

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	06/04/2018 16:21
Date Of Accident	03/04/2018 23:30
Exact Location Of Accident	CAVENDISH PARK (20 PINE GROVE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH3095G
Insured/Policyholder	
Name Of Registered Owner	CHIN YIN KEONG
NRIC No	S2549954I
Email Address	DARYL.CHIN.SHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91918093
Alternative Phone No	HOME-62554540

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	5091479752
Cover Note Number	

Driver

Name of Driver	CHIN SHICHANG ,DARYL(CHEN SHICHANG, DARYL)
NRIC No	S8121249Z
Date Of Birth	04/08/1981
Occupation	INDOOR
Date Of Driving Pass	16/12/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91918093
Fax Number	
Contact Number	HOME-62554540
Email Address	DARYL.CHIN.SHI@GMAIL.COM

Address 20 PINE GROVE
#05-04
Postcode 597595
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
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) 2
Passenger 1 NAME: SON
GENDER: MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name DOVER NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20180406/2058

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 SLF5887B
Vehicle Make/Model/Colour TOYOTA SIENTA
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver LIM SEOK KHENG
NRIC/Passport Number S1151358A
Contact Number 90538848
Address

SKETCH PLAN

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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:

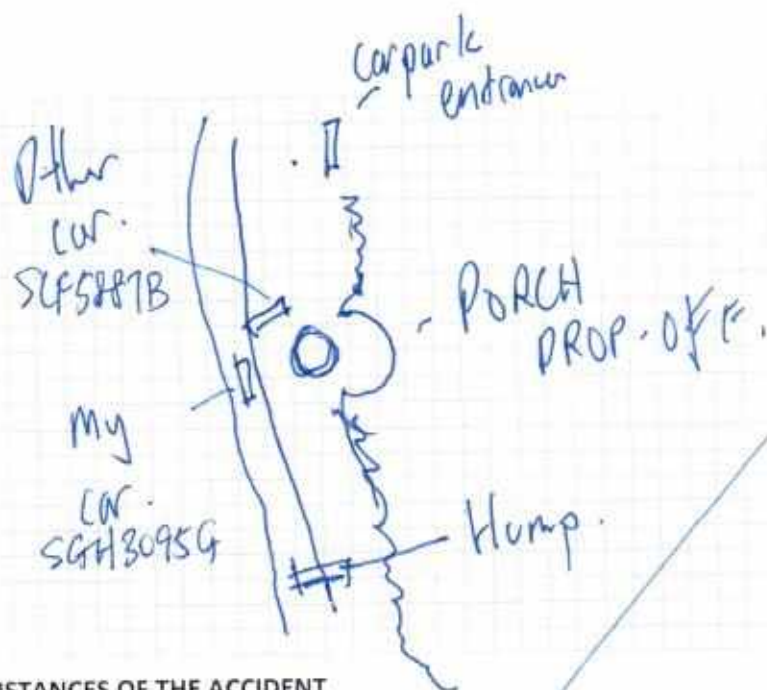
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

Handwritten text across the form: *PLS Refer to Police Report D/20180406/2058*

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:
NRIC/FIN No.:

06/04/2018

Res/1 works



SINGAPORE POLICE FORCE



D/20180406/2058

1 of 2

Report No. D/20180406/2058

POLICE REPORT (NP299)

Police Station Of Origin
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Date/Time Report Made 06/04/2018 15:12	Vide Report No.	Station Diary No. 38
Name Of Informant CHIN SHICHANG, DARYL	Address 20 PINE GROVE #05-04 SINGAPORE 597595	
ID Type / ID No. NRIC NO / S8121249Z	Contact No. Home/Office	Mobile 91918093
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Journalist	Sex Male	Age 36
Institution/School Name	Date of Birth 04/08/1981	Race Chinese
Date/Time Of Incident 03/04/2018 23:30	Location Of Incident 20 PINE GROVE CAVENDISH PARK SINGAPORE 597595 Near to drop off point of Blk 18	

Brief details.

On 03/04/2018 at about 2330hrs, I was going back home and was driving my car (SGH3095G) along the road of Cavendish Park Condominium and was going towards the basement car park. I was already in the compound by then and my only passenger was my 2 year old son. In front of me was a vehicle SLF5887B and while driving behind the vehicle, suddenly without signaling, the vehicle stopped in the middle of the road near to Blk 18 while turning right. As I was about one or two car length away from the car, I tried to swerve to my left but I could not stop in time and collided onto the rear of the vehicle. The

Signature Of Officer Recording The Report:

D / Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
ASP CANDICE CHUA SHUMIN
Contact No.: 67740000

Signature Of Informant:

Date/Time:
06/04/2018 15:12

Classification Of Case:

Authentication Stamp





SINGAPORE POLICE FORCE



D/20180406/2058

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180406/2058

three of us then got down and I then asked the driver why she stopped in the middle of the road. The driver then told me that the passenger told her that it was the wrong block and therefore she stopped. I am still in contact with both the drivers and the passenger. Passenger claimed that she felt pain on her neck and when she seek medical attention, she was given 3 days of MC. The damages of my car is scratches and dent on the right side front bumper and the damages of the other vehicle are dent and scratches on the rear left bumper. I am lodging this report for the purpose of Insurance claiming.

Subjects Involved			
Others			
Person Name	Lim Seok Kheng (Driver of vehicle SLF5887B)		
ID Type	NRIC NO	ID No	S1151358A
Gender	Female	Nationality	SINGAPORE CITIZEN
Race	Chinese	Language	English
Mobile No	90538848		
Person Name	Rashida (Passenger of vehicle SLF5887B)		
Gender	Female	Mobile No	87504450

Signature Of Officer Recording The Report:

D / Sr Staff Sgt MUHAMMAD AZHIIM BIN KASSIM

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
06/04/2018 15:12Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
ASP CANDICE CHUA SHUMIN
Contact No.: 67740000

Classification Of Case:

Authentication Stamp



Claim Handling

Accident MT/0989332

Policy No.	SG91479752	Vehicle No.	SGH3095G	GST Registration No.	
Policyholder Name	CHIN YIN KEONG			Policyholder NRIC	S20499541
Product Code	PRIVATE CAR INSURANCE	Cover Type	Privy CLASSIC	Loading	0
Contact No.(Mobile)	91918093	Contact No.(Office)		Contact No.(Home)	82554540
Email Address		Special Remarks		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	06/04/2018 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/04/2018	Time of Accident (hh:mm)	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAVENDISH PARK (20 PINE GROVE)				

Benefits

Coverage		Sum Insured	999999999.99		
Transport Allowance					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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	11 (A) AN NOVEBA TIMOR	Address 2	ENG AJIN PARK	Address 3	SINGAPORE 306533
Address 4		Address Type	Singapore address	Post Code	306533
Unit No.		Related Policy Number	SG91479752		

Q1 Driver Info

Driver Name	DARYL CHIN SHICHANG	Driver Type	Named Driver	Driver DOB	04/08/1980
Unnamed driver Name		Driver NRIC	S8121249Z	Driving Experience	9
Register Date of Driver License	16/12/2008	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SGH3095G	Driver Insured Company	NTUC

Declaration

Sheathliver or Blood Test Reading?	0 mg	Any injury?	Yes = No		
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIN YIN KEONG	Insured NRIC	S25499541
Contact No.(Mobile)		Contact No.(Home)	82554540	Contact No.(Office)	67838613
Email Address	facim@hotmail.com	Q1 Vehicle Number	SGH3095G	TP Vehicle Number	SLP58878
Claim Description	SGH3095G / SLP58878 ON 3 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/04/2018 16:43	Claim Close Date		Date Received	06/04/2018 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0989332	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	06/04/2018 16:44		
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Choose File No file chosen		Clear Please Select	NO	Normal	
Message Read					

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File Size (KB)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Apr 2018 16:44	Photos	Normal	Photos 2018-4-6	100	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Apr 2018 16:44	Photos	Normal	Photos 2018-4-6	100	Edit

4/6/2018

Claim Handling(accident reporting Claim Task)

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:44	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:44	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:44	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:44	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:43	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:43	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:43	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:43	Photos	Normal	Photos 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:43	SAS	Normal	SAS 2018-4-6	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 06 Apr 2018 16:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-6	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 03/02/2017 (DD/MM/YYYY) TIME: 23:30 (HH:MM)

LOCATION: CAVENDISH PARK (20 PINE GROVE)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLH30956
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091479752
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CIVIC
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: CHIN YIN KEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 62054540
 c) ADDRESS: 11 JALAN NUVENA TIMOR

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: DARYL CHIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S622492 CONTACT: 91918093
 c) ADDRESS: 20 PINE GROVE #01-04

d) DATE OF BIRTH: 04/05/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 16 DEC 2008

f) DATE OF DRIVING PASS: 16 DEC 2008

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

5. a) WEATHER CONDITION: DRY / 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: POWER

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLF587B MODEL: TOYOTA SIENNA
 b) DRIVER'S NAME: MR LIM SEOK KHEANG
 c) NRIC/FIN/PASSPORT: S1151357A CONTACT: 90538848

9. THIRD PARTY VEHICLE

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

email: daryl.chin.shi@gmail.com

fax: _____

✓ 1030

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8121249Z



Name

CHIN SHICHANG, DARYL
(CHEN SHICHANG, DARYL)

陈世昌

Race

CHINESE

Date of birth

04-08-1981

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8121249Z



CHIN SHICHANG, DARYL
(CHEN SHICHANG, DARYL)

Birth Date: 04 Aug 1981

Issue Date: 28 Mar 2017



8081085



NRIC No. S8121249Z



Date of issue

21-06-2012

20 PINE GROVE #05-04
SINGAPORE 887585

NRIC No: S8121249Z

Date: 28/10/2015

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 16 Dec 2008

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: 5091479752

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SGH3095G

Chassis Number

: JHMF0163065208417

2. Name of Policyholder

: CHIN YIN KEONG

3. Effective Date of Insurance

: 06 Jun 2017

4. Expiry Date of Insurance

: 05 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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIN YIN KEONG
NAMED DRIVER (1)	: DARYL CHIN SHICHANG
NAMED DRIVER (2)	: ONG SOON BEE FLORENCE
HIRE PURCHASE COMPANY	: 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)

Agency : WINNER INSURANCE AGENCIES PTE LTD (00000572570)

Date of Issue : 30 May 2017 15:12 hrs

INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Offi



Chief Executive