

NATIONAL Assessment Centre Services. (ver 1 Jan 05)

NA 19001349

Date In: 03/01/2019 19:22	Job description	Date & Time Completed	Done by
Ref No: NA 19000814	SAS e-filing		
Veh No: SCH 116C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/12/2018 19:00	I-Motor Claim Form	MT11022307-002	03/01/2019
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19:47
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Toll: () Fax: ()

TP Particulars: Vch No: SJ2 696 PM 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 (use full name of obligation):
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Comments

NA 1900075	Invoice No: NA 1900075	Invoice Date: 03/01/2019	Invoice Time: 19:47
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engt-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	6) TR: Re-inspection \$75		
Ref. 1:	7) NI: Idea DA + SMRT Survey \$160		
Ref. 2/3:	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil); TP (Non INC) against INC \$20		
	9) N12: Idea Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	03/01/2019 19:22
Date Of Accident	01/12/2018 19:00
Exact Location Of Accident	PIE INTO CTE SLIP RD (ERP 42)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH116C
Insured/Policyholder	
Name Of Registered Owner	YEONG WHYE ZHEN (YANG WEIZHEN)
NRIC No	S8317301G
Email Address	WHYE.ZHEN.YEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91830106
Alternative Phone No	OTHERS-91830106

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097109946
Cover Note Number	

Driver

Name of Driver	YEONG WHYE ZHEN (YANG WEIZHEN)
NRIC No	S8317301G
Date Of Birth	06/06/1983
Occupation	INDOOR
Date Of Driving Pass	29/05/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830106
Fax Number	
Contact Number	OTHERS-91830106
Email Address	WHYE.ZHEN.YEONG@GMAIL.COM

Address	BLK 221A SUMANG LANE #16-07
Postcode	821221
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: : PASSENGER GENDER: : MALE

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	SJZ6968M
Vehicle Make/Model/Colour	MITSUBISHI COLT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO WEI JIE
NRIC/Passport Number	S8811203B
Contact Number	97373337
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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:

3/1/2019

Driver's Signature

(If driver is not the policyholder)

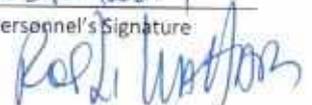
Date & Time:

Reporting Centre Personnel's Signature

Name:

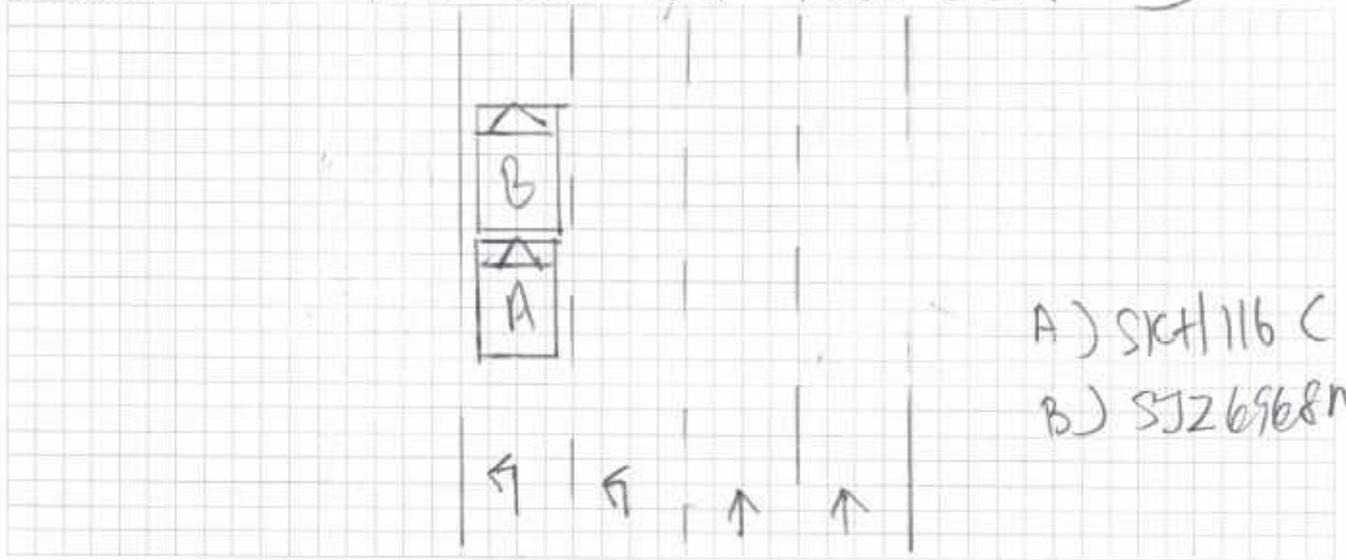
NRIC/FIN No.:

03/01/2019



SKETCH PLAN

P1E INTO CTE SLIP ROAD (ERP 42)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE to city exiting from P1E. Was driving at normal speed and was relooking at the next lane to filter in. Then when glance back to my lane, saw the car in front of me brake. Was braking and as the floor was wet after rain, the car was not able to brake in time and bang the car in front. No one was injured during the minor accident. Both drivers checked the car and agreed to settle privately. as both car just had minor scratches. But ^{that night} the other driver message me saying the back door could not lock. Next day he went to a workshop stating the lock is broken and require to change a new one. Also asking for me to pay for car rental during the repair of the car.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 31/1/2019

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


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

Claim Handling

Accident NT/1022307

Policy No.	3097109946	Vehicle No.	SKH116C	GST Registration No.	
Certificate No.					
Policyholder Name	YEONG WHYE ZHEN (YANG WEIZHEN)	Cover Type	drive CLASSIC	Policyholder NRIC	S817301G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
IFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	03/12/2018 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/12/2018	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	PIE INTO CTE SLIP RD (ERP 42)				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore CD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	04/12/2018 09:18:38 Deborah Mui changed GST Registered from Yes to No 04/12/2018 09:18:38 Deborah Mui changed GST Registration No. from S817301G to null 04/12/2018 09:18:38 Deborah Mui changed GST Registration Date from 02/01/2018 to null		

Policyholder Mailing Address

Address 1	BLK 221A #16-07	Address 2	SUNANG LAKE	Address 3	HATILDA EDGE
Address 4	SINGAPORE 821221	Address Type	Singapore address	Post Code	821221
Unit No.	02-400	Related Policy Number	3097109946		

GI 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.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **Free**

Claim Type *	OD-MX	Insured Name	YEONG WHYE ZHEN (YANG WEI	Insured NRIC	S8117
Contact No.(Mobile)		Contact No. (Phone)		Contact No. (Office)	Nil
Email Address		GI		TP	
Claim Description	SKH116C / SIZ698M ON 1 Dec 2018		Vehicle Number	SKH116C	SIZ698
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	03/01/2019 10:46
Report Taken By				Date Received	03/01/2019
					RDSL WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	NT/1022307	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/01/2019 19:47
Path *		Category *	Confidential
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	NO
Choose File No file chosen		Clear	Normal
Choose File No file chosen		Clear	Normal
Choose File No file chosen		Clear	Normal
Choose File No file chosen		Clear	Normal
Choose File No file chosen		Clear	Normal
Choose File No file chosen		Clear	Normal
Message Read		Clear	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 03 Jan 2019 19:47	Photos	Normal	Photos 2019-1-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 03 Jan 2019 19:47	Photos	Normal	Photos 2019-1-3

Claim Handling(Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:47	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:47	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:47	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:47	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:46	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:46	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:46	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:46	Photos	Normal	Photos 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:46	SAS	Normal	SAS 2019-1-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Jan 2019 19:46	WRIC/ Driving License	Normal	WRIC/ Driving License 2019-1-3

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (01/12/2018) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: CTE Towards City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 116C
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5097109946
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VOLKSWAGEN JETTA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
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: YEONG WHE ZHEN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S83173019 CONTACT: 91830106
C) ADDRESS: BLK 221A SUMANG LANE #16-07 S(821221)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (06/06/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29 MAY 2002

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Resident

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: _____

B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJZ 6968M MODEL: MITSUBISHI COLT
b) DRIVER'S NAME: TEO WEI JIE
c) NRIC/FIN/PASSPORT: S88112038 CONTACT: 9757 3337

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(2) MALE

* No of passenger
(Including driver)
(1) MALE

* No of passenger
(Including driver)
()

Email = whye.zhen.yeong@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8317301G



Name
**YEONG WHYE ZHEN
(YANG WEIZHEN)**
杨 威 振



Race
CHINESE
Date of birth
06-06-1983 Sex
M
Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8317301G**
Name
**YEONG WHYE ZHEN
(YANG WEIZHEN)**

Birth Date: **06 Jun 1983**
Issue Date: **29 May 2003**

000517220K

5350527

NRIC No. **S8317301G**

Date of issue
09-09-2014

APT BLK 221A SUMANG LANE #18-07
SINGAPORE 821221

NRIC No. **S8317301G** Date: **04/08/2018**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1B	Motorcycles <= 200 CC	06 Jan 2005
Class 2A	Motorcycles between 201 CC and 400 CC	10 Apr 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 May 2003

S8317301G S/No: 9000058020

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: 5097109946 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKH116C**
Chassis Number : **WVWZZZ16ZCM149120**

2. Name of Policyholder : **YEONG WHYE ZHEN (YANG WEIZHEN)**

3. Effective Date of Insurance : **12 Jan 2018**

4. Expiry Date of Insurance : **11 Jan 2019**

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 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YEONG WHYE ZHEN (YANG WEIZHEN)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING 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 : 12 Jan 2018 10:40 hrs

LQ INSURANCE AGENCY PTE LTD
180B BENCOOLEN STREET
#04-01 THE BENCOOLEN
SINGAPORE 189648
TEL: 6-334-0783 FAX: 6-334-0824
Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive