

# NATIONAL Assessment Centre Services.

[ref 1 Jan 00]

MAA41914/197

Date In: 31/10/2019 14:25	Job description	Date & Time Completed	Done by
Ref No: NBR/MC/901626914	SAS e-filing		
Veh No: SIX 6988 R	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 31/10/2019 19:20	I-Motor Claim Form	MT/1069342	31/10/2019
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15-19
	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: Vch No: SHD 7887U 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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Remarks: ( )

Claims Administrator:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref 1:

Ref 2:

Ref 3:

Ref 4:

Ref 5:

Ref 6:

Ref 7:

Ref 8:

Ref 9:

Ref 10:

Ref 11:

Ref 12:

Ref 13:

Ref 14:

Ref 15:

Ref 16:

Ref 17:

Ref 18:

Ref 19:

Ref 20:

Ref 21:

Ref 22:

Ref 23:

Ref 24:

Ref 25:

Ref 26:

Ref 27:

Ref 28:

Ref 29:

Ref 30:

Ref 31:

Ref 32:

Ref 33:

Ref 34:

Ref 35:

Ref 36:

Ref 37:

Ref 38:

Ref 39:

Ref 40:

Ref 41:

Ref 42:

Ref 43:

Ref 44:

Ref 45:

Ref 46:

Ref 47:

Ref 48:

Ref 49:

Ref 50:

Ref 51:

Ref 52:

Ref 53:

Ref 54:

Ref 55:

Ref 56:

Ref 57:

Ref 58:

Ref 59:

Ref 60:

Ref 61:

Ref 62:

Ref 63:

Ref 64:

Ref 65:

Ref 66:

Ref 67:

Ref 68:

Ref 69:

Ref 70:

Ref 71:

Ref 72:

Ref 73:

Ref 74:

Ref 75:

Ref 76:

Ref 77:

Ref 78:

Ref 79:

Ref 80:

Ref 81:

Ref 82:

Ref 83:

Ref 84:

Ref 85:

Ref 86:

Ref 87:

Ref 88:

Ref 89:

Ref 90:

Ref 91:

Ref 92:

Ref 93:

Ref 94:

Ref 95:

Ref 96:

Ref 97:

Ref 98:

Ref 99:

Ref 100:



## 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	31/10/2019 14:25
Date Of Accident	30/10/2019 19:20
Exact Location Of Accident	UNITED SQUARE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6988R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH WAI MENG
NRIC No	S7126897G
Email Address	PAUCHIULI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96796860
Alternative Phone No	OTHERS-96796860

### Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106905592
Cover Note Number	

### Driver

Name of Driver	LILY PAU CHIU LI
NRIC No	S7637478C
Date Of Birth	17/11/1976
Occupation	INDOOR
Date Of Driving Pass	02/04/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96796860
Fax Number	
Contact Number	OTHERS-96796860
Email Address	PAUCHIULI@YAHOO.COM.SG

Address	50 EWE BOON ROAD #07-01
Postcode	259343
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

#### 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	SHD7007U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG CHEE HIN
NRIC/Passport Number	
Contact Number	98248562
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.

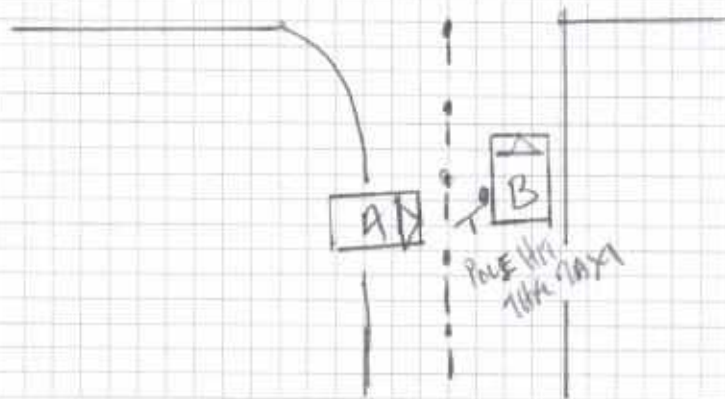
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/10/19

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: 31/10/2019  
NRIC/FIN No.: 2024 10/10/19

SKETCH PLAN

UNITED SQUARE



A) SJX 6988R

B) SHD 70074

P - POLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving out of car park, I hit the poles and the poles scratched the taxi.

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.:

31/10/19

31/10/2019

Rafael Nathan

## Claim Handling

Accident MT/1069342

Policy No.	5106505592	Vehicle No.	SJX6988R	GST Registrati
Certificate No.				
Policyholder Name	LOH WAJ MENG			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96796860	Contact No.(Office)		Contact No.(Hi
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	No	NCD Entitlement(%)	50	Private Hire

## Accident Details

Report Date	31/10/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/10/2019	Time of Accident hh:mm	19:20	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	UNITED SQUARE			

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
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	50 EWE BOON ROAD	Address 2	#07-01 CHIVERTON	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-01	Related Policy Number	5106905592	

## OI Driver Info

Driver Name	Pau Chiu Li Lily	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7637478C	Driver DOB
Register Date of Driver License	31/12/1998	Driver Age	42	Driving Experi
Contact No.(Mobile)	96796860	Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJX6988R	Driver Insurer

## Declaration

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

## Modification History

Claim 001 **New**

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letterOD-MX  Insured Name 96940272  Contact No. (Home)  OI  Vehicle Number 

SJX6988R / SHD8007U ON 30 Oct 2019

Insured Liability Partially at Fault

Preferred Workshop, Name unknown

GIA report

Received

31/10/2019 15:06 ROSJI WAHAB 






Save Submit

## Attachment



Accident No.	MT/1069342	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/10/2019 15:19
Path *		Category *	
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Choose File</a> No file chosen		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>
<a href="#">Message Read</a>		<a href="#">Clear</a>	<a href="#">Please Select</a> <input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confidential
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:19	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:06	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:06	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Oct 2019 15:06	SAS	Normal	Si

## Video List

Uploaded By/Date	Folder Date	File Name	
			<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>



# ACCIDENT STATEMENT

ACCIDENT DATE: (30, 10, 19) (DD/MM/YYYY), TIME: (7, 19 PM) (HH:MM)

LOCATION: United Square

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STX 69PPR  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5106905592  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Audi A4  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private / Personal  
 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: LOH WAI MENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S71268976 CONTACT: 9857126897  
 c) ADDRESS: 50 FWP BODM RD #07 01

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

## DRIVER

- a) NAME: LIY PAU (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S763747PC CONTACT: 98796860  
 c) ADDRESS: 50 FWP BODM RD

\* d) DATE OF BIRTH: (17, 11, 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1996

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

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: SHD 7007LI MODEL: Taxi Hyundai  
 b) DRIVER'S NAME: Ong Chee Hin  
 c) NRIC/FIN/PASSPORT: CONTACT: 98248562

## 9. THIRD PARTY VEHICLE

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

Email = pauchuli@yahoo.com.sg

VIDEO

## 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:** 5106905592

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SJX6988R**  
Chassis Number : **WAUZZZF4XHA056431**
2. Name of Policyholder : **LOH WAI MENG**
3. Effective Date of Insurance : **21 Jan 2019**
4. Expiry Date of Insurance : **20 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.

**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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOH WAI MENG
NAMED DRIVER (1)	: PAU CHIU LI LILY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : SAFE HARBOUR ENSURANCE (00000573456)  
Date of Issue : 09 Jan 2019 15:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive