

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	23/10/2019 13:15
Date Of Accident	29/09/2019 22:15
Exact Location Of Accident	JURONG WEST STREET 64 TOWARDS JURONG POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7772A
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	SAMDING916@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88179511
Alternative Phone No	OFFICE-88179511

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (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	THIRD PARTY
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	5085645204
Cover Note Number	

Driver

Name of Driver	SAMSULRUDIN BIN SUKOR
NRIC No	T0040321G
Date Of Birth	14/11/2000
Occupation	INDOOR
Date Of Driving Pass	06/08/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88179511
Fax Number	
Contact Number	OTHERS-88179511
Email Address	SAMDING916@GMAIL.COM

Address	BLK 823 JURONG WEST STREET 81 #02-472
Postcode	640823
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	COLLISION - CROSS JUNCTION
Weather Conditions	AFTER RAIN
Road Surface	WET

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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191005/2085

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	SHD3372R
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name SAMSULRUDIN BIN SUKOR

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBB7772A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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.



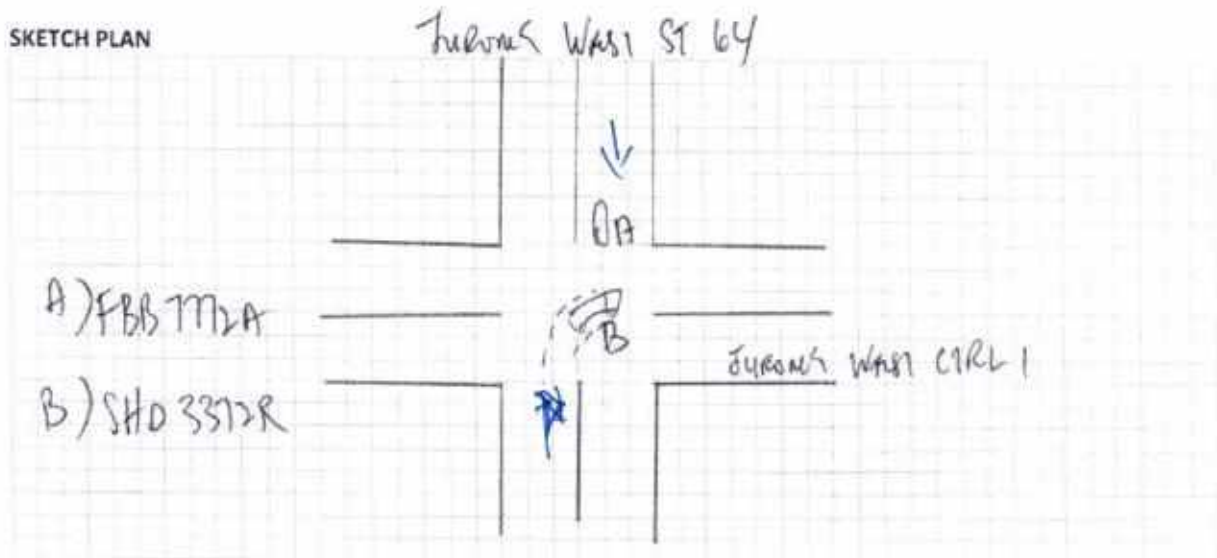
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/10/2019

11:25 AM

23/10/2019
Reporting Centre Personnel's Signature
Name: Keshi Luthan
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFERR TO POLICE REPORT 7/2019/1005/208

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:

*28/10/2019
1125AM*

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

28/10/2019

Rashid Chohan



**SINGAPORE
POLICE FORCE**



T/20191005/2085

1 of 3

Report No. T/20191005/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2019 17:11		Vide Report No.:		Station Diary No.: 221	
Informant's Particulars					
Name of Informant: SAMSULRUDIN BIN SUKOR			Address: APT BLK 823 JURONG WEST STREET 81 #02-472 SINGAPORE 640823		
ID Type / ID No.: NRIC NO / T0040321G			Contact No.: Home/Office: Mobile: 88179511		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 14/11/2000	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Jobless			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2019 22:15	Type of Location:
Location: Along Road 1 JURONG WEST STREET 64 Towards Jurong Point				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7772A	Motorcycle				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191005/2085

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2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20191005/2085

CONTINUATION OF REPORT

Rider			
Name	SAMSULRUDIN BIN SUKOR	ID No.	T0040321G
Related Vehicle	FBB7772A (Motorcycle)	Contact No.	88179511
Hospital/Clinic	National University Hospital	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/09/2019	Date Discharge	02/10/2019
No. of Days granted Medical Leave	27	Degree of Injury	Serious

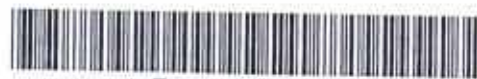
Brief Details.

On the 29/09/2019 at about 2215hrs, I was riding my bike FBB7772A along Jurong West Street 64 towards Jurong Point and I collided into a taxi with unknown carplate number while he/she was making a discretionary right turn. I could only recall hitting the front left of the taxi.

I could not remember the accident as it happened too fast and I was in pain but was still conscious. I could not recall the damage to my bike and/or to the taxi. We also did not get to exchange any particulars. I also did not get to see the driver of the taxi. I was given 27 days of Hospitalization leave. I wish to state that the bike was a rented bike from "Aloride".



**SINGAPORE
POLICE FORCE**



T/20191005/2085

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20191005/2085

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:

J /

Sgt 3 YAP QI LONG, BENJAMIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

05/10/2019 17:11

Classification Of Case:

HKL

ACCIDENT STATEMENT

ACCIDENT DATE: (28/08/2015) (DD/MM/YYYY), TIME: (22:15) (HH:MM)

LOCATION: Turner Way S764 towards Turner Pond

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRB 772A
b) INSURANCE COMPANY: MTAC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) -
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SAM SULKADIN BIN SUKOR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 760403216 CONTACT: 88179511
c) ADDRESS: _____

* d) DATE OF BIRTH: (19/11/2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/08/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PIKER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) AF RAIN

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: XIAN YONG M.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 8372 R MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = SANDING619@gmail.com

VIDEO

Claim Handling

The premium on this policy has not been collected.

Accident MT/106B190

Policy No.	5085649204-02	Vehicle No.	FB87772A	GST Registration No.	
Certificate No.					
Policyholder Name	ALORIDE PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201629994W
Product Code	FLEET INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	88179511	Special Rank		Contact No.(Home)	
Email Address		YCA	= No = Yes	eCode	No +
KFK	= No = Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	23/10/2019 14:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	25/08/2019	Time of Accident (hh:mm)	22:15	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	JURONG WEST STREET 84 TOWARDS JURONG POINT				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,800.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3	SINGAPORE 119967
Address 4		Address Type	Singapore address	Post Code	109967
Unit No.	04-08	Related Policy Number	5085649204-02		

OS Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAMSULBUDIN BIN SUKOS	Driver NRIC	100403210	Driver DOB	14/11/1900
Register Date of Driver License	06/08/2018	Driver Age	118	Driving Experience	0
Contact No.(Mobile)	88179511	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK B21 #02-472	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640823
Address 4		Address Type	Foreign address	Post Code	640823
Unit No.	02-472				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle no.	FB87772A	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 **New**

Claim Type *	OD-MR	Insured Name	ALORIDE PTE. LTD.	Insured NRIC	201629994W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		Vehicle Number	FB87772A	Vehicle Number	50D13772R
Claim Description	FB87772A / 5H03372R ON 29 Sept 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Consent No. Finalisation	Yes	Endorsed Repairs Option	Preferred Workshop, Name unknown	GIA report	Received
Data Registered		Claim Date	23/10/2019 14:29	Date Received	23/10/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/106B190	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	23/10/2019 14:30
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:30	Photos	Normal	Photos 2019-10-23		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:30	Photos	Normal	Photos 2019-10-23		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:30	Photos	Normal	Photos 2019-10-23		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:30	Photos		Normal	Photos 2019-10-23
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:29	Photos		Normal	Photos 2019-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:29	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Oct 2019 14:29	SAS		Normal	SAS 2019-10-23

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in new Window</div> <div>Scan and uploading</div>					

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 : 5085645204-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBB7772A

Chassis Number

: 4S3502968

2. Name of Policyholder

: ALORIDE PTE. LTD.

3. Effective Date of Insurance

: 02 Nov 2018

4. Expiry Date of Insurance

: 01 Nov 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

INSURE WITH COE

: 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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 27 Oct 2018 11:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive