

# NATIONAL Assessment Centre Services

(part 1 of 000)

MAA48075820

Date In: 22/02/2018 16:04

Ref No: N88/mc18903399/V

Veh No: SLL 1217D

D.O.A: 22/02/2018 09:40

OD / TPI Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-Milling		
E-mail (with 4 hrs, AIC 1 hrs)		
E-Motor Claim Form	22/02/2018 16:29	
E-Motor W/O (with 100 hrs, TP check)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yell No: SLL 2200X INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

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

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

General Rem: ( ) 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 ( ) : Invoiced: YES ( ) / NO ( ) : Towing Co: ( )

Remarks: ( ) INC hotline: 6788 6016

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Order Time: ( )

Human Resources: ( )

river/Owner: ( )

ontrol No: ( )

amaged Portion: ( )

C. Checked by (Ungr-In-Charge): ( )

Comments: ( )

L 1: ( )

L 2/3: ( )

Invoice Breakdown/Charges	Amount	Amount
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$40	
4) PT: Follow-Through Survey	\$150	
5) RT: Follow-Through Survey (Resurvey)	\$10	
Total claim against INC Only (w/ 10 Jan 2008)		
6) TR: Assessment	\$75	
7) NI: 14v DA + SMRT Survey	\$160	
8) NTUC Additional Services		
Gill		
9) NI: Courtesy Car / Tpl Allowance	\$5	
10) NI: Repairs Coordination	\$10	
11) NI: Post Repair Inspection	\$15	
12) NI: DY / Collision/Unacc Coordination	\$5	
TP (NI) / TP (Non INC) against INC	\$20	
7) NI: 14v DA	\$10	
Invoice Total		
Balance Paid		
Not Charged		
Not 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 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	22/02/2018 16:04
Date Of Accident	22/02/2018 09:40
Exact Location Of Accident	SLIP RD FROM CLEMENTI ROAD TWRDS AYE TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1217D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORISZUAN SHAH BIN BAKAR SHAH
NRIC No	S8634295B
Email Address	19WANSHAH86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91389887
Alternative Phone No	OTHERS-91389887

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092128996
Cover Note Number	

### Driver

Name of Driver	NORISZUAN SHAH BIN BAKAR SHAH
NRIC No	S8634295B
Date Of Birth	26/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91389887
Fax Number	
Contact Number	OTHERS-91389887
E Mail Address	19WANSHAH86@GMAIL.COM

Address	BLK 20 DOVER CRESCENT #02-304
Postcode	130020
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	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?	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	SLL2200X
Vehicle Make/Model/Colour	SUBARU FORESTER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DA REN HEE YIJIE
NRIC/Passport Number	S8236538I
Contact Number	98266161
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

22.02.2015

11:02

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

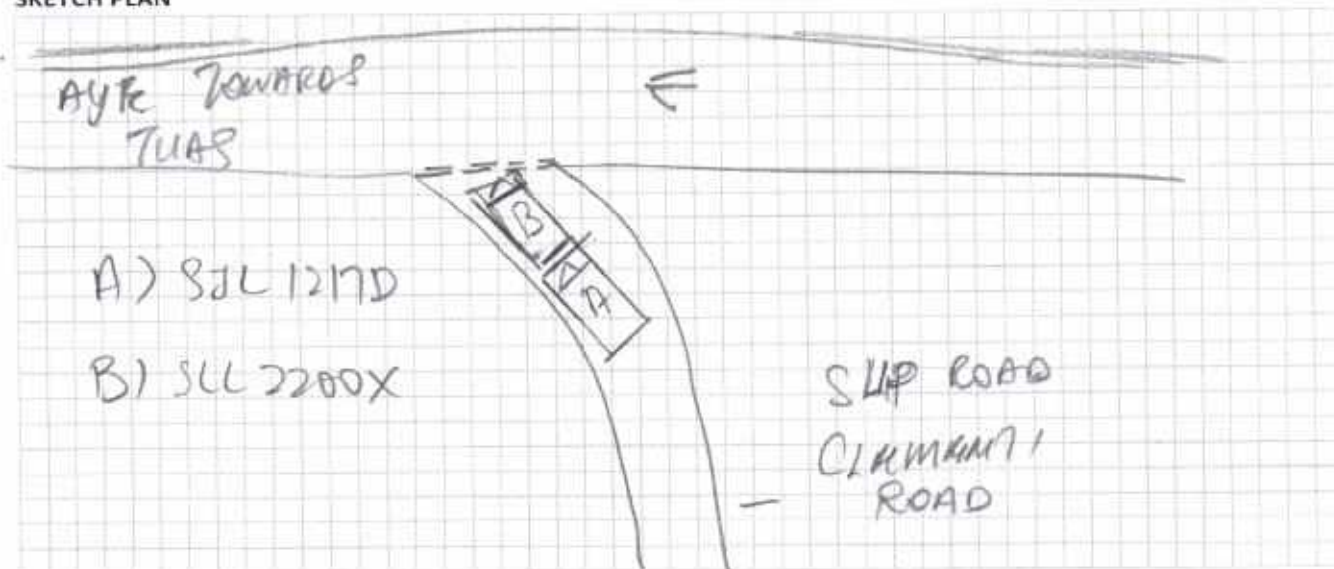
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

22/02/2015

Rashid NATHAN



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAV 22-FEB-2018 at 0940 am I was travelling along  
Clementi Road <sup>entering</sup> AYE SUEZ SAIP ROAD, he stopped & hit his rear bumper.

## 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: Rosa White  
NRIC/FIN No.: \_\_\_\_\_

## Claim Handling

Accident MT/0983252

Policy No.	5092128996	Vehicle No.	SIL1217D	GST Registration No.	
Policyholder Name	NORISZUAN SHAH BIN BAKAR SHAH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91389887	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	No

▼ Accident Details

Report Date	22/02/2018 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	22/02/2018	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM CLEMENTI ROAD TWRDS AYE TUAJ				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 20 #02-304	Address 2	DOVER CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5092128996		

▼ OI Driver Info

Driver Name	NORISZUAN SHAH BIN BAKAR SHAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S86342958	Driver DOB	
Register Date of Driver License	14/07/2015	Driver Age	31	Driving Experience	
Contact No.(Mobile)	91389887	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 20 #02-304	Address 2	DOVER CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SIL1217D	Driver Insurer Company	

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 *	OD-MX	Insured Name	NORISZUAN SHAH BIN BAKAR	Insured NRIC	
Contact No.(Mobile)	91389887	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SIL1217D	TP Vehicle Number	
Claim Description	SIL1217D / SIL2200X ON 22 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	22/02/2018 16:28	Claim Close Date		Total Loss but Repaired	
Report Taken By	BOSLI WAHAB	Workshop Repairer			

☐ Print AK letter







Save Submit

## Attachment

Accident No.	MT/0983252	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/02/2018 16:29
Path *		Category *	Confidential Urgency
		Browse Clear Please Select	NO Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:29	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:29	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:29	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:28	Photos		Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:28	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:25	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Feb 2018 16:25	SAS		Normal	SAS

## Video List

Uploaded By/Date	Folder Date	File Name	?	Source
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Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 02 / 2018) (DD/MM/YYYY), TIME: (09 : 40) (HH:MM)

LOCATION: CLEMENTI ROAD TOWARDS (AYE TOWNS) SUP ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3JA 1217 D  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 589 2126996  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: LONDA JAZZ 21 2008  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: NORISZUAN SHAH BIN EACNE SHAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58634295B CONTACT: 91389887  
 c) ADDRESS: 81C 20 BOVE CRICENT 402-304 130020

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passengers  
(including driver)  
(1)

- DRIVER  
 a) NAME: AS : ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (26 / 10 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 09 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER  
 5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS  
 b) ROAD SURFACE: (DRY) / WET / OTHERS  
 6. WAS ANYBODY INJURED (YES / NO) NO  
 7. a) REPORTED TO POLICE (YES / NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

# No of passengers  
(including driver)  
(4)

- a) VEHICLE NUMBER: 312 2200 X MODEL: Suzuki Forenza  
 b) DRIVER'S NAME: DA REN HEE YIE  
 c) NRIC/FIN/PASSPORT: 582365381 CONTACT: 98266161

## 9. THIRD PARTY VEHICLE

# No of passengers  
(including driver)  
( )

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

email = 19.wanshah@6@gmail.com

fax =

✓ 1000



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8634295B



Name

NORISZUAN SHAH BIN BAKAR  
SHAH

Race

JAVANESE

Date of birth

26-10-1986

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8634295B

Name

NORISZUAN SHAH BIN BAKAR  
SHAH

Birth Date: 26 Oct 1986

Issue Date: 14 May 2014



NRIC No: S8634295B



Date of issue

28-12-2012

Address

APT BLK 20 DOVER CRESCENT  
#02-304  
SINGAPORE 130020

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B  
Class 3

MOTORCYCLES NOT EXCEEDING 200 CC  
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF  
WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

12 Apr 2018  
14 Jul 2015

S / No. 9000227520

S8634295B

NP 428A





\$1359.12

### 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: 5092128996

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJL1217D  
Chassis Number : JHMGE68509S205697
2. Name of Policyholder : NORISZUAN SHAH BIN BAKAR SHAH
3. Effective Date of Insurance : 23 Jun 2017
4. Expiry Date of Insurance : 22 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.

## This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: NORISZUAN SHAH BIN BAKAR SHAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貸私人有限公司  
TECK WEI CREDIT PTE LTD  
Co. Reg. No. 200512300K  
210 Turf Club Road, The Grandstand  
Lot A8 Singapore 201595  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)  
Date of Issue : 22 Jun 2017 16:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

67895000