

NATIONAL Assessment Centre Services

(Unit 1/1000)

19/04/2018 64535

Date In: 17/05/2018 17:47
Ref No: NBA/INC/009000/y
Veh No: STN 3109 J
D.O.B: 16/05/2018 22:00
CO / TP: Reporting Only

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (Vehicle Info, AIO Info)		
1-Motor Claim Form	17/05/2018 18:01	
1-Motor W/O (Vehicle Info, AIO Info)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Rep/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI: () Tell () Fax ()

TP Particulars: Yeh No: STN 1449 L INC () / Non-INC ()

Owner / Driver: () Tell ()

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

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

Insured/Driver Liability: () % (Note: Bil. Stand (WO): N: 0-20%; P: 21-79%; P: 90-100%)

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

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

General Remarks: ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.

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

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

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Damage: ()

NA/803196

Item	Invoice Preparation Checklist	Amount	Unit
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (40)		
3) TP: Towing Fee			
4) PT: Follow-Through Survey			
5) RT: Follow-Through Survey (Recovery)			
6) TR: Bill of Materials			
7) NTUC: Additional Survey			
8) NTUC: Additional Survey			
9) NTUC: Additional Survey			
10) NTUC: Additional Survey			
11) NTUC: Additional Survey			
12) NTUC: Additional Survey			
13) NTUC: Additional Survey			
14) NTUC: Additional Survey			
15) NTUC: Additional Survey			
16) NTUC: Additional Survey			
17) NTUC: Additional Survey			
18) NTUC: Additional Survey			
19) NTUC: Additional Survey			
20) NTUC: Additional Survey			

Checked by (Eng-In-Charge): ()

Signature: ()

Date: ()

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	17/05/2018 17:47
Date Of Accident	16/05/2018 22:00
Exact Location Of Accident	PIE BETWEEN STEVENS ROAD AND ADAM ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3109J
Insured/Policyholder	
Name Of Registered Owner	CHONG KIAN WAH
NRIC No	S1707821F
Email Address	CKIANWAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97618049
Alternative Phone No	OTHERS-97618049

Vehicle Particulars

Manufacturer	MAZDA
Model	6
Exact Purpose for which vehicle was being used at time of accident	GOING 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	5092743457
Cover Note Number	

Driver

Name of Driver	CHONG KIAN WAH
NRIC No	S1707821F
Date Of Birth	24/11/1965
Occupation	INDOOR
Date Of Driving Pass	07/01/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97618049
Fax Number	
Contact Number	OTHERS-97618049
EMail Address	CKIANWAH@HOTMAIL.COM

Address	BLK 281 TOH GUAN ROAD #04-227
Postcode	600821
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	SJJ1449L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH LE QIAN
NRIC/Passport Number	
Contact Number	83289897
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5600A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LOW CHEE SIANG

NRIC/Passport Number

Contact Number

98483821

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: 17/5/18
15:45

Driver's Signature

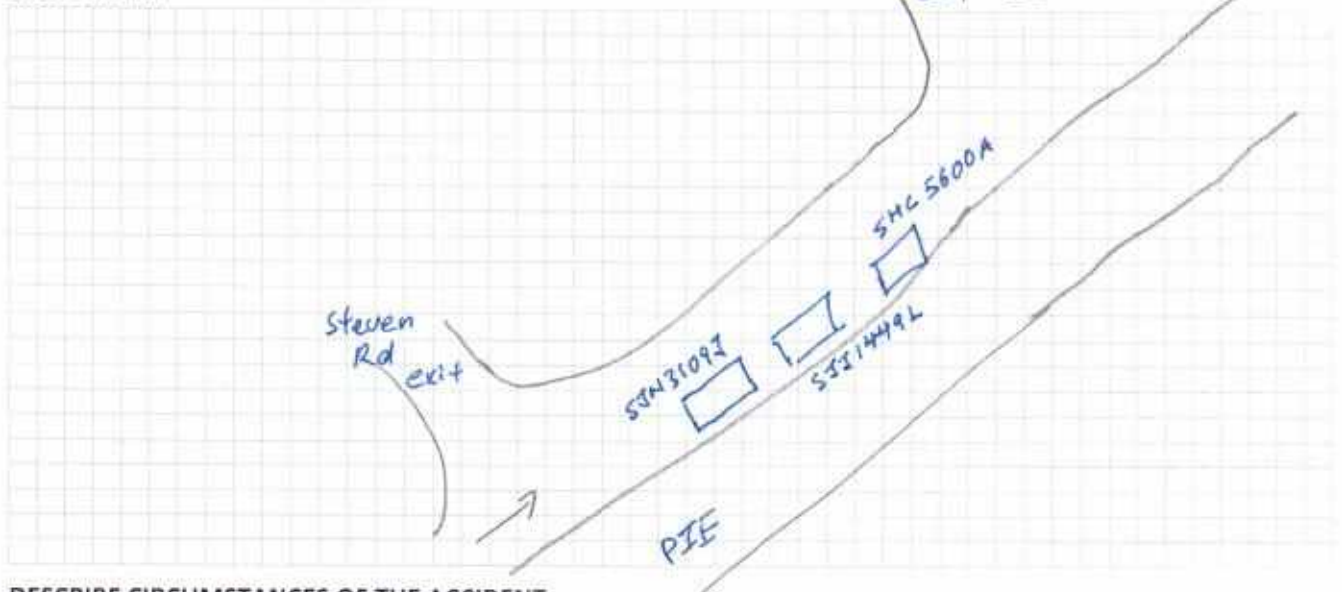
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Jurong at Lane 1 at about 10.50pm when a taxi (SMC5600A) jammed breaks. The car (SJJ1449L) behind the taxi also jammed breaks. My car (SSN3109J) which is behind SJJ1449L also jammed breaks but could not stop the car in time. My car knocked into SJJ1449L which in turn knocked into SMC5600A. There was no injury and no damage to government property.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time:

17/5/18 15:52

SPAR/SC SketchPlanForm_V1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 17/05/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/0994788

Policy No.	5052743457	Vehicle No.	SJN3109J	GST Registration No.	
Policyholder Name	CHONG KIAN WAH			Policyholder NRIC	S1707821F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	97618049	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Endorserment(%)	50	Private Hire	No

Accident Details

Report Date	17/05/2018 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/05/2018	Time of Accident (hh:mm)	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	*IE BETWEEN STEVENS ROAD AND ADAM ROAD EXIT				

Benefits

Own Damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Uninsured 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 281 #04-227	Address 2	TOH GUAN ROAD	Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600281	Address Type	Singapore address	Post Code	600281
Unit No.	04-227	Related Policy Number	5052743457		

Q1 Driver Info

Driver Name	CHONG KIAN WAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1707821F	Driver DOB	24/11/1965
Register Date of Driver License	07/01/1995	Driver Age	52	Driving Experience	23
Contact No.(Mobile)	97618049	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 281 #04-227	Address 2	TOH GUAN ROAD	Address 3	TOH GUAN VIEW
Address 4	SINGAPORE 600281	Address Type	Singapore address	Post Code	600281
Unit No.	04-227				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJN3109J	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	CHONG KIAN WAH	Insured NRIC	S1707821F
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Q1 Vehicle Number	SJN3109J	TP Vehicle Number	SJN1448L
Claim Description	SJN3109J / SJN1448L CR 18 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/05/2018 18:00	Claim Close Date		Date Received	17/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/0994788	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/05/2018 18:01

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	
Message Read				

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:01	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:00	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:00	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:00	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:00	Photos	Normal	Photos 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:00	SAS	Normal	SAS 2018-5-17	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 May 2018 18:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-17	Edit

Video List

uploaded By/Date	Folder Date	File name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 05 / 18) (DD/MM/YYYY), TIME: (22 : 00) (HH:MM)

LOCATION: PIE ~~at~~ # (Between Steven exit and Adam Rd exit)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN3109J
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5092743457
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MAZDA 6
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
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: CHONG KIAN WAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1707821F CONTACT: 9761 8049
c) ADDRESS: Blk 281, TOH GUAN RD #04-227
S600281

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (24 / 11 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07 JAN 1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ1449L MODEL: TOYOTA
b) DRIVER'S NAME: TOH LE QIAN
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8328 9897

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHC 5600A MODEL: _____
e) DRIVER'S NAME: LOW CHEE SIANG
f) NRIC/FIN/PASSPORT: _____ CONTACT: 9848 3821

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL: ckianwah@hotmail.com

2) VIDEO:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1707821F



NAME
CHONG KIAN WAH

张健华

Race
CHINESE

Date of Birth
24-11-1965

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE



License Number S1707821F

Name
CHONG KIAN WAH

Birth Date 24 Nov 1965

Issue Date 07 Jan 2003

000092600F



2835055



NRIC No. S1707821F



Blood Group: O+ Date of Issue: 01-06-1996

APT BLK 281 TOH GUAN ROAD #04-227
SINGAPORE 600281

NRIC No. S1707821F Date: 24/03/2018


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

PASS DATE
07 Jan 1995

Class 3 Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 429A

Licence No: S1707821F



Certificate of Insurance

C213

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: 5092743457

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJN3109J |
| Chassis Number | : JM6GH10F180114710 |
| 2. Name of Policyholder | : CHONG KIAN WAH |
| 3. Effective Date of Insurance | : 21 Jul 2017 |
| 4. Expiry Date of Insurance | : 10 Aug 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	: S\$1,500
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	: CHONG KIAN WAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

科新加貿易

CORSAIC LTD

Co. Reg. No: 3451

1 Bukit Batok Crescent

WCEGA Plaza, Singapore 658084

Tel: 6777 5005 (2 lines) Fax: 6659 2216

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 : 20 Jul 2017 14:20 hrs

LQ INSURANCE AGENCY PTE LTD

1000 BENCIOLEN STREET

#24-01 THE BENCIOLEN

SINGAPORE 100018

TEL: 6-334-0700/0024

Co. Reg. No: 00000613125

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

6444-2555