



Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-23/24 Singapore 408934
Paya Ubi Industrial Park
Tel: 6844 2475 Fax: 6844 2474
Email: claims@teamworkgarage.com
GST Register No: 201015366H

22nd December 2022

Our reference: 2210-01

Your reference: SHA6221P

AXA Insurance Singapore Pte Ltd

Robinson Road
P.O. Box 1094
Singapore 902144

Attn: Motor Claims Department

BY EMAIL

Dear Sir/ Madam,

Claimant : ROSET LIMOUSINE SERVICES PTE LTD

Address : 53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S(408934)

We are instructed by the above named to claim damages against your insured/your insured's driver in connection with a road accident on **04/10/2022** along **AYE TOWARDS TUAS BEFORE PORTSDOWN** involving our client's vehicle registration number **SND6005K** and vehicle registrations number **SHA6221P** driven by you/your insured's driver at the material time.

The accident was caused by your insured negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

Cost of Repair	:	\$ 2,568.00
Loss of Use (\$120 x 6 Days)	:	\$ 720.00
LTA Search	:	\$ 7.49
Total	:	\$ 3,295.49

A copy of each of the following supporting documents is enclosed:-

- a) Our client's Accident Report / Police Report;
- b) COE/PARF Certificates;
- c) Owner / Driver's IC & Driving License;
- d) Letter Of Authorization;
- e) Tax Invoice;
- f) LTA search Invoice;
- g) Certificate of Insurance;

The demand herein is in respect of our client's claim for damages pertaining to their motor vehicle and any settlement following or subsequent of this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to personal injuries.

Please send to us an acknowledgement of receipt of this letter with 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Yours faithfully,



A handwritten signature in blue ink, consisting of stylized, overlapping loops and strokes.

Teamwork Garage Pte Ltd

Encl.

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 Actual 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	04/10/2022 16:30 (SGT)
Reported by	Driver
Date of Accident	04/10/2022 10:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TUAS BEFORE PORTSDOWN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND6005K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	200406722Z
Email Address	KHIERTHII@ROSETLIMO.COM
Mobile Phone No	(Phone) +65-93278688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1317

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124295679-000149

DRIVER

Name of Driver	KIM ZHUO YIJIN
NRIC No	S7381663G
Date Of Birth	05/04/1973
Occupation	Outdoor

Date Of Driving Pass	13/05/2005
Driving experience	17 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93278688
Alt. Phone Number	-
Email Address	KHIERTHII@ROSETLIMO.COM
Address	BLK 682D WOODLANDS DR 73 #08-227 S734682
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN - GRAB PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6221P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB1778C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJH5888L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	KIM ZHUO YIJIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER DETAILS IN POLICE REPORT
Injured person in which vehicle?	SND6005K

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 willful 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.

5 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.



Policyholder's Signature / Date & Time

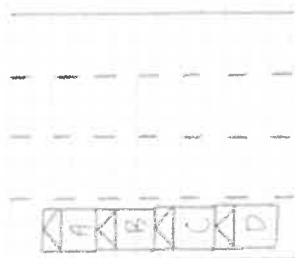
Sketch Plan

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

6/10/2022
1515



Witnessed by Reporting Centre Personnel



A - SND6005K
B - SHA622IP
C - SJH5888L
D - SHB1778C

Describe Circumstances of the Accident

Refer to police report

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

4/10/2022
15:15



Witnessed by Reporting Centre Personnel

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SINGAPORE
POLICE FORCE

T202210047028

Page 1

Report No: T202210047028

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408565
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/10/2022 13:02

Vide Report No:

Station Diary No:

Informant's Particulars

Name of Informant: KIM ZHE JO YUAN		Address: 662D WOODLANDS DRIVE 73 #01-227 SINGAPORE 734632	
ID Type / ID No: NRIC NO: 57381663G		Contact No: Home/Office: Mobile: 93278688	
Nationality: SINGAPORE CITIZEN		Email: KIMZHE1073@GMAIL.COM	
Sex: Male	Age: 40	Date of Birth: 05/04/1973	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation:	Driving Licence Information: Class: 2B 3		Date of Expiry:

General Information of the Accident

Type of Accident: Plurality: Others:	Drunk: Drive: No:	Date/Time of Accident: 04/10/2022 10:05	Type of Location: Straight Road
Location: WINCHESTER ROAD			
Weather: Cloudy	Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHAS71P	Car				Seriously Damaged	1
SHBT77BL	Car				Seriously Damaged	1

SINGAPORE
POLICE FORCE

T202210047028

Page 1

Report No: T202210047028

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408565
Tel No: 65470000

CONTINUATION OF REPORT



保存



单页阅读



分享



打开方式



更多

下午1:59



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Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHAA271P	Car				Seriously Damaged	0
SHB1778C	Car				Seriously Damaged	0

SINGAPORE
POLICE FORCE

T202210047028

2 of 1

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3, SINGAPORE 408665
Tel No: 65471000

Report No: T202210047028

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJ1555ML	Car				Seriously Damaged	0
SN19009K	Car				Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KIM ZHUO YUEN		ID No: S/F381863G
Related Vehicle	SND6009K (Car)		Contact No: 90078665
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry
Date	04/10/2022		Class: 2B.3 Date of Expiry: NIL
No. of Days granted Medical Leave	02		Date of Discharge
			Sight

Brief Details:

I was traveling along AYE Ewe Lay Turn before Portdown exit. The vehicle in front of me came to a stop. I followed.

Suddenly I felt a rear impact from the rear of my vehicle. I got off and found out I was involved in a four vehicle chain collision accident.

I visited Alexandra Hospital after the accident and was given 2 days MC.

I feel pain in my neck and upper back.



保存



打印/预览



分享



打开方式



更多



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000



T/2022/0047028

3 of 3

Report No. T/2022/0047028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch.

Signature Of Officer Recording The Report
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case
TP / TPB /
TAN JEOK LENG
Contact No. 65476151

NPT08

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time
04/10/2022 13:02

Classification Of Case

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

722Z

Vehicle Details

Vehicle No.:

SND6005K

Vehicle to be Exported:

Yes

Intended Deregistration Date:

04 Oct 2022

Vehicle Make:

HONDA

Vehicle Model:

FIT BASIC 1.3 CVT

Primary Colour:

White

Manufacturing Year:

2021

Engine No.:

L13B1611123

Chassis No.:

GR11108655

Maximum Power Output:

72.0 kW (96 bhp)

Open Market Value:

\$15,930.00

Original Registration Date:

13 Jan 2022

First Registration Date:

13 Jan 2022

Transfer Count:

0

Actual ARF Paid:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

12 Jan 2032

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

12 Jan 2032

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$57,010.00

COE Rebate Amount:

\$45,608.00

Total Rebate Amount:

\$49,358.00

The information contained herein is correct as at 04 Oct 2022

OK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7381663G

Name KIM ZHUO YIJIN

Birth Date 05 Apr 1973

Issue Date 13 Aug 2009

001773354H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7381663G

Name KIM ZHUO YIJIN

卓義錦

Race CHINESE

Date of birth 05-04-1973

Country of birth CHINA

Sex M

S7381663G

For Insurance Purposes

Customer Name: _____

Signature: Kim Zhuo Yijin

Date: _____

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles <= 200 cc 06 Nov 2003

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 13 May 2005

Licence No: S7381663G

NP 428A

4443797

NRIC No. S7381663G

Date of Issue 07-08-2009

Address APT BLK 682D WOODLANDS DRIVE 73 #08-227 SINGAPORE 734682

LETTER OF AUTHORIZATION

To : AXA and teamwork garage pte ltd (Third party insurance & Workshop)
Claimant : Roset Limousine Services pte ltd

Dear Sirs,

I/We, Roset Limousine Services pte ltd owner of vehicle no. SND6005K
hereby authorize my/our repairer, teamwork garage pte ltd
act as my/our agent and proceed on behalf for me/us with respect to my/our claim for repair costs and/or rental and/or
loss of use ("claim") for my/our vehicle no. SND 6005K that was damage pursuant to the
accident which occurred at/along
Aye towards tuas before portscdown
involving vehicle nos. SHA6221P

I/We hereby irrevocably assign absolutely to you that I/we have authorized and assigned all compensation monies
pertaining the above mentioned accident due to me/us to my/our repairer/solicitors
teamwork garage pte ltd. I/We hereby authorize you to forward and release all
compensation settlement cheques(s) due to the settlement to my/our repairer/solicitors
teamwork garage pte ltd pertaining to above said accident whom I/we
authorized and assigned to collect the said compensation monies.

I/We further acknowledge that any settlement the workshop may reach on my/our behalf is on a without prejudice
and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s concerned.

I/We acknowledge that the Discharge Voucher applies only to my/our property damage and will not affect any of the
personal injuries claim(s) involved and/or uninsured losses claim in a later date. Further the settlement terms herein
should not be used as an evidence to prejudice to any personal injuries claim(s) involved and/or other uninsured
losses claim arising of the subject matter in the action.

Thank you.

Dated this _____ day of _____ (month) 20____ (year)

Signature of owner vehicle (claimant):

Name of owner of vehicle (claimant) :

NRIC Number (claimant):



Bill To:

AXA INSURANCE PTE LTD
 ROBINSON ROAD P.O. BOX 1094
 SINGAPORE 902144

Tax Invoice

Invoice number : TI-10104
 Date : 22/12/2022
 Terms : C.O.D.
 Vehicle number : SND6005K
 Make / Model : HONDA FIT

Description	Amount (\$\$)
ACCIDENT INVOLVING SND6005K / SHA6221P @ AYE TOWARDS TUAS BEFORE PORTSDOWN ON 04/10/2022	
INCLUSIVE OF SUPPLYING PARTS, LABOUR, PANEL BEATING AND SPRAY PAINTING	
LUMP SUM BILLING	\$2,400.00
Thank you for your business and have a nice day !	

Reference : 2210-01

* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD
 PAYNOW UEN: 201015366H
 ** Please ensure that your vehicle is of good condition upon the point of collection.

E. & O. E

Subtotal	\$2,400.00
Add: GST 7%	\$168.00
Total Inc GST 7%	\$2,568.00
Less: Deposit	\$0.00
Balance Due	\$2,568.00



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Oct 2022 / 16:50:39

Receipt Date/Time : 04 Oct 2022 / 16:50:39

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221004-003080

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA6221P				
As at 04 Oct 2022/10:05:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA6221P Enquiry Fee 20221004164926897134	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				-0.04
Total Amount Payable				7.45
Paid By				
DICNV20221004164928383559		SGQR(PayNow)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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: S124295679-000149

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SND6005K
Chassis Number : GR11108655
2. Name of Policyholder : ROSET LIMOUSINE SERVICES PTE LTD
3. Effective Date of Insurance : 13 Jan 2022
4. Expiry Date of Insurance : 12 Jan 2023
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 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : NEWSTATE STENHOUSE (S) PTE LTD (00000690452)
Date of Issue : 26 Oct 2021 13:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive