

NATIONAL Assessment Centre Services [wef 1 Jan 2005] **MNA/9028506**

| | | | |
|---------------------------|--|-----------------------|------------|
| Date In: 01/03/2009 19:03 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/MC19003895/Y | SAS e-filing | | |
| Veh No: SME 7690G | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 01/03/2009 11:45 | I-Motor Claim Form | M1/103421-002 | 02/03/2009 |
| OD / TP (Reporting Only) | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | 10:38 |
| | 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: SLP 6285D 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% P: 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 1100111-6788 6616)

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

MNA/901633

| | |
|---------------------------------|---|
| Claimant's Particulars: | Invoice Particulars |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$80) |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 |
| Auditors Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 |
| Ref 1: | For claiming against INC Only (wef 10 Jan 2005) |
| 2 / 3: | 6) TR: Re-inspection \$75 |
| | 7) NI: Idao DA + SMRT Survey \$160 |
| | 8) NTUC Additional Services: |
| | OP: |
| | *N5: Courtesy Car / Tpt Allowance \$3 |
| | *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: Idao Mobile 30 |
| | 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 | 01/03/2019 19:03 |
| Date Of Accident | 01/03/2019 11:45 |
| Exact Location Of Accident | 354 TANGLIN ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SME7690G |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|-----------------------|
| Name Of Registered Owner | KOH ZHI XIANG DOMINIC |
| NRIC No | S9049025G |
| Email Address | DOMINICKOZX@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98005186 |
| Alternative Phone No | OTHERS-98005186 |

Vehicle Particulars

| | |
|--|---------------------------------------|
| Manufacturer | BMW |
| Model | 116I A/T ABS D/AIRBAG 2WD 5DR HID DSC |
| 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 CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5104991527 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOH ZHI XIANG DOMINIC |
| NRIC No | S9049025G |
| Date Of Birth | 11/12/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/07/2009 |
| Driving Experience | 9 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98005186 |
| Fax Number | |
| Contact Number | OTHERS-98005186 |
| EMail Address | DOMINICKOZX@GMAIL.COM |

| | |
|---|----------------------|
| Address | 16 BRIGHT HILL DRIVE |
| Postcode | 5740006 |
| 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 | CLEAR |
| Road Surface | DRY |

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) | 3 |
| Passenger 1 | NAME: : COLLEAGUE GENDER: : MALE |
| Passenger 2 | NAME: : COLLEAGUE 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 | SLP6285D |
| Vehicle Make/Model/Colour | TOYOTA COROLLA ALTIS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SEAH ZHIQIANG |
| 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.

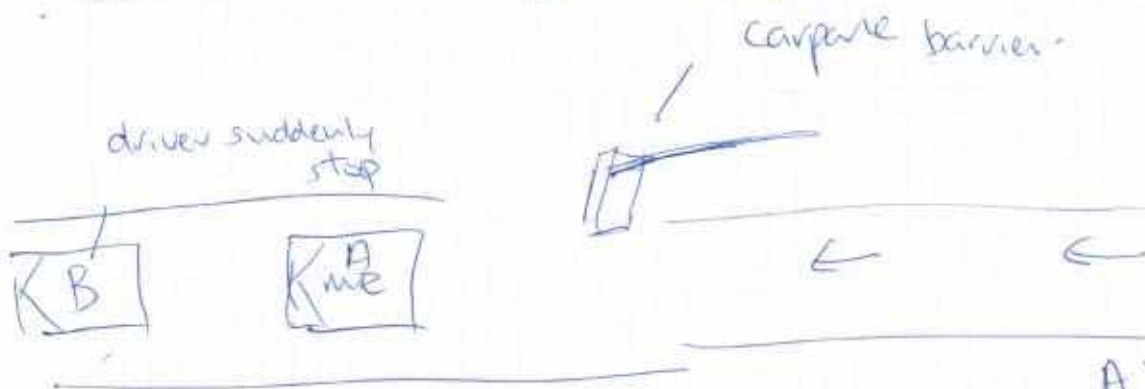
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A7 354 TONGUE ROAD



A) SME 76906
B) SUP 6285D

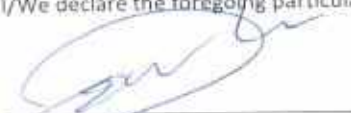
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver of ~~car~~ corolla suddenly stopped in the middle of the road, I was not able to stop in time.

Accident happened at walking speed.

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/1034211

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5104991527 | Vehicle No. | SME7690G | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | KOH ZHI XIANG DOMINIC | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|
| Report Date | 01/03/2019 15:23 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 01/03/2019 | Time of Accident hh:mm | 00:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | NA | | | |

▼ Excess

| | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | 1500 | Windscreen Excess |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | |
|-----------|----------------------|-----------------------|-------------------|-----------|
| Address 1 | 16 BRIGHT HILL DRIVE | Address 2 | SINGAPORE 574006 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5104991527 | |

▼ O1 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 checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Comp. |
| Modification History | | | | |

Claim 002

New

| | | | |
|---|-----------------------------------|----------------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | KOH ZHI |
| Contact No.(Mobile) | 98005186 | Contact No.(Home) | |
| Email Address | | O1 Vehicle Number | SME7690 |
| Claim Description | SME7690G / SLP6285D ON 1 Mar 2019 | | |
| Preferred Workshop | Insured Liability | Fully at Fault | |
| Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | Received | 02/03/2019 10:38 | Claim Close Date |
| Report Taken By | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

Accident No.

MT/1034211

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

02/03/2019 10:38

Path *

Category *

Confidential

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|---|-----------------------|---------|-----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | NRIC/ Driving License | Normal | NRIC/ Driving L |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Mar 2019 10:38 | SAS | Normal | SAS 2(|

Video List

| Uploaded By/Date | Folder Date | File Name |
|--|-------------|-----------|
| <div>Display in New Window</div> <div>Scan and uploading</div> | | |

ACCIDENT STATEMENT

ACCIDENT DATE: (01/03/2019) (DD/MM/YYYY). TIME: (11:45) (HH:MM)

LOCATION: 354 Tanylin Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 76906
 b) INSURANCE COMPANY: Income
 c) POLICY NUMBER: 5104991527
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Rm 1160
 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: ksh Zhi Kiang Dominic (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S90490256 CONTACT: 98005186
 c) ADDRESS: 16 Bright Hill Drive

* 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: (1/12/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06 Jul 09

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SLP 6285D MODEL: Toyota corolla
 b) DRIVER'S NAME: Sean Zhi Kiang
 c) NRIC/FIN/PASSPORT: S83345046 CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email = dominic.kh2x@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S9049025G



Name

KOH ZHI XIANG, DOMINIC

許智翔

Race

CHINESE

Date of birth

11-12-1990

Country/place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9049025G

Name

KOH ZHI XIANG, DOMINIC

Date of birth: 11 Dec 1990

Issue Date: 16 Sep 2016



PRIC No: S9049025G



Date of issue

16-09-2016

Address

16 BRIGHT HILL DRIVE
SINGAPORE 574006

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 06 Jul 2009

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: 5104991527

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SME7690G**
Chassis Number : **WBA1V72050V725556**
2. Name of Policyholder : **KOH ZHI XIANG DOMINIC**
3. Effective Date of Insurance : **25 Oct 2018**
4. Expiry Date of Insurance : **24 Oct 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 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 | : YES |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : KOH ZHI XIANG DOMINIC |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TOKYO CENTURY LEASING (SINGAPORE) 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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 25 Oct 2018 16:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive