

Surf 2137000X

OD : TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / OW: (

TP Identification:	Ych No:	PA7517K, INC(, )/Non-INC(, ).
--------------------	---------	-------------------------------

Owner / Driver: (

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: (

Date,

Thur

Insured/Driver Liability: (                      %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Boxcost: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refor of repolar.

( ) Total Loss Case : to e-mail Insurer URGENTLY,

Drive-In ( ) / Towed-In ( ) ; Invoice: VRS ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo (Repair Cost > \$9000)

11711172

Driver/Owner:

Control No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Wardlaw & Guthrie

211

1) All Accident Insurance (50)

3) ԲԱՆԻՍՏԱՆԻ ԲԱՆԻՍՏԱՆԻ (5100)

5) 27, 200/1000000

4)  $PT \parallel PQ$  and  $PT \parallel PQ$  and  $PT \parallel PQ$

5) Follow Through Survey (JG 00000)

Vorname Nachname

6) Die Interpretation

7) N111010 DA + 8MRT 804V1

4) NIUC Additional Services

0.14

NSI Courtesy Car / Tpt Allowance

NGP Capital Construction  
NGP Capital Construction

11-10-77 / Collected 11-10-77

INDIVIDUAL / COLLECTIVE  
FEDERAL BUREAU OF INVESTIGATION

1952171 Id. Mobil

1941-1942

For Cherry

Pro Charge



## 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	29/03/2021 12:41 (SGT)
Date of Accident	26/03/2021 17:20 (SGT)
Exact Location of Accident	Expo Dr, Singapore
Additional Location Information	TOWARDS UPPER CHANGI ROAD ESAT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2663S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH SIEW ENG
NRIC No	SXXXX249D
Email Address	c-weisheng@hotmail.com
Mobile Phone No	(Phone) +65-98305035
Alternative Phone No	+65-98305035

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1799

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5076446515-05
Cover Note Number	-

#### DRIVER

Name of Driver	NG KEN HUAT
NRIC No	SXXXX250H

Date Of Birth	13/04/1965
Occupation	Indoor
Date Of Driving Pass	16/02/2020
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98305035
Alt. Phone Number	-
Email Address	ngkenhuat@gmail.com
Address	BLK 305 JURONG EAST STREET 32 #11-150
Address complement	-
Postcode	600305
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	FELIX ENG
Gender	Male

#### PASSENGER 2

Name	WEI PING
Gender	Female

#### PASSENGER 3

Name	MISS YEO
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7517K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN KIM HUAT
Contact Number	(Phone) +65-91275596
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	NG KEN HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX2663S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	FELIX ENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX2663S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 3

Name of injured person	WEI PING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX2663S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 4

Name of injured person	MISS YEO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKX2663S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### 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. 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 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.

### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

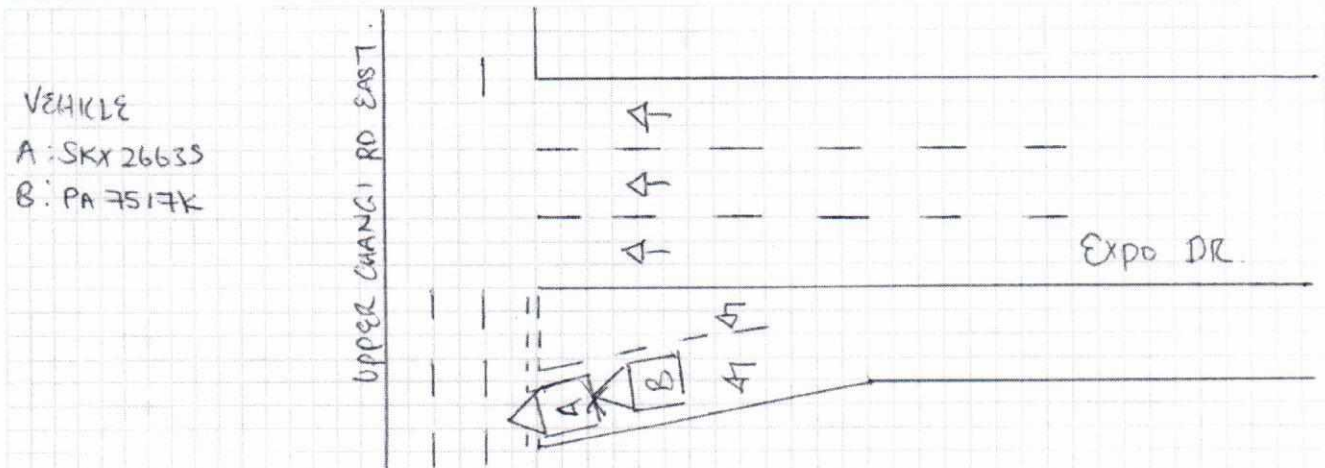
Policyholder's Signature / Date & Time

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

  
29/03/2021

Witnessed by Reporting Centre Personnel

### Sketch Plan





### Describe Circumstances of the Accident

ON THE MENTION DATE, TIME AND LOCATION. I WAS TRAVELING  
ON EXPO DRIVE TURNING LEFT TO UPPER CHANGI RD EAST AT THE  
SLIP ROAD. I SLOW DOWN AND CAME TO A STOP TO LOOK OUT  
FOR ON COMING VEHICLE. ALL OF A SUDDEN THERE WAS A HUGE  
IMPACT COLLIDED ONTO MY VEHICLE REAR AND FORCE MY VEHICLE TO  
MOVE FORWARD. WE EXCHANG DETAILS AND MOVE ON.

### Declaration

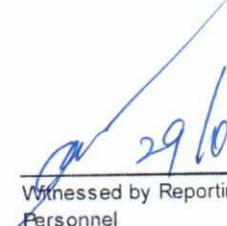
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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

 29/03/2021  
Witnessed by Reporting Centre  
Personnel

STATION HUI PHOTO my FOLDER

Date of Accident : 26032021 Accident Time: 1720 (24-HR-Format)  
Accident Place : EXPO DR TOWARDS UPP CHANGI RD EAST  
Vehicle No. (Car Plate No.) : SKX 26635 Make/Model: HONDA STREAM  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : KOH SIEW ENG S 2769249D  
Owner or Company Contact No. : 9830 5035 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : NG KEN HUAT S 2769250H  
DRIVER'S Date Of Birth : 13041965 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : (Spouse) Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 305 JURONG EAST ST 32 #11-150 600305  
DRIVER'S Contact No. / Alt No. : 1) 9830 5035 2) \_\_\_\_\_  
DRIVER'S Occupation : (INDOOR) \ OUTDOOR (e.g. working inside or outside office)  
Email Address : C-WEISHENG@HOTMAIL.COM ngkenhuat@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): 04

Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): ME NG, FELIX ENG, WEI PING, MISS YEO  
(M) (M) (F) (F)

**Other Party Driver's Particular (if any)**

Vehicle. No: PA 7517K	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: TAN KIM HUAT	Name Driver: _____
IC No. Driver/Contact: 91275596	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

- MALE: FELIX ENG.  
- FEMALE: WEI PING.  
- FEMALE: MISS YEO

## Claim Handling

## Accident MT/1126038

Policy No.	5076446515-05	Vehicle No.	SKX2663S	GST Registration No.
Certificate No.				
Policyholder Name	KOH SIEW ENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	98305035	Contact No.(Office)		Contact No.(Home)
Email Address		Special Re mark		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(%)	50	Private Hire

## ▼ Accident Details

Report Date	29/03/2021 12:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/03/2021	Time of Accident hh:mm	17:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	EXPO DR TOWARDS UPPER CHANGI ROAD EAST			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	1100.00	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 115 #03-374	Address 2	JURONG EAST STREET 13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-374	Related Policy Number	5076446515-05	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG KEN HUAT	Driver NRIC	S2769250H	Driver DOB
Register Date of Driver License	16/02/2020	Driver Age	55	Driving Experience
Contact No.(Mobile)	98305035	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 305 #11-150	Address 2	JURONG EAST STREET 32	Address 3
Address 4	SINGAPORE 600305	Address Type	Foreign address	Post Code
Unit No.	11-150			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKX2663S	Driver Insurer Company

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KOH SIEW ENG	Insured NRIC
Contact No.(Mobile)	97720098	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SKX2663S	TP Vehicle Number
Claim Description	SKX2663S / PA7517K ON 26 Mar 2021			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	29/03/2021 12:49	Claim Close Date		Date Received
Report Taken By	ROS LI WAHAB			

☒ Print AK letter

Save Submit

## Attachment



Accident No.

MT/1126038

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

29/03/2021 12:51

Path \*

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category \*

Confidential

Urgen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
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<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:51	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:51	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:51	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:51	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:51	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:50	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:50	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:50	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:50	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:50	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:49	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:49	Photos		Normal	Photos 2021-3-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:49	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 29 Mar 2021 12:49	SAS		Normal	SAS 2021-3-29

## Video List

Uploaded By/Date

Folder Date

File Name



Sou

## 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:** 5076446515-05

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKX26635**  
Chassis Number : **RN61087583**
2. Name of Policyholder : **KOH SIEW ENG**
3. Effective Date of Insurance : **20 Nov 2020**
4. Expiry Date of Insurance : **19 Nov 2021**
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)	: S\$600
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH SIEW ENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 15 Oct 2020 10:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive