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	y Fax / Hand (Owner/Wksp		
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TP Paraleularia Yen Nor SLR 993 V.	, INC (.)/Non·INC) " .	5/
Owner / Driver: {		Tel:) -
Policy No: (,) Perlod: ((')	Cover Type: ()
Confirmed by 1 'C	Datei	Time)
Insured/Driver Liability: (%) [Note-Est Status (V	WO): N: 0-20	%; P: 21-79%	P: 30-1003	4)
Year of Registration: () Warranty: YES ()/NO()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- ort to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	02/01/2018 19:21
Date Of Accident	02/01/2018 06:50
Exact Location Of Accident	KPE B/F EXIT BUANGKOK DRIVE TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ1102L
Insured/Policyholder	
Name Of Registered Owner	DOSH CAR RENTAL PTE LTD
Co Reg No	201618369M
Email Address	ELSONONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87489543
Alternative Phone No	OFFICE-96853480
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used time of accident	d at GOING TO WORK
Are you claiming under your own insurance polit for repair to your vehicle?	cy 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5091100574
Cover Note Number	
Driver	
Name of Driver	SIM KUAN SENG (SHEN GUANGSHENG)
NRIC No	S7510620C
Date Of Birth *	08/04/1975
Occupation	INDOOR
Date Of Driving Pass	21/04/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489543
Fax Number	
Contact Number	OTHERS-96853480

ELSONONG@GMAIL.COM

BLK 593A MONTREAL LINK Address

#08-68

751593 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180102/2147

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR993Y

Vehicle Make/Model/Colour

B.M.W

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

BENNY YEO KOK HWEE

NRIC/Passport Number

S7314501E

Contact Number

96688820

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 35

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH6306L

Vehicle Make/Model/Colour

HYUNDAI SONATA

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHEW TENG PANG

NRIC/Passport Number

S0827197F

Contact Number

85736490

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJF7647

Vehicle Make/Model/Colour

HONDA AIRWAVE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO CHEE KEONG

NRIC/Passport Number

S8841064E

Contact Number

90026233

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)
 - (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:

KC A A	NB NDI	4
		V-
A) SJJ 1102L B) SUR 993Y	C) SH6306 L D) SJF 764	7m
	OF THE ACCIDENT	2 1 1/00 100 110 1111
ON 02/01/2017	A7 ABOUT 06:85 HR	R I WAS TRAVACLIMES
Along KRE 1		
of a THE TAX	OI BRUSHIC I ARSO BY	PLAK BUT MY CAR IND
olivaro & the	2the 2001 SH 6306L	- & CK87 THOM A FEW
SULONO I FACT	A Bumb From Toke A	CHAR. I CAMPLOUT &
SAW @ 2 VAUTICE	K SZF 993 Y 9 SJ1	
30 707AL OF 4	CAR WE ALL RICCHONE	GRE PARICUCARS 1401
All.		,
ASSESSED TO THE PARTY OF THE PA		
We declare the foregoing partie	culars are true in every respect.	an 03/01/2018
Policyholder's Sight Hare	Driver's Signature	Reporting Centre Personnel's/Signature
Date & Time:	(If driver is not the policyholder)	Name: VOBJI LAMA

DANKS, SANGLANDSON, MS





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

1 of 4 Report No. T/20180102/2147

REPORT OF A TRAFFIC ACCIDENT

	02/01/2018 16:56		Vide Report No.: Station Diary N				
Informa	ant's Partic	ulars					
Name of Informant: SIM KUAN SENG			Address: APT BLK 593A MONTREAL LINK #08-68 SINGAPORE 751593				
ID Type / ID No.: NRIC NO / S7510620C		20C	Contact No.: Home/Office:	Mobile: 96853480			
National SINGAF	lity: PORE CITIZ	EN	Email:				
Sex: Male	Age: 42	Date of Birth: 08/04/1975	Type of Informant:				
Race: Chinese			Language: English	Institution / School Name:			
Occupat AVIATIO			Driving Licence Information: Class: 3.4.5	Date of Evning			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2018 06:55	Type of Location Straight Road
	YA LEBAR EXPRES	0.75270A0, CVD.		
NOT THE REPORT OF THE PARTY OF THE PARTY.				Road Speed Limit:
Clear		Dry		
Clear Traffic Flow; One Way Type of Collisi	44	Dry Traffic Control: Not Controlled		80 Km/h Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Danses
SH6306L	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	No of Passenger
SJF7647M	Car	HONDA	AIRWAVE 1.5M A	Black	Seriously Damaged	0
SJJ1102L	Car	HONDA	FIT 1.3G SKYROOF A	White	Seriously Damaged	0





2 of 4 Report No. T/20180102/2147

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	A STANDARD CONTRACTOR	No of Passenge
SLR993Y	Car	BMW	528I 2.0L AT D/AB 2WD 4DR GAS/D NAV	Black	Slightly Damaged	1

Details of Person			No. of Street, or other party of the last		7 -		
Any Pedestrian In	volved: No		I have some and	A COLOR DE COLOR	-	NIA	
No. of Pedestrians	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA	
Driver			DECEMBER OF		1000		
Name	Chew Teng Pang			ID No.		S0827197F	
Related Vehicle	SH6306L (Car)		Contac	t No.	85736490		
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			charge	NIL		
No. of Dave grant	ed Medical Leave	NIL	Degree o		NIL		
	ed Medical Ecove				220		
Driver Name	Yeo Chee Keong		The sales will be a	ID No.		S8841064E	
Related Vehicle	SJF7647M (Car)			Conta	ct No.	90026233	
Hospital/Clinic	NIL 2		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL		
D. L. Taratarant	NIL		Date Dis	The Later Control of the Control of			
Date Treatment		NIL	Degree o				
	ted Medical Leave	1412	203,00		E ata		
Driver Name	SIM KUAN SENG			ID No		S7510620C	
Related Vehicle	SJJ1102L (Car)			Contact No.		96853480	
Hospital/Clinic	NIL	CONTRACTOR STATE CONTRACTOR STATE OF ST			of g ce & / Date	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	scharge	NIL		
	ited Medical Leave	NIL		of Injury			





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 4 Report No. T/20180102/2147

CONTINUATION OF REPORT

Driver		SEASON AND		230	100	GARLES SALES SALES		
Name	Benny Yeo Kok Hwee		ID No		S7314501E			
Related Vehicle	SLR993Y (Car)		SLR993Y (Car)		(Car)		ct No.	96688820
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	r		

Brief Details.

On 02/01/2018 at about 0655 hrs, I was driving my car SJJ1102L on the most right lane along KPE towards City before Buangkok Drive. I was travelling straight. Out of sudden, a taxi SH6306 who was travelling in front of my car, brake. Immediately, I applied brake however my car continued moving forward and could not stop. As a result, my front bumper collided with the rear bumper of the taxi and came to a stop.

Subsequently, I felt a bump from the rear of my car and then I realized that a car SLR993Y had collided onto the rear of my car because he cannot stop on time. Also, another car SJF7647M had collided onto the rear of SLR993Y. In total there were 4 cars involved in the accident. Each party then got out of their vehicles and exchanged particulars. All left after exchanging particulars.

No injuries on all parties. No government property damaged. No Ambulance and Traffic Police at scene. I am lodging this report to claim insurance.





4 of 4

Report No. T/20180102/2147

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

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 / Sgt 2 HIDAYAT BIN SELAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2018 16:56
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp NP168



cident MT/0976089				BENEVAL KONSTANCE	
licy No.	5091108574	Vehicle No.	\$1)11021.	GST Registration No.	
licyholder Name 1	DOSH CAR RENTAL PTE LTD			Policyholder NRIC	
oduct Code	PLEET INSURANCE	Cover Type	Third Perty	Loading	
ntact No. (Mobile)	87489543	Contact No.(Office)		Contact No (Home)	
nail Address		Special Remark:		eCode.	
K	₩ No : Yes	TCA	S No Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	
Accident Details					
	03/01/2018 11:25	Accident Report Within 24 hrs	Yes	Acident Type	
CONTRACT CON	02/01/2018	Time of Appident hitemm	06:50	Country of Accident	
39090411000000	100,000,000	Orange Force		ICM No.	
porting Centre	KPE B/F EXIT BUANGKOK DRIVE TOWARDS				
Not be the property of the second	ALE BY EATH BURNISHON DATASE TOWNSON	27700			
P Benefits					
P Excess	E 91.7	Additional Excess	0.00	Windscreen Excess	
wn damage Excess	0.00		0.00		
named Driver Excess		Outside Singapore OD Excess			
sini Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa	tion		The second secon		
ST Registered	No		GST Registration Date GST Status Verified	No	
ST Registration No.			Variation Administra	(1772)	
odification History					
NOTE TO SELECT AN OLD SENSE LANGUAGE DESCRIPTION	A Property To				
Policyhelder Malling Ade		1.00-0-2	SINGAPORE 117864	Address 3	
ddress 1	31 #81-31 WEST COAST HIGHY	Address 2	Singapore address	Past Code	
ddresa 4		Address Type			
nit No.	01-31	Related Policy Number	5092751815		
OI Driver Info			2.500 may 2.500 m		
river Name.	Imnamed Driver	Driver Type	Unnamed Driver 57510620C	Driver DOB	
Innamed driver Name	51M KUAN SENG (SHEN GUANG	Driver NRIC		Driving Experience	
egister Date of Driver License	21/04/2005	Driver Age	42	Contact No.(Home)	
ontact No. (Mobile)	96853480	Contact No.(Office)			
Address I	BLK 593A #08-68	Address 2	MONTREAL LINK	Address 3	
Address 4	SINGAPORE 751593	Address Type	Foreign address	Post Code	
Onit No.	08-68				
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	53111071	Driver Insurer Company	
Declaration					
Breathelyser or Binod Test Reading?	0 mg	Any Injury?	∀es © No		
Modification History Claim 991 Ob-MX Nex	a)				
	-				
		20 W20	POPULSAN REVISAL MEETIN	Insured NRW	
Claim Type *	ор-мх •	Insured Name	DOSH CAR RENTAL PTE LTD	Insured NATC	
Claim Type * Contact No.(Mobile)	OD-MX *	Contact No. (Home)		Contact No. (Office)	
Contact No. (Mobile)			DOSH CAR RENTAL PTE LTD	Contact No.(Office) TP Vehicle Number	
Contact No. (Mobile) Email Address		Contact No. (Home)		Contact No. (Office)	
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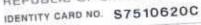
BLK 1009 #01-88 DAF AUTOMOTIVE PTG 8120 9420 . AGCIDENT STATEMENT MICHAGE ACCIDENT DATE: 102 101 12018 (OD/MM/YYYY), TIME: 106 55 (HHIMM) 1. DETAILS OF VEHICLE 855 1102 L a) VEHICLE NUMBER! INCOME BINSURANCE COMPANY: CIPOLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) FIT 1.36 SKYROOF A D)MAKE & MODEL: HONDA () TYPE (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, (OTHER) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) hIPURPOSE OF USING AT ACCIDENT TIME: Going to WORK I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/Q) IF NO, PLEASE STATE MHIRD PARTY CLAIMY REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 008H CAR RENTAL PTE LTO CONTACT: 8748944 b) NRIC/FIN/PASSPORT: 201618369W CLADDRESS: 31 WEST COAST HIGHWAY CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER # 19 14 busson Ag O'NAME! SIM KUAN SENG (Including driver) 87510620C b) NRIC/FIN/PASSPORT:_ CIADDRESS BIK 593A, MONTREAL *d) DATE OF BIRTH: (08) 04) 1975)(DO/MM/YYYY) 1) DATE OF DRIVING LICE 21 APR 2005 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED : MIRES 5. O WEATHER CONDITION (CLEAR / RAINING / OTHERS BIROAD SURFACE: (ORY) WET / OTHERS 6. WAS ANYBODY INJURED ITES (NO a) REPORTED TO ROLICE (KED/ NO) IF YES, PLEASE STATE WHICH POLICE STATIO B. THIRD PARTY VEHICLE BMW 0) VEHICLE NUMBER: SLR 993 Y 与 No of Dassenger BENNY YEO KOK HWEE b) DRIVER'S NAME: C) MRIC/FIN/PASSPORT: S7314501E (Induding driver) THIRD P'ARTY VEHICLE SH 6306 L d) VEHICLE NUMBERIL DRIVER'S NAME CHEW TENG # 10 of presunger NRIC SIN PASSPORT 50827197F (Including driver) 1) 10) Veh NO: SJF 7647M , MODEL : HONDA AIRWAVE

Oriver's name : YEO CHEE KEONG, ADRIAN, CONTACT: 90026233

email = elsonrong @gmail.com

fax =

REPUBLIC OF SINGAPORE





SIM KUAN SENG (SHEN GUANGSHENG)

CHINESE

08-04-1975 M

Country of birth



3708734



S7510620C

26-04-2005

APT BLK 593A MONTREAL LINK #08-66

SINGAPORE 751593

MRIC No: S75106200

Date: 08/06/2014

DI ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

PASS DATE

Matter cars =< 3000 kg with =< ? passengers, exclusive of the driver; and motor tractors/whilels == 2500 kg. Heavy motor cars and motor tractors > 2500 kg. Motor vehicles > 7250 kg not canotherize to carry any load.

21 Spr 2005 31 Mar 2006 HI Nov 2006

57518620C

5/No.9000063212

NP 428A

Licence No: \$7510620C



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)	
enactment or regulation in that behalf from drives. 5. Limitations as to Use# (a) Use for social domestic and pleasure purposes at this Policy does not cover (a) Use for racing, pace-making, reliability trial or sp (b) Use for the carriage of goods (other than sample c) Use for any purpose in connection with the Motor # Limitations rendered inoperative by Section 2 of	: SJJ1102L : GE61105549 : DOSH CAR RENTAL PTE LTD : 17 Jul 2017 : 16 Jul 2018 Dider's order or with his/her permission. accordance with the licensing or other laws or regulations to drive dis not disqualified by order of a Court of Law or by reason of any wing the Motor Vehicle. End in connection with the Policyholder's or Hirer's business.
EXCESS (SECTION 1)	
EXCESS (SECTION 2)	; N/A
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	; N/A
INSURE WITH COE	: NO
NCD PROTECTION	: N/A
PRIMARY DRIVER	; NO
	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A
/We hereby Certify that the Policy to which this Certifica /ehicles (Third Party Risks and Compensation) Act (Chapt Agency : HOBBES INSURANCE AGENCY (000) Date of Issue : 15 May 2017 16:59 hrs	te relates is issued in accordance with the provisions of the Motor ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 00572363)
- Ton . 1	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer** Chief Executive