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	Assessment/Survey	Report			
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P Uniticulius: Veh No: G	1BB 8173V	, MC(,)/Non-INC(·)
Owner / Driver: (Tel:		.).
Policy No: () P	erlod: (Cover Type: ()
	. Д	aler,			
Insured/Driver Liability: (%)	[Note-Est Status (WO)): N: 0-20%	6; P; 210/3/6.		
Year of Registration: ()	Warranty: YES ()	140()			and the second second second
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	09/09/2020 16:53
Date Of Accident	07/09/2020 16:50
Exact Location Of Accident	IRWELL BANK ROAD TOWARDS KIM SENG ROAD
Country/State of Loss	SINGAPORE
Di Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4641H
Insured/Policyholder	
Name Of Registered Owner	WONG YAT SUNG
NRIC No	SXXXX125J
Email Address	ALVYNWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97722722
Alternative Phone No	OTHERS-97722722
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 (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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113312356
Cover Note Number	
Driver	
Name of Driver	WONG YAT SUNG
NRIC No	SXXXX125J
Date Of Birth	30/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1996
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97722722
Fax Number	

OTHERS-97722722

ALVYNWONG@GMAIL.COM

20 KAY POH ROAD Address

#07-01 248969

Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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)

1

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 POLICE REPORT T/20200908/2123

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB8173Y

Vehicle Make/Model/Colour

RENAULT

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

HUANG Name of Driver

NRIC/Passport Number

96308102 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

WONG YAT SUNG Name

Page 2 of 21

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SMG4641H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

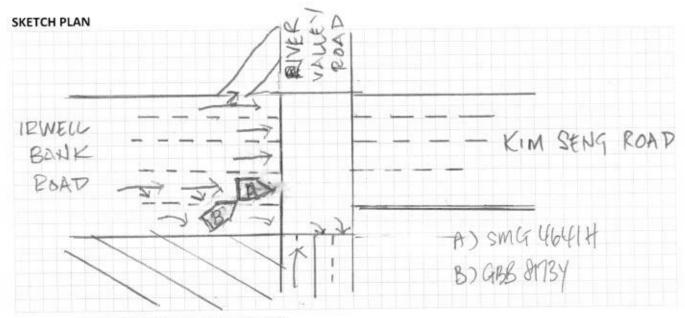
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUISIS	The Accident
ON 79	2020 I WAS DRIVING ALONG IRWELL BANK ROAD
AT THE	JUNCTION OF IRWELL BANK ROAD AND RIVER VALLEY
ROAD T +	HEARP & LOUD BANG AND FEEL MY CAR HIT.
T CIDDDE	ED & IMMEDIATELY AND WENT DOWN TO SEE
TUNT A	VAH HAD HIT ME AT MY REAR SIDE AND BACK
AHO FIM	,
0	2 2 2 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Police	PURPORT 7/20200408/2123
II.	

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 Signal

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 07,09, 2020 (DD/MM/YYY), TIME: (16.50)(HH:MM)	. II
LOCATION: IRWELL BANK ROAD & TOWARDS NA	. 00 1-15
	1 SENG RD
DETAILS OF VEHICLE SMG 4641H	
b)INSURANCE COMPANY: NTUE	
CIPOLICY NUMBER: 5/133/2356	
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT)	¥0 0
F)TYPE: (SALOON / COUPE MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	i#å
9/ VEHICLE CATEGORY: IPRIVATE / COMMERCIAL / MOTORCYCLE	
THE OR USE OF USING AT ACCIDENT TIME.	. 8
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER	0.
DINRIC/FIN/PASSPORT: 371381257 CONTACT: 97722727	
CIADDRESS: 20 KAY POH BOAD #07-01	
S(248969)	988
HO of passanges DRIVER DRIVER ALSO POLICY HOLDER	**
(Including diam) (I) NAME: (STATISTIC)	
(DI) b)NRIC/FIN/PASSPORT:CONTACT:	<i>to</i>
"d) DATE OF BIRTH: (30 / 10 / 1977) (DD/MM/YYYY)	
E)OCCUPATION: (INDOOR / OUTDOOR) F)DATE OF DRIVING PASC 14 MAY 1996	- 8
4. WAS DRIVER AN EMPLOYEE OF THE INSURFO'S COMPANY? CYES! NO	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUNG	12
DIROAD SURFACE:((DRY)/ WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION: BUILT MERAH WEST NO	PC
HIO of passenger a) VEHICLE NUMBER: GBB 81734 MODEL RENAULY VAI	.)
(Including driver) b) DRIVER'S NAME: HUANG	7
(_) NRIC/FIN/PASSPORT:CONTACT: 96308162	
1 VEHICLE NUMBER: MODEL:	73 9 7
(last 1 to 1 DRIVER'S NAME:	94
() NRIC/FIN/PASSPORT: CONTACT:	
<u></u>	
and I am Danil can	¥:
email = alvy hwong a gmail . com	
11020 = YES	
. 76>	18





1 of 3 Report No. T/2020C908/2123

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 20 23:30	Made:	Vide Report No.:	Station Diary No.: 75	
Informa	nt's Partic	ulars			
	Informant: YAT SUNG		Address: 20 KAY POH ROAD #07-01	SINGAPORE 248969	
	/ ID No.: D / S713812	25J	Contact No.: Home/Office: Mobile: 97722722		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 30/10/1971	Type of Informant: Vehicle Owner		
Race: Chinese			Language: Institution / School N		
Occupation: FÜLL TIME GRAB DRIVER-		DRIVER-	Driving Licence Information: Class: 3 Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2020 16:50	Type of Location X-Junction
Location:				
IRWELL BAN	K ROAD			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry	6	0 Km/h
Traffic Flow:		Traffic Control:	Т	raffic Volume:
One Way		Not Controlled	N	Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head	d To Rear	a	Inyone conveyed by imbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB3173Y	Van	RENAULT		Blue		1
SMG4641H	Car	HONDA	Freed	Blue	Seriously Damaged	100000

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMG4641H	NTUC Income Insurance Co-Operative Limited				





2 of 3

Report No. T/20200908/2123

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved	Annual Commission of the Commi	-		
No. of Pedestrian		Use of Pede	estrian	Cross	ing: NA
No. of redestrial	S INJURES. THE	STATE OF STATE		/叙书	numer 7 in 1970 fair.
Name	Huang		ID No.		NIL
Related Vehicle	GBB8173Y (Van)		Contac	ct No.	96308102
Hospital/Clinic	NIL		Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry; NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Vehicle Owner			ちゅう		STEET HAVE BY THE WALLES
Name	WONG YAT SUNG		ID No.	6	S7138125J
Related Vehicle	SMG4641H (Car)		Conta	ct No.	97722722
Hospital/Clinic	ICARE MEDICAL AND WELLNESS CLINIC		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	08/09/2020	Date Disch	narge	08/09	9/2020
	ted Medical Leave 03	Degree of	Injury	Sligh	t

Brief Details.

I am the vehicle owner of vehicle registration number SMG4641H. On 07/09/2020 at about 4.50pm, I was driving along lane 4 at Irwell Bank Road, going towards the junction of River Valley Road. Suddenly, I heard a loud bang and discovered that a Renault Blue colour van, registration number GBB8173Y had hit onto my vehicle's right rear bumper and right rear rim. We then exchanged handphone numbers and the driver informed that he will call me. However, till date, he did not call me.

I wish to inform that I had gone to iCare Medical and Wellness Clinic on 08/09/2020 and was given 3 days MC as I felt pain on my back and my neck.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

3 of 3 Report No. T/20200908/2123

Tel No: 1800-3779999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

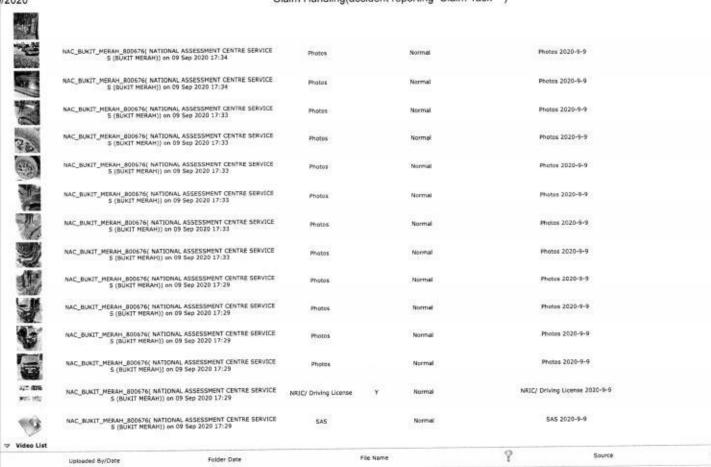
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sr Staff Sgt SURAIDAH BINTE SALIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2020 23:30
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp	

The

Claim Handling

cy No.		Vehicle No.	5MG4641H		GST Registration No.			
	5113312356							
tificate No.	MANAGEMENT PRINCE				Palicyholder NRIC	\$713	81257	
cyholder Name	WONG YAT SUNG	Cover Type	drive CLASSIC		Loading	0		
duct Code	PRIVATE CAR INSURANCE	Contact No.(Office)			Contact No.(Home)			
etact No.(Mobile)	97722722	Special Remark			eCode	No 1	~	
ali Address			No Yes		eCode Reason			
K.	No Yes	TCA	0		Private Hire	No		
D Protection	No	NCD Entitlement(%)	0					
Accident Details			2590		Accident Type	Side	Swipe	
port Date	09/09/2020 16:52	Acadent Report Within 24 hrs	Yes					
te of Accident	07/09/2020	Time of Accident hh:mm	16:50		Country of Accident	arry	apore.	
porting Centre		Orange Force			DOM No.			
cident Location	RWELL BANK ROAD TOWARDS KIM SENG ROAD							
7 Total Excess Applicable								
cess Type	Per Accident	Windscreen Excess		100.00				
				The second secon				
O Standard Excess	2,000.00	TP Standard Excess		1,500.00	Day or the Consensed I	Cov	ered	
ED OD Excess	0.00	YLED TP Excess		0.00	Driver is Covered?	Cov	Cita	
ditional Excess	0							
otal OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00				
	1.0000000000000000000000000000000000000							
♥ Benefits	ever							
GST Registered Informati			GST Registrati	ion Date				
ST Registered	No		GST Status Vo		Yes			
ST Registration No. addication History								
Policyholder Mailing Add	ress			70702	Address 3	Ones.	NGAPORE 248969	7.
ddress 1	20 KAY POH ROAD	Address 2	#07-01 KASTURINA L	DOGE	Address 3		NGAPUKE 240303 8969	
iddress 4	3550 B	Address Type	Singapore address		Post Code	24	102	
init No.	07-01	Related Policy Number	5113312356					
ont No. OI Driver Info	0.0000004							
	WONG YAT SUNG	Driver Type	Main Driver					
Oriver Name	WONG TAT SONS	Driver NRIC	\$71381257		Driver DOB	30	/10/1971	
Innamed driver Name		Driver Age	48		Driving Experience	24	6	
Register Date of Driver License	14/05/1996	Contact No.(Office)			Contact No.(Home)		
Contact No.(Mobile)	97722722		#07-01 KASTURINA	LODGE	Address 3	SI	INGAPORE 248969	16
Address 1	20 KAY POH ROAD	Address 2	Singapore address		Post Code	2	18959	
Address 4		Address Type						
Unit No.	07-01		300000		Driver Insurer Con	npany N	TUC	
Control of the contro	The state of the s	Driver Vehicle No.	SMG4641H		College arrange or the	000000000000000000000000000000000000000		
Does he gen a Singapore	Yes No							
Does he dem a bingapore Registered Car? Declaration Breathalysier or Blood Test Reading?	Yes No	Any injury?	Yes No					
Registered car? Declaration Breathalysier or Blood Test Reading? Modification History		127-0021-99-X -0021-12-90-1	Textodayo					
Registered (at?) Declaration Breathalyser or Blood Test Reading?		127-0021-99-X -0021-12-90-1	Textodayo		lowed C		Insured	CTARLAN
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Registered car? Declaration Breathalysier or Blood Test Reading? Modification History		127-0021-99-X -0021-12-90-1	Textodayo		Contact		Contact No.	571381253 62536638
Registered cor? Declaration Breathalyser or Blood Test Reading? Madification History Claim 001 New		127-0021-99-X -0021-12-90-1	Textodayo	OD-MX 98588599	Contact No. (Horne)		Contact No. (Office)	571381257
Registered Car? Declaration Breathalysier or Blood Test Reading? Modification History Claim 001 New Claim Type *		127-0021-99-X -0021-12-90-1	Textodayo		Contact No. (63976 (Horne)	0651	Contact No. (Office) TP Vehicle	571381257
Registered Car? Declaration Breathalysier or Blood Test Reading? Modification History Claim 001 New Claim Type *		127-0021-99-X -0021-12-90-1	Textodayo		Contact No. (Horne)	0651	Confact No. (Office) TP Vehicle Number	571381253 62536638
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Registered Car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred	0 mg	Any injury?	Yes = No	98588599 SMG4641H / GB88173Y O	Contact No. (Horne) 63976 (Horne) 63976 OI Vehicle SMG4 Number	0651	Confact No. (Office) TP Vehicle Number Name of Preferred	571381252 62536638 GBB8173Y
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Print AK letter Attachment Attachment Accident No.	Preferred Workshap, No. MT/1102857	Any Injury? GIA Rece	Yes = No	9858599 SMG4641H / GBB\$173Y O 09/09/2020 17:29 ROSLI WAHAB	Contact No. (Home) (397) (Home) (197) (Home) (197) (Home)	0651	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	571381253 62536638 GBB8173V 08/09/2020
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Display in New Window Scan and uploading



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 189) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYS	

Certificate Number: 5113312356

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

SMG4641H : G871073755

Chassis Number

2. Name of Policyholder

.. WONG YAT SUNG

3. Effective Date of Insurance

: 17 Oct 2019

4. Expiry Date of Insurance

: 16 Oct 2020

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.

: \$\$2,000 **EXCESS (SECTION 1)** : \$\$1,500 EXCESS (SECTION 2) 55100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

: PLEASE REFER OVERLEAF : NO : YES : NO : NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: WONG YAT SUNG

PRIMARY DRIVER NAMED DRIVER (1)

INSURE WITH COE

NCD PROTECTION

: N/A 9 N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: ESPRIT MOTOR TRADING

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)

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

: 17 Oct 2019 14:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive