

# NATIONAL Assessment Centre Services.

part 1 Jan 2009

MNA49043405

Date In: 02/04/2019 16:14	Job description	Date & Time Completed	Done by
Ref No: NBR/ZNC/9005914/17	SAS e-filing		
Veh No: SR 7402P	E-mail (Vehicle sheet, AIC sheet)		
D.O.A: 02/04/2019 14:40	I-Motor Claim Form	MM/1038683-001	02/04/2019 16:35
OID / 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: ES 9939Z	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: ( )

Repairer's Declaration:

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel: 1:	1) AR: Accidental Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$50)
	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Idao Mobile	\$30
	10) NI: Idao Mobile	\$30

Fee Charged: \_\_\_\_\_

Invoice dated: \_\_\_\_\_

FOR: \_\_\_\_\_



## 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	03/04/2019 16:14
Date Of Accident	02/04/2019 14:40
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7402P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG CHENG YE (TANG JINGYI)
NRIC No	S8018694J
Email Address	CAROLYNN_TANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87746332
Alternative Phone No	OTHERS-87746332

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5100873797
Cover Note Number	

### Driver

Name of Driver	TANG CHENG YE (TANG JINGYI)
NRIC No	S8018694J
Date Of Birth	09/06/1980
Occupation	INDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87746332
Fax Number	
Contact Number	OTHERS-87746332
EMail Address	CAROLYNN_TANG@HOTMAIL.COM

Address	BLK 307D ANCHORVALE ROAD #11-92
Postcode	544307
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 (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)	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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	ES9939Z
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAN TECK SOON CALVIN
NRIC/Passport Number	S8119022D
Contact Number	81818175
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: 3 April 19  
11am

Driver's Signature

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

Reporting Centre Personnel's Signature

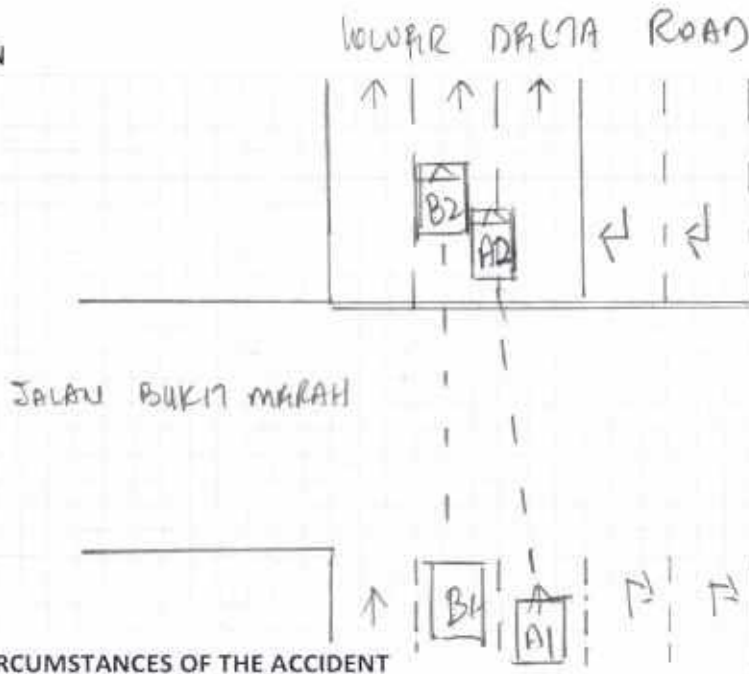
Name:

NRIC/FIN No.:

03/04/2019  
Rashid Wafar



# SKETCH PLAN



A) SJR7402P  
(B) ES9939Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened along Lower Delta Road on 2 April 19 at around 1438 hours.

Both our cars were moving off from the traffic light and we merged into the same lane after the traffic light. I slightly bumped into ES 9939 Z Audi RS5's right tyre. The impact was very small. The damage was only both our tyre rim. This was behind right rim, mine was front left rim. It was only a few scratches. Photos were taken. Body had no damages.

License details and contact nos were exchanged. He claims his is a new car hence will send for alignment assessment and rim assessment.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 3 April 19  
11.10am

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

Reporting Centre Personnel's Signature  
Name: 03/04/2019  
NRIC/FIN No.:

## Claim Handling

Accident NT/1038883

Policy No.	5100873797	Vehicle No.	SJR7402P	GST Registration No.	
Certificate No.					
Policyholder Name	TANG CHENG YE (TANG JINGYI)	Driver Type	Driver CLASSIC	Policyholder NRIC	S8018694J
Product Code	PRIVATE CAR (INSURANCE)	Contact No.(Office)		Leading	0
Contact No.(Mobile)	87746332	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KPI	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	03/04/2019 10:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/04/2019	Time of Accident (hh:mm)	14:40	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG LOWER DELTA ROAD				

## Excess

Own Damage Excess	800.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	800.00		
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	BLK 307D #11-02	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 544307	Address Type	Singapore address	Post Code	544307
Unit No.	12-242	Related Policy Number	5100873797		

## GI Driver Info

Driver Name	TANG CHENG YE	Driver Type	Main Driver	Driver DOB	09/06/1989
Uninsured Driver Name		Driver NRIC	S8018694J	Driving Experience	2
Register Date of Driver License	09/06/2016	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	87746332	Contact No.(Office)		Address 3	ANCHORVALE PLACE
Address 1	BLK 307D #11-02	Address 2	ANCHORVALE ROAD	Post Code	544307
Address 4	SINGAPORE 544307	Address Type	Singapore address		
Unit No.	12-242				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJR7402P	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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## Modification History

Claim 001 [View](#)

Claim Type *	OD-MK	Insured Name	TANG CHENG YE (TANG JINGYI)	Insured NRIC	S8018694J
Contact No.(Mobile)	88731100	Contact No. (Home)	Nil	Contact No. (Office)	
Email Address	carolynn_tang@hotmail.com	GI Vehicle Number	SJR7402P	TP Vehicle Number	ES99392
Claim Description	SJR7402P / ES99392 ON 2 Apr 2019			Name of Preferred Workshop	
Preferred Workshop					
Refused no. Finalisation	Yes	Insured Liability	Not at Fault	GI report	Received
Date Registered		Preferred Workshop, Name unknown		Claim Close Date	03/04/2019 16:35
Report Taken By				Date Retired	03/04/2019 00:00

Print AX letter

[Save](#) [Submit](#)

## Attachment

Accident No.	NT/1038883	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	03/04/2019 16:35			
Path *	Category *					
Choose File: No file chosen	Clear	Please Select	NO	Confidential	Normal	Description *
Choose File: No file chosen	Clear	Please Select	NO	Normal	Normal	
Choose File: No file chosen	Clear	Please Select	NO	Normal	Normal	
Choose File: No file chosen	Clear	Please Select	NO	Normal	Normal	
Choose File: No file chosen	Clear	Please Select	NO	Normal	Normal	
Choose File: No file chosen	Clear	Please Select	NO	Normal	Normal	
Choose File: No file chosen	Clear	Please Select	NO	Normal	Normal	
Message Read	Send Message					

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	Photos	Normal	Photos 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	SAS	Normal	SAS 2019-4-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2019 16:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-3

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		

# ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 04 / 2019) (DD/MM/YYYY), TIME: (14 : 38) (HH:MM)

LOCATION: Along Lower Delta Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EJR 7402P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 200873797  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai Avante  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving  
 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: Tang Cheng Ye (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S80186943 CONTACT: 8744 6332  
 c) ADDRESS: 314 307D Anchorvale Road #11-92 S544307

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: (09 / 06 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 9 Jun 2016

## 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: ES 9939 Z MODEL: Audi  
 b) DRIVER'S NAME: Wan Tek Soon Calvin  
 c) NRIC/FIN/PASSPORT: S8119022D CONTACT: 8181 8175

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

Email = carolynn\_tang@hotmail.com

VIDEO YES



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8018694J



Name  
TANG CHENG YE  
(TANG JINGYI)  
唐静仪

Race  
CHINESE

Date of birth  
09-06-1980

Sex  
F

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
S8018694J

Name  
TANG CHENG YE  
(TANG JINGYI)

Birth Date: 09 Jun 1980

Issue Date: 09 Jun 2016




002576268E

3418593



NRIC No. S8018694J



Date of issue  
04-10-2003

APT BLK 307D ANCHORVALE ROAD #11-92  
SINGAPORE 544307

NRIC No. S8018694J Date: 21/11/2018

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  09 Jun 2016

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:** 5100873797

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJR7402P  
Chassis Number : KMHU41BR9U804039
2. Name of Policyholder : TANG CHENG YE
3. Effective Date of Insurance : 28 May 2018
4. Expiry Date of Insurance : 10 Jul 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	: 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	: TANG CHENG YE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YONG LEE SENG 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 : YONG LEE SENG MOTOR PTE LTD (00000613109)  
Date of Issue : 28 May 2018 10:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive