

NATIONAL Assessment Centre Services.

[ref: JAR003]

NAI9054283

Date In: 26/04/2019 19:03	Job description	Date & Time Completed	Done by
Ref No: NBI/MC/9007437/1	SAS e-filing		
Veh No: SMK 1863H	E-mail (e-filing sheet, AIC sheet)		
D.O.A: 16/04/2019 10:00	1-Motor Claims Form	NAI104997-002 26/04/2019 19:13	
OID: TP: Reporting Only	1-Motor W/O (With/In: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SLT 3760Y	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 repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In ()	Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date: ()	Time: ()	Location: ()

NAI903073	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idas DA + SMRT Survey \$160
	8) NTUC Additional Services:

QC Checked by (Engr-In-Charge):	9) NI: Idas Mobile
	10) NI: DV / Collect Excess Coordination
	11) NI: TP (Non-INC) e-filing
	12) NI: 18cc Mobile
	Fee Charged
	Invoice dated
	Invoice dated

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	26/04/2019 19:03
Date Of Accident	16/04/2019 10:00
Exact Location Of Accident	ALONG BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1863H
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-87992590
Alternative Phone No	OFFICE-87992590

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108703210
Cover Note Number	

Driver

Name of Driver	LEE WEE JUN
NRIC No	S9718133J
Date Of Birth	07/06/1997
Occupation	INDOOR
Date Of Driving Pass	18/09/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87992590
Fax Number	
Contact Number	OTHERS-87992590
Email Address	ROGERKTM525@YAHOO.COM.SG

Address	BLK 148 BEDOK RESEVOIR ROAD #9-1687
Postcode	470148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	1

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	SLT3760Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.



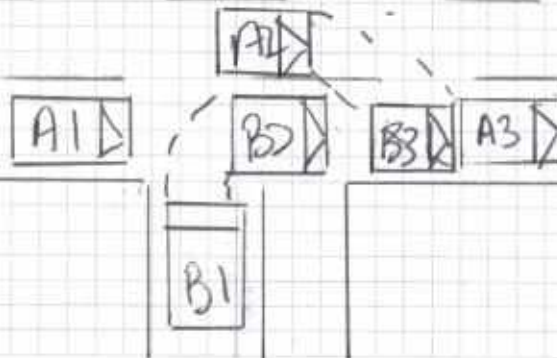
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ALONG BANDAMMER ROAD



A) SMK 1863H

B) SLI 3760Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~was about to turn right~~

was about to turn right when the blue toyota coming out from a stop line, she was going at a very slow speed so I overtook from the left and cut in from the right and that's when she bang my car. SHE DID NOT STOP AT THE STOP LINE.

DECLARATION

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

Lee 26/04/19
Policyholder's Signature
Date & Time

Lee 26/04/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

26/04/2019
Reporting Centre Personnel's Signature
Name: KSL
NRIC/FIN No.: 123456789

Claim Handling

The premium on this policy has not been collected.

Accident MT/1040997

Policy No.	SL08703210	Vehicle No.	SMK1863H	GST Registration No.	201709236H
Certificate No.					
Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201709236H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Settlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	22/04/2019 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Lane
Date of Accident	15/04/2019	Time of Accident hh:mm	10:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BERDUMBER ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	1500.00		
YED OD Excess		YED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201709236H	GST Status Verified	Yes
Modification History	22/04/2019 09:53:09 System changed GST Registration No. from NA to 201709236H 22/04/2019 09:53:09 System changed GST Registration Date from 01/01/2015 to 01/09/2017 22/04/2019 09:53:09 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	60 UBI CRESCENT	Address 2	#01-01	Address 3	SINGAPORE 408569
Address 4		Address Type	Singapore address	Post Code	408569
Unit No.		Related Policy Number	SL0874794E		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

Claim Type *	OD-MX	Insured Name	SRS AUTO HOLDINGS PTE. LTD.	Insured NRIC	201709236H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	84482448
Email Address		OI Vehicle Number	SMK1863H	TP Vehicle Number	SL13760Y
Claim Description	SMK1863H / SL13760Y ON 16 Apr 2019			Name of Preferred Workshop	
Preferred Workshop	<input type="text" value="Preferred"/>	Insured Liability	Not at Fault	GIA report	Received
Damage No. / Insurance	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered		Claim Close Date	26/04/2019 19:01	Date Received	26/04/2019 00:00
Report Taken By	ROSLI WAKAB				

☐ Print AK letter

Attachment

Accident No.	MT/1040997	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	26/04/2019 19:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Read"/>				<input type="button" value="Send Message"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CD)	A
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 19:13	SAS	Normal	SAS 2019-4-26		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 19:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 19:01	Photos	Normal	Photos 2019-4-26		



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Apr 2019 19:01

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Apr 2019 19:01

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Apr 2019 19:01

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 26 Apr 2019 19:01

Photos

Normal

Photos 2019-4-26

Photos

Normal

Photos 2019-4-26

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Photos 2019-4-26

Photos

Normal

Photos 2019-4-26

Video List

Uploaded By/Date

Folder Data

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (16/04/2019) (DD/MM/YYYY). TIME: (10:00) (HH:MM)

LOCATION: Bendemeer Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK 18634
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5108703210
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai I30
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) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lee Wee Jun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S97181335 CONTACT: 87992590
c) ADDRESS: Blk 148 Bedok Res Rd 09-1687

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Wee Jun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S97181335 CONTACT: 87992590
c) ADDRESS: Blk 148 Bedok Res Road 09-1687

*d) DATE OF BIRTH: (07/06/1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 18/09/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 9Y SFA SLT3760Y 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:

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(3)

* No of passenger
(Including driver)
()

email = (ROCHIE KIM)
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9718133J



Name

LEE WEE JUN

李 伟 浚

Race

CHINESE

Date of birth

07-06-1997

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S9718133J

LEE WEE JUN

Birth Date: 07 Jun 1997
Issuing Date: 21 Dec 2018

002684209E



4820878

NRIC No: S9718133J



Date of issue

03-02-2012

Address

APT BLK 148 BEDOK RESERVOIR ROAD
#09-1687
SINGAPORE 470148

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	18 Sep 2015
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	14 Aug 2018
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	06 Oct 2018
	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

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: 5108703210

Cover : Third Party

- | | |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMK1863H |
| Chassis Number | : KMHDC51DR9U185760 |
| 2. Name of Policyholder | : SRS AUTO HOLDINGS PTE. LTD. |
| 3. Effective Date of Insurance | : 05 Apr 2019 |
| 4. Expiry Date of Insurance | : 11 Aug 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
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 : SININS AGENCY PTE. LTD. (00000615123)

Date of Issue : 05 Apr 2019 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive