

NATIONAL Assessment Centre Services.

(ref 1 Jan 03)

11/11/2019 15:24

Date In: 11/11/2019 15:24	Job description	Date & Time Completed	Done by
Ref No: N/A/ACC190248524	SAS e-filing		
Veh No: SMM3152C	E-mail (Signal Shop, AIC 2hrs)		
DOA: 28/11/2019 06:20	I-Motor Claim Form	11/11/2019 16:14	
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Proffered Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: S4U5111B	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 reprior.
() 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	Action

Customer's Identification:	Invoice No: N/A/ACC190248524
Driver/Owner:	1) AL: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Inspector's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
Date:	For claiming against INC Only (ref 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Ideo DA + SMRT Survey \$160
	8) NIUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NS: Repair Co-ordination \$10
	*NS: Post Repair Inspection \$25
	*NS: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI: Ideo 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	11/12/2019 15:21
Date Of Accident	28/11/2019 06:20
Exact Location Of Accident	ALONG STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3152C
Insured/Policyholder	
Name Of Registered Owner	SANJIV RAI S/O RAJENDRA RAI
NRIC No	S1797184J
Email Address	SRAI67@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97771754
Alternative Phone No	OTHERS-97771754

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5110580905
Cover Note Number	

Driver

Name of Driver	SANJIV RAI S/O RAJENDRA RAI
NRIC No	S1797184J
Date Of Birth	07/09/1967
Occupation	INDOOR
Date Of Driving Pass	20/12/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97771754
Fax Number	
Contact Number	OTHERS-97771754
Email Address	SRAI67@YAHOO.COM.SG

Address	BLK 153 GANGSA ROAD #22-325
Postcode	670153
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	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)	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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU5111B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

11-DEC-2019
11:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN

Unknown No Collision.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① On 28-Nov-2019
There was no accident / collision between SMM3152C and SJU5111B.
- ② NIRC Inquest letter dated 28-Nov-2019, regarding alleged accident on 28-Nov-2019 between SMM3152C & SJU5111B was received on 10-Dec-2019.
- ③ Called hotline on 10-Dec-2019 & 11-Dec-2019, advised to come to IDAC for photo taking and reporting.
- ④ Photos of SMM3152C and videos from In-Car Cam of 28-Nov-2019 6.15am (Front & Rear Cam) have been provided to personnel - IDAC Bukit Merah.
- ⑤ The videos will show:
 - SJU5111B driving in a dangerous manner
 - No collision between SMM3152C & SJU5111B
 - Both SMM3152C & SJU5111B cars in good condition.
- ⑥ Email has been sent to Motor@Income.com.sg.

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.:

NO ACCIDENT
Reporting for claim follow-up
ACCIDENT STATEMENT

ACCIDENT DATE: 28.11.2019 (DD/MM/YYYY), TIME: 06.20 (HH:MM)

LOCATION: HONG STAVENS ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFY 7189R SMM 3152C
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5110580905
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA ESTIMA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE - GOING TO OFFICE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SANSIU RAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S19931843 CONTACT: 99731754
c) ADDRESS: BLK 153 GANGSA ROAD #22-325
S670153

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 7 SEP 1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 20 DEC 1985

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR / DARK
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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: SRAI67@yahoo.com
VIDEO

Claim Handling

Accident MT/1073468

Policy No.	5110580905	Vehicle No.	SMM3152C	GST Registrat
Certificate No.				
Policyholder Name	SANJIV RAI S/O RAJENDRA RAI			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	28/11/2019 16:36	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	28/11/2019	Time of Accident hh:mm	06:20	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	STEVENS ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver Is Covi
YIED OD Excess		YIED TP Excess		
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

Coverage		Sum Insured	99999999.99	
Excess Waiver				

▼ GST Registered Information

GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				

▼ Policyholder Mailing Address

Address 1	BLK 153 #22-325	Address 2	GANGSA ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110580905	

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Exper
Register Date of Driver License		Driver Age		Contact No.(I
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure.

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97771754	Contact No. (Home)	
Email Address	SRAI67@YAHOO.COM	OI Vehicle Number	
Claim Description	SMM3152C / SJU5111B ON 28 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	GIA report	Received	
Report Taken By	11/12/2019 15:19	Claim Close Date	
	ROSLI WAHAB	Workshop Repairer	


















Print AK letter

Attachment

Accident No.	MT/1073468	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2019 16:14

Path *		Category *	Confid
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 16:14	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 16:14	SAS		Normal	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:20	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:20	Photos		Normal	Pt
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:20	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:20	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:19	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:19	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:19	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:19	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:19	Photos		Normal	Pt
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Dec 2019 15:19	Photos		Normal	Pt

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Our Ref: MT/CA/TP/059/1073468-001/FS/VU

28 Nov 2019

SANJIV RAI S/O RAJENDRA RAI
BLK 153 #22-325
GANGSA ROAD
SINGAPORE 670153

Dear Policyholder

CLAIM NUMBER: MT/1073468-001
ACCIDENT INVOLVING SMM3152C / SJU5111B on 28 Nov 2019

We would like to inform you that a claim for S\$7,609.84 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

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: 5110580905

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SMM3152C |
| Chassis Number | : ACR500191794 |
| 2. Name of Policyholder | : SANJIV RAI S/O RAJENDRA RAI |
| 3. Effective Date of Insurance | : 26 Jun 2019 |
| 4. Expiry Date of Insurance | : 15 Nov 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)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: SANJIV RAI S/O RAJENDRA RAI
NAMED DRIVER (1)	: SHIV CHARAN RAI
NAMED DRIVER (2)	: SHIV JEEVAN RAI
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 : THIS MARKETING INSURANCE AGENCY (00000572208)
 Date of Issue : 26 Jun 2019 16:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive