

NATIONAL Assessment Centre Services [ref: 1 Jan 2014] NA418132614			
Date In: 12/10/2018 14:44	Job description	Date & Time Completed	Done by:
Ref No: NA418132614	SAS e-filing		
Veh No: FX 9614M	E-mail (within 8hrs; A/C 2hrs)		
D.O.A: 06/10/2018 1:7:10	i-Motor Claim Form	MT/1014906-001	
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SV322L	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()	
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2806537 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$50)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*N3: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile 30				
Invoice dated		Fee Charged		
Invoice dated		Fee Through		

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 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 12/10/2018 14:44
Date Of Accident 06/10/2018 17:10
Exact Location Of Accident JUNCTION OF KAMPONG BAHRU ROAD AND BUKIT PURMEI
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK9614M
Insured/Policyholder
Name Of Registered Owner MOHAMMAD ADHA BIN RASDI
NRIC No S8525618A
Email Address WAN_1282@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-96167492
Alternative Phone No OTHERS-90069730

Vehicle Particulars

Manufacturer KTM
Model 1290 SUPERDUKE R-1.3
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

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 5079182661-02
Cover Note Number

Driver

Name of Driver MOHAMMAD IRWAN BIN MD SAID
NRIC No S8219025B
Date Of Birth 12/07/1982
Occupation OUTDOOR
Date Of Driving Pass 13/02/2007
Driving Experience 11 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90069730
Fax Number
Contact Number OTHERS-96167492
EMail Address WAN_1282@HOTMAIL.COM

Address BLK 874 WOODLANDS STREET 82
#03-512
Postcode 730874
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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? YES
Was any injured conveyed to hospital by ambulance? YES
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? YES
If Yes, Please state which Police Station
Police Station Name BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX
BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181007/2000

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV322L
Vehicle Make/Model/Colour LEXUS RX 200T
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver YEE WOON LEON, LEONARD
NRIC/Passport Number S7230373C
Contact Number 98456806
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD IRWAN BIN MD SAID
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBK9614M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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: 12/10/18 12:40pm

Reporting Centre Personnel's Signature: _____

Name: _____

NRIC/FIN No.:

SKETCH PLAN

KAMPONG BAHRU ROAD

A) FBK 9614M
B) SJV 322L

BUKIT PURMEI

PLS REFER TO POLICE REPORT
T/2018/007/2000

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

Reporting Centre Personnel's Signature
Name: Robert W.
NRIC/FIN No: 9201 1234 5678 9010



SINGAPORE POLICE FORCE



T/20181007/2000

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181007/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2018 00:19	Vide Report No.:	Station Diary No.: 2
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Informant's Particulars

Name of Informant: MOHAMMAD IRWAN BIN MD SAID			Address: APT BLK 874 WOODLANDS STREET 82 #03-512 SINGAPORE 730874	
ID Type / ID No.: NRIC NO / S8219025B			Contact No.: Home/Office:	Mobile: 90069730
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 12/07/1982	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/10/2018 17:00	Type of Location:
Location: KAMPONG BAHRU ROAD JALAN BUKIT MERAH I WAS RIDING MY BIKE ALONG KAMPONG BAHRU ROAD HEADING TOWARDS JALAN BUKIT MERAH.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9614M	Motorcycle	KTM	1290 SUPERDUK E R	Black	Seriously Damaged	0
SJV322L	Car	TOYOTA	LEXUS RX200T LUXURY AT S/R	White		0



Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181007/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD IRWAN BIN MD SAID	ID No.	S8219025B
Related Vehicle	FBK9614M (Motorcycle)	Contact No.	90069730
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/10/2018	Date Discharge	06/10/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious
Driver			
Name	YEE WOON LEON, LEONARD	ID No.	S7230373C
Related Vehicle	SJV322L (Car)	Contact No.	98456806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06 October 2018, at around 1700hrs, I was riding on my motorbike FBK9614M, along Kampong Bahru Road heading towards Jalan Bukit Merah. There was a slip road on my left, near the church known as Bukit Purmei. There were cars queuing up to join the main road.

At that point of time, the traffic light was showing green and as such, I continued to ride. Suddenly, a white car bearing plate number SJV322L, was creeping out from the said slip road. The said car suddenly crept out too much and I was unable to avoid the vehicle. This resulted in me hitting near the front right bumper. And I was thrown off balance and fell onto the ground. My right hand thumb was fractured. My motorbike was badly damaged.

The driver of the other vehicle came out and we exchanged particulars and called for the ambulance and traffic police. Subsequently, my motorbike was towed by the traffic police and I was conveyed to the nearest hospital.

I was discharged on 06 October 2018 and was given 10 days' medical leave. After I was discharged I went to the police station to lodge a police report with regards to this incident.



**SINGAPORE
POLICE FORCE**



T/20181007/2000

3 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181007/2000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181007/2000

4 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181007/2000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
A /
RIKY ERWAN SHAH BIN MOHAMAD JUFRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/10/2018 00:19

Classification Of Case:

rsbm

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Monday, 15 October, 2018 9:12 AM
To: 'LKK Bukit Merah'
Cc: Theresa Vimala D/O Balagangadharan
Subject: RE: MT/1014906 FBK9614M

Hi Rosli

Pse quote this clm nbr when billing invoice MT/1014906-001

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



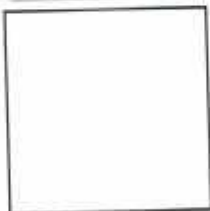
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in with you

From: LKK Bukit Merah [<mailto:rsbm@lkkauto.com>]
Sent: Friday, October 12, 2018 3:32 PM
To: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Subject: MT/1014906 FBK9614M

Hi Theresa the above mention claim cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 10 / 2018 (DD/MM/YYYY), TIME: 17 : 11 (HH:MM)

LOCATION: Kg Bahru Rd and Bukit Rumei Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 9614M
 b) INSURANCE COMPANY: MUC
 c) POLICY NUMBER: 5079182661-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: KTM Superduke 1290
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: normal
 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: Mohammad Adhik Bin Rasidi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S852561EA CONTACT: 96167492
 c) ADDRESS: Blk 428B Yishun Avenue 11 #05-158 SPORE 762428

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)

(1)

DRIVER

- a) NAME: Mohammad Idris Bin Abd Said (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8219025B CONTACT: 90067730
 c) ADDRESS: Blk 874 Woodlands St 82 #03-512 SPORE 730874

* d) DATE OF BIRTH: 12 / 07 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/02/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: Bukit Merah East NPC

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJV 322L MODEL: Lexus RX200T

b) DRIVER'S NAME: Yee Woon Leon, Leonard

c) NRIC/FIN/PASSPORT: S7230373C CONTACT: 98456806

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____ CONTACT: _____

f) NRIC/FIN/PASSPORT: _____

EMAIL = uon_1282@hotmail.com

VIDEO = YES

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8219025B



Name
MOHAMMAD IRWAN BIN MD SAID
محمد ابروان بن محمد سيد
Race
MALAY
Date of birth 12-07-1982 Sex M
Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8219025B



Name
MOHAMMAD IRWAN BIN MD SAID
Date of Birth: 12 Jul 1982
Issue Date: 19 Feb 2003

1000270922E

Barcode

NRIC No. S8219025B



Date of issue
19-12-2007

Address
APT BLK 874 WOODLAND STREET 12 #05-117
SINGAPORE 730674
NRIC No. S8219025B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

CLASS 1	Motorcycles < 300 CC
CLASS 2	Motorcycles 301 CC and 400 CC
CLASS 3	Motorcycles 401 CC and 500 CC
CLASS 4	Motorcycles 501 CC and 600 CC
CLASS 5	Motorcycles 601 CC and 700 CC
CLASS 6	Motorcycles 701 CC and 800 CC
CLASS 7	Motorcycles 801 CC and 900 CC
CLASS 8	Motorcycles 901 CC and 1000 CC

S / No. 9900056734

NR 428A

Barcode

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 : 5079182661-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK9614M

Chassis Number

: VBKV39408EM915771

2. Name of Policyholder

: MOHAMMAD ADHA BIN RASIDI

3. Effective Date of Insurance

: 29 Mar 2018

4. Expiry Date of Insurance

: 28 Mar 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMMAD ADHA BIN RASIDI
NAMED DRIVER (2)	: MOHAMMAD IRWAN BIN MD SAID
HIRE PURCHASE COMPANY	: SPEEDWAY MOTOR 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 : AXIS LINK PTE LTD (00000614797)

Date of issue : 21 Mar 2018 15:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive