





## 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 Submission	22/12/2020 17:13 (SGT)
Date of Accident	21/12/2020 13:50 (SGT)
Exact Location of Accident	Jurong West Street 91, Singapore
Additional Location Information	NEAR NANYANG COMMUNITY CENTRE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN8542C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHATISH KUMAR S/O INDIRAJITHU
NRIC No	SXXXX285B
Email Address	shatish27@gmail.com
Mobile Phone No	(Phone) +65-88930026
Alternative Phone No	+65-88930026

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5106521229-01
Cover Note Number	-

#### DRIVER

Name of Driver	SHATISH KUMAR S/O INDIRAJITHU
NRIC No	SXXXX285B

Date Of Driving Pass	05/12/2018
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-88930026
Alt. Phone Number	+65-88930026
Email Address	shatish27@gmail.com
Address	BLK 17 GHIM MOH ROAD
Address complement	#08-95
Postcode	270017
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201221/2138

#### 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	SMP6874S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SHATISH KUMAR S/O INDIRAJITHU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBN8542C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

### 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

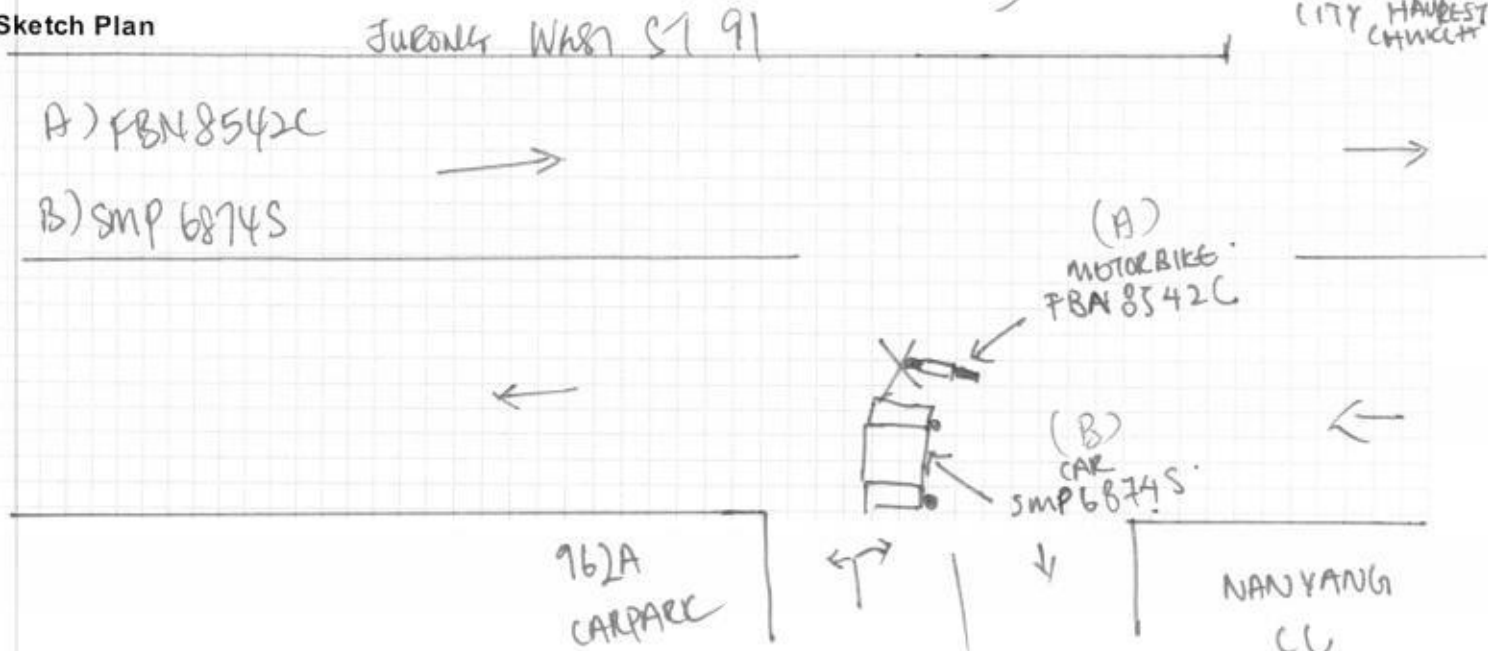
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

REFER to POLICE REPORT T/2020/221/2138

**Declaration**

We declare the foregoing particulars are true in every respect.



22/12/2020 1432

## ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 12 / 2020) (DD/MM/YYYY), TIME: (13 : 50) (HH:MM)

LOCATION: JURONG WEST STREET 91, NEAR NANYANG COMMUNITY CENTRE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 8S42C  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5106321229-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CB150R  
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: SHATISH KUMAR S/O INDIRAJITHU (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9323285B CONTACT: 88930026  
c) ADDRESS: 17 GUM MOH ROAD # 08-95 S'PORE 270017

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

#### DRIVER

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

\* d) DATE OF BIRTH: (27 / 06 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/12/2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

### 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: QUEENSTOWN NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP6874S MODEL: TOYOTA  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97311050

### 9. THIRD PARTY VEHICLE

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

Email = SHATISH 27 @ GMAIL .COM

VIDEO



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/12/2020 23:34	Vide Report No.:	Station Diary No.: 73
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: SHATISH KUMAR S/O INDIRAJITHU			Address: APT BLK 17 GHIM MOH ROAD #08-95 SINGAPORE 270017		
ID Type / ID No.: NRIC NO / S9323285B			Contact No.: Home/Office: Mobile: 88930026		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 27/06/1993	Type of Informant: Vehicle Owner		
Race: Indian			Language: English		Institution / School Name:
Occupation: Private investigator			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2020 13:50	Type of Location: T-Junction
Location:  JURONG WEST STREET 91				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8542C	Motorcycle	HONDA		Green	Seriously Damaged	0
SMP6874S	Car	TOYOTA		Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8542C	NTUC Income Insurance Co-Operative Limited	5106521229-01	23/12/2019	22/12/2020





# SINGAPORE POLICE FORCE



T/20201221/2138

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20201221/2138

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SHATISH KUMAR S/O INDIRAJITHU	ID No.	S9323285B
Related Vehicle	FBN8542C (Motorcycle)	Contact No.	88930026
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 21/12/2020, at about 1350hrs, I was riding to my Aunt's funeral at B/941 Jurong West St 91, with my motorbike (FBN8542C). I was on the left lane and the road is a 2-lane road. As I was travelling along Jurong West St 91, near Nanyang Community Centre, I saw a grey car (SMP6874S) coming out from the car park. However, as I was having the right of way, I did not stop or slow down. As I passed by the car park, I suddenly felt a knock from left side. Due to the knock, I flew off from my motorbike and landed on the other side of the road. I managed to get up by myself subsequently after the knock and I saw that the driver of the grey car was still in the grey and she seemed to be shocked due to the accident. She subsequently came out of her car and subsequently checked on me. She asked me if I need any ambulance and I told her that there is no need to. We then shifted our vehicles away as we were blocking the traffic. The driver subsequently suggested private settlement and I agreed. The driver then offered to bring me to a clinic. We went to Nanyang Centre Clinic and I was given 2 days of MC. The driver paid the clinic fee.

After the visit to clinic, the driver and I brought the motorbike to the workshop for a quote. However, the quote given by the workshop was about \$3k to \$4k, which was over the driver's budget. Thus, she told me to claim insurance instead. After a few hours later, I felt more pain on my left shoulder. Thus, I went to Alexandra Hospital for treatment and I was given 7 days of MC. I then decided to lodge a police report since it is a requirement for insurance claim. I wish to state that I did not have any camera on my motorbike or on my helmet. I also wish to state that I only know the driver as "Aunty" and her contact number is 97311050.



**SINGAPORE  
POLICE FORCE**



T/20201221/2138

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20201221/2138

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20201221/2138

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

4 of 4

Report No. T/20201221/2138

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt TAN WEI JIAN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

21/12/2020 23:34

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 49

Authentication Stamp

NP168



SIGNATURE

## Claim Handling

Accident MT/1114660

Policy No.	5106521229-01	Vehicle No.	FBN8542C	GST Registration No.
Certificate No.				
Policyholder Name	SHATISH KUMAR S/O INDIRAJITHU			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88930026	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	22/12/2020 17:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/12/2020	Time of Accident hh:mm	13:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG WEST STREET 91			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	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 17 #08-95	Address 2	GHIM MOH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106521229-02	

## ▼ OI Driver Info

Driver Name	SHATISH KUMAR S/O INDIRAJITHU	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9323285B	Driver DOB
Register Date of Driver License	05/12/2018	Driver Age	27	Driving Experience
Contact No.(Mobile)	88930026	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 17 #08-95	Address 2	GHIM MOH ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBN8542C	Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHATISH
Contact No.(Mobile)		Contact No. (Home)	
Email Address		CI Vehicle Number	FBN8542C
Claim Description	FBN8542C / SMP68745 ON 21 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	22/12/2020 17:25	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment

Accident No. MT/1114660 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 22/12/2020 17:27

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Please Select

Confidential

NO

Clear

Please Select

NO

Clear

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:27	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:27	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:26	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:26	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:26	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:26	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:26	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:25	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:25	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 22 Dec 2020 17:25	SAS	Normal	SAS 20

## Video List

Uploaded By/Date

Folder Date

File Name

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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5106521229-01

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBN8542C**

Chassis Number

: MLHKC2888J5030998

2. Name of Policyholder

: SHATISH KUMAR S/O INDIRAJITHU

3. Effective Date of Insurance

: 23 Dec 2019

4. Expiry Date of Insurance

: 22 Dec 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: SHATISH KUMAR S/O INDIRAJITHU
NAMED DRIVER (2)	: N/A
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 : 23 Dec 2019 13:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer



Chief Executive