WEST AVENUE 7 #03-28
Postcode	650402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20200908/7037

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	SJV1828M
Vehicle Make/Model/Colour	TOYOTA CH-R
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GERALD LAW
NRIC/Passport Number	
Contact Number	87211180
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:

9/9/20 1500

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

9/9/2020
1452

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

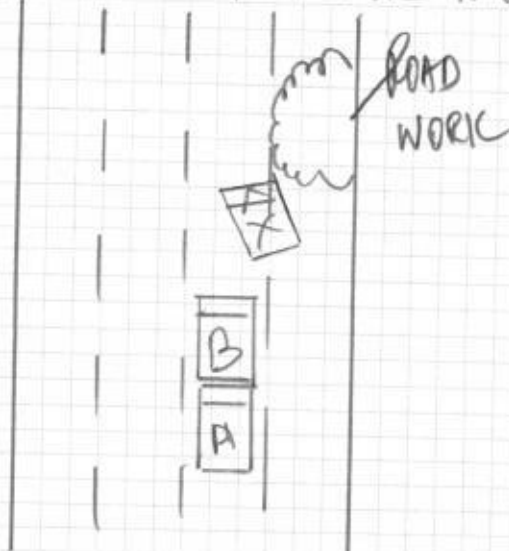
09/09/2020
Rohani Mohd Ali

SKETCH PLAN

PIE TOWARD COUNTRY NEAR ANAK BUKIT FLYOVER

A) SLG 94774

B) SJV 1828M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20200908/7037

DECLARATION

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

Policyholder's Signature

Date & Time:

9/9/20 1500

Driver's Signature

(If driver is not the policyholder)

Date & Time:

9/9/2020 14.52

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

9/9/2020

Police Officer

ACCIDENT STATEMENT

ACCIDENT DATE: 08/09/2020 (DD/MM/YYYY), TIME: 14:05 (HH:MM)

LOCATION: BUKIT TIMAH P.P.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 9477 U
 b) INSURANCE COMPANY: N.T.M.C.
 c) POLICY NUMBER: S 085296774-03
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HYUNDAI SONATA
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: Tay Meng Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S16A776F CONTACT: 96508310
 c) ADDRESS: Blk 402, #02-28
Bukit Rector West Ave 7. (650402)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JOHN TAN KAIT HING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9100481D CONTACT: 9234941
 c) ADDRESS: Blk 402 Bukit Rector West Ave 7 (650402)

* d) DATE OF BIRTH: 09/01/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 Aug 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father - Daughter

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: online police report

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SIV1828M MODEL: C-HR
 b) DRIVER'S NAME: Mr Gerald Low
 c) NRIC/FIN/PASSPORT: 9234941 CONTACT: 83211180

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

email =
 VIDEO



**SINGAPORE
POLICE FORCE**



D/20200908/7037

1 of 2

POLICE REPORT (NP299)

Report No. D/20200908/7037

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 08/09/2020 17:40	Vide Report No.	Station Diary No.
Name Of Informant JOEY TAY KIAT YING	Address 402 BUKIT BATOK WEST AVENUE 7 #03-28 SINGAPORE 650402	
ID Type / ID No. NRIC NO / S9500481D	Contact No. Home/Office: Mobile: 92376941	
Nationality SINGAPORE CITIZEN	Email Address JOEYTKY1995@GMAIL.COM	
Occupation Other administrative and related associate professionals nec	Sex Female	Age 25
Institution/School Name	Date of Birth 09/01/1995	Race Chinese
Date/Time Of Incident 08/09/2020 14:05 - 08/09/2020 14:10	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

The car in front (car plate SJV1828M) slowed down due to road works in the first lane of Bukit Timah PIE. Cars in the first lane had to change lanes upon seeing the road works ahead. My car was in the second lane. I jammed the brakes but was unable to halt in time which led to my car hitting the rear of the car (car plate SJV1828M). As a result of the slight impact, the rear of the car (car plate SJV1828M) had some small cracks and scratches. I shifted gear to "Park" mode and turned on the hazard lights. The car owner (Mr Gerald Law) and I took pictures of both cars. As it was my first time hitting someone else's car and I

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2020 17:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20200908/7037

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200908/7037

was driving my dad's car, I was at a lost on what are the procedures for a traffic car accident. Mr Law asked for my driving license and took a snapshot of it using his mobile phone. I told him that I am not the car owner and he told me that we could either settle offline or report to the car insurance company. Nevertheless, since my dad is the car owner, I could not make the decision. He gave him his name card and asked me to contact him after I had made a decision. Subsequently, I drove back home and told my dad about the traffic car accident. In the end, my dad gave a car workshop contact details to Mr Law intending to settle offline unless the quote for car repair is too high and we would report this to the car insurance company.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

08/09/2020 17:40

Classification Of Case:

Accident MT/1102852

Policy No.	5085296774-DT	Vehicle No.	SLG9477U	GST Registration No.	
Certificate No.					
Policyholder Name	TAY MENG MENG				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Policyholder NRIC	91697176F
Contact No. (Mobile)	96508310	Contact No. (Office)		Loading	0
Email Address		Special Remark		Contact No. (Home)	
KFK	No Yes	TCA	No Yes	eCode	No ▾
NCD Protection	Yes	NCD Entitlement(%)	50	eCode Reason	
🔍 Accident Details				Private Hire	No

Accident Details

Report Date	09/09/2020 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/09/2020	Time of Accident hh:mm	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI NEAR ALAY PLACE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver Is Covered?
Additional Excess	0			Covered
Total OD Excess Applicable	3100.00	Total TP Excess Applicable	0.00	

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 403 #03-28	Address 2	BUKIT BATOK WEST AVENUE 9	Address 3	SINGAPORE 650402
Address 4		Address Type	Singapore address	Post Code	650402
Unit No.	03-28	Related Policy Number			

Oil Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JOEY TAY KIAT KING (ZHENG J)	Driver NRIC	S95004810	Driver DOB	09/01/1995
Register Date of Driver License	23/08/2017	Driver Age	25	Driving Experience	3
Contact No.(Mobile)	92376041	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK #02 #03-28	Address 2	BUKIT BATOK WEST AVENUE 7	Address 3	SINGAPORE 650402
Address 4		Address Type	Foreign address	Post Code	650402
Unit No.	03-28				
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	SLG9477U	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes	No
0 mg				
1-2 mg				
3-4 mg				
5-6 mg				
7-8 mg				
9-10 mg				
11-12 mg				
13-14 mg				
15-16 mg				
17-18 mg				
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91-92 mg				
93-94 mg				
95-96 mg				
97-98 mg				
99-100 mg				

Medication History

Claim 001	New
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Claim Type: *

Contact No. (Mobile)		GO-MX	Insured Name	TAY MENG MENG	Insured NRIC	S1697176F
		96508310	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address			Oil		TP	
			Vehicle Number	SLG9477U	Vehicle Number	SJY1828M
Claim Description			SLG9477U / SJY1828M ON 8 Sept 2020			
Preferred Workshop			Insured Liability	Fully at Fault		
Workshop No. Finalisation	Yes		Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered						
Report Taken By					Claim Close Date	Date Received
					09/09/2020 16:45	09/09/2020 00:00
					ROSLI WAHAB	

Print & Settings

Save Submit

Attachment

Access No.	MT/1402652	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/09/2020 16:45

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos	Normal	Photos 2020-9-9	

Claim Handling (accident reporting Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	Photos		Normal	Photos 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-9-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Sep 2020 16:45	SAS		Normal	SAS 2020-9-9
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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5085296774-03

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLG9477U**
Chassis Number : **KMHE341CMHA307347**
2. Name of Policyholder : **TAY MENG MENG**
3. Effective Date of Insurance : **19 Oct 2019**
4. Expiry Date of Insurance : **18 Oct 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 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAY MENG MENG
NAMED DRIVER (1)	: SEOW SIOW PENG DOREEN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : KOMOCO TRADING PTE LTD (00000614810)
Date of Issue : 23 Sep 2019 21:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive