

NATIONAL Assessment Centre Services			
Date In: 26/06/2019 15:43	Job description	Date & Time Completed	Done by
Ref No: 2688/INC/901/3247	SAS e-filing		
Veh No: SJT 9049C	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 22/06/2019 22:15	i-Motor Claim Form	MT/105012/001	26/06/2019
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within OD 2hrs TP 4hrs)		16:10
	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: 8JC 1623K	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:	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

NA/904744		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 19 Jan 2019)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: (Inc DA + SMRT Survey) \$160			
P. 1/1		8) NTUC Additional Services:			
		* 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 (N10 INC) against INC \$20			
		N12: Idle Mobile 30			
		Invoice dated		For Charged	
		For Charged			

07-MAY-2019 16:39

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 GlA 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	26/06/2019 15:43
Date Of Accident	22/06/2019 22:15
Exact Location Of Accident	GEYLANG SERAI CALTEX PETROL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9049C
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	THENZG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90120166
Alternative Phone No	OFFICE-90120166

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109140477
Cover Note Number	

Driver

Name of Driver	ONG TIONG SOON
NRIC No	S6846019J
Date Of Birth	21/11/1968
Occupation	INDOOR
Date Of Driving Pass	08/04/1989
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90120166
Fax Number	
Contact Number	OTHERS-90120166
Email Address	THENZG@GMAIL.COM

Address	BLK 37 TELOK BLANGAH RISE #17-307
Postcode	090037
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	0

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	SHC1623K
Vehicle Make/Model/Colour	BLUE COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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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:

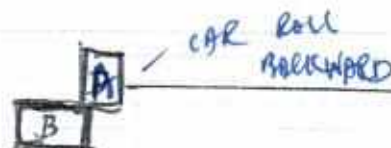

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Selang Serai
Caltex petrol station

A-SJT9049C
B-SHC1623K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/19 at 10:17pm Geylang Serai Caltex Petrol station
I park the car on the side and when in to petrol station.
The vehicle low down to the main Road and hit a Taxi
SHC1623K, I ran over to the car.
The Taxi damages is front left fender & bumper and the Taxi
driver agreed to the private settlement with me, there is no injuries.
I keep calling him the next day no reply from him.

DECLARATION

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

Policyholder's Signature
Date & Time:

(Signature)

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

26/06/2019
Reporting Centre Personnel's Signature
Name: Rishi Vitoria
NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1050721

Policy No.	5109140477	Vehicle No.	51T9049C	GST Registration No.	
Certificate No.	5109140477-000087				
Policyholder Name	TOODS PARTNERS PTE. LTD.			Policyholder NRIC	201533177E
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Unloading	0
Contact No.(Mobile)	90120106	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Settlement(%)	0	Private HVE	No

Accident Details

Report Date	26/06/2019 11:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/06/2019	Time of Accident (h:mm)	22:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SEYLANG SERAI CATER PETROL STATION				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
VIED OD Excess	0.00	VIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	26/06/2019 16:01:43 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 1002 #01-75	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	150719
Unit No.	01-75	Related Policy Number	5109206103		

Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG TIONG SOON	Driver NRIC	S6846019J	Driver DOB	21/11/1968
Register Date of Driver License	28/04/1999	Driver Age	50	Driving Experience	30
Contact No.(Mobile)	90120106	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 37 #17-507	Address 2	TELUK BLANCAH RISE	Address 3	SINGAPORE 090027
Address 4		Address Type	Foreign address	Post Code	090027
Unit No.	17-507				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	51T9049C	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	TOODS PARTNERS PTE. LTD.	Insured NRIC	201533177E
Contact No.(Mobile)	97707813	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	51T9049C	TP Vehicle Number	5HC1623K
Claim Description	51T9049C / 5HC1623K ON 22 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Recovered
Date Registered		Claim Date	26/06/2019 16:10	Date Received	26/06/2019 00:00
Report Taken By	ROSLE WANAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1050721	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	26/06/2019 16:10		
Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen		Clear Please Select *	NO *	Normal *	
Choose File No file chosen		Clear Please Select *	NO *	Normal *	
Choose File No file chosen		Clear Please Select *	NO *	Normal *	
Choose File No file chosen		Clear Please Select *	NO *	Normal *	
Choose File No file chosen		Clear Please Select *	NO *	Normal *	
Choose File No file chosen		Clear Please Select *	NO *	Normal *	
Message Read		Clear Please Select *	NO *	Normal *	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)	A
	NAC_BUKIT_MERAH_800676X NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photo	Normal	Photos 2019-6-26		
	NAC_BUKIT_MERAH_800676X NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photo	Normal	Photos 2019-6-26		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photos	Normal	Photos 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photos	Normal	Photos 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photos	Normal	Photos 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photos	Normal	Photos 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	Photos	Normal	Photos 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	SAS	Normal	SAS 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26

Video List

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. This form is to be used to report an accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies' decisions regarding claims.
4. The inclusion of evidence on this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. The report will be forwarded by the insurers of the GIC Roadside Emergency Centre established by the General Insurance Association of Singapore (GIA) to the police and that copies of this report will also be made available upon application by interested parties.
6. By submitting this report to the insurers, you hereby consent to the reporting of this report to the centre and to parties to the claim using these records.

ACCIDENT STATEMENT

Date Of Report

25/6/19

Date Of Accident / Time

27/6/19

10.17pm

Location Of Accident

Geylang

after petrol station

Date Of Report

27/6/19

Vehicle Registration Number

8JT9049C

Insurance Policy Number

Name Of Policyholder / Owner / Company

Todd's Partner

Address Line 1 (e.g., 40)

2015 331776

Address Line 2

henry @ gmail.com

Address Line 3

Address Line 4

Address Line 5

Address Line 6

HY 130

Other

What type of vehicle was being used at time of accident?

Did you have your own insurance policy for motor or car?

Reporting

What was the reason for the claim?

Vehicle Category

Vehicle Category

Vehicle Category

Vehicle Category

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Vehicle Category

Vehicle Category

NTUC

KMHDC81DMAU058635.

Ony Tony Soon

56846019J

Indoor

8/4/1989

male

90120166

henry @ gmail.com

1. Name

2. Address

3. Is driver an employee of the Insurer's Company

4. Relationship of the Driver with the Insured

5. Vehicle Registration Number of Driver's Own Vehicle

6. Insurance Company of Driver's Own Vehicle

7. General Information of the Accident

8. Date of Accident

9. Weather Conditions

10. Time of Day

11. Location of Accident

12. What type of vehicle involved in this accident?

13. Was anyone injured in the Accident?

14. Was any other material or property damaged?

15. Was there any approach by unknown person(s) indicating offering accident claim assistance.

16. Number of Passengers (including Driver)

17. Name of Police Station

18. Has the accident reported to the police?

19. If yes, please state which Police Station

20. Has police intended Prosecution given?

21. Name of witness

22. Sketches of accident

23. Please refer to sketch plan

24. Comments

25. Are there any photos available to witness?

26. Are there any views captured by Car Camera?

27. Remarks

DETAILS OF OTHER VEHICLE PROPERTY

1. Vehicle Registration Number

2. Make, Model, Colour

3. Details of Properties

4. Name of Driver

5. Vehicle Registration Number

6. Contact Number

7. Address

8. Remarks

9. Insurance Company Name

10. Status of Ownership

11. No. of Passenger (including Driver)

12. Name of Officers

13. Date

14. Name of Officer

15. Email Address

Driver

dry
claw

==

0

SHC 1623K
Blue Comfort

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6846019J



Name

ONG TIONG SOON

王忠顺

Race

CHINESE

Date of Birth

21-11-1968

Sex

M

Country of Birth

SINGAPORE

For LKK/NAC Use Only



2119892



NRIC No. S6846019J

For LKK/NAC Use Only

Blood Group

Date of issue

AB+

11-06-1994

APT BLK 37 TELOK BLANGAH RISE #17-307
SINGAPORE 090037

NRIC No: S6846019J

Date: 18/05/2009

No: 6158401

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6846019J

Name:

ONG TIONG SOON

For LKK/NAC Use Only

Birth Date: 21 Nov 1968

Issue Date: 28 May 2003



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

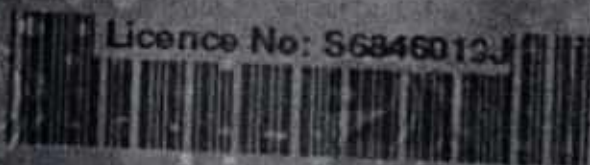
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

08 Apr 1989

For LKK/NAC Use Only

Licence No: S6846012J



28A

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: 5109140477-000007

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJT9049C**
Chassis Number : **KMHDC81DMAU058635**
2. Name of Policyholder : **TODDS PARTNERS PTE. LTD.**
3. Effective Date of Insurance : **29 May 2019**
4. Expiry Date of Insurance : **28 May 2020**
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : SININS AGENCY PTE. LTD. (00000615123)
Date of Issue : 25 Apr 2019 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive