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Confirmed by : (CONTRACTOR OF THE PARTY OF THE	Dater,	Timer)	
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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 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.

aloresalu.	
THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	30/12/2019 18:00
Date Of Accident	29/12/2019 11:00
Exact Location Of Accident	HAVELOCK RD TOWARDS CBD B/F ERP GANTRY JUNCTION
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN3983R
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE, LTD,
Co Reg No	2XXXXX177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97845714
Alternative Phone No	OFFICE-97845714
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY
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

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 YES

Fleet Policy

Policy Number

5109140477

Cover Note Number

LIM SING WOO Name of Driver NRIC No SXXXX776C 27/12/1963 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 22/09/1995

24 YEARS AND 3 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-97845714 Mobile Number

Fax Number

Contact Number OTHERS-97845714

EMail Address NOEMAIL Address

BLK 573A EDGEFIELD PLAINS

#17-673

Postcode

821673

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) Passenger 1

2

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

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191230/2057

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Attachment(s)

Was there any audio recorded?

YES

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SCG8003S BMW

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 18

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM SING WOO

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMN3983R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address

Postcode

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.
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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
- ail 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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

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olicyholder's Signature	Driver's Signature	JULY /	all,
ere or time;	(if driver is not the policyholder)	Reporting Centre Personel's S	snature 11 Ann
	Date & Time:	NRIC/FIN No.:	1 (184015)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed</u> by the <u>Policyholder and/or the Author/ised Driver</u>.

 3. Information provided must be as <u>fulliful and accurate</u> as possible. Any wilful misrepresentation or wilholding of material fauls may allow insurance companies to 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.

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 7. By the todgement of this report to the insurers, you hareby consent to the exchiving of this report at the centre and to copies of the report being made available.

ACOMENI STATEMENT adining station

Date Of Accident / Time

Exact Location Of Accident

11-00 Aug Musip Rd 1 Hamberla Rd

Country/State of Loas

DETAILS OF OWN VEHICLS

Vehicle Registration Number

Insured/Policyholder

3MN 38ER

Name Of Registered Owner / communy

NRIC No / CO- REG NO.

Tedds.

Email Address

Mobile Phone No

Alternative Phone No

Vehicle Particulars

Manufacturer lviodel

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

NTHL

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver

Tim Sid Wood

NRIC No

3159 DANGE

Date Of Birth

5/17/19/5C

Occupation

Date Of Driving Pass Driving Experience

27/2/1945

Gender

Mobile Number

Fax Number

Contact Number

Mala

EMail Address

カナタオランハイ

Address

Postcode

Was driver an employee of the insured's Company If No. Relationship of the Driver with the insured Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Otter Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passangers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Places state which Police Station

Was notice of intended Prosecution given?

If Yas, against whom?

Gircumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are socident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Ressons:

DETAILS OF STHER VEHICLE FROMERTY :

For side the to RH LH RECE

Vehicle Registration Number

Vahicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcoda

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Datalls of Witness

Name

Phone Number

Email Address

CLABOSS BNW.





Police Station Of Origin: Hougang N P C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

1 of a Report No. 1/20191250/2057

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made 30/12/2019 13 18		Vide Report No	Station Diary No.	
Informa	int's Partic	ulars		100	
Name o	f Informant G WOO		Address APT BLK 673A EDGEFIELD	PLAINS #17-601 SINGAPORE	
ID Type NRIC N	/ ID No. O / S15927	76C	821673 Contact No Home/Office	Mobile 07045744	
	Nationality SINGAPORE CITIZEN		Email Mobile 97845714		
Sex Male	Age 56	Date of Birth 27/12/1963	Type of Informant		
Race Chinese			Language Institution / School Name		
	Decupation SRAB DRIVER		Driving Licence Information: Class 3,4	Date of Expiry	

Type of Injury Others			Drink Drive: No	Date/Time of Accident	Type of Location Straight Road	
Location Along Road 1 HAVELOCK F Towards CBD Weather	OAD before ERP gantr			29/12/2019 11:00		
Clear		Dry			Road Speed Limit.	
Clear Traffic Flow Type of Collision		Dry Traffic C	Control.		Traffic Volume: Moderate	

Vehicle No.	Type	Make	Model	Color	Constitution	
SCG8003S	Car	BMW			Condition	No of Passenge
. 4 0 0 0 0 0	Odi	DIVIVY		Blue		0
SMN3983R	Car	TOYOTA				
AATI AOOOOT A	(C)	TOTOTA		Gold	Seriously	

Details of Person Involved	
Any Pedestrian Involved No	
No of Pedestrians Injured, NIL	Use of Pedestrian Crossing NA
	The state of the s





Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

2 of 3 Report No. T/20191230/2017

CONTINUATION OF REPORT

Driver		Table Services			
Name	LIM SING WOO		ID No		S1592776C
Related Vehicle	SMN3983R (Car)		Conta	ct No	97845714
Hospital/Clinic	POW FAMILY CLINIC & SURGERY			of g ce & Date	Class 3.4 Date of Expiry NIL
Date Treatment	30/12/2019	Date Disc	harde	30/12	2/2019
No. of Days gran	ted Medical Leave 03	Degree of		Sligh	Control of the Contro

Brief Details.

On 29/12/2019 at about 1100hrs. I was driving my car on the third lane along Havelock Road when I signaled my intention to switch to the left lane as I wanted to alight my passenger at Riverside Point. I then checked my side view mirror and ensured that traffic was clear before proceeding to switch to the extreme left lane. As I was reaching the extreme left lane, a car (SCG8003S) overtook my car from my left and while the said car was in front of mine, the driver jammed his brakes twice which eventually caused me to knock onto the rear of his car. I wish to state that I did not initially see his car on my side view mirror as he suddenly came into the lane in front of me from the turn left only lane.

Both of us then alighted to make a check on our vehicles, however I did not exchange my particulars with the other driver as he refused to provide his to me. There was a dash camera in my car which recorded the accident.

On 30/12/2019 at about 0800hrs, I woke up and began to feel aches at back of my neck and back. I then proceeded to Pow Family Clinic & Surgery where I was issued with 3 days of MC from 30/12/2019 to 01/01/2020.

(Please contact my son-in-law, Kwan Chung Yin, at 93387656 for the retrieval of the footage.)





Police Station Of Origin Hougang N P C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

Report No. 1/201912/30/2015

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.

F/

Sgt 3 ANNA ANTHONY

Signature Of Interpreter Not applicable

Officer In Charge Of Case
TP / AEIT /
Sc Staff S = ONG VONG US

Sr Staff Sgt ONG YONG HOCK Contact No : 65476436

03470430

Authentication Stamp NP168 Signature Of Informant

Date/Time

30/12/2019 13:18

Classification Of Case

Accident HT/1077881									
Policy No.	5109140477	Well-ide No.	SMN3983R		GST Rega	Bration No.			
Certificate No.	5109140477-000015				33.03.4				
olicyholder Name	TODDS PARTNERS FTE, LTD.				Policyholo	ler NRIC	201533177E		
roduct Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC		Leading		0		
contact No. (Mobile)	97845714	Contact No.(Office)			Contact N	o (Home)	. ×.		
mail Address		Special Remark			eCode	100	No v		
FK	- No Yes	TCA	No Yes		eCode Ro	asan	rag .		
CD Protection	No	NCD Entitlement[%]	9		Private H		1400		
Accident Details					Private 19		Yes		
eport Date	31/12/2019 10:28	Accident Report Within 24 hrs	Yes				2012007000		
ate of Accident	29/12/2019	Time of Accident his min			Accident 1		Collision - He	ad to Rear	
sporting Centre			11:00		Country o	f Accident	Singapore		
cident Location	HAVELOCK RD TOWARDS CBD B/F ERP GANTRY JUN	Orange Force			ICM No.				
Total Excess Applicable	WATEROOK KD TOWAKDZ CHO BY EEK GANTRY JUN	ICTION							
cess Type	Q. (100.000 100 100 100 100 100 100 100 100								
Leas Type	Per Accident	Windscreen Excess		100.00					
Standard Excess	2,000.00								
ED OD Excess		TP Standard Excess		1.500,00					
Ottenal Excess	0.00	YIED TP Excess		0.00	Driver is C	overed?	Covered		
tal QD Excess Applicable	2000.00								
Benefits	2300.00	Total TF Excess Applicable		1,500.00					
GST Registered Informat	Non								
Registered	Nex								
Registration No.	No.			stration Date					
Incation History			GST State	us Verified		res			
Policyholder Mailing Add	ress								
fress T									
trace 4		Address 2	BUKTT MÉRAH LAN		Address 3		ALEXANDRA V	ILLAGE INDUSTRI	
t No.		Address Type	Singapore address	10	Post Code		159719		
OI Driver Info	01-75	Related Policy Number	5109206103						
ver Name	7207732340	20002000							
ver Name named driver Name		Driver Type	Unnamed Driver						
pater Date of Driver License.		Driver NR3C	\$1592776C		Driver DO		27/12/1963		
paser Date of priver Dicerse. That! No.(Mobile)		Driver Age	90		Driving Ex	perience	24		
frees 1		Contact No.(Office)			Contact No	.(Home)			
ress 4		Address 2	EDGEFIELD FLAIN	S	Address 3		WATERWAY B	ANKS	
	SINGAPORE 821673	Address Type	Foreign address		Post Code		821573		
(No. es he own a Singapora									
gistered car?	Yes - No	Driver Vehicle No.			Driver Insu	irer Company			
daration tathalyser or Blood Test									
Claim 001 New									
im Type +				GD-MX	Insured Name	TODOS PARTNERS PT	E LTD. Disure	el 2015131778	
rbact No. (Mobile)				97707613	Centact		Conta	et	
				1017-07-009	(Harrie)		(Office	1	
al Address					DI Vehicle	5MN1983R	TP Vehice	e SCG8003S	_
					Number	DEC. SAME MACHINE	Numb	er .	
en Description				SMN3983R / SCG80035	ON 29 Dec 2019		Name Prefer	red	
ferred	Insured Liability						Works	hap	
MARR No. Yes	Preference Preferred Workshop, Name un	kriawn v GIA Received		3					
e Registered	Option	report [meaning			Claim		Date		
en Simon				31/12/2019 10:33	Close		Receiv	ed 31/12/2019 00:	70
ort Taken By				ROSLI WAHAB					
Print AK letter									
			Save Submit						
itachment									
dent No.	MT/1077881	Claim No.		001					
Ooc. Received	* Yes C No	Uploed Date		31/12/2019 30:34					
	Pach *			Cacegory +	Card	dential Urganic		Description *	
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		Category	Y	Urgency		Description		Msg Sent? (CO)	Actio
NAC BURT	(T_MERAH_800676) NATIONAL ASSESSMENT CENTRE S S (BUKIT HERAH)) on 31 Dec 2019 10:14	ERVICE Photos		Normal		Photos 2019-12-31			(6290
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TOTAL BUKI	T_MERAH_800676(NATJONAL ASSESSMENT CENTRE 5 5 (BURJT MERAH)) on 31 Dec 2019 10:34	ERVICE Photos		Normal		Photos 2019-12-31			

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63	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE () on 31 Dec 2019 10:33	SAS		Normal	SAS 2019-12-31	Edia
	NAC_BUKIT_MERAH_BOGE76(NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE of on 31 Dec 2019 10:33	NRTC/ Driving License	39	Normal	NRIC/ Driving License 2019-12-31	Edit
	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE 1) on 31 Oec 2019 10:33	NR3C/ Driving License	٧	T40rmat	NRIC/ Driving Licerce 2019-12-31	Edit
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ME	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CONTRE SE 5 (BURIT MERAH)) on 31 Dec 2019 10:34		Photos		Normal	Photos 2019-12-31	Edit
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ø,	NAC_BUNIT_MERAH_800676(N S (BUKIT MERAH	ATTOMAL ASSESSMENT CENTRE SERVICE (1) on 31 Dec 2019 10:14	Photos		Normal	Photos 2019-12-51	Edi
R	NAC_BUKIT_MERAH_800676(N S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (7) on 31 Dec 2019 10:34	Priotos		Normal	Photos 2019-12-31	Ed
0	NAC_BUKIT_MERAH_800626(N S (BUKIT MERAH	IATTONAL ASSESSMENT CENTRE SERVICE HI) on 31 Dec 2019 10:34	Photos		Normal	Photos 2019-12-31	Ed
	NAC_BUKIT_MERAH_800676(N S (BUKIT MERA)	NATIONAL ASSESSMENT CENTRE SERVICE HI) on 31 Dec 2019 10:34	Photos	018470000	Normal	Photos 2019-12-31	Ed
2/31/2019			Claim Hand	dling(ac	cident reportin	g Claim Task)	

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: 5109140477-000015

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SMN3983R

Chassis Number

: MR053BK4107049376

2. Name of Policyholder

: TODDS PARTNERS PTE. LTD.

3. Effective Date of Insurance

: 22 Aug 2019

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

: 21 Aug 2020

(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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$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)

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 25 Apr 2019 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive