



## 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	08/04/2019 17:17
Date Of Accident	07/04/2019 13:20
Exact Location Of Accident	ALONG CHOA CHU KANG AVENUE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG1226Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANDAVEL SATHIYARAGAVAN
NRIC No	S9674305Z
Email Address	SATHIYA803@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82928745
Alternative Phone No	OTHERS-82928745
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING (FOOD PANDA)
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5077539715-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	KANDAVEL SATHIYARAGAVAN
NRIC No	S9674305Z
Date Of Birth	18/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82928745
Fax Number	
Contact Number	OTHERS-82928745
Email Address	SATHIYA803@GMAIL.COM

Address	BLK 645 JURONG WEST STREET 61 #06-106
Postcode	640645
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190407/2108

#### 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	SLZ9344U
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIM SENG
NRIC/Passport Number	S8009809Z
Contact Number	97938065
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name KANDAVEL SATHIYARAGAVAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG1226Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


## SKETCH PLAN

### IMPORTANT NOTICE


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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:

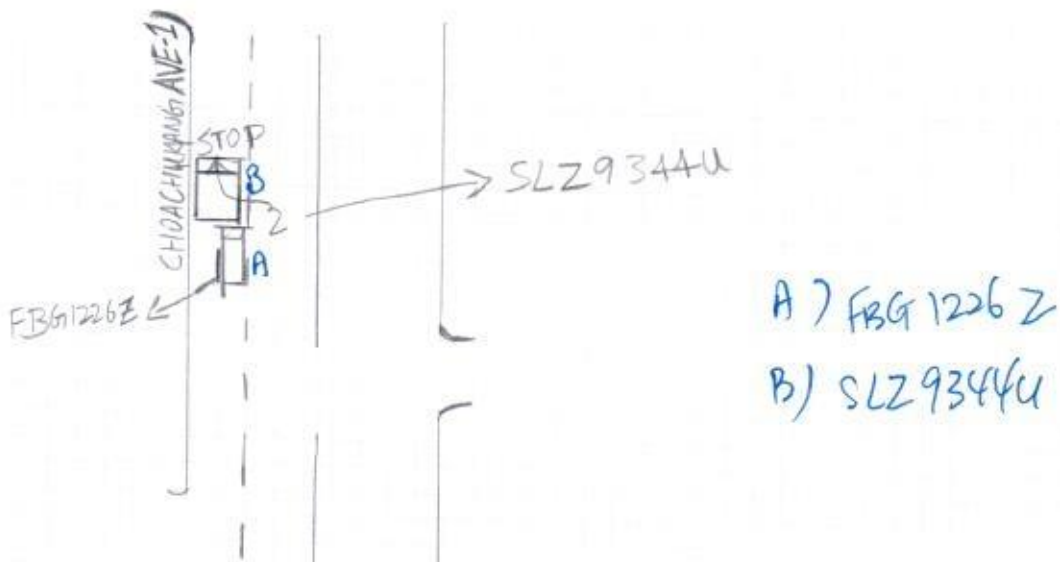
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Ref. refer to police report*

*7/20/2007/2008*

## DECLARATION

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

*[Signature]* 8/4/19

Policyholder's Signature  
Date & Time:

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

*[Signature]* 8/4/2019

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

*[Signature]*



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190407/2108

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/04/2019 20:53	Vide Report No.: J/20190407/0110	Station Diary No.: 152
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Informant's Particulars				
Name of Informant: KANDAVEL SATHIYARAGAVAN			Address: APT BLK 645 JURONG WEST STREET 61 #06-106 SINGAPORE 640645	
ID Type / ID No.: NRIC NO / S9674305Z			Contact No.: Home/Office:	Mobile: 82928745
Nationality: INDIAN			Email:	
Sex: Male	Age: 22	Date of Birth: 18/12/1996	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/04/2019 13:20	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG AVENUE 1  TOWARDS CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1226Z	Motorcycle	YAMAHA	YZF-R15	Red	Seriously Damaged	0
SLZ9344U	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1226Z	NTUC Income Insurance Co-Operative Limited	5077539715-03	28/03/2019	27/03/2020



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KANDAVEL SATHIYARAGAVAN	ID No.	S9674305Z
Related Vehicle	FBG1226Z (Motorcycle)	Contact No.	82928745
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/04/2019	Date Discharge	07/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Person Involved</b>			
Name	LIM KIAN SENG	ID No.	S8009809Z
Related Vehicle	SLZ9344U (Car)	Contact No.	97938065
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/04/2019 at about 1320hrs, I was riding my motorcycle FBG1226Z along Choa Chu Kang Ave 1 towards Choa Chu Kang Way on the left lane. At that point of time, there was another vehicle SLZ9344U travelling slightly ahead of me on the right lane.

I noticed that there was a pedestrian standing on the curb on the left side. Suddenly the car which was on the right lane swerved into the left lane in front of me and stopped to pick up the pedestrian. I was unable to stop in time and I collided into the rear of the car.

As a result of the collision, I the front fairing, signal lights and headlights of my motorcycle was broken. Traffic Police and Ambulance came to scene and I was conveyed to Ng Teng Fong General Hospital. There is a CCTV inside the car.



**SINGAPORE  
POLICE FORCE**



T/20190407/2108

3 of 3

Report No. T/20190407/2108

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

**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:  
J /  
Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
07/04/2019 20:53

Classification Of Case:

## Claim Handling

Accident MT/1039279

Policy No.	5077539715-03	Vehicle No.	FBG1226Z	GST Registration No.	
Certificate No.					
Policyholder Name	KANDAVEL SATHIYARAGAVAN			Policyholder NRIC	59674305Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	82928745	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(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	08/04/2019 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/04/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG CHOA CHU KANG AVENUE 1				
<b>Excess</b>					
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			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 645 #06-106	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 640645
Address 4		Address Type	Singapore address	Post Code	640645
Unit No.		Related Policy Number	5077539715-03		
<b>Q1 Driver Info</b>					
Driver Name	KANDAVEL SATHIYARAGAVAN	Driver Type	Main Driver	Driver DOB	18/12/1996
Unnamed driver Name		Driver NRIC	59674305Z	Driving Experience	3
Register Date of Driver License	12/11/2015	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	82928745	Contact No.(Office)		Address 3	SINGAPORE 640645
Address 1	BLK 645 #06-106	Address 2	JURONG WEST STREET 61	Post Code	640645
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FBG1226Z	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KANDAVEL SATHIYARAGAVAN	Insured NRIC	59674305Z
Contact No.(Mobile)	82928745	Contact No. (Home)	87907038	Contact No. (Office)	
Email Address	sathya803@gmail.com	Q1 Vehicle Number	FBG1226Z	TP Vehicle Number	SLZ9344U
Claim Description	FBG1226Z / SLZ9344U ON 7 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault		
Date Registered	08/04/2019 17:30	Preferred Workshop, Name unknown	GIA report	Received	
Report Taken By	ROSLI WAHAB	Claim Close Date		Date Received	08/04/2019 00:00

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1039279	Claim No.	001
Last Dsc. Received	* Yes No	Upload Date	08/04/2019 17:37
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Message Read		Clear	NO

## Attachment List

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 17:37	SAS	Normal	SAS 2019-4-8		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 17:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 17:30	Photos	Normal	Photos 2019-4-8		

[illegible]

# ACCIDENT STATEMENT

ACCIDENT DATE: 7 / 4 / 2019 (DD/MM/YYYY), TIME: 13 : 20 (HH:MM)

LOCATION: CHOACHUKANG AVE-1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG1226Z  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5077539715-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA R15 V1  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY FOOD (Food Pawan)  
 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: KANDAVEL SATHIYA RAGAVAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9674305Z CONTACT: 82928745  
 c) ADDRESS: 645 JURONG WEST STREET-61 #06-106  
S'PORE - 640645

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

## DRIVER

- d) NAME: KANDAVEL SATHIYA RAGAVAN (MALE / FEMALE)  
 e) NRIC/FIN/PASSPORT: S9674305Z CONTACT: 82928745  
 f) ADDRESS: 645 JURONG WEST STREET-61 #06-106  
S'PORE - 640645

\* d) DATE OF BIRTH: 18 / 12 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12 NOV 2015

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: SLZ9344U MODEL: Toyota Wish  
 b) DRIVER'S NAME: Lim Kim Seng  
 c) NRIC/FIN/PASSPORT: S8009309Z CONTACT: 97938065

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(0)

\* No of passenger  
 (including driver)  
( )

Email = Sathiya 803 @ Gmail . Com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9674305Z



Name

KANDAVEL SATHIYARAGAVAN

Race

INDIAN

Date of birth

18-12-1996

Country of birth

INDIA

Sex

M

S9674305Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9674305Z

KANDAVEL SATHIYARAGAVAN

Birth Date: 18 Dec 1996

Issue Date: 23 Sep 2017



002726594C



9131738



NRIC No. S9674305Z

Nationality

INDIAN

Date of issue

12-07-2011

Address

APT BLK 645 JURONG WEST STREET 61  
#06-106  
SINGAPORE 640645

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

Class 2B	Motorcycles < 200 CC	12 Nov 2015	
Class 2A	Motorcycles between 201 CC and 400 CC	19 Dec 2016	15
Class 2	Motorcycles > 400 CC	08 Mar 2018	16
Class 3	Motor cars >= 3000 kg + 10 <= 7 passengers, exclusive of the driver, and motor tractor/vehicles >= 2500 kg	06 Dec 2016	16

S9674305Z

S / No. 9000313318

NP 428A



Licence No: S9674305Z

**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** : 5077539715-03

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: FBG1226Z

Chassis Number

: ME138B016B2033443

2. Name of Policyholder

: KANDAVEL SATHIYARAGAVAN

3. Effective Date of Insurance

: 28 Mar 2019

4. Expiry Date of Insurance

: 27 Mar 2020

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)	: KANDAVEL SATHIYARAGAVAN
NAMED DRIVER (2)	: SHARANRAJ S/O SELVARAJ
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 : COMMERCIAL AGENCY PTE LTD (00000614425)

Date of Issue : 01 Mar 2019 13:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive