

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAA419007460

Date In: 16/01/2019 15:59	Job description	Date & Time Completed	Done by
Ref No: N8A/MAA4190009924	SAS e-filing		
Veh No: SGP 2495A	E-mail (update 2hrs, AIC 2hrs)		
D.O.A: 31/12/2018 18:00	I-Motor Claim Form	MT/1028114-001	16/01/2019
OD / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16.09
	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: SHD 6652M	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: ( )		

Renewals:	INSURANCE (7884616)	DATE: 16/01/2019	COMPLETED BY: 16/01/2019
1) Apply for Transport Allowance (	/ Courtesy Car (		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		

Injury: \_\_\_\_\_

Date/Time	Action

MAA41900433	Invoice/Particulars	Amount	Balance
Client Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil): TP (Nil) INC against INC \$20		
	9) N11: Idao 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 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	16/01/2019 15:50
Date Of Accident	31/12/2018 18:00
Exact Location Of Accident	COMMONWEALTH AVE WEST B/F NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP2495A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN MAY LAI
NRIC No	S1699038H
Email Address	WESLEYGOHWEILE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84840559
Alternative Phone No	OTHERS-84481116

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ
Exact Purpose for which vehicle was being used at time of accident	MEET FRIEND
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5024862543-11
Cover Note Number	

### Driver

Name of Driver	WESLEY GOH WEI LE
NRIC No	S9834442Z
Date Of Birth	20/10/1998
Occupation	INDOOR
Date Of Driving Pass	11/12/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84840559
Fax Number	
Contact Number	OTHERS-84481116
Email Address	WESLEYGOHWEILE@GMAIL.COM

Address:	BLK 81 COMMONWEALTH CLOSE #12-113
Postcode	140081
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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: : FRIEND 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	SHD6652M
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	91299559
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.
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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**.
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:

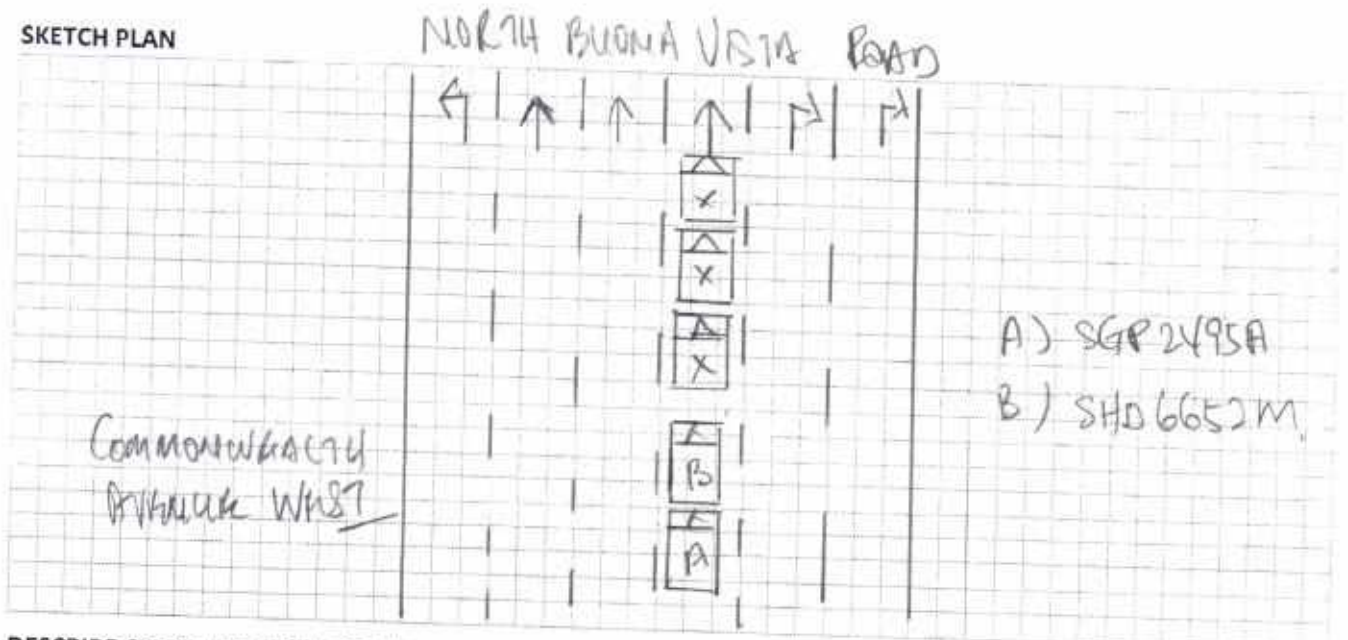
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

*Wesley* 16/1/2019 2:55pm  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*16/01/2019*  
Reporting Centre Personnel's Signature  
Name: *Rosli*  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31<sup>st</sup> December, at around 6pm I was driving along Commonwealth Avenue west towards commonwealth MRT. I was reaching a traffic light and start to slow down the vehicle behind a white Mercedes Limousine. I could not stop in time but was at a ~~very~~ very slow speed and gently kiss the back of the car. The road is wet and I gently hit the back of the car. The driver then stepped out of the car and he took my particulars. He took a picture and a video of the impact and when I wanted to reverse the car to see the damage done he told me not to.

## 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/1028114

Policy No.	0024862543-11	Vehicle No.	SGP2495A	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN MAY LAI			Policyholder NRIC	S1699038H
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94840539	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
NFE	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	16/01/2019 15:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/12/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVENUE WEST BEFORE NORTH BUDA VISTA ROAD				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
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 B1 #12-113	Address 2	COMMONWEALTH CLOSE	Address 3	SINGAPORE 140081
Address 4		Address Type	Singapore address	Post Code	140081
Unit No.		Related Policy Number	0024862543-11		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WESLEY GOH WET LE	Driver NRIC	S9834442Z	Driver DOB	20/10/1998
Register Date of Driver License	11/12/2018	Driver Age	20	Driving Experience	0
Contact No.(Mobile)	94481116	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK B1 #12-113	Address 2	COMMONWEALTH CLOSE	Address 3	COMMONWEALTH HEIGHTS
Address 4	SINGAPORE 140081	Address Type	Foreign address	Post Code	140081
Unit No.	12-113				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGP2495A	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Riding?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 new

Claim Type *	DD-MK	Insured Name	CHAN MAY LAI	Insured NRIC	S1699038H
Contact No.(Mobile)	90961002	Contact No. (Home)	64780525	Contact No. (Office)	
Email Address		OT Vehicle Number	SGP2495A	TP Vehicle Number	SHD66
Claim Description	SGP2495A / SHD66SM ON 16 Dec 2018				
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No.	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	16/01/2019 16:04
Report Taken By				Date Received	16/01/2019

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1028114	Claim No.	001
Left Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/01/2019 16:09
Path *		Category *	
Choose File	No file chosen	Confidential	<input type="radio"/> NO <input checked="" type="radio"/> YES
Choose File	No file chosen	Urgency *	<input type="radio"/> Normal <input checked="" type="radio"/> Urgent
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	M.
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Jan 2019 16:09		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-18	



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:05

SAS

Normal

SAS 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

Normal

Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

Normal

Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

Normal

Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

Normal

Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

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Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

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Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

Normal

Photos 2019-1-16

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE  
S (BUKIT MERAH)) on 16 Jan 2019 16:04

Photos

Normal

Photos 2019-1-16

Video List

Updated By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 12 / 2018) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: Commonwealth Avenue West B/K NORTH RUOMA VISTA

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGP 2495A  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5024062543-11  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai Getz  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Meet friend  
 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 May Lai (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S16940384 CONTACT: 84840559  
 c) ADDRESS: Unit 81 Commonwealth close  
#12-113 S-140081

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

## DRIVER

- a) NAME: Wesley Goh Wei Le (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S48344422 CONTACT: 84481716  
 c) ADDRESS: Commonwealth close Unit 81 #12-113 S140081

\*d) DATE OF BIRTH: (20 / 10 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11/12/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After rain)

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: SHD6652M MODEL: Mercedes  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT: 9179 3359

## 9. THIRD PARTY VEHICLE

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

Email = wesleygohweile@gmail.com

VIDEO cassidy2495@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9834442Z



Name

WESLEY GOH WEI LE

吴伟乐

Race

CHINESE

Date of birth

20-10-1998

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9834442Z

NAME  
WESLEY GOH WEI LE

Birth Date: 20 Oct 1998

Issue Date: 11 Dec 2018



4930083



NRIC No: S9834442Z



Date of issue

28-01-2013

Address

APT BLK 81 COMMONWEALTH CLOSE  
#12-113  
SINGAPORE 140081

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

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg	11 Dec 2018
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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:** 5024862543-11

**Cover :** Third Party, Fire & Theft

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGP2495A          |
| Chassis Number  | : KMHBU51DR6U501343 |
| 2. Name of Policyholder   | : CHAN MAY LAI      |
| 3. Effective Date of Insurance  | : 12 Dec 2018       |
| 4. Expiry Date of Insurance   | : 11 Dec 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: CHAN MAY LAI
NAMED DRIVER (1)	: CASSIDY GOH KHING SONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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)

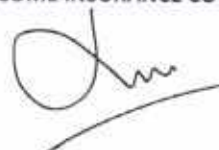
Agency : WEE ENG NGEE, LINUS (HUANG YONGYI) (00000534806)  
Date of Issue : 13 Nov 2018 20:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive