

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MA11914853

Date In: 09/11/2019 15:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC19019888/Y	SAS e-filing		
Veh No: 4V9562Z	E-mail (Within 3hrs, AIC 2hrs)		
DOA: 08/11/2019 19:45	I-Motor Claims Form	MM/1070693	001. 11/11/2019
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		09:44
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLO 7785

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% P: 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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: Please complete all instructions by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: 09/11/2019 15:35

NA190854

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N11 INC) against INC \$20	
	9) N12: Idas Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

2/3

GRANT

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	09/11/2019 15:35
Date Of Accident	08/11/2019 19:45
Exact Location Of Accident	ALONG BISHAN PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV9562Z
Insured/Policyholder	
Name Of Registered Owner	KER SOON PENG KELVIN
NRIC No	S9229283E
Email Address	PANDA6SIXTY9NINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97266274
Alternative Phone No	OTHERS-97266274

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-398CC
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
Fleet Policy	NO
Policy Number	5086880627-02
Cover Note Number	

Driver

Name of Driver	KER SOON PENG KELVIN
NRIC No	S9229283E
Date Of Birth	06/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97266274
Fax Number	
Contact Number	OTHERS-97266274
Email Address	PANDA6SIXTY9NINE@GMAIL.COM

Address	BLK 510B WELLINGTON CIRCLE #07-79
Postcode	752510
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	COLLISION - OPENING DOOR OF 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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191109/7007

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	SLQ7738C
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MADAM KOH
NRIC/Passport Number	
Contact Number	92200919
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode

KER SOON PENG KELVIN

SERIOUS

FV9562Z

YES

SKETCH PLAN

IMPORTANT NOTICE

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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: 09/11/2019

Driver's Signature

(If driver is not the policyholder)

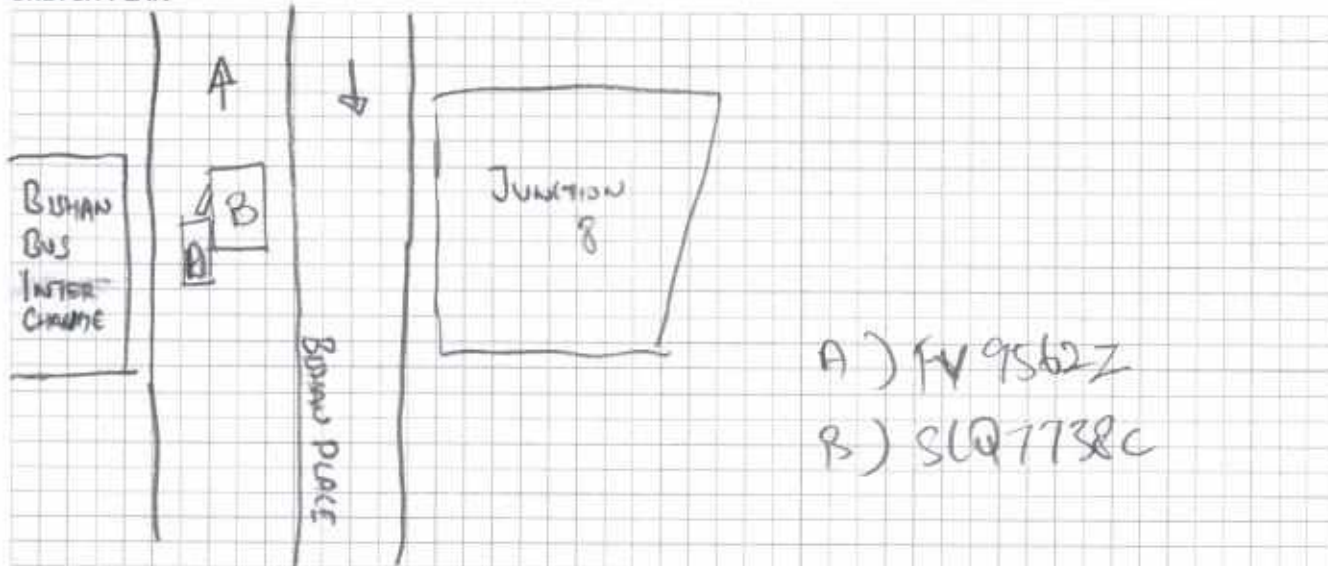
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/20/11/09/2007

DECLARATION

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

Policyholder's Signature
Date & Time: 09/11/2019

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

Reporting Centre Personnel's Signature
Name: 09/11/2019
NRIC/FIN No.: [Signature]



SINGAPORE POLICE FORCE



T/20191109/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191109/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2019 12:07		Vide Report No.: E/20191108/0139		Station Diary No.:	
Informant's Particulars					
Name of Informant: KER SOON PENG, KELVIN			Address: APT BLK 510B WELLINGTON CIRCLE #07-79 SINGAPORE 752510		
ID Type / ID No.: NRIC NO / S9229283E			Contact No.: Home/Office: Mobile: 97266274		
Nationality: SINGAPORE CITIZEN			Email: Panda6sixty9nine@gmail.com		
Sex: Male	Age: 27	Date of Birth: 06/08/1992	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Food Delivery Rider			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2019 19:45	Type of Location: Straight Road
Location: BISHAN PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV9562Z	Motorcycle	HONDA	CB400SF	Blue		0
SLQ7738C	Car	MAZDA	MAZDA 3	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV9562Z	NTUC Income Insurance Co-Operative Limited	5086880627-02	13/12/2018	12/12/2019



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T/20191109/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KER SOON PENG, KELVIN	ID No.	S9229283E
Related Vehicle	FV9562Z (Motorcycle)	Contact No.	97266274
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	08/11/2019	Date Discharge	08/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	MADAM KOH	ID No.	NIL
Related Vehicle	SLQ7738C (Car)	Contact No.	92200919
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

At around 7.45pm along Bishan Place beside Junction 8.

I was riding my blue Honda CB400SF motorcycle (FV9562Z) at the left rear of the black Mazda car (SLQ7738C) at about 20-30kmph then suddenly the car brake and I turned to the left side of the car to avoid collision with the car. The front left passenger door suddenly opened right in front of me and I did not have any time to apply emergency braking and the front part of my motorcycle hit against the front left car door. I fell to the left side with my motorcycle on the grass patch and my left leg was crushed under my motorcycle which resulted in a fracture on my leg. The Grab Car driver did not turn on the hazard lights and the passenger did not check the side mirror before opening the door. The passenger alighted from the car and just said sorry.

I was not able to take photos of the collision, accident scene and the driver's IC or driving license as I could not stand up and I was in tremendous amount of pain. A bystander helped me to take photos of the collision and accident scene, and took down the driver's surname, phone number and car plate number and sent it to me via WhatsApp. The driver did not want to provide her full name and NRIC number. I was then conveyed to Tan Tock Seng Hospital by an ambulance.



**SINGAPORE
POLICE FORCE**



T/20191109/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191109/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
09/11/2019 12:07

Classification Of Case:

Authentication Stamp

NP168



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 8011

MEDICAL CERTIFICATE	ORIGINAL	TTSH19262265
NAME: KER SOON PENG KELVIN		NRIC: S9229283E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**
The above named is unfit for duty for a period of **7** day(s) from **08-Nov-2019** to **14-Nov-2019** inclusive

The certificate is not valid for absence from court attendance.
The above named attended for Examination/Treatment from **08-Nov-2019 20:41** to **08-Nov-2019 21:55**

<u>08-Nov-2019</u>	<u>DANNY LOUIE E.E. (10881B)</u>	<u>Emergency Department</u>	<u>Signature</u>
Date	Issued by	Location	

A member of National Healthcare Group
Adding years of healthy life

ACCIDENT STATEMENT

ACCIDENT DATE: 08/11/2015 (DD/MM/YYYY), TIME: 19:45 (HH:MM)

LOCATION: Alor Gajah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV 95622
 b) INSURANCE COMPANY: MNC
 c) POLICY NUMBER: SD66880627-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB 400SF
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: KAR SOW PAUL KIMMY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 97266274
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 06/08/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/12/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLD 7738C MODEL: MAZDA 3
 b) DRIVER'S NAME: MADAM KOH
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 92200919

9. THIRD PARTY VEHICLE

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

email = taniasixty@gmail.com
 VIDEO

Claim Handling

Accident MT/1070693

Policy No.	5086880627-02	Vehicle No.	FV95622	GST Registrat
Certificate No.				
Policyholder Name	KER SOON PENG KELVIN			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97266274	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	11/11/2019 09:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/11/2019	Time of Accident hh:mm	19:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BISHAN PLACE			

▼ Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ 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 510B #07-79	Address 2	WELLINGTON CIRCLE	Address 3
Address 4	SINGAPORE 752510	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5086880627-02	

▼ OI Driver Info

Driver Name	KER SOON PENG KELVIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9229283E	Driver DOB
Register Date of Driver License	30/11/2012	Driver Age	27	Driving Experi
Contact No.(Mobile)	97266274	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 510B #07-79	Address 2	WELLINGTON CIRCLE	Address 3
Address 4	SINGAPORE 752510	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FV95622	Driver Insurer

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	KER
Contact No.(Mobile)	97266274	Contact No. (Home)	
Email Address	PANDA6SIXTY9NINE@GMAIL.CO	Vehicle Number	FV95622
Claim Description	FV95622 / SLQ7738C ON 8 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	11/11/2019 09:44	GIA report	Received
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

 Attachment List

 Video List

Display in New Window Scan and uploading

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 : 5086880627-02

Cover : Third Party

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : FV9562Z |
| Chassis Number | : NC391035699 |
| 2. Name of Policyholder | : KER SOON PENG KELVIN |
| 3. Effective Date of Insurance | : 13 Dec 2018 |
| 4. Expiry Date of Insurance | : 12 Dec 2019 |
| 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: KER SOON PENG KELVIN
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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 08 Dec 2018 16:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive