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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. 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. 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

TO THE LOUIS OF THE LOUIS AND THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	08/02/2018 18:33
Date Of Accident	08/02/2018 13:30
Exact Location Of Accident	ALONG DUNEARN ROAD BEFORE ENG NEO AVENUE
	SINGAPORE
DE LA CONTRACTOR DE LA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD8698U
Insured/Policyholder	
Name Of Registered Owner	WANG SIANG YANG
NRIC No	S6872642E
Email Address	LLOYDWANG@YMAIL.COM
Mobile Phone No	(LOCAL) +65-94788998
Alternative Phone No	OTHERS-94788998
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096877356
Cover Note Number	
Driver	
Name of Driver	WANG SIANG YANG
NRIC No	S6872642E
Date Of Birth	19/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1992
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94788998
Fax Number	
Contact Number	OTHERS-94788998
The straight of the straight o	LI DISTRICTOR COM

LLOYDWANG@YMAIL.COM

Address

2 JALAN BATAI

Postcode

578678

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

Number of Passengers (Including Driver)

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Passanger 1

NAME:

: KARTIK

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN PASSANGER

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN PASSANGER

GENDER:

: FEMALE

Passenger 4

NAME:

: UNKNOWN PASSANGER

GENDER:

FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP121H

Vehicle Make/Model/Colour

HONDA HRV

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO WHYE CHUNG

Page 2 of 35

NRIC/Passport Number

S0315072J

Contact Number

62229339

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 3 of 35

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.
- 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:

- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

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

08.02.2018

SKETCH PLAN BUS# 151 DUNFAIRN RP ROAD WORK SAFERY ROAD WORD VEHICLE AD SJDEGARY DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was 2018 130 Februry about 12 mspeet we boove alms homo DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name: Report WAATB Driver's Signature Policyholder' Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No .: Date & Time:

CONFIRMATION OF RELEASE

THIS CONFIRMATION OF RELEASE made the 8 day of FEBRUARY

2018.

BETWEEN

HO WHYE CHUNG (Driving License / NRIC NO. S0315072J)

(hereinafter referred to as "DRIVER OF VEHICLE NO. SLP 121 H") of the one part

AND

WANG SIANG YANG (NRIC NO. S6872642E)
(hereinafter referred to as "AUTHORISED DRIVER OF VEHICLE NO. SJD 8698 U") of the other part

WHEREAS

- The minor traffic accident that occurred on 8 February 2018 at approximately 1330 hours along Dunearn Road just before Eng Neo Avenue between the motor vehicles of the DRIVER OF VEHICLE NO. SLP 121 H and DRIVER OF VEHICLE NO. SJD 8698 U.
- The minor accident occurred when VEHICLE NO. SLP 121 H which was already stationary, slightly moved forward, gently hitting the bumper of VEHICLE NO. SJD 8698 U which was also stationary.
- Both Drivers observed no visible injuries for both the passengers and drivers on board both vehicles in the aftermath of the accident.

WITNESSETH THAT IN CONSIDERATION OF THE SUM OF SINGAPORE DOLLARS FOUR HUNDRED DOLLARS ONLY (\$\$400.00) paid by the DRIVER OF VEHICLE NO. SLP 121 H to the AUTHORISED DRIVER OF VEHICLE NO. SJD 8698 U, the receipt of which the AUTHORISED DRIVER OF VEHICLE NO. SJD 8698 U, hereby acknowledges, the AUTHORISED DRIVER OF VEHICLE NO. SJD 8698 U, hereby RELEASES and DISCHARGE the DRIVER OF VEHICLE NO. SLP 121 H from all sums of money, accounts, actions proceedings claims and demands whatsoever which the AUTHORISED DRIVER OF VEHICLE NO. SJD 8698 U or any parties claiming ownership of the said vehicle had or has down to the date of this confirmation against the DRIVER OF VEHICLE NO. SLP 121 H in respect of the accident and ensuing matters.

HO WHYE CHUNG

(Driving License / NRIC NO. S0315072J)

WANG SIANG YANG

(Vocational License/ NRIC NO. S6872642E)

Witnessed by

POON WOON YIM

(NRIC NO. S1655599A)

ident MT/0981613				GST Registration No.
cy No.	5096877356	Vehicle No.	51D8698U	
scyligider Name 1	WANG SLANG VANG			Palicyholder NRIC
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
otact No. (Motivie)	94798988	Contact No. (Office)		Contact No. (Home)
all Address		Special Remark		eCode
Control of the Contro	S No Tes	TCA	lii No Yes	eCode Reason
	No	NCD Entitlement(%)	50	Private Hint Vi
Accident Details				
200000000000000000000000000000000000000	DB/02/2018 18:52	Accident Report Within 24 hrs	Yes:	Accident Type C
		Time of Acodest Ishumos	13:30	Country of Accident 5
Re of Accident	08/02/2018	Grange Force		SCH No.
porting Centre	cosettica, victor conserva contrava de l'est			
cident Location	ALONG DUNEARN ROAD HEFORE ENGINE	DAYLING		
3 Benefits				
Or Excess	4580.00	594033000000	0.00	Windscreen Excess
wn damage Excess	7,000,00	Additional Excess	2,000.00	
nnamed Driver Excess	0.00	Outside Singapore OD Excess		
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
G GST Registered Informa	ition			
ST Registered	No		GST Registration Date	Yes
ST Registration No.			GST Status Verified	125
addication History				
→ Policyholder Mailing Ad	dress			MARKAGO COM
iddresii 1	2 JALAN BATAI	Address 2	SEMBAWANG HILLS ESTATE	Address 3
Address-4		Address Type	Singapore address	Post Code
anit No.		Related Policy Number	5096877356	
© OI Driver Info				
Driver Name	WANG SIANG YANG	Driver Type	Main Driver	
Unnamed driver Name	To describe the second second second	Driver NRJC	S6877642E	Onver DOB
Register Date of Driver License	01/01/1988	Driver Age	49	Driving Experience
		Contact No.(Office)		Centact No.(Hurve)
Contact No. (Mobile)	94788998	Address 2	SEMBAWANG HILLS ESTATE	Address 3
Address I	2 JALAN BATAI	Address Type	Singapore address	Post Code
Address 4		Amarica (Jan		
Unit No.			\$306698W	Oriver Insurer Company
Does he own a Singapore Registered car?	Yes ⊕ No	Oriver Vehicle No.	200000	
Declaration				
Breathalyser or Blood Test	0-mg	Any injury?	Yes @ No	
Reading?	D mg			
Reading? Modification History	exx			
Reading® Modification History Claim 001 OD-MX: N		Insured Name	WANG SIANG YANG	Insured NRIC
Reading* Modification History Claim 001 OD-MX: No.	evx OD-MX		WANG STANG YANG	Insured NRIC Contact No.(Office)
Reading* Modification History Claim 001 00-MX: No Claim Type * Cantact No.(Metilii)	ex	Insured Name	MANG SIANG YANG	
Reading* Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Metala) Email Address	OD-MX • Q4788998	Insured Name Contact No.(Home)		Contact No.(Office)
Reading* Modification History Claim 001 OD-MX: No Claim Type * Contact No. (Metila) Email Address Claim Description	OD-MX - 04788998 SDB6980 / SLF121H ON 8 Feb 2018	Insured Name Contact No.(Home) Of Vehicle Number	Sibeeseu	Contact No.(Office) TP Vahicle Number
Reading* Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Metala) Email Address	OD-MX - 04788998 SDB6980 / SLF121H ON 8 Feb 2018	Insured Name Contact No.(Home) OT Vehicle Number Insured Liability *	SIDEESEU Not at Fault	Contact No.(Office) TP-Vahicle Number Name of Preferred Workshop
Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Metila) Email Address Claim Description Preferred Workshop Contact	OD-MX - 04788998 SDB6980 / SLF121H ON 8 Feb 2018	Insured Name Contact No.(Home) Of Vehicle Number	Sibeeseu	Contact No.(Office) TP Vahicle Number Name of Preferred Workshop GIA report
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Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Metala) Ernall Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX • 94788998 • 5J086980 / SLP121H ON 8 Feb 2018	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	SIDEESEU Not at Fault	Contact No.(Office) TP Vahicle Number Name of Preferred Workshop GIA report
Reading* Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Motila) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX - 04788998 - 53086980 / SLP121H ON 8 Feb 2018 - Vis - 08/02/2016 18:57	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Chaim Close Date	SIDEESEU Not at Fault	Contact No.(Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received
Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Metila) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX - 04788998 - 53086980 / SLP121H ON 8 Feb 2018 - Vis - 08/02/2016 18:57	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Chaim Close Date	SID6696U Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received
Reading* Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Motila) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX - 04788998 - 53086980 / SLP121H ON 8 Feb 2018 - Vis - 08/02/2016 18:57	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Chaim Close Date	SIDEESEU Not at Fault	Contact No.(Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received
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Modification History Claim 001 OD-MX: No Claim Type * Contact No.(Metals) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Press, AX letter	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Chaim Close Data Workshop Repairer	SID6696U Not at Fault Preferred Workshop, Name unknown Save Subme	Contact No.(Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received
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		RODG76/ NATIONAL ASSESSMENT CENTRE SERVICES (BU	WO SERVED SERVERS		NRIC/ Drivin
					Company of the Control
43	NAC BUKIT MERAH I	000676(NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH) on 08 Feb 2018 18:55	K SAS	Nacroal	SAS
		ID0676(NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 08 Feb 2018 18:55		Normal	Photo
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201	NAC_BUKIT_MERAH_8	08676(NATIONAL ASSESSMENT CENTRE SERVICES (BUR IT MERAH)) on 06 Feb 2018 18:55	Photos	Normal	Photo
E.	NAC_BUKIT_MERAH_B	90676(, NATIONAL ASSESSMENT CENTRE SERVICES (BUY [T MERAH)) on 08 Feb 2018 18:55	K Photos	Normal	Photo

A'GCIDENT'STATEMENT

, ACCID	ENT DATE: (08, / 02 /2	PIS I(DD/MM/YYY	Y), TIME: (. / 3 1-	50_1(HH:MM)	200
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8 30	5****				+ 12.
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25	b)INSURANCE COMPAN	IY! NTUC	SA TRANSMITTALE	r-	muercial
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	g) VEHICLE CATEGORY:	PRIVATE / COMMER	GRAB	CLE) 14	3 :
	HIPURPOSE OF USING A			2.77	
100	IF NO, PLEASE STATE (T	HIRD PARTY CLAIM!	REPORTING ONL	Y) -	6 4
HRAIK (M) 2.	ANAMEL - WANG	SEANS YANG	3	LE /-FEMALE	
Struckil (3)	b) NRIC/FIN/PASSPORT:	5687260	FRE CONTACTI	9978879	f
20 110	CADDRESS: Q	gapore 5	78678 ·		5 29
77 (M)	· CONTINUE TO 3,d IF D	The state of the s	the same of the sa		W.
14 No of passongs	DRIVER	STANG YA	v6		
(Including driver)	DRIVER DINAME: WANG DINRIC/FIN/PASSEORY	C6872692	TY IV	18 947889	98 ·
3	CIADDRESS:	lalgo Bati	31		6. 1 V
The state of the s	*d)DATE OF BIRTH! (9 OLI 196X VIE	578678		2
	e)OCCUPATION: (INDE	OR / OUIDOOR)		2	
	I) DATE OF DRIVING	ass	.02 - /99. URED'S COMPAN		18
	WAS DRIVER AN EMP IF NO, RELATIONSHIP	OF THE DRIVER V	VITH INSURED !_	ONNE	2 -
5,	DIWEATHER CONDITIO	N: (CLEAR / RAINING	OTHERS		
6.	DIROAD SURFACE: [DR	O THERY NO!			
7.	OIREPORTED TO POLIC	E (1857 NO)	02.	Bronzelie vario	11
. 8,	IF YES, PLEASE STATE ! THIRD PARTY VEHICLE		. 1	HONDA HO	e1/
of 110 of parsonger	 VEHICLE NUMBER; 	SCP 221	H MODELI 1		=V
(Industing driver)	b) DRIVER'S NAME:_ b) NRIC/FIN/PASSPO	RT1 - 968-72-60	ZE CONTACT	6 222 0	7339
(1) 8.	THIRD P'ARTY VEHICLE	503150		+	4192 21
· if No of persunger	d) VEHICLE NUMBER		MODELI		_
Closeluding driver		RT:	CONTAC	T1 <u>74</u>	- [
(_)				F15	e 12
enver v T.C.	5.9		1927	100	" le a
			1.00		

email: lloydwang@ymail.com
fax:
V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6872642E



WANG SIANG YANG

£

CHINESE

19-06-1968

MALAYSIA

DRIVING LICENCE S6872642E WANG SIANG YANG Bett Date: 19 Jun 1968 Dam Dam 05 Feb 2004



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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc Class 3 Motor Cars and Motor Tractors the weight of

25 Feb 1992 10 Feb 1992

which unladen does not exceed 2500 kilograms

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960))
ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	
INDION CHICLES (FIRES)	

Cover : drivo CLASSIC Certificate Number: 5096877356

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJD8698U

: 21 Dec 2017

: 20 Dec 2018

: JHMFD264085201011

WANG SIANG YANG

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)	± 5\$2,000	
EXCESS (SECTION 2)	: \$\$1,500	
WINDSCREEN EXCESS	: S\$100	
ADDITIONAL EXCESS	1 N/A	
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF	
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	
INSURE WITH COE	: YES	
NCD PROTECTION	: NO	
TRANSPORT ALLOWANCE	i NO	
EXCESS WAIVER	: NO	
PRIMARY DRIVER	: WANG SIANG YANG	
NAMED DRIVER (1)	: CHAN SOO LIN	
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	r N/A	
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)

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 20 Dec 2017 17:26 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive