

8N0821260004

Q1) : TP: Reporting Only

TP Insurer:

Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Process: (\$) 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: VRS () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury :

MA210117Y

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Victor's Comments

2111

2/3

1) All Accident Reporting (500)

1) AL	Local Assessment	(£100)	INC (200)
2) DA	Domestic Assessment	(£100)	540/54

5) TV: Towing Fee	512
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4) PT: Follow-Through Survey

3) FT: Follow-Through Survey (over 10 in 2005)

Vorname Nachname	
Geburtsdatum	

6) The EMRT Survey

7) NI: IDA 0A46MID 891V0)

4) NTUC Additional Services

ON: _____
 _____/Total Allowance

• NSI Courtesy Call / 1st Annual

* N6: Repair Continuation

Wing PV / Collect Access Coordination

TP (HLL) : TP (K-15 INC) 01.03.1988

25 Nizi Idao Moblie Pee Charged

Involved

Invoice dated

Fee Charged
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	16/02/2021 15:13 (SGT)
Date of Accident	11/02/2021 18:35 (SGT)
Exact Location of Accident	Corporation Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS LAKE POINT CONDO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2817M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	VELAYUTHAM S/O KUPPUSAMY
NRIC No	SXXXX183C
Email Address	vel_naiker@yahoo.com.sg
Mobile Phone No	(Phone) +65-94576494
Alternative Phone No	(Office) +65-63633094

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114897518-01
Cover Note Number	-

DRIVER

Name of Driver	VELAYUTHAM S/O KUPPUSAMY
NRIC No	SXXXX183C

Date Of Driving Pass	23/06/1993
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94576494
Alt. Phone Number	(Office) +65-63633094
Email Address	vel_naiker@yahoo.com.sg
Address	BLK 899A WOODLANDS DRIVE 50 #09-262
Address complement	-
Postcode	730899
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MR. BOSCO
Gender	Male

PASSENGER 2

Name	MR. BOSCO FATHER
Gender	Male

PASSENGER 3

Name	MR. BOSCO MOTHER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20210211/7044

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH8970M
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MR GOH
Contact Number	(Phone) +65-92266877
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Veh A: SLH 2817 M
Veh B: SLH 8970 M

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 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 situated 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.

"I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS."

Policyholder's Signature

Date & Time: 16/02/21

11.47 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

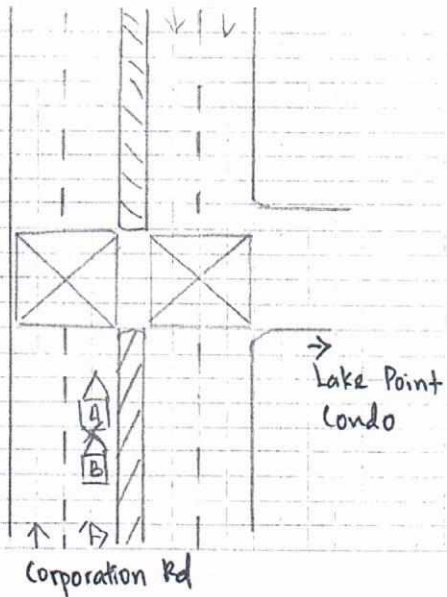
16/02/2021

Rafel wong

SKETCH PLAN

Veh A: SLH 2817M

Veh B: SLH 8970M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer To The Police Report No. 1/2021:0211/7044

DECLARATION

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

Policyholder's Signature

Date & Time: 16/02/21

11.47am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

16/02/2021
Roshan Kumar

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@rivcarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 11/02/21

*Accident Location: Corporation Rd (slip rd to Lake Point Condo)

*Time of Accident: 6.35 pm

Vehicle Details

*Vehicle Number: SLH 2817 M (Private Hire)

*Make & Model: Nissan Qashqai 1.2 DIG
Eng Cap: 1197 cc

Insured / Policyholder

*Owner Name: Velayutham Kuppusamy

*NRIC: S2612183L

*Address: Blk 899A #09-262, Woodlands Dr 50

*Email: vel-naike@gmail.com

*HP: 94576494

*Occupation: Safety Coordinator (Indoor / Outdoor)

*Tel / H / Other: 63633094

Driver (✓) same as above

*Driver Name:

*NRIC:

*Address:

*Date of Birth: 01.01.1962

*Driving Pass Date: 15/03/16

*HP:

*Email:

*Gender: Male / Female

*Occupation: (Indoor / Outdoor)

*Tel / H / Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: Mr. Bosco

(Male/Female)

*P/Name: Mrs Bosco

(Male/Female)

*P/Name: Mr Bosco Fisher

(Male/Female)

*P/Name:

(Male/Female)

Insurance Company

*Insurer:

*Coverage: C / TPFT / TPO

*Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SLH 8930 BM (Private Hire)

Make & Model: Mazda

Vehicle Category:

Name of Driver: Mr Goh

NRIC :

HP : 9776 6847

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others:

*Weather conditions: Clear / Raining / others:

*Any video cam: Yes (No)

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name:)

NRIC:

HP:

*Accident reported to police: Yes / No

*Summon against whom:

*Injured party: Yes / No

*No. of passengers (include driver):

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



**SINGAPORE
POLICE FORCE**



L/20210211/7044

1 of 2

POLICE REPORT (NP299)

Report No. L/20210211/7044

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 11/02/2021 23:21	Vide Report No.	Station Diary No.
Name Of Informant VELAYUTHAM S/O KUPPUSAMY	Address 899A WOODLANDS DRIVE 50 #09-262 SINGAPORE 730899	
ID Type / ID No. NRIC NO / S2612183C	Contact No. Home/Office: Mobile: 94576494	
Nationality SINGAPORE CITIZEN	Email Address VEL_NAIKER@YAHOO.COM.SG	
Occupation safety coordinator	Sex Male	Age 59
Institution/School Name	Date of Birth 01/01/1962	Race Indian
Date/Time Of Incident 10/02/2021 18:40 - 10/02/2021 18:45	Language English	
	Location Of Incident 899A WOODLANDS DRIVE 50 #09-262 SINGAPORE 730899	

Brief details.

i was driving my car - SLH 2817M car along corporation road and when i reached the lake site condo there is split road in order to turn right.

Upon seeing this, I slow my car cos in front another car waiting to turn right. Suddenly, I heard a noise and my car move forward bit, because another grab car hit back of my car.

The car's number plate -SLH 8970M.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

11/02/2021 23:21

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210211/7044

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210211/7044

My car suffered slight damaged on the bumper and after viewing it, I try to exchange particular with other driver but the guy refused to exchange his particular.

So we exchange mobile number. He mentioned his name was Goh - tel no: 97766877 and I exchange my contact number. We agree abt the insurance claim.

Subjects Involved			
Victim			
Person Name	VELAYUTHAM S/O KUPPUSAMY		
ID Type	NRIC NO	ID No	S2612183C
Gender	Male	Age	59
Race	Indian	Language	English
Occupation	safety coordinator	Address	899A WOODLANDS DRIVE 50 #09-262 SINGAPORE 730899
Mobile No	94576494	Is Informant A Victim?	Yes
Person Name VELAYUTHAM S/O KUPPUSAMY (Informant)			

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:

11/02/2021 23:21

Classification Of Case:

Claim Handling

Accident MT/1121186

Policy No.	5114897518-01	Vehicle No.	SLH2817M	GST Registration No.
Certificate No.				
Policyholder Name	VELAYUTHAM S/O KUPPUSAMY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94576494	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	16/02/2021 15:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/02/2021	Time of Accident hh:mm	18:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CORPORATION ROAD SLIP TO LAKE POINT CONDO			

▼ 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	0.00	YIED TP Excess	0.00	Driver Is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ 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 899A #09-262	Address 2	WOODLANDS DRIVE 50	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-262	Related Policy Number	5114897518-01	

▼ OI Driver Info

Driver Name	Velayutham S/O Kuppasamy	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S2612183C	Driver DOB
Register Date of Driver License	01/01/1999	Driver Age	59	Driving Experience
Contact No.(Mobile)	94576494	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 899A #09-262	Address 2	WOODLANDS DRIVE 50	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-262			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLH2817M	Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

Yes

Date Registered

Insured Liability Preferred Repair Option

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name

VELAYU

94576494

Contact No.

636330

VEL_NAIKER@YAHOO.COM.SG

Contact No. (Home)

636330

SLH2817M / SLH8970M ON 11 Feb 2021

OI Vehicle Number

SLH2817M

16/02/2021 15:12

Claim Close Date

Report Taken By

ROSLI WAHAB

Workshop
Repairer

Print AK letter

















Save

Submit

Attachment

Accident No.	MT/1121186	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/02/2021 15:18
Path *		Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:18	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:17	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:17	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:17	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:17	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:17	NRIC/ Driving License	Y	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Feb 2021 15:17	SAS	Normal	SAS 2

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: 5114897518-01

Cover : drive CLASSIC

- | | |
|--|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLH2617M |
| Chassis Number | : SINFEAJ11U1700324 |
| 2. Name of Policyholder | : VELAYUTHAM S/O KUPPUSAMY |
| 3. Effective Date of Insurance | : 16 Dec 2020 |
| 4. Expiry Date of Insurance | : 27 Oct 2021 |

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.

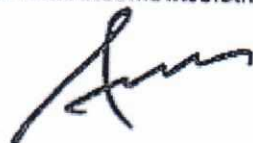
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VELAYUTHAM S/O KUPPUSAMY
NAMED DRIVER (1)	: KATHIRAGAVIN S/O VELAYUTHAM
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : INSUREMYCAR.COM.SG (00000615275)

Date of Issue : 08 Oct 2020 09:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive