

(over 1 year)

MA48003925

09/01/2018
11.04

NA1800260		Invoice Preparation Checklist	Unit(s)	Amount(s)
			Bill	Add. Bill
Amounts Enclosed:		1) AR: Accident Reporting (\$30)		
Per/Owner:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Test No:		3) TP: Towing Fee	\$40/\$40	
		4) FT: Follow-Through Survey	\$120	
		5) PT: Follow-Through Survey (Resurvey)	\$30	
		Excludes repair INC Only (w/ 10 Jan 2003)		
Tagged Portion:		6) TR: Re-Inspection	\$33	
		7) NI: Inc DA + SMRT Survey	\$160	
		8) NTUC Additional Services:		
		01)		
		*N1: Courtesy Car / Tpl Allowance	\$3	
		*N6: Repair Coordination	\$10	
		*N7: Post Repair Inspection	\$23	
		*N8: DY / Collision Unass Coordination	\$3	
		TP (NI) + TP (Nin INC) against INC	\$30	
		9) N12: Idn Mobile	10	
		Invoice dated	Fee Charged	
		Invoice total	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 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	08/01/2018 18:57
Date Of Accident	06/01/2018 10:25
Exact Location Of Accident	ALONG ENG HOON STREET
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-81988802
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MAO YAUK WING
NRIC No	S0294929F
Date Of Birth	09/07/1940
Occupation	INDOOR
Date Of Driving Pass	16/01/1960
Driving Experience	57 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97620981
Fax Number	
Contact Number	OTHERS-81988802
Email Address	TONYLEONG62@GMAIL.COM

Address	BLK 8 FRENCH ROAD #17-22
Postcode	200008
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	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 POLIUCE REPORT T/20180106/2099 (COLLISION TYPE IS HEAD TO SIDE)

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	B.M.W BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.

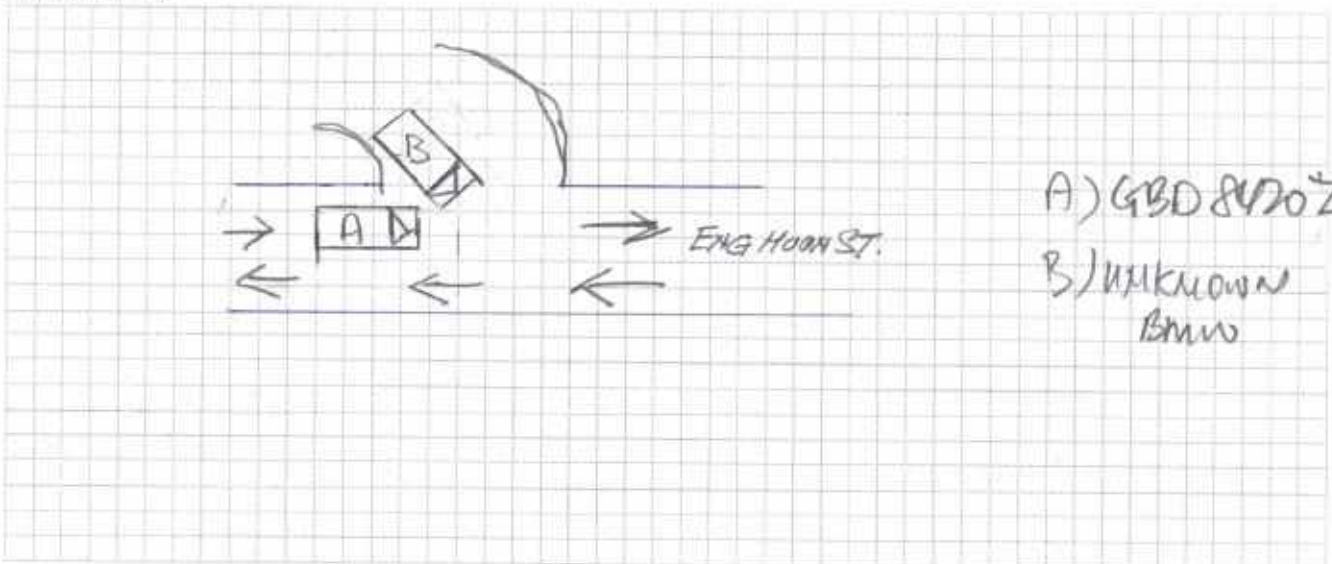


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referral to Police Report
7/2018/0106/2099

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name: 08/01/2018
NRIC/FIN No.: Keshi Wothob



SINGAPORE POLICE FORCE



T/20180106/2099

1 of 3

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

Report No. T/20180106/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2018 16:36	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: MAO YAU K WING			Address: APT BLK 8 FRENCH ROAD #17-22 SINGAPORE 200008	
ID Type / ID No.: NRIC NO / S0294929F			Contact No.: Home/Office:	Mobile: 81988802
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 77	Date of Birth: 09/07/1940	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/01/2018 10:25	Type of Location: Straight Road
Location: Along Road 1 ENG HOON STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8420Z	Lorry	NISSAN	Cabstar	Grey	Slightly Damaged	1
	Car	BMW		Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD8420Z	NTUC Income Insurance Co-Operative Limited	5091215623	08/06/2017	07/06/2018



**SINGAPORE
POLICE FORCE**



T/20180106/2099

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/20180106/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAO YAUW WING	ID No.	S0294929F
Related Vehicle	GBD8420Z (Lorry)	Contact No.	81988802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 6/1/2017, at about 10.25am, I was driving along Eng Hoon Street when a black BMW came out of the carpark. He did not stop behind the stop line before exiting the carpark. As such, I collided into the front right side of his vehicle.



**SINGAPORE
POLICE FORCE**



T/20180106/2099

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/20180106/2099

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 /
Insp RADYAMANSYAH BIN JAMALUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/01/2018 16:36

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/0976949

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)	97920981	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	Private Hire	Not available

Accident Details

Report Date	09/01/2018 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major
Date of Accident	06/01/2018	Time of Accident hh:mm	10:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ENG HOON STREET				

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 #06-23B	Address 2	KIM TIAN ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5091215623		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MAG YAUH WING	Driver NRIC	S0294929F	Driving Experience	
Register Date of Driver License	16/01/1968	Driver Age	77	Contact No.(Home)	
Contact No.(Mobile)	81988802	Contact No.(Office)		Address 3	
Address 1	BLK B #17-22	Address 2	FRENCH ROAD	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	17-22				
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

New

Claim Type *	OD-MX	Insured Name	CHUEN HO TRADING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	GB08420Z	TP Vehicle Number	
Claim Description	GB08420Z / UNKNOWN ON 6 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	09/01/2018 11:03	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter


Save Submit

Attachment

Accident No.	MT/0976949	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2018 11:04
Path *		Category *	Confidential Urgency
			Normal

Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N5"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N3"/>	Normal

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:04	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:04	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 09 Jan 2018 11:03	SAS	Normal	SAS

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 06/01/2018 (DD/MM/YYYY), TIME: 10.25 (HH:MM)
LOCATION: Along Eng Hoon Street

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBD 84002
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN CABSTAR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: CHEN HO TRADING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15272161C CONTACT: 97620981
c) ADDRESS: Buk 1198 #06-238 KIM TIAN RD
SC162119

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: MAO YAUK WING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0294929F CONTACT: 81988802
c) ADDRESS: Buk 8 French Road #17-22 SC200008

*d) DATE OF BIRTH: 09/07/1940 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/01/1960

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

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: UNKNOWN MODEL: B.M.W (BLACK)
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: _____

email = larryluong962@gmail.com

fax =

✓ 10/01

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0294929F



Name
MAO YAU K WING
马旭庭
Race
CHINESE
Date of Birth
09-07-1940 Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S0294929F**
MAO YAU K WING
Birth Date **09 Jul 1940**
Valid Until **30 Apr 2007**



001407400A

0806972



NRIC No. **S0294929F**



Blood Group **B+** Date of issue **04-03-1999**

APT BLK 8 FRENCH ROAD #17-22
SINGAPORE 200008
NRIC No: S0294929F Date: 24-04-2003 (R) NP 428A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

		PASS DATE
Class 2B	Motorcycles <= 200 cc	04 Feb 1999
Class 2A	Motorcycles between 201 cc and 400 cc	04 Feb 1999
Class 2	Motorcycles > 400 cc	04 Feb 1999
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	16 Jan 1990

Licence No: S0294929F

NP 428A

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 : **GBD8420Z**
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