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TP Insurer:	Assessment/Survey Repo							
- mariot	Ass't Report by Fax / Ha	1000 1						
Preferred Wksp / INC Assign Wksp / QW; (ax:					
TP Particulars: Veh No: SA	EP 4532 R IN		MA.					
Owner / Driver: (Tel:	Λ.					
Policy No: () P	eriod: () Cover Type: (
Confirmed by : (Date:	Time:						
Insured/Driver Liability: (%)	[Note-Est Status (WO): N:		00%1					
rear of Registration; ()	Warranty: YES () / NO (
Excess: (S) Loading: \$1,								
General Remarks:-	- San	A. 190 (1904) A. C.	III.					
() Walk-In Customer : Customer's inf	ormation strictly Confidential &	Strictly NO refer of remaine	107					
() Total Loss Case : to e-mail Insur	er URGENTLY	omeny 110 Islandi Islandia.						
Drive-In ()/ Towed-In (); Invoice	11DO	. m						
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Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by					
1) Apply for Transport Allowance ()/	Courtesy Car ()							
2) QC Check / Post Repair Inspection	()							
 Upload Resurvey Photo [Repair Cost > \$ 	3000] ()							
Injury:								
Date/Time Actions								
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MO1846437	Invoice Pa	reparation Checklist	Anit (\$) Anit (
aimant's Particulars :-	I) AR : Aceid	ent Reporting (\$30);	Tat Bill Add B					
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Section 1997 Control of the Section 1997	4) FT : Follow	-Through Survey \$1	20					
ntact No:	5) FT : Follow		30					
maged Portion:	6) TR : Re-ins	For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75						
			60					
Checked by (Engr-In-Charge):	OD.	8) NTUC Additional Services:- OD*						
			\$5 10					
ulitors' Comments :-	*N7: Post R	epuir Inspection \$	25					
11:	*N8: DV/C	olleet Excess Coordination	\$5					
	9) N12: Idae N		30					
. 2 / 3:	Involce dated	Fee Charged	hipery.					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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 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. 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	09/10/2018 18:45
Date Of Accident	09/10/2018 10:50
Exact Location Of Accident	WOODLANDS CTR RD TURN RIGHT TO WOODLANDS CTR RD
Country/State of Loss	SINGAPORE
DO DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8235A
Insured/Policyholder	
Name Of Registered Owner	WHATTI
Co Reg No	53368241W
Email Address	BENJAMIN_CHONG@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96984292
Alternative Phone No	OFFICE-96984292
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093829401-01
Cover Note Number	
Driver	
Name of Driver	BENJAMIN CHONG CHOON SHIN
NRIC No	S7141857Z
Date Of Birth	25/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1992
Driving Experience	26 YEARS AND 6 MONTHS

MALE

(LOCAL) +65-96984292

BENJAMIN_CHONG@YMAIL,COM

OTHERS-96984292

Address

19 JALAN BINA 3, BINA PARK SERI ALAM, 8153, MASAI JOHOR

Postcode

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

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)

or:

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

SKP4532R

Vehicle Make/Model/Colour

TOYOTA ALPHARD

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GWEE CHYE JOO

NRIC/Passport Number

S1419510F

Contact Number

98169479

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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: 4

10 18

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

wwagnae	en L	loan A	Towners	morsiling	mer.
A) SLR 8325A B) SKP 4532R		B	J_L.	NODLONDS CIR ROND LONDERS JB	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Coste Koad turning right into Woodlands Clote Koad at the T-Junching when I knocked into B
I was driving along Woodlands Coste Koad turning right into Woodlands Clothe Kord at the T-Junchon when I knocked into B
Centre ford at the T-Junchion when I knocked into B

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: 09/10/18

Reporting Centre Personnel's Signatu

NRIC/FIN No .:

laim Handling						
crident MT/1015097	2000	Vehicle No.	51.997354		GST Registration No.	
olicy No. srtificate No.	5093829401-01	VACUUM NO.	20,484,134			
ulicyhulder Neme	WHATTI				Policyheider NRIC	53368241W
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	0
Santast No.(Mobile)	96084293	Contact No. (Office)			Contact No.(Home)	April 1995
Email Address		Special Remark			eCode	No *
KPK.	- No Yes	7CA	+ New Yes		eCode Reason	
NCO Protection	han	NCD Entitlement(%)	30		Private Hire	Ves
→ Accident Details		THE SECTION			4.000/4.00	20000
Report Date	99/10/2016 18:57	Accident Report Within 24 hrs	7		Accident Type	Side Swipe Singapore
Date of Accident	09/10/2018	Time of Accident his mm Orange Force	111:50		Country of Accident ICH No.	Singapore
Reporting Centre Acodent Location	WOODLANDS CTR RD TURN RIGHT TO WOODLAN					
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Own damage Exuss	630	Additional Excess	e e		Windstreen Excess	0.00
unnamed Driver Excess		Quiside Singapore OD Excess		0.00		
Third Party Excess	1,100,000	Outside Singapore TP Excess		1,900.00		
→ Benefits						
→ GST Registered Informat	tion					
GST Registered	No		GST Regit	iretion Dele	No	
GST Registration No. Modification History			. 459. 37410		1- (40)	
■ Pullcyholder Hailing Add	lrees.					
Address 1	BLK-920 #33-25	Address 2	CLEMENT) AVENUE	Est.	Agaresa 3	CLEMENT) ANDE
Address #	SINGAPORE 120320	Address Type	Singepore address		Post Code	620329
tine for	03-25	Melated Policy Number	5093829401-01			
→ QI Driver Infe						
Oriver Name	BENJAMIN CHONG CHOON SHIN	Driver Type	Main Oriver			
ginnamed driver Name.		Driver NAIC	571418572		Driver DDB	25/11/1971
Register Date of Oriver License	11/03/1992	Contact No.(Office)	46		Ortring Experience Contact No. (Home)	26
Contact No.(Mobile). Address I	96984292	Address 2			Address 3	
Address 4		Address Type	Foreign address		Post Cride	
Linet No.		ANDMINISTRATIO	VANOSCO (SECON			
tipes he own a Singepore Registered sai?	Ves + No	Driver Vehicle No.	SLRE735A		Driver Insurer Company	NTIC
Declaration						
Sneatheyser or Blood Yest. Reading?	a mg	Any injury?	Yes - No			
Modification History						
#6 5 6 4 N 10 C						
Claim 981 Nem						
Claim Type +				OD-MX	Insured (ACHATT) Name	Insured (533
				Clean Clean	Contact	Contact
Contact No.(Plottile)				06984292	No. (Home)	(Office)
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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)

INFORMATION RESOURCES

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Business Profile (Business) of WHATTI (53368241W) Date: 09/08/2017 The Following Are The Brief Particulars of : Name of Business WHATTI Former Name(s) if any Date of Change of Name Registration No. 53368241W Registration Date 09/08/2017 Commencement Date 09/08/2017 Status of Business Status Date 09/08/2017 Renewal Date Expiry Date 09/08/2020 Renewal via GIRO NO Constitution of Business Sole-Proprietor Principal Place of Business 320 CLEMENTI AVENUE 4 #03-25 CLEMENTI JADE SINGAPORE (120320) Date of Change of Address Principal Activities Activities (I) PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219) Description Activities (II) RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101) Description Particulars of Authorised Representative(s) Name Address ID Nationality Address Date of Source Appointment CHONG KOK FUH S7301556A SINGAPORE 320 CLEMENTI AVENUE 4 ACRA 09/08/2017 CITIZEN

#03-25

CLEMENTI JADE SINGAPORE (120320)

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)

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Business Profile (Business) of WHATTI (53368241W)

Date: 09/08/2017

Vame	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
		modiporation Origin		Source.	Position
BENJAMIN CHONG CHOON SHIN	S7141857Z	SINGAPORE	19, JALAN BINA 3, BINA PARK	ACRA	09/08/2017
CHOON SHIN		CITIZEN	BANDAR SERI ALAM, 81750, MASAI, JOHOR, MALAYSIA		Owner

Withdrawn Partn	er(s)					
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	Williamawa

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA170809012896 (Free Business Profile by ACRA)

DATE

: 09/08/2017

This is computer generated. Hence no signature required.

ACCIDENT STATEMENT

	ACCIE	DENT DA	re: 09	101	2018	(DD/MA	4/YYYY),	TIME:(10	50')	(HH:M	W)
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	50	CIPOL	ICY NUMI	BER:	50738	27401-	0		_			33
		d)POL	ICY TYPE:	(COMP	REHENS	IVE KIHI	RD PART	A) THIS	RD PAR	TY FIRE	&THEF	1)
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EMBIL = benjamin-changed ymail.com VIOSO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7141857Z



BENJAMIN CHONG CHOON SHIN

张俊兴

CHINESE Date of birth 25-11-1971

Country of birth

SINGAPORE







01-03-2006

19 JALAN BINA 3, BINA PARK, BANDAR SERI ALAM, 81750, MASAI, JOHOR

S7141857Z

10/02/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 2B Motorcycles =< 200 cc 12 May 1992 Class 2A Motorcycles between 201 cc and 400 cc 04 Nov 1994 Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg

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: 5093829401-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLR8235A

Chassis Number

: GB71035738

2. Name of Policyholder

: WHATTI

3. Effective Date of Insurance

: 29 Aug 2018

4. Expiry Date of Insurance

: 28 Aug 2019

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 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)

. N/A

EXCESS (SECTION 2)

: \$\$1,500

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: N/A : N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: N/A

NCD PROTECTION

: NO

PRIMARY DRIVER

: BENJAMIN CHONG CHOON SHIN

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: WSJ CREDIT PTE LTD

SUM INSURED

: N/A

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

: TONG HIN INSURANCE AGENCY PTE, LTD. (00000614561)

Date of Issue

: 10 Aug 2018 15:43 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive