

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	07/07/2020 16:12
Date Of Accident	07/07/2020 07:00
Exact Location Of Accident	JUNCTION OF LOR 4 TOA PAYOH/TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5455M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NRIC No	SXXXX518H
Email Address	MUHD_ISKANDAR87@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91123920
Alternative Phone No	OFFICE-91123920
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5057769922-07
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NRIC No	SXXXX518H
Date Of Birth	19/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123920
Fax Number	
Contact Number	OFFICE-91123920
Email Address	MUHD_ISKANDAR87@HOTMAIL.COM

Address	BLK 179 TOA PAYOH CENTRAL #04-464
Postcode	310179
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 - HEAD ON COLLISION
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200707/2040

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	FBK2125D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHIA YAM HENG
NRIC/Passport Number	SXXXX694C
Contact Number	93370922
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE5455M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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: 2/7/20

2.50pm

Driver's Signature

(If driver is not the policyholder)

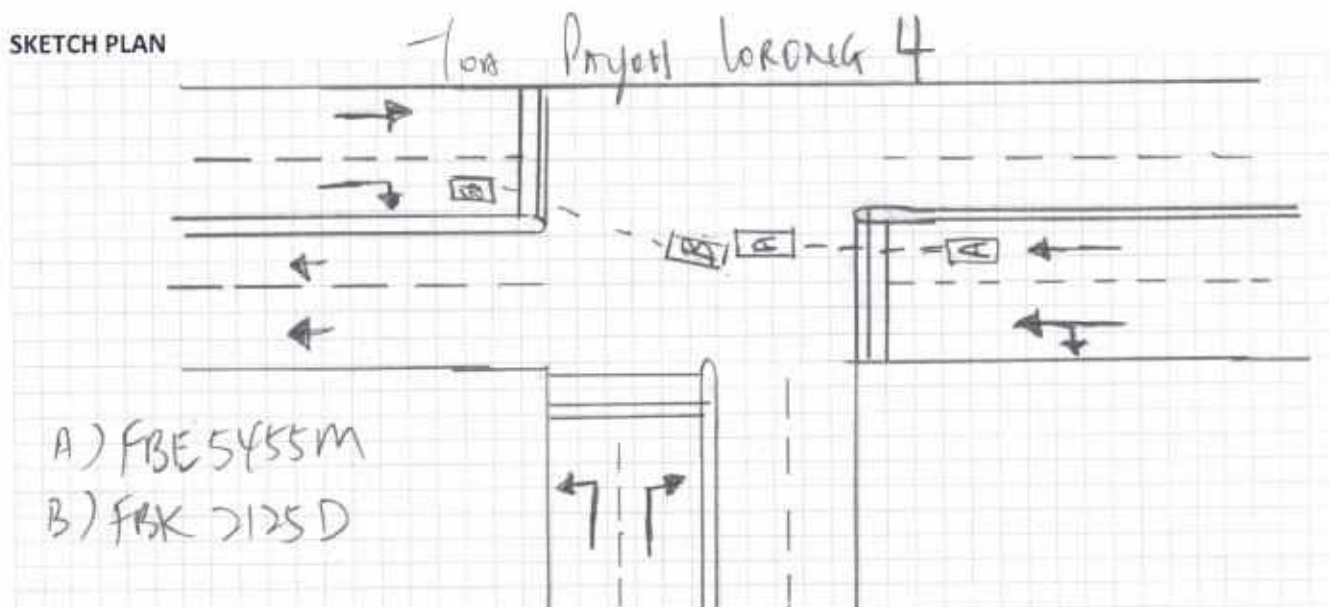
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

To A Payoh CENTRAL

REFER TO POLICE REPORT T/20200707/2046

DECLARATION

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

Policyholder's Signature

Date & Time: 7/7/20

3pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/07/2020

Rashid

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 07 / 2020) (DD/MM/YYYY), TIME: (07 : 00) (HH:MM)

LOCATION: Toa Payoh Lor 4 (Toa Payoh Central)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FB E5456M

b) INSURANCE COMPANY: NIC INCOME

c) POLICY NUMBER: _____

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: HONDA CBR 1000R

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: Going To Work

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: Muhammad Iskandar Bin Elham Wijaya (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S870468H CONTACT: 91123920

c) ADDRESS: Blk 179 Toa Payoh Central #04-464

S Pore 210179

* 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: (19 / 02 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/03/2009

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 / NOT)

7. a) REPORTED TO POLICE (YES / NOT)

IF YES, PLEASE STATE WHICH POLICE STATION: Toa Payoh Central NPC

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBK2125D

MODEL: P.G.O IME 150 WEL BIKE 3 wheel

b) DRIVER'S NAME: Chia Yam Heng

c) NRIC/FIN/PASSPORT: S0492694C CONTACT: 93370922

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = muhd_iskandar87@yahoo.com

VIDEO



SINGAPORE POLICE FORCE



T/20200707/2040

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20200707/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2020 13:05	Vide Report No.:	Station Diary No.: 52
Informant's Particulars		
Name of Informant: MUHAMMAD ISKANDAR BIN ELHAM WIJAYA	Address: APT BLK 179 TOA PAYOH CENTRAL #04-464 SINGAPORE 310179	
ID Type / ID No.: NRIC NO / S8704518H	Contact No.: Home/Office:	Mobile: 91123920
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 33	Date of Birth: 19/02/1987
Type of Informant: Rider		
Race: Malay	Language:	Institution / School Name:
Occupation: DRIVING TESTER	Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/07/2020 07:00	Type of Location:
Location: Junction of Road 1 and Road 2 LORONG 4 TOA PAYOH TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5455M	Motorcycle	HONDA	CBR1000RR	Orange	Slightly Damaged	0
FBK2125D	Motorcycle	P.G.O.	I ME 150 WEL BIKE 3- WHEELER	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5455M	NTUC Income Insurance Co-Operative Limited	5057769922-07	10/06/2020	09/06/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA	ID No.	S8704518H
Related Vehicle	FBE5455M (Motorcycle)	Contact No.	91123920
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	07/07/2020	Date Discharge	07/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Rider			
Name	Chia Yam Heng	ID No.	S0492694C
Related Vehicle	FBK2125D (Motorcycle)	Contact No.	93370922
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 7/7/20 at around 0700hrs, I was travelling along Lorong 4 Toa Payoh, on the first lane going straight.

The traffic light was still green so I proceeded forward. Suddenly, one motorcycle turned right towards toa payoh central. I saw the right turning green arrow was not turned on yet. I did not know why he turned right.

I tried to brake but could not stop it in time. Both our vehicles colided into each other. I fell down and tried to stand up. Next, I exchanged particulars with the other driver and took photos of the damaged vehicle.

Next, traffic police and ambulance arrived. Traffic police took down our details and left the scene vide incident E/20200707/0020 under IO Jofi, 65476960.

I suffered injuries on both elbows, right pelvic and right shin. Ambulance came and conveyed me to hospital. Doctor assessed me and gave me 4 days mc.



**SINGAPORE
POLICE FORCE**



T/20200707/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20200707/2040

CONTINUATION OF REPORT

Next, I came to police station to lodge a report.



**SINGAPORE
POLICE FORCE**



T/20200707/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20200707/2040

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:

E /

Sgt 3 KUAH JIA HAO

2

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No: 65476178

SN 168

Authentication Stamp

NP168

2

SIGNATURE

Signature Of Informant:

1

Date/Time:

07/07/2020 13:05

Classification Of Case:

Accident NT/1066397

Modifications History

Claim 102 OP-MX

100

Claim Type *	DD-MR		Insured Name	MUHAMMAD ISKANDARA BEN ELI	Insured NAJIC	SE704519H
Contact No.(Mobile)	91123920		Contact No. (Home)		Contact No. (Office)	
Email Address	MUHD_ISKANDARA7@HOTMAIL		Vehicle Number	FBES405M	Vehicle Number	FBK212SD
Claim Description	FBES405M / FBK212SD ON 7 Jul 2020				Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Rice at Fault				
Services No. Finalisation	Free	Interim	Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	07/07/2020 16:25		Claim Close Date		Date Received	07/07/2020 0
Report Taken By	ROSLE WANAB		Workshop Repairer		Total Loss Est. Requested	

[Print this letter](#)

Save Submit

Attachment

[illegible]

Song 46

Attachment	Uploaded By/Date	Category	Urgency	Description	Mg Sant. [CO]
RAC_BUKIT_MERAH_000676/ NATIONAL ASSESSMENT CENTRE SERVICE		Photo	Normal	Photos 2020-7-7	

S (BUKIT MERAH)) on 07 Jul 2020 16:34

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Jul 2020 16:34

Photos

Normal

Photos 2020-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Jul 2020 16:34

Photos

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Photos 2020-7-7

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Photos 2020-7-7

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Photos 2020-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
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Photos

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Photos 2020-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Jul 2020 16:33

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-7-7

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 07 Jul 2020 16:33

SAS

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SAS 2020-7-7

Video List

Uploaded By/Date

Folder Data

File Name

Source

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5057769922-07

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : Third Party, Fire & Theft |
| Chassis Number | : FBES455M |
| 2. Name of Policyholder | : JH25C59AX9K101984 |
| 3. Effective Date of Insurance | : MUHAMMAD ISKANDAR BIN ELHAM WIJAYA |
| 4. Expiry Date of Insurance | : 10 Jun 2020 |
| 5. Persons or Classes of Persons entitled to drive# | : 09 Jun 2021 |
| (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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NAMED DRIVER (2)	: MOHAMED BAHTIAR BIN MOHAMED ZAINI
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 : A S PHOON PTE LTD (00000571911)
Date of Issue : 01 Jun 2020 13:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive