

# NATIONAL Assessment Centre Services

16/04/2018 10:33

Date In: 16/04/2018 10:33	Job description	Date & Time Completed	Done by
Ref No: NBA/INC8006983/Y	SAE e-illing		
Veh No: QRS 985	D-small (write out, write)		
D.O.A: 13/04/2018 15:10	1-Motor Claim Form	mtl0990542-001	16/04/2018 16:22
OD / TP Reporting Unit	1-Motor V/O (write out, write)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / OWI	Tell	Fax
TP Particulars	Yeh No: SKE 5864	INC ( ) / Non-INC ( )
Owner / Drivers	Tell	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	% (Note: B/L Stani (WO): N1 9.20%, P1 21.79%, P1 30.100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: ( )	Loading: \$1,000 ( ) / \$2,000 ( )	
General Remarks		
( ) Work in Customer's / Customer's information strictly Confidential & Supply NO note of repair.		
( ) Total Loss Case / to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) / Invoiced YES ( ) / NO ( ) / Towing Co: ( )		

Remarks	Date Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection		
3) Upload Repair Photo (Repair Cost > \$3000)		

Injury:

Signature	Agent

XIA1802434

Human Resources	Invoice Preparation Checklist
Driver/Owner	1) AR: Accident Report (100)
Policy No:	2) DA: Damage Assessment (100) INC (20)
Assigned Person:	3) TP: Towing Fee (100)
	4) FT: Follow Through Survey (100)
	5) FT: Follow Through Survey (Repair) (100)
	6) TR: Right to Repair (100)
	7) RT: RTV/DA + SMAT Survey (100)
	8) NTUC: Available (100)
	9) All
	10) NTUC: Survey Car / Tpl Allowance (100)
	11) RT: Right to Repair (100)
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## 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 ability.
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	16/04/2018 10:33
Date Of Accident	13/04/2018 15:10
Exact Location Of Accident	BESIDE BUKIT TIMAH SHOPPING CTR OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	QBJ98S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHONG GUAN BISCUIT FACTORY (SINGAPORE) PRIVATE LIM
Co Reg No	195700088R
Email Address	BISCUITS@KHONGGUAN.COM.SG
Mobile Phone No	(LOCAL) +65-96791789
Alternative Phone No	OFFICE-96791789

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083112524-01
Cover Note Number	

### Driver

Name of Driver	HAJI HASSIM BIN SLAMAT
NRIC No	S0108476C
Date Of Birth	07/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96791789
Fax Number	
Contact Number	OTHERS-96791789
Email Address	BISCUITS@KHONGGUAN.COM.SG



Address	BLK 554 CHOA CHU KANG NORTH 6 #06-38
Postcode	680554
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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 SKETCH PLAN (COLLISION TYPE IS INSURED REVERSE AND HIT TP)

#### 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	SKE586U
Vehicle Make/Model/Colour	LEXUS RX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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: 16/4/18  
11.50 am

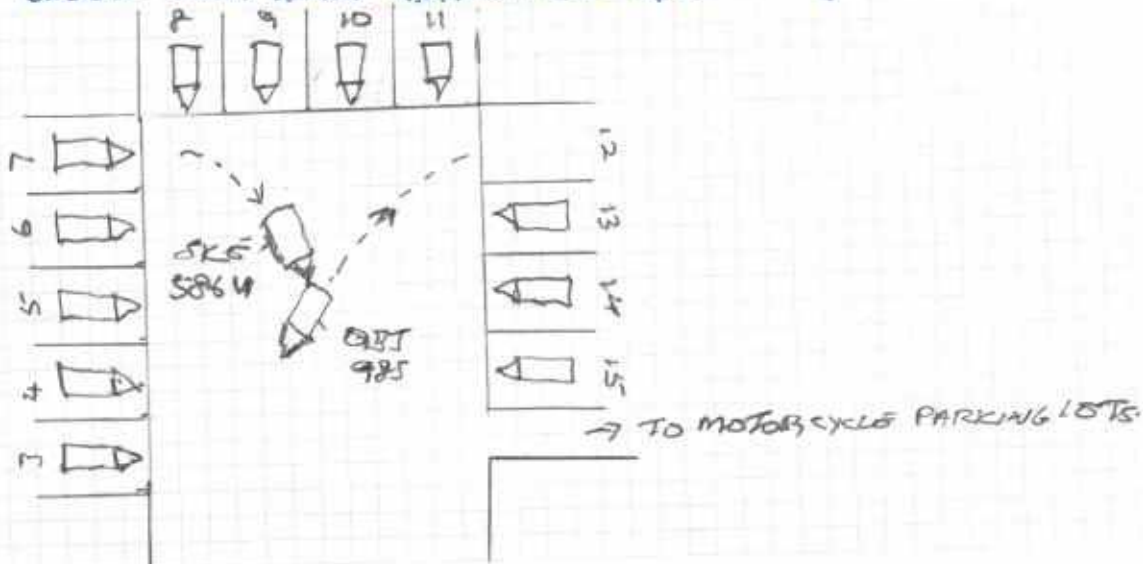


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16.04.18.

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

SKETCH PLAN

BESIDE BUKIT TIMAH SHOPPING CTR OPEN CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ABOUT 1510 HRS, WHILE I REVERSING MY CAR TO LOT NO 12 FOR PARKING. BEFORE REVERSE I CHECK AND EVERYTHING ARE CLEAR. WHILE I REVERSING I NOT NOTICE A CAR CAME OUT FROM <sup>LOT</sup> NO. 7. THE DRIVER SAW MY CAR REVERSING AND HE STOP AND HERU BUT TO LATE.

DECLARATION

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

X

Policyholder's Signature

Date & Time: 16/4/18

11:50 am



16.04.18.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

16/04/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Claim Handling

Accident MT/0990542

Policy No.	0083112524-01	Vehicle No.	QB1985	GST Registration No.	M200027442
Policyholder Name	KHONG GUAN BISCUIT FACTORY (SINGAPORE) PRIVATE LIMITED			Policyholder NRIC	1957000884
Product Code	PRIVATE CAR INSURANCE	Cover Type	third CLASSIC	Liability	0
Contact No.(Mobile)	96790789	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KYC	Yes	TGA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	16/04/2018 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/04/2018	Time of Accident (hours)	15:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEHIND BUKIT TIMAH SHOPPING CTR OPEN CARPARK				

## Benefits

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1999
GST Registration No.	M200027442	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	338 JALAN BOON LAY	Address 2	SINGAPORE 619526	Address 3	
Address 4		Address Type	Singapore address	Post Code	619526
Line No.		Related Policy Number	0083112524-01		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/02/1994
Unnamed driver Name	HAIL HASSIM BIN SLAMAT	Driver NRIC	50108475C	Driving Experience	41
Regular Date of Driver License	22/03/1977	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	96790789	Contact No.(Office)		Address 1	SINGAPORE 600554
Address 1	BLK 554 #06-38	Address 2	CHIA CHU KANG NORTH 8	Post Code	600554
Address 4		Address Type	Foreign address		
Unit No.	06-38			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	QB1985		

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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## Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	KHONG GUAN BISCUIT FACTORY	Insured NRIC	1957000884
Contact No.(Mobile)	NIL	Contact No.(Home)	66619740	Contact No.(Office)	67376086
Email Address		OT Vehicle Number	QB1985	TP Vehicle Number	QB1985
Claim Description	QB1985 / SKES860/ ON 13 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Privatisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/04/2018 16:01	Claim Close Date		Date Received	16/04/2018 00:00
Report Taken By	ROSLI WAHAB				

[Print Ack letter](#)[Save](#) [Submit](#)

## Attachment

Accident No.	MT/0990542	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	16/04/2018 16:22

Category *	Confidential	Urgency *	Description *
<a href="#">Clear</a> <a href="#">Please Select</a>	NO	Normal	
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<a href="#">Clear</a> <a href="#">Please Select</a>	NO	Normal	

[Send Message](#) [Upload](#)

## Attachment List

Attachment	Uploaded By/DATE	Category	Urgency	Description	Msg. Sent? (CO)	Action
	NAC_BUKIT_MERAH_800678 NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH) on 16 Apr 2018 16:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-16		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH) on 16 Apr 2018 16:22	SAS	Normal	SAS 2018-4-16		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800675 NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH) on 16 Apr 2018 16:22	Photos	Normal	Photos 2018-4-16		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:22	Photos	Normal	Photos 2018-4-16	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:22	Photos	Normal	Photos 2018-4-16	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:22	Photos	Normal	Photos 2018-4-16	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:22	Photos	Normal	Photos 2018-4-16	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:02	Photos	Normal	Photos 2018-4-16	<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:02	Photos	Normal	Photos 2018-4-16	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 16 Apr 2018 16:02	NRIC Driving License	Normal	NRIC/ Driving License 2018-4-16	<a href="#">Edit</a>

Video List

Download By/Date	Folder Date	File Name	Score	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

SKETCH PLAN & GTS STAMP

## ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 04 / 18 (DD/MM/YYYY), TIME: 15 : 10 (HH:MM)

LOCATION: Beside BT TIMAH SHOPPING CENTRE OPEN CARPARK

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QRT 985  
b) INSURANCE COMPANY: INCOM6  
c) POLICY NUMBER: 508312524-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA VELLFIRE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: KITAN GUNNI BISCUIT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: HAS HASSIM BIN SLAMAT (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96797789  
c) ADDRESS: BLK 554 CHIA CHU KANG NORTH 6.  
#06-38 SINGAPORE 680554

\* d) DATE OF BIRTH: 07 / 02 / 1954 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23.03.77

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 / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKE 586 U MODEL: LEXUS RX  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = BISCUITS@KITANGUNNI.COM.SG

Fax =

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0108476C



HAJI HASSIM BIN SLAMAT



حاج هاشيم بن سلامة

JAVANESE

Date of Birth

Sex

07-02-1954

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0108476C



HAJI HASSIM BIN SLAMAT

Birth Date: 07 Feb 1954

Issue Date: 09 Jan 2003



000097140K

2414886



NRIC No. S0108476C



Blood Group:

Date of issue:

O+

25-09-1994

APT BLK 554 CHOA CHU KANG NORTH 6 #06-38  
SINGAPORE 680554

HAJI HASSIM BIN SLAMAT

12/09/2013

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

PASS DATE

Class 2B:	Motorcycles not exceeding 300 cc	14 Feb 1977
Class 2A:	Motorcycles between 301 cc and 400 cc	14 Feb 1977
Class 2:	Motorcycles exceeding 400 cc	14 Feb 1977
Class 3:	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Mar 1977

NP 428A



Licence No: S0108476C

## 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)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5083112524-01

**Cover :** drive CLASSIC

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : QBJ985   |
| Chassis Number  | : GGH300009968   |
| 2. Name of Policyholder   | : KHONG GUAN BISCUIT FACTORY (SINGAPORE) PRIVATE LIMITED |
| 3. Effective Date of Insurance  | : 26 Aug 2017  |
| 4. Expiry Date of Insurance   | : 25 Aug 2018  |
| 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	: N/A
NAMED DRIVER (1)	: CHEW KIAN WU CASEY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : VINCAR PTE LTD (00000614250)  
 Date of Issue : 19 Jul 2017 18:10 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive