

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 05]

2 MAY 20

Date In: 28/01/2020 17:56	Job description	Date & Time Completed	Done by
Ref No: NIA/INC 2000/383/Y	SAS e-filing		
Veh No: SLA 82K	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 22/01/2020 11:35	I-Motor Claim Form	28/01/2020	10:53
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PHONSTRION	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:	

UA2000736	
Driver/Owner:	1) AIC: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (over 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Issue DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	*N5: Courtesy Car / Tpl Allowance \$35
	*N6: Repairs Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$35
	TP (Nil); TP (Non INC) against Inc \$20
	9) NI: Issue Mobile \$30
	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	22/01/2020 17:56
Date Of Accident	22/01/2020 11:35
Exact Location Of Accident	SERANGOON NORTH AVENUE 6 (SHENG SIONG)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA32K
Insured/Policyholder	
Name Of Registered Owner	LIM LAY SIM
NRIC No	SXXXX683J
Email Address	PAMELALIM32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96940444
Alternative Phone No	OTHERS-91713500

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104079339-01
Cover Note Number	

Driver

Name of Driver	YEO ENG CHER GARY
NRIC No	SXXXX122D
Date Of Birth	10/10/1964
Occupation	INDOOR
Date Of Driving Pass	01/06/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91713500
Fax Number	
Contact Number	OTHERS-96940444
Email Address	PAMELALIM32@GMAIL.COM

Address	125 SELETAR HILLS DRIVE
Postcode	807136
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT E/20200122/7022

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 INJURED PERSON 1

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

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:

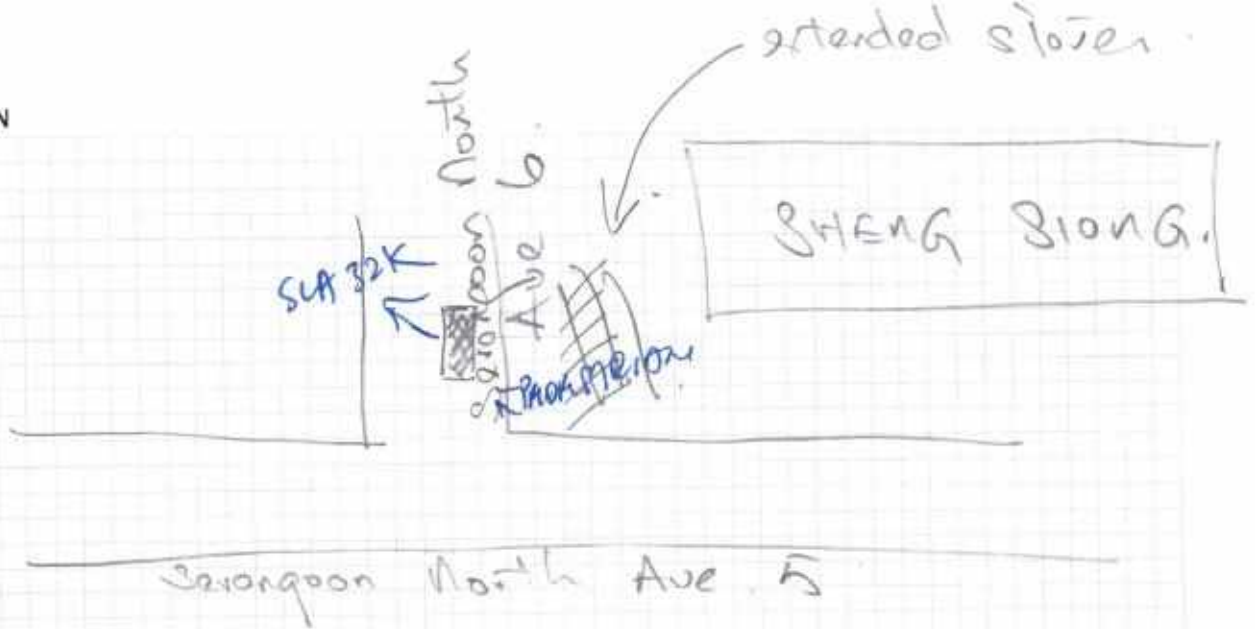
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Even though the lights were green, I had to overtake a white car parked illegally loading groceries. Because of the store make-shift extension, it hide the pedestrian crossing Serangoon North Ave 5. My left side mirror did hit the pedestrian but it was her fall & grocery bag that caught my attention. I stopped the car, helped her up & assisted her to my car & took her to Dr Tan & Partners where she got an immediate referral to TTSH E&A where she had her blood taken & X-ray. She was all cleared but kept under observation.

Police Report E/20200122/7032

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:

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

1736
22/01/20

23/01/2020
Rishi [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 22/01/2020 (DD/MM/YYYY) TIME: 11:35 (HH:MM)

LOCATION: SERDANG NORVA AVE 6 (STAND SWAY)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 32 K
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: 5104079339-01
 d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA ALTIS
 f) TYPE: ☒ SALOON / ☐ COUPE / ☐ MPV / ☐ VAN / ☐ LORRY / ☐ MOTORCYCLE / ☐ OTHERS
 g) VEHICLE CATEGORY: ☒ PRIVATE / ☐ COMMERCIAL / ☐ MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES / ☐ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lim Lay Sim (MALE / FEMALE) ☒ MALE
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 91940001
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Lim Eng Chel Gary (MALE / FEMALE) ☒ MALE
 b) NRIC/FIN/PASSPORT: 916471230 CONTACT: _____
 c) ADDRESS: 125 SELETAR HILLS DRIVE

* d) DATE OF BIRTH: 10/10/64 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 1/06/09

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RELATIVE

5. a) WEATHER CONDITION: ☒ CLEAR / ☐ RAINING / ☐ OTHERS

b) ROAD SURFACE: ☒ DRY / ☐ WET / ☐ OTHERS

6. WAS ANYBODY INJURED (YES/NO) ☒ YES / ☐ NO

7. a) REPORTED TO POLICE (YES/NO) ☒ YES / ☐ NO

IF YES, PLEASE STATE WHICH POLICE STATION: TAN GLIN

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

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

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

No of passengers
 (including driver)
 ()

email: pannelalini32@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



E/20200122/7022

1 of 1

POLICE REPORT (NP299)

Report No. E/20200122/7022

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 22/01/2020 17:10	Vide Report No.	Station Diary No.	
Name Of Informant YEO ENG CHER GARY	Address 125 SELETAR HILLS DRIVE SINGAPORE 807136		
ID Type / ID No. NRIC NO / S1647122D	Contact No. Home/Office:	Mobile: 91713500	
Nationality SINGAPORE CITIZEN	Email Address 10gecy@gmail.com		
Occupation Business development manager	Sex Male	Age 55	Date of Birth 10/10/1964
Institution/School Name	Race Chinese		
Date/Time Of Incident 22/01/2020 11:30 - 22/01/2020 11:35	Language English		
	Location Of Incident 554913		

Brief details.

I was turning left to go into Sheng Siong however there was a white car illegally parked just before the junction loading groceries - i had no choice but to swerve right before turning. At the junction there were extended stands and while it was green - the pedestrian was partly hidden by the stall causing my side mirror to hit her on her right. She fell. I stopped the car, ran to the victim assisted her into my car immediately brought her to my doctors Dr Tan and Partners to get an immediate referral then took her to TTSH E&A where she examined with a blood test and an X-ray and I was told at 1645 hrs by her son that she is fine but kept for observations.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 17:10
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1081483

Policy No.	5104079339-01	Vehicle No.	SLA32K	GST Registrat
Certificate No.				
Policyholder Name	LIM LAY SIM			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96940444	Contact No.(Office)		Contact No.(f
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	23/01/2020 10:25	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	22/01/2020	Time of Accident hh:mm	11:35	Country of As
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGOON NORTH AVENUE 6 (SHENG SIONG)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	105 PETIR ROAD	Address 2	#12-13 FORESQUE RESIDENCE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-13	Related Policy Number	5106092607-01	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	YEO ENG CHER GARY	Driver NRIC	S1647122D	Driver DOB
Register Date of Driver License	01/06/2009	Driver Age	35	Driving Exper
Contact No.(Mobile)	91713500	Contact No.(Office)		Contact No.(f
Address 1	125 SELETAR HILLS DRIVE	Address 2	# SELETAR PARK	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLA32K	Driver Insure

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	96940444	Contact No.(Home)	
Email Address	gamelalim32@gmail.com	O1 Vehicle Number	
Claim Description	SLA32K / PEDESTRIAN ON 22 Jan 2020		
Preferred Workshop Finalisation	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Date Registered	23/01/2020 10:51	Preferred Workshop, Name unknown	GIA report
Report Taken By	ROSLI WAHAB	Repair Option	Received
		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment



Accident No. MT/1081483 Claim No. 001
 Last Doc. Received * Yes ☐ No ☐ Upload Date 23/01/2020 10:53

Path *

Category *

Confid

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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NO

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:53	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:53	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:53	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:53	Photos		Normal	P
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:52	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:52	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:52	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:52	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jan 2020 10:52	SAS		Normal	

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: 5104079339-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLA32K
Chassis Number : SB1ME3JE80E011835
2. Name of Policyholder : LIM LAY SIM
3. Effective Date of Insurance : 30 Oct 2019
4. Expiry Date of Insurance : 29 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)	: N/A
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: LIM LAY SIM
NAMED DRIVER (1)	: CHESTER YEO QI HAN
NAMED DRIVER (2)	: JERALDINE YEO HUI QING
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 23 Sep 2019 17:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive