

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA 120026596

Date In: 24/02/2020 11:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20003369/4	SAS e-filing		
Veh No: SA 1659X	E-mail (4 days 3hrs, AIC 2hrs)		
D.O.A: 28/02/2020 18:20	I-Motor Claims Form	mtl1086306-001	24/02/2020
QID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		11:50
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK32		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SB 78834	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) 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:

NA 2001630	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 Comment:	For claiming against INC Only (ver 10 Jan 2005)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Ideas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Co-ordination \$10	
	*NI: Post Repair Inspection \$23	
	*NI: DV / Collect Excess Coordination \$3	
	TE (NI): TP (Non INC) against INC \$20	
	*NI: Ideas 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	29/02/2020 11:20
Date Of Accident	28/02/2020 18:20
Exact Location Of Accident	AYE TOWARDS CHANGI BEFORE BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA1659X
Insured/Policyholder	
Name Of Registered Owner	SIM JOO HENG
NRIC No	SXXXX994J
Email Address	FRANKIESIM108@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98152916
Alternative Phone No	OTHERS-98152916
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	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	5115321737
Cover Note Number	
Driver	
Name of Driver	SIM JOO HENG
NRIC No	SXXXX994J
Date Of Birth	16/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1992
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98152916
Fax Number	
Contact Number	OTHERS-98152916
EMail Address	FRANKIESIM108@YAHOO.COM.SG

Address	BLK 116B RIVERVALE DRIVE #04-28
Postcode	542116
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	CHAIN 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	3
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)	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	SLB7883U
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME5465D
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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)

DETAILS OF INJURED PERSON 1

Name SIM JOO HENG  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLA1659X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## 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.

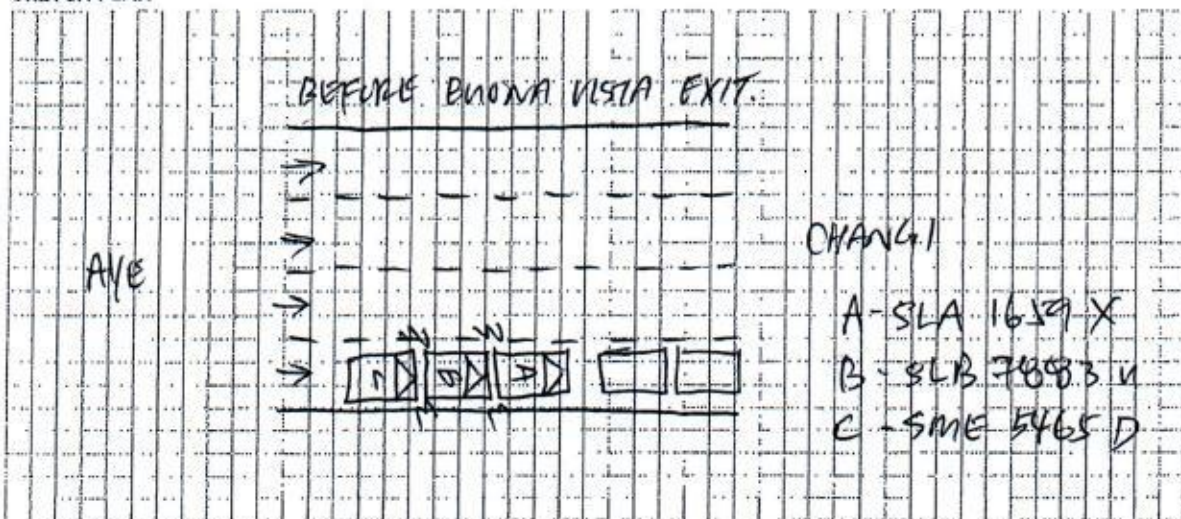
Policyholder's Signature  
Date & Time:

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 TRAVELLING ALONG AYE TOWARD CHANGI ON THE EXTREME RIGHT LANE OF A 4 LANE ROAD, EXPRESSWAY. SOMEWHERE BEFORE BUONA VISTA EXIT, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND STOPPED COMPLETELY. I NOTICED VEHICLE (B) STOPPED COMPLETELY BEHIND OF ME. OUT OF A SUDDEN, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLE.

A - SLA 1659 X

B - SLB 7883 U

C - SME 5465 D

## 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/1086306

Policy No.	5115321737	Vehicle No.	SLA1659X	GST Registration No.	
Certificate No.					
Policyholder Name	SIM JOO HENG			Policyholder NRIC	S1698994J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98152916	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	29/02/2020 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/02/2020	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS CHANGI BEFORE BUONA VISTA EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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 116B #04-28	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	542116
Unit No.	04-28	Related Policy Number	5115321737		

O1 Driver Info

Driver Name	SIM JOO HENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1698994J	Driver DOB	16/10/1965
Register Date of Driver License	21/10/1992	Driver Age	54	Driving Experience	27
Contact No.(Mobile)	98152916	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 116B #04-28	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	542116
Unit No.	04-28				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLA1659X	Driver Insurer Company	NTUC

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	SIM JOO HENG	Insu NRIC	
Contact No.(Mobile)	98152916	Contact No. (Home)	63882976	Cont No. (Offi	
Email Address	frankiesim108@yahoo.com.sg	O1 Vehicle Number	SLA1659X	TP Vehi Num	
Claim Description	SLA1659X / SLB7883U ON 28 Feb 2020				Nam Pref Work
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Pending
Finalisation	Yes				
Date Registered				29/02/2020 11:42	Claim Close Date
Report Taken By				ROSLI WAHAB	Date Recd
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/1086306	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/02/2020 11:50
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Category *		Confidential	Urgency *
Please Select		NO	Normal
Please Select		NO	Normal
Please Select		NO	Normal



Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:50	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:50	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Feb 2020 11:42	SAS		Normal	SAS 2020-2-29

Video List

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



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 FEB 2020		TIME: 18:20HRS. (hh:mm) 24 hrs Format	
LOCATION: AVE TOWARD CHANGI BEFORE BUONA VISTA EXIT.			
VEHICLE NUMBER SLA 1659 X			
INSURED NAME SIM JOO HENG			
NRIC/FIN S1898994J		CONTACT: 9815 2916	
MAKE TOYOTA		MODEL AUTIS	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select: ( ) Third Party ( ) Reporting Only			
INSURANCE COMPANY NINE			
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: 5115 321 937			
NAME DRIVER:			
( ) SAME AS INSURED			
NRIC/FIN		CONTACT:	
DATE OF BIRTH: 16 OCT 1965			
DRIVING PASS DATE: 21 OCT 1992			
OCCUPATION: ( ) INDOOR ( ) OUTDOOR			
GENDER: ( ) MALE ( ) FEMALE			
EMAIL ADDRESS: frankiesim108@nabou.com.sg ( ) NO EMAIL			
ADDRESS OF DRIVER: BLK 116B RIVERVALE DRIVE #04-28 S(542116)			
Number Of Passenger Include Driver: DRIVER WITH 2 PASSENGER			
SUSAN (F)			
WENDY (F)			
Was driver an employee of the Insured's Company? ( ) YES ( ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle?: ( ) YES ( ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface: ( ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO			
Was Anybody Injured In The Accident? ( ) YES ( ) NO			
If YES, Injured details: SIM JOO HENG (M) BACK A NECK			
Convey By Ambulance: ( ) YES ( ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO			
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (Incl'driver)	Contact
Veh B SLB 7083 U		( ) / Not Sure ( )	
Veh C SME 5465 D		( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	



## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115321737

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA1659X**  
Chassis Number : **MR053REH104540526**
2. Name of Policyholder : **SIM JOO HENG**
3. Effective Date of Insurance : **09 Jan 2020**
4. Expiry Date of Insurance : **08 Jan 2021**
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: SIM JOO HENG
NAMED DRIVER (1)	: N/A
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 : I INSURANCE AGENCY (00000572538)  
Date of Issue : 08 Jan 2020 18:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive