

# NATIONAL Assessment Center Services

(Unit 1/1/2009) **MNA40058152**

Date: <b>04/05/2008 11:27</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC18008162/Y</b>	GAS e-illing		
Veh No: <b>SKW 8793 R</b>	B-small (white shell, A/C 11/11)		
D.O.A: <b>08/04/2008 11:30</b>	1-Motor Claim Form	<b>MT/08/9922-002</b>	<b>04/05/2008 11:42</b>
OD <b>(TP) Reasoning Only</b>	1-Motor W/O (white shell, A/C 11/11)		
	1-Photo Uploaded		
TP Insult:	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / OVI	Tel	Fax
TP Particulars	Yell No: <b>STB 1577A</b>	INC ( ) / Non-INC ( )
Owner / Driver ( )	Tel	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date	Time
Insured/Driver Liability: ( )	% (Note: BIL Status (WO) NI 0-20% PI 21.79% PI 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Well-In Customer: Customer's information strictly Confidential & strictly NO risk of repeat.

( ) Total Loss Case: To e-mail Insurer URGENTLY.

Driver-In ( ) / Towed-In ( ) / Invoice: YES ( ) / NO ( ) / Towing Co: ( )

Remarks:	INC/Non-INC	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check/ Post Repair Inspection ( )		
3) Upload Survey Photo (Repair Cost > \$3,000) ( )		

Injury: \_\_\_\_\_

Other Tolls: \_\_\_\_\_

**NA1802916**

Customer's Name:	Invoice Preparation Charge	
Driver/Owner:	1) AR Accident Reporting (\$30)	
Policy No:	2) DA Damage Assessment (\$100)	INC (AR)
Assigned Portion:	3) TP Towing Fee	
	4) PT Follow Through Survey	
	5) PT Follow Through Survey (Resurvey)	
	6) TR Rental Van	
	7) NI 11/11 DA + SHAT Survey	
	8) NTUC Additional Survey	
	9) NI 11/11 DA + SHAT Survey	
	10) NTUC Additional Survey	
	11) NI 11/11 DA + SHAT Survey	
	12) NTUC Additional Survey	
	13) NI 11/11 DA + SHAT Survey	
	14) NTUC Additional Survey	
	15) NI 11/11 DA + SHAT Survey	
	16) NTUC Additional Survey	
	17) NI 11/11 DA + SHAT Survey	
	18) NTUC Additional Survey	
	19) NI 11/11 DA + SHAT Survey	
	20) NTUC Additional Survey	
	21) NI 11/11 DA + SHAT Survey	
	22) NTUC Additional Survey	
	23) NI 11/11 DA + SHAT Survey	
	24) NTUC Additional Survey	
	25) NI 11/11 DA + SHAT Survey	
	26) NTUC Additional Survey	
	27) NI 11/11 DA + SHAT Survey	
	28) NTUC Additional Survey	
	29) NI 11/11 DA + SHAT Survey	
	30) NTUC Additional Survey	

## 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	04/05/2018 11:27
Date Of Accident	08/04/2018 11:30
Exact Location Of Accident	NIRVANA COLUMBARIUM (950 OLD CHOA CHU KANG ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8793R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP SIEW LIAN
NRIC No	S7025567G
Email Address	WEEKIATYAP@YMAIL.COM
Mobile Phone No	(LOCAL) +65-94896190
Alternative Phone No	OTHERS-90091740
<b>Vehicle Particulars</b>	
Manufacturer	LEXUS
Model	GS450H
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096008913
Cover Note Number	
<b>Driver</b>	
Name of Driver	YAP SER BEE
NRIC No	S0986058D
Date Of Birth	27/01/1942
Occupation	INDOOR
Date Of Driving Pass	30/01/1964
Driving Experience	54 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94896190
Fax Number	
Contact Number	OTHERS-90091740
EMail Address	WEEKIATYAP@YMAIL.COM



Address	BLK 934 JURONG WEST STREET 91 #13-329
Postcode	640934
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SJJ1577A
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

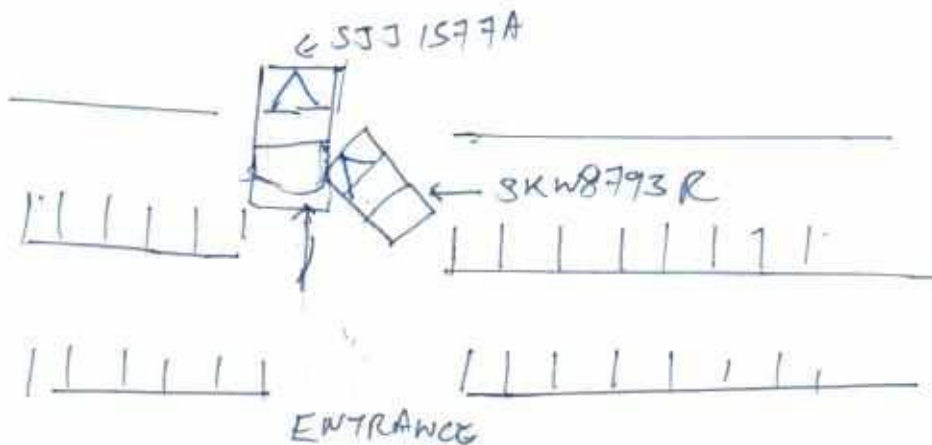
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

NIRVANA COLUMBARIUM PARKING AREA.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08-04-2018 ABT. 11 PMS. I, YAP SER BEEKS 0986058 D  
WAS DRIVING SKW 8793R, TO NIRVANA COLUMBARIUM, 950  
OLD CHOA CHUA KANG ROAD, S 699816.

I ENTER CAR-PARK BASEMENT, INSIDE THE CARPARK  
AS I WAS TURNING RIGHT TO LOOK FOR PARKING-LOT. AT NEAR  
LOT 16, MY VEH HAVE TURN OUT LEFT, VEH NO SJJ 1577A  
OVERTAKE ME FROM THE ENTRANCE. HIS REAR RIGHT LIGHT HA06  
SLIGHTLY TOUCH MY FRONT LEFT.

DRIVER OF SJJ 1577A JUST ~~EXHAUST~~ COME DOWN. SEE  
AND SAID HE IN A HURRY.

MY VEH WAS PAINT SCATCH.

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.:





## Claim Handling

## Accident MT/0989922

Policy No.	5096006913	Vehicle No.	SKW8793R	GST Registration No.	
Policyholder Name	YAP SIEW LIAN			Policyholder NRIC	S7025567G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

## Accident Details

Report Date	11/04/2018 11:52	Accident Report within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/04/2018	Time of Accident (Minimum)	11:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CEMETERY SOUTH ST 16 CARPARK D				

## Benefits

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 708 #01-36	Address 2	JUKONG WEST STREET 71	Address 3	SINGAPORE 640708
Address 4		Address Type	Singapore address	Post Code	640708
Unit No.		Related Policy Number	5096006913		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		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.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

## Modification History

## Investigation

## Claim 002 OD-MX

IDH SM GSR

## Claim Case Officer

Claim Type	OD-MX	Insured Name	YAP SIEW LIAN	Insured NRIC	S7025567G
Contact No.(Mobile)	94895190	Contact No.(Home)	67988293	Contact No.(Office)	
Email Address	yap_siewli@btinternet.com	OI Vehicle Number	SKW8793R	TP Vehicle Number	S01577A
Claim Description	SKW8793R / S01577A ON 8 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	04/05/2018 11:42
Date Registered	04/05/2018 11:25	Claim Close Date		Total Loss but Repaired	
Report Taken By	RDSLI WAHAN	Workshop Reparer			

## Print All letter

## Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

## Attachment Notes

Accident No.	MT/0989922	Claim No.	002
Last Doc. Received	Yes No	Upload Date	04/05/2018 11:42
Path		Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Send Message	Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent Action (COI)
NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE		SAS	Normal	SAS 2018-5-4	Edit

5/4/2018

Claim Handling ( Claim MT/0989922 / Claim 002 OD-MX)

S (BUKIT MERAH)) on 04 May 2018 11:43

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 04 May 2018 11:42

NRIC Driving License

Normal

NRIC Driving License 2018-5-4

[Edit](#)NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 04 May 2018 11:25

Photos

Normal

Photos 2018-5-4

[Edit](#)NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 04 May 2018 11:25

Photos

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Photos 2018-5-4

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S (BUKIT MERAH)) on 04 May 2018 11:25

Photos

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S (BUKIT MERAH)) on 04 May 2018 11:25

Photos

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Photos 2018-5-4

[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

[Display in New Window](#)[Scan and uploading](#)



# ACCIDENT STATEMENT

ACCIDENT DATE: 08/04/2018 (DD/MM/YYYY), TIME: 11:30 (HH:MM)

LOCATION: NIRVANA 950 OLD CHOA CHUA KAND ROAD  
COLUMBARIUM SC 697816

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW8793R  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: JTHBC 965905024635  
d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: LEXUS GS 450H  
f) TYPE: (SALOON / ~~COUPE~~ / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
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: YAP SIEN LIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 7025567 G CONTACT: 94876190  
c) ADDRESS: B 708, JURONG WEST ST 71 # 09-36

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

## DRIVER

- a) NAME: YAP SER REE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 6986058 D CONTACT: 90091740  
c) ADDRESS: B 934, JURONG WEST ST 71, # 13-329  
S (640934)

\* d) DATE OF BIRTH: 27/01/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1964

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

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ 1577A MODEL: HYUNDAI

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 = WEEKIATAP@YMAIL.COM

fax = 67342718

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0986058D



Name

YAP SER BEE

Race

CHINESE

Date of birth

27-01-1942

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0986058D

Name

YAP SER BEE

Birth Date 27 Jan 1942

Issue Date 30 Jan 2003



5190098



NPIC No. S0986058D



Date of issue

19-06-2013

Address

APT BLK 934 JURONG WEST STREET 91  
#13-329  
SINGAPORE 640934

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

PASS DATE

NP 426A



## 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: 5096008913

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW8793R**  
Chassis Number : JTHBC96S905024635
2. Name of Policyholder : YAP SIEW LIAN
3. Effective Date of Insurance : 17 Nov 2017
4. Expiry Date of Insurance : 16 Nov 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	: YAP SIEW LIAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 17 Nov 2017 14:21 hrs

LQ INSURANCE AGENCY PTE LTD  
100-01 TRADING STREET  
SINGAPORE 060001  
TEL: 6344-9712 FAX: 6344-9714  
Co. Reg. No: 1000655017

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive