

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

15/04/18159592

Date In: 10/11/2008 18:33	Job description	Date & Time Completed	Done by
Ref No: XBA/HUC/002214/Y	SAS e-filing		
Veh No: YP3161L	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 10/11/2008 09:15	I-Motor Claim Form	MT/1023290-001	10/11/2008 19:00
OD / TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SHA 9483E

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%. P: 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) (001) 6788 6616

Completed by: ( ) 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:

NA1808.055

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

2/3

Invoice Particulars	Amount	Amount	Amount
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ver 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repairs Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
9) N12: Idao 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 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	10/12/2018 18:33
Date Of Accident	10/12/2018 09:15
Exact Location Of Accident	MBC 20 PASIR PANJANG ROAD LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3761L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOGIXTICS INC PTE. LTD.
Co Reg No	201631134M
Email Address	THARGYIMM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90288471
Alternative Phone No	OFFICE-90288471

### Vehicle Particulars

Manufacturer	HINO
Model	LORRY
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	5089369750-02
Cover Note Number	

### Driver

Name of Driver	MIN MIN ZAW
Passport No/FIN	G5199247X
Date Of Birth	03/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90288471
Fax Number	
Contact Number	OTHERS-90288471
EEmail Address	THARGYIMM@GMAIL.COM

Address	BLK 90 SAINT FRANCIS ROAD #02-04
Postcode	328071
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	SIDE SWIPE
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: : COLLEAGUE GENDER: : MALE

#### 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 (TYPE OF COLLISION 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	SHA9483E
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG BOON HOCK
NRIC/Passport Number	S1471795A
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.

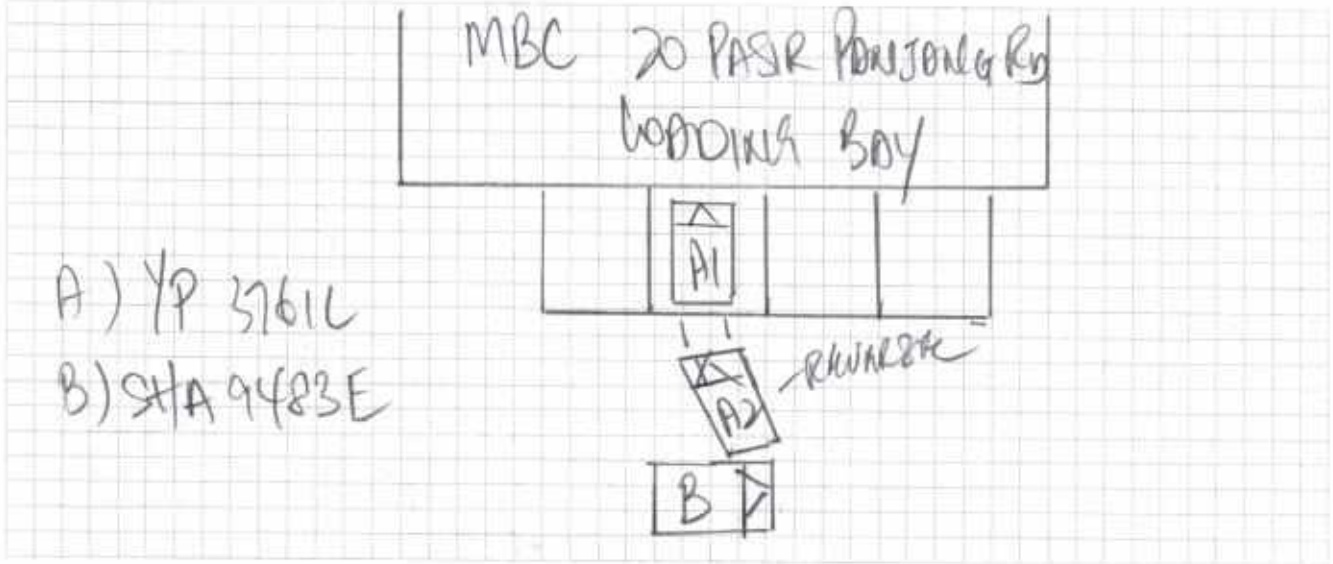


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Rohit Kumar*  
NRIC/FIN No.: *10112/2018*

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was Done unloading item, And I was Ready to Set off, When I Reverse Back slowly, I <sup>I check</sup> Did not saw A Toyota Prius Yellow Cab Taxi Pass By Suddenly, I feel <sup>When</sup> I Reverse I hit on Something in A Big Impact. Then When I Drop off, I saw The Toyota Prius Was Hit, After That The Taxi Was Hit and Damage, Half side Was Damage, After That, We call our company to inform, so 10 min later, We ask the Taxi Driver That Need to call Police, He say no need, After a meanwhile, We left the scene.

## 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.:

## Claim Handling

Accident MT/1023290

Policy No.	5089365750-02	Vehicle No.	YP3761L	GST Registration No.	201631134M
Certificate No.					
Policyholder Name	LOGIXTICS INC PTE. LTD.			Policyholder NRIC	201631134M
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90288473	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	10/12/2018 19:00	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	10/12/2018	Time of Accident (hh:mm)	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HBC 20 PASIR PANJANG ROAD LOADING BAY				

## Excess

Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
Uninsured 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	28/02/2017
GST Registration No.	201631134M	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	39 KEPPEL ROAD	Address 2	#01-02/04 TANJONG PAGAR DE	Address 3	SINGAPORE 089005
Address 4		Address Type	Singapore address	Post Code	089005
Unit No.	01-02/04	Related Policy Number	5100606732-01		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MIN MIN ZAW	Driver NRIC	Q3199247X	Driver DOB	03/03/1979
Register Date of Driver License	14/01/2012	Driver Age	39	Driving Experience	8
Contact No.(Mobile)	90288473	Contact No.(Office)		Contact No.(Home)	
Address 1	90 ST. FRANCIS ROAD	Address 2	#02-04	Address 3	SINGAPORE 328071
Address 4		Address Type	Foreign address	Post Code	328071
Unit No.	02-04				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	YP3761L	Driver Insurer Company	NTUC

## Declaration

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

Claim 001 **New**

Claim Type *	OD-HX *	Insured Name	LOGIXTICS INC PTE. LTD.	Insured NRIC	201631134M
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Q1 Vehicle Number	YP3761L	TP Vehicle Number	SHAB4
Claim Description	YP3761L / SHAB43R ON 10 Dec 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Report No. Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	10/12/2018 19:03
Report Taken By				Date Received	10/12/2018

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1023290	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/12/2018 19:04
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Choose File No file chosen			
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	N:
SAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04		Photos	Normal	Photos 2018-12-10	





NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	Photos	Normal	Photos 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	SAS	Normal	SAS 2018-12-10
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 19:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10

Video List

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

Scan and uploading

## ACCIDENT STATEMENT

ACCIDENT DATE: 10/12/18 (DD/MM/YYYY) TIME: 9:15 AM (HH:MM)

LOCATION: MBC 20 Pasir Panjang Road

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: YP3761L  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5089369750-02  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Hino  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 9.15am  
 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: LOGISTICS INC PTE. LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

**DRIVER**

- a) NAME: MIN MIN ZAW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G5199247X CONTACT: 90288471  
 c) ADDRESS: Blk 90 Saint Francis Road 02-04 Spore 328071

\* d) DATE OF BIRTH: 03/03/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14 Jun 2012

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: SHA 9483E MODEL: Totaya Prius  
 b) DRIVER'S NAME: ONG BOON HOCK  
 c) NRIC/FIN/PASSPORT: S1471795A CONTACT: \_\_\_\_\_

**9. THIRD PARTY VEHICLE**

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

email = thargyimm2

VIDEO

@ ThargyImm2@gmail.com



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
LOGIXTICS INC PTE. LTD.

Name  
MIN MIN ZAW

S Pass No.  
0 92814432

Sector  
SERVICE

PH.90288471

K0463568




**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number: **G5199247X**

Name  
MIN MIN ZAW

Birth Date: 03 Mar 1979

Issue Date: 16 Dec 2016

Valid Till 13/01/2022

PH.90288471




**VISIT PASS**  
Immigration Regulations

37-06-2018

Name  
MIN MIN ZAW

File  
05199247X

Date of Birth  
03-03-1979

Sex  
M

Nationality  
MYANMAR

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






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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	14 Jan 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	31 May 2014
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	

NP 428A

License No: G5199247X



## 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 : 5089369750-02

Cover : Comprehensive

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YP3761L                 |
| Chassis Number  | : JHHUCS3HXDK017864       |
| 2. Name of Policyholder   | : LOGISTICS INC PTE. LTD. |
| 3. Effective Date of Insurance  | : 01 Jul 2018             |
| 4. Expiry Date of Insurance   | : 30 Jun 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.   |                           |
| (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\$3,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : VICOM LTD (00000615110)

Date of Issue : 08 Jun 2018 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive