

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	29/10/2018 09:29
Date Of Accident	26/10/2018 06:30
Exact Location Of Accident	WEST COAST HIGHWAY (TOWARDS KEPPEL ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT2633J
Insured/Policyholder	
Name Of Registered Owner	GOH ENG LOK (WU YONGLE)
NRIC No	S7536707D
Email Address	RYANGO151@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93293154
Alternative Phone No	OTHERS-93293154

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ-399CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070177520-03
Cover Note Number	

Driver

Name of Driver	GOH ENG LOK (WU YONGLE)
NRIC No	S7536707D
Date Of Birth	06/12/1975
Occupation	INDOOR
Date Of Driving Pass	09/12/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93293154
Fax Number	
Contact Number	OTHERS-93293154
Email Address	RYANGO151@GMAIL.COM

Address	BLK 371 JURONG EAST STREET 32 #11-366
Postcode	600371
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	
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181026/2050

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	YP9073A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GOH ENG LOK (WU YONGLE)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT2633J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.



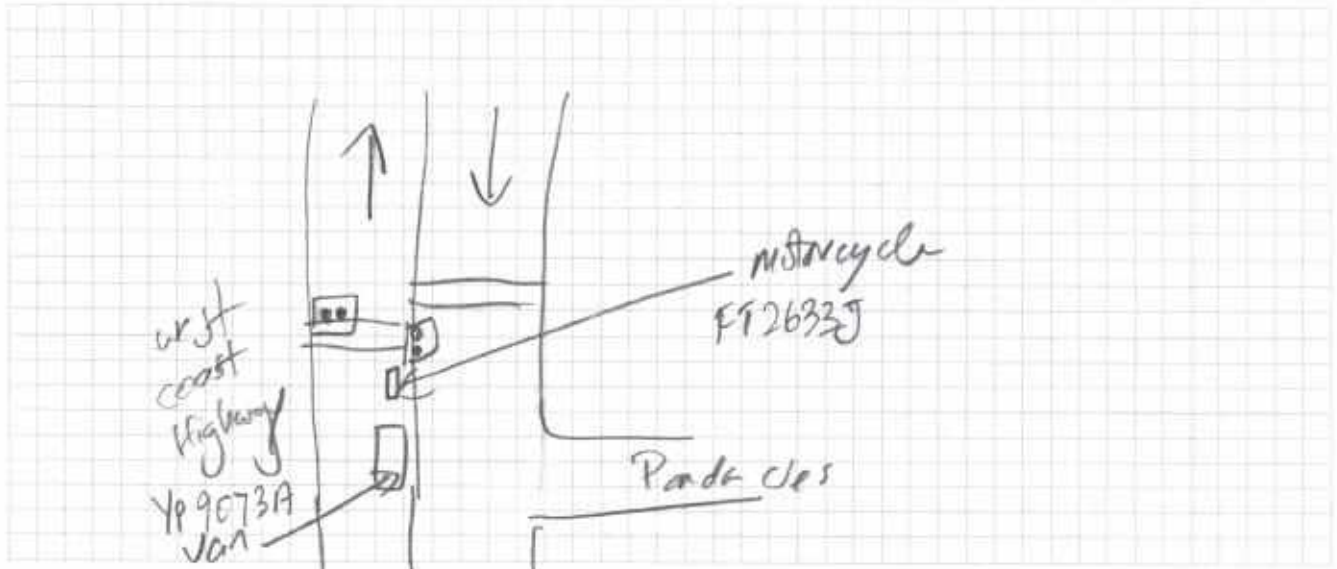
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLS REFER TO POLICE REPORT
7/20181020/2050

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:

 29/10/2018
Reporting Centre Personnel's Signature
Name: Rosli Wathan
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181026/2050

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20181026/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 12:21	Vide Report No.: D/20181026/0029	Station Diary No.: 43
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Informant's Particulars			
Name of Informant: GOH ENG LOK		Address: APT BLK 371 JURONG EAST STREET 32 #11-366 SINGAPORE 600371	
ID Type / ID No.: NRIC NO / S7536707D		Contact No.: Home/Office: Mobile: 93293154	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 06/12/1975	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: SYSTEM ENGINEER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2018 06:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WEST COAST HIGHWAY KEPPEL ROAD Along West Coast Highway towards Keppel Road in front of Blk 520 West Coast Road Lamp Post Number: 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
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 Passenger
FT2633J	Motorcycle	HONDA	CB400SFYJ	Silver	Seriously Damaged	0
YP9073A	Van					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20181026/2050

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20181026/2050

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT2633J	NTUC Income Insurance Co-Operative Limited	5070177520-03	27/03/2018	26/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GOH ENG LOK		ID No. S7536707D
Related Vehicle	FT2633J (Motorcycle)		Contact No. 93293154
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/10/2018		Date Discharge 26/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 26/10/2018 at about 0630hrs, I was riding my motorcycle, a silver in a colour Honda CB400 bearing registration plate number FT2633J along West Coast Highway towards Keppel Road. As I was approaching the traffic light junction near Blk 520 West Coast Road, the traffic light turn amber and thus I stopped. However, a van hit me from behind. The van was white in colour and it was from Warehouse Logistics Net Asia Pte Ltd. Ambulance and Traffic Police came and attended to the accident. I told the paramedics that I do not want to go to the hospital.

On the same day, I went to West Coast Clinic & Surgery at 517 West Coast Road #01-561 to seek treatment and was given 3 days of MC. Due to the accident, I felt pain on my back, my right shoulder. I had bruises on my right hand and right leg.



**SINGAPORE
POLICE FORCE**



T/20181026/2050

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20181026/2050

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 MUHAMMAD ZAINULARIFFIN BIN MOHD
ZAINUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/10/2018 12:21

Classification Of Case:

Claim Handling

Accident HT/1017465

Policy No.	5070177520-03	Vehicle No.	FT26331	GST Registration No.	
Certificate No.					
Policyholder Name	GOH ENG LOK (WU YONGLE)	Cover Type	Third Party	Policyholder NRIC	S753A707D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93293150	Special Remark		Contact No.(Home)	
Email Address		YCA	+ No Yes	eCode	No
KPK	+ No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	29/10/2018 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/10/2018	Time of Accident hh:mm	06:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WEST COAST HIGHWAY (TOWARDS KEPPEL ROAD)				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification history					
Policyholder Mailing Address					
Address 1	BLK 371 #11-366	Address 2	JURONG EAST STREET 32	Address 3	SINGAPORE 600371
Address 4		Address Type	Singapore address	Post Code	600371
Unit No.		Related Policy Number	5070177520-03		
01 Driver Info					
Driver Name	GOH ENG LOK (WU YONGLE)	Driver Type	Main Driver	Driver DOB	06/12/1975
Unnamed driver Name		Driver NRIC	S753B707D	Driving Experience	14
Register Date of Driver License	09/12/2003	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	93293150	Contact No.(Office)		Address 1	SINGAPORE 600371
Address 1	BLK 371 #11-366	Address 2	JURONG EAST STREET 32	Address 3	SINGAPORE 600371
Address 4		Address Type	Singapore address	Post Code	600371
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FT26331	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	GOH ENG LOK (WU YONGLE)	Insured NRIC	S753A	
Contact No.(Mobile)	93293150	Contact No. (Home)		Contact No. (Office)		
Email Address	gohun75@singnet.com.sg	CI	FT26331	TR	YP997	
Claim Description	FT26331 / YP9973A ON 26 Oct 2018				Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	29/10/2018 10:16	Claim Close Date		Date Received	29/10/2018	
Report Taken By	ROSLI WAHAB					
<input type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	HT/1017465	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	29/10/2018 10:17			
Path *		Category *	Confidential Urgency *	Deco		
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		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	
Message Read						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	H
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE :5 (BUKIT MERAH)) on 29 Oct 2018 10:17		Photos	Normal	Photos 2018-10-29	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:17	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:17	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:17	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:17	Photos	Normal	Photos 2018-10-29
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:16	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:16	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 10:16	SAS	Normal	SAS 2018-10-29

[Video List](#)

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 10 / 2018 (DD/MM/YYYY), TIME: 06.30 (HH:MM)

LOCATION: Wan Chai Highway, Tuen Mun Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT 2683J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: Chan Jung Lok (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9393150
 c) ADDRESS: _____

* CONTINUE TO 3. & 4. IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 26 / 12 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27/12/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) can't
 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: Tuen Mun Road NRC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: VP 9073D MODEL: _____
 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 = xyangsh151@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7536707D



Name

GOH ENG LOK
(WU YONGLE)

吴勇乐

Race

CHINESE

Date of birth

06-12-1975

Country/Place of birth

SINGAPORE

Sex

M



6036975



NRIC No. S7536707D



Date of issue

03-10-2018

Address

APT. BLK 371 JURONG EAST STREET 32
#11-368
SINGAPORE 600371

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7536707D



GOH ENG LOK
(WU YONGLE)

Birth Date: 06 Dec 1975

Issue Date: 23 Oct 2017



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	27 Jun 2002
Class 2A Motorcycles between 201 cc and 400 cc	09 Dec 2003
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	08 Mar 1996

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 : 5070177520-03

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FT2633J

Chassis Number

: NC391020416

2. Name of Policyholder

: GOH ENG LOK (WU YONGLE)

3. Effective Date of Insurance

: 27 Mar 2018

4. Expiry Date of Insurance

: 26 Mar 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: GOH ENG LOK (WU YONGLE)
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)

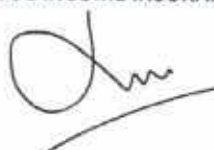
Date of Issue : 19 Feb 2018 09:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

