

NATIONAL Assessment Centre Services.

(last 1 Jan 200)

SW/0821140002

Date In: 04/01/2020 11:49	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 21000036/Y	SAS e-illing		
Veh No: FBP 1636B	E-mail (E-jobs only, A/C 2hrs)		
D.O.A: 31/12/2020 11:30	I-Motor Claim Form	MT/1115881-001	afeloloox
OD: TP Reporting Only	I-Motor W/O (With/OD 2hrs, TP 4hrs)		12:03
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Pbx / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: SMA 6855Y 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 repair.

() 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: _____

NA2100534			
Driver/Owner:	1) All Accident Reporting (\$30)		
Contact No:	2) DA1 Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP Towing Fee \$120		
QC Checked by (Bug-In-Charge):	4) PT Follow-Through Survey \$30		
	5) PT Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) N/UC Additional Services		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$25		
	*N7: Post Repair Inspection \$5		
	*N8: DV / Collect Witness Coordination \$20		
	TP (NI): TP (SW/INC) against INC \$0		
	9) NI: Idas Mobile		
	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 Submission	04/01/2021 11:49 (SGT)
Date of Accident	31/12/2020 11:30 (SGT)
Exact Location of Accident	Jln Muhibbah, Singapore
Additional Location Information	JLN MULIA JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1636B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MOHAMAD FAIZAL BIN IDRIS
Company Reg No	SXXXX385C
Email Address	faizalidris48@gmail.com
Mobile Phone No	(Phone) +65-84238683
Alternative Phone No	+65-84238683

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	5107598653-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD FAIZAL BIN IDRIS
Company Reg No	SXXXX385C

Date Of Driving Pass	01/02/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84238683
Alt. Phone Number	+65-84238683
Email Address	faizalidris48@gmail.com
Address	BLK 113 TAMPINES STREET 11 #04-141
Address complement	-
Postcode	521113
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 - Head to Rear
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	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6455Y
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KIM SIAU

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 MOHAMAD FAIZAL BIN IDRIS
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? FBP1636B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name TAN KOK TONG
Phone -
Email sgtankoktong@gmail.com

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 willful 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 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' 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

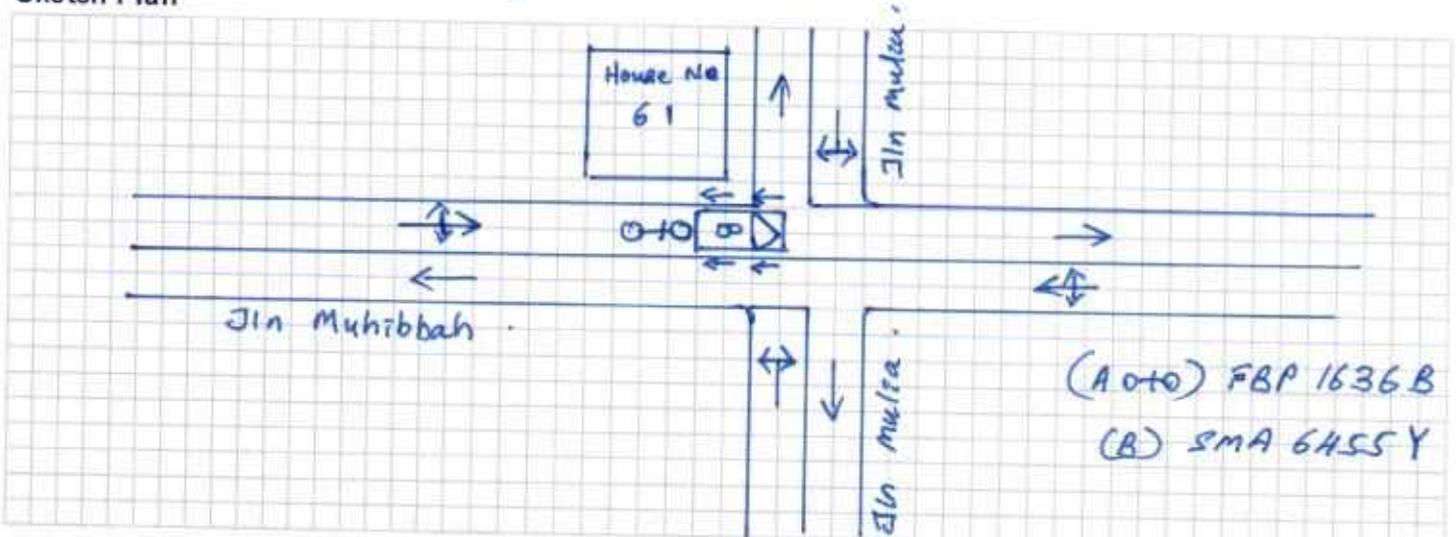
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Please refer to Police Report

No : T/2020/231/2065

Declaration

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



04/01/2021
Witnessed by Reporting Centre Personnel

VEHICLE NO:	FBP 1636B		MAKE & MODEL:	Yamaha Aerox <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT:	31 / 12 / 2020		CC:	155	
TIME OF ACCIDENT:	1130 HRS				
LOCATION OF ACCIDENT:	Jln Muhibbah Junction Jln Mulsa				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE				
NAME OF OWNER:	Mohamad Farzal Bin Idres				
TEL NO:	H/P: 8423 8683		OFFICE:	HOME:	
NRIC:	S 8318385C				
ADDRESS:	BLK 113 Tampines St 11 #04-141 (B) 521113				
EMAIL:	farzalidres AS@gmail.com				
CLAIM TYPE:	OD <u>THIRD PARTY</u> REPORTING ONLY				
FLEET POLICY:	YES <u>(NO?)</u>				
INSURANCE COMPANY:	N9uL				
TYPE OF COVERAGE:	Comprehensive / Third Party / <u>Third Party Fire & Theft</u>				
POLICY NO:	5107598653-01				
NAME OF DRIVER:	<u>AS ABOVE</u> IF NO:				
NRIC:			ANY PASSENGER:	N.A.	
DATE OF BIRTH:	30 / 06 / 1983		LICENCE PASSED DATE:	01 / 02 / 2007	
OCCUPATION:	<u>OUTDOOR</u> / INDOOR				
GENDER:	<u>MALE</u> / FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		<u>INSURER:</u>		
RELATIONSHIP:	<u>Owner</u>				
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:				
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:				
ANY INJURIES:	NO <u>(IF YES, WHO?)</u>				
NAME & CONTACT:	Mohamad Farzal Bin Idres (H/P: 8423 8683)				
NAME & CONTACT:					
POLICE REPORT:	NO <u>(IF YES, WHERE?)</u> Changkat NPP				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>(NO)</u> / IF YES, WHO?				
VEHICLE B REG NO:	SMA 6455 Y		ANY PASSENGERS:	N.A.	
NAME OF DRIVER:	Tan Ken Siah		CONTACT NO:	90222290	
VEHICLE C REG NO:	ANY PASSENGERS:				
VEHICLE D REG NO:	ANY PASSENGERS:				
VEHICLE E REG NO:	ANY PASSENGERS:				
VEHICLE F REG NO:	ANY PASSENGERS:				
VEHICLE G REG NO:	ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	<u>(YES)</u> / NO				
WAS THERE ANY AUDIO RECORDED?	YES / <u>(NO)</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>(YES)</u> / NO				
ACCIDENT PORTION:	Front Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <u>(NO)</u>				
WORKSHOP PARTICULAR:	moto 51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jacky				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



**SINGAPORE
POLICE FORCE**



T/20201231/2065

1 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20201231/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2020 16:05	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: MOHAMAD FAIZAL BIN IDRIS		Address: APT BLK 113 TAMPINES STREET 11 #04-141 SINGAPORE 521113	
ID Type / ID No.: NRIC NO / S8318385C		Contact No.: Home/Office: Mobile: 84238683	
Nationality: SINGAPORE CITIZEN		Email: Faizalidris48@gmail.com	
Sex: Male	Age: 37	Date of Birth: 30/06/1983	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Maintenance officer Rider		Driving Licence Information: Class: 2	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2020 11:30	Type of Location: Straight Road
Location: JALAN MUHIBBAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1636B	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black	Slightly Damaged	0
SMA6455Y	Car	BMW		White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20201231/2065

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1636B	NTUC Income Insurance Co-Operative Limited	5107598653-01	16/02/2020	15/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD FAIZAL BIN IDRIS	ID No.	S8318385C	
Related Vehicle	FBP1636B (Motorcycle)	Contact No.	84238683	
Hospital/Clinic	UNITED MEDICAL PRACTITIONERS	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL	
Date Treatment	31/12/2020	Date Discharge	31/12/2020	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	Tan Kim Siah	ID No.	S7439016A	
Related Vehicle	SMA6455Y (Car)	Contact No.	90222290	
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 the 31/12/2020 at about 1115hrs, I was travelling along a single lane road of Jalan Muhibbah before the junction of Jalan Mulia. A white BMW, SMA6455Y, that was directly ahead of me came to a complete stop. Upon seeing that I happened to stop my bike at a stationary position about 1.5 car length away from the BMW. All of a sudden the white BMW engaged his reverse gear and reversed rashly into my motorbike. I tried to horn and warn him but it was to no avail. As a result the rear of the BMW collided onto the front of my motorbike. I managed to stay on the bike after the impact as the front tire of my motorbike was stuck caught under the rear bumper of the BMW. I managed to exchange particulars with the driver whom advised me to carry on with my insurance claims. I observed the white BMW to have in built CCTV cameras at the front and the rear. I was also approached by a passerby whom claimed to have captured the accident on his camera and he provided his email to follow up. His email address is Sgtankoktong@gmail.com. There was no Police or ambulance at scene and I am lodging this Police report to make insurance claims. I have sustained strains on my left knee area as a result of the accident.



**SINGAPORE
POLICE FORCE**



T/20201231/2065

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20201231/2065

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201231/2065

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20201231/2065

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:
G /
Staff Sgt SIVA BALAN S/O CHINNAPAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2020 16:05

Officer In Charge Of Case:
TP / AEIT /

Insp BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident **MY/1115881**

Policy No.	5107598653-01	Vehicle No.	FBP16368	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMAD FAIZAL BIN IDRIS			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	84238683	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(%)	15	Private Hire

Accident Details

Report Date	04/01/2021 11:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/12/2020	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN MUHIBBAH BIN IDRIS			

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 113 #04-141	Address 2	TAMPINES STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-141	Related Policy Number	5107598653-01	

OI Driver Info

Driver Name	MOHAMAD FAIZAL BIN IDRIS	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8118385C	Driver DOB
Register Date of Driver License	01/02/2007	Driver Age	37	Driving Experience
Contact No.(Mobile)	84238683	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 113 #04-141	Address 2	TAMPINES STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-141			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBP16368	Driver Insurer Comp.

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 **New**

Claim Type *	DD-MX	Insured Name	HQHAMA
Contact No.(Mobile)	80236259	Contact No.(Home)	6784074
Email Address		OI Vehicle Number	FBP1636
Claim Description	FBP16368 / SMA6455Y ON 31 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	04/01/2021 12:02

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 : 5107598653-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBP1636B**

Chassis Number

: MH3SG4640JJ047409

2. Name of Policyholder

: MOHAMAD FAIZAL BIN IDRIS

3. Effective Date of Insurance

: 16 Feb 2020

4. Expiry Date of Insurance

: 15 Feb 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)	: MOHAMAD FAIZAL BIN IDRIS
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DE XING MOTOR 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 31 Jan 2020 10:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive