

NATIONAL Assessment Centre Services

Form 1 (April 2018)

19 MAY 19094562

Date In: 18/07/2019 17:18	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/901202/4	SAS e-filing		
Veh No: 1BP 605Z	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 11/07/2019 17:00	i-Motor Claim Form	11/05/2019-001	18/07/2019 17:18
OD (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: 1BP 605Z	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: 6788 6616)	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

<p>1191905293</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Additons/Comments:</p> <p>Cal. J:</p> <p>Cal. 2/3:</p> <p>1/1/18</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claimant against INC Only (wef 10 Jan 2019)</p> <p>6) TR: It's inspection \$75</p> <p>7) N1: Idnu DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>9) N12: Idnu Mobile \$30</p>		<p>Amc (\$)</p> <p>In Bill</p>	<p>Amc (\$)</p> <p>Add. Bill</p>
	<p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N in INC) against INC \$20</p>			
	<p>9) N12: Idnu Mobile \$30</p>			
	<p>Invoice dated:</p> <p>Per Charged</p> <p>Fee Charged</p>			

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 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	18/07/2019 17:18
Date Of Accident	11/07/2019 17:00
Exact Location Of Accident	ALONG CROSS STREET TURN TOWARDS CLUB STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP665Z
Insured/Policyholder	
Name Of Registered Owner	ISMANDE BIN ARPAH
NRIC No	S7910987H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92373717
Alternative Phone No	OTHERS-92373717

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107315958
Cover Note Number	

Driver

Name of Driver	ISMANDE BIN ARPAH
NRIC No	S7910987H
Date Of Birth	23/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92373717
Fax Number	
Contact Number	OTHERS-92373717
Email Address	NOEMAIL

Address	BLK 408 CHOA CHU KANG AVENUE 3 #03-311
Postcode	680408
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190715/2145

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	GBF9918M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:

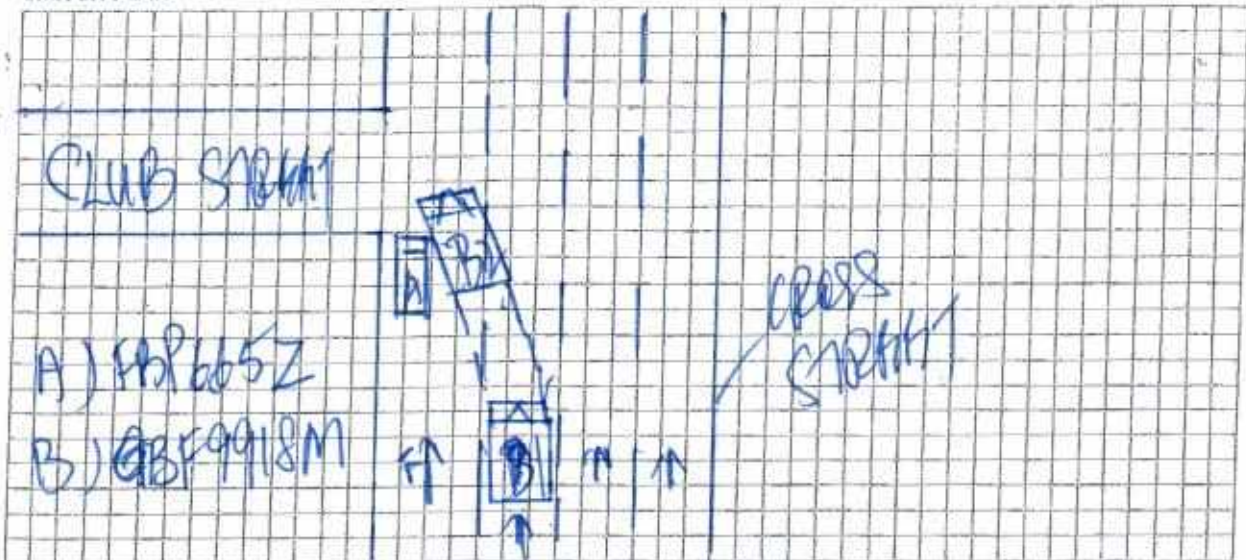
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

AS REFER TO POLICE REPORT
1/7/2015/2145

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20190715/2145

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190715/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 18:01		Vide Report No.: A/20190711/0096		Station Diary No.: 144	
Informant's Particulars					
Name of Informant: ISMANDE BIN ARPAH			Address: APT BLK 408 CHOA CHU KANG AVENUE 3 #03-311 SINGAPORE 680408		
ID Type / ID No : NRIC NO / S7910987H			Contact No.: Home/Office: Mobile: 92373717		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 23/04/1979	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/07/2019 17:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CROSS STREET CLUB STREET Cross Street turn towards Club Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP665Z	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP665Z	NTUC Income Insurance Co-Operative Limited	5107315958	29/01/2019	28/01/2020



**SINGAPORE
POLICE FORCE**



T/20190715/2145

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190715/2145

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISMANDE BIN ARPAH	ID No.	S7910987H
Related Vehicle	FBP665Z (Motorcycle)	Contact No.	92373717
Hospital/Clinic	SINGAPORE GENEREAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	11/07/2019	Date Discharge	15/07/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On 11/07/2019 at about 1700hrs, I was riding along Cross street on the most left lane to collect my orders along club street. While I prepare to slow down to turn left towards club street, a van on my right suddenly turn as well. The van then cut into my lane and went ahead of my motorcycle and turn left while I was making my turn. As it was too sudden, I was unable to stop in time and thus his vehicle bang onto the right side of my motorcycle causing me to lose balance and fell on my left.

Subsequently I lost conscious for a moment and someone helped me to one side to rest. I could remember someone called for Ambulance and shortly after Ambulance and Traffic Police arrive at scene. While being attended by the paramedics, I remember the traffic police asked me what had happen and after that I was send to Singapore General Hospital. I had been warded since then till 15/07/2019. I suffered open fracture of patella and damages of my motorcycle I am unsure of as I had not went back to check.

I was certain that the lane on my right was not allowed to turn left into Club street. There is one witness who provided me with his name and contact number willing to be the witness of what happened. The witness namely : Sharul, Contact number 87535878.



**SINGAPORE
POLICE FORCE**



T/20190715/2145

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190715/2145

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:



Sgt. DING FENG

Signature Of Interpreter:
Not applicable

Singapore Police Force

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/07/2019 18:01

Classification Of Case:

Claim Handling

Accident MT/1054051

Policy No.	5107315958	Vehicle No.	FBP665Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S7910987H
Policyholder Name	ISHANDE BIN AKPAH	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	92373717	Special Remark		sCode	No *
Email Address		TCA	= No / Yes	sCode Reason	
KPI	= No / Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	18/07/2019 17:37	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	11/07/2019	Time of Accident (hr:mm)	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CROSS STREET TURN TOWARDS CLUB STREET				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
GD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED GD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	0.00	Total TP Excess Applicable	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 408 #03-311	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE 680408
Address 4		Address Type	Singapore address	Post Code	680408
Unit No.	03-311	Related Policy Number	5107315958		

G1 Driver Info

Driver Name	ISHANDE BIN AKPAH	Driver Type	Main Driver	Driver DOB	23/04/1979
Unnamed driver Name		Driver NRIC	S7910987H	Driving Experience	19
Register Date of Driver License	21/07/1999	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	92373717	Contact No.(Office)		Address 3	SINGAPORE 680408
Address 1	BLK 408 #03-311	Address 2	CHOA CHU KANG AVENUE 3	Post Code	680408
Address 4		Address Type	Singapore address		
Unit No.	03-311				
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	FBP665Z	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	ISHANDE BIN AKPAH	Insured NRIC	S7910987H
Contact No.(Mobile)	92373717	Contact No. (Home)		Contact No. (Office)	NIL
Email Address	ISHANDEAKPAH@GMAIL.COM	TP	FBP665Z	Vehicle Number	GBF9018H
Claim Description	FBP665Z / GBF9018H ON 11 Jul 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	18/07/2019 17:42
Date Registered		Report Taken By	ROSALI WAHAB	Date Received	18/07/2019 00:00

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1054051	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	18/07/2019 17:44		
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
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 17:44	Photos	Normal	Photos 2019-7-18	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jul 2019 17:44	Photos	Normal	Photos 2019-7-18	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7910987H



Name

ISMANDE BIN ARPAH



Race

MALAY

Date of birth

23-04-1979

Sex

M

Country of birth

SINGAPORE

For LKK/MAC Use Only



4274306



NRIC No. S7910987H

For LKK/NAC Use Only



Date of Issue

18-08-2008

APT BLK 408 CHOA CHU KANG AVENUE 3 #03-311
SINGAPORE 680408

NRIC No: S7910987H

Date: 26/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 9 1 0 9 8 7 H

Native

ISMANDE BIN ARP AH

For LKK/NAC Use Only

Birth Date: 23 Apr 1979

Issue Date: 10 Jul 2008



001623795K

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

PASS DATE

Class 2B

Motorcycles =< 200 cc

21 Jul 1999

Class 2A

Motorcycles between 201 cc and 400 cc

09 May 2006

Class 2

Motorcycles > 400 cc

02 Jul 2007

Class 3

Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

08 Jul 1999

Class 4

*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

12 May 2005

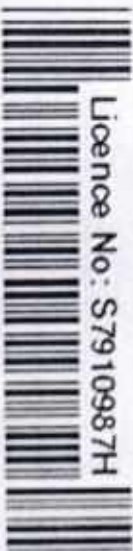
Class 5

*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg

19 Nov 2005

For LKK/MAC Use Only

NP 428A



Licence No: S7910987H



Certificate of Insurance

W2233

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 : 5107315958

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBP665Z

Chassis Number

: MH3UG0740J0143701

2. Name of Policyholder

: ISMANDE BIN ARPAH

3. Effective Date of Insurance

: 29 Jan 2019

4. Expiry Date of Insurance

: 28 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: ISMANDE BIN ARPAH

NAMED DRIVER (2)

: RUDY BIN HASHIM

HIRE PURCHASE COMPANY

: WING FUAT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

RECEIVED
 WING FUAT PTE LTD
 Tel: 6334-0783
 No. 101-01 THE BENCOOLEN
 SINGAPORE 189648
 IS MANDE BIN ARPAH

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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 29 Jan 2019 16:13 hrs

LQ INSURANCE AGENCY PTE LTD

1803 BENCOOLEN STREET

#101-01 THE BENCOOLEN

SINGAPORE 189648

TEL: 6334-0783 FAX: 6334-0624

Co. Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive