

NATIONAL Assessment Centre Services				Date: 28/06/2019		Job description: SAS e-filing		Date & Time Completed: 28/06/2019 16:31		Done by: [Signature]	
Ref No: N/A 190115667				Veh No: SJS 9623A		E-mail (within 8hrs, AIC 2hrs):					
D.O.A: 21/06/2019 17:35				OD: TP (Reporting Only)		I-Motor Claim Form		mrl050481-003		28/06/2019 16:31	
						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: SMG 8880C		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: (INC) hotline: 678816616		Date & Time Completed:		Done by:	
1) Apply for Trans-joint Allowance () / Courtesy Car ()					
2) QC Check / Post Repair Inspection ()					
3) Upload Resurvey Photo (Repair Cost > \$3000) ()					

Injury: ()

Date/Time	Actions

N/A 1904881		Invoice Preparation Checklist		Amt (\$)		Amt (\$)	
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		Inc Bill		Add. Bill	
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			
		5) FT: Follow-Through Survey (Resurvey)		\$30			
		For claiming against INC Only (wef 10 Jan 2009)					
		6) TR: Re-inspection		\$75			
		7) NI: Idno DA + SMRT Survey		\$160			
		8) NTUC Additional Services:					
QC Checked by (Engr-In-Charge):		[Signature]					
		*N3: Courtesy Car / Tpt Allowance		\$5			
		*N6: Repair Co-ordination		\$10			
		*N7: Post Repair Inspection		\$25			
		*N8: DV / Collect Excess Coordination		\$5			
Auditors' Comments:		TP (N11): TP (Non-INC) against INC		\$20			
Cat. I:		9) NI2: Idno Mobile		\$0			
Cat. 2/3:		Invoice dated:		Pen Charged			
P. 1/1		Invoice dated:		Fine 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	28/06/2019 16:17
Date Of Accident	21/06/2019 17:35
Exact Location Of Accident	211 HENDERSON INDUSTRIAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9623A
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	FARHANFADI5@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83219014
Alternative Phone No	OFFICE-83219014

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
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	5106949816
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN SARHOOD HAMID
NRIC No	S9312561D
Date Of Birth	14/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2018
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83219014
Fax Number	
Contact Number	OTHERS-83219014
EMail Address	FARHANFADI5@GMAIL.COM

Address	BLK 174A HOUGANG AVENUE 1 #02-1525
Postcode	531174
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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	SMG8830C
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHUN KIAT
NRIC/Passport Number	S9182200H
Contact Number	81147922
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.

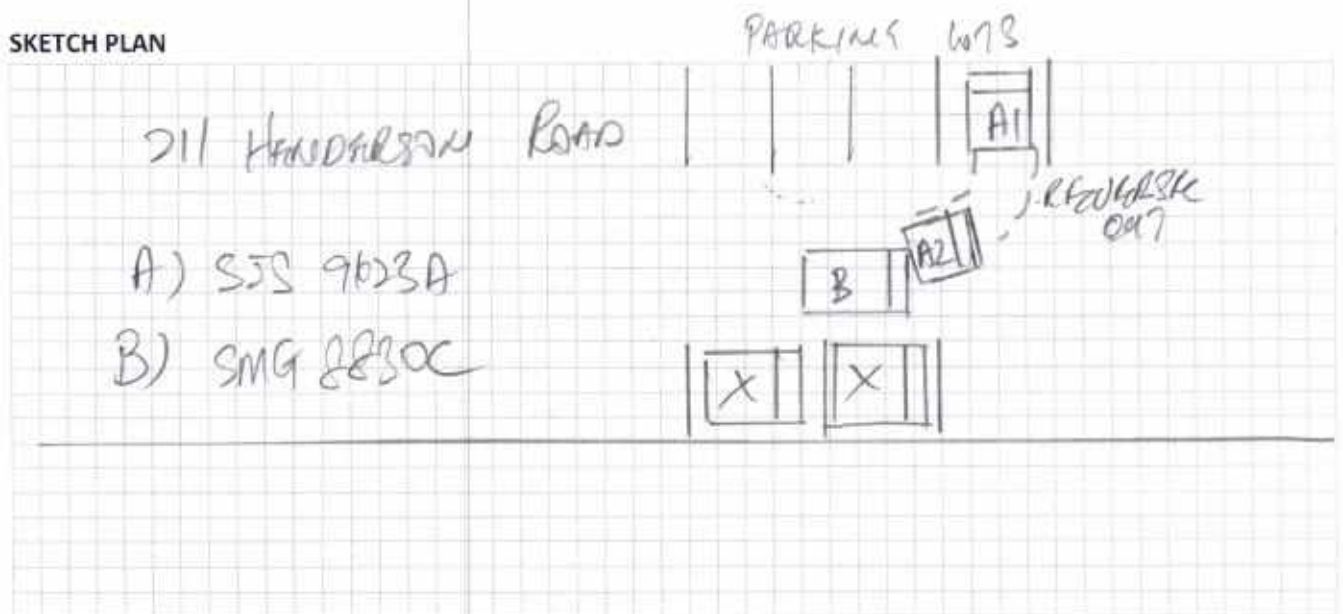


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing out from a parking lot and accidentally hit the car that was parked at side road.

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.:

[Signature] 26/06/19

[Signature] 28/06/2019
[Signature]

Claim Handling

Accident MY/1050487

Policy No.	S10949816	Vehicle No.	S159623A	GST Registration No.	201709236H
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.			Policyholder NRIC	201709236H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Leading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	NA
KFR	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	NA	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	25/06/2019 13:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head On Rear
Date of Accident	21/06/2019	Time of Accident (H:M:S)	17:15	Country of Accident	Singapore
Reporting Centre		Crash Force		ICM No.	
Accident Location	211 HENDERSON RD HENDERSON INDUSTRIAL PARK DPSCP				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History	25/06/2019 13:52:33 System changed GST Registration No. from NA to 201709236H 25/06/2019 13:52:33 System changed GST Registration Date from 01/01/2013 to 01/09/2017 25/06/2019 13:52:33 System changed GST Status Verified from NA to Yes		

Policyholder Mailing Address

Address 1	64 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 480549
Address 4		Address Type	Singapore address	Post Code	480549
Unit No.		Related Policy Number	S109962333		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **Now**

Claim Type *	CO-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	68402444
Email Address		OT Vehicle Number	S159623A	TP Vehicle Number	SMG8830C
Claim Description	S159623A / SMG8830C ON 21 Jun 2019			Name of Preferred Workshop	
Preferred Workshop	Insured Liability			Fully at Fault	
Refused Workshop	Yes	Refused Reason	Refused Workshop Name Unknown	GIA report	Received
Date Registered	28/06/2019 16:14	Claim Close Date		Date Received	28/06/2019 16:14
Report Taken By	KOSLI WAKAS	Workshop Referrer		Total Loss Out Requested	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MY/1050487	Claim No.	002																																
Last Doc. Received	Yes No	Upload Date	28/06/2019 16:31																																
Path *	<table> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </table>			Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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<input type="button" value="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 28 Jun 2019 16:31	SAS	Normal	SAS 2019-6-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:14	Photos	Normal	Photos 2019-6-28	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 16:14	Photos	Normal	Photos 2019-6-28	

6/28/2019

Claim Handling(Claim Task 002 OD-MX)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 28 Jun 2019 16:14

Photos

Normal

Photos 2019-6-28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 28 Jun 2019 16:14

Photos

Normal

Photos 2019-6-28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 28 Jun 2019 16:14

Photos

Normal

Photos 2019-6-28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 28 Jun 2019 16:14

Photos

Normal

Photos 2019-6-28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 28 Jun 2019 16:14

Photos

Normal

Photos 2019-6-28

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 28 Jun 2019 16:14

Photos

Normal

Photos 2019-6-28

Video List

Uploaded By/Date

Folder/Date

File Name

Source

Action

Display in New Window

Scan and uploading

col's camp. 10/7/19

ACCIDENT STATEMENT

ACCIDENT DATE: (21/06/2019) (DD/MM/YYYY), TIME: (17:35) (HH:MM)

LOCATION: 211 HENDERSON INDUSTRIAL PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 9623A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIMS REPORTING ONLY)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD FARHAN BIN SARUDD ^{HANNU} (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9312561D CONTACT: 83219014
c) ADDRESS: 174A HOUGANG AVE 2 #02-1525
S (S31174)

* d) DATE OF BIRTH: (14/04/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/01/2018

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: S446 8830C MODEL: MAZDA
b) DRIVER'S NAME: KOH CHUN KIAT
c) NRIC/FIN/PASSPORT: S9182200H CONTACT: 8114 7922

9. THIRD PARTY VEHICLE

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

email = Farhanfadi5@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9312561D



Name

MUHAMMAD FARHAN BIN SARHOOD
HAMID

محمد فرحان بن سارهود حميد

Race
INDIAN

Date of birth
14-04-1993

Sex
M

Country/Place of birth
SINGAPORE



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licensee's Identification Number S9312561D

MUHAMMAD FARHAN BIN SARHOOD
HAMID

Birth Date: 14 Apr 1993

Issue Date: 24 Jan 2018



002767304D

5780451



NRIC No: S9312561D



Date of issue
20-07-2017

Address

APT BLK 174A HOUGANG AVENUE 1
#02-1525
SINGAPORE 531174

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 ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 24 Jan 2018

For LKK/NAC Use Only

For LKK/NAC Use Only

NP 4284



License No: S9312561D



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: 5106949816

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SJ59623A
 Chassis Number : JN1BAAC11Z0021329
2. Name of Policyholder : SRS AUTO HOLDINGS PTE. LTD.
3. Effective Date of Insurance : 10 Jan 2019
4. Expiry Date of Insurance : 15 Sep 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COF	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 10 Jan 2019 14:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive