



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 Submission	15/01/2021 15:44 (SGT)
Date of Accident	20/11/2020 07:35 (SGT)
Exact Location of Accident	Seraya Ave, Singapore
Additional Location Information	-
Country/State of Loss	Malaysia/Wilayah Persekutuan

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5295R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ISNIN BIN ABDUL RAHMAN
NRIC No	SXXXX645C
Email Address	mibar1994@gmail.com
Mobile Phone No	(Phone) +65-97234888
Alternative Phone No	+65-97234888

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5114859269
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED ISNIN BIN ABDUL RAHMAN
NRIC No	SXXXX645C

Date Of Driving Pass	20/11/2017
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-97234888
Alt. Phone Number	+65-97234888
Email Address	mibar1994@gmail.com
Address	BLK 714 JURONG WEST STREET 71
Address complement	#06-125
Postcode	640714
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201121/2075 (TYPE OF COLLISION IS HEAD TO SIDE)

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	YM6847U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MICHELLE KWAN

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ISNIN BIN ABDUL RAHMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBM5295R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.

JSN/A

Policyholder's Signature
Date & Time:

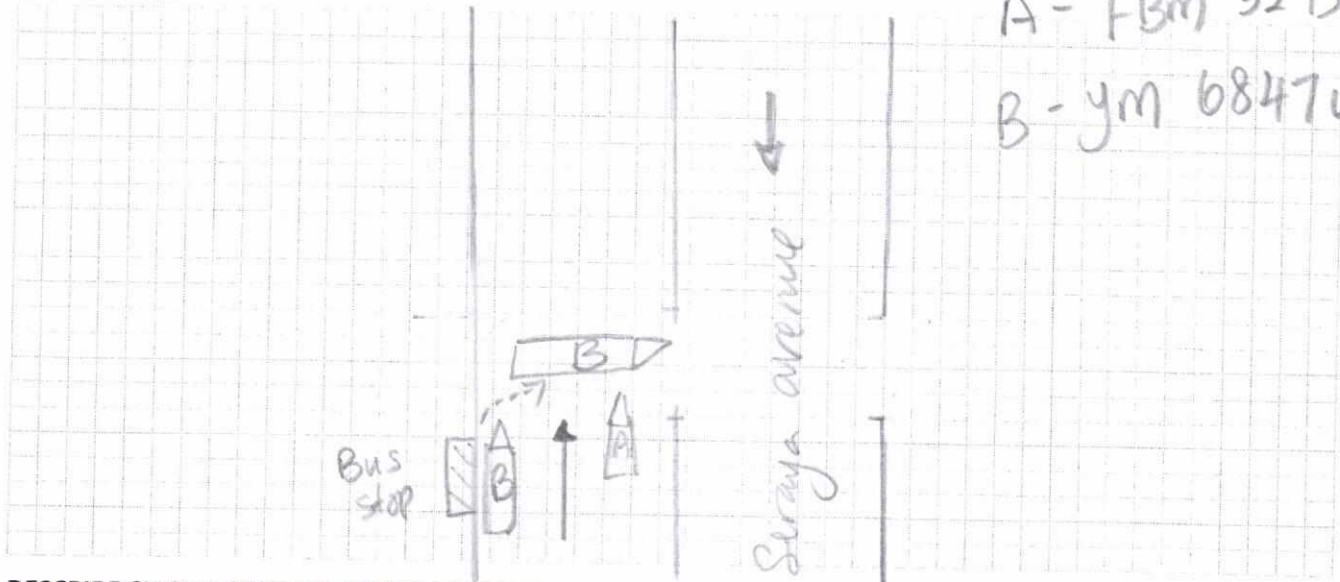
JSN/A

Driver's Signature
(If driver is not the policyholder)
Date & Time:

15/01/2021
Reporting Centre Personnel's Signature
Name: Resd
NRIC/FIN No.:

SKETCH PLAN

A - FBM 5295R
B - ym 6847u



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20201121/2015

DECLARATION

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

/s/nin

Policyholder's Signature
Date & Time:

/s/nin

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

15/01/2021
Roshan Hossain

Date of Accident : 20/11-2020 Accident Time: 0735 (24-HR-Format)
Accident Place : SERAYA AVENUE
Vehicle Reg. No. (Car Plate No.) : FBM 5295R
Vehicle Make/Model : HONDA CB150R
Insurance Company : NTUC Policy No. 5114859269
Owner or Company Name / IC No. : S9425645C
Owner or Company Contact No. : - Owner's Hp 97234888 Company Tel
DRIVER'S Name / IC No. : Mohamed Isnin bin Abdul I/c S9425645C
DRIVER'S Date Of Birth : 18-7-94 DRIVER'S License Pass Date 20-11-17
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 714, # 06-125, Jurong West St 71 (640714)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : mibar1994@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video captured by car camera: YES \ NO
Was there any audio captured : YES \ NO
Any Injuries : Yes / No : Name of injured : Mohamed Isnin bin Abdul
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: Ym 68474
Vehicle Make/Model: Lorry
Name Driver: Khoo Lee Kwan
IC No. Driver: S1839973C
Driver's Contact & Add: _____

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20201121/2075

1 of 3

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20201121/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2020 16:11	Vide Report No.: D/20201120/0033	Station Diary No.: 32
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Informant's Particulars

Name of Informant: MOHAMED ISNIN BIN ABDUL RAHMAN			Address: APT BLK 714 JURONG WEST STREET 71 #06-125 SINGAPORE 640714	
ID Type / ID No.: NRIC NO / S9425645C			Contact No.:	Mobile: 97234888
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 18/07/1994	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: CHEMICAL PROCESS TECHNICIAN			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2020 07:35	Type of Location: T-Junction
Location: SERAYA AVENUE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		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
FBM5295R	Motorcycle	HONDA	CB150R MANUAL	Black		0
YM6847U	Lorry			Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5295R	NTUC Income Insurance Co-Operative Limited	5114859269	12/12/2019	11/12/2020



**SINGAPORE
POLICE FORCE**



T/20201121/2075

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Report No T/20201121/2075

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED ISNIN BIN ABDUL RAHMAN	ID No.	S9425645C
Related Vehicle	FBM5295R (Motorcycle)	Contact No.	97234888
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 20/11/2020
Date Treatment	20/11/2020	Date Discharge	21/11/2020
No. of Days granted Medical Leave	62	Degree of Injury	Serious
Driver			
Name	Khoo Lee Kwan	ID No.	S1839973C
Related Vehicle	YM6847U (Lorry)	Contact No.	NIL
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 20/11/2020 at about 0740hrs, I was riding my motorcycle bearing the registration plate number V1)FBM5295R along Seraya Ave towards Shell Seraya Chemical Pte Ltd. It was a two way direction with a single lane on each direction. I saw V2 parking at the bus-stop ahead on Seraya Ave (after Croda Singapore). I continued riding forward and past the slip road (on the right) leading into Seraya Ave (Croda Singapore). V2 suddenly made an illegal U-turn without signalling. I was not able to stop V1 in time and I collided into V2's right front side mirror.

I had then lost control of V1 and skidded onto the opposite lane. V1 knocked into the kerb and I was sent flying off V1. I was then moved to the side and was conveyed to Ng Teng Fong General Hospital for my injuries. I then informed my company staff who then render assistance to me. I had sustained fractures to both Radius (right wrist) & Clavicle Collar Bone, abrasion on my right thigh and knee. I was given a 62day hospitalization leave for my injuries. I do not have any recording device installed on V1 as well as helmet.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20201121/2075

3 of 3

Report No T/20201121/2075

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:

J /

Sgt 3 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2020 16:11

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476232

SN 125

Classification Of Case:



Authentication Stamp

NP168

Signature :

Singapore Police Force

Claim Handling

Accident MT/1117523

Policy No.	5114859269	Vehicle No.	FBM5295R	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMED ISNIN BIN ABDUL RAHMAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97234888	Contact No.(Office)		Contact No.(Home)
Email Address	mbar1994@gmail.com	Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	15/01/2021 15:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/11/2020	Time of Accident hh:mm	07:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SERAYA AVENUE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 714 #06-125	Address 2	JURONG WEST STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-125	Related Policy Number	5114859269	
▼ OI Driver Info				
Driver Name	MOHAMED ISNIN BIN ABDUL RAHMAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9425645C	Driver DOB
Register Date of Driver License	20/11/2017	Driver Age	26	Driving Experience
Contact No.(Mobile)	97234888	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 714 #06-125	Address 2	JURONG WEST STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-125			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBM5295R	Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMED ISNIN BIN ABDUL RAHMAN
Contact No.(Mobile)	97234888	Contact No. (Home)	
Email Address	mbar1994@gmail.com	OI Vehicle Number	FBM5295R
Claim Description	FBM5295R / YM6847U ON 20 Nov 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			15/01/2021 15:41
		Claim Close Date	

Report Taken By

ROSLI WAHAB

Workshop
Repairer

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1117523	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2021 15:50
Path *		Category *	Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	Photos		Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	NRIC/ Driving License	Y	Normal	NRIC/ Driving I
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2021 15:50	SAS		Normal	SAS 2

Video List

Uploaded By/Date	Folder Date	File Name	
		<input type="button" value="Display in New Window"/>	<input type="button" value="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 : 5114859269

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBM5295R |
| Chassis Number | : MLHKC2883J5000520 |
| 2. Name of Policyholder | : MOHAMED ISNIN BIN ABDUL RAHMAN |
| 3. Effective Date of Insurance | : 12 Dec 2019 |
| 4. Expiry Date of Insurance | : 11 Dec 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |

(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)	: MOHAMED ISNIN BIN ABDUL RAHMAN
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 : OOI PEI MEI (00000602726)
Date of Issue : 12 Dec 2019 14:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive