NATIONAL Assessment Centre Services 🦠	(Large) NIME COO	(618 60
Date la: 13/05/3019 10/42, Irli description	Date & Tune Complet	si Done by
Ref No. NRA THE 19008388/ SAS e-filing		
Veh No. S/M 53331 E-mail (within 8hr	s, AIC2lsts;	
D.O.A : 10/08/2018 15/80 1-Motor Claim	Form 104414	1-001 13/05/
i-Motor W/O (Within; OD 2lors, TP 4lors)	11:85
OD (1) Reporting Only i-Photo Upload	led	
Assessment/Surv	rey Report	
TP Insurer: Ass't Report by	Fax / Hand to Owner/Wksp	صوير حيل
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SP 4567	INC ()/Non-INC ()
Owner / Driver: (T'el:)
Policy No: () Period: () Cover Type: (
Consumed by : (Date: Time:	
Insured/Driver Liability: (%) [Note-Est Status (W	O): N: 0-20%; P: 21-79%. F:	50-100%]
Year of Registration: () Warranty: YES ()/NO()	
Excess: (\$) Londing: \$1,000 () / \$2,000 (
General Remarks:-	A THAT WITH WE WOULD HAVE	A-101
() Walk-In Customer: Customer's information strictly Con-	fidential & Strictly NO rafer of repa	oirer
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In (); Invoice: YES () / No	O(); Towing Co (
Remarks: (INC horline: 6788 6616)	Date&Time Comple	od Done by
1) Apply for Transport Allowance ()/ Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] (
a) opicial Returns) i unio propini		
Injury:	The second secon	The second secon
Injury: Date/Time Actions	ni devoca poterpo revoca de la re-	
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MA1903403	1) AR : Aecident Reporting (\$30);	in Bill Ad
Date/Time Actions AM1903403 Claimant's Particulars -	1) AR : Ascident Reporting (\$30); 2) DA : Duttings Assessment (\$100); 3) TF : Towing Fee	INC (580) 340/345
Date/Time Actions AM1903403 Claimant's Particulars -	1) AR : Ascident Reporting (\$30); 2) DA : Durings Assessment (\$100); 3) TF : Towing Fee 4) FT : Fallow-Through Survey 516T : Follow-Through Survey (Resorve)	INC (\$80) \$40,545 \$120) \$30
Date/Time Actions AM1903403 Chamant's Particulars - Driver/Owner:	1) AR: Ascident Reporting (\$30); 2) DA: Durings Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) Ear cloiming arount INC Only (wef 10)	INC (580) \$40/545 \$120) \$30 Jan 1935)
Date/Time Actions AM1903403 Chimant's Particulars - Driver/Owner: Contact No:	1) AR: Ascident Reporting (\$30); 2) DA: Durings Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) Ear cloiming around INC Only (wef 10) 6) TR: Re-inspection	INC (\$80) \$40,545 \$120) \$30
Date/Time Actions AM1903403 Chimant's Particulars - Driver/Owner: Contact No:	1) AR: Accident Reporting (\$30); 2) DA: Durings Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) For clothing around INC Only (wef 10 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 6) NTUC Additional Servings;	INC (580) \$40/545 \$120) \$500 Jan 1935) \$75
Date/Time Actions AM 1903 403 Claimant's Particulars Driver/Owner: Contact No: Damaged Portion:	1) AR: Ascident Reporting (\$30); 2) DA: Dumngt Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Resorve) Enr cloiming arguest INC Only (wef 10 6) TR: Re-inspection 7) N1: Idau DA + SMRT Survey c) NTUC Additional Servines: DIT: 'N5: Courtery Car / Tpt Allowance	INC (580) \$40/\$45 \$120) \$30 Jan 2003 \$15 \$160
Date/Time Actions AM1903403 Chimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Ascident Reporting (\$30); 2) DA: Dumngt Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) Ear claiming arguest INC Only (wef 10 6) TR: Re-inspection 7) N1: Idau DA + SMRT Survey c) NTUC Additional Servines: DII: 'N5: Courtery Car / Tpt Allowance 'N6: Repair Co-ordination	INC (580) \$40/545 \$120) \$50 Jan 1935) \$150
Date/Time Actions AM1903403 Claumann's Particulars: Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Durings Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) For cloiming around INC Only (wef 10 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 6) NTUC Additional Servinos: DIT: N5: Courtery Cor / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination	18t Bill Ad 1NC (580) \$40,545 \$120) \$30 Jan 2000) \$75 \$160 \$55 \$10 \$525 \$55
Date/Time Actions AM1903403 Claumant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Dumnge Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) For clotrollus national INC Only (wef 10 6) TR: Ite-inspection 7) N1: Idae DA + SMRT Survey e) NTUC Additional Servings: (DI) *N5: Courteay Cor / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (N:n INC) egainst INC	Int Bill Ad INC (580) \$40/\$45 \$120) \$30 Jan 2003) \$15 \$160 \$5 \$10 \$525
Date/Fime Actions AM1903403 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:-	1) AR: Ascident Reporting (\$30); 2) DA: Dumngt Assessment (\$100); 3) TP: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve) For cloiming around INC Only (wef 10 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey c) NTUC Additional Servings: DH: *N5: Courtesy Cor / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (N in INC) against INC 7) N12: Idae Mobile	18t Bill Ad 1NC (580) \$40/\$45 \$120) \$300 Jan 2000 \$75 \$160 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3

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 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

	ACCIDENT STATEMENT		
Date Of Report	13/05/2019 10:42		
Date Of Accident	10/05/2019 15:00		
Exact Location Of Accident	JUNCTION OF YUAN CHING ROAD/TAH CHING ROAD		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLW5333T		
Insured/Policyholder			
Name Of Registered Owner	TOO TONG LEE		
NRIC No	S7936476B		
Email Address	TONGLEETOO@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-85885333		
Alternative Phone No	OTHERS-85885333		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	ALLION-1.5 (A)		
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

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5053446026-07

Cover Note Number

Driver

TOO TONG LEE Name of Driver NRIC No S7936476B 01/11/1979 Date Of Birth INDOOR Occupation Date Of Driving Pass 20/04/1990

Driving Experience 29 YEARS AND 0 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-85885333

Fax Number

Contact Number

OTHERS-85885333

EMail Address

TONGLEETOO@GMAIL.COM

BLK 404 PANDAN GARDEN Address

#14-26

Postcode 600404

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

4

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP4858M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM BIN'EN MARTYN

NRIC/Passport Number

S9316242J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOO TONG LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SLW5333T

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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 Perso

CIARME SketchFlant och V.

Claim Handling Accident MT/1044141 Policy No. 5053446026-01 Venicle No. SLW53331 GST Registration No. Cortificate No. Policyholder Name TOO TONG LEE Policyholder NRIC 575364768 Product Code PROVATE CAR INSURANCE Cover Type Bring CLASSIC Contact No (Mobile) 05005223 Contact Na.(Office) Contact No.(Hone) Ernail Address Special Remark eCode 115 * TEA - No Yes eCode Reason WCD Protection Yes NCD Existension(%) Private Hirs 191: Accident Dytalla 13/05/2019 11:11 Accident Report Within 34 fre Accident Type Corpora - Cress Jundler Diste of Academs 10/05/2019 Time of Account by: mm 19-00 Country of Academ Singapore Reporting Centre Orange Force SCH No. Accident Lucation JUNCTION OF YUAN CHING ROAD/TAH CHING ROAD Total Excess Applicable Street Type Windscreen Excess 100.00 00 Standard Excess 11.00 VIED 00 Excess 0.00 YIED TO Excess Onver is Covered? 11.00 Acomonal Excess 8.00 Total OD Excess Applicable 200 Mt Total TF Excess Applicable 11.00 W. Benefits - GST Registered Information SST Registered GET Regimmation Date GST Registration No. GST Status Verified Yes Modification History Policyholder Heiling Address Attiress 1 BUX 407 #14-44 Appress 2 PANDAN GARDEN Address 3 SINGAPORE BOOKS? Address 4 Singapore address Related Policy fourner 5053448026-07 ♥ Of Driver Info Ditver Name TOO TONG LEE Driver Type Main Driver Uniamed driver Name Driver NACC 5/9364766 Driver DOS 09/11/1979 Register Date of Orner License 20/04/1999 Driver Age 39 Driving Expensions Contact No.(Mobile) 85885333 Contact No.(Office) Contact No.(Hume) 8,8 407 #14-44 Address 2 PANDAN GARDEN Address 1 SINGAPORE SUD407 Address 4 Address Type Singapore address Fost Code 600407 Unit No. Dues he own a Singapore Registered part Yes + No Driver Vehicle No. Driver Insurer Company SUMS3331 NTDC: Declaration Breathaiyser or Blood Test Reading? 0 mg Any indury? Yes in No Wastification History Claim 001 Baw * Insured Too Tong LES Claim Type + CO-HX \$79364268 Contact No. (Dffice) Contact No.2 Hotels Email Address Vehicle SLW53337 Claim Description BLW53337 / 53F4858M GN 10 May 2019 Frame Clairity Not at Fault T Repair Preferred In-Markshop Eastweet No. Yes Finalization Preferred Wurkshop, Name unk et Received Dair Registered 23/03/2019 11:44 Date 13/05/2019 00:00 Report Taken By RUSLI WAHAE # Print AX letter Save Submit Attachment Accident No. HT/1544141 Claim No. DDS Last Dor. Received St. Yes - No. **Hotoad Date** 13/05/2019 11:45 Path = Category * Confidential Urgenty 1 Description * * | ND Choose File No Ne chosen Clear Choose File No file chosen * NO ٠ Citor Please Select Normal * NO Choose File No file chosen Char * Nurmal ٠ Pleasa Select Choose File No lie chosen * ND ٠ Clear Please Select Normal Choose File No file chosen Clear Please Select + NO Choose File No file chosen * NO * Inormal , Clear Fleane Select Henneye Read Send Hessage → Attachment List Attactonent Uploaded By/Date Category Urgency Description NAC_BURIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 13 May 2019 11:45 Photos 2019-5-15 Photos Normal NAC_BUKIT_MERAH_BUD676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 11:45 Photos Normal Photos 2019-5-13

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Cheptay In New Window Scan and uploading

ACCIDENT STATEMENT

ACC	IDENT DATE: 10, 05 , 3015)(DD/MM/YYYY), TIME:	(15:00)(HH:MM)
LOCA	ATION: Ywan Ching Ro	acl (Tan ()	ning Road Junction
Ĺ	DETAILS OF VEHICLE a) VEHICLE NUMBER: SLW b) INSURANCE COMPANY: 1 c) POLICY NUMBER: 5053	VTUC	0) 52 12
	DIPOLICY TYPE: (COMPREHEN B) MAKE & MODEL: Toyoto	SIVE / THIRD PARTY / THIS	A TORCYCLE / OTHERS)
•	g) VEHICLE CATEGORY: (PRIVA h) PURPOSE OF USING AT ACC i) ARE YOU CLAIMING UNDER Y IF NO, PLEASE STATE (THIRD P.	IDENT TIME: GO how OUP OWN INSURANCE	re after Junch
2.	CIADDRESS: BIK 404	936476B CON Pandan Gord	MALE / FEMALE) STACT: 85885333 MARIE / FEMALE)
18 OF 58	* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER	
(Including driver)	DRIVER a) NAME: 1000 b) NRIC/FIN/PASSPORT: 0) ADDRESS: 0	As Above	MALE / FEMALE)
9	*d) DATE OF BIRTH: (09/11) e) OCCUPATION: (INDOOR / O f) DATE OF DRIVING PASC	UTDOOR) 20 Apr 1999	*
4.	WAS DRIVER AN EMPLOYEE OF THE		
5.	b)ROAD SURFACE: DRY WET	R/RAINING/OTHERS_	
7.	a) REPORTED TO POLICE (YES / IF YES, PLEASE STATE WHICH P		77 - 41 - 12 - 12 - 12
the of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: 5504	858M MOD	EL:
()	b) DRIVER'S NAME: LIM (c) NRIC/FIN/PASSPORT: Sq. THIRD PARTY VEHICLE	71 / 17/12 7	ITACT:
tho of passenger	d) VEHICLE NUMBER: e) DRIVER'S NAME:	MOD	EL:
(Including driver)	f) NRIC/FIN/PASSPORT:	сон	TACT:
	52		

email = VIDEO



PASSPORT REPUBLIC OF SINGAPORE

Type Country Code Passport No PA SGP E6880824 Name

E6880824A





SINGAPORE CITIZEN Date of birth 09 NOV 1979 Date of lower 01 AUG 2017 SEE PAGE 2 National ID No. \$7936476B

Place of birth SINGAPORE O1 MAY 2023 Authority MINISTRY OF HOME AFFAIRS

PASGPT00<<TONG<LEE<<<<<<<< E6880824A4SGP7911093M2305019S7936476B<<<<78



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) 19 May 1003 29 Aug 2030 20 Apr 1990

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

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: 5053446026-07 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

4. Expiry Date of Insurance

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.

: SLW5333T

: NZT2603036975

: TOO TONG LEE

: 03 Apr 2019

: 02 Apr 2020

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)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO
PRIMARY DRIVER : TOO TONG

 PRIMARY DRIVER
 : TOO TONG LEE

 NAMED DRIVER (1)
 : LIM YING ZHI

 NAMED DRIVER (2)
 : N/A

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

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

: INDEX AGENCY PTE LTD (00000572017)

Date of Issue

: 20 Mar 2019 20:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive