

NATIONAL Assessment Centre Services			
Date In: 12/05/2019 19:59	Job description	Date & Time Completed	Done by
Ref No: NAH/INC/190084504	SAS e-filing		
Veh No: SJK 84720	E-mail (within 2hrs. AIC 2hrs)		
D.O.A: 13/05/2019 12:20	i-Motor Claim Form	MT/1044340-001	13/05/2019
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		20:05
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SJK 88992	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%; F: 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 hotline: 6788 6616)	Date & Time Completed	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claiming against INC Only (wef 10 Jan 2019)		
Cal. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N12: Idau Mobile \$30		
	10) N13: Courtesy Car / Tpl Allowance \$5		
	11) N14: Repair Co-ordination \$10		
	12) N15: Post Repair Inspection \$25		
	13) N16: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (N16 INC) against INC \$20		
	15) N12: Idau Mobile \$30		
	Invoice dated	For Charged	
	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	13/05/2019 19:50
Date Of Accident	13/05/2019 12:20
Exact Location Of Accident	JUNCTION OF BALMORAL ROAD AND DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8477D
Insured/Policyholder	
Name Of Registered Owner	DEXTER SAY HOCK YUE
NRIC No	S7837396B
Email Address	ALICIA.TAN.SAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92969502
Alternative Phone No	OTHERS-94746102

Vehicle Particulars

Manufacturer	BMW
Model	X3
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095494684-01
Cover Note Number	

Driver

Name of Driver	ALICIA TAN CHOON BEE (CHEN CHUNMEI)
NRIC No	S7900970I
Date Of Birth	21/01/1979
Occupation	INDOOR
Date Of Driving Pass	20/09/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92969502
Fax Number	
Contact Number	OTHERS-94746102
EMail Address	ALICIA.TAN.SAY@GMAIL.COM

Address	3 MOUNT ROSIE TERRACE
Postcode	308005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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	SGQ8899Z
Vehicle Make/Model/Colour	TOYOTA FORTUNER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SOON PENG
NRIC/Passport Number	S1589485G
Contact Number	86838897
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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/05/2019

Reporting Centre Personnel's Signature

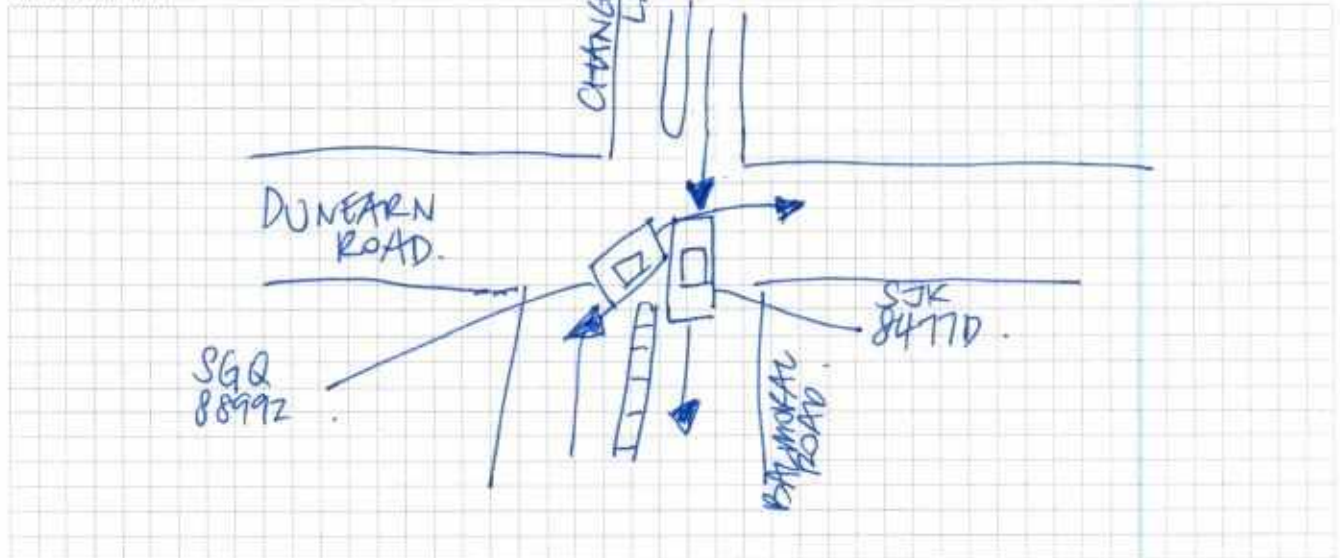
Name:

NRIC/FIN No.:

13/05/2019

Koh Li Wei

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Chancery Lane towards Balmaral Road at about 12.20 pm on 13 May 2019. The lights were Green in my favour. I proceeded to cross the junction when I noticed vehicle SGQ 8899Z making a right turn as I was passing through the junction. I tried to maneuver my vehicle SJK 8477D to the left but the other vehicle SGQ 8899Z had already made contact with my vehicle resulting in some damage to the driver's side of the car.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13 MAY 2019

[Signature] 13/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1044340

Policy No.	SD9549A684-01	Vehicle No.	SKB477D	GST Registration No.	
Certificate No.					
Policyholder Name	DEXTER SAY HOCK YUE	Driver Type	drive CLASSIC	Policyholder NRIC	578373968
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Leading	0
Contact No. (Mobile)	92969502	Special Remarks		Contact No. (Home)	
Email Address		TCA	+ No Yes	eCode	No
KPK	+ No Yes	NCD Entitlement(%)	30	eCode Reason	No
NCD Protection	No			Private Hire	No

Accident Details

Report Date	13/05/2019 20:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	13/05/2019	Title of Accident h:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	JUNCTION OF BALMORAL ROAD AND DUNEARN ROAD				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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	3 MOUNT ROSIE TERRACE	Address 2	SINGAPORE 308005	Address 3	
Address 4		Address Type	Singapore address	Post Code	308005
Unit No.	03-07	Related Policy Number	506376668-05		

01 Driver Info

Driver Name	ALICIA TAN CHOON BEE	Driver Type	Named Driver	Driver DOB	21/01/1979
Unnamed driver Name		Driver NRIC	S79009701	Driving Experience	15
Register Date of Driver License	20/09/2003	Driver Age	40	Contact No. (Home)	
Contact No. (Mobile)	94746102	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKB477D	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	DEXTER SAY HOCK YUE	Insured NRIC	578373968
Contact No. (Mobile)	92969502	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	DEXTERSAY@HOTMAIL.COM	Vehicle Number	SKB477D	TP	506376668
Claim Description	SKB477D / 506376668 ON 13 May 2019			Vehicle Number	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair No. Finalisation	Yes	Repaired Repair Option	Preferred Workshop, Name unknown	QA report	Received
Date Registered	13/05/2019 20:04	Claim Close Date		Date Received	13/05/2019 00:00
Report Taken By	ROSLI WANAB				

Print All Letter

Save Submit

Attachment

Accident No.	MT/1044340	Claim No.	001
Last Doc. Received	Yes No	Upload Date	13/05/2019 20:05
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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	Msg Sent (CO)	A
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:05	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:04	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:04	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:04	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:04	Photos	Normal	Photos 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:04	SAS	Normal	SAS 2019-5-13
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 May 2019 20:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-13

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (13/05/2019) (DD/MM/YYYY), TIME: (12:20) (HH:MM)

LOCATION: Junction of Balmoral Road and Duncan Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJK 8471D
 b) INSURANCE COMPANY: INCOME
 c) POLICY NUMBER: 5095494684-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW X3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: DEXTER SAY HOCK YUE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7837396B CONTACT: 92969502
 c) ADDRESS: 3 MOUNT ROSIE TERRACE
S (308005)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ALICIA TAN CHON BEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S79009702 CONTACT: 94746102
 c) ADDRESS: 3 MOUNT ROSIE TERRACE

* d) DATE OF BIRTH: 21/01/1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 FEB 2013

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

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: SGQ 88992 MODEL: TOYOTA FORTUNER
 b) DRIVER'S NAME: LEE SOON PENG
 c) NRIC/FIN/PASSPORT: S15894859 CONTACT: 8683 8897

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)
(2)

* No of passenger
 (including driver)
()

email = alicia.tan.say@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S79009701



Name

ALICIA TAN CHOON BEE
(CHEN CHUNMEI)

陈春美

Race

CHINESE

Date of birth

21-01-1979

Sex

F

Country of birth

SINGAPORE



S79009701

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S79009701

Name

ALICIA TAN CHOON BEE
(CHEN CHUNMEI)

Birth Date 21 Jan 1979

Issue Date 19 Feb 2013



002152595J



NRIC No. S79009701



Date of issue

30-01-2009

3 MOUNT ROSIE TERRACE
SINGAPORE 308005

NRIC No: S79009701

Date: 07/02/2018

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 20 Sep 2003

NP 428A



Licence No: S79009701

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: 5095494684-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJK8477D**
Chassis Number : WBAPC72030WG62065
2. Name of Policyholder : DEXTER SAY HOCK YUE
3. Effective Date of Insurance : 06 Nov 2018
4. Expiry Date of Insurance : 05 Nov 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: DEXTER SAY HOCK YUE
NAMED DRIVER (1)	: ALICIA TAN CHOON BEE
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 : AUTO INSURANCE AGENCY (00000613840)
Date of Issue : 12 Oct 2018 10:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive