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NATIONAL Assessment Centre	Services.	. [50/net 1 ]vu	1. 0		
Date In: 15/01/2021 13:03.	Jeh deserbhon		Date & Time Completed	· Done	p'i,
REP NO: NBA/20101900736/4	SAS c-filling	•			
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OD : TP ! Reporting Only	I-Motor W/O	(Withlet OD Thrs.	TP (bis)	15:	90
on the following only	I-Photo Uploa	ded			
TP Insurer:	AssessmenuSu	rvey Report			,, ,
Ass'l Report by Pax/Hand to Owner/YYK312					
Profurred Wkep / INC Assign Wkep / QW: (	Month	7	1011	Fixi	
Owner / Driver: (	yosyn	, MC(	)/Non-INC( ).	)	
Policy No: ( ) Perio	od. (	)	Cover Type: (	. ).	
Confirmed by ; (	,	Dates,	Times	)	
	te-Est Sintus (V	70): N: 0-20	%; P: 21-79%. P: 80-	100%]	
	arranty: YES (	)/NO(	)		
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2) QC Check / Post Reputr Inspection	( )			<u>                                     </u>	
3) Upload Resurvey Photo [Repuir Cost> \$30	00) (	) :			
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SN08211F0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/01/2021 13:02 (SGT)

SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (15/01/2021 13:02 (SGT))



## 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 witholding of material facts may allow insurance companies to repudiate
- 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 15/01/2021 13:02 (SGT) Date of Accident 14/01/2021 07:40 (SGT) **Exact Location of Accident** Jurong Town Hall, Singapore Additional Location Information Country/State of Loss Singapore

Employment

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJH3045R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FAZLY BIN MOHAMED NRIC No SXXXX134B **Email Address** fazlymohd80@gmail.com Mobile Phone No (Phone) +65-98260400 Alternative Phone No +65-98260400

VEHICLE PARTICULARS

Manufacturer Toyota Model Axio Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle?

No - Reporting only Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5114299138

DRIVER

Cover Note Number

Name of Driver FAZLY BIN MOHAMED NRIC No SXXXX134B

Date Of Driving Pass	14/10/2000
Driving experience	14/12/2006
Gender	14 YEARS AND 1 MONTH
Mobile Number	Male
Alt. Phone Number	(Phone) +65-98260400
Email Address	+65-98260400
Address	fazlymohd80@gmail.com
Address complement	BLK 781 YISHUN RING ROAD #10-3548
	760781
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
modification company of other vehicle owned by briver	15
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
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?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
77000700011	
Name	WIFE
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	V
	Yes
Police Station Name Police Station Phone No	Telok Blangah Neighbourhood Police Post
Alt. Police Station Phone No	(Phone) +65-18002729999
Police Station Address	(Fax) +65-63776526
	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?  If yes, against whom?	No
ii yes, against wiloiii?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20210114/2041	
TELLIFE TELLIFOR SCIENCE TO THE TELLIFORM	
ATTACI MENTO	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
	No
Was there any audio recorded?	
Was there any audio recorded?	No R VEHICLE PROPERTY 1
Was there any audio recorded?  DETAILS OF OTHER	
Was there any audio recorded?  DETAILS OF OTHER  Vehicle Registration Number	
Was there any audio recorded?  DETAILS OF OTHER	R VEHICLE PROPERTY 1

Vehicle Colour	
Vehicle Category	Private Li
Name of Driver	Private hire
Contact Number	JOHNSON (Phone) JOE 04260846
Address	(Phone) +65-94269846
Address complement	t <del>a</del>
Postcode	V
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	. <del></del>
Tro. of Fasseriger (including Driver)	-

## SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

(including their law	/yers/law firms), whi		tside of Singapore, for on	e or more of the	# 15/01/202/
Policyholder's Sigi Time 4. (7 pn Sketch Plan		Time Town	f driver is not the policyho	older) / Date	Witnessed by Reporting Centre Personnel
	not enough t	ime B	- saw car C, in	nmediatel	y jammed brake
	to break w car B sud jam brea	den	to turn visht	A) B)	SIH 3045R. SLL 4054m.

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To.	11/1/201					1/ 1/21/20
- 1	MILLAN					19/19/1202
nolder's Signat		20 Di 10 Di	11/10/10/10	er is not the policyholde		itnessed by Reporting Centr

# AGCIDENT STATEMENT ()

	Max UnlarACCI	IDENT DATE: 14	01/2021	(DD/MM/YYYY	, TIME: (07:	40 ) (HH:MM).
		ATION: Jurong	100		1	
						9
	VICTACIO ALLACTIO	a) VEHICLE NUM	per. CTH.	204TR	tachment 2: •	
	No Attachment	b)INSURANCE CO	DEIG SUIVE	7116		*
	× ×	CIPOLICY NUMBE			***************************************	
	Vehicle Attachn	dipolicy Type:			TY / THISD PART	V EIDE &THEFTI
		e)MAKE & MODE		TOYOZA.	AXID	i i il control i
		f)TYPE:(SALOON)				E / OTHERS!
		THE BALOON	COUPE/MF	TOOLINEDON	MOTORCYC	TEI .
	Additional Regi	h)PURPOSE OF US	SING AT ACCI	DENT TIME:	RIVATE USE	
	Ones Moutes V	I) ARE YOU CLAIM	ING UNDER YO	DUP OWN INSUF	rance (yes/No	)
	Open Market Va	IF NO, PLEASE ST	ATE (THIRD PA	RTY CLAIM RE	PORTING ONLY	ate; .•
- 3	\$15,274.00 2.,	A)NAME: FA	/ IIAIm wm			
		AJNAME: - FA-	CY BIN I	HOHAMEL	MALE	COLOUD
	Actual ARF Paid	b)NRIC/FIN/PASSI	PORT: 3803	4134B	CONTACT	9836040 BING POA
	\$5,274.00 .	c) ADDRESS: 34	K781.#	10-31 48	, 41SHON	CIAO NOSI
	23.274.00	.760		No Lifespa	I DED	
Win	0010	* CONTINUE TO 3.	d IF DRIVER A			
4h	o of passenger	DRIVERTY:	AS ABO	VE QP during (	COE Bidding FXEE	FEMALE
	including driver)	d)NAME:		\$64,700.00		. 7 ( ( ( ( ) )
•	(2)	DINKIC/FIN/FASSI	PORT:		_CONIACI.	
	COENO:	c)ADDRESS:		COE Evoiro	Date:	
	201504010400	17d) DATE OF BIRTH	10/1//	1/980100/	AM/YYYY)	
4	201304010100.	e)OCCUPATION:	INDOOR AOL	ITDOOR		
٠,	OE Category:	FINANCE SEBBILLI	Va Dace	14//	2/2006	.:
	1	MAC DOWNED AN	EMDI OVER	F THE INSURE	D'S COMPANY	(VES ) (NO)
į.	4 - Car up to 160	UKE NOT RELABION	iship of the	DRIVER WITH	INSURED:	77777CU-1
	5.	a) WEATHER CON	DITION: (CLEA	R/RAINING/C	OTHERS CCE O	-
-(	Quota Premium	DIROAD SURFACE	DRY / WET	OTHERS	DRY	•
	Premium: 6.	WAS ANYBODY IN				
5	64,700.00/7.	a) REPORTED TO P	OUCE WES IN	\$64,700,00	Tolor Ala	mach H
		a) REPORTED TO P	ATE WHICH PO	DUCESTATION	TEIDE ALL	1000
	DPN Rean Carl	THIRD PARTY VEHI	CLE			ENTA
17 4 1 1 1 1 1 miles	of passenger	a) VEHICLE NUM	BER: 3CC	1000	_MODEL	
( lui	duding alviver)	b) DRIVER'S NA		30,0	_CONTACT:	9426984
(	(1)	C) NRIC/FIN/PAS				*
P	ARE Rehate De				MODEL:	·
W M	o of passanger	el Driver's NAM				
	idualing driver	) f) NRIC/FIN/PAS			CONTACT	
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V	ehicle Emission	s Details	•		•	
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Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999



1 of 3 Report No. T/20210114/2041

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 12:35		ade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ılars	THE RESERVE OF THE PERSON OF T		
Waster British Barrier Barrier	Informant: BIN MOHAN	1ED	Address: APT BLK 781 YISHUN RING 760781	ROAD #10-3548 SINGAPORE	
	/ ID No.: D / S803413	34B	Contact No.: Home/Office:	Mobile: 98260400	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 01/11/1980	Type of Informant: Driver		
Race: Malay		2	Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3  Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2021 07:4	Type of Location: Bend
Location: JURONG TOWN	I HALL ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume Heavy
Type of Collision	: y Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH3045R	Car	TOYOTA	COROLLA AXIO 1.5X A	White	Slightly Damaged	1
SLL4054M	Car	TOYOTA	SIENTA	Blue	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5114299138	02/12/2019	30/01/2021





2 of 3

Report No. T/20210114/2041

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Perso	n Involved				APAG.	
Any Pedestrian I	nvolved: No					The state of the s
No. of Pedestriar	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Driver						
Name	FAZLY BIN MOHAMED		ID No		S8034134B	
Related Vehicle	SJH3045R (Car)			Conta	ct No.	98260400
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL		
No. of Days granted Medical Leave NIL			Degree of		NIL	

## Brief Details.

On 14/01/2021 at 0740hrs, I was traveling along Jurong Town Hall Road at the junction of Jurong East St 12. The green arrow lights had turned green and the car infront of me SLL4054M (Toyota Sienta. 94269846) went ahead. As we both proceeded to Jurong East St 12, there was a red vehicle that had beat a red light. The car infront of me then had jammed his brakes in attempt to avoid the red vehicle, I had braked as well but had collided with the vehicle infront of me. There was no one injured, no police were at scene and I am lodging this report for insurance claims.





T/20210114/2041

3 of 3

Report No. T/20210114/2041

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

## CONTINUATION OF REPORT

## Sketch Plan

NP168

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 1 THADDAEUS KOAY TIAN WEI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	14/01/2021 12:35
	9
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	

## **Ciaim Handling**

Accident M1/111/426					
Policy No.	5114299138	Vehicle No.	SJH3045R		GST Registration No.
Certificate No.					
Policyholder Name	FAZLY BIN MOHAMED				Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	NA	Contact No.(Office)			Contact No.(Home)
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	0		Private Hire
Report Date	14/01/2021 18:05	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	14/01/2021	Time of Accident hh:mm	00:00		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	unknown				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00	
YIED OD Excess		YIED TP Excess			Driver is Covered?
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00	
<b>▽</b> Benefits					
	tion				
GST Registered	No		GST Registra	tion Date	
GST Registration No.			GST Status V	erified	Yes
Modification History					
	and the second and the second	N KIROSTOO AH	ATCHUM DING DOAD		Address 3
Address 1	BLK 781 #10-3548	Address 2	YISHUN RING ROAD		Post Code
Address 4	SINGAPORE 760781	Address Type	Singapore address		Post Code
Unit No.	10-3548	Related Policy Number	5114299138		
		D. (1) - 1			
Driver Name		Driver Type Driver NRIC			Driver DOB
Unnamed driver Name		Driver Age			Driving Experience
Register Date of Driver License		Contact No.(Office)			Contact No.(Home)
Contact No.(Mobile)		Address 2			Address 3
Address 1		Address Type	Foreign address		Post Code
Address 4		Address Type	15151911201		
Unit No.  Does he own a Singapore		Dalues Vahiela Na			Driver Insurer Comp.
Registered car?	Yes No	Driver Vehicle No.			
Modification History					
Claim 002 New					
Claim Type *				OD-MX	Insured Name FAZLY BI
Contact No.(Mobile)				98260400	Contact No. (Home)
Email Address					OI Vehicle SJH3045 Number
Claim Description				SJH3045R / SLL4054M ON 1	4 Jan 2021
Preferred	Insured Liability Fully at Fault				
Workshop Bentiket No. Finalisation Yes	Preferered Preferred Workshop, Nar	ne unknown V GIA Receive	ed 🗸		
Finalisation Tes  Date Registered	Option Preferred Workshop, Nar	report		15/01/2021 12:38	Claim Close
Date Registered					Date
Report Taken By				ROSLI WAHAB	
Print AK letter					

Save Submit

		Save Submit							
Attachment									
₹									
ccident No.	MT/1117428		Claim No.		002				
st Doc. Receiv	ed ● Yes ○ No		Upload Date		15/01/2021 13:06				
	Pat	h *			Category *	Conf	identia		
Choose File	No file chosen			Clear	Please Select	7	i de i i e e		
Choose File	No file chosen			Clear	Please Select	NO			
Choose File	No file chosen			Clear	Please Select	NO			
Choose File	No file chosen			Clear	Please Select	NO			
Choose File	No file chosen			Clear	Please Select	NO			
	No file chosen			Clear	Please Select	NO			
Hessage Read									
				-					
Attachmen	t Uploaded By	/Date	Category	9	Urgency		De		
8 TO 12	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15	ASSESSMENT CENTRE SERVICE Jan 2021 13:06	NRIC/ Driving License	Υ	Normal	NRIC/	Driving		
-	NAC BURIT MEDAL 900474/ NATIONAL	ASSESSMENT CENTRE CERVICE							
13	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15	5 Jan 2021 13:06	SAS		Normal		SAS		
	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15	ASSESSMENT CENTRE SERVICE 5 Jan 2021 12:39	Photos		Normal		Photo		
	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15		Photos		Normal		Photo		
Site.	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15		Photos		Normal		Photo		
6	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15		Photos		Normal		Photo		
	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15	ASSESSMENT CENTRE SERVICE Jan 2021 12:39	Photos		Normal		Photo		
7 3	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15	ASSESSMENT CENTRE SERVICE Jan 2021 12:39	Photos		Normal		Photo		
/ 李	NAC_BUKIT_MERAH_800676( NATIONAL S (BUKIT MERAH)) on 15		Photos		Normal		Photo		
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## 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: 5114299138

. . . . .

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJH3045R

Chassis Number

: NZE1416084491

2. Name of Policyholder

: FAZLY BIN MOHAMED

3. Effective Date of Insurance

: 02 Dec 2019

4. Expiry Date of Insurance

: 01 Dec 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 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) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF 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 : EFIZZIG CREDIT 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

: MAGNI INSURANCE AGENCY (00000572198)

Date of Issue

: 29 Nov 2019 12:22 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive