

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	13/11/2019 15:07
Date Of Accident	11/11/2019 15:55
Exact Location Of Accident	ALONG BEACH ROAD TURNING INTO CRAWFORD STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6450Z
Insured/Policyholder	
Name Of Registered Owner	CROWN LEASING & CAR RENTAL
Co Reg No	53377053W
Email Address	EPAYNESCREAMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84793675
Alternative Phone No	OFFICE-68733133

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	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	5106973698
Cover Note Number	

Driver

Name of Driver	QAMARUL ARIFIN BIN KAMARUDIN
NRIC No	S9029909C
Date Of Birth	22/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84793675
Fax Number	
Contact Number	OFFICE-68733133
Email Address	EPAYNESCREAMS@GMAIL.COM

Address	BLK 359 TAMPINES STREET 34 #01-449
Postcode	520359
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 - HEAD TO REAR
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: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name:	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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/20191112/2017

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	SLA117A
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW DOMINIC
NRIC/Passport Number	
Contact Number	93379013

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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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: 13 NOV 2019
1040

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13 NOV 2019
1040

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

SKETCH PLAN

A) SMH 6450Z

B) SLA 117A

Beach Road



CLAUDE ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report 1/20/9112/2017

DECLARATION

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



Policyholder's Signature

Date & Time: 13 Nov 2019
1040

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 Nov 2019
1040

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/11/2019
[Signature]



SINGAPORE POLICE FORCE



T/20191112/2017

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20191112/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2019 10:37	Vide Report No.:	Station Diary No.: 123
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Informant's Particulars

Name of Informant: QAMARUL ARIFIN BIN KAMARUDIN			Address: APT BLK 359 TAMPINES STREET 34 #01-449 SINGAPORE 520359		
ID Type / ID No.: NRIC NO / S9029909C			Contact No.: Home/Office: Mobile: 87493675		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 22/08/1990	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/11/2019 15:55	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 BEACH ROAD turning into Crawford Street Lamp Post Number: 93				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA117A	Car	AUDI		Black	Slightly Damaged	0
SMH6450Z	Car	MITSUBISHI	Lancer	Red	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191112/2017

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20191112/2017

CONTINUATION OF REPORT

Driver			
Name	Chow Dominic	ID No.	NIL
Related Vehicle	SLA117A (Car)	Contact No.	93379013
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
Driver			
Name	QAMARUL ARIFIN BIN KAMARUDIN	ID No.	S9029909C
Related Vehicle	SMH6450Z (Car)	Contact No.	87493675
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.

On 11 Nov 2019 at about 1554hrs, I was travelling along Beach Road and turning into Crawford Street but I accidentally collided into the mentioned vehicle who stopped at the stop line while turning. I wish to state that no one was injured or conveyed to hospital during accident. However on the same day at about 2005hrs, the other party then informed me that he is going to hospital to make a check. I am lodging this report for my car rental company.



**SINGAPORE
POLICE FORCE**



T/20191112/2017

3 of 3

Report No. T/20191112/2017

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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:
L /
Sgt 2 TEO WEI SHIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/11/2019 10:37

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (11/11/2019) (DD/MM/YYYY), TIME: (15:51) (HH:MM)

LOCATION: Beach Road Entering Crawford Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 6450 Z
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MITSUBISHI LANCER EX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB CAR
 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: CROWN LEASING AND CAR RENTAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 6873 3133
 c) ADDRESS: 60 JALAN LARI HUAT #05-33 SINGAPORE 737869

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GAMARUL ARIFIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 890299090 CONTACT: 6749 3675
 c) ADDRESS: B1K 359 TAMPINES ST 34 SINGAPORE 520359

* d) DATE OF BIRTH: 22/08/1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01 SEPT 2015

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: WOODLANDS WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 117A MODEL: AUDI
 b) DRIVER'S NAME: CHOW DOMINIC
 c) NRIC/FIN/PASSPORT: CONTACT: 9329 9013

9. THIRD PARTY VEHICLE

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

email = EPAYNESCREAMS@GMAIL.COM

VIDEO

PAY - m

No of passengers
 (including driver)
 (2)

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 ()

Claim Handling

Accident MT/1071211

Policy No.	5106973698	Vehicle No.	SMH6450Z	GST Registrat
Certificate No.				
Policyholder Name	CROWN LEASING & CAR RENTAL			Policyholder Ni
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87493675	Contact No.(Office)	68733133	Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	ECA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	13/11/2019 15:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/11/2019	Time of Accident hh:mm	15:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BEACH ROAD TURNING INTO CRAWFORD STREET			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-33 CARROS CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-33	Related Policy Number	5109992631	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	QAMARUL ARIFIN BIN KAMARUC	Driver NRIC	S9029909C	Driver DOB
Register Date of Driver License	01/09/2015	Driver Age	29	Driving Exper
Contact No.(Mobile)	87493675	Contact No.(Office)	68733133	Contact No.(H
Address 1	BLK 259 #01-449	Address 2	TAMPINES STREET 21	Address 3
Address 4	SINGAPORE 520259	Address Type	Foreign address	Post Code
Unit No.	01-449			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMH6450Z	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ICM
Contact No.(Mobile)		Contact No. (Home)	
Email Address		01 Vehicle Number	SM
Claim Description	SMH6450Z / SLA117A ON 11 Nov 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			13/11/2019 15:27
			ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No.	MT/1071211	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/11/2019 15:28
Path *		Category *	Confider
Choose File: No file chosen		Clear	Please Select ▼ NO
Choose File: No file chosen		Clear	Please Select ▼ NO
Choose File: No file chosen		Clear	Please Select ▼ NO
Choose File: No file chosen		Clear	Please Select ▼ NO
Choose File: No file chosen		Clear	Please Select ▼ NO
Choose File: No file chosen		Clear	Please Select ▼ NO
Message Read		Clear	Please Select ▼ NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:28	Photos		Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27	Photos		Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2019 15:27	SAS		Normal	Si

Video List

Uploaded By/Date	Folder Date	File Name	
			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: 5106973698

Cover : drive CLASSIC

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMH6450Z |
| Chassis Number | : JMYSRCY2A9U004385 |
| 2. Name of Policyholder | : CROWN LEASING & CAR RENTAL |
| 3. Effective Date of Insurance | : 20 Mar 2019 |
| 4. Expiry Date of Insurance | : 19 Mar 2020 |

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 11 Jan 2019 11:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive