

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA/18090852

Date In: 14/07/2018 12:50	Job description	Date & Time Completed	Done by
Ref No: NA/18090852	SAS e-filing		
Veh No: SGV 8488A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/07/2018 17:15	i-Motor Claim Form	MT/1002992-001	14/07/2018
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:49
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJR 1182	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA/1804425

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	14/07/2018 12:50
Date Of Accident	13/07/2018 17:15
Exact Location Of Accident	PADANG JERINGAU (OFF KALLANG ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8488A
Insured/Policyholder	
Name Of Registered Owner	SALUD GUSTO
Co Reg No	53350722K
Email Address	RIKIRO@RIKIRO.COM
Mobile Phone No	(LOCAL) +65-96778488
Alternative Phone No	OFFICE-96778488

Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO
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	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	5086469075-01
Cover Note Number	

Driver

Name of Driver	RIKIRO CHUNG
NRIC No	S8070820C
Date Of Birth	26/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96778488
Fax Number	
Contact Number	OTHERS-96778488
Email Address	RIKIRO@RIKIRO.COM

Address	121 TANJONG RHU ROAD #03-10
Postcode	438914
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : PASANGGER GENDER: : FEMALE

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

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	SJK1118L
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG WEI YAN ,JACKLYN
NRIC/Passport Number	S8227234H
Contact Number	91074361
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

SALUD GUSTO
Co Reg No: 53350722K

Policyholder's Signature
Date & Time:

18 Jul 2018
11am

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

Date & Time: 18 Jul 2018
11am

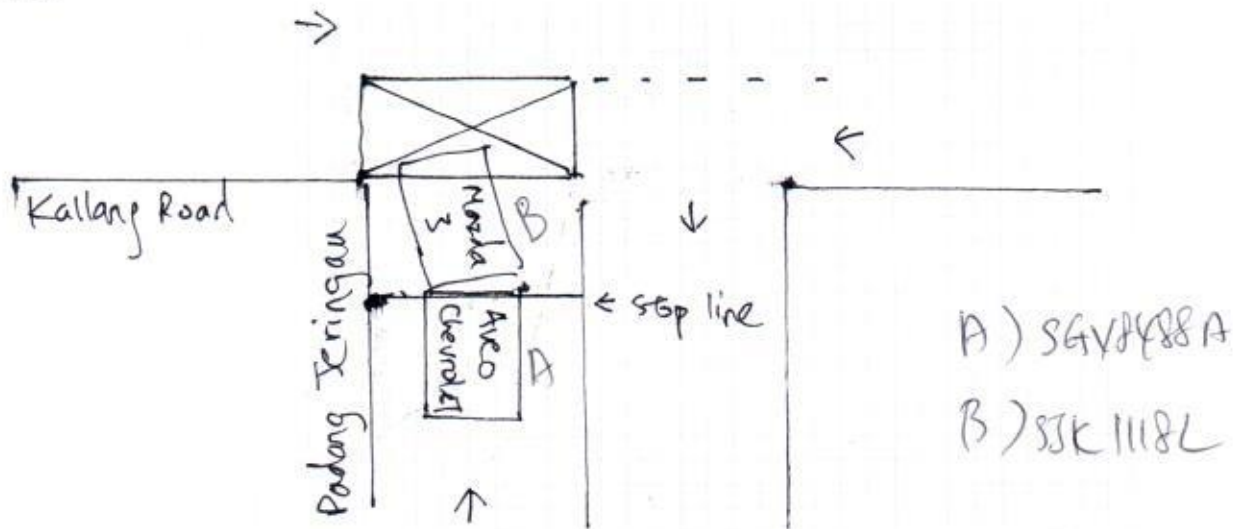
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/7/2018
Resal wafar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th Jul 2018 around 5:15pm, I, Rikino CHUNA S8070P24C was driving my business registered vehicle SGV8AP8A ~~chevrolet~~ Chevrolet Aveo along Kallang Ave towards Padang Jeringau. When I had a passenger at the back, when approaching Padang Jeringau junction T junction off Kallang Road, in front of my car was a red colour Mazda 3 STK1118L. Mazda 3 driver accelerated to turn left, then she stopped abruptly after the turning line at the yellow box. I tried my best to brake but still hit the Mazda 3 rear. I was driving at only about 20 km/h. The impact caused damage to my front left bumper & right box. While Mazda 3 had only minor scratches on the rear bumper. No 1 was injured.

DECLARATION

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

SALUD GUSTO
Co Reg No: 53350722K

Policyholder's Signature
Date & Time:

18 Jul 2018 11am

[Signature]

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

18 Jul 2018 11am

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

[Signature] 14/07/2018
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/1002992

Policy No.	5086469075-01	Vehicle No.	SGV8488A	GST Registration No.	
Policyholder Name	SALUD GUSTO			Policyholder NRIC	53350722K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96778488	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	14/07/2018 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/07/2018	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PADANG JERJINGAU (OFF KALLANG ROAD)				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	121 TANJONG RHU ROAD	Address 2	#03-10 TANJONG RIA CONDOMINIUM	Address 3	SINGAPORE 436914
Address 4		Address Type	Singapore address	Post Code	436914
Unit No.	03-10	Related Policy Number	5086469075-01		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/07/1980
Unnamed driver Name	RIKIRO CHUNG	Driver NRIC	S8070820C	Driving Experience	17
Register Date of Driver License	14/08/2000	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	96778488	Contact No.(Office)		Address 3	SINGAPORE 436914
Address 1	121 TANJONG RHU ROAD	Address 2	#03-10 TANJONG RIA CONDOMINIUM	Post Code	436914
Address 4		Address Type	Foreign address		
Unit No.	03-10				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SALUD GUSTO	Insured NRIC	53350722K
Contact No.(Mobile)	96778488	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SGV8488A	TP Vehicle Number	SJK1118L
Claim Description	SGV8488A / SJK1118L ON 13 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/07/2018 15:44	Claim Close Date		Date Received	14/07/2018 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1002992	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/07/2018 15:49		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	
Clear	Please Select ▼	NO ▼	Normal ▼	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:49	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:49	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:49	Photos	Normal	Photos 2018-7-14
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:48	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:48	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:48	Photos	Normal	Photos 2018-7-14
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:48	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:44	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:44	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:44	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:44	Photos	Normal	Photos 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:44	SAS	Normal	SAS 2018-7-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 Jul 2018 15:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-14

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 7 / 2018) (DD/MM/YYYY), TIME: (17 : 15) (HH:MM)

LOCATION: Padang Jeringau (off Kallang Road)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGV 8488A
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5086469075-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Chevrolet Aveo
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hiring
 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: Salud Gusto (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: 53350722K CONTACT: 96778488
 C) ADDRESS: 121 Tanjong Pagar Road #03-10
S436914

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RIKIRO CHUNG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58070820C CONTACT: 96778488
 c) ADDRESS: 121 Tanjong Pagar Road #03-10
S436914

*d) DATE OF BIRTH: (26 / 7 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Own Business

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: SJK 1118L MODEL: Mazda 3
 b) DRIVER'S NAME: YONG WEI YAN, Jacklyn
 c) NRIC/FIN/PASSPORT: S8227234H CONTACT: 91074361

9. THIRD PARTY VEHICLE

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

Email = rikiro @ rikiro.com

fax =

VIDEO =

Passenger (F)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8070820C



RIKIRO CHUNG
鍾力邦
CHINESE
26-07-1980
HONG KONG

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: S8070820C
Name: RIKIRO CHUNG
Birth Date: 26 Jul 1980
Issue Date: 07 Dec 2010




A0020080



S8070820C



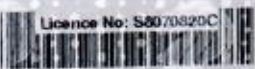
A+ 08-06-2001

121 TANJONG RHU ROAD #03-10
SINGAPORE 436914
NRIC No: S8070820C Date: 01/07/2017

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 14 Aug 2000



NP 428A

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 : 5086469075-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **SGV8488A**
Chassis Number : **KL1SF69717H209626**

2. Name of Policyholder : **SALUD GUSTO**

3. Effective Date of Insurance : **17 Jan 2018**

4. Expiry Date of Insurance : **16 Jan 2019**

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.

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$2,000**

EXCESS (SECTION 2) : **S\$2,000**

WINDSCREEN EXCESS : **S\$100**

INSURE WITH COE : **YES**

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 : **AON SINGAPORE PTE LTD (00000691150)**

Date of Issue : **11 Jan 2018 10:02 hrs**

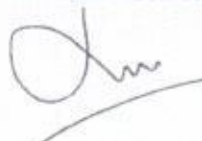
Reprint : **11 Jan 2018 10:03 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive