

# NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NAH 9062807

Date In: 25/05/2019 13:00	Job description	Date & Time Completed	Done by
Ref No: NAH/INC/9009224/Y	SAS e-filing		
Veh No: SJG 8538H	E-mail (Adjula 2hrs, AIC 2hrs)		
D.O.A: 25/05/2019 11:25	I-Motor Claim Form	MT/104/6037-001	25/05/2019 13:17
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: 888 701	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: ( )

Remarks: NAH/INC/9009224/Y

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

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

Date/Time	Action

NAH903841

Claimant's 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)	
Ref: 1:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$0	
	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	25/05/2019 13:00
Date Of Accident	25/05/2019 11:25
Exact Location Of Accident	BLK 8 LORONG 7 TOA PAYOH CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8538H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH TECK JIA, ANDREW
NRIC No	S8233224C
Email Address	ANDREWGOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96444492
Alternative Phone No	OTHERS-96444492

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5108317296
Cover Note Number	

### Driver

Name of Driver	GOH TECK JIA, ANDREW
NRIC No	S8233224C
Date Of Birth	01/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96444492
Fax Number	
Contact Number	OTHERS-96444492
Email Address	ANDREWGOH@HOTMAIL.COM

Address	BLK 2 LORONG 7 TOA PAYOH #07-21
Postcode	310002
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	SKS707P
Vehicle Make/Model/Colour	AUDI A7
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	
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.
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:

25/5/19 12-30

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

25/05/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

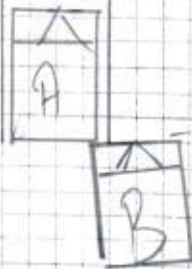
Reda Imthar

SKETCH PLAN

BK 8 Too Payoh Lor 7.

A) SJG 8538H

B) SKS 707P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/05/2019 AT ABOUT 11:35H I PARK MY CAR  
HEAD IN AT BK 8 TOO PAYOH LOR 7 CARPARK SOMEONE  
INFORM ME THAT MY CAR SJG 8538H WAS BOMBS BY A  
CAR SKS 707P

DECLARATION

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

Policyholder's Signature

Date & Time:

25/5/19 12:30 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/05/2019  
Kee Lian Boon



## Claim Handling

Accident MT/1046037

Policy No.	5108317296	Vehicle No.	SJG8538H	GST Registration No.
Certificate No.				
Policyholder Name	GOH TECK JIA, ANDREW			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96444492	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	25/05/2019 13:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/05/2019	Time of Accident hh:mm	11:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 8 LORONG 7 TOA PAYOH CARPARK			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

## ▼ 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 2 #07-21	Address 2	LORONG 7 TOA PAYOH	Address 3
Address 4	SINGAPORE 310002	Address Type	Singapore address	Post Code
Unit No.	07-21	Related Policy Number	5108317296	

## ▼ OI Driver Info

Driver Name	GOH TECK JIA, ANDREW	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8233224C	Driver DOB
Register Date of Driver License	12/01/2005	Driver Age	36	Driving Experience
Contact No.(Mobile)	96444492	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 2 #07-21	Address 2	LORONG 7 TOA PAYOH	Address 3
Address 4	SINGAPORE 310002	Address Type	Singapore address	Post Code
Unit No.	07-21			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJG8538H	Driver Insurer Comp.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GOH TEC
Contact No.(Mobile)	96444492	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SJG8538H
Claim Description	SJG8538H / SK5707P ON 25 May 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	25/05/2019 13:17	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

☒ Print AK letter

Save

Submit

## Attachment



Accident No.	MT/1046037	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/05/2019 13:17

Choose File	No file chosen	Clear	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read		Clear	Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 13:17	NRIC/ Driving License	Normal	NRIC/ Driving Li

## Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 5 / 2019) (DD/MM/YYYY), TIME: (11 : 25) (HH:MM)

LOCATION: RK 8 Toa Payoh Lor 7 car park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJG 8538H  
 b) INSURANCE COMPANY: NAC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CIVIC  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED  
 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: GOH TECK JIA Andrew (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8233229 C CONTACT: 9646 4692  
 c) ADDRESS: Blk 2 Toa Payoh Lor 7 #07-21  
(310002)

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

### DRIVER

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

\* d) DATE OF BIRTH: (01 / 10 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12 Jan 2005

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: SKS 707P MODEL: qudi A7  
 b) DRIVER'S NAME: MR LEE  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

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

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

email = andrewgoh@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8233224C



Name

GOH TECK JIA, ANDREW  
(WU DEZHENG, ANDREW)

吴德正

Race

CHINESE

Date of birth

01-10-1982

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8233224C

Name

GOH TECK JIA, ANDREW  
(WU DEZHENG, ANDREW)

Birth Date: 01 Oct 1982

Issue Date: 12 Jan 2005



4899011

67265

NRIC No. S8233224C



Date of issue

24-10-2012

Address

APT BLK 2 LORONG 7 TOA PAYOH  
#07-21  
SINGAPORE 310002

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

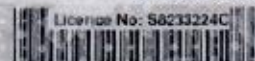
12 Jan 2005

Class 4 Heavy motor cars and motor tractors  $>$  2500 kg

19 Jul 2007

S8233224C

S / No. 9000065914



## 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:** 5108317296

**Cover :** drive CLASSIC

- |   |                        |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJG8538H             |
| Chassis Number  | : MRHFC5650JT000122    |
| 2. Name of Policyholder   | : GOH TECK JIA, ANDREW |
| 3. Effective Date of Insurance  | : 26 Mar 2019          |
| 4. Expiry Date of Insurance   | : 27 Mar 2020          |
| 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH TECK JIA, ANDREW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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)

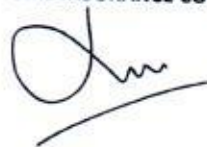
Agency : LIAN HONG PTE LTD (00000611606)  
Date of Issue : 25 Mar 2019 17:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:


Authorised Officer



Chief Executive