

# NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA469036859

Date In: 15/03/2019 16:07	Job description	Date & Time Completed	Done by
Ref No: X130/NA469004732/4	SAS e-filing		
Veh No: SR 83527	E-mail (w/da 3hrs, A/C 2hrs)		
D.O.A: 28/01/2019 16:40	I-Motor Claim Form	MT11032837	15/03/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:52
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wkep		

Preferred Wkep / INC Assign Wkep / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: 922 1993 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Defective: ( )

Defective: ( )

Defective: ( )

Defective: ( )

Defective: ( )

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Defective: ( )

Defective: ( )

NA1902000

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

QC Checked by (Engr-In-Charge): ( )

QC Checked by (Engr-In-Charge): ( )

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1C-DEC-2018 MON 06:09

1C-DEC-2018 MON 06:09

1C-DEC-2018 MON 06:09



## 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	15/03/2019 16:07
Date Of Accident	25/01/2019 16:40
Exact Location Of Accident	ALONG BUKIT TIMAH RD MAKING U TURN INTO DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8352T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIEW AH SAY @ SIEW KAM CHOY
NRIC No	S1325181I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91744556
Alternative Phone No	OTHERS-91744556
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING GRANDSON TO TURF CLUB ROAD
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050422168-07
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHIEW AH SAY @ SIEW KAM CHOY
NRIC No	S1325181I
Date Of Birth	10/05/1938
Occupation	INDOOR
Date Of Driving Pass	16/09/1959
Driving Experience	59 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91744556
Fax Number	
Contact Number	OTHERS-91744556
Email Address	NOEMAIL

Address	BLK 221A JURONG EAST STREET 21 #03-881
Postcode	601221
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 (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: : GRANDSON 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

ON THE 25/01/2019 AT ABOUT 16:40HRS I WAS AT BUKIT TIMAH ROAD AND WANTED TO MAKE A U-TURN INTO DUNEARN ROAD. AT THE U-TURN THE CAR SLZ1793J BRAKE AND I ALSO BRAKE BUT JUST A SLIGHT BUMP AT THE REAR OF THE SAID CAR THATS ALL

#### 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	SLZ1793J
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIGEL HUTCHINSON
NRIC/Passport Number	F5636401M
Contact Number	96554916
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## 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:

15/3/19

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

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

15/03/2019  
Joseph Lim



SKETCH PLAN

A) SJR 8352 R

B) SLZ 1793 J *PINKAWAY ROAD*



*BUKIT KUALA ROAD*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer To SKETCH PLAN*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 15/03/2019  
Reporting Centre Personnel's Signature  
Name: *Rishi Kumar*  
NRIC/FIN No.:

### Claim Handling

Accident NT / 1UB2B77

Policy No.		5050422168-07		Vehicle No.		S000352T		GST Registration No.	
Certificate No.									
Policyholder Name		CHOW AN SAY						Policyholder NAIC	
Product Code		PRIVATE CAR INSURANCE		Driver Type		DRIVER CLASSIC		311231811	
Contact No.(Mobile)		NA		Contact No.(Office)				Licensing	
Email Address				Special Remarks				Contact No.(Home)	
KfK		- No Yes		TEA		- No Yes		eCode	
NCD Protection		Yes		NCD Entitlement(%)		50		eCode Reason	
▼ Accident Details								Private Mile	
Report Date		25/01/2019 06:37		Accident Report Within 24 hrs		Yes		Not available	
Date of Accident		25/01/2019		Time of Accident (hh:mm)		18:40		Accident Type	
Reporting Cause				Orange Force				Collision - Head-to-Bump	
Accident Location		ALONG BUKIT TOMAH ROAD MARKING U TURN INTO DUNERS ROAD						Country of Accident	
▼ Excess								SGP No.	
OWN Damage Excess		600.00		Additional Excess		0			
Unnamed Driver Excess		0.00		Outside Singapore OD Excess		0.00		Windscreen Excess	
Third Party Excess		0.00		Outside Singapore TP Excess		0.00		100.00	
▼ Benefits									
▼ GST Registered Information									
GST Registered		No		GST Registration No.		GST Registration Date			
GST Registration No.						GST Status Verified		Yes	
Modification history									
▼ Policyholder Mailing Address									
Address 1		BLK 321-A #03-881		Address 4		JURONG EAST STREET 21		Address 3	
Address 4				Address Type		Singapore address		SINGAPORE 601221	
Unit No.				Related Policy Number		5050422168-07		Post Code	
▼ OC Driver Info								801275	
Driver Name		CHOW AN SAY		Driver Type		Main Driver			
Unnamed driver Name				Driver NAIC		311231811		Driver DOB	
Register Date of Driver License		23/03/1903		Driver Age		80		19/03/1938	
Contact No.(Mobile)		91739456		Contact No.(Office)				Driving Experience	
Address 1		BLK 321-A #03-881		Address 2		JURONG EAST STREET 21		05	
Address 4				Address Type		Singapore address		Contact No.(Home)	
Unit No.								Address 3	
Does he own a Singapore Registered car?		Yes - No		Driver Vehicle No.				SINGAPORE 801221	
								Post Code	
								601221	
Driver Insurer Company									
Declaration									
Spacially/over or Blood Test Reading?		0 mg		Any injury?		Yes - No			

## Midwestern History

Claim 502	New
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Claim Type *		DID-MX *		Insured Name: CHOW AN SAI		Insured NRIC: S11251931	
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)			
Email Address		CI Vehicle Number		TP Vehicle Number		S1217931	
Claim Description		SIR8392T / S1217931 On 25 Jan 2019		Name of Preferred Workshop			
Preferred Workshop		Insured Liability		Fully at Fault *			
Service No. Finalisation		Yes *		Rear End		Preferred Workshop, Name unknown *	
Date Registered		GIA report		Received *			
Report Taken By		15/03/2019 16:52		Claim Close Date		15/03/2019 00:00	
		MOSLI WAHAB					

Private, Non-Profit

Save Submit

Attachment

Incident No. <input type="text" value="MT/002887"/>		Claim No. <input type="text" value="000"/>	
Last Doc. Received <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Upload Date <input type="text" value="13/03/2019 16:52"/>	
Path: <input type="text"/>			
Choose File <input type="button" value="No file chosen"/>		Category: <input type="button" value="Clear"/>	
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Choose File <input type="button" value="No file chosen"/>			

Sent Message

[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CU)
	NAC_BUKIT_MERAH_000479( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_000479( NATIONAL ASSESSMENT CENTRE SERVICE 8 (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15	
	NAC_BUKIT_MERAH_000479( NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15	

3/15/2019

## Claim Handling( Claim Task )

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 16:52	Photos	Normal	Photos 2019-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 16:52	SAS	Normal	SAS 2019-3-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Mar 2019 16:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-15

Video List

uploaded By/Date	upload Date	File name	Source	Action
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# ACCIDENT STATEMENT

ACCIDENT DATE: 25/01/2019 (DD/MM/YYYY) TIME: 16:40 (HH:MM)

LOCATION: BUKIT TINGGI WILU TO DUKUN ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 8352F  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5050422168-07  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA CORONA RUCS  
 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: SHION AH SAY & SHAN KONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93736456  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: AS ABOLUK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 10/05/1958 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 16/09/1959

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SLZ 1793J MODEL: MARDA 3  
 b) DRIVER'S NAME: ALICAL HUTCHINSON  
 c) NRIC/FIN/PASSPORT: F5656401 M CONTACT: 9655 4916

## 9. THIRD PARTY VEHICLE

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

email =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S13251811



CHIOW AH SAY  
@SIEW KAM CHOY

Race  
CHINESE  
Date of birth  
10-05-1938 Sex  
M  
Country of Birth  
PERAK

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S13251811

Name  
CHIOW AH SAY

Valid Date 10 May 1938

Issue Date 02 May 2003



1204259



NRIC No. S13251811

Blood Group Date of issue  
O+ 20-08-1993

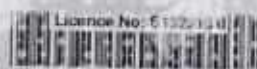
APT BLK 221A JURONG EAST STREET 21 #03-881  
SINGAPORE 601221

NRIC No. S13251811 Date: 12-04-2000 No: 3658151

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PAGE 1/12

Class 23	Motorcycles not exceeding 200 cc	12 Mar 1963
Class 2A	Motorcycles between 201 cc and 400 cc	23 Mar 1963
Class 2	Motorcycles exceeding 400 cc	23 Mar 1963
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Sep 1959



RIP 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:** 5050422168-07

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJR8352T</b>   |
| Chassis Number  | : MR0532EE106149443 |
| 2. Name of Policyholder   | : CHIOH AH SAY      |
| 3. Effective Date of Insurance  | : 15 Jul 2018       |
| 4. Expiry Date of Insurance   | : 14 Jul 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)	: \$5600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIOH AH SAY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : JIN-SHI (HOLDINGS) PTE LTD (00000614399)  
Date of Issue : 26 Jun 2018 10:38 hrs  
Reprint : 26 Jun 2018 10:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive