

NATIONAL Assessment Centre Services.

(ver 1 Jan'08)

19/11/2008 15:59

Date In: 29/11/2008 13:55	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/9021114/1	SAS e-filing		
Veh No: SCR 5665 L	E-mail (within 2hrs, AIC 2hrs)		
DOA: 28/11/2008 17:25	I-Motor Claim Form	19/11/2008 15:59	
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: SMQ 4000 K	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	Activity

1909079

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
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
Auditor's comments:	For claiming against INC Only (ver 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Ideal DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance	\$3
	*NG: Repairs Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Non INC) against INC	\$30
	9) NI: Ideal Mobile	
	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	29/11/2019 13:55
Date Of Accident	28/11/2019 17:25
Exact Location Of Accident	SLIP RD FROM WOODLANDS RD TURNING TO BT PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5665L
Insured/Policyholder	
Name Of Registered Owner	WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)
NRIC No	S7938517D
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97953486
Alternative Phone No	OTHERS-97953486

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8A
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	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	5094974825-01
Cover Note Number	

Driver

Name of Driver	WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)
NRIC No	S7938517D
Date Of Birth	10/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97953486
Fax Number	
Contact Number	OTHERS-97953486
Email Address	HANCARREPAIRS@GMAIL.COM

Address BLK 627 SENJA ROAD
#02-180

Postcode 670327

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 COLLISION - HEAD TO REAR

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? YES

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: : PASSENGER
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191129/2071

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 SMQ4050K

Vehicle Make/Model/Colour HONDA FREED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD AMIN BIN MAHMOOD

NRIC/Passport Number S8228127D

Contact Number 81235491

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLR5665L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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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:

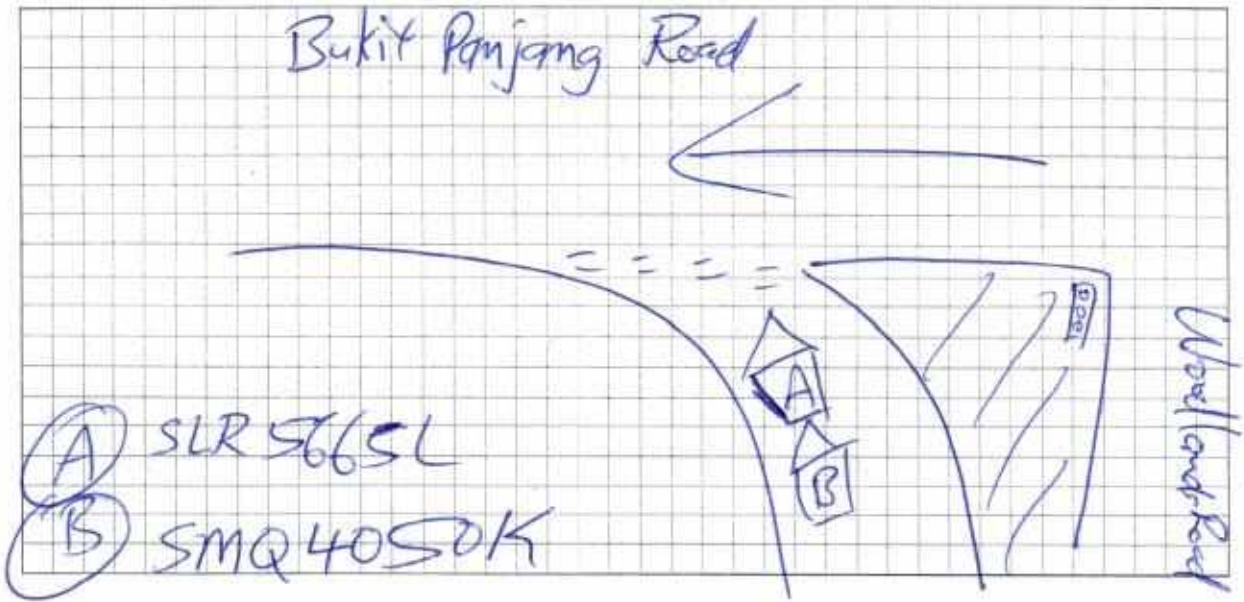


Driver's Signature
(if driver is not the policyholder)
Date & Time:



29/4/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



I was travelling along slip road from Woodlands Road turning to Bukit Panjang Road.

I slowed down & came to a complete stop behind the give-way line.

However, vehicle B came from behind & hit on my car A's rear portion.

The impact was so great that it pushed my car A over the give way line.

DECLARATION

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:

29/11/2019
Rashid Lina

(m)

PERSONAL PARTICULARS

Date of Accident: 28/11/2019 Time of Accident: 17 25PM (24Hrs)
Vehicle No: SJR 56652 Vehicle Make/Model: Vw Passat 1.8
Exact Location of Accident: Slip Road from Woodlands Road Turning to Bukit Panjang Road
Owner's Name/NRIC: Wong Wee Ter, Victor / S7938517D
Driver's Name/NRIC: Wong Wee Ter, Victor / S7938517D
Driver's Contact: 97953486 Insurance Co & Policy No: NTUC 5094974825-01
Driver's Email Address: hancarrepairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)
1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)
Private Use / Work Purpose

Weather Condition & Road Conditions?
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation
Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)
Yes / No If Yes, which police station? Clementi N.P.C.

The Other Party (Vehicle B) Details
Driver's Name/IC: Muhamad Amin Bin Mahmood / 58228127D Vehicle No: SMA 4050K
Insurance Company: _____ Driver's Contact: 812 35491

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.
* Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20191129/2071

1 of 4

Report No. T/20191129/2071

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/11/2019 12:24

Vide Report No.:

Station Diary No.:
65

Informant's Particulars

Name of Informant:
WONG WEE TER, VICTOR

Address:
APT BLK 627 SENJA ROAD #02-180 SINGAPORE 670627

ID Type / ID No.:
NRIC NO / S7938517D

Contact No.:
Home/Office: Mobile: 97953486

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 39 10/12/1979

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
SELF-EMPLOYED

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
28/11/2019 17:25

Type of Location:
Slip Road

Location:
Along Road 1 Traveling Toward Road 2
WOODLANDS ROAD
BUKIT PANJANG ROAD
Slip road from Woodlands Road turning to Bukit Panjang Road

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR5665L	Car	VOLKSWAGO N	PASSAT 1.8 TSI AT 3624H7	Silver	Slightly Damaged	1
SMQ4050K	Car	HONDA	FREED	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR5665L	NTUC Income Insurance Co-Operative Limited	5094974825-01	02/02/2019	07/12/2019



**SINGAPORE
POLICE FORCE**



T/20191129/2071

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4

Report No. T/20191129/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG WEE TER, VICTOR	ID No.	S7938517D
Related Vehicle	SLR5665L (Car)	Contact No.	97953486
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMAD AMIN BIN MAHMOOD	ID No.	S8228127D
Related Vehicle	SMQ4050K (Car)	Contact No.	81235491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/11/2019 at about 1725hrs, I was driving my car (silver Volkswagen Passat bearing registration number SLR5665L) travelling along Woodlands Road, turning left Bukit Panjang Road. While I was at the give-way line, waiting for the traffic to clear before entering Bukit Panjang Road, suddenly I felt an impact coming from the rear of my car.

I got out of my car and exchanged particulars with the other driver (male Malay). I also took photo of the damage to our cars.

On the same day at about 2050hrs, I went to NUH to seek treatment as I felt giddy and there was pain on the back of my neck due to impact when my head was hit twice to the head rest. I was given 3 days MC from 28/11/2019 to 30/11/2019.

I wish to state that there is no Police or ambulance at scene. The other driver and my passenger are not injured.



**SINGAPORE
POLICE FORCE**



T/20191129/2071

3 of 4

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20191129/2071

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/2071

4 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20191129/2071

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sr Staff Sgt MUHAMMAD NAZRI BIN PARALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2019 12:24

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE	SN 37
SIGNATURE	

Claim Handling

Accident MT/1073588

Policy No.	5094974825-01	Vehicle No.	SLR5665L	GST Registrati
Certificate No.				
Policyholder Name	WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading:
Contact No.(Mobile)	97953486	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	29/11/2019 14:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2019	Time of Accident hh:mm	17:25	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD FROM WOODLANDS RD TURNING TO BT PANJANG RD			

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	BLK 627 #02-180	Address 2	SENJA ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5094974825-01	

OI Driver Info

Driver Name	WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)			Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S7938517D	Driver DOB	
Register Date of Driver License	17/06/2000	Driver Age	39	Driving Experi	
Contact No.(Mobile)	97953486	Contact No.(Office)		Contact No.(Hi	
Address 1	BLK 627 #02-180	Address 2	SENJA ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SLR5665L	Driver Insurer	

Declaration

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

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

WC

97953486

Contact No.

671

Victorwang16@hotmail.com

Contact No. (Home)

SLR5665L / SMQ4050K ON 28 Nov 2019

OI Vehicle Number

SLR

Insured Liability

Not at Fault

Preferred

Preferred Workshop, Name unknown

GIA report

Received

29/11/2019 14:39

Claim Close Date

ROS LI WAHAB

Save

Submit

Attachment

 Attachment List

▼ Video List

Uploadet By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

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: 5094974825-01

Cover : drive CLASSIC

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : SLR5665L |
| Chassis Number | : WVVZZZ3CZCP002328 |
| 2. Name of Policyholder | : WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR) |
| 3. Effective Date of Insurance | : 02 Feb 2019 |
| 4. Expiry Date of Insurance | : 07 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 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WONG WEE TER, VICTOR (HUANG WEIDE, VICTOR)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS 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 : HUANG GUOQING TERRY (00000573375)
Date of Issue : 26 Nov 2018 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive