NATIONAL, Assessment Centre Services	- transport of the state of the	<u> </u>
Date In: C/COTXC 11. 3 Jeb description	Date & Time Completed	Done by
Ref No: N/58 JUL 1901 2480/V SAS e-111ing		
Veh No. 1735 E-mail (within 8hr	s, AIC 2hts)	10-6
D.O.A : 3000 200 10'60 1-Motor Claim	Form . M1 1055951-00	DOG/801/8 CC
I-Motor W/O o	Within: OD 2hra TP 4hrs)	11:45
OD . TP C Reporting Only		
Assessment/Surv	vey Report	
TP Insurer: Ass't Report by	Fax / Hand to Owner/Wksp	
Preferred Wksp /4NC Assign Wksp / QW: (Tol: F	ax:
TP Particulars: Veh No: SKV478113.	. INC(,)/Non-INC().	
Owner / Driver: (T'el:))
Policy No: () Period: () Cover Type: (<u>)</u>
Confirmed by : (Date: Time:	<u> </u>
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20%; P: 21-79%. F: 80-	00%]
Year of Registration: () Wattanty: YES ()/NO()	
Excess: (\$) Londing: \$1,000 ()/\$2,000 ()	-
Gengan Remarks	Antigate file by white All A.	1. 4-1 .
() Walk-In Contonur : Customer's information strictly Conf	fidential & Strictly NO rater of repairs.	
() Total Loss Case : to e-mail Insurer URGENTLY.	O(); Towing Co: (
Drive-In () / Towed-In (); Invoice: YES () / No		PAGE STATE OF
Remarks: P. (INC horling: 6788[6616]	Dite&Time Complesed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
-3) Upload Resurvey Photo [Repair Cost > \$3000] ())	
Injury:		
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NH905737	1) AR: Accident Reporting (530); 2) DA: Duringt Assessment (5100); INC 3) TF: Towing Fee	181 Bill Add.131 (\$80) \$40/\$45
NH905737	1) AR: Accident Reporting (530); 2) DA: Duringe Assessment (5100); INC 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Resurvey)	181 Bill Add.131 (580) 340/345 \$120 \$300
NH905737 Chamant's Particulars:	1) AR: Accident Reporting (530); 2) DA: Duringt Assosament (5100); INC 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Resurvey) Eorstologius anninat INC Only (wef 10 Jan 2	(\$80) \$40/345 \$120 \$300 \$205 \$120
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NH905737 Claumant's Particulars: Driver/Owner: Contact No:	1) AR: Accident Reporting (530); 2) DA: Duringt Assessment (\$100); INC 3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) Enr slowplus national INC Only (wef 10 Jan 2 6) TR: Ite-inspection 7) N1: Idau DA + SMRT Survey 6) NTUC Additional Services:	18 Bill Add.15 (580) \$40/\$45 \$120 \$300 995) \$75
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/08/2019 11:29
Date Of Accident	30/07/2019 10:00
Exact Location Of Accident	ALONG UBI AVENUE 3
Country/State of Loss	SINGAPORE
· · · · · · · · · · · · · · · · · · ·	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FV7351D
Insured/Policyholder	
Name Of Registered Owner	TAN YOKE HUAT
NRIC No	S1166439C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91854778
Alternative Phone No	OTHERS-91854778
Vehicle Particulars	
Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0088606303-15
Cover Note Number	
Driver	
Name of Driver	TAN YOKE HUAT
NRIC No	S1166439C
Date Of Birth	21/01/1956
Occupation	INDOOR
Date Of Driving Pass	30/01/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91854778
Fax Number	

OTHERS-91854778

NOEMAIL

Address

BLK 34 TELOK BLANGAH WAY

#07-1064

Postcode

090034

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

NO

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

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 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 Vehicle Make/Model/Colour

SKV4731B

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

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
- 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.
- 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: 01-08-2019

10.50 AM

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

SKETCH PLAN			
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KV7351D SKU 4731B			
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DESCRIBE CIRCUMS	STANCES OF THE ACCIDENT		
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		pect.	Reporting Centre Personnel's Signature





1 of 3

Report No. T/20190730/2092

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 14:39	Made:	Vide Report No.:	Station Diary No.: 57			
Informa	nt's Partic	ulars					
	f Informant: KE HUAT		Address: APT BLK 34 TELOK BL/ 090034	ANGAH WAY #07-1064 SINGAPORE			
The second second	/ ID No.: O / S11664	39C	Contact No.: Home/Office: Mobile: 91854778				
National SINGAP	ity: PORE CITIZ	ΈN	Email:				
Sex: Male	Age: 63	Date of Birth: 21/01/1956	Type of Informant: Rider				
Race: Chinese			Language:	Institution / School Name:			
Occupation: Taxi driver			Driving Licence Informat Class: 2B,2A,2,3,4	ion: Date of Expiry:			

General Infor	mation of the Accid	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2019 10:00	Type of Location: Straight Road
Location: UBI AVENUE	3			
Along Ubi Ave	enue 3			
		Road Surface: Dry		Road Speed Limit:
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direct		wipe - Same Direction		Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FV7351D	Motorcycle	HONDA	PHANTOM	Black	No Damage	0
SKV4731B	Car				No Damage	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FV7351D	NTUC Income Insurance Co-Operative Limited	0088606303-15	30/10/2018	29/10/2019	





2 of 3

Report No. T/20190730/2092

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 30/07/2019 I was travelling along Ubi Ave 3 and I was heading Ubi Road 2. While I was travelling at the location and it was heavy traffic. I then manage to ride pass in between the cars and subsequently place my left leg down and subsequently had touch onto a vehicle SKV4731B. I then ride off however after a few metres ahead, the driver of the vehicle then asked me to stop. I then stop my motorcycle and the driver inform me to lodge a police report. I then acknowledge and left the location.

Accident MT/1059951 Policy No.										
	0088606303-15	Control of the Contro								
Certificate No.	10.00000303-15	Vehicle No.	PV7351D		GST Regi	stration No	20			
Policyholder Name	TAN YOKE HUAT				Dellachab	L. NOTE				
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Policyholo Loading	Der MHUL		\$1166	64.19C	
Contact No.(Mobile)	NIL	Contact No.(Office)	3311080.8000.			io.(Home)		Ψ.:		
Email Address		Special Remark			eCode			No *	1:	
KFK	- No. Yes	TCA	- No Yes		eCode Re	asgn				
NCD Protection W Accident Details	No	NCD Entitlement(%)	20		Private H	ine		Not av	variative	
Report Date	G1/GN2014 10:23									
Date of Accident	30/07/2019	Accident Report Within 24 fes Time of Accident Inhimm	Yes		Accident			HR an		
Reporting Centre	3000,4069	Grange Force	09.55			of Accident		Singa;	pore	
Accident Location	LIBS AVE 3 DPPOSITE TP HQ	Grange Porce			ICH No.					
₩ Excess										
Own damage Excess	0.00	Additional Excess			Windscre	en Excess				
Unnamed Driver Excess		Outside Singapore OD Excess								
Third Party Excess	0.00	Outside Singapore TP Excess								
 Senefits 										
GST Registered Informati										
GST Registered GST Registration No.	No			sstration Date tus Venthed						
Modification History			US1 508	tus Verified		Yes				
Policyholder Mailing Addre	ess									
Address 1		Address 2	TELOK BLANGAH		Address 2			SINGA	LADRE 0800	34
Address 4 Unit No.		Address Type	Singapore addres	15	Post Code	i i		09003	14	
♥ OI Driver Info		Related Policy Number	D088606303-15							
Driver Name		Driver Type								
Unnamed driver Name		Driver NRJC			Driver DO	6				
Register Date of Driver License		Driver Age			Driving Ex					
Contact No./Hobile)		Contact No.(Office)			Contact N	o.(Hame)				
Address 1 Address 4		Address 2			Address 3					
Unit No.		Address Type	Foreign address		Post Code					
Does he own a Singapore	Yes - No	Driver Vehicle No.								
Registered car?					The lates The	ции Сатр	MIT .			
Jaim Type *				ор-мх	Indured	TAN YORK	HUAT		Insured	\$1166419C
				QD-MX	Insured Name Contact No.	TAN YOKE			Contact	\$1166439C 65600679
Contact No.(Mobile)				ОБ-МХ	Contact No. (Home)	62708114			Contact No. (Office)	65600679
Contact No. (Mobile) Email Address				ОБ-МХ	Contact No. (Home)				NRIC Contact No. (DMce) TP Vehicle Number	, Marian Marian
Contact No. (Mobile) Email Address				OD-MX PV73510 / SKV47318 ON 30 J	Contact No. (Home) OI Vehicle Number	62708114			NRIC Contact No. (DMce) TP Vehicle Number filame of Preferred	65600678 SKV4731B
Contact No.(Mossie) Email Address Claim Description Perferring	Insured Liability Partialy at Fault	v)			Contact No. (Home) OI Vehicle Number	62708114			NRIC Contact No. (Office) TP Vehicle Number	65600678 SKV4731B
Contact No. (Mossie) Email Address Claim Description Performs	Insured Liability Partially at Fault Postaron Preferred Workshop, Name ur				Contact No. (Home) OI Vehicle Number	62708114			NRIC Contact No. (DMce) TP Vehicle Number filame of Preferred	65600678 SKV4731B
Contact No./Mobile	Preferred Workshop, Name ur Option	Committee of the party of the committee		FV73510 / SKV47318 ON 30 J	Contact No. (Home) OI Vehicle Number of 2019	62708114			NRIC Contact (As. (Office) TP Venicle Number Flame of Preferred Workshop	65600678 SKV4731B
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Contact No. (Mobile) Email Address Claim Description Preferred Workstrop Tyes Preferred Workstrop Yes Print Ak letter Attachment Procedure No.	Preferred Workshop, Name or Option	Received Received		FV7351D / SKV47318 ON 30 J. DL/08/2019 11:29 BOSLI WAHAM	Contact No. (Home) OI Vehicle Number of 2019	62708114			NRIC Contact (As. (Office) TP Venicle Number Flame of Preferred Workshop	6560679 SKV4731B
Contact No. (Mosile) Email Address Claim Description Preferred Workstoo Ves Data Registered Report Taken By # Print AK letter Attachment	Preferred Workshop, Name or Option MT/1055951 Yes No	r GIA Received		FV7351D / SKV4731B ON 30 J. BL/08/2019 11:29 BOSLI INAHAB	Contact No. (Home) OI Vehicle Number 4 2019 Clarm Close Date	\$2708114 FV7351D			NRIC Contact (As. (Office) TP Venicle Number Flame of Preferred Workshop	65600679 SKV4731B 01/08/2019 00:00
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Contact No. (Mosile) Email Address Claim Description Preferred Workstron Yes Professed Registered Registered Report Yakan By ### Frint AK letter Attachment Professed Accident No. Jast Doc. Received	Preferred Workshop, Name or Option MT/1055951 Yes No	r GIA Received	Save Sultmit	FV73510 / SKV47318 ON 30 J V DL/08/2019 11:29 BOSLI WAHAS 002 0/08/2019 11:49 Category +	Contact No. (Home) OI Vehicle Number 4 2019 Clarm Close Date	\$2708114 FV7351D	- Urgenc Normal	•	NRIC Contact (As. (Office) TP Venicle Number Flame of Preferred Workshop	65600679 SKV4731B 01/08/2019 00:00
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ACCIDENT'STATEMENT

ACCIDENT DATE: (39) 31/1 19	(DD/MM/YYY), TIME: (10 : 00) (HH:MA
LOCATION: 4BI AVE	3
I. DETAILS OF VEHICLE	
a) VEHICLE NUMBER. FV	7351D.
OTHIS URANCE COMPANY:	TNCOME
CIPOLICY NUMBER: 008860	06303:15
d)POLICY TYPE: (COMPREHENCE)	7 F7
OJMAKE & MODEL: HONDA	VE-CTHIRD PARTY THIRD PARTY FIRE &THEFT)
TYPE: (SALOON / COURT / MRY	04444
9) VEHICLE CATEGORY (PRIVATE	/VAN / LORRY / MOTORCYCLE / OTHERS)
DIPURPOSE OF USING AT ACCIDE	MOTORCYCLE) .
I) ARE YOU CLAIMING LINDER YOU	141 IIME: 39047 70 FM)
IF NO, PLEASE STATE (THIRD PART	Y CLAIM (BERONSE (YES MO)
AINAME: 1/AN YOICE HUA	7.
DINRIC/FIN/PASSPORT: 3/1/64	39-C CONTACT PEMALE
CIADDRESS: BLK 34 /ELOK	BURNGAH WAY
# 07-1664 3	O'Control of the Control of the Cont
Who of passanger DRIVER ALSO	POUCY HOLDER
Solder) Pilipin	(MALE / FEMALE)
(1) b) NRIC/FIN/PASSPORT:	CONTACT:
eloccupation: (21 01) 1	256 va-
	OCE (OD/MM/YYYY)
DEDRIVING DAGE	20 704: 10178
" " OF DRIVER AN EMPLOYED OF T	UE TAIRLE TO
IF NO, RELATIONSHIP OF THE DE	TVER WITH THE THE THE THE THE THE THE THE THE T
	HERS
" " OS ANTOUDY IN HIRED IVER I (PA)	
WELCKIED TO BOTICE WES THE	
" IES, PLEASE STATE WHICH POLIC	ESTATION:
1. O VERLEY	
Including driver DI DRIVERIS NAME: SKV 47	MODEL:
(/) DRIVER'S NAME: (/) PRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT:
No of passinger d) VEHICLE NUMBER:	60 0434-740-540-0-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7
neluding debugge e) DRIVER'S NAME:	MODEL:
neluding driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	
()	CONTACT:

email = VIDBO REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1166439C



TAN YOKE HUAT

CHINESE

21-01-1956

SINGAPORE





3796410

For LKK/NAC Use Only

26-10-2005

APT BLK 34 TELOK BLANGAH WAY #07-1064 SINGAPORE 090034

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

Motorcycles =< 200 cc Motorcycles between 201 cc and 400 cc Motorcycles > 400 cc Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors vehicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg

For LKK/NAC Use Only

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT	ION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT	ION) RULES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA	LAYSIA)
Certificate Number : 0088606303-15	Cover : Third Party
1. Index mark and Registration Number of Vehicle	: FV7351D

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Expiry Date of Insurance

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.

: NOT KNOW

: 30 Oct 2018

: 29 Oct 2019

: TAN YOKE HUAT

- 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 INSURE WITH COE : N/A NAMED DRIVER (1) : TAN YOKE HUAT NAMED DRIVER (2) : TAN WEI JIAN 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)

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 05 Oct 2018 11:09 hrs

Reprint

: 05 Oct 2018 11:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive