

NATIONAL Assessment Centre Services (wef 1 Jan 2005) 2 MAY 18 117756			
Date In: 11/09/2018 12:45	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC/2016528/4	SAS e-filing		
Veh No: XD 4709H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/08/2018 08:00	i-Motor Claim Form	mt/1010082-001	11/09/2018
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:12
	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: SGE 7170L	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

NA1805788 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Ideal DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD:				
*N5: Courtesy Car / Tpl 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: Ideal Mobile \$0				
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	11/09/2018 12:45
Date Of Accident	24/08/2018 08:00
Exact Location Of Accident	WEST COAST HIGHWAY FLYOVER LAMP POST 109
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4709H
Insured/Policyholder	
Name Of Registered Owner	SKV CONSTRUCTION & TRANSPORT PTE. LTD.
Co Reg No	200501038W
Email Address	SKV-LINGAN2005@YAHOO.COM
Mobile Phone No	(LOCAL) +65-84926552
Alternative Phone No	OFFICE-84926552

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
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	5073604748-02
Cover Note Number	

Driver

Name of Driver	CHINNA THAMBI SELVAM
Passport No/FIN	F7745077R
Date Of Birth	19/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84926552
Fax Number	
Contact Number	OFFICE-84926552
Email Address	SKV-LINGAN2005@YAHOO.COM

Address	33 JURONG WEST STREET 41 #04-57
Postcode	649413
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	NO COLLISION
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

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	SGE7170L
Vehicle Make/Model/Colour	TOYOTA
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.
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 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:

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

SKETCH PLAN

West coast Highway Flyover Lamp post 109



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* I am going on west coast highway Flyover Lamp post 109
City way XD 4709H going 3rd track
Begin coming to a stop Car SGE 7170L Road
inside stone - have this car front - one
down side damage ready.

* Actually I going Empty p.p.n take this
stone My one No this Man ask
My one This stone other lorry
one My one empty p.p.n.
Police also checking My one empty
p.p.n. This stone My one No.

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VISIT PASS
Immigration Regulations

15-02-2016

Name
CHINNATHAMBI SELVAM

File
F7745077R

Date of Birth
19-05-1967 Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **F7745077R**
Name
CHINNATHAMBI SELVAM

Birth Date: **19 May 1967**
Issue Date: **01 Apr 2014**
Valid Till: **10 Apr 2019**

002290335F

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SKV CONSTRUCTION & TRANSPORT PTE. LTD.

Name
CHINNATHAMBI SELVAM

Work Permit No.
030961056

Sector
CONSTRUCTION



K0190759

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

- | | | |
|----------------|--|--------------------|
| Class 3 | Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg | 17 Nov 1995 |
| Class 4 | *Motor vehicles which are constructed to carry load of passengers and the unladen weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 29 May 1998 |
| Class 5 | Motor vehicles not constructed to carry any load and the unladen weight > 7250kg | 16 Oct 1998 |



Licence No: **F7745077R**

NP 428A

Claim Handling

The premium on this policy has not been collected.

Accident MT/1010982

Policy No.	5073604748-02	Vehicle No.	XD4709H	GST Registration No.	200501038W
Certificate No.					
Policyholder Name	SKV CONSTRUCTION & TRANSPORT PTE. LTD.			Policyholder NRIC	200501038W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	84926552	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFA	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	11/09/2018 12:56	Accident Report Within 24 hrs	Yes	Accident Type	No Collision
Date of Accident	30/08/2018	Time of Accident (h:mm)	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST HIGHWAY FLYOVER LAMP POST 108				
Excess					
Own Damage Excess	1,500.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/06/2017		
GST Registration No.	200501038W	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	33 JURONG WEST STREET 41	Address 2	#04-57 THE LAKESHORE	Address 3	SINGAPORE 649413
Address 4		Address Type	Singapore address	Post Code	649413
Unit No.		Related Policy Number	5075788649-03		
OT Driver Info.					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	CHENNA THARBI SELVAM	Driver NRIC	F7743077R	Driver DOB	18/05/1967
Register Date of Driver License	29/05/1998	Driver Age	51	Driving Experience	20
Contact No.(Mobile)	84926552	Contact No.(Office)		Contact No.(Home)	
Address 1	33 JURONG WEST STREET 41	Address 2	#04-57 THE LAKESHORE	Address 3	SINGAPORE 649413
Address 4		Address Type	Foreign address	Post Code	649413
Unit No.	04-57				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	XD4709H	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	GD-MK	Insured Name	SKV CONSTRUCTION & TRANSP	Insured NRIC	200501
Contact No.(Mobile)	81003688	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	skv_srgan2005@yahoo.com	OT Vehicle Number	XD4709H	TP Vehicle Number	SGE71
Claim Description	XD4709H / SGE7170L ON 24 Aug 2018				
Preferred Workshop	<input type="checkbox"/> Insured Liability <input checked="" type="checkbox"/> Not at Fault	Preferred Workshop, Name unknown	GSA report	Received	
Finalisation	Yes	Repair Option		Claim Close Date	11/09/2018 12:12
Date Registered				Date Received	11/09/2018
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	HT/1010982	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	11/09/2018 12:12
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_300676(NATIONAL ASSESSMENT CENTRE SERVICE		Photos	Normal
			Description
			Photos 2018-9-11

S (BUKIT MERAH) on 11 Sep 2018 13:12

NAC_BUKIT_MERAH_800670(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

Photos

Normal

Photos 2018-9-11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

SAS

Normal

SAS 2018-9-11

NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 11 Sep 2018 13:12

NRIC/ Driving License

Normal

NRIC/ Driving License 2018-9-11

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24/08/18 (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: West Coast Flyover (Lamp post 109) West Coast Cityway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD1709 H
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5073604748-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mitsubishi Euro 4
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 08:00 PM WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SKV Construction Transport pte. Ltd (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHINNATHAMPIL SELVAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: E7745077 R CONTACT: 84926552
 c) ADDRESS: Lakshmi Garden, 301, Jooong West St 41, 04#57
 *d) DATE OF BIRTH: 19/05/67 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: class 4

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: SGE 7170 L MODEL: TOYOTA
 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 = SKV-lingan 2005@yahoo.com

Fax =

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 : 5073604748-02

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **XD4709H**
Chassis Number : **FV511JA00693**
2. Name of Policyholder : **SKV CONSTRUCTION & TRANSPORT PTE. LTD.**
3. Effective Date of Insurance : **07 Sep 2017**
4. Expiry Date of Insurance : **06 Sep 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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$500
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 : **AWG INSURANCE BROKERS PTE LTD (00000690436)**

Date of Issue : **06 Sep 2017 16:56 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive