

[waf 1 Ja'oo]

226A417164758

Date In: 14/12/2017 17:37	Job description	Date & Time Completed	Done by:
Ref No: NBA/MC/170137954	SAS e-filing		
Veh No: GBD84202	E-mail (with 3hrs, AIC 3hrs)		
D.O.A: 13/12/2017 11:30	I-Motor Claim Form	M710973736	14/12/2017
OD (TP) Reporting Only	I-Motor W/O (with: OD 3hrs, TP 3hrs)		18/1/3
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/ Hand to Owner/VKsp		

Preferred Wksp / INC Assign Wksp / OW: (		Tel: (		Fax: (
TP Particulars: (		Yeh No: <u>unknow</u>		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 ()			

General Remarks: _____
 () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	UNC Ref No. (5788 5016Y)	Date/Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Industry: _____

[illegible]

NA1707744		Invoice Preparation Checklist		By	Date	Authorised Signature	Authorised Stamp
Human's Particulars:		1) AR: Accident Reporting (\$30):					
Driver/Owner:		2) DA: Damage Assessment (\$100):	INC (\$40)				
Contact No:		3) TP: Towing Fee	\$40/\$43				
Insured Portion:		4) FT: Follow-Through Survey	\$120				
		5) FT: Follow-Through Survey (Re-survey)	\$30				
		Forfeiting against INC Only (over 10 Jan 2000)					
		6) TR: Re-inspection	\$75				
		7) NI: 1 day DA + SMRT Survey	\$160				
		8) NTUC Additional Services:					
		Q11:					
		*N1: Courtesy Car / Tpl Allowance	\$5				
		*N6: Repair Co-ordination	\$10				
		*N7: Post Repair Inspection	\$25				
		*N8: DV / Collect Unacc Co-ordination	\$5				
		LP (N11): TP (N4n INC) against INC	\$20				
		P) N12: Idas Mobile	\$0				
2/3:		Invoice dated		Fee Charged			
		Issued Date		Non-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 ability.
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 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	14/12/2017 17:37
Date Of Accident	13/12/2017 11:30
Exact Location Of Accident	SENG POH ROAD PARKING LOT 18
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8420Z
Insured/Policyholder	
Name Of Registered Owner	CHUEN HO TRADING
Co Reg No	52906476J
Email Address	TONYLEONG62@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97620981
Alternative Phone No	OFFICE-97620981

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091215623
Cover Note Number	

Driver

Name of Driver	LEONG KARM CHUEN
NRIC No	S1527216C
Date Of Birth	19/06/1962
Occupation	INDOOR
Date Of Driving Pass	23/05/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97620981
Fax Number	
Contact Number	OTHERS-97620981
EEmail Address	TONYLEONG62@GMAIL.COM

Address	BLK 119B KIM TIAN ROAD #06-238
Postcode	162119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171213/2143

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	UNKNOWN
Vehicle Make/Model/Colour	WHITE B.M.W
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
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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 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. 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 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:

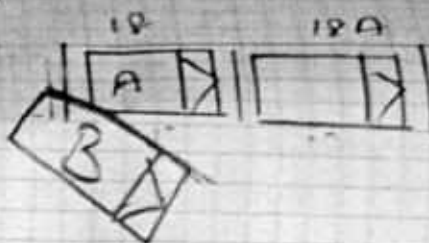
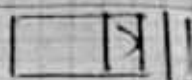
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch POH ROAD

A) GBD 84202

B) UNKNOWN

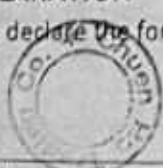


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
7/2017/213/2143

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

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

14/12/2017



Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20171213/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2017 18:43	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: LEONG KARM CHUEN		Address: APT BLK 119B KIM TIAN ROAD #06-238 SINGAPORE 162119	
ID Type / ID No.: NRIC NO / S1527216C		Contact No.: Home/Office: Mobile: 97620981	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 19/06/1962	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: FISH MONGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/12/2017 11:30	Type of Location: Straight Road
Location: Along Road 1 SENG POH ROAD				
Lot 18				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8420Z	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171213/2143

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20171213/2143

CONTINUATION OF REPORT

Vehicle Owner			
Name	LEONG KARM CHUEN	ID No.	S1527216C
Related Vehicle	NIL	Contact No.	97620981
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 13/12/2017 at about 1000hours, I parked my said lorry at lot number 18 and went to run errands at my stall. Subsequently, my friend told me that my lorry was being hit and the driver has driven off. I went to check on my lorry and found that my rear right side was hit.

I have a in car camera in my lorry . I went to review it and I saw a white BMW did hit onto on rear right side and it drove off. The number plate of the white BMW was captured in the footage. However, the number plate was a bit blurry as I viewed it on my phone and I could not get hold of the right numbers. However, I do believe that the number plate can be seen after viewing it on a computer instead.



**SINGAPORE
POLICE FORCE**



T/20171213/2143

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20171213/2143

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:
A /
Sgt 2 LINUS KHER ENTING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Signature Of Informant:

Date/Time:
13/12/2017 18:43

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/0973736

Policy No.	5091215623	Vehicle No.	GB08420Z	GST Registration No.	
Policyholder Name	CHUEN HO TRADING			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	97620981	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(%)	0		

Accident Details

Report Date	14/12/2017 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	13/12/2017	Time of Accident (hh:mm)	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENG POH ROAD PARKING LOT 18				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 119B #06-238	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5091215623		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEDNG KAHM CHUEN	Driver NRIC	S1527216C	Driver DOB	
Register Date of Driver License	23/03/1980	Driver Age	55	Driving Experience	
Contact No.(Mobile)	97620981	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 119B #06-238	Address 2	KIM TIAN ROAD	Address 3	
Address 4	SINGAPORE 162119	Address Type	Foreign address	Post Code	
Unit No.	06-238				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	GB08420Z	Driver Insurer Company	

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CHUEN HO TRADING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	GB08420Z	TP Vehicle Number	
Claim Description	GB08420Z / UNKNOWN ON 13 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	14/12/2017 18:11	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss But Repaired	

☐ Print All letter

Save Submit

Attachment

Accident No.	MT/0973736	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2017 18:13
Path *		Category *	Confidential
			Urgency
		Browse...	Clear
		Please Select	No
			Normal

[Attachment List](#)

📺 Video List

Display in New Window

ACCIDENT STATEMENT

ACCIDENT DATE: 13/12/2017 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: SENG POH ROAD. PARKING LOT 18

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QBD 84202
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
 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: CHURN HO TEAPIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S152726C CONTACT: 97620981
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEONG KARM CHUEN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S152726C CONTACT: 97620981
 c) ADDRESS: BLK 119B #06-238 KIM TIAN RD. S162119

* d) DATE OF BIRTH: 19/06/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: KIM TIAN POLICE POST

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(0)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Email = Tonykema62@gmail.com

Fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1527216C



Name

LEONG KARM CHUEN

梁鑑泉

Race

CHINESE

Date of birth

19-06-1962

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S1527216C

Name

LEONG KARM CHUEN

Birth Date 19 Jun 1962

Issue Date 28 Apr 2003



5760661

NRIC No. S1527216C



Date of issue

28-06-2017

Address

APT BLK 119B KIM TIAN ROAD
#06-238
SINGAPORE 162119

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	10 Aug 1994
Class 2A	Motorcycles between 201 cc and 400 cc	24 Feb 1997
Class 3	Motor Cars and Motor Tractors the weight of which laden does not exceed 2000 kilograms	23 May 1960



NP 423A

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 : 5091215623

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBD84202**
Chassis Number : **JN1SC2F24Z0857113**
 2. Name of Policyholder : **CHUEN HO TRADING**
 3. Effective Date of Insurance : **08 Jun 2017**
 4. Expiry Date of Insurance : **07 Jun 2018**
 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.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TAN CHONG 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 : INSURE U SERVICES (00000615375)
Date of Issue : 29 May 2017 11:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive