

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

1/1/2019/169738

Date In: 26/12/2019 14:48	Job description	Date & Time Completed	Done by
Ref No: N/A/INC 9022675/4	SAS e-filing		
Veh No: SMD 7689D	E-trail (8 Julia Str, A/C 2hrs)		
DOA: 24/12/2019 09:40	I-Motor Claims Form	MT/10/1265-00	26/12/2019 15:06
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMD 2000E	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time: _____

Address: _____

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 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NIU): TP (N/A INC) against INC \$10	
	9) NIUC: Idas Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	26/12/2019 14:48
Date Of Accident	24/12/2019 09:40
Exact Location Of Accident	ALONG BARTLEY ROAD TOWARDS LORNE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7689D
Insured/Policyholder	
Name Of Registered Owner	TIAN TIAN FISHERMAN'S PIER SEAFOOD RESTAURANT PTE.
Co Reg No	1XXXXX891D
Email Address	XIAOCHONG008989@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93824356
Alternative Phone No	OFFICE-93824356

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD-2.5 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113067445
Cover Note Number	

Driver

Name of Driver	HONG YAN
NRIC No	SXXXX574D
Date Of Birth	22/11/1983
Occupation	INDOOR
Date Of Driving Pass	12/10/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93824356
Fax Number	
Contact Number	OTHERS-93824356
Email Address	XIAOCHONG008989@GMAIL.COM

Address 5 LORONG HOW SUN
#04-24
Postcode 536562
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
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) 3
Passenger 1 NAME: : DAUGHTER
GENDER: : FEMALE
Passenger 2 NAME: : DAUGHTER
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
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 SMD3000E
Vehicle Make/Model/Colour VOLKSWAGEN
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LOW JU HWE
NRIC/Passport Number SXXXX150E
Contact Number 83225132
Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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: 26 / 12 / 2019

12:49 PM

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

SKETCH PLAN

BARCLAY ROAD TOWARDS LORNE ROAD

A) SMP 7689D

B) SMD 3000E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/12/2019 AT ABOUT 08:40HRS I WAS TRAVELLING ALONG BARCLAY ROAD TOWARDS LORNE ROAD TRAFFIC WAS HEAVY. I SAW THE CAR IN FRONT OF ME SLOW DOWN & I ALSO SLOW DOWN & STOP, SUDDENLY I FELT A BUMP FROM MY REAR. I CAME DOWN & SAW A CAR SMD 3000E BEING ON TO THE REAR OF MY CAR SMP 7689D. I TOOK PHOTOS & EXCHANGE PARTICULARS THAT ALL.

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: 26/12/2019

12:49 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/12/2019
Rahman

ACCIDENT STATEMENT

ACCIDENT DATE: 24/12/2019 (DD/MM/YYYY), TIME: 09:40 (HH:MM)

LOCATION: Bartly road to Lornie road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 7689D
 b) INSURANCE COMPANY: income
 c) POLICY NUMBER: 5113067445
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driver use
 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: TIAN TIAN FISHERMAN'S (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hong Yan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8381574D CONTACT: 93824356
 c) ADDRESS: 5 Lorong how sun bartly residence 09-24 (536562)

* d) DATE OF BIRTH: 22/11/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/10/2017

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD 3000 E MODEL: WV
 b) DRIVER'S NAME: LOW TH HUE
 c) NRIC/FIN/PASSPORT: S837815CE CONTACT: 83225132

9. THIRD PARTY VEHICLE

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

Email: xiaochong008989@gmail.com
 VIDEO

Claim Handling

Accident MT/1077265

Policy No.	3113067445	Vehicle No.	SHD7000E	DST Registration No.	199500891D
Certificate No.					
Policyholder Name	TIAN TIAN FISHERMAN'S PIER SEAFOOD RESTAURANT PTE. LTD.			Policyholder NRIC	199500891D
Product Code	PR/TKT ONE INSURANCE	Cover Type	drive-CLASSIC	Leading	0
Contact No. (Mobile)	93624356	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remarks		eCode	No *
ETB	= Nil Yes	TCA	= Nil Yes	eCode Reason	
ACD Protection	No	NCD (Exemption) %	0	Privacy Risk	No

Accident Details

Report Date	26/12/2019 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/12/2019	Time of Accident in min	00:00	Country of Accident	Singapore
Reporting Centre		Orange Road		ICM No.	
Accident Location	ALONG BANTLEY ROAD TOWARDS LORINE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Wintergreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YEO OD Excess	0.00	YEO TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

Coverage		Sum Insured	
Accessory		2000	

GST Registered Information

GST Registered	Yes	GST Registration Date	28/01/2020
GST Registration No.	199500891D	GST Status Verified	Yes
Modification History	28/12/2019 15:04:43 System changed GST Registration Date from 28/02/2019 to 28/01/2020 26/12/2019 15:04:43 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	73 BQAT Quay	Address 2	SINGAPORE 041861	Address 3	
Address 4		Address Type	Singapore address	Post Code	040861
Unit No.		Related Policy Number	3113067445		

OT Driver Info

Driver Name	HONG YAN	Driver Type	Named Driver	Driver DOB	22/11/1993
Insured driver Name		Driver NRIC	S8381574D	Driving Experience	8
Register Date of Driver License	12/10/2017	Driver Age	26	Contact No. (Home)	
Contact No. (Mobile)	93624356	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	Yes = No	Driver Vehicle No.	SHD7000E	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	YES = NO

Modification History

Claim 001 [New](#)

Claim Type *	DD-MS	Insured Name	TIAN TIAN FISHERMAN'S PIER	Insured NRIC	199500891D
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	93341771
Email Address		OT Vehicle Number	SHD7000E	TP Vehicle Number	SHD7000E
Claim Description	SHD7000E / SHD7000E ON 24 Dec 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Reported by	Yes	Insured Option	Preferred Workshop, Name unknown	CIA report	Received
Date Registered	26/12/2019 15:03	Claim Close Date		Date Received	26/12/2019 00:00
Report Taken By	NOSLI WIMAB				

Print All letter















[Save](#) [Submit](#)

Attachment

Accident No.	MT/1077265	Claim No.	001
Last Doc. Received	Yes No	Upload Data	26/12/2019 15:03
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit

S (BUKIT MERAH) on 26 Dec 2019 15:06						
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	Photos	Normal	Photos 2019-12-26		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	NRCC Driving License	Y	Normal	NRCC Driving License 2019-12-26	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Dec 2019 15:06	SAS	Normal	SAS 2019-12-26		Edit

▼ Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
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: 5113067445

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : AGH300200731 |
| 2. Name of Policyholder | : TIAN TIAN FISHERMAN'S PIER SEAFOOD RESTAURANT PTE. LTD. |
| 3. Effective Date of Insurance | : 16 Oct 2019 |
| 4. Expiry Date of Insurance | : 15 Oct 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 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)	: \$5600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$5100
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)	: HONG YAN
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)

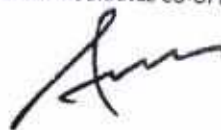
Agency : VINCAR PTE LTD (00000614250)
Date of Issue : 15 Oct 2019 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive