

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MANA 4/18/31280

Date In: 11/10/2018 09:17	Job description	Date & Time Completed	Done by
Ref No: N8A/INC/8018/30/4	SAS e-filing		
Veh No: SFA 7703 H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/10/2018 20:30	i-Motor Claim Form	MT 101518-001	11/10/2018
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:08
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (HI-MKC Auto Services P/L Tel: 62733616 Fax:)

TP Particulars:	Veh No: SKG 5755E	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

MANA 806520	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile 30			
Dat. 2 / 3:	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 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 Report	11/10/2018 09:17
Date Of Accident	10/10/2018 20:30
Exact Location Of Accident	ALONG GANGES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFA7703H
Insured/Policyholder	
Name Of Registered Owner	KEVIN YEO YIK PENG
NRIC No	S7339810Z
Email Address	KEYYEO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91299069
Alternative Phone No	OTHERS-91299069
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5052035663-06
Cover Note Number	
Driver	
Name of Driver	KEVIN YEO YIK PENG
NRIC No	S7339810Z
Date Of Birth	06/11/1973
Occupation	INDOOR
Date Of Driving Pass	20/08/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91299069
Fax Number	
Contact Number	OTHERS-91299069
EMail Address	KEYYEO@HOTMAIL.COM

Address	9 ALEXANDRA ROAD #06-11
Postcode	158742
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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	SKG5755E
Vehicle Make/Model/Colour	WOLKSWAGEN GOLF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHARON NATASHA THAM WY-LING
NRIC/Passport Number	S7811752D
Contact Number	97525147
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature

Date & Time: 1110 2018
0920H

Driver's Signature

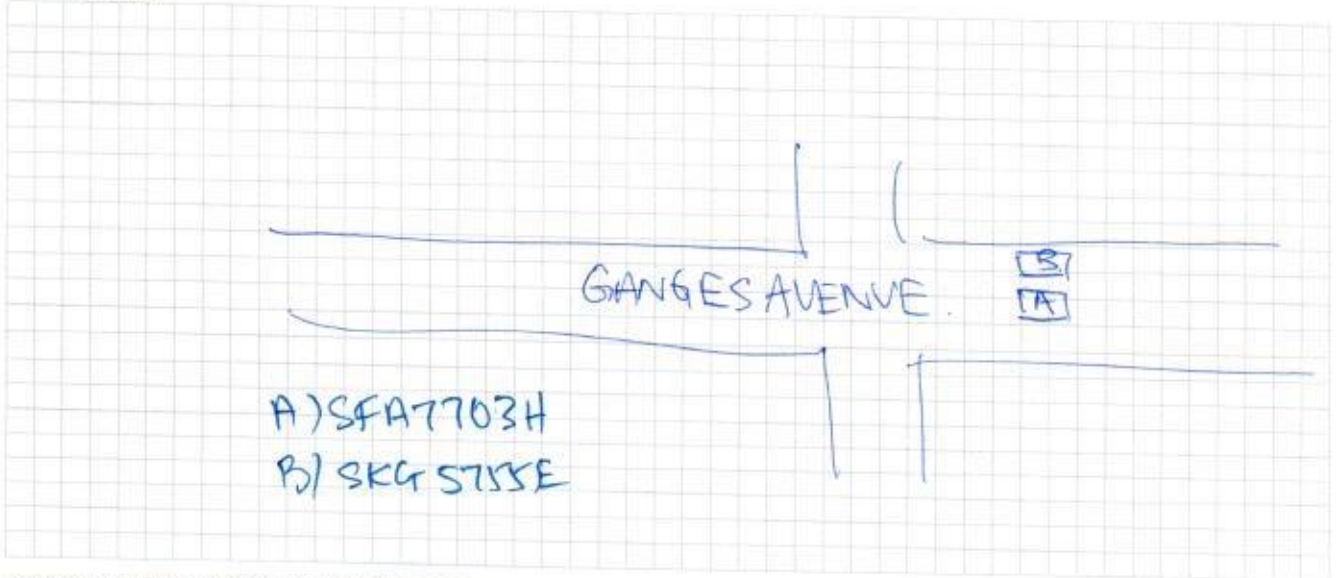
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/2018 at about 2030, I was driving along Ganges Avenue. It was dark, wet and after a heavy downpour.

The road was dark and the signs + lane marks were not clearly visible.

I was on the most right hand lane and suddenly realise it is for right turning only.

I changed lane into the middle lane because I needed to go straight. It was when the accident happened.

Our vehicles brushed against each other.

DECLARATION

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

Kenneth

Policyholder's Signature

Date & Time: ~~2018~~

11 10 2018 0920H

GIARMC Sketch Plan

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 11/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/1015188

Policy No.	5052035663-06	Vehicle No.	SFA7703H	GST Registration No.	
Certificate No.					
Policyholder Name	KEVIN YEO YIK PENG			Policyholder NRIC	S7339810Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	91299069	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/10/2018 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/10/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GANGES ROAD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 696 #11-59	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 640696
Address 4		Address Type	Singapore address	Post Code	640696
Unit No.	06-100	Related Policy Number	5052035663-06		

OI Driver Info

Driver Name	KEVIN YEO YIK PENG	Driver Type	Main Driver	Driver DOB	06/11/1973
Unnamed driver Name		Driver NRIC	S7339810Z	Driving Experience	10
Register Date of Driver License	20/08/2008	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	91299069	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 696 #11-59	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 640696
Address 4		Address Type	Singapore address	Post Code	640696
Unit No.	06-100				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SFA7703H	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MD	Insured Name	KEVIN YEO YIK PENG	Insured NRIC	S7339810Z
Contact No.(Mobile)	91299069	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SFA7703H	Vehicle Number	SKG57
Claim Description	SFA7703H / SKG5755E ON 10 Oct 2018				
Preferred Workshop	62733616/62735076	Insured Liability	Fully at Fault	Name of Preferred Workshop	H1-ME
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GSA report	Received
Date Registered				Claim Close Date	11/10/2018 10:01
Report Taken By				Date Received	11/10/2018
					ROSLI WAHAB
					OD Excess Collected by Workshop

Print AK letter

Save Submit

Attachment

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:08		SAS	Normal	SAS 2018-10-11	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:08		SAS	Normal	SAS 2018-10-11	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:02	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:02	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:02	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:02	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:02	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:02	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	Photos	Normal	Photos 2018-10-11
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Oct 2018 10:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: (10/10/2018) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: Ganges Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFA7703H
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5052035663-06
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: AUDI A4
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: KEVIN YEO YIK PENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S73398102 CONTACT: 91299069
c) ADDRESS: 9 ALEXANDRA VIEW 06-11 (158742)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (06/11/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20082008

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DARK, WET
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: SKG5755E MODEL: VW GOLF
b) DRIVER'S NAME: SHARON NATASHA THAM WY-LING
c) NRIC/FIN/PASSPORT: S7811752D CONTACT: 97525147

9. THIRD PARTY VEHICLE

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

EMAIL = kevyeo@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7339810Z



Name

KEVIN YEO YIK PENG



姚益平

Race

CHINESE

Date of Birth

06-11-1973

Sex

M

Country of Birth

SINGAPORE

S7339810Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7339810Z

Name

KEVIN YEO YIK PENG

Birth Date: 06 Nov 1973

Issue Date: 20 Aug 2008

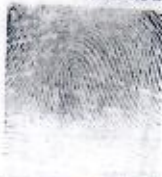


0016409808



3272814

NRIC No. S7339810Z



Blood Group: - Date of issue: 05-12-2002

9 ALEXANDRA VIEW #08-11
SINGAPORE 158742

NRIC No: S7339810Z Date: 16/09/2018

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

20 Aug 2008



Licence No: S7339810Z

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: 5052035663-06

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SFA7703H**
Chassis Number : WAUZZZ8K5AA121560
2. Name of Policyholder : KEVIN YEO YIK PENG
3. Effective Date of Insurance : 24 Jan 2018
4. Expiry Date of Insurance : 23 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 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KEVIN YEO YIK PENG
NAMED DRIVER (1)	: MARCUS BRADLEY MAGEE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : THIS MARKETING INSURANCE AGENCY (00000572208)
Date of Issue : 10 Jan 2018 18:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive