

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

11/19/10/26

Date In: 23/08/2009 12:53	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/90148814	SAS e-filing		
Veh No: GX 6054Y	E-mail (A/C 3hrs, A/C 2hrs)		
D.O.A: 27/08/2009 13:15	I-Motor Claim Form	MTC10054093-001	23/08/2009
OD: TP (Reporting Only)	I-Motor W/O (With: OD 2hrs, TP 4hrs)		13:56
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Writer		

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

TP Particulars: Vch No: SFV 9165P 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: ()

Additional Comments:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date:	

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Architect's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Sub 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	Oil:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repairs Co-ordination \$10	
	*NP: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Co-ordination \$3	
	*NT: 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	23/08/2019 12:53
Date Of Accident	22/08/2019 13:15
Exact Location Of Accident	YISHUN RING ROAD NEAR BLK 107 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6054X
Insured/Policyholder	
Name Of Registered Owner	RHE ENGINEERING PTE LTD
Co Reg No	200611750Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90116883
Alternative Phone No	OFFICE-90116883

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 2.2A
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5034314661-10
Cover Note Number	

Driver

Name of Driver	PHANG KOW MAN
NRIC No	S2539543C
Date Of Birth	09/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1980
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90116883
Fax Number	
Contact Number	OTHERS-90116883
EEmail Address:	NOEMAIL

Address	BLK 309 BUKIT BATOK STREET 31 #03-179
Postcode	650309
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	SIDE SWIPE
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	SFW9965P
Vehicle Make/Model/Colour	MERCEDES BENZ C180
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MOHAMMAD TAJREE BIN ISHAK
NRIC/Passport Number	
Contact Number	94681996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

ENGINEERING PTE LTD

TEL: 6262 0916 FAX: 6262 0856

Policyholder's Signature
Date & Time:

PH

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

23/08/2019

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

SKETCH PLAN

YISHUW KINH ROAD NEAR BLK 107 CARPARK

A) GX6054X

B) SFW996SP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22/08/2019 13:15HRS I WAS AT YISHUW KINH ROAD NEAR BLK 107 WANTED TO EXIT THE CARPARK I RUSH FORWARD & STOP BUT THE CAR SFW996SP WAS TO REAR & BRAKE AGAINST THE FRONT PART OF MY VAN GX6054X

DECLARATION

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

RHE ENGINEERING PTE LTD

TEL: 6262 0916 FAX: 6262 0856

Policyholder's Signature
Date & Time:

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

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

PH

22/08/2019
Res. [Signature]

Claim Handling

Accident MT/109093

Policy No.	SC04314961 (1)	Vehicle No.	GX054X	GST Registration No.	
Certificate No.					
Policyholder Name	RHE ENGINEERING PTE LTD				
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Policyholder-NRIC	200611750Z
Contact No.(Mobile)	90116883	Contact No.(Office)		Leading	0
Email Address		Special Remark		Contact No.(Home)	
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	#Code	No
NCD Inclusion	No	NCD Entitlement(%)	20	#Code Reason	
				Private Hire	No

Accident Details

Report Date	23/08/2019 13:47	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
Date of Accident	23/08/2019	Time of Accident (h:mm)	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		IDN No.	
Accident Location	HISMAN RING ROAD NEAR BLK 107 CARPARK				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/09/2006
GST Registration No.	200611750Z	GST Status Verified	Yes
Modification History	23/08/2019 13:53:29 System changed GST Registration No. from null to 200611750Z 23/08/2019 13:53:39 System changed GST Registration Date from null to 01/09/2006 23/08/2019 13:53:39 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	11 GUL DRIVE	Address 2	SINGAPORE 639462	Address 3	
Address 4		Address Type	Singapore address	Post Code	639462
Unit No.		Related Policy Number	SC04314961-08		

GT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	SHANG KOW HAN	Driver-NRIC	S2529543C	Driver DOB	05/08/1954
Register Date of Driver License	27/03/1980	Driver Age	65	Driving Experience	34
Contact No.(Mobile)	90116883	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 309 #03-179	Address 2	BUKIT BATON STREET 31	Address 3	HONG KAH GREEN
Address 4	SINGAPORE 630309	Address Type	Foreign address	Post Code	630309
Unit No.	03-179				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	GX054X	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Notification History

Claim 001 [View](#)

Claim Type *

CD-MX	Insured Name	RHE ENGINEERING PTE LTD	Insured NRIC	200611750Z	
	Contact No. (Home)		Contact No. (Office)	63620919	
	Vehicle Number	GX054X	IF Vehicle Number	SPW9965P	
	GX054X / SPW9965P ON 22 Aug 2018			Name of Preferred Workshop	

Preferred Workshop: Insured Liability: Pully at Fault:

Damage No. Finalisation: Repair Option: Preferred Workshop, Name unknown: GIA report: Received:

Date Registered: Claim Close Date: Date Received: 23/08/2019 00:00

Report Taken By:

[Print AN letter](#)

[Save](#) [Submit](#)

Attachment

Accident No. MT/109093 Claim No. 001

Last Doc. Received: Yes No Upload Date: 23/08/2019 13:56

Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	<input type="checkbox"/>	Normal	
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	<input type="checkbox"/>	Normal	
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	<input type="checkbox"/>	Normal	
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	<input type="checkbox"/>	Normal	
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	<input type="checkbox"/>	Normal	
<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	NO	<input type="checkbox"/>	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 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23	

[Send Message](#)

Claim Handling(accident reporting Claim Task)



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:56	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	Photos	Normal	Photos 2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	SAS	Normal	SAS-2019-8-23
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Aug 2019 13:55	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-23

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"/>		

ACCIDENT STATEMENT

ACCIDENT DATE: 22/8/2019 (DD/MM/YYYY), TIME: 1.15 PM (HH:MM)
LOCATION: Yishun King Rd (CAR PARK)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX6054X
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: SO34314661-10
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: THIRD PARTY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: RHE ENGINEERING PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PHANG KOW MAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2539543C CONTACT: 90116883
c) ADDRESS: BLK 309 BT BUKIT ST 31 #05-179
SINGAPORE 650309
*d) DATE OF BIRTH: 9/8/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) DRIVING PASS

f) DATE OF DRIVING PASS: 27-03-1980

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MOHAMMAD SFW9965P MODEL: Mercedes C180

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: MOHAMMAD TAJREB CONTACT: 94681996

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: BIN ISHAK MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S2539543C

For LKK/NAC Use Only



PHANG KOW MAN

彭亮明

Name
 CHINESE

Date of Birth Sex
 09-08-1954 M

Country of Birth
 MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2539543C

Name
 PHANG KOW MAN

For LKK/NAC Use Only

Date of Birth: 09 Aug 1954

Issue Date: 22 Feb 2003




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2539543C

For LKK/NAC Use Only



NATIONALITY
 MALAYSIAN

Blood Group Date of Issue
 O+ 18-05-1995

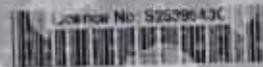
Address
 APT BLK 309 BUKIT BATOK STREET 31
 #03-179
 SINGAPORE 2365

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE CLASSIFICATION	ISSUE DATE
Class 2A	Motorcycles not exceeding 200 cc	27 Mar 1995
Class 2A	Motorcycles between 201 cc and 400 cc	27 Mar 1995
Class 2	Motorcycles exceeding 400 cc	27 Mar 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Mar 1995

For LKK/NAC Use Only

License No: S2539543C



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 : 5034314661-10

Cover : Third Party

- | | | |
|--|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : | GX6054X |
| Chassis Number | : | CR425009079 |
| 2. Name of Policyholder | : | RHE ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : | 19 Jan 2019 |
| 4. Expiry Date of Insurance | : | 18 Jan 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 business or profession. | | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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.

EXCESS (SECTION 1)	:	N/A
EXCESS (SECTION 2)	:	N/A
INSURE WITH COE	:	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 : JIN-SHI (HOLDINGS) PTE LTD (00000614399)
Date of Issue : 03 Jan 2019 10:55 hrs
Reprint : 03 Jan 2019 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive