

NATIONAL Assessment Centre Services [ref: Jan09] **19 MAY 2019 99753**

Date In: 30/07/2019 15:18	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9013319/N	SAS e-filing		
Veh No: SS 3949A	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 29/07/2019 09:10	I-Motor Claim Form	M7/1055742-001	30/07/2019
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:17
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SK21528X** 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 Check-in: 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: 0788 0016)	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	Amnt (\$)	Amnt (\$)
		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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claims against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	(U)P		
	* N3: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N11: TP (Non-INC) against INC \$20		
	* N12: Idan Mobile \$0		
	Invoice dated	Fon Charged	
		Fine 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	30/07/2019 15:18
Date Of Accident	29/07/2019 09:10
Exact Location Of Accident	ALEXANDRA ROAD TOWARDS GILLMAN FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3949A
Insured/Policyholder	
Name Of Registered Owner	3 CAR LEASING SERVICES
Co Reg No	53330312E
Email Address	WANGJOOYIH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93840086
Alternative Phone No	OFFICE-93840086
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078206037-03
Cover Note Number	
Driver	
Name of Driver	WANG JOO YIH (WANG YUYI)
NRIC No	S7218156E
Date Of Birth	26/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840086
Fax Number	
Contact Number	OTHERS-93840086
EMail Address	WANGJOOYIH@YAHOO.COM

Address	BLK 9 HOLLAND AVENUE #13-68
Postcode	272009
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 - 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?	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1528X
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEJDET
NRIC/Passport Number	
Contact Number	96162844
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1055742

Policy No.	S078206037-03	Vehicle No.	SJ53949A	GST Registration No.	
Certificate No.					
Policyholder Name	3 CAR LEASING SERVICES			Policyholder NRIC	S3330312E
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93840086	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	30/07/2019 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	29/07/2019	Time of Accident hh:mm	09:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALEXANDRA ROAD TOWARDS GILLMAN FLYOVER				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	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 9 #13-68	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 272009
Address 4		Address Type	Singapore address	Post Code	272009
Unit No.	13-68	Related Policy Number	S078206037-03		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/05/1972
Unnamed driver Name	WANG JOO YIH (WANG YUYI)	Driver NRIC	S7218156E	Driving Experience	22
Register Date of Driver License	20/03/1997	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	93840086	Contact No.(Office)		Address 3	SINGAPORE 272009
Address 1	BLK 9 #13-68	Address 2	HOLLAND AVENUE	Post Code	272009
Address 4		Address Type	foreign address		
Unit No.	13-68				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	SJ53949A	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No
-------------------------------------	------	-------------	----------

Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	3 CAR LEASING SERVICES	Insured NRIC	S3330312E
Contact No.(Mobile)	97573743	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle No.	SJ53949A	TP Vehicle Number	SK21528X
Claim Description:	SJ53949A / SK21528X ON 29 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Date Registered	30/07/2019 17:17	Claim Close Date		Date Received	30/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1055742	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	30/07/2019 17:17
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	Photos	Normal	Photos 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	SAS	Normal	SAS 2019-7-30
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jul 2019 17:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-30

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and Uploading"/>		

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:

29/1/2019.



Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/1/2019.

3:15pm

Reporting Centre Personnel's Signature

Name:

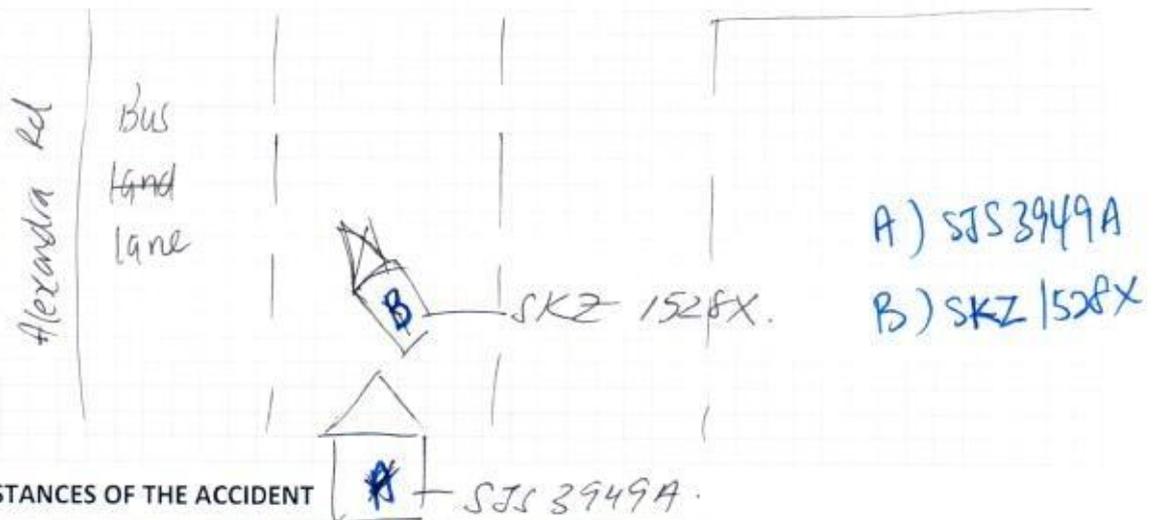
NRIC/FIN No.:

30/1/2019

Roshan

SKETCH PLAN

Depot Road.

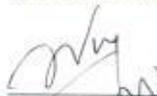


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

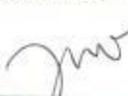
As I was travelling along Alexandra Rd towards Gillman Flyover the said vehicles SKZ 1528X suddenly switch to my lane and brake hard. With too small allowance of space, I was unable to react in time to avoid the accident.

DECLARATION

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


 Policyholder's Signature
 Date & Time:




 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29/7/2019
 2:15pm


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

29/7/2019

ACCIDENT STATEMENT

ACCIDENT DATE: (29, 7, 2019) (DD/MM/YYYY), TIME: (09, 10) (HH:MM)

LOCATION: Alexandra Rd towards Gillman Flyover.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 3949A
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5078206037-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Freed
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private hire private used
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: Star Leasing Services (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53330312E CONTACT: 93840066
c) ADDRESS: 9 Holland Avenue #13-68 S(272009)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Joo Yih (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57218156E CONTACT: 93840066
c) ADDRESS: 9 Holland Avenue #13-68 S(272009)

*d) DATE OF BIRTH: (26/05/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22 yrs

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

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

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: SKE 132FX MODEL: Honda Vezel
b) DRIVER'S NAME: Hejdet
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9616 2844

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = wangjooiyih@yahoo.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7218156E



For LKK/NAC Use Only

Name
WANG JOO YIH
(WANG YUYI)

王裕艺

Race
CHINESE

Date of birth Sex
26-05-1972 M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7218156E

Name

WANG JOO YIH
(WANG YUYI)

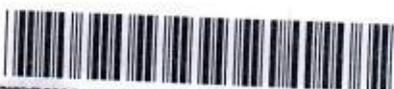
For LKK/NAC Use Only

Birth Date: 26 May 1972

Issue Date: 31 Oct 2006



1001454692F



3960048

NRIC No. S7218156E



For LKK/NAC Use Only

Date of issue
30-10-2006

APT BLK 9 HOLLAND AVENUE #13-88
SINGAPORE 272008

NRIC No: S7218156E

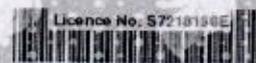
Date: 03/05/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 2B	Motorcycles \leq 200 cc	02 Jun 1992
Class 2A	Motorcycles between 201 cc and 400 cc	17 Aug 1993
Class 2	Motorcycles $>$ 400 cc	21 Mar 1995
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	20 Mar 1997

For LKK/NAC Use Only



License No. S7218156E

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: 5078206037-03 **Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJS3949A**
Chassis Number : GB31045616
2. Name of Policyholder : 3 CAR LEASING SERVICES
3. Effective Date of Insurance : 08 Mar 2019
4. Expiry Date of Insurance : 07 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HENLY ENTERPRISES CO PTE 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 : DQ INSURE (00000572952)

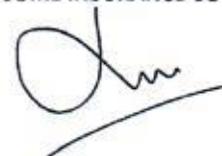
Date of Issue : 07 Mar 2019 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive