

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

MNA19109534

Date In:	Job description	Date & Time Completed	Done by
20/08/2019 16:39	SAS e-filing		
Ref No. NBA/INC19014621/F	E-mail (by date then, AIC then)		
Veh No. PC 184Y	I-Motor Claims Form	M/11058/10-001	2/10/19
D.O.A. 18/08/2019 14:50	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:10
OD: <input checked="" type="radio"/> Reporting Only	I-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: **SLW 601R** 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 repair.

() 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: _____

Charge Description	Amount	Remarks
1) AL: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only, (ver 10 Jan 2005)		
6) TR: Re-Inspection	\$75	
7) NI: Idao DA + EMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NT: Post Repair Inspection	\$25	
*ND: DV / Collect Excess Coordination	\$3	
TP (NI) / TP (S-in INC) against INC	\$10	
9) NI: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NIA1906331

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Additional Comments: _____

Date: _____

Stamp: _____

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	20/08/2019 16:39
Date Of Accident	18/08/2019 14:50
Exact Location Of Accident	ALLAN BROOKE ROAD SENTOSA COVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC184Y
Insured/Policyholder	
Name Of Registered Owner	BZY LIMOUSINE SERVICES
Co Reg No	-
Email Address	BZYLIMOS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98507417
Alternative Phone No	OFFICE-98507417
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106237160
Cover Note Number	
Driver	
Name of Driver	ZULKIFLEE BIN JOHARI
NRIC No	S1820966G
Date Of Birth	31/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90614654
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 756 JURONG WEST STREET 74 #10-60 SINGAPORE
 Postcode 640756
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - U-TURN
 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

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 SLW6011R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver BAHAREH BADIEL
 NRIC/Passport Number S8179132E
 Contact Number 90041114
 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.

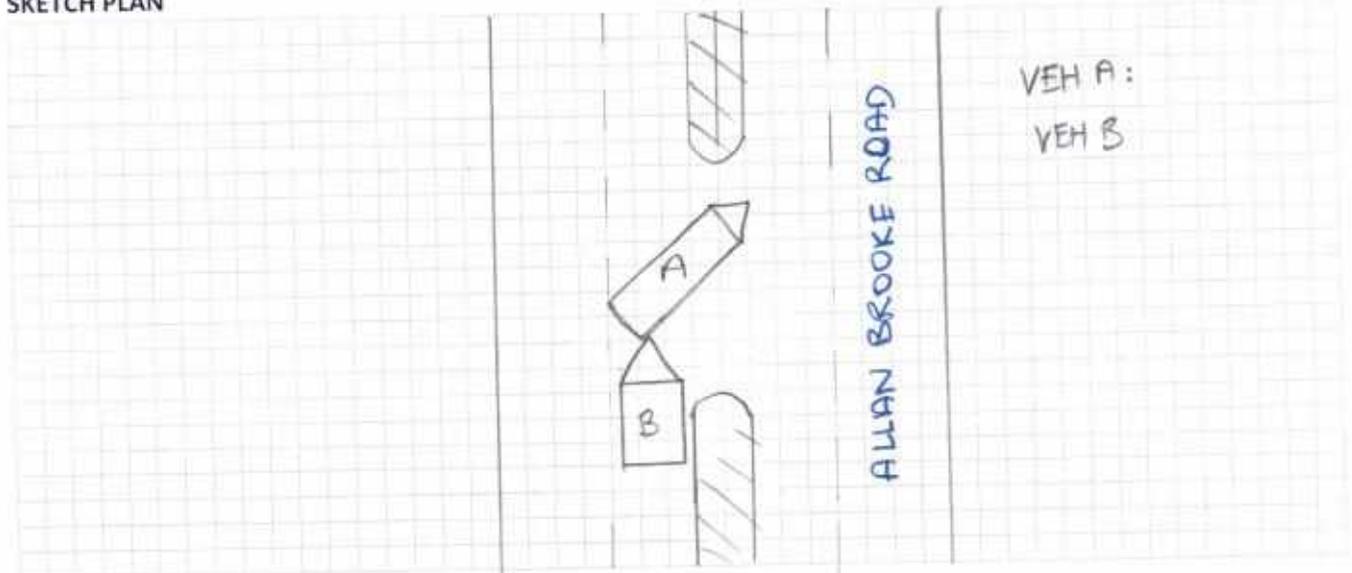


Policyholder's Signature
Date & Time:

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

I was about to make a Uturn (VEH A) at the Uturn Junction. Suddenly veh B bang into my rear of my veh.

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:

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

Claim Handling

Accident MT/1058770

Policy No.	5506237160	Vehicle No.	PC184Y	GST Registration No.	
Certificate No.					
Policyholder Name	BZY LIMOUSINE SERVICES			Policyholder NRIC	32870634H
Product Code	BUS INSURANCE	Cover Type	Comprehensive	LMDRP	0
Contact No.(Mobile)	88507417	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KPI	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	21/08/2019 15:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/08/2019	Time of Accident (hh:mm)	14:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICH No.	
Accident Location	ALLAN BROOKE ROAD SENTOSA COVE				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	21/08/2019 15:08:23 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	7500A BEACH ROAD	Address 2	#04-324 THE PLAZA	Address 3	SINGAPORE 190791
Address 4		Address Type	Singapore address	Post Code	190791
Unit No.		Related Policy Number	5108358770		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZULFIKAR BIN JIHARI	Driver NRIC	S182096AG	Driver DOB	31/10/1967
Register Date of Driver License	13/04/2003	Driver Age	51	Driving Experience	16
Contact No.(Mobile)	88507417	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 756 #10-60	Address 2	JURONG WEST STREET 74	Address 3	SINGAPORE 640156
Address 4		Address Type	foreign address	Post Code	640156
Unit No.	10-60				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PC184Y	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 **Raw**

Claim Type *	OD-MX	Insured Name	BZY LIMOUSINE SERVICES	Insured NRIC	32870634H	
Contact No.(Mobile)	88507417	Contact No. (Home)		Contact No. (Office)	NIL	
Email Address		DI Vehicle Number	PC184Y	TP Vehicle Number	SLW6011R	
Claim Description	PC184Y / SLW6011R ON 18 Aug 2019				Name of Preferred Workshop	
Preferred workshop		Insured Liability	Not at Fault	GIA report	Received	
Settled No. Finalisation	Yes	Insured Repair Option	Preferred Workshop, Name unknown			
Date Registered	21/08/2019 15:08	Claim Close Date		Date Received	21/08/2019 00:00	
Report Taken By	ROSLI WANAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1058770	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/08/2019 15:10

Category *	Confidential	urgency *	Description *
Clear Please Select *	NO	Normal	
Clear Please Select *	NO	Normal	
Clear Please Select *	NO	Normal	
Clear Please Select *	NO	Normal	
Clear Please Select *	NO	Normal	
Clear Please Select *	NO	Normal	
Clear Please Select *	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:10	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	Photos	Normal	Photos 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:09	SAB	Normal	SAB 2019-8-21

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (18, 8, 2019) (DD/MM/YYYY), TIME: (14:50) (HH:MM)

LOCATION: ALLANBROOKS ROAD, SENTOSA COVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 184Y
b) INSURANCE COMPANY: ITUC INCOME
c) POLICY NUMBER: 5106237160
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL
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: BZY LIMOSINE SERVICES (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: 52870634M CONTACT: 898507417
C) ADDRESS: 22 SIN MING LANE #06-76 MIDVIEW CITY
SINGAPORE 573969

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 906146854
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS _____

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) _____

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: SLW6011R MODEL: _____
b) DRIVER'S NAME: Bahareh Baplel
c) NRIC/FIN/PASSPORT: S8179132E CONTACT: 90041114 (ali)

9. THIRD PARTY VEHICLE

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

Company stamp

?
?

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

ask boss

email = bzylimos@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1820966G



ZULKIFLEE BIN JOHARI
For LKK/NAC Use Only

Race
MALAY
Date of Birth 31-10-1967 Sex M
Country of Birth
SINGAPORE

12976



Identity Card No. S1820966G



For LKK/NAC Use Only

Issue Date 02-06-2000

APT BLK 75B JURONG WEST STREET 74 #10-60
SINGAPORE 640754

Date 02-06-2000 No. S1820966G

Identity Card No. S1820966G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1820966G**
 Name: **ZULKIFLEE BIN JOHARI**

Birth Date: 31 Oct 1967
 Issue Date: 23 Apr 2003

000405390G




Land Transport Authority

VOCATIONAL LICENCE

License No: **S1820966G**
 Name: **ZULKIFLEE BIN JOHARI**

Issue Date: 1/8/2017

Please visit www.lta.gov.sg to check the status of this vocational licence



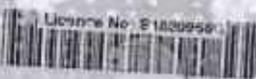
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which (including does not exceed 2000 kilograms

PASS DATE: 23 Apr 2003



License No: S1820966G



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	01/08/2017
04	BUS ATTENDANT	01/08/2017



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 : 5106237160	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: PC184Y
Chassis Number	: JTFST22P700009730
2. Name of Policyholder	: BZY LIMOUSINE SERVICES
3. Effective Date of Insurance	: 19 Dec 2018
4. Expiry Date of Insurance	: 18 Dec 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 the carriage of passengers in connection with the Policyholder's business.	
(b) Limited to carry 13 passengers	

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	:	WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	:	S\$2,000
EXCESS (SECTION II)	:	S\$1,500
WINDSCREEN EXCESS	:	S\$500
INSURE WITH COE	:	NO
HIRE PURCHASE COMPANY	:	TAI THONG LEE TRADING PTE LTD
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
 Date of Issue : 10 Dec 2018 12:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive